

DRAFT

QUALITY ACCOUNT 2012/13

(With our priorities for Quality Improvement in 2013/14)

Our Quality Promise aims to ensure that:

- *our services are safe*
- *people have a good experience of our services*
- *we use best practice to ensure better outcomes for our patients*
- *we meet national standards*

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Version 2	Marion Wood	Submitted to Patient Experience & Public Involvement Group for comment	26/3/13
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Introduction

This is the third annual Quality Account which Solent NHS Trust has produced.

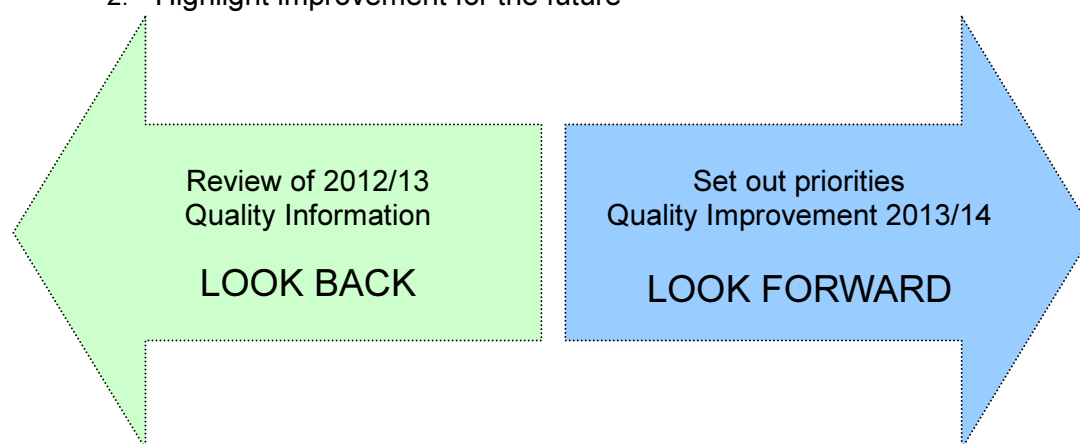
Why are we producing a Quality Account?

Following the publication of the *Next Stage Review in 2008* which developed a vision of how the NHS would continue to serve the needs of the public in the 21st century), all NHS Trusts have been required to publish an annual Quality Account, in addition to their financial accounts.

The purpose of the Quality Account is to share information about the quality of services and plans to improve even further with patients their families and carers. The public and patients can also view quality across NHS organisations by viewing the Quality Accounts on the NHS Choices website: www.nhs.uk

The dual functions of a Quality Account are:

1. To reflect on the past year and
2. Highlight improvement for the future



What are the required elements of a Quality Account?

The National Health Service (Quality Accounts) Regulations 2010 specify the requirements for Quality Accounts. We have used these requirements as a template around which our Account has been built.

This Quality Account is presented in three parts:

Part 1	Part 2	Part 3
Message from our Chief Executive and Chairman, Statement of Assurance	Review of our quality performance in 2012/13	Outline of quality priorities for 2013/14

How did we produce our Quality Account?

In addition to ensuring that we have included all of the mandatory elements of the Quality Account, we have engaged with staff, patients, Trust members, commissioners, carers groups and our Local Involvement Networks (Healthwatch) to ensure that the Account gives an insight into the organisation and reflects the priorities that are important to us all.

The Quality Account Project Group liaised with each of the Trust's three divisions (Adults and Older People, Children and Families, Mental Health) to discuss what

quality initiatives they would be working on in the year ahead. The Project Group reviewed each potential improvement priority by assessing whether these were:

- areas that patients had told us were important through complaints or surveys.
- improvements that would have a significant impact on the quality and safety of the services provided.
- Improvements that were feasible with the resources available to the Division.

As a result, we have identified specific and measurable improvement initiatives in each of our priority areas.

In line with the Department of Health report “*High Quality Care for All*” (2008) our three key areas for quality improvement are:

Patient Safety This means ensuring that the environment is clean and safe at all times and that harmful events are avoided.

Patient Experience This is the term used to describe those aspects of healthcare that do not relate directly to the treatment of an illness or injury, but can make all the difference to whether patients feel that they have been looked after properly.

Effectiveness of Care This is ensuring that the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.

We appreciate that some of the language used may be difficult to understand if you do not work in healthcare so we have included a glossary at the end of our Quality Account to explain some of the words that we use every day.

PART 1

1.1 Message from our Chief Executive and Chairman

Welcome to Solent NHS Trust’s Quality Account, which confirms our continued commitment to improving the quality and safety of the care which we provide.

The Board of the Trust has pledged an unwavering focus on the quality of care and the safety and wellbeing of our service users remains our highest priority. This is what we would want for our own families and what we strive to provide for our patients and their families.

This report is written for a wide audience, but it is principally for people who rely upon our services and their families and carers. We hope that the information in this Quality Account is clear and meaningful and that it demonstrates how the Trust continually strives to provide the best care possible. We hope that it will also be of interest to partner organisations, staff and commissioners.

The Quality Account provides a summary of the progress we have made on the quality goals which were set last year, which focused on patient safety, the effectiveness of services and the experience of people using our services. In part 3 of the report our quality priorities for the coming year are also outlined.

As mentioned above, these priorities are based on feedback from staff and service users and discussions with key external stakeholders, such as Local Involvement Networks (Healthwatch) and commissioners. Progress is monitored by the Trust's Patient Experience and Public Involvement Group, the Assurance Committee, the Audit Committee and ultimately the Trust Board. The indicators used to demonstrate achievement and compliance are supported by validated information provided by the services and triangulated through regular performance reports. These are supplemented by regular surveys of front line staff and safety data obtained by frequent visits to services and formal 'Board to Floor' walkabouts.

As with all Trusts across the country, we are considering carefully the recommendations within the Francis Report into care failures at the Mid Staffordshire Hospital, which was published in February 2013. Whilst there is no suggestion that the types of failings found at Mid Staffordshire NHS Foundation Trust exist within Solent NHS Trust, we can all learn from the report to ensure patient care is better safeguarded in the future.

Our vision is to lead the way in local care; by placing the people who use our services at the heart of everything we do and by working in partnership to deliver better healthcare. We believe that by living the Trust's INSPIRE values, service users will experience safe and compassionate care and, despite the unprecedented financial challenges facing NHS providers, we will retain our unwavering focus on quality as we deliver these priorities over the year ahead. We believe that being open, honest and transparent is the best way to ensure the concerns of patients, their carers and staff are listened to and acted on.

Declaration

To the best of our knowledge and belief, the Trust has properly discharged its responsibilities for the quality and safety of care and the information presented in the Quality Account is accurate.

Dr Ros Tolcher
Chief Executive

Alistair Stokes
Chairman

1.2 STATEMENTS OF ASSURANCE

This section includes statements which are mandated by the Department of Health to be included in the Quality Account. The aim of this nationally requested content is to give information to the public that is common to Quality Accounts across all Trusts.

1.3 Review of Services

We are a specialist provider of community and mental health services with an annual revenue of £192m for 2012/3, with a workforce in excess of 3800 staff and delivering over 1.5 million service user contacts per annum.

A wide range of community and mental health services are provided to over a million people living in Southampton, Portsmouth and wider Hampshire. Services are provided from over 100 different locations, including community hospitals and day

hospitals, as well as numerous outpatient and other settings within the community such as health centres, children's centres and within service users' homes.

We operate primarily within the local market area of Portsmouth, Southampton and wider Hampshire.

The Trust is currently working towards becoming an NHS Foundation Trust. We believe that this will bring important benefits to the communities we serve and allow us to be more innovative and provide even better services to the public. Although we will still be part of the NHS and meet the same national standards for things like cleanliness and quality of care, as a Foundation Trust we will have more freedom to provide the services which meet the needs of local people. We encourage people from our local communities to become members and governors of the Trust to allow them to have a greater say in how things are run and to help us shape the future of the Trust.

Our quality priorities are continuously monitored through each of the Clinical Divisions within the Trust. Our services are grouped into three clinical divisions: Adults and Older Persons, Child and Family and Mental Health.

Solent NHS Trust provides the following services across Southampton, Portsmouth and Hampshire.

Luke producing list/diagram....

1.4 Participation in Clinical Audits

Clinical audit is used to aid improvements in the delivery and quality of patient care and should be viewed as a simple tool to facilitate continuous improvement. The key component of clinical audit is that performance is reviewed to ensure that what *should* be done is *being* done and, if not, it provides a framework to enable improvements to be made to the quality of patient care and treatment.

National Audits, National Service Improvement Projects and National Confidential Enquiries

During 2012/13, there were 3 national clinical audits and 1 national confidential enquiry which were relevant to services that Solent NHS Trust provides.

The Trust participated in 2 of the national clinical audits (67%) and the national confidential enquiry (100%) in which it was eligible to participate.

The relevant national clinical audits and a summary of our participation is given in the table below:

Title	Summary of participation
National Clinical Audit: Epilepsy 12	Undertaken jointly with Portsmouth Hospitals NHS Trust. 42 patient records submitted.
National Parkinson's Disease Audit	Undertaken jointly with University Hospital Southampton NHS Foundation Trust. Data currently being collated.
Prescribing Observatory Mental Health Clinical Audits	Did not participate; registered for participation 2013/14
National Confidential Enquiry in Suicide and Homicide in Mental Health	<i>Data is submitted via the Trust on an on going basis as incidents occur - 100% of eligible cases submitted.</i>

Solent NHS Trust is committed to 100% participation in relevant national audits in the forthcoming year. There are currently nine national audits which are relevant to Solent NHS Trust.

During 2012/13 Solent NHS Trust also participated in several other national service improvement projects:

- National Chlamydia Screening Programme
- Medicines in Prisons survey
- UNICEF Baby Friendly Initiative
- British HIV Association case note audit of patient outcomes and survey of provision of psychological care and adherence support
- British Association for Sexual Health and HIV
 - Partner notification audit
 - Asymptomatic screening audit

Local Clinical Audit

Solent NHS Trust completed 100% (26) of the clinical audits requested by our commissioners. We also carried out a further 57 clinical audit projects across the services. Each of these led to actions aimed at improving the quality of the services that we deliver.

MRSA Screening Results	MRSA screening improved from 84% in June to 95% in December
Re-audit of the uptake of HIV testing following introduction of Electronic Paper Records prompting	The introduction of Electronic Paper Records with a prompt for HIV testing has improved uptake of testing. The re-audit showed that 100% of patients seen in April were offered testing and that the acceptance of testing increased from 78.1% to 86.6%
Audit of Lithium Therapy	This was audited twice this year. The first audit showed an increase in compliance of 20% on the previous year. The re-audit showed that the high standard of compliance had been maintained throughout the year. This improvement was achieved by promoting the use of information booklets and Solent NHS Trust guidelines on Safer Lithium Therapy
Re-audit of patient assessment within a podiatric rheumatology (PR) service	The documentation of patient assessment was audited following the implementation of a proforma and was found to be markedly improved, achieving good adherence to nationally recommended guidelines. Assessment of both cardiovascular risk and foot health status improved from 0 to 100% adherence. Assessment of lifestyle/social factors & neurovascular examination did not achieve 100%.
Adherence to NICE guidelines in the treatment of young people with OCD in CAMHS	This re-audit was carried out to check compliance after an audit in June 2010 showed compliance with 41 of the guidelines, partial adherence to 9 and non-adherence to 3 (4 guidelines were not applicable). The re-audit has shown that now compliant with all relevant parts of NICE CG 31

A full summary of local audit projects we have completed, and the resulting actions can be found on the Trust's website.

Plans for Clinical Audit

Our key aims for next year are to:

1. Participate in all applicable national audits and confidential enquiries.
2. Increase clinical audit activity across all services, and ensure a robust programme of re-audit and evidence of quality improvement
3. To make training programmes available to all staff, to include on-line training and workshops run by national agencies such as National Institute for Clinical Excellence and Healthcare Quality Improvement Partnership
4. Roll out the implementation of audit software to allow for real time reporting and a link to improved patient outcomes
5. Ensure involvement of patients and service users in clinical audit activity

More details of the audits which were carried out and their outcomes, can be found on the Trust's website www.solent.nhs.uk

1.5 Participation in Clinical Research

Solent NHS Trust is currently the second most research active community / care Trust in England and at the end of March 2013 were the second highest recruiting (patients into clinical trials) Trust in the Hampshire and Isle of Wight region. Despite being a young organisation, the Trust has made substantial improvements in its research portfolio and is committed to ensuring that all patients have the chance to participate in clinical research. We are also committed to supporting our staff to stay abreast of latest treatment possibilities which has a direct effect on improving the services that we offer and our patient outcomes.

The number of patients receiving NHS services provided or sub-contracted by Solent NHS Trust in 2012/13 (that were recruited during that period to participate in research approved by a research ethics committee) was 3639. We have opened 57 new studies across the Trust this year (compared to a total of 24 in 2011/12) and are currently collaborating in 122 active studies across a range of services.

Our key achievements in 2012/13 were:

1. Being named as the second most active community Trust in the country by the National Institute for Health Research
2. Increasing the number of patients recruited into clinical trials by over 300%
3. Almost doubling the number of new studies opened across the Trust
4. Investing in a number of research nurse/therapist posts across the Trust to support staff and patients to be involved in research
5. Investing in a clinical academic training scheme to support staff in post-graduate and post-doctoral research and clinical roles in collaboration with the University of Southampton
6. Investing in a patient and public involvement facilitator
7. Decreasing the time it takes to get a research study approved and open in the Trust from an average of 36 calendar days to 11 calendar days
8. Launching our research website, which outlines all of our studies in more detail – www.solent.nhs.uk/research

Summary of achievements in key performance indicators, 2011/12 and 2012/13

	2011/12	2012/13	% improvement
Number of patients recruited into clinical research	846	3639	330%

Number of new studies opened	31	57	84%
Number of open studies	83	122	47%
Median days to grant approval for research studies	36	11	69%

Below are only a few examples of how our research has made a difference to patients. Please visit our website for more details of all of our research and advice on how to get involved in research - www.solent.nhs.uk/research.

Case study - Research into a parenting programme for parents/carers of children with challenging behaviour: *In collaboration with the University of Southampton, the NEW FOREST PARENTING PROGRAMME is being trialled locally and internationally as an intervention for coping with Attention Deficit Hyperactivity Disorder. This has led to specialist clinics being established in Southampton and Portsmouth and home based care being delivered to families of young children.*

Case Study - Reconceptualising 'Did not Attend' to 'Was Not Brought' for children and young people's missed health care appointments: *This study looked at the widespread use of 'Did Not Attend' to record the missed appointments of children and adolescents. It suggested instead that the term 'Was Not Brought' would encourage positive interventions to safeguard and promote the welfare of children, a recommendation that has been incorporated into Trust policy and a number of national publications.*

Case study - The Preservation of Self-Identity in Dementia (A Pilot Study): *This project is developing both a specialised approach to taking consent from patients with dementia, and will develop clinical guidelines which will promote positive physical and mental well-being for older adults in hospital, in order to preserve self-identity and attachments to people and society.*

1.6 Quality of Data Collection

Solent NHS Trust has completed the Information Governance Toolkit Assessment as a Mental Health Trust for the period April 2012 - March 2013 and is compliant with all 45 requirements, having attained the 80% target score which was set for us to achieve.

All organisations that have either direct or indirect access to NHS services must complete an annual Information Governance Toolkit Assessment and agree to additional terms and conditions. Where the Information Governance Toolkit standards are not met to an appropriate standard (Minimum level 2), an action plan for making the necessary improvements must be agreed with the Department of Health Information Governance Policy team or with an alternative body designated by the Department of Health (e.g. a commissioning organisation).

What is Information Governance (IG)?

Information Governance is to do with the way organisations 'process' or handle information. It covers personal information (i.e. that relates to patients/service users and employees) and corporate information (e.g. financial and accounting records).

IG provides a way for employees to deal consistently with the many different rules about how information is handled, including those set out in:

- The Data Protection Act 1998.
- The common law duty of confidentiality
- The Confidentiality NHS Code of Practice
- The NHS Care Record Guarantee for England
- The Social Care Record Guarantee for England
- The international information security standard: ISO/IEC 27002: 2005
- The Information Security NHS Code of Practice
- The Records Management NHS Code of Practice
- The Freedom of Information Act 2000

What is the IG Toolkit?

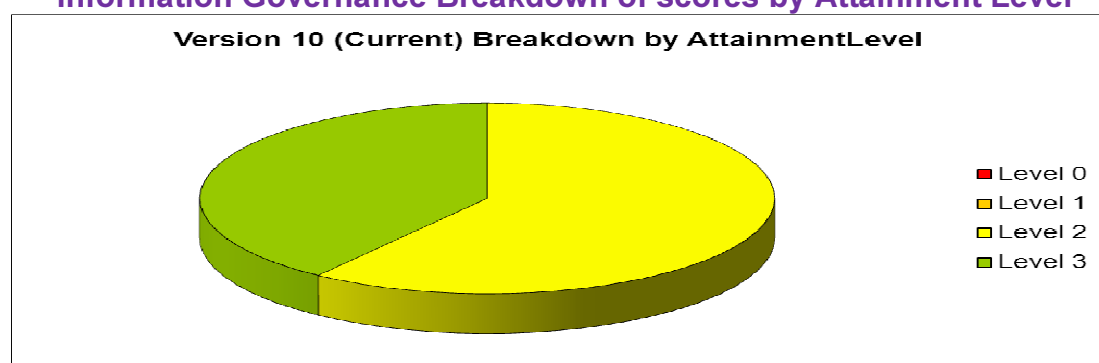
The Information Governance Toolkit is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements. The organisations described below are required to carry out self-assessments of their compliance against the IG requirements. Solent NHS Trust was established on 1 April 2011 and provides Community Healthcare for Southampton and Portsmouth.

This year has seen a marked improvement in scoring for the Trust as detailed below.

Information Governance Toolkit V10 Summary Report for 2012/13

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Total Req'ts	Overall Score
Version 10 (2012/13)	Current	0	0	27	18	45	80%
Version 9 (2011/12)	Published	1	4	38	2	45	63%

Information Governance Breakdown of scores by Attainment Level



Solent NHS Trust was created on 01 April 2011 by the merger of provider services from Southampton City PCT (SCPCT) and Portsmouth City Teaching PCT (PCTPCT).

Information Governance Toolkit Scores Table						
Year	Version	Score	Organisation		Score	Organisation
2012/13	V10	80%	Solent NHS Trust			
2011/12	V9	63%	Solent NHS Trust			
2010/11	V8	81%	SCPCT		55%	PCTPCT

2009/10	V7	83%	SCPCT	72%	PCTPCT
2008/09	V6	76%	SCPCT	77%	PCTPCT
2007/08	V5	72%	SCPCT	78%	PCTPCT
2006/07	V4	59%	SCPCT	65%	PCTPCT
2005/06	V3	73%	SCPCT	62%	PCTPCT
2004/05	V2	59%	SCPCT	43%	PCTPCT

What are the IG requirements?

There are different sets of IG requirements for different organisational types. However all organisations have to assess themselves against requirements for:

- management structures and responsibilities (e.g. assigning responsibility for carrying out the IG assessment, providing staff training etc)
- confidentiality and data protection
- information security

Solent NHS Trust has to submit a wealth of anonymised information to SUS (Secondary Users Service) which has to comply with national standards of data quality. Below are examples of the data items in the latest submission:

NHS Number	This is the percentage of records in the dataset that has a valid NHS number recorded, a low figure could mean users are not checking for NHS numbers or GPs are not supplying it when referring a patient to us.
Our score was:	99.6 % for admitted patient care 99.8% for outpatients

Valid GP Practice	This is the percentage of records in the dataset that has a valid GP practice recorded. Where possible the GP practice should be checked with the patient at every contact they have with the Trust, failure to do so may result in the wrong commissioner being recorded against the activity
Our score was:	99% for admitted patient care 100% for outpatients

Valid Postcode	This is the percentage of records in the dataset that has a valid postcode recorded. Where possible the postcode should be checked with the patient at every contact they have with the Trust, failure to do so may result in the wrong commissioner being recorded against the activity
Our score was:	99.5% for admitted patient care 100% for outpatients

Clinical Coding: Each year the Trust has to undertake an external clinical coding audit. Clinical coding is the translation of written medical terminology into codes. Each code is a set of characters that classify a given entity. Clinical Coders extract the relevant information from a source document and assign the appropriate codes that represent the complete picture of a spell in hospital, the yearly audit is carried out to ensure the clinical coders are coding to national standards.

Year	Primary Diagnosis	Secondary Diagnosis
2009/10	81%	53%
2010/11	93%	80%
2011/12	96%	91%
2012/13	98%	95%

Freedom of Information (FOI) requests 2012/13

The Freedom of Information Act 2000 is part of the Government's commitment to greater openness and accountability in the public sector, creating a climate of transparency, a commitment supported by Solent NHS Trust.

The Trust is required under IG Requirement 603 to annually monitor and review compliance with the Freedom of Information Act 2000 and how it meets the standards.

Scope:

The aim of this review is to assess Trust compliance for 2012/13 in;

- Ensuring all requests relating to Solent were responded to within 20 working days
- Ensuring adequate policies and procedures are in place
- Ensuring all staff are aware of the FOI Act 2000 and their responsibilities
- Ensuring all requests are acknowledged within 2 working days
- Ensuring requestors are satisfied with how their request was undertaken and the outcome of the request
- Ensuring the organisation has an up-to-date and effective Publication Scheme

Responding to FOIs

In 2012/13 (April 2012 – March 2013) Solent NHS Trust received a total of 101 FOI requests which contained a total of 442 questions. The time frame for responding to FOI requests is 20 working days.

Subject Access Requests/Access to Records requests 2012/13

Solent NHS Trust under Section 7 of the Data Protection Act 1998 is required to monitor compliance with an individual's rights to access their personal information, including requests for deceased patient records (to whom the Data Protection Act does not apply) under the Access to Health Records Act 1990.

The Trust should endeavour to respond to all requests within 21 days (but no later than 40 days – inclusive of weekends and bank holidays) from receipt of all information e.g. ID check and fee.

Requests for information can be received by (but not limited to) the following;

- Patients
- Patient representatives e.g. Solicitors, Advocates, etc
- Parents of children under 18 years
- Relatives of deceased patients
- Police
- Department of Work and Pensions
- Other Health Care Provides
- Mental Health Tribunals







During April 2012 to February 2013 Solent NHS Trust received and complied with 758 requests to access information from the categories above.







1.7 Goals agreed with Commissioners






A proportion of Solent NHS Trust's income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The CQUIN Framework was launched in 2009 following recommendations made in the report '*High Quality Care for All*'. The Framework aims to embed quality improvement and innovation at the heart of service provision and commissioner-provider discussions. It also ensures that local quality improvement priorities are discussed and agreed at Board level in all organisations. It enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

The table below shows the resource available to the Trust from the CQUIN scheme.

Indicator Name	Description	Status
Community Services		
Venous Thrombo-embolism (VTE)	Reduce avoidable death, disability and chronic ill health from VTE	On target 
Patient experience	Composite indicator on responsiveness to personal needs	On target 
Dementia	Improve awareness and diagnosis of dementia, using risk assessment, in community teams	On target 
NHS Safety Thermometer	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE	On target 
Innovations	To enhance the delivery of care to patients through effective use of Tele-health	On target 
Right care in the right place at the right time (admissions avoidance) - Southampton	<ul style="list-style-type: none"> To ensure effective integrated working across the health economy (primary, community, secondary, mental health, ambulance) to deliver care in the most appropriate place; To ensure that there are appropriate care pathways which minimise none emergency admissions to hospital and demonstrate organisational compliance with those pathways; To ensure improving quality of care for service users; 	On target 

	<ul style="list-style-type: none"> To reduce hospital admissions and improve case management in the community 	
Right care in the right place at the right time (admissions avoidance) - Portsmouth	To see an absolute reduction of 10% of over 65 year old non- elective admissions (to reduce 600 spells from the pre-defined cohort of Healthcare Resource Groups (HRGs) – appendix I) based on 2011/12 performance year end performance	On target 
Health Promotion - Southampton	<ul style="list-style-type: none"> To improve assessment/screening, brief advice and signposting and onward referral in three priority public health domains (as set out in the Healthy Lives, Healthy People publication) To increase awareness about the harm caused by smoking, obesity and alcohol To provide patient information that will encourage behaviour change and improve health <p>To increase appropriate action including referrals of patients to support services e.g. local NHS Stop Smoking Services, weight management pathway, alcohol specialist services, where appropriate</p>	On target 
Frequent Attenders to Emergency Department - Southampton	The aim of this CQUIN which is a system wide CQUIN across SW Hampshire providers (UHSFT, Solent and Southern) is to identify and provide community follow up for frequent attendees to UHSFT emergency services with a view to reducing future repeat attendances.	On target 
Mental Health Services		
NHS Safety Thermometer	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE	On target 
Patient Experience	Composite indicator on responsiveness to personal needs	On target 
Dementia	<ul style="list-style-type: none"> Develop a comprehensive dementia pathway across primary care, secondary care, community care and the third sector Monitor progress against the Dementia Strategy, recommending remedial action as required Update the Dementia Strategy and recommend appropriate future actions as appropriate Work collaboratively across the dementia community, sharing good practice and acting on an advisory basis to support organisations involved in delivering the dementia agenda Ensure appropriate involvement of service users, 	On target 

	<p>families, carers and advocates</p> <ul style="list-style-type: none"> • Opportunities for Third Sector funding to be identified and proposed 	
Physical Healthcare	Physical healthcare for people with severe mental illness (including adults, older people and children) and substance misuse problems	On target 
Improving Access to Psychological Therapies - Older People	The proportion of older people that enter treatment against the level of need in the local population, i.e. the proportion of older people who have depression and/or anxiety disorders who receive psychological therapies. To support achievement it is expected that the provider will use all relevant guidance, e.g. Older People Positive Practice Guide.	Under negotiation 
Improving Access to Psychological Therapies – BME (black and ethnic minority groups)	The proportion of people from black and ethnic minority groups that enter treatment against the level of need in the BME population, (i.e. the proportion of people from BME groups who have depression and/or anxiety disorders who receive psychological therapies)	On target 
Child and Adolescent Mental Health (CAMHS)	Child and Adolescent Mental Health (CAMHS) and CAMHS Learning Disability (CAMHS LD) therapeutic skill enhancement training for foster carers and residential children’s home staff in Portsmouth City	On target 
Dual Diagnosis	Lead the development of a pathway for all people with dual diagnosis issues (mental health & substance misuse / alcohol); involving all stakeholders: primary care, secondary care, acute and third sector providers to address the issues of people falling through the gap of eligibility criteria and failing to get a service, people being batted backwards and forwards between services, an unclear referral pathway for primary care and a reluctance to look for dual diagnosis.	Under negotiation 

1.8 Registration with the Care Quality Commission (CQC)

Solent NHS Trust has remained fully authorised to deliver care and regulated activities against all 16 Essential Standards for quality and safety during 2012/13.

The Trust is required to register with the Care Quality Commission for a number of Regulated Activities and is currently registered without any conditions or warnings from the creation of the Trust on the 1 April 2011.

We are registered to provide the following regulated activities:

- Accommodation for persons who require nursing or personal care

- Accommodation for persons who require treatment for substance misuse
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning
- Nursing care
- Personal care
- Surgical procedures
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

The Care Quality Commission has not taken enforcement action against the Trust.

The Board and the Assurance Committee receive quarterly corporate reports against compliance with Essential Standards; this information is also compared with a range of other data available within the Trust. The Assurance Committee is a Trust Board Committee charged with the overseeing of the safety and quality of our services.

The Trust is subject to periodic reviews and unannounced inspections by the Care Quality Commission, under their normal inspection framework. The following visits have taken place:

Adult Mental Health Service

In September 2012 the CQC carried out an inspection of the Mental Health Services in St.James' Hospital, Portsmouth. They focused on 6 outcomes under their Essential Standards framework and their formal report concluded that 5 out of the 6 outcomes were being fully met.

Although the report contained some very positive comments, the inspectors felt that as the service was not meeting all the requirements, a judgment of non-compliance was made but assessed as having a minor impact on the people who use the service.

The areas where the CQC had some concerns included:

- Physical health – having reviewed the care records for 15 people across the three wards at the hospital, they found 3 patients had information restricted only to the management of their mental health.
- Ligature points – although the inspectors observed risk assessments in place for the management of self harm, they felt that the risk assessments did not adequately cover some other potential ligature points.
- Section 17 leave risk assessment – the inspectors found that there were variations in the approach for undertaking risk assessment by nursing staff for section 17 leave.

As a result of these three points, the Trust developed a comprehensive action plan which was submitted to the CQC shortly after their inspection. The service was re-inspected in February 2013, via an unannounced visit, and a subsequent report from the CQC demonstrated that the Service is now fully compliant.

The CQC also regularly inspects (outside of its normal inspections for Essential Standards) under their duty to ensure that we are meeting the key areas of the Mental Health Act. No significant issues have been raised in regard to these visits.

Healthcare Service at HMP Winchester

Following an announced combined Prison Ombudsman visit to HMP Winchester which took place in October 2012, the Trust received a report from the CQC which was positive in relation to the majority of areas considered, but did highlight one 'area of improvement' with regard to 'Care and Welfare of people who use the service'.

This involved the possibility that patient care and treatment may be compromised due to interruptions or delays in the dispensing of medication. This directly related to the implementation of the new national Prison IT system and manual processes that have been immediately reinstated in the area of medicines management until the IT system issue is resolved. Since receiving this report in December 2012, the Trust has had notification from the national team of the short comings of the system and immediate changes have been implemented to address this area, which has been shared with the CQC.

Portsmouth Rehabilitation & Re-enablement Team (PRRT) (a joint Health and Social Care Team)

In February 2013, the CQC carried out an unannounced visit of the Portsmouth Rehabilitation and Re-enablement Team (PRRT). The inspection focused on 5 key areas of their Essential Standards Framework and involved speaking to local staff, patients and the Safeguarding Lead for Adults Services. The inspectors reviewed considerable amount of information including care plans, specific case records, safeguarding incidents, local governance arrangements, patient surveys and feedback loops to staff, including team minutes of meetings.

The CQC report summary found that there were arrangements in place to ensure that people using the service felt respected and involved in decisions about their care as well as the methods of delivery of the service. This included the methods in place for receiving referrals for the service delivery in terms of content, frequency, preferences, staff status and review process.

Service users reported that they were happy with the quality of the service they received from the team, that their care was regularly reviewed and they knew how to raise concerns if needed and were responded to readily.

The report confirmed that the 6 staff files which were reviewed had highlighted the need for improvements in supporting staff in relation to supervision, appraisal and development. As a result of these gaps, the Trust was assessed as non-compliant at a minor level for Outcome 14 "Supporting workers".

The Trust has now provided the CQC with evidence of the proposed management structures which will lead to improvements in providing support to our staff.

Sexual Health Service – Crown Heights, Basingstoke

In January 2013, Solent NHS Sexual Health Service opened a new site operating a range of integrated sexual health services. As this was a new 'location', the CQC carried out an inspection prior to the unit becoming operational and approved the opening, having no significant issues.

Further information regarding the Care Quality Commission can be found on:
<http://www.cqc.org.uk/public>

1.9 Quality Indicators

The data made available to the NHS Trust by the Health and Social Care Information Centre	Solent NHS Trust (%)	Highest (%)	Lowest (%)	National average (%)	Related NHS Outcomes Framework Domain
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during this reporting period	Q3: 99% Q2: 100%	Q3: 100% Q2:100%	Q3: 95.2% Q2: 89.8%	Q3: 97.6% Q2:97.2%	1. Preventing people from dying prematurely 2. Enhancing quality of life for people with long-term conditions
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	Q3: 100% Q2: 100%	Q3:100% Q2:100%	Q3: 90.7% Q2: 84.4%	Q3:98.4% Q2:98.1%	2. Enhancing quality of life for people with long-term conditions
The percentage of patients aged (1) 0-14 years (not applicable) (ii) 15 or over, Readmitted to a mental health hospital (which forms part of the Trust) within 28 days of being discharged from a hospital during the reporting period. <i>Solent NHS Trust considers that this data is as described for the following reasons: The Crisis Teams, day Treatment and Acute admission wards act as a continuous flexible Acute Care Pathway, with a very high threshold for use of inpatient beds. Therefore inpatient treatment and community treatment may form part of the same episode. Moving "up" and "down" the Acute Care Pathway, may involve at times more than one spell of inpatient treatment during the same episode.</i> <i>In an effort to improve this score and ensure the quality of its services the Trust has reviewed all instances where patients had to be re-admitted over a 12 month period and modified care plans to ensure that crisis treatment could be better tailored to their needs, based on the experience of the previous admission. We believe, however that the very high threshold for admission and low bed numbers per 1000 population (and subsequent high complexity of CRHT caseloads), will mean that this figure will probably remain appropriately above national average.</i>	2011: 14.4%	2011: 66.7%	2011: 0%	2011: 11.5%	3. Helping people to recover from episodes of ill health following injury
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends <i>Solent NHS Trust considers that this data is as described for the following reasons</i>	2011: 59%	2011: 77%	2011: 56%	2011: 65%	4. Ensuring that people have a positive experience of care

<p><i>(insert)</i></p> <p><i>The Trust (has taken / intends to take) the following actions to improve this score and so the quality of its services by (describe actions)</i></p>					
<p>The Trust's 'Patient experience of community mental health services' indicator score with regard to a patients' experience of contact with a health and social care worker during the reporting period</p>	<p>2011: 87.23</p> <p>2010: N/A</p>	<p>2011: 88.22</p> <p>2010: 88.39</p>	<p>2011: 81.87</p> <p>2010: 85.39</p>	<p>2011: 86.79</p> <p>2010: 87.25</p>	<p>2. Enhancing quality of life for people with long-term conditions.</p> <p>4. Ensuring that people have a positive experience of care</p>
<p>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</p> <p><i>Solent NHS Trust considers that this data is as described for the following reasons (insert)</i></p> <p><i>The Trust (has taken / intends to take) the following actions to improve this score and so the quality of its services by (describe actions)</i></p>	<p>Apr-Sept 2011: 1,246 (22.09)</p> <p>Oct 2011-Mar 2012: 1,148 (20.35)</p>	<p>Apr-Sept 2011: Highest Count – 8,461 Highest Rate – 141.85</p> <p>Oct 2011-Mar 2012: Highest Count – 8,778 Highest Rate – 157.41</p>	<p>Apr-Sept 2011: Lowest Count – 88 Lowest Rate – 2.13</p> <p>Oct 2011-Mar 2012: Lowest Count – 66 Lowest Rate – 0.94</p>	<p>Apr-Sept 2011: Avg Count – 2,377.6 Avg Rate – 13.89</p> <p>Oct 2011-Mar 2012: Avg Count – 2,497.7 Avg Rate – 14.55</p>	<p>5. Treating and caring for people in a safe environment and protecting them from avoidable harm</p>

PART 2

2.1 Review of last year's Quality improvements

The priorities identified for 2011/12 are on target and have continuously been monitored through each of the Clinical Divisions within the Trust through their monthly Divisional Governance Group meetings.

Patient Safety

PRIORITY 1: Continue to ensure patients are safe from infections

Why did we make this a priority? Although the Trust has performed well at achieving its vision for avoidable Healthcare Associated Infections (HCAI), this remains a key indicator of clinical quality and patients and the public continue to require assurance that we keep infection prevention and control high on the agenda. The reduction of MRSA (Methicillin-resistant *Staphylococcus aureus*) bacteraemias and *Clostridium Difficile* infections have remained a national priority for many years with all such infections reported and fully investigated.

What did we do?

- Carried out internal surveillance of infection rates
- MRSA admission screening compliance was audited every quarter
- Hand hygiene observational audits were carried out twice during the year
- Carried out a full investigations for each reportable infection and identified actions for learning in line with Department of Health guidance
- Actions for learning were monitored through the Infection Prevention and Control Committee
- Audited the use of urinary catheters each quarter with the emphasis on ensuring that all such devices were appropriate and avoided wherever possible

Our achievements so far:



- Only 1 case of *Clostridium Difficile* infection to date
- Only 1 case of MRSA Bacteraemia attributed to our organisation to date
- Surveillance of other relevant infections is encouragingly low with no evidence of onward transmission
- MRSA admission screening compliance has increased by 12% this year compared to last
- At 96% hand hygiene compliance (against recommendations made by the World Health Organisation) remains encouragingly high.

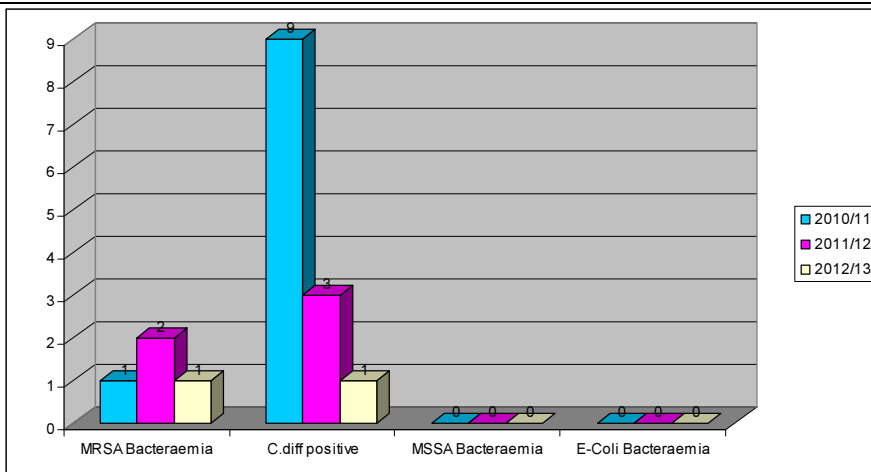
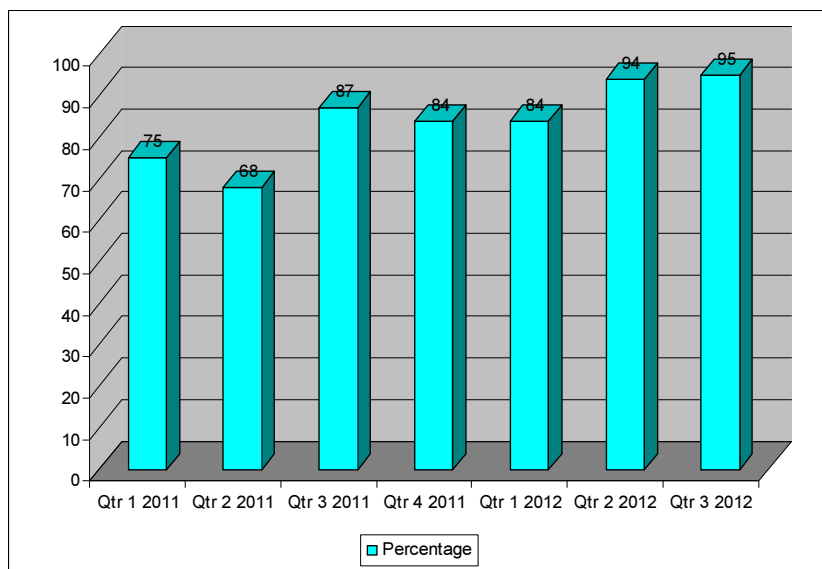


Figure 1 – Reportable infection rates within our organisation (please note at the time of composing the Quality Accounts figures shown are those available until the end of January 2013)

The control of MRSA is an important factor in the provision of safe patient care and our current policy outlines measures needed to prevent the acquisition and spread of MRSA. The Trust requires that all patients admitted to any of our inpatient areas are screened for the presence of MRSA. This allows the appropriate treatment to be offered to those individuals found to be positive and relevant alerts placed on medical records for future safety. In order to measure compliance with this process an audit is conducted four times per year.

Figure 2 – Results of MRSA screening audits



Comments: Levels of HCAI remain encouragingly low within our organisation. However there is no room for complacency and constant surveillance allows us to identify problems or hot spots at the earliest opportunity and apply the appropriate precautions as swiftly as possible.

The Trust’s Infection Prevention and Control Link Advisors continue to provide an important and supportive role across the organisation. To date there are approximately 135 Link Advisors across Solent NHS Trust. This includes 32 who

attended the two day training course during the last year. This valued group of staff assist with maintaining high standards of infection control practice within their clinical areas and carry out infection control audits, monitoring hand hygiene compliance and improving staff skills.

PRIORITY 2: Continue to reduce incidents of falls in inpatient areas

Why did we make this a priority? The National Patient Safety Agency (NPSA) identified that there were 257,679 falls reported in the year ending March 2009. They estimate that about 1,000 patient falls a year result in fractures. A significant number of falls result in death or severe/moderate injury, at an estimated cost of £15m per annum for immediate healthcare treatment alone. We made this a priority as we recognise that the vulnerable patients we care for in our elderly rehabilitation and elderly mental health wards can be more at risk of falling and sustaining a serious injury whilst under our care.

What did we do?

- Falls training for registered staff nurses was made a key part of their annual Clinical Update Day. The Trust's Falls Lead is now working with individual Falls Link staff to complete root cause analysis work on falls patterns on their wards. All wards have access to falls prevention socks which are designed to be less slippery. Fall alarm systems are in use or being trialled in all our older person's rehab or elderly mental health wards.
- At our Falls Service in Portsmouth (Community) a new system is in place for triage of referrals. Funding has been agreed for one falls co-ordinator who will co-ordinate the assessment and interventions for all patients who are seen in the local Emergency Department or call an ambulance due to falls. The co-ordinator will work in one locality team and will compare the results for the locality and other teams without a falls co-ordinator.

The NPSA recommend that falls rate per 1000 occupied bed days (OBDs) is used to measure falls incidence in inpatient services rather than numbers of falls. Nationally, in acute hospitals the mean rate is 5.6 per 1000 OBDs, in community hospitals it is 8.6 and in Mental Health units it is 3.8. There is no benchmark available for an organisation such as Solent NHS Trust where the majority of its inpatient bed base focuses around rehabilitation and people with acute mental health needs / severe dementia. The NPSA acknowledges that falls rates are likely to be higher than those cited above in organisations such as Solent where its inpatient care focuses on those with high falls risk.

Our achievements so far:



Solent NHS Trust was not in a position in 2011/2012 (due to legacy issues obtaining accurate OBD (occupied bed days) data following the merger of its two predecessor organisations) to provide falls rates per 1000 OBDs. However we now have this data and will use 2012/13 data as a benchmark for 2013/14. This data will also enable real-time identification of individual ward areas experiencing peaks in fall rates which will allow us to intervene where needed quickly.

Data for 2012/2013 shows that overall the Trust's rate is 9 per 1,000 OBDs which is favourable given that NPSA guidance above suggests it might be higher given our inpatient case-mix.

Other achievements in 2012/2013

- Inpatient Falls Care Package introduced which is in keeping with national guidance (due for audit in April 2013).
- Written guidance issued to all medical staff to improve identification of hip fracture post fall in inpatient settings
- Basic level training for OPMH doctors provided at induction twice yearly.
- Audits presented to commissioners indicate that patients passing through elderly rehabilitation units are receiving bone health assessments and interventions to reduce fracture rate reliably.
- A one hour falls prevention session has been included on Clinical Update Days attended by all registered nursing staff (with the exception of Adult Mental Health staff).
- Bespoke training has been delivered on Adult Mental Health wards and Older Person's Rehab, Specialist Palliative Care, and a whole day of bespoke intensive falls training day was delivered in January for staff on the acute dementia ward that has the highest rate of falls across the Trust.
- Trials of Tele-care solutions have taken place in:
 - Spinnaker Ward (unit now has 6 falls detector systems operational which is sufficient to meet current need)
 - Jubilee House (unit now has 4 falls detector systems operational which is sufficient to meet current need)
 - Lower Brambles / Fanshawe (inpatient elderly rehabilitation) - decision awaited following one final trial due in March as to which system will be chosen and used.
 - OPMH – decision expected at next OPMH Falls Meeting re how many more falls detector systems are needed in that setting.
- Crash mats (more detail) already in use on OPMH settings and now also on Spinnaker and in Jubilee House

PRIORITY 3: Continue to improve the nutritional status of our patients whilst they are under our care

Why did we make this a priority? Feeding our patients appropriately and making sure they have enough to drink is an essential component of good, quality care and is vital for a speedy recovery. This is particularly important for our most vulnerable patients and links to our ongoing work to provide high quality care for the vulnerable and elderly including those with dementia and patients who are at the end of their life.

What did we do? Staff have worked extremely well on this priority have worked extremely well on this priority over the last year. A few examples of the improvements include:

- The production of a training leaflet which will help staff to recognise the signs of malnutrition. This was approved by our Dieticians and will be available to all inpatient staff.
- Our Learning and Development Service now include this leaflet with all new staff's induction packs and it is also available on the Trust's intranet Nutrition page for staff to access.
- The PEG (Percutaneous Endoscopic Gastrostomy – tube feeding directly into the stomach sack) Project continues and a six month interim project report was circulated to Commissioners of the service.
- A successful PEG project study day was held on 15 October 2012.
- For the national Nutrition Awareness week 15 to 21 October 2012 displays were arranged in the restaurants at RSH, Western Community Hospital, St

James' Hospital and St Mary's Community Hospital campus; the theme was 'Mood and Food'.

- The Nutrition and Hydration Policy has been updated to reflect the Good Practice Guidelines which resulted from Hampshire Adult Safeguarding Board's multiagency review of five cases in Hampshire where a person with learning disability had died as a result of choking.
- In the Portsmouth area we are involved in an educational drive to try to reduce obesity within Adult Mental Health. A Health Living day was arranged at the Orchard Centre in Hospital. As a result of the comments received from patients and staff we have made some changes including having protected mealtimes, changes to menus with healthier meal choices, giving ratings to food choices by a traffic light system and there are plans to bring health trainers onto the wards for staff and patient education sessions.

Our achievements so far:

We carried out an audit of MUST (Malnutrition Universal Screening Tool) in November 2012 and below is a summary of the findings:

Areas of good practice identified:

- Screening of patients' nutritional status has been maintained at a high level.
- Full compliance with implementing care plans that are in place.

We also were able to identify a few areas for improvement which will be discussed and addressed via the Nutrition and Hydration Strategy Group:

- Adherence to the 24 hour standard for initial screening needs to be improved.
- Initial screening of patients living in their own homes is variable.
- Repeat screening should be carried out at the required frequency and clearly documented.

PRIORITY 4: To ensure all new patients referred to the Child and Adolescent Mental Health Service receive as much information as possible while waiting for appointments

Why did we make this a priority? Having a child referred to the Child and Adolescent Mental Health Service (CAMHS) can be a stressful time for the child and their families. The Trust wanted to make sure that while children wait to be seen by a specialist, they and their families feel as informed and supported as possible.

What did we do? Before we made any changes we asked our clients to take part in a survey to help us understand from their perspective what needs to be on leaflets and our new website to help them. Young people came up with a number of ideas for the website. The most common suggestions were pictures of staff, videos and descriptions of what happens at CAMHS. Generally the young people were in favour of quite a fun looking website with pictures and bright colours.

Parents were also keen for pictures of staff to be on the website. The other common suggestions were advice for parents, links to other resources and outline of services provided. Parents also suggested making the website child friendly, which would involve clear and concise language and not being too overloaded.

The response from young people and parents concerning a video for the website was good. Both parents and young people said they would like to know about a young person's feelings about attending CAMHS. They also suggested that it would be

helpful to see the rooms of the building and show the areas that may help children relax and enjoy themselves such as the garden and x-box.

Our achievements so far: 

With the help of our young patients and parents we have now put together the first draft of the design form for the website and are looking at what information needs to be there to allow service users to feel informed and supported.

All service users and carers' information leaflets have been updated following consultation and review from young people, children and carers from the CAMHS service. These updated and reviewed leaflets will be available on the new website.

Patient Experience

PRIORITY 5: To improve our communication and support for carers of the people who use our services

Why did we make this a priority? We recognise that being a carer can have a profound impact upon a person's life and many carers need support from our services to enable them, not only to continue to care for someone, but also to help maintain their own health and wellbeing.

What did we do? In an effort to support our carers (particularly those caring for a person with a physical or mental illness or learning disability) we have produced a three year strategy to improve our carers' experience and ensure that they will be supported in their caring role.

As well as providing further training and support for our Carers Champions within our inpatient units, the Trust is also pleased to be supporting the Carers Strategies for our local authorities to improve the range of support and advice we can offer to carers.

Our achievements so far: 

Within our Adult Mental Health Unit there are a number of initiatives being discussed through the Acute Care Forum which is attended by staff, carers themselves and Local Authority staff who work for the Carers Centre in Portsmouth. This relationship is long standing and has contributed to many successful carers initiatives over the years.

The current focus of the work is the development of the Carers Resource Pack which is now available on our inpatient wards at The Orchards. These packs can be given to carers of our patients whilst they are visiting their friends/family members. The packs contain a wealth of information relating to support for carers in the community, referral forms for carers, information about the care and treatment provided at The Orchards and a copy of the Trust's Carers Strategy.

The second initiative is the introduction of a Carers Clinic on The Orchards. This is a joint collaboration with Health and Social Care (via the Carers Centre). The purpose is for staff from The Orchards and from the Carers Centre to work together to provide some protected time for carers to visit the unit to speak to staff about the treatment being provided in the hospital and for them to seek support for themselves as carers

as we recognise how vital it is for them to be supported to stay mentally and physically well, and be treated with dignity and respect.

There is also ongoing support of carers to be part of the Care Programme Approach (CPA) process and being invited to care planning and CPA meetings - as well as having the opportunity to meet with staff members (such as named nurses, doctors and managers) and this remains a core part of our service delivery.

We are currently developing Carers Resource Packs for all services and these will be available very soon.

PRIORITY 6: To increase the number of satisfaction surveys across the Trust to inform service improvement

Why did we make this a priority? As part of our Patient Experience Strategy 2012-15, we focussed more on the importance of good patient experience as highlighted by Care Quality Commission and other national bodies. It was also a requirement of our NHS contract with commissioners to demonstrate areas of improvements as reported by our service users. In order to identify any areas for improvement, we needed to gain more feedback from patients and carers.

Although satisfaction surveys were already being carried out locally in some services using paper surveys, this needed to be extended to cover all services, standardised to cover key areas, and to offer a wider variety of methods of capturing feedback to suit different needs.

What did we do? We set up a survey programme covering key areas of the organisation focusing on the key areas required by commissioners which include:

- Involvement in decisions about treatment/care
- Staff being available to talk about worries/concerns
- Privacy when discussing condition/treatment
- Being informed about side-effects of medication
- Being informed who to contact if worried about condition after leaving hospital/community care

In addition to these questions, services were also asking for feedback on issues related to their specific service area.

Many services, including inpatient areas and community are now offering the survey to all patients on discharge from the service. Others offer the survey for limited periods of time to all current users of their service.

Friends and Family: Patients are being asked how likely they would be to recommend a service to friends and family. A pilot is currently being run across specific services.

Services have increasingly adopted electronic methods for completing surveys including the use of tablets and standalone kiosks within public areas.

Alternative methods have been trialled to capture feedback from vulnerable groups and those unable to use standard methods. e.g. focus groups in Homeless Health, pictorial versions for those with dementia and learning disabilities, carers' discussions

in palliative care, and visual scoring scales and spoken surveys in areas where reading or English language is a challenge.

These methods together with monitoring social media feedback, unannounced inspections together with patient and voluntary groups and complaints give a rounded picture of the experience that patients have within Solent NHS Trust services.

Our achievements so far:

- We have increased the number of surveys carried out over the year, from 959 in 2011/12 to 3,289 in 2012/13.
- This was an increase from 20 services to 56 services.
- The overall percentage of positive answers in the 5 key areas (e.g. dignity, privacy and involvement) was 94% and to other questions was 67%.
- The Friends and Family Question from Community wards and the Minor Injuries Unit was reported as 75% over a six month period and with the planned promotion of this question we expect this score to rise even further in the months ahead.
- These surveys are helping us to pick up any areas that need some improvement. Discharge and Rapid Response Teams are producing patient information leaflets and training staff to ensure that patients and carers fully understand what is being arranged for their return home and who to contact for support and our elderly inpatient areas are introducing visual aid menus

PRIORITY 7: To demonstrate improvements in recovery and support mental health patients to regain their place in the community and improve partnership working

Why did we make this a priority? The recovery focus of the Adult Mental Health Service ensures that all aspects of service, work to the common aim of promoting a life worth living even where there are ongoing symptoms of mental illness. Supporting people to take increasing control in aspects of their care and develop social roles / activities they value has a close relationship with wellbeing.

What did we do? We have completed a number of exercises in order to:

- measure how the service is currently performing against a number of recovery-underpinning statements
- explore the level of recovery-focussed care planning carried out
- identify suitable ways to increase self assessment of recovery, to ensure that our service-users' own perspective is key to our interventions

We have developed and provided folders for all service users to store copies of their care plans and information relating to their recovery. We have continued to develop volunteer roles for people who have accessed our service, this enables the service and people accessing it to learn from their expertise of living with a mental health condition and promotes opportunity for people to share their personal skills.

We have carried out a thorough review and refinement of the purpose of Oakdene Unit to enhance the recovery and rehabilitation of people accessing this part of the service.

We developed three Recovery Principles which 81 staff to date have committed to make visible in their work. In collaboration with carers and service-user volunteers, we have used this information, to develop a 5 year strategy to implement changes required to increase our recovery-focus as a service.

We continue to build effective and innovative relationships with our partners working in education, commissioned mental health providers and mainstream community providers.

Our achievements so far: 

Recovery-Focussed Care Planning: Audited from clinical notes; 72% of service users' notes, indicate recovery-focussed interventions and 27% record more advanced stage of recovery (i.e. feeling well / taking responsibility for recovery).

In a study asking people about their own care plans and experience, 75% felt their strengths and abilities were included to promote their recovery and 63% felt their goals and aspirations were reflected in their care plan.

Over the last year we have supported 17 service-user volunteer opportunities ranging from co-researcher to providing creative art activities. Of these at least two have used this experience to complete related further study and one has been helped to gain employment.

In our work with Highbury College we have 39 students who have completed the Back on Track Programme (*this has been developed to meet the specific needs of younger people with mental health issues and disrupted education*). 50% have progressed to further education or employment and 25% progress to study at a higher level. The quality of outcomes achieved through this partnership working have received international recognition as 'best practice'.

In 2012 the lead from our service received a College of Occupational Therapy Merit Award to celebrate national recognition for excellence. These outcomes are in addition to those achieved through referral and joint working with our partner agencies.

CLINICAL EFFECTIVENESS

PRIORITY 8: To improve foot care and reduce amputations in people with diabetes in our community

Why did we make this a priority? A recent report published by NHS Diabetes set out the high cost to both patients and the NHS of poor quality diabetic foot care. Portsmouth was shown to have the highest amputation rate in England and Southampton was not far behind.

What did we do? Reviewed the provision of a Multi-Disciplinary team in the management of the diabetic foot; ongoing education and raising awareness. Increase the access to podiatry for patients with diabetes in the Portsmouth area.

Our achievements so far: 

This has been a major achievement for the Trust's Podiatry Team who has worked with NHS Diabetes on a Quality Improvement Framework for the whole of the Health Authority.

We are delighted to say that in February 2013 a 25% reduction in major amputations in Portsmouth was reported (from 48 in 2010/11 to 36 in 2011/12). New statistics also reveal that there has been a large reduction in the number of diabetic patients needing major amputations in the last 3 years.

Our Podiatry Service redesigned its diabetes pathway with a focus on prevention and the rewards of this pathway are now coming to fruition. Patients are receiving care from the right people in a timely fashion since the introduction of the diabetic foot score. We would encourage all patients with diabetes to find out their foot score at their annual diabetes assessment with their GP practice.

Other areas of improvement.....

2.2 Learning from our staff

Solent NHS Trust is committed to being an excellent employer and a healthy organisation where learning remains at our core. We believe that our staff are our greatest asset and we will strive to enable them to feel valued, involved and proud, creating a culture which ensures excellent services, excellent staff, and excellence in all that we do to deliver the very best patient and staff experience.

Our annual Staff Survey has been undertaken by Pickers Institute Europe for the last three years to generate historical data with which to benchmark our progress. This survey enables us to gain feedback from our staff in terms of understanding their concerns and also how we can as an organisation, to improve both the working conditions for staff and our culture to support continuous improvement.

Our 2012 Staff Survey is an objective indicator and was carried out during the months of October and November 2012.

1652 staff out of 3195 eligible staff returned their completed questionnaire giving a response rate of 51.7% (compared to last year's response rate of 56%). The national average response rate of the survey was 54.6%.

The overall survey shows that notwithstanding the significant organisational change prevalent at the time of conducting the survey progress continues to be made year on year particularly in areas such as communication between senior managers and

staff, consulting with staff regarding changes and providing training in delivering good patient/service user experience and in Equality & Diversity.

The staff survey results were broadly similar to those of other community trusts. In some areas the Trust is doing slightly better than other trusts and in some areas we are doing less well. An area of concern was the extent to which staff are feeling under pressure and in some areas a feeling that they do not always have enough time to do their job to the standard they would wish.

Top 4 Ranking Scores	2010/11		2011/12		Trust Improvement
	Solent Trust	National Average	Solent Trust	National Average	
No training in how to deliver a good patient / service user experience	37%	38%	20%	24%	17% improvement
Not able to do my job to a standard am pleased with	25%	23%	16%	13%	9% improvement
In last 3 months, have come to work despite not feeling well enough to perform duties	62%	60%	53%	58%	9% improvement
Communication between senior management and staff is not effective	40%	39%	32%	31%	8% improvement

Bottom 4 Ranking Scores	2010/11		2011/12		Trust Deterioration
	Solent Trust	National Average	Solent Trust	National Average	
Senior managers do not act on staff feedback	23%	23%	31%	31%	8% deterioration
Felt pressure from manager to come to work despite not feeling well enough	22%	23%	30%	29%	8% deterioration
Felt unwell due to work related stress in last 12 months	36%	32%	43%	40%	7% deterioration
Not enough staff at Trust to do their job properly	50%	45%	52%	49%	2% deterioration

(Results above are taken from Pickers Survey 2012)

In response to the staff survey, the Human Resources Department has, together with service lead managers, analysed key areas for improvement and devised a set of locally targeted action plans which has informed the overall consolidated engagement plan for Solent NHS Trust. Key priorities are correlated to areas where the Trust's score is lower than average and performance has slipped or deteriorated since 2011-12 survey.

Our focus for 2013/14 is on:

- Keeping the patient at the centre and our quality of care
- Releasing time to care through our Community Productive Series
- Workforce Health & Wellbeing implementing key areas of activity to promote wellbeing
- Making it easy to raise a concern so as to foster an open culture
- Staff involvement, engagement and communication to improve the staff experience
- Ensure everyone has clear planned goals and objectives through the introduction of a new Performance Management Appraisal model
- Cultural development through our core values

Our overall objective is to enhance staff morale and staff engagement through continuous improvement and year on year we ensure that we measure the changes identified within the Staff Survey as it provides structured, evidence based, way for us to engage with our staff and respond to their feedback.

The Employee Engagement indicator is a key performance indicator for Solent NHS Trust and an improvement target has been set in the annual operating plan of 3.75 from its current indicator of 3.64.

Our Core Values

I N S P I R E



Involved



Nurturing



Striving for
excellence



Passionate



Innovative



Respectful



Empowered

2.3 Learning from you.....

Was there anything particularly good about your treatment?

Royal South Hants Hospital (Sexual Health Service):
“Without exaggeration the visit was an absolute pleasure. The doctor and nurses were excellent by being friendly, respectful and knowledgeable”

Physiotherapy, Queen Alexandra Hospital: *“I wanted to write to let you know of the absolutely outstanding care being delivered in hospital by your physiotherapy team. My father was diagnosed with cancer and his physiotherapist worked with him to get him up and moving again after two weeks unconscious. The physiotherapist has been gentle and encouraging and compassionate. Thank you.”*

Adult Mental Health: *“Thank you so much for giving me hope to start the day treatment and showing me I have the power to be strong and assertive. I cannot thank you enough, you are amazing.”*

Was there anything we could have done better?

"You need a serious review of how your department is being run, and an urgent training session on how to treat patients"

"If you can't be bothered to staff the appointment system, then at least let the referring GP make the appointment or indeed the patient"

You said, we did

As a result of the feedback we have received in the last year we have carried out the following improvements across our services:

Podiatry Service – A large number of our Reception staff have been re-trained and provided with guidance on how to confirm which type of clinical appointment is required for patients. The signage at the Podiatry Clinic in Gosport War Memorial Hospital has been improved to make it clearer to visitors what clinics are running and the directions to the waiting area.

Specialist School Nursing Service – All staff who escort children to their homes have now received appropriate training for when oxygen is required to be transported with the patient. The Service will make every effort to be clear and precise as to the nature of the child's changes to support the family in making appropriate provision when transporting the child home.

Adult Mental Health Service (Crisis Resolution Home Treatment Team): Staff will now contact patients if any delay in home visits is expected to avoid any distress or confusion for patients.

Adult Mental Health – Psychological Therapies: Due to poor accessibility, the Service plans to relocate to other premises which provide more facilities for disabled clients.

Physiotherapy Service: In future Physiotherapists will inform the Reception staff of any delays, so that patients can be kept informed at all times.

The Physiotherapy Service has now made a change of practice for patients within Intensive Therapy Unit who need to spend some time sitting out of their bed. It is now clearly documented and displayed on a whiteboard for staff and patients to be aware of the time recommended that a patient should be sat out of bed for.

Rapid Response (Community Nursing Service): Following a breakdown in procedure which caused delay in providing information, the Rapid Response Service has now introduced electronic fax transmissions rather than relying on manual faxing.

Wheelchair Service: The Service has recently started a sub store, which will enable patients to gain access to a basic wheelchair whilst they are waiting for their own specialist chair to be ordered.

Sexual Health Service: The Service has recently introduced a number of changes to protect patient confidentiality at the St.Mary's Campus in Portsmouth. New registration forms, designated receptionist for client who have booked appointments and separate waiting areas. All staff are fully trained in customer care and confidentiality. Also in future patients who consent to having their results via a text message will only receive a brief message with no details of the sender.

PART 3

3.1 Priorities for Quality Improvement in 2013/14

In drawing up our priorities for improvement in 2013/14, we have taken into consideration our progress against last year's priorities, and also considered the local, regional and national picture, our overall performance and the views of patients, our governors, commissioners and patient representatives from our Local Involvement Networks (Healthwatch).

The following priorities have been endorsed by the Trust Board. In addition, there is a good deal of other work to improve the quality of patient care and the patient experience which is also reported upon at Trust Board.

PATIENT SAFETY

PRIORITY 1: To reduce the number of pressure ulcers that following investigation are deemed to be acquired within Solent NHS Trust's care by 35%

Why have we chosen this priority? Pressure ulcers develop when a large amount of pressure is applied to an area of skin over a short period of time, or they can occur when less force is applied but over a longer period of time.

Treating and caring for people in a safe environment and protecting them from avoidable harm is a key priority for Solent NHS Trust therefore, preventing the incidence of newly acquired pressure ulcers continues to be a key focus for improvement.

The Trust acknowledges that, whilst at times we care for a very complex and vulnerable patient group, we must do everything we can to prevent a newly acquired pressure ulcer occurring while a patient is under our care, whether that be on our inpatient wards or for a patient who is at home and receiving care from our Community / District Nurse Teams.

We also acknowledge that many of our patients move throughout different healthcare environments (such as the acute hospitals, to rehabilitation wards and then to their own home or to a Care Home). It is therefore essential that our Nursing staff communicate clearly and effectively with other Nursing or Care Teams to ensure that the correct equipment and support is available at all times.

How will we improve? The Trust has a clear process for the reporting and recording of all pressure ulcers. However, whilst this system works well we think we can improve further.

Within the year we intend to introduce a new Pressure Ulcer Panel. This will be an expert panel that will review any pressure ulcer within our care with the Nursing Team that care for the patient. This will follow and review the investigation process that has taken place and will help the team to identify key learning and actions to be taken. This will be monitored through the Trust's Governance and Risk strategies through out Assurance Committee.

We will then ensure that the results from our Pressure Ulcer Panel are available for external review and scrutiny by our Commissioning Body.

There are key national and local agendas that we will continue to develop within the Trust to inform our practice and improve patient safety and experience such as the Safety Thermometer, Your Skin Matters and NICE Guidance.

We know key areas of improvement are ensuring:

- Early identification of patients at risk of developing pressure ulcers
- Prompt assessment and delivery of essential equipment
- Monitoring pressure ulcers already acquired and preventing deterioration.

How will we measure our improvement? Through the Pressure Ulcer Panel we will monitor our compliance against the key standards for the prevention and reduction of pressure ulcers. This will also provide a monthly report for the Trust Board and will monitor and track sustained improvement. This will also give us the ability to identify areas of concern and to monitor their improvement.

The learning and actions from the Pressure Ulcer Panel will be monitored at both Trust and Local level, within individual teams being accountable for their learning development.

Continued training and education throughout the organisation will be maintained and we will ensure that nurses and care staff joining our organisation receive the correct education and are fully competent to assess and care for patients with pressure ulcers prior to be allowed to work independently.

What will our targets be for next year? In the year ahead we aim to reduce the number of pressure ulcers that following investigation are deemed to be acquired within Solent NHS Trust's care by 35%

We will work alongside our partners to develop a whole systems approach regarding the prevention and management of pressure ulcers. This will ensure that our most vulnerable patients who are at risk of developing (or have developed) a pressure ulcer can be monitored and reviewed wherever they are in the healthcare system.

How will we monitor and report our improvement? Solent NHS Trust is committed to sustained improvement and therefore the Nursing and Quality Corporate teams will work in liaison with the Pressure Ulcer Panel to ensure robust reporting and recording of all pressure ulcers acquired either within or external to our

care.

In turn this will continue to form part of the monthly Board Report and will also be monitored through the local and Trust Governance agendas.

PRIORITY 2: Improve the detection and management of medically deteriorating patients in our care (reduction in incidents)

Why did we make this a priority? Identification and management of patients whose medical condition is deteriorating is an important part of ensuring that people have the best possible outcome and a good experience of care. We know that the outcome for the patient is better if any deterioration is recognised promptly and measures are taken to treat the illness by well trained staff and sufficient senior staff.

By using robust and reliable early warning systems and standard ways of communicating concerns about a patient who is deteriorating, we are treating our patients more effectively.

What will our targets be for next year? For 2013/14 we will continue with this work, focussing very much on early identification and action for these patients. We know that our staff are good at timely and accurate observations, and also good at recording the early warning scores.

Our focus in the year ahead will be to ensure that once a patient 'triggers' (i.e. has a warning score which indicates that they will be in trouble) the correct processes for calling senior staff are followed. This includes calling an ambulance, where necessary, and that call comes from nurses, if necessary, rather than waiting to go through a hierarchy of doctors. All inpatient units will use an early warning system along with SBAR (Situation, Background, Assessment, Recommendation and Reply) communication tool.

How will we monitor and report our improvement? By carrying out regular audits throughout the year and reporting to the Divisional Governance Groups. In order to measure performance, key performance indicators have been identified as follows:

Measure	Source of Data	Frequency of Collection	Data collected and Reported by
Month by month improvement in the compliance with early warning score	Inpatient audits	Monthly	Quality Team
Number of SIRIs relating to failure to rescue deteriorating patients	Risk Team	Monthly	Quality Team
Appropriate escalation following triggering as laid out in the early warning score policy	Inpatient audits	Monthly	Quality Team
Appropriate action taken by senior staff when consulted as a result of escalation	Inpatient audits	Monthly	Quality Team
The use of the SBAR (Situation, Background, Assessment, Recommendation and Reply) communication tool	Inpatient audits	Monthly	Quality Team

PATIENT EXPERIENCE

PRIORITY 3: Incrementally roll out real time capture of patient experience

Why have we chosen this priority? It is essential that we are able to understand how our patients feel about the experience that they have in our care in order to improve services. During the past year we have been able to greatly increase the amount of feedback we have obtained from the users of our services and make improvements.

During this time we have been developing our survey methods, including increasing the use of electronic tablets and other devices which will allow the results to be reported back to services in real time enabling rapid changes and improvements to be made to services.

These methods will be spread to cover all services increasing the amount of reporting available in real time.

An improvement priority in our operating plan Corporate objectives 1 and 3 and within the NHS Outcomes framework domain 4.

How will we improve? Our aim is for 100% of services to capture user feedback on a regular basis throughout the year and to develop improvements as a result of the feedback.

How will we measure our improvement? All services' plans for patient surveys will be closely monitored and achievements and progress reported on a monthly basis.

What will our targets be for next year? We aim to increase the amount of real time reporting of user feedback with a target of 25% of services within the year.

How will we monitor and report our improvement? Patient experience service will collate survey activity and results for the organisation's cumulative percentage of services carrying out surveys within the year.

CLINICAL EFFECTIVENESS

PRIORITY 4: Reduce number of amputations in patients with diabetes

Why have we chosen this priority? Building on the excellent work carried out over the last year, we plan to continue to reduce amputation rates working with other providers of NHS care to achieve a 50% reduction by 2017.

How will we improve? We will continue to improve access for patients to podiatry care with a skilled and highly competent workforce. We will play an increasing role in the diabetes care pathway.

How will we measure our improvement? By measuring the reduction rates in amputations; monitoring the reduction in referral to treatment waiting times; access to new ways of managing foot ulceration; audit of outcomes.

What will our targets be for next year? The continual reduction in amputation rates throughout our regions.

How will we monitor and report our improvement? Annual performance linked to clinical outcomes; reduction in late referrals to the Podiatry Service.

PRIORITY 5: Improve the physical health of adult mental health service users

Why have we chosen this priority? Building on the excellent work carried out and acknowledged by the CQC visits to adult mental health in patient units, we will continue make care planning for long term physical health conditions in mental health a priority.

How will we improve? We will improve our management of, and our care planning for, patients with long term physical health conditions. Regular training sessions for all levels of clinical staff will be undertaken.

How will we measure our improvement? By auditing the care plans in the Adult Mental Health; monitoring the quality of care planning by monthly auditing and monitoring action plans at the Adult Mental Health Divisional Governance Group meetings.

What will our targets be for next year? All Adult Mental Health patients will have completed care plans with their identified physical health needs.

How will we monitor and report our improvement? We will monitor all care plans and update these on a regular basis and carry out regular audits throughout the year and report our improvement to the Divisional Governance Groups.

PRIORITY 6: Increase the coverage of the Health Child Programme (Health visiting and school nursing)

Why have we chosen this priority? We want to be able show what difference we are making to the mental health of children and young people in our care.

How will we improve? We will have pre and post outcome measures in place for all teams and for 100% of clients who are willing to take part.

How will we measure our improvement? Through a range of validated outcome tools.

What will our targets be for next year? We aim to have 80% of completed episodes of care show improvements.

How will we monitor and report our improvement? By producing annual outcomes report we will be able to monitor our progress in this area.

PRIORITY 7: Ensure Appropriate Staffing Levels

Why have we chosen this priority? There is a need to transform services to ensure that the best services can be provided within the resources available. This has led to changes to staffing levels.

How will we improve? All service areas will have a staffing establishment which has been agreed and signed off by the Division's Medical Lead, Nursing and Allied Health Professions leads as being safe and effective.

How will we measure our improvement? To benchmark against national benchmarks where they exist or against self determined benchmarks.

How will we monitor and report our improvement? Progress towards this target will be reported quarterly through our Divisional Governance Forums.

3.2 How will we monitor the progress of our quality priorities throughout the coming year?

We have a dedicated committee focussed on reviewing the safety, quality and effectiveness of our services. This committee (known as the Assurance Committee) will monitor our progress throughout the year.

Comms - STRUCTURE CHART TO BE INSERTED

Statements from our Stakeholders

To be inserted following consultation.....

GLOSSARY

BME - Black and Minority Ethnic people

The Department of Health has published '*Delivering Race Equality in Mental Health Care*', a five year action plan for tackling discrimination and achieving equality in services for black and minority ethnic patients and communities.

CAMHS - Child and Adolescent Mental Health Services

NHS provided services for young people with mental health disorders.

CPA - Care Programme Approach

The system or framework by which care is arranged and managed. It remains at the centre of current Mental Health policy, supporting individuals who experience severe and enduring Mental Health problems to ensure that their needs and choices remain central in what, are often, complex systems of care.

CCG - Clinical Commissioning Groups

Previously these were Primary Care Trusts. They commission hospital and Mental Health services from appropriate NHS Trusts or from the private sector.

CDW - Community Development Worker

Work with and support communities including the Black and Minority Ethnic (BME) voluntary sector and ensure the views of the minority communities are taken into account during planning and delivery of services.

Clinical Pathway

One of the main tools used to manage the quality in healthcare concerning the standardisation of care processes. It has been proven that their use reduces the changes in clinical practice and improves patient outcomes.

CQC - Care Quality Commission

The independent regulator of health and social care in England, aiming to make sure better care is provided for everyone in hospitals, care homes and people's own homes. www.cqc.org.uk

CQUIN - Commissioning for Quality and Innovation

Measures whether trusts achieve quality goals or an element of the quality goal. The achievements are on the basis of which CQUIN payments are made.

CRHT - Crisis Resolution Home Treatment Teams

Provide intensive support for people in mental health crises in their own home: they stay involved until the problem is resolved. Designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers.

HQIP - Healthcare Quality Improvement Partnership

Promotes quality in healthcare through clinical audit.

LINK - Local Involvement Network

Previously networks of local people and community groups who want to improve social care and healthcare in their local area.

LTC - Long term condition

Long term conditions (also called chronic conditions) are health problems that require ongoing management over a period of years or decades. They include a wide range of health conditions including diabetes, chronic obstructive pulmonary disease and cardiovascular disease.

MDT – Multi disciplinary Team

Multi disciplinary teams are groups of professionals from different areas who come together to provide comprehensive assessment and consultation.

Monitor - Independent Regulator of NHS Foundation Trusts.

www.monitor-nhsft.gov.uk

MRSA - Methicillin-resistant Staphylococcus aureus

A bacterium responsible for several difficult-to-treat infections in humans.

MUST – Malnutrition Universal Screening Tool

A five step screening tool to identify patients who are malnourished, at risk of

malnutrition or obese. It also includes management guidelines which can be used to develop a care plan.

NAS - National Audit of Schizophrenia

This enables clinicians who treat people with schizophrenia in the community to assess the quality of their prescribing of antipsychotic drugs and of their monitoring of service users' physical health. It also supports them to monitor service users' experience of treatment and its outcomes, plus carers' satisfaction with information and support.

NICE - The National Institute of Health and Clinical Excellence

Provides guidance and support to healthcare professionals and others to ensure that the care provided is of the best possible quality and offers the best value for money. They also provide independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

NIHR - National Institute for Health Research

Commissions and funds research. www.nihr.ac.uk

NPSA - National Patient Safety Agency

Established in 2001 with a mandate to identify patient safety issues and find appropriate solutions.

OFSTED - Office for Standards in Education

OFSTED is the Office for Standards in Education, Children's Services and Skills. It reports directly to Parliament and is independent and impartial.

OBD – Occupied bed day

An occupied bed day is defined as a hospital bed which has been used for at least one day case admission during the day.

PLACE - Patient Lead Assessment of the Care Environment

An annual assessment of food and cleanliness of inpatient healthcare sites in England that have more than 10 beds.

SPA - Single Point of Access

The Single Point of Access (SPA) service provides a first point of contact for people accessing our community services.

TeleHealth

The use of technology to deliver health and/or social care at a distance and the remote monitoring of a patient's medical condition in their own homes, i.e. blood pressure, ECG or weight.

UKROC - UK specialist Rehabilitation Outcomes Collaborative

UTI - Urinary Tract Infection

A urinary tract infection is an infection that can happen anywhere along the urinary tract, i.e. bladder, kidneys, ureters and urethra.

VTE - Venous Thromboembolism

A blood clot that forms within a vein. Thrombosis is a medical term for a blood clot occurring inside a blood vessel. A classic venous thrombosis is deep vein thrombosis (DVT), which can break off and become a life-threatening pulmonary embolism (PE). The conditions of DVT and PE are referred to collectively with the term venous thromboembolism.

Voluntary Sector - Is a term used to describe those organisations that focus on wider public benefit as opposed to statutory service delivery or profit.

Publishing our Quality Account

Our Quality Account is published on NHS Choices and can be downloaded from our own website on www.solent.nhs.uk. We are also planning to produce an “easy to read” version of this Quality Account and this can be obtained by contacting our Communications Team – details below.

GET INVOLVED AND JOIN US AS A MEMBER TO HAVE YOUR SAY IN THE FUTURE OF THE TRUST

As we become an NHS Foundation Trust we are building up a thriving membership list made up of local people and staff. If you would like to work with us and have a say in the decisions made about our healthcare services, please get in touch with our Communications Team on **e-mail: communications@solent.nhs.uk or telephone: 023 8060 8937**

Or write to our Chief Executive, Dr Ros Tolcher, Solent NHS Trust, Adelaide Health Centre, William Macleod Way, Southampton SO16 4XE

YOUR FEEDBACK IS IMPORTANT TO US

We are keen to ensure that the Quality Account is a useful document which helps patients, families and the public to understand our priorities for delivering quality care to our patients.

Although the Department of Health tell us some of the content we have to include, and all NHS Trusts have to do this, the Quality Account also gives us an opportunity to include local quality initiatives and your feedback on these is important to us.

Please tell us what you think about our Quality Account by simply filling in the evaluation form below, tear from this document, fold and stick along the gummed edges - then pop into a post box. No postage is required.

THANK YOU FOR YOUR TIME

Evaluation form

Did you find the Quality Account (tick all that apply)

- Easy to read
- Easy to understand
- Informative
- Helpful
- Interesting

Other (please specify below)

.....

What best describes you?

Please delete as appropriate: Patient / Carer / Public / Staff / Other (please specify):

.....

Which sections stood out for you?

.....

Why did they stand out?

.....

Would you like to receive the Quality Account?

- by email
- by post

Please state your email or postal address:

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How can we improve future Quality Accounts?

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