Quality Account 2016/17

(with our priorities for quality improvement in 2017/18)

DRAFT

Part 1

Welcome and introduction to the Quality Account

About our Trust

We provide community and mental health services to people living in Portsmouth, Southampton and in some parts of Hampshire. Our team of over 3,500 talented staff each individually make a difference to people's lives. We make over 1.5 million patient contacts each year.

We help people stay safe and well at, or close to, home. We do this by supporting families and working with partners to ensure children get the best start in life, providing services for people with complex care needs and helping older people keep their independence. We also provide screening and health promotion services which support people to lead a healthier lifestyle.

We actively promote strong out of hospital services, and we work closely with other trusts, primary care, social care providers and the voluntary sector to make sure care is joined-up and organised around the individual.

Our vision and values

Last year we refreshed our vision and values. Our shared vision is to ***provide great care, create a great place to work and deliver great value for money.***

Our 'HEART' values describe the way we would like our staff to work together and care for the people we serve, our patients, their families and carers.

We are committed to:

♥ People in our communities ♥ Our staff ♥ Organisations we work with

Our values are:

Statement of Quality from Sue Harriman, Chief Executive

Thank you for taking the time to read our 2016/17 Quality Account.

Each year all providers of NHS healthcare services are required to produce an annual Quality Account for publication. We welcome the opportunity to share how we performed during 2016/17, as well as the opportunity to reflect on the areas for further improvement. I hope that you find this report a useful guide to our performance and achievements in quality, safety and patient experience over the past year, and our plans and priorities for year ahead.

I am proud to be the Chief Executive of a Trust that puts quality at the centre of everything we do. We have a team of dedicated and committed staff, who each make a difference and strive to deliver consistently great care.

We always endeavour to maintain our focus on providing safe, effective and quality services, whilst meeting the challenges of rising demand for healthcare services with limited financial resources. Our commitment to quality is strengthened by our Quality Improvement Programme. We are creating a culture of continuous improvement, providing our staff with the tools, capability and capacity to continuously improve to ensure we provide people with the best, and most effective, services we can.

During 2016/17, we welcomed a team of inspectors from the Care Quality Commission who, as a result of the inspection, have helped us on our quality improvement journey. As well as highlighting areas of good practice, they also identified areas for improvement. They awarded us an overall rating of 'Requires improvement'. However, we were delighted that many of our CQC domains were rated as 'Good' and our Learning Disability Service was rated as 'Outstanding'. The inspection outcomes drew our attention to some areas for improvement. Whilst we have already acted to make changes, we recognise that real sustainable change will take time. Our quality priorities have been developed using the outcomes from our inspection, as well as feedback from the people who use our services and our learning from incident and concerns.

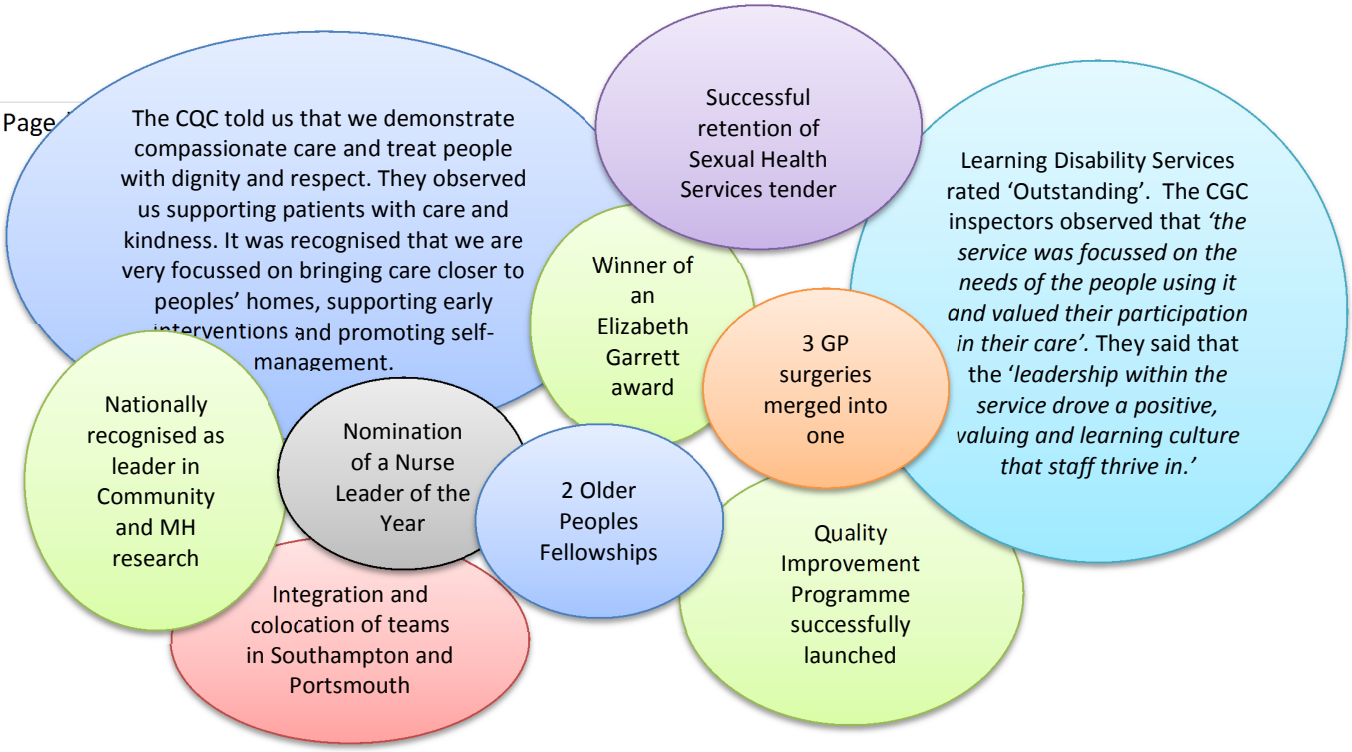
I would like to reiterate our unwavering commitment to continually improving the quality and safety of the care we provide. We recognise that much of our learning can come from listening to our service users, their carers and families, and our partners and in care. A key priority going forward will be to ensure that we continue to involve people in the development and improvement of our services, and we will continue to work with other organisations to make a difference together.

I hope you will find the information in the document useful.

Sue Harriman

Chief Executive

Some of our 2016/17 achievements:



Statement from Mandy Rayani, Chief Nurse, and Dr Dan Meron, Chief Medical Officer

As a Trust we are committed to providing care that is safe and effective. It is important that people are assured of the quality of our services and can see easily the ways in which we strive, year on year, to improve what we offer to those who need our services. To help us continue to improve our services we gather feedback using a variety of mechanisms, including the Friends and Family Test (FFT).

Using this feedback, we have identified a number of quality priorities for 2017/18. Some of these are new for this year and some are a continuation of our 2016/17 priorities which have been embedded into our day-to-day ways of working. The priorities we set each year are intended to help us achieve the five quality goals we set ourselves in 2016.

Looking ahead we will maintain our focus on the quality of care, safety and the wellbeing of our staff and the people who use our services. This remains our highest priority. The purpose of this Quality Account is to re-confirm this pledge and demonstrate how we have achieved this to date. It holds our organisation to account to ensure we deliver these standards across all those services we directly provide and in those services where we work in partnership with others.

Our approach to quality improvement

In May 2016 the Board agreed a three year Quality Improvement Strategic Framework. This Framework sets out our ambitions for quality improvement. We identified five quality goals which we aim to demonstrate achievement against over a three year period (2016-2019):

Quality goal 1: No avoidable deaths

Quality goal 2: To reduce patient harm

Quality goal 3: To reduce duplication and eliminate waste in the care process

Quality goal 4: To reduce variation and improve reliability

Quality goal 5: To focus on what matters to our patients/ service users and carers

Each year we set a small number of quality priorities to help us achieve our quality goals.

We measure achievement against the annual quality priorities, and we also reflect upon the impact our work has had on delivering our overarching quality goals. Therefore, as well as setting out our priorities for next year, this Quality Account examines our achievement against both our quality priorities and our quality goals.

Part 2a

Looking ahead – Our Quality Priorities for Improvement 2017/18

How we choose our priorities

We identify our priorities in partnership with staff and based on feedback from the people who use our services, their carers and families. We also use information from incidents, complaints and patient experience measures. They are developed in line with our Quality Improvement Strategic Framework and our Trust vision: ***to provide great care, create a great place to work and deliver great value for money***

We are fully committed to achieving our priorities. Some are similar to last year's as many of our priorities are major areas of work which will take several years to fully implement and embed.

Priority 1: We will implement the Trust's professional frameworks so that our nurses and allied health professionals continue to deliver great care.
Priority 2: We will deliver the Quality Improvement Programme to enhance patient experience and make a difference to people's health and wellbeing.
Priority 3: We will continue to improve our services by using the learning from incidents, complaints and feedback.
Priority 4: We will implement the Trust's competency assessment framework to support our staff to consistently deliver safe and effective care.
Priority 5: We will have a consistent approach to involving people in the development of our services.

These priorities guide the work of our services and are used to set service-specific quality activities.

Part 2b

Looking back – A review of our performance in 2016/17 against our Quality Priorities

Our 2016/17 Quality Account included five quality priorities:

- **Priority 1:** Develop a culture of continuous quality improvement, building workforce capacity and capability through a focussed programme of quality improvement skills development.
- **Priority 2:** To provide services which ensure that mental health and physical health needs are assessed and given equality of consideration when planning and delivering care.
- **Priority 3:** We will create the environment in which service users/patient and carer involvement (co-production) is embedded at all levels: from individual care planning to service transformation change.
- **Priority 4:** To provide agreed tools for use within the Trust which enable nurses to manage staffing levels and respond to the changing complexity and levels of the care of patients on their caseload or in their ward.
- **Priority 5:** To support staff, within the Trust, to deliver care and services which demonstrate our values and enable clinical staff to meet the professional standards set by their regulatory body.

Details of our progress against each of our 2016/17 priorities are shown in the following tables.

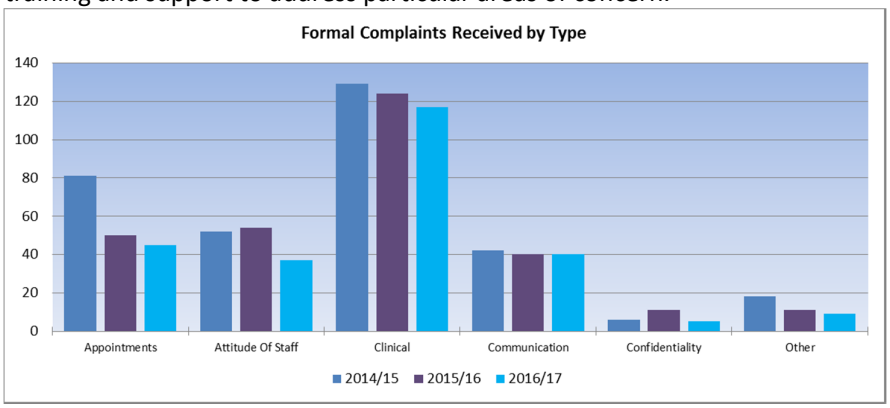
Priority 1	**Met**
Quality Domain	Patient safety and effectiveness
Priority for Improvement	**Quality Improvement (QI)** Develop a culture of continuous quality improvement, building workforce capacity and capability through a focussed programme of quality improvement skills development.
Aim	To enable and empower staff to identify opportunities for improvement and implement changes. To enable and empower staff to demonstrate improvement via a range of formal measurement techniques.
Progress	During 2016/17 we implemented our Quality Improvement Programme. Seven teams (70 members of staff) joined Cohort 1 in July 2016 and seven teams joined Cohort 2 in December 2016.

Continuation for 2017/18 – aligned to Priority 2	In total, five cohorts of teams will participate in the Quality Improvement Programme over the course of three years. This is a priority for 2017/18, the programme for which includes: • Regular "Pocket-sized Quality Improvement" training available to all • Developing a Trust quality improvement hub • Supporting teams to use the online British Medical Journal (BMJ) quality tool to publish their work • Developing a network of quality improvement champions, coaches and trainers.

Priority 2	**Partially met**
Quality Domain	Effectiveness
Priority for Improvement	**Parity of Esteem:** To provide services which ensure that mental health and physical health needs are assessed, and given equal consideration, when planning and delivering care.
Aim	For patients/service users to experience services which provide holistic care, ensuring that physical and psychological wellbeing needs are recognised.
Progress	During 2016/17 patients accessing mental health services have been screened for physical health needs and their care has been planned in-line with guidance. **Adult Mental Health wards** An audit of patient records showed that, during October – December 2016, our adult mental health wards screened between 95-100% of patients to identify their physical health needs and care for these alongside their mental health needs. **Health and Wellbeing team (adult mental health community team)** The Health and Wellbeing team includes seven nurses who monitor the physical healthcare needs of patients at specific clinics. They contact the patient's GP if there are concerns and also undertake home visits to patients who find it difficult to attend clinics. Through monitoring of patients, the team has detected undiagnosed hypotension, diabetes and heart problems. The team will build on this next year by working with GPs and consultants to review patients on specific medication and those living in supported accommodation. **Older Persons Mental Health wards**

	An audit of patient records showed that, during October – December 2016, 100% of patients admitted to the ward were assessed for physical health needs within 48 hours of admission. **Dementia screening** We have experienced a number of recording and reporting challenges throughout the year relating to dementia screening. The service and the performance team have made joint recommendations for improvements to the clinical templates to ensure compliance can be accurately demonstrated. The service has also identified areas where the staff could benefit from some additional training and education around screening for patients. Audits completed during the year have produced varied results with some localities achieving 100% compliance. However the most recent audit highlights the need for additional support to ensure dementia screening is part of the core offer to all eligible patients.
Continuation for 2017/18	The physical health needs of patients will continue to be monitored within mental health services and this screening is being incorporated as part of our routine care for those accessing the services. We will continue to implement the dementia screening action plan to ensure all items are implemented and an improvement can be seen in Portsmouth and Southampton during the coming year.

Priority No 3	**Partially met**
Quality Domain	Service user experience
Priority for Improvement	We will create the environment in which service user/patient and carer involvement (co-production) is embedded at all levels, from individual care planning to service transformation change. We will promote a culture where the value, contribution and rights of carers are recognised and respected by our staff.
Aim	• To ensure that the service user/patient/carer voice is heard and used to inform service delivery • To support staff to be confident in engaging service users / patients / carers in service change • To enable patients to be equal partners in care • To have a mechanism for identifying and signposting carers so that support can be accessed

Progress	**Palliative Care:** One of our Community Sisters for Palliative Care was nominated for a national WOW award for her outstanding customer service and was one of 75 finalists to be shortlisted from nearly 20,000 nominations. She was selected in the Judges' Choice Category and attended the Gala Awards Ceremony in November 2016. **Sexual Health Service:** At the beginning of December 2016, our Sexual Health Service rolled out an email pilot for capturing patient feedback and the friends and family test (FFT) responses. December 2016 showed a 50% increase in responses for the service compared to November 2016. Of those responding, over 95% said they would recommend the service to their friends and family. **Childrens' Services:** Our Children's Services have increased their friends and family test (FFT) response rate with the role out of 'Monkey', a pictorial survey specifically designed for children to encourage them to share their own views. This approach has strengthened the voice of the child/young person in their care. **Complaints regarding communication (YTD)** We regularly review the complaints and concerns we receive looking for common themes and trends. 'Communication / providing information to patients' remains in the top five categories of complaints received however this reflects national trends and a slight reduction has been seen over the past three years. Where any common themes are identified within this category, learning is shared across services. A number of teams have received additional training and support to address particular areas of concern. 
Continuation in 2017/18 – aligned to	During 2017/18 we will: • Demonstrate the involvement of users and carers in different aspects of our work • Refresh the patient experience action plan

Priority 3 and 5	• Implement recording of carer identification and signposting within our patient records system • Launch our volunteer strategy and a website for volunteers.

Priority 4	**Partially met**
Quality Domain	Patient Safety and Effectiveness
Priority for Improvement	To provide agreed tools for use within the Trust which enable nurses to manage staffing levels and respond to the changing complexity and levels of the care of patients on their caseload or in their ward.
Aim	To provide safe, effective and responsive care to patients whilst supporting staff, and reporting safe staffing levels.
Progress	We have piloted a workload/acuity tool within the Adult Mental Health services to support nurses to manage staffing levels within inpatient wards. An escalation framework has also been established in our Adults Portsmouth and Southampton service lines. Reports on our staffing position continue to go to Board, however our approach to staffing has continued to develop as new guidance and resources/tools have been published by the National Quality Board (NQB) during 2016/17. In-line with this new guidance, we have started to benchmark our position against the duration of care we provide to patients in a day (i.e. care hours per patient day).
Continuation in 2017/18 – linked to Priority 3 and 5	During 2017/18 we will: • Make a catalogue of acuity and dependency tools available to services. The tools for mental health services will be available by June 17 and the community tool will be available by September 17. • Continue to review national guidance as issued by NQB, amending our reporting/tools where applicable.

Priority 5	**Met**
Quality Domain	Experience
Priority for Improvement	**Professional standards** To support staff to deliver care and services demonstrating the Trust values, whilst enabling clinical staff to meet the professional standards set by their regulatory body.
Aim	• To embed our values in all aspects of work • To support clinical staff to demonstrate compliance with regulatory standards

	• To receive feedback from patients / service users / carers that staff have acted professionally, demonstrated honesty, valued and respected them, and engaged them in all aspects of their care and treatment
Progress	All our clinical staff are aware of who their professional lead is with clear professional escalation routes for reporting any regulatory matters. We have also established a Professional Advisory Group which is a forum for professional leads to escalate and discuss matters associated with professional standards and regulations. We have commenced the review and standardisation of nursing and allied health professionals (AHP) job descriptions. We have created strategic frameworks for the nursing and AHP workforce which set out the contribution our nurses and allied health professionals make in delivering quality care and improving patient experience. These frameworks focus on competencies relating to interventions to ensure standardised practice within each professional group. We have introduced tools to support nurses to revalidate, maintaining their registration with the Nursing and Midwifery Council (NMC). A series of road shows has given further support in reinforcing professional standards to clinical, and in particular nursing, teams. We have supported students on the NMC approved return to practice course in partnership with the local universities allowing former nurses to re-join the NMC register and start working with us as qualified practitioners. As part of their inspection, the Care Quality Commission (CQC) reflected on the caring nature of our staff commenting that we treat patients with care and kindness.
Continuation in 2017/18	In 2017/18 we will incorporate this into our day-to-day ways of working and: • Continue to use the tools introduced to support revalidation • Continue to support students on the NMC approved return to practice course • Embed the Nursing and Allied Health Professionals Strategic Frameworks • Continue to review and standardise nursing and allied health professional job descriptions, developing competency frameworks to support this

Part 2c

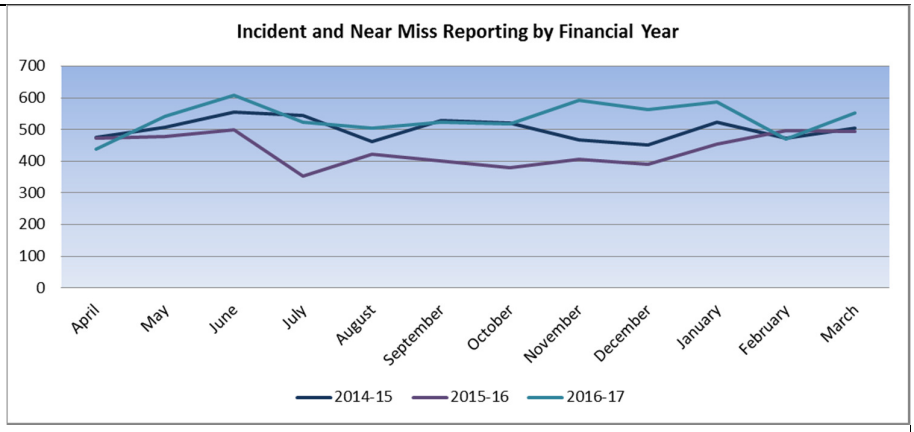
Looking back – A review of our performance in 2016/17 against our Quality Goals

The progress we have made against each of our five quality goals is shown below. For each goal we have indicated the work we will undertake in 2017/18, and the quality priority this links to, to help us further work towards achieving the goal.

No avoidable deaths	
What it means in practice	We have recognised the importance of mortality reviews and are actively engaged in developing innovative processes for identifying, reviewing, investigating and learning from deaths. We participated in the national work led by the Care Quality Commission (CQC) which led to the production of the first national guidance on learning from deaths (National Quality Board, March 2017). In line with this report we are further developing a range of processes including the: - criteria for selecting deaths to review and investigate - recording of mortality reviews - involvement of families - extraction, dissemination, and implementation of learning - reporting on mortality in-line with latest national guidance. The emphasis of this work is to ensure there is a culture and focus on learning, family experience and proportionality.
Progress and successes so far	• Our Learning Disability Service is participating in a national pilot for a Learning Disability Mortality Review process. This is coordinated by the University of Bristol and commissioned by NHS England. • In the last six months of 2016/17 every unexpected, unnatural death has been reviewed, either through the mortality review process or as a Serious / High Risk Incident (SI/HRI). • Our Chief Medical Officer is contributing to the expert team with the Department of Health and the Care Quality Commission. • Learning from serious and high risk incidents is shared every month, across all services, at Serious Incident panel meetings.
Our Quality Improvement actions for 2017/18 (linked to Priority 3):	In 2017/18 we will: • Further develop Board-level leadership in the area of learning from deaths. We will explicitly designate an executive director as the patient safety director and a non-executive director to take oversight of the process.

	• Develop and adopt a Mortality Review Policy which incorporates the National Quality Board (NQB) recommendations on learning from deaths • Develop our approach for engaging with bereaved families and carers to improve the experience of families who experience loss or where harm has occurred as a result of care or treatment provided by the Trust. This work will involve service users and their families, the Patient Experience team, the Trust's legal services manager, clinical directors and clinical governance leads. • Further embed the principles of shared learning: we already identify learning from mortality reviews and serious incident (SI) and high risk incident investigations through the SI process; however we need to further develop processes to ensure the learning is embedded across all relevant services, and action plans are audited and delivered. This will be considered in light of the national guidance. • Develop quarterly mortality reporting in-line with national guidance.

Reducing Patient Harm	
What it means in practice	We are committed to reducing patient harm and, as such, continue to develop a positive incident reporting culture to ensure lessons can be learned from all incidents and near misses and appropriate changes to practice made. Particular focus has been given to reducing unavoidable harm through improved reporting, shared learning and appropriate interventions. Further work is required to streamline the incident reporting system and strengthening the lessons learnt mechanisms.
Progress so far	• **Incident Reporting:** we use an electronic system to report and review incidents and near misses. During 2015/16 we experienced significant issues with this system resulting in a reduction in the number of low harm incidents and near misses reported. Incidents resulting in harm continued to be reported during this time, either through the electronic system or via contingency arrangements. During 2016/17, with the issues having been resolved and training and support for staff re-introduced, reporting has increased.



- **Lessons Learnt:** The serious incident (SI) process and panels have been further developed to ensure lessons learnt from SI and high risk incidents (HRI) are shared across the services and that staff feel able to report and learn from mistakes.
- **NHS Safety Thermometer:** We have maintained 95% compliance in harm free care as measured by the NHS safety thermometer tool. This monitors the proportion of patients that are 'harm free' from pressure ulcers; falls; venous thromboembolism; and urine infections for those with a catheter.
- **Development of quality dashboards:** This year we have further developed the monthly quality dashboards to allow service lines access to service line, sub-service line group, department and team level data within the same report through drop-down menus. These reports can be used by services individually, or in governance meetings to identify and discuss trends or outliers. Each month the reports are accompanied by raw datasets so these trends or outliers can be reviewed in detail if required. In addition, new graphs are being introduced, where applicable, to better display the data and allow more meaningful comparison, such as the number of compliments received compared to complaints, and benchmarks with similar trusts are being explored as a next step.
- **Service Line Quality Newsletters:** Please see Appendix B for examples of quality newsletters from our service lines.
- **Participation in the Wessex Patient Safety Collaborative Breakthrough Series Collaborative on the (Physically) Deteriorating Patient**: The aim of the collaborative is to enable all staff, involved in the pilot, to identify and recognise the deteriorating patient, to implement preventable measures and to improve outcomes.
- **The following Quality Improvement Projects have also contributed towards a reduction in patient harm:**

	○ Urinary catheter quality improvement project (Trust-wide). More information about this is available in Part 5, page 45. ○ Improving ward processes to support timely, safe and effective patient discharge within the Adults Southampton inpatient wards.
Our Quality Improvement actions for 2017/18 (linked to Priorities 1, 2 and 4):	During 2017/18 we will: • Adopt the new competency framework for nurses and Allied Health Professionals across all of our services • Complete the following quality improvement projects: ○ **Primary Care Musculoskeletal services** – ensuring the outcomes of all patients receiving physiotherapy treatment from the musculoskeletal services are evaluated. ○ **Mental health services (The Limes)** – reducing rates and severity of falls. ○ **Mental health services (community services**) – ensuring all patients prescribed olanzapine receive appropriate physical health checks. ○ **Sexual health services** – standardising brief interventions for ChemSex patients ('ChemSex' is a term commonly used by gay men and men who have sex with men to describe the use of certain drugs in a sexual context).

Reducing duplication and eliminate waste in the care process	
What it means in practice	In order to reduce duplication and waste we need to empower our staff. Through leadership we need to build staff confidence to challenge when they can identify that a change in process is needed.
Progress so far	During the year we have seen a reduction in complaints regarding the efficiency of our staff and have received positive feedback, from our staff, within the staff FFT and Annual Staff Survey- 5% more staff said that they would recommend our services to friends or family that needed treatment than in the previous year. Our latest FFT results can be found on page 37.
Our Quality Improvement actions for 2017/18 (linked to priority 2)	During 2017/18 we will: • Continue to improve upon the response rate and satisfaction levels within our staff friends and family test (SFFT) and national Annual Staff Survey. • Continue to reduce the number of complaints we receive about the efficiency of our staff by embedding lessons learnt • Undertake the following Quality Improvement projects ○ **Sexual Health Services –** Improving accessing to the Fareham and Gosport services to reduce the number of patients who do not attend appointments ○ **Nursing** – Creating effective team processes

	○ **Primary Care Musculoskeletal services** - Evaluation of musculoskeletal diagnostic imaging utilisation across Musculoskeletal Specialist Services

Reduce variation and improve reliability of care	
What it means in practice	To realise this goal we need to have clear, evidence based pathways and models of care within each service, and to reduce variation we need to review and develop pathways and develop care bundles.
Progress so far	The following quality improvement projects have helped us make progress toward achieving this goals: • **Specialist Dental Services** – improving processes for recalling patients for follow up appointments • **Children's services** – streamlining the process for health contributions to Education Health Care Plans
Our Quality Improvement actions for 2017/18 (linked to priority 2)	In 2017/18 we will: • Complete the following quality improvement projects: ○ **Adults Southampton (community neurological)** – improving the new patient referral process ○ **Children's services (looked after children's service**s) – improving processes to ensure all new referrals for assessments are conducted in a timely fashion

To focus on what matter to our patients/ service users and carers.	
What it means in practice	We will seek to understand what matters to our patients, service users and carers so we can better meet their expectations. As well as engaging with users of our services, we will seek to involve them in service design.
Progress so far	• We have implemented Accessible Information (AI) standards – more information can be found in out Spotlight on AI in Part 5, page 46. • We have introduced web-based feedback in our Sexual Health Services so patients can now provide feedback online. This has seen a significant increase in response rates. • We drafted our volunteer strategic framework which will be issued for consultation in quarter 1 of 2017/18.
Our Quality Improvement actions for 2017/18 (linked to priority 2)	**In 2017/18 we will:** • Implement the recording of carer identification and signposting in our electronic patient record. • Introduce 'Always Events' in primary care. Always events are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every

	time. This can be linked to the quality improvement programme for rollout. • Maximise the use and development of volunteers.

Part 2d

Openness and honesty when things go wrong

Duty of Candour

All healthcare professionals have a duty of candour. This is a professional responsibility to be honest when things go wrong with a patient's treatment or care which causes, or has the potential to cause, harm or distress. This responsibility extends to service users, carers, advocates and families. Professionals are expected to:

- tell the service user or, when appropriate, the service user's carers/advocates when something has gone wrong
- apologise and offer an immediate appropriate remedy or support to put matters right (if possible)
- explain fully any short or long term effects (if appropriate)

The Duty of Candour responsibilities are explained to staff during their induction and when they start working for us. Being open and honest is an integral part of our incident reporting culture - all staff are encouraged to discuss incidents with patients, services users and carers as they occur.

In 2016-17, we have complied with the duty of candour regulation for all appropriate serious incidents (SI) and high risk incidents (HRI) reported through the SI panel in 2016/17. In those instances where the Trust has not had the appropriate contact details or patients have explicitly declined receipt of a written letter following an incident this has been clearly recorded. In addition we have:

- ensured that duty of candour is considered at every strategy meeting
- ensured the duty of candour requirements have been met
- considered the service user/family's involvement in the serious incident report
- shared all findings and lessons learnt from incidents across the Organisation - an example of how we have done this can be found in the Quality Newsletters in Appendix B

Complaints

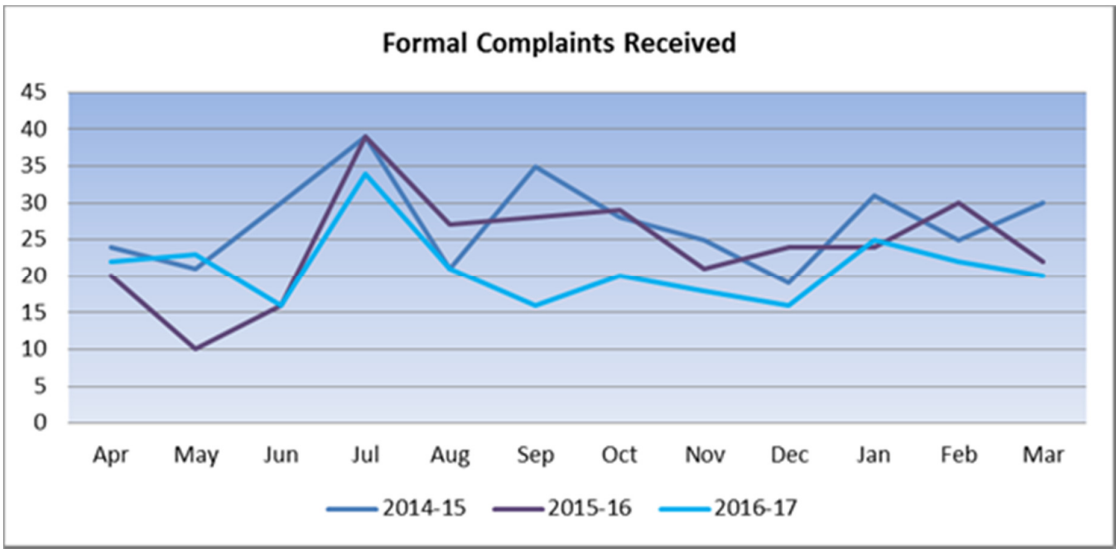
The Trust encourages the staff closest to the people receiving our services to, wherever possible and with the service users' consent, to deal with concerns and problems as they arise so that issues can be resolved quickly and in a way that is responsive to the service user's needs and circumstances. Timely intervention can prevent escalation of issues raised and achieve a more satisfactory outcome for all concerned. The approach to complaints handling in the Trust is based on the principles published by the Parliamentary and Health Service Ombudsman (PHSO).

These are:

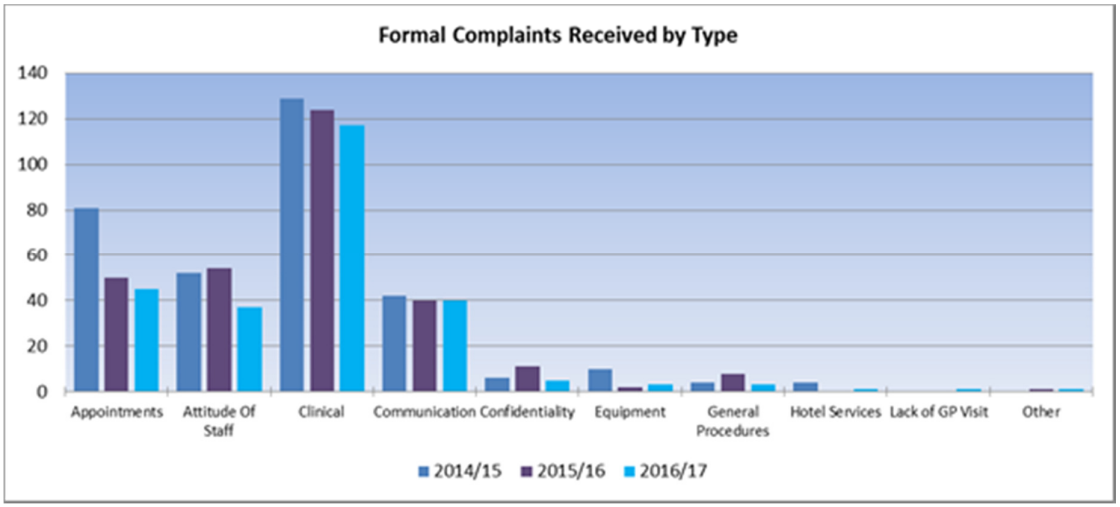
- getting it right
- being customer focused
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

Training has been provided to staff to ensure that anyone making a complaint is supported; receives honest, timely communication; and is clear about the actions we are going to take next.

By working with staff, closest to the person receiving the service, to help them to respond to concerns and problems as they arise we have seen a reduction in the number of formal complaints received (from 290 in 2015/16 to 253 in 2016/17). We have also seen an increase in the number of issues resolved as 'service concerns' (from 201 in 2015/16 to 251 in 2016/17). During 2016/17 we also saw an increase in the number of people making contact with our Patient Advice and Liaison Service (PALS) for advice, signposting and general queries. We received approximately 682 calls this year compared to 479 last year.



Our Trust Board receives regular reports on the number, themes and learning from complaints and our Chief Executive personally reviews all complaint responses. In addition our quarterly patient experience report, which includes details of complaints received and the associated learning and outcomes, is made available to the public via our website.



We strive to embed and sustain the changes made as a result of complaints and concerns to enable long term improvement. These changes are monitored within the services concerned and via our complaints review panel which was introduced to drive quality improvement and act as a mechanism for Trust-wide learning. This panel is chaired by one of our non-executive directors and our Chief Nurse with members including a Healthwatch colleague (the consumer champion for health and social care) and senior clinical representatives from each of our service lines.

Some examples of learning shared through the panel include:

- Sharing Accessible Information about the services patients are referred to
- Offering a meeting with the service, known as a local resolution meeting, at the earliest opportunity after a concern is raised. This may allow concerns to be resolved early, improving both the patient and staff experience.
- Terms used in complaint response letters should be clear and specific, for example instead of stating something is 'rare', the letter should provide context such as the number of times this has occurred in the past year.

Part 3

Mandatory statements relating to the Quality of NHS services provided

Participation in clinical audits and national confidential enquires

Clinical audit

During 2016/17, we participated in 15 national clinical audits and national confidential enquiries covering health services that we provide. We participated in 100% of the national confidential enquiries and all, but one, of the national clinical audits which we were eligible for. The audits and enquiries that we were eligible to participate in during 2016 /17 are included in Appendix A, together with the number of cases submitted to each audit or enquiry.

Examples of some of the outcomes of our local audits are detailed below:

Audit title	Improvement as a result of the audit
Re-audit: Dementia screening	Improvement in assessment of memory, functioning and care needs and care plan documentation as a result of actions from previous audit.
Bimanual examination prior to intrauterine contraceptive device fitting	100% compliance but further actions identified to maintain this compliance
Bare Below The Elbows	Compliance has increased to 95% Since the audit was undertaken further work has been completed regarding jewellery
Regional re-audit: Podiatry use of PGD (Patient Group Directions) for the provision of antibiotic therapy	During the audit, informal training occurred as staff started to apply what they had learnt even before the audit was fully completed.
Re-audit: Discharge and Disengagement Pathways 2016	An improvement on the previous audit was seen due to child and parent friendly discharge letters introduced by service as well as good documentation
Re-audit with initial audit: Use of patient identifiers in handover on rehabilitation wards	The use of patient ID stickers in the job book resulted in 98.5% compliance rate.
Looked after Children Review Audit; Consent and information submitted prior to Initial Health Assessment	Since the first re-audit in 2014, we have introduced a new consent form for young people with capacity, and a “blue card” process. The blue card captures basic consent from parent at the point of the child’s care entry. This now also includes permission for the statutory

Audit title	Improvement as a result of the audit
	health assessment (meaning that as a team we are covered to see the child); although this doesnot cover us for gathering and sharing information. In addition, since the last audit, the proportion of health assessments attended by Social workers has improved significantly which means information is available to us at the appointment in more than half of cases.
Parent Experience of Therapy SPA	A keyword image is generated from the comments/quotes received from parents about the service. This provides a visual 'snap shot' of the feedback obtained. These results demonstrate a positive response from parents participating in the audit, with the highest frequency descriptors including "helpful", "friendly" and "happy".
Child Protection Case Conference attendance	An audit on the effect of service attendance at child protection case conferences was undertaken. This revealed the process for inviting clinicians to the conferences had broken down. The audit also found that clinician attendance at the panel was significant to the outcome for the child. These findings resulted in a review of the administration process for inviting clinicians to conferences, not just within the department but also within Children's Services and there is now a robust system in place.
Was Not Brought (WNB)	This audit found that not every parent was contacted with a WNB letter when an appointment was missed and, while most late cancellations had a further appointment arranged, not all had a reason recorded for the cancellation. However the audit also found that all patients under 18 who were noted as requiring safeguarding steps had the appropriate action recorded. As a result of these findings a local operating procedure was written and the actions identified in the audit incorporated. A flowchart outlining the recommended steps has been sent to all clinicians.
Acceptability of Digital Ano-Rectal Examination (DARE) as anal cancer screening in HIV positive Men who have Sex with Men (MSM)	All MSMs are now offered this as part of standard screening and the service has produced a leaflet to explain the benefits.
Re-audit: Management of Pelvic Inflammatory Disease (PID) in GU (NICE PH 3 & BASHH standards)-	Identified that documentation was below standard, areas of concern noted-clinicians identified and messaged via their LM's; service wide sharing of lessons learned from audit and reminder of importance (and regulatory obligation) to ensure good standard of record keeping
Management of Gonorrhoea	To improve the management of gonorrhoea guidance and training was developed to enable health advisors to undertake a test of cure.
Vasectomy operations including failure rate	The service is exploring a new postal method to improve the return rate of post-operative samples for analysis (to confirm the operation has been a success). The current process is too patient intensive and time consuming. It has been identified that the current failure rates are within national guidance.
Impact of combined intervention of physical activity and cognitive	The two objectives of this audit were achieved with the result that the 'Ethogram' tool is being used for all patients taking part in the group

Audit title	Improvement as a result of the audit
stimulation on the wellbeing of patients admitted in older people mental health services	during admission as this was found to result in a higher level of engagement with tasks, more smiles and more laughter.

To date (awaiting final figure) 71 local projects have been completed from our service audit plans. These projects are determined by each service, based on their priorities, and are as a result of business plans, complaints investigations, and serious incident and high risk incident investigations. Details can be found in Appendix A.

Research

Participation in clinical research

The number of patients receiving NHS services, provided or sub-contracted by us in 2016/17, recruited to participate in research, approved by a research ethics committee, was 1,181. We have recruited to 41 studies on the National Institute of Health Research portfolio, across a range of services. We have been identified as the most research active care trust in the National League tables this year. Our research culture, and its impact on patient care, was listed by as an area of outstanding practice in our CQC inspection report.

Our research priorities:

Examples of research activity

Investigating antibiotic resistance – the Solent SMART study

This year, we have worked with the University of Southampton to look at levels of bacterial transmission in different populations and implications for antibiotic resistance. We have taken samples from volunteers, in all age groups, and in a specific care home population. This has given us the opportunity, not only to work on a key public health issue, but to work with partners around Southampton and Portsmouth. We have extended the number of homes in our Research Care Home Partnership and started to work with a number of schools and colleges. This helps us to educate young people on antibiotic use, and also on the science behind clinical research. The university have been running education workshops in schools. We will continue to build on this programme next year.

Celebrating Success – the Solent Research and Improvement Conference 2016

"Knowledge is Power: Using evidence to improve care"

In July we held a conference for patients and staff to celebrate the research that had taken place throughout the year, and how this had changed the ways we deliver our care. The conference was planned in partnership with people who use our services, and we ran a number of interactive workshops to demonstrate research in practice. For instance, we have been looking at singing therapy as a way to improve breathing techniques for people with COPD. We have also been looking at dance to reduce falls for people with Parkinson's disease. During the conference, which was attended by over 100 people, we ran singing and dancing workshops.

More information can be found on our research website pages: www.solent.nhs.uk/research.

Goals agreed with commissioners

The Commission for Quality & Innovation (CQUIN) framework aims to embed quality improvement and innovation at the heart of provider commissioner discussions. It also ensures that local quality improvements are discussed and agreed at Board level, and enables commissioners to reward excellence by linking a proportion of English healthcare provider's income to the achievement of local quality goals.

A proportion of our income in 2016/17 was conditional upon achieving quality improvement and innovation goals, agreed between ourselves and any person or body we enter into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUIN payment framework. For 2016/17 the value of the CQUIN payment was £2.698m.

We are pleased to report that we achieved a significant number of our agreed CQUIN schemes. This is a reflection of the hard work of staff across the organisation.

The CQUIN schemes agreed with our CCG commissioners for 2016/17 are detailed below (awaiting final data):

CQUIN Compliance Summary

	Status Summary											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Portsmouth CCG												
Local												
Total Contact Cast			Met			Met			Met			Met - TBC by service
COBIC	?	?	?	?	?	?	?	?	?	?	?	Met - TBC by service
ECR Case Management			Met			Met			Met			Submission Pending
Respiratory (6 months)	Partially Met	Met	Met	Met	Met	Partially Met	Met	Met	Met	Partially Met	Met	Met
In Reach (6 months)	Met	Met	Met	Met	Met	Met						
National												
Improving the health and wellbeing of NHS Staff			Met						Not Met			Met
Physical Health of People with Serious Mental illness (PSMI)			Met				Met			Met		Submission Pending
Southampton / West Hants CCGs												
Local												
Implementing Making Every Contact Count (MECC)			Met			Met			Met			Submission Pending
Frequent Users of Acute & Urgent Services			Met			Met			Met			Met
Supported Discharge			Met			Met			Met			Met
Stroke						Met			Met			Submission Pending
National												
Improving the health and wellbeing of NHS Staff			Met						Not Met			Met
NHS England												
GE2 Activation System for Patients with Long Term Conditions			Met			Met			Met			Met - TBC by service

Registration with the Care Quality Commission (CQC)

We are required to register with the Care Quality Commission (CQC). Our current registration status is "registered without conditions"; we are therefore licenced to provide services. The Care Quality Commissioner has not taken any enforcement action against us during 2016/17.

The CQC registers and licences us as a provider of care services as long as we meet the fundamental standards of quality and safety. In June this year we welcomed a team of inspectors from the CQC who highlighted areas of good practice and identified areas for improvement. We were awarded an overall rating of 'Requires Improvement', however we were delighted to be rated as 'Good' for providing caring and responsive services and our Learning Disability Service was rated as 'Outstanding'. The inspectors observed that *'the service was focussed on the needs of the people using it and valued their participation in their care'.* They said that the '*leadership within the service drove a positive, valuing and learning culture that staff thrive in.'*

The CQC told us that we demonstrate compassionate care and treat people with dignity and respect. They observed many of our staff supporting patients with care and kindness. It was recognised that we are very focussed on bringing care closer to peoples' homes, supporting early interventions and promoting self-management. The inspectors also said that we work well with people from other organisations to help keep people out of hospital. Lots of innovative practice was found across the Trust, especially in our adults and children's community services.

During the inspection the CQC provided daily feedback on their key findings, drawing our attention to any areas requiring improvement, enabling us to take immediate action where possible. Areas requiring more detailed response and the 'Must Do' and 'Should Do' actions identified by the CQC in the final report were included in a comprehensive action plan which is embedded within services. Whilst we have already acted to make these changes, we recognise that real sustainable change will take time and this is reflected in our quality priorities.

This action plan is reviewed regularly within services and through our governance structure at the Quality Improvement and Risk Group (QIR) and our Assurance Committee, a sub-committee of Trust Board. Actions taken to date include:

- refreshing our medicine management arrangements, including in special schools
- achievement of 95% compliance in documenting risk assessments of children and young people within the child and adolescent mental health services (CAMHS)
- completing home visits for all Substance Misuse service users with replacement drug therapy in the home who have children resident in or visiting the home
- working with our commissioners to identify opportunities for improvement in the provision of the external wheelchair services
- working with our commissioners and partners to ensure that the provision of the 136 Suite (a place of safety for those who have been detained under Section 136 of the Mental Health

Act by the police following concerns that they are suffering from a mental disorder) is robust and accessible

- ensuring that Substance Misuse Services have signed patient group direction forms (PGD) in place
- reviewing our safeguarding training
- developing our chaperone policy and training for staff in primary care
- reviewing our clinical and safeguarding supervision arrangements
- appointing a new Resuscitation Officer and reviewed the standardisation of training and equipment.

Solent community service ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community health inpatient services	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Sexual Health	Good	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Solent mental health ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health	Requires Improvement	Good	Good	Good	Good	Good

wards for working age adults						
Wards for older people with mental health problems	Requires improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Requires Improvement	Good
Specialist community mental health services for children and young people	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based mental health services for older people	Requires Improvement	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement
Community mental health services for people with a learning disability or autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Community Substance Misuse	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Solent Primary Medical services ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Portswood Solent GP Practice	Good	Good	Good	Good	Requires improvement	Good
Adelaide Health Centre	Good	Good	Good	Good	Good	Good
Royal South Hants Hospital - Nicholstown	Requires improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Solent NHS Trust overall ratings

Overall	**Requires Improvement**	**Requires Improvement**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**

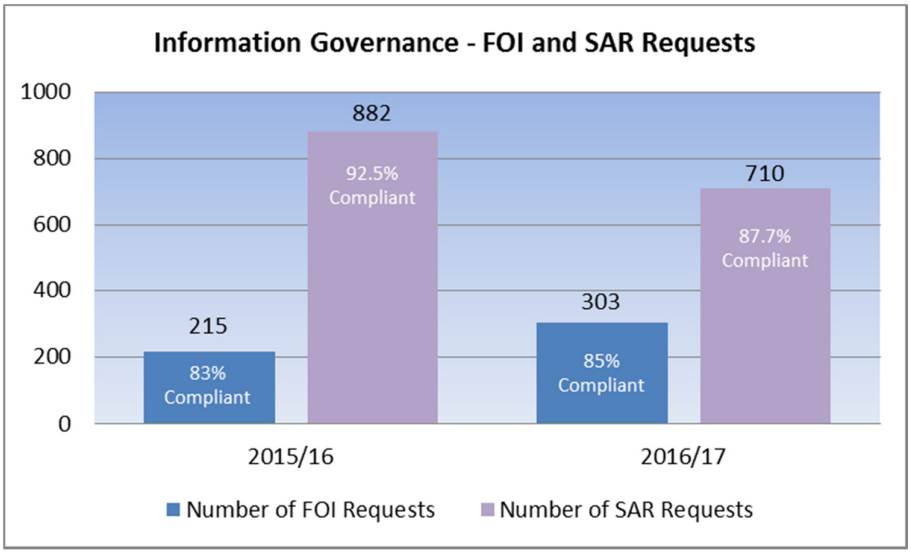
Information Governance

Information Governance Toolkit attainment - the organisation has completed an annual Information Governance Toolkit Assessment achieving 70% compliance, which has been graded as 'Green – Satisfactory'. Further information about the IG Toolkit can be found www.igt.hscic.gov.uk

Freedom of Information (FOI) Requests – the number of FOI requests received within a financial year has increased by 41% when comparing 2016/17 to 2015/16. This year we have achieved 87.7% compliance with the 20 working day response target. This is a reduction on 2015/16 when we achieved 92.5% compliance. At this time, 10 requests are not currently due and have therefore been excluded from these figures. This reduction in compliance is due to the increasing number of requests which have also increased in complexity. The Trust will be reviewing the processing of requests to improve compliance.

Subject Access Requests (SARs) – the number of subject access requests received within a financial year has decreased slightly as the Trust no longer manages the Walk in Centre and Minor Injury Unit which were previously subject to a high volume of requests. At this time, 91 requests are not currently due and have therefore been excluded from these figures.

This year we achieved 85% compliance with the 40 day response target which is a slight increase on 2015/16 when we achieved 83% compliance. The Information Governance Team is currently reviewing the process of handling these requests to continue to increase compliance.



Clinical coding

Clinical coding is the translation of written medical terminology into alphanumeric 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 patient spell in hospital. This is in accordance with the NHS Data Dictionary and World Health Organisation standards set out in the Clinical Coding Instruction Manual - International Classification of Diseases version 10.

Clinical coding is important for local and national monitoring of incidence of diseases and in acute trusts is used in the development of reference costing for contractual purposes. We are responsible for providing accurate, complete, timely coded clinical information to support commissioning, local information requirements and the information required for the Commissioning Data Set (CDS) and central returns.

Each year the coding process is audited by an external accredited auditor. The audit examines the quality and completeness of clinical information available for coding as well as the completeness and accuracy of the coding itself. We have achieved a top level three rating for the past two years.

Department of Health Mandatory Quality Indicators

We have reviewed the required core set of quality indicators which we are required to report against in their Quality Accounts and are pleased to provide you with our position against all indicators relevant to our services for the last two reporting periods (years).

Preventing people from dying prematurely - Seven day follow-up

The data made available with regard to the percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care. This allows us to ensure our servicer users' needs are cared for and they remain safe following discharge from hospital to community care.

NHS Organisation(s)	2015-16	2016/17 (Q2 for info awaiting year end figure)	National Average	Other Trusts – Highest	Other Trusts – Lowest
Solent NHS Trust	99%	100%	96.5% *(Q2 16-17)*	100% *(Q2 16-17)*	76.9% *(Q2 16-17)*

Enhancing quality of life for people with long-term conditions – Gatekeeping

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment team acted as a gatekeeper during the reporting period. The crisis resolution teams provide prompt and effective home treatment for people in mental health crisis and quickly determine whether service users should be admitted to hospital, or if suitable for home treatment. It is important to our service users that they are treated effectively and promptly in the most appropriate settings of care.

NHS Organisation(s)	2015-16	2016/17 (Q2 for info awaiting	National Average	Other Trusts – Highest	Other Trusts – Lowest

		year end figure)			
Solent NHS Trust	100%	100%	98.2% *(Q2 16-17)*	100% *(Q2 16-17)*	76.0% *(Q2 16-17)*

Ensuring that people have a positive experience of care – Community Mental Health Patient Survey

The Health and Social Care Information Centre (HSCIC) provides patient experience indicator data for the annual national Community Mental Health (CMH) Survey. The CQC does not provide a single overall rating for each trust for this survey, as it assesses a number of different aspects of people's care and results vary across the questions and sections.

In the patient survey report published by the Care Quality Commission (CQC), the results are presented as standardised scores on a scale of 0 to 10. The higher the score for each question, the better the Trust is performing. As can be seen from the table below, we have been rated as 'about the same' as most other trusts in the survey by the CQC.

We consider that this data is as described as this Care Quality Commission (CQC) national survey was developed and coordinated by the Picker Institute Europe, a charity specialising in the measurement of people's experiences of care.

	2015-16				2016/17	
Survey Section	**Solent Patient Responses**	Lowest Trust Score	Highest Trust Score	*CQC Comparison with Other Trusts*	**Solent Patient Responses**	*CQC Comparison with Other Trusts*
Health & social care workers	**7.4/10**	6.8	8.2	*About the same*	**7.4/10**	*About the same*
Organising Care	**8.4/10**	7.9	9.0	*About the same*	**8.7/10**	*About the same*
Planning Care	**6.8/10**	6.1	7.6	*About the same*	**6.8/10**	*About the same*
Reviewing Care	**7.3/10**	6.8	8.2	*About the same*	**7.3/10**	*About the same*
Changes in Who People See	**5.8/10**	4.7	7.3	*About the same*	**6.0/10**	*About the same*
Crisis Care	**5.8/10**	5.1	7.2	*About the same*	**6.1/10**	*About the same*
Treatments	**7.0/10**	6.3	7.9	*About the same*	**7.1/10**	*About the same*
Support & Wellbeing					**5.0/10**	*About the same*

Overall Views of Care & Services	**7.2/10**	6.5	7.8	*About the same*	**7.2/10**	*About the same*
Overall Experience	**6.9/10**	6.2	7.3	*About the same*	**6.8/10**	*About the same*

We have implemented an action plan to improve the quality of our mental health services this includes:

- Writing Care plans in the first person - care plan training commenced in March
- Making the CRHTT service more accessible by opening up to direct referrals from the police and ambulance services
- Talking about our customers in team meetings
- Reviewing the Friends and Family Test (FFT), analysing comments and identifying any issues requiring investigation - every month in our Governance Group, we ask a service to go through recent results and look at any issues
- Improving patient involvement: our patient forum has been running for two years providing a conduit for patient engagement in service developments and is consulted on for a number of issues such as going Smoke free
- Recruiting to the post of a physical health nurse to provide education and advice to service users and staff in the community teams
- Increasing the number of whole time equivalent (WTE) staff in our physical health and well-being team by one
- Ensuring all clinic rooms have physical health monitoring equipment available
- Co-locating Solent Mind with the community teams
- Continuing to review housing provision placements and the local housing available through the transformation project
- Reviewing the pathway for people who use our services to ensure interventions happen in a timely way

Treating and caring for people in a safe environment and protecting them from avoidable harm – Patient safety incidents

The purpose of this indicator is to help monitor shifts in the risk of severe harm or death to patients and to identify new emerging risks so that we are able to proactively identify potential impacts on patient care. Trusts that have high reporting figures have a better safety culture.

Patient safety incident data is collected centrally by the National Reporting and Learning Service (NRLS). Two measures are reported below for the rate of incidents reported per 1000 bed days and the rate of incidents which are categorised as causing severe harm or death.

The NRLS considers high levels of incident reporting by Trusts to be an indicator of a positive reporting culture. Consequently, high numbers of incidents are viewed positively, particularly when the proportion of serious incidents is low and the proportion of no harm incidents is high.

Please note that the full report for April-September 2016 is not currently available due to a delay of six months from when data is submitted to the NRLS to it being published.

	October 2014 to March 2015	April 2015 to September 2015	October 2015 –March 2016	April 2016 to September 2016
Patient safety incidents per 1,000 provider bed days				
Solent NHS Trust	83.93	65.57	28.46	67.1
National Average *(Mental Health Trusts)*	38.92	42.00	42.03	42.45
Patient safety incidents resulting in severe harm or death				
Solent NHS Trust	1.34%	2.14%	6.01%	14.29%
National Average *(Mental Health Trusts)*	1.06%	1.14%	1.14%	Currently Unavailable

Part 4

Review of Quality Performance

In this section we report on the quality of the service we provide.

Same sex accommodation requirements
Why did we choose this measure? Reducing mixed sex accommodation is a national priority and Department of Health requirement
Performance: There have been no breaches during this year.

Patient Experience

Why did we choose this measure? The Friends and Family Test is a nationally mandated tool which allows services users and staff to give their feedback on NHS services

Performance:

	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
16/17	**95.79%**	1.65%	15335	11711	2978	264	96	157	129
15/16	**94.95%**	2.17%	13927	10474	2749	263	116	186	139

The positive feedback from our service users last year has been sustained and improved this year, with an increase in the proportion of respondents who would recommend our services and a reduction in the proportion who would not recommend.

This shows that the majority of our service users are reporting a positive experience of care and the free text comments detail the complimentary feedback provided. Themes include comments related to our caring and professional staff. Services share the feedback with staff who are often personally named by service users and review comments for planning quality improvements.

Patient Led Assessment of the Care Environment (PLACE)

Why did we choose this measure? Department of Health requirements

Performance:

Results for PLACE 2015-2016

2015	Cleanliness	Food	Organisational food	Ward food	Privacy and Dignity	Condition and appearance	Dementia	Disability was not scored until 2016
Western Community Hospital	100.00%	99.76%	99.50%	100.00%	95.10%	100.00%	98.73%	
Royal South Hants Hospital	94.66%	98.36%	99.50%	97.32%	89.42%	90.91%	85.04%	
St Marys Hospital Health Campus	98.99%	93.27%	99.50%	88.85%	94.33%	93.71%	98.30%	
Jubilee House	100.00%	98.83%	99.50%	98.23%	94.05%	95.14%	95.10%	
St James Hospital	98.48%	98.81%	97.70%	100.00%	90.65%	94.59%	92.15%	

2016	Cleanliness	Food	Organisation Food	Ward food	Privacy and dignity	Condition and Maintenance	Dementia	Disability
Western Community Hospital	100.00%	98.77%	98.68%	98.84%	90.12%	100.00%	94.96%	98.53%
Royal South Hants Hospital	95.43%	94.02%	98.68%	89.62%	92.19%	90.45%	73.13%	82.69%
St Marys Hospital Health Campus	99.41%	95.71%	98.68%	92.25%	89.29%	94.86%	91.11%	87.11%
Jubilee House	99.50%	99.39%	98.68%	100.00%	89.17%	95.38%	90.83%	90.29%
St James Hospital	96.27%	98.38%	97.13%	100.00%	89.34%	94.84%	86.46%	89.66%

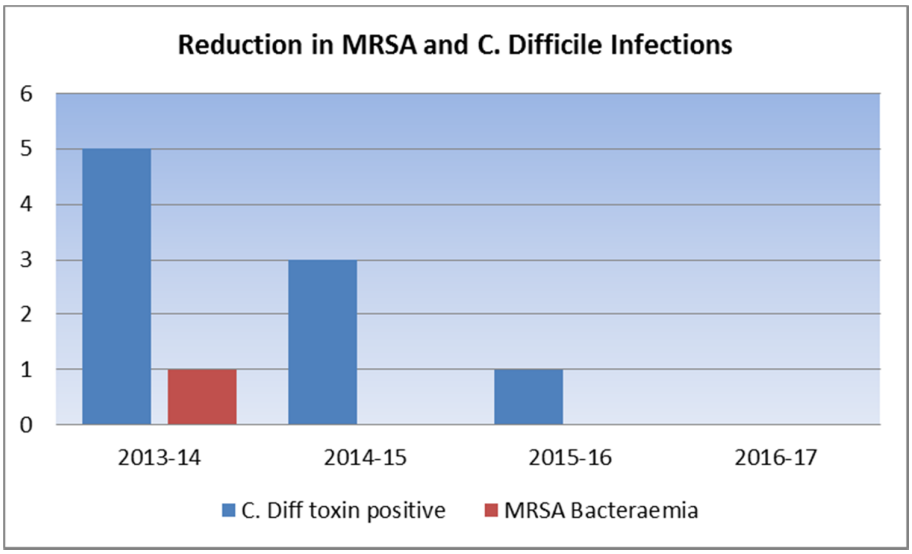
As the results above show we scored highly in most categories achieving 100% in a number of areas such as cleanliness, ward food and condition and maintenance. It should be noted that the dementia standard was not scored fully in 2015 and the disability standard was not scored until 2016.

The majority of the patient assessors for 2016 were also part of the 2015 team and reported being extremely impressed with the services' standards, particularly the food and cleanliness. They were pleased to see the changes that were already put into place due to their previous assessment and input.

The overall results of the PLACE visit demonstrate that there are high standards in cleanliness, condition, maintenance and food in the ward areas. There is a room for improvement in the disability and dementia scoring categories, which will be monitored. In those areas where we are tenants, or are co-located with other organisations, we work with the appropriate landlord if issues are identified and agree a joint action plan.

In order to maintain these standards, we will be re-introducing our local mini-PLACE assessments in 2017/18.

Infection control: reduction in MRSA and C. Difficile infections
Why did we choose this measure? Department of Health requirement
Performance: we are committed to a zero tolerance approach to any avoidable healthcare associated infections (HCAI's). Achieving this vision requires planning and a systematic approach to ensure the organisation has a culture where infection prevention and control is embedded in practice. We acknowledge that every member of staff needs to be involved in the process therefore making infection prevention part of everyone's job. There have been no instances of MRSA bacteraemia since 2013/14 and no instances of C. Difficile in 2016/17.



Statutory and mandatory training for 2016/17

It is important that our staff are able to learn, develop their skills, and receive the training they need to carry out their roles safely. In 2016/17 we have supported the learning and development needs of staff linked to organisational priorities. We have:

- offered clinical learning and development opportunities
- delivered 20 leadership and Management development programmes across our framework, 61 members of staff achieved an accredited Institute of Leadership and Management qualification
- supported our newly qualified staff to make the transition from student to clinical professional through our Preceptorship programmes
- increased opportunities for our young apprentices, supporting 12 young apprentices in 2016/17

- embedded the new Practice Educator team into our service - Six Practice Educators have been helping to improve the experience placement students have whilst with us
- supported staff development including: mentoring and the delivery of clinical skills programmes
- ensured our staff are continuously developed - 91% of our staff have had an appraisal discussion with their manager, and have agreed a personal development plan
- developed a career framework to support our staff in their career planning, and to provide clear information on roles and associated training and development
- achieved 81% compliance with our Statutory and Mandatory training
- achieved 95% compliance with Information Governance training.

Mandatory Training Course	Compliance
Appraisals	91.8%
Corporate Induction	85.8%
Dementia	72.6%
Diversity	81.8%
Fire Safety	72.8%
Health & Safety	75.9%
Infection Control	78.9%
Information Governance	95%
Manual Handling	84.7%
Mental Capacity Act	72.6%
Resuscitation	95.5%
Safeguarding Adults	78.0%
Safeguarding Children	80.7%
Overall Mandatory Training	81.0%

Staff absence through sickness rate

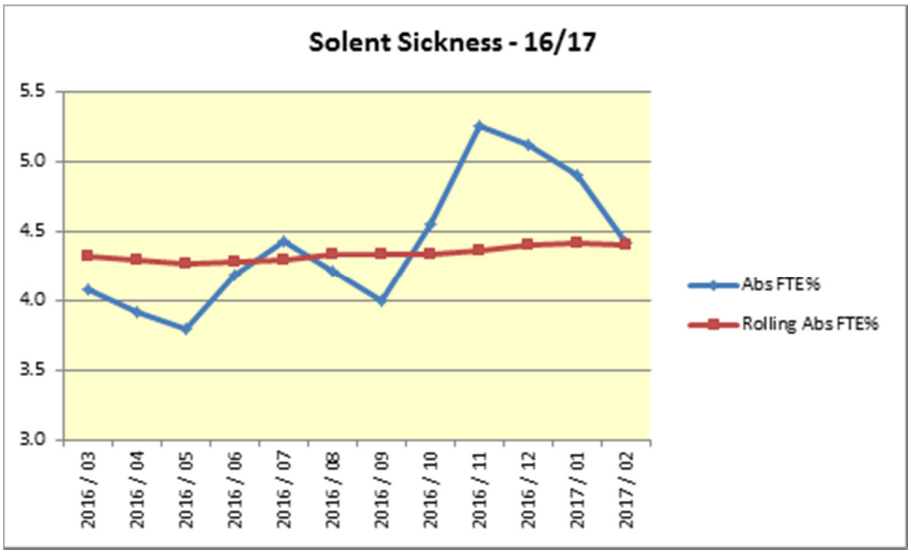
Recognising that our staff are our most valuable resource, the approach we have taken to reduce sickness absence in the last year goes hand in hand with promoting staff wellbeing. In response to sickness absence data various initiatives have been implemented and evaluated to improve staff health and wellbeing. These include the increased provision of self-referral and fast track physiotherapy, emotional resilience workshops and self-care at work. These are designed to motivate and empower staff promoting self-care approaches that will help them improve their lifestyle.

Managers are supported by the human resources and occupational health teams as well as through our Employee Assistance Programme (EAP) to manage sickness absence in-line with policy supporting staff to attend work regularly. Support is also available to sustain a return to work following a period of absence.

We hold a bi-monthly health and wellbeing steering group which is attended by key stakeholders involved in supporting staff.

In 2016, we saw our sickness absence fluctuate between 3.8% and 5.25% with usual seasonal trends occurring. Overall, the rolling sickness rate rose 0.1% to 4.42%. Stress is the main cause of sickness at 23%; this is down 1% on the previous 12 month period.

The following graph shows sickness absence rates for April 2016 to March 2017. Sickness rates have fluctuated throughout the period, with a peak of 5.25% in November 2016. The rolling absence rate however emphasises the rate based on the preceding 12 month rolling average, and we are presently 4.42%, with the trend slightly rising. The average for community and mental health trusts for 12 months to April 2017 was 4.86%.



Staff survey

We believe that the feedback we receive from our staff plays an important part in creating a great place to work. Throughout the year we encourage our staff to share what it is like to work for the Trust through formal and informal routes.

Annually, we ask our staff to take part in the Annual Staff Survey, a national survey undertaken by all NHS trusts. Our response rate to this survey was 55.3% in 2016/17, an increase of 10.9% from last year. The national average response rate was 46.5%. This is a good indicator of engagement and demonstrates that our staff value the opportunity to share their views. This continues the positive trend we have seen through the quarterly Friends and Family Test (FFT) results.

Key points from the 2016/17 survey:

- Compared to last year, we scored significantly better on 53 questions and significantly worse on only 2 questions.
- Compared to other Mental Health Community (MHC) Trusts surveyed by Pickers, we scored significantly better on 29 questions, average on 53 and worse on 6.
- Our overall engagement score, measured by NHS England, is 3.83 compared to 3.69 last year. The national average score for community trusts was 3.80.

The investment in the Great Place to Work Programme has yielded positive results with a greater focus on people through learning and development, leadership and health and wellbeing. Our collective effort to strengthen our culture through continued focus on values and behaviours is taking us in the right direction. Examples of initiatives include the Global Corporate Challenge, Dragons' Den, leadership development programmes and improved internal communications. We will need to maintain and strengthen our efforts in order to continue the positive improvements throughout the next year.

Have we improved since the 2015 survey?

A total of 88 questions were used in both the 2015 and 2016 surveys.
Compared to the 2015 survey, your organisation is:

- Significantly BETTER on 53 questions
- Significantly WORSE on 2 questions
- The scores show no significant difference on 33 questions

How do we compare to other organisations?

In this year's survey, a comparison can be drawn between your organisation and the average for all 'Picker' mental health community organisations on a total of 88 questions. The survey showed that your organisation is:

- Significantly BETTER than average on 29 questions
- Significantly WORSE than average on 6 questions
- The scores were average on 53 questions

Part 5: Quality improvement news from 2016/17

Freedom to Speak Up

This year we appointed seven *Freedom to Speak Up* guardians. These guardians are a visible resource within the Trust working to the national guardian office recommendations on issues relating to raising concerns by NHS workers.

All guardians have undertaken training from the national guardian office to enable them to review the handling of concerns raised by NHS workers. They also review the treatment of the person, or people, who spoke up if there is cause for believing that this has not been in accordance with good practice.

Developments since the introduction of these guardians include:

- implementing an on-call rota Monday to Friday
- launching a shared email account, although guardians can also be contacted on an individual basis
- embedding freedom to speak up within corporate induction
- raising awareness through articles in the weekly Staff News email, presentations at service line away days and at a variety of meetings including the Health Care Support Worker (HCSW) forum.

Quality Improvement Collaborative

July 2016 saw the launch of the Quality Improvement Collaborative. The programme is designed to support and encourage individuals and teams to develop the skills and capability to successfully develop and implement quality improvement projects within their workplace. Five cohorts of 7-8 teams will participate over the course of three years.

The programme comprises the following three core elements:

1. Individual team workshops to provide teams with support to carry out quality improvement projects within their workplace.
2. A series of 3 to 4 externally facilitated learning events on key quality improvement topics, delivered over eight months.
3. Optional master classes, delivered by external speakers and open to all staff, covering subjects such as Coaching for Improvement.

Seven teams joined Cohort 1 in July 2016, and a further seven teams joined Cohort 2 in December 2016. Work to date includes:

- Improving ward processes, such as the timing of a patient's medical review, to lower the risk of errors from rushed prescriptions so that all patients have a timely, safe and effective discharge
- Improving the process of recalling patients for follow-up dental appointments to reduce the risk of patients developing associated long-term health issues – the revised process will be launched in 2017/18

Spotlight on Catheter Improvement Project 2016/17

Urinary Tract Infections (UTI), particularly those that relate to urinary catheters, are the second largest group of Healthcare Associated Infections (HCAI) and are responsible for approximately 17.2% of all HCAIs. We have been working on improving the timely removal of unnecessary catheters, associated paperwork and ensuring this area of care is as safe as possible.

Due to inconsistencies with urinary catheter documentation in inpatient and community services, the aim of the project is to ensure that every patient with a urinary catheter will have the correct paperwork accurately completed by July 2017. Expected benefits include:

- facilitating the timely removal of unnecessary urinary catheters
- reducing the risk of HCAI and Sepsis
- reducing the use of unnecessary antibiotics
- reducing the demand on clinician's time
- reducing, pain and, increased mortality and expense.

Early in the project a baseline audit revealed that only 52% of patients had the correct paperwork completed accurately. For those patients assurance is provided that urinary catheters were appropriately placed. Six months into the project, the same audit was repeated and compliance was found to have risen to 80%, an improvement of 28%.

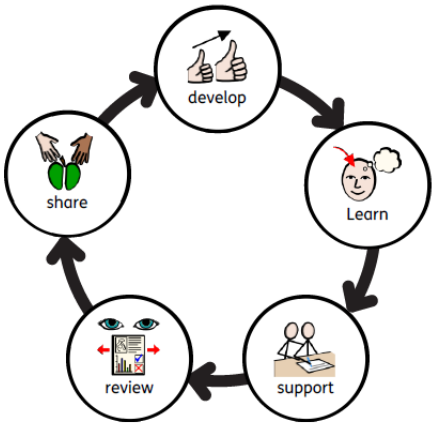
Lessons learnt, and the next steps, have been identified so we can continue to move forward and reach our aim by July 2017. This will contribute to plans from NHS England to reduce gram negative bloodstream infections by 2020, as many UTIs are caused by gram negative infections such as E.coli.

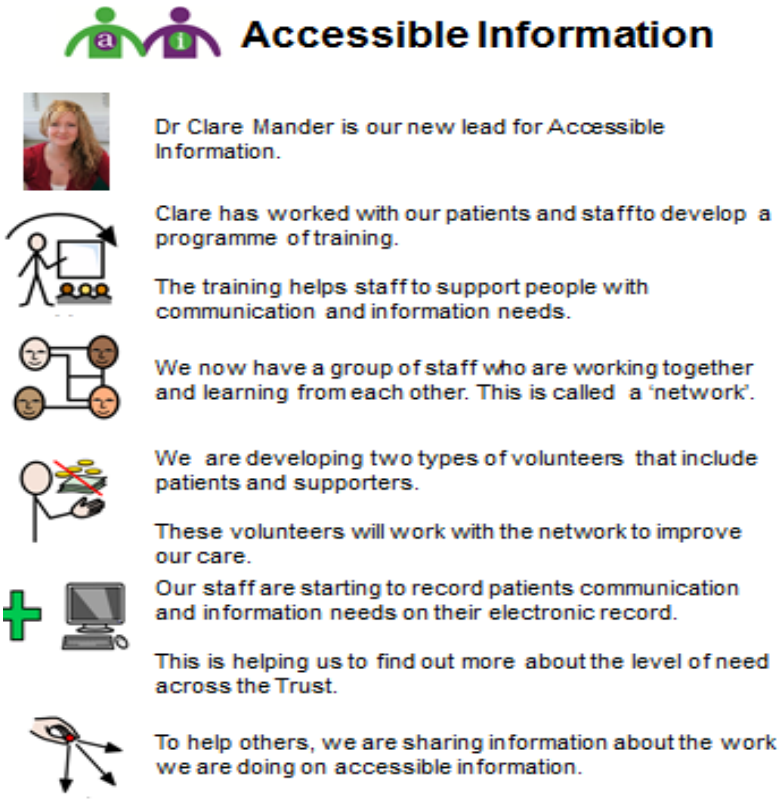
Spotlight on Accessible Information - *Supporting the communication and information needs for all*

Key developments with accessible information relate to the following five areas:

1. Introduction of a three-tiered accessible information training programme for staff
2. Development of an accessible information network

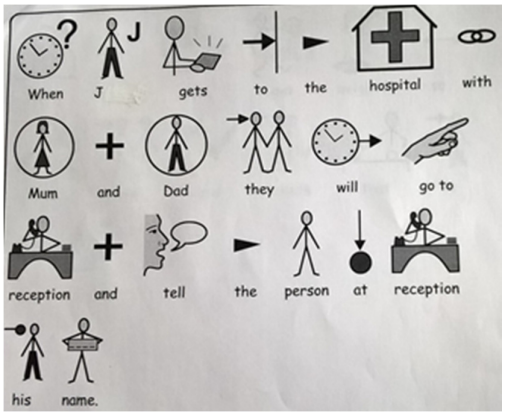
3. Recruitment of 'Accessible Information Patient Volunteers' and 'Accessible Information Support Volunteers'
4. Electronic recording requirements on patient records systems and data reporting
5. Partnership working and national collaborations

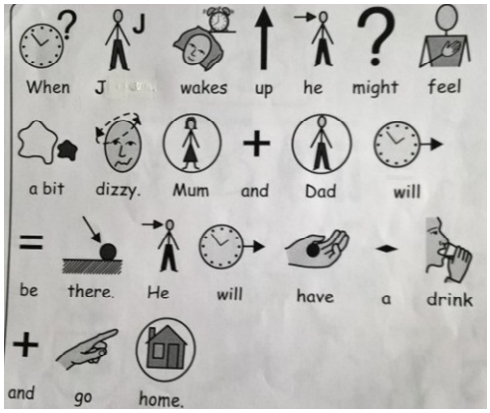




Patient story – Dental Services

The specialist dental service had a referral for a child with autism who required an extraction under general anaesthetic (GA). The child's mum contacted the service for help in explaining the process to their child. The service was able to work with the mum using the 'At the Sleep Hospital' storyboard to help her prepare their child for the visit. The child's mum shared this information with their child's school and they developed a personalised story book that incorporated some of the 'widgets' from our storyboard as well as those the child commonly uses. This enabled the child to be familiarised with the process and their story in the run up to the appointment and was very successful in preparing the child for their GA in an unfamiliar setting and the whole procedure ran very smoothly. Just before they left, the family proudly read their 'story'. This is a section of the story (patient name removed):





At the Sleepy Hospital

This is the accessible information used by the service to explain the process of a general anaesthetic.

Spotlight on recovery and peer workers

The Recovery Approach has contributed to substantial improvements in Adult Mental Health services. The development of a Trust–wide Thematic Lead role is designed to take this learning to other areas, working with people who have long term conditions.

The approach promotes hope, self-management and opportunity to support people's adjustment to a life changing event or illness. We have learnt that a key element in this is to harness the expertise of people who have themselves used the service / had similar health conditions – called 'peers'. Using co-production to work equally with peers, we consider problems, develop solutions and deliver them together – creating a powerful, sustainable community to make improvements for individuals, services and staff. Key objectives and progress to date include:

Objective	Progress to date:
1. To increase our ability to learn from and work with people who access our services (Learning from Lived Experience LLE) 	We are currently establishing a baseline, framework and learning network of services working in this way. Our aim is to share and build best practice. A few examples are shared below: - Service users in Adult Mental Health have developed a training package for staff about how to improve the experience of having their risk of suicide assessed. - Created a collection of films about service user's experience of services across the Trust. - Project to identify, trial, and embed a Patient Reported Outcome measure in Adult Mental Health including service-user led training and consultation with all staff groups. - Work-stream to engage adults with Learning Disabilities in recruitment of staff; service audits and evaluation.
2. To promote recovery principles – Hope; opportunity; self-management through – Coproduction; learning from lived experience & recovery education in services working with people with long term conditions. Solent Recovery College	- Re-launch of Solent Recovery College based in Portsmouth. In partnership with Solent Mind and Highbury Further Education College, we provide education courses about mental health for people who use mental health services, carers and staff. All courses are developed and delivered by adult mental health staff and peer trainers (people who have / have had mental health issues). We continue to host National and International visitors wishing to learn from our model. We intend to expand this model to people with other long term conditions. - Project underway to recruit peer volunteers who live well with diabetes to work with people accessing the diabetic foot clinic. Aim to improve wellbeing though improved self-management. - Work underway with Community Nursing team to enhance methods of gaining patient experience feedback from a vulnerable and disparate client group through projects to tackle social isolation and improve wellbeing.

Spotlight on Dementia Thematic Lead

We recognise the importance of ensuring that all our services and the environments in which we provide services are dementia aware and dementia friendly. In 2016 we introduced the role of Dementia Thematic Lead. This lead role works across the Trust in collaboration with frontline staff and support services teams to ensure that the necessary skills and knowledge are increased and standards are consistently achieved.

Working in partnership with Dementia UK, we began providing support and advice to a team of admiral nurses. As a consequence of our joint work, the Solent Dementia network was launched. The network is designed to give our dementia nurses and healthcare professionals easy access to quality information and support, which in turn will lead to better care for our dementia patients.

Objectives:	**Achievements to date:**
Identify training needs for staff and Implement tier two Dementia training for all relevant clinical staff.	Dementia tier two training was sourced. A 'train the trainers' day occurred in July 2016 and some of our clinicians are involved in rolling out the training. Training on offer to clinical staff since October 2016. We have offered 8 days so far with another 9 booked before end of March
Network with other agencies and local partners to share knowledge and expertise and look at collaborative working.	Networking has occurred with Wessex academic health sciences dementia programme. QAH dementia link workers, Solent Mind. Southampton Dementia Action Alliance and Portsmouth Dementia Action Alliance.
Provide expertise and advice in Dementia care across our services	Involvement in the development of trust guidelines for environmental design for people with dementia.
Develop a network of dementia champions to promote high quality dementia care.	Visits to services to offer support, including rehab wards Southampton, Community rehab teams Southampton and Portsmouth. District nursing teams Portsmouth.
Access additional learning/training to promote advanced practice and leading service improvements	This is in the early stages. Links have been made with some services. Liaison with Wessex Academic health sciences about their dementia networks

Spotlight on Falls

The Falls Thematic Lead is a Trust-wide role introduced in late 2016 to support frontline staff in delivering care in line with agreed standards. A particular focus of the role during the first year is to review the training made available to frontline staff as well as leading the updating of the Trust Falls policy in line with latest guidance. The post holder will also undertake a thematic review of falls that occur within the in-patient areas of the Trust so that further action can be identified to improve patient outcomes.

Objectives for 16/17	**Achievements to date:**
To establish a baseline of current Falls referral and management pathways across all adult services in both Southampton and Portsmouth	We have developed and disseminated two falls fact sheets, and a community post-fall protocol
To identify Falls training needs and to implement and monitor Falls training	Falls training is now on the our Learning & Development Compliance Matrix for all relevant staff
Long term objectives revise into outcome To reduce falls in our care by establishing Falls Champions , auditing the delivery of our Falls services, and provide additional information on our Intranet	Falls champions will be supporting the development a system of cascade training for falls for staff in 2017/18

Spotlight on End of Life Care

Every year, around half a million people in England die, and two thirds of them are people over the age of 75. For most people a 'good death' would mean pain free, in a familiar place with close family or friends and being treated with respect. 75% of people say they would prefer to die at home. Recently, the number of people dying at home has increased (42% in 2011), but over half of deaths still occur in hospitals.

We have appointed a part-time lead in End of Life Care. The aim of the role is to provide leadership for further development and improvement of end of life care across our Trust, ensuring patients are provided with safe, effective and high quality end of life care. This will be achieved through:

Objectives	**Achievements to date**
Networking and Collaboration: Scope and map services and identify key stakeholders and partners in relation to End of Life Care.	Networking has taken place with wider services by attending Wessex End of Life meetings. Relationships are being built with local hospices across Portsmouth and Southampton.

Network and establish relationships within the acute, primary, voluntary and private sector across the geographic areas of Portsmouth and Southampton Increase understanding and awareness of End of Life Services provided through meeting with other agencies and services within our area to enhance good practice, and improve skills and knowledge.	
Training: Identify End of Life training needs and gaps by developing and collating data through means of a training needs analysis. (Linked with departmental and organisation objectives). Re-in state and roll out of End of Life Case Management training. Introduce and roll out of the Individualised Care Plan	Training has been delivered in Communication in Advanced Decision Making and Case Management Training Individualised care plan developed and in process of being rolled out.
End of Life Link/expertise: To act as the link and subject matter expert on End of Life Care by offering guidance on service improvement and broaden End of Life Care process exposure Develop a network of Link Champions in End of Life Care to share practice and enhance End of Life Care Roll out End of Life Newsletter to share practice and inform staff	Champions in End of Life Care identified across Southampton teams and wider services
Policies and Audit: Identify a baseline policy for DNACPR and research guidance on difficult conversations in relation to CPR Develop an End of Life framework	Audit aims written and audit tool developed to identify decisions made in relation to DNACPR.

Part 6: Feedback from key stakeholders

Healthwatch Southampton comment on the initial draft Account

Healthwatch Southampton welcomes the opportunity to make formal comment on the draft of Solent NHS Trust Quality Account 2016/17.

In Southampton, the Solent NHS Trust provides in-patient care at the Western and Royal South Hants hospitals as well as GP practice surgeries and a number of outpatient clinics and community services. Healthwatch Southampton can therefore only comment on those services that apply to Southampton.

The tables given in the review of quality goals and priorities in 2016/17 section are clear and it is pleasing to see that progress has been made. We are particularly pleased to see a reduction in the complaints regarding communication although the way the bar chart is produced, starting with a base of 33, visually exaggerates the reduction.

However, further on in this section, the Quality Goals within the Strategic Framework are listed and include 'Quality Improvement actions for 2017/18' This is confusing and means that the reader is having to refer back to see how statements fit with the section entitled quality priorities in 2017/18. Despite this, the information given in these sections is clear and easily understandable. We are particularly pleased to see the proposal to introduce 'always events'.

We are pleased to see that the Trust is taking its compliance with the duty of candour very seriously and encourage an open and transparent policy.

The total number of concerns and complaints raised with the PALS and complaints service remains at about the same level but it is pleasing to see that many of these are now resolved within the services reducing the number of formal complaints. We know from our experience, and are pleased, that the PALS service is prominently advertised. The fact that the number of general contacts with the PALs service for advice and signposting has increased is evidence of its availability. Communication and information for patients is often a major cause of complaint to Healthwatch and it is good to see that this has reduced by 10% for the Trust. We applaud the establishment of a complaints review panel and that is has Healthwatch amongst its members.

The fact that Solent NHS Trust continues to be at the top of the National League tables for research activity in Care Trusts is good news not just to those immediately affected by the trials but much wider. We were pleased to see this recognised by the CQC.

The CQC rating of good for Community service accords well with our experience and the trust is to be congratulated on this rating. Patient feedback on the primary medical services is also in line with the CQC findings and we have worked with the management of the Nicholstown surgery.

Healthwatch Southampton was involved with the PLACE inspections revealing a high standard of cleanliness, and attention to patient dignity. The facility at the Royal South Hants hospital is collocated in premises managed by NHS property services and the inspection showed significant deficiencies in the maintenance of the premises controlled by them; fortunately, this does not reflect in the scoring for Solent NHS Trust.

The improvement in staff response to the survey is encouraging as there is no doubt that the impact of staff experience can affect the delivery of care and overall patient experience.

The quality priorities for 2017/18 are welcomed but given the importance of these priorities we would have wished to see a little clearer narrative rather than the bulleted statements. We look forward to continuing an effective relationship with the Trust and will do what we can to help the trust achieve its objectives.

H F Dymond MBE
Chairman Healthwatch Southampton

Appendix A

Eligible National Clinical Audits /National Confidential Inquiries	Percentage Number of Cases Submitted
(CQUIN 2016/17) Improving physical healthcare to reduce premature mortality in people with severe mental illness (Change to original requirement - EIP now excluded)	Awaiting final figures
Child Health Clinical Outcome Review Programme: Chronic Neurodisability	TBC from 31/3/17
Child Health Clinical Outcome Review Programme: Young People's Mental Health	TBC from 31/3/17
Learning Disability Mortality Review Programme (LeDeR)	TBC from 31/3/17
National Audit of Cardiac Rehabilitation	TBC from 31/3/17
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme: Pulmonary rehabilitation	TBC from 31/3/17
National Diabetes Audit - Adults: National Core	TBC from 31/3/17
National Diabetes Audit - Adults: National Footcare Audit	TBC from 31/3/17
Prescribing Observatory for Mental Health Quality Improvement Programme: 7e - Monitoring of patients prescribed lithium	TBC from 31/3/17
Prescribing Observatory for Mental Health Quality Improvement Programme: 11c - Prescribing antipsychotic medication for patients with Dementia	TBC from 31/3/17
Prescribing Observatory for Mental Health Quality Improvement Programme: 16a - Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour	TBC from 31/3/17
Prescribing Observatory for Mental Health Quality Improvement Programme: 1g & 3d - Prescribing highdose and combined antipsychotics	TBC from 31/3/17
British HIV Association (BHIVA): Audit and survey of "look back" reviews of previous health service use among late-diagnosed individuals	TBC from 31/3/17
Suicide, Homicide & Sudden Unexplained Death (NCISH)	TBC from 31/3/17

Maternal, Newborn and Infant: Maternal morbidity and mortality confidential enquiries (cardiac, early pregnancy, pre-eclampsia, psychiatric morbidity)	TBC from 31/3/17

Appendix B

Examples of quality newsletters used within clinical service lines to share key messages and lessons learnt

Adults Services Southampton Quality Newsletter

Solent NHS Trust

21st Edition
January 2017

Clinical Director - *Dr Hayden Kirk*
Clinical Governance Lead - *Kathryn Watson*
Operations Director - *Lesley Munro*

Welcome to the twenty first edition of Adults Services Southampton Quality News Letter. We want to use this to keep all our staff informed of all that is happening in our services. Many of you won't know about other services that are hosted within our SL and this is an opportunity for you to share with others what your team does and share good practice and learning from incidents, complaints, serious incidents and mortality reviews.

Ask Lesley

Sessions are on the first and third Tuesday of the each month from 1pm-2pm
Please feel free to send in your questions at any time. Lesley will pick them up on the next session.

Email asklesley@solent.nhs.uk

Adults Southampton HQ has moved to Highpoint in the hub, however, we still have hot desks in E27 at The Western Hospital

Follow the service line on twitter @AdultsSotonNHS **or Facebook—just click on the logo**


Solent NHS
NHS Trust
Newsbites
What's in the March 2017 issue?
What did our patients say about us?
Other Plaudits received in March
Dental Fees Increase
Telephone Number & Fax Number changes
Patient Story
Research and Improvement Workshops
UDAs
Area Updates
Request from Denise
LD Health Screening Conference
Quality Improvement Programme
Corporate Email Signature
BDA CDS Group Annual Meeting
Heather's running to raise Funds
Hot off the Press – Latest update from Heather
Non Patient Facing Time
Welcome to Anna and Katy
Solent Summer Party
Solent Quiz Night
Special Care
DENTISTRY

Solent NHS Trust

Solent NHS Trust

Newsbites

Governance Edition

What's in the March 2017 issue?

- IS Reminders
- IS Cleaning Instructions
- Patient Safety Alert
- Denstsply Anaesthetic Announcement
- Information Governance Newsletter
- Message from Chief Nurse & Chief Pharmacy
- Taking Photos of Patients mouths
- QIP Programme
- Child Exploitation Guidelines
- Accessible Information Resource Pack
- Well Done & Thank You

Special Care DENTISTRY