

# 2010/11 Quality Account

Version 1.6

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# Part 1.0

## Introduction from the Chief Executive and Chair

Welcome to the Hampshire Partnership NHS Foundation Trust's (herein referred to as HPFT) Quality Account.

A Quality Account is a report which demonstrates the Board regularly reviews and challenges the quality of its services and ensures improvements are made year after year. Quality Accounts should tell you how we have performed and our plans for the coming year. Our Quality Account was written in line with guidance from the Department of Health and Monitor (the NHS Foundation Trust regulator).

This report can only provide a snap shot of the quality improvement work we do each year; if there is anything else you want to know, please ask! We value your feedback, let us know what you think of this report by contacting us on:-

Email:            QI.Team@hantspt-sw.nhs.uk

Post:             Quality Account Feedback  
Southern Health NHS Foundation Trust  
c/o Quality & Governance  
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In order for our quality improvement work to be relevant to the people who use our services and the wider community, we have listened to stakeholders. Our approach to quality is based on "High Quality Care for All" (NHS Next Stage Review). At HPFT we believe the provision of high quality services is the responsibility of every member of staff. High quality care means our services are safe, effective and meet the needs of people using the services, as well as supporting choice. This report reflects our ambition to deliver continuous quality improvement and to develop the measurement of quality as experienced by users of our services.

It is important readers of this report have confidence that the data and information presented within it is accurate, robust and reliable. The information given in this Quality Account has been subject to the Trust's robust quality assurance processes and internal audit. The Trust's Directors are also required to make a collective statement that they have complied with a set of requirements relating to the preparation of the Quality Account and this is provided in Appendix 1.

On 1 April 2011, the HPFT merged with Hampshire Community Health Care (HCHC) to form a new organisation - Southern Health NHS Foundation Trust (SHFT). The former HPFT has become the mental health and learning disabilities services (MH&LD) of SHFT and the former HCHC became the integrated community services (ICS) of SHFT. This Quality Account relates to the MH&LD services. Information relating to the ICS is detailed in the HCHC 2010/11 Quality Account (available via <http://www.nhschoices.org.uk>). At the end of 2011/12, SHFT will produce a single Quality Account to cover all services.

Finally, we have pleasure in starting our 2010/11 Quality Account with a summary of the key mandated requirements, which is covered in more detail in the main report, this is followed by our review of services and examples of good practice and innovation that staff selected to share with you.



A handwritten signature in black ink that reads "Katrina Percy".

Katrina Percy  
Chief Executive



A handwritten signature in black ink that reads "Carol Bode".

Carol Bode  
Chair

26 May 2011

## 1.1 Summary of the Hampshire Partnership NHS Foundation Trust 2010/11 Quality Account

A Quality Account should tell you how we performed and our plans for the future. Tables 1 – 3 outline our MH&LD performance in 2010/11 and Table 4 outlines our plans for SHFT for 2011/12. These tables summarise the key points of this report.

**Table 1 – Summarises the HPFT (i.e. MH&LD) 2010/11 performance against mandated requirements – *Detailed information is provided on page 23***

Indicator / Target	Achieved in 2010/11? ✓ = Yes ! = Nearly ✗ = No	Compared to 2009/10 ↑ = Improved ↓ = Worse ↔ = Same	What we intend to do in 2011/12
Review of Services	✓	↑	Plan in place to ensure all services continue to be reviewed
Participation in national clinical audit	✓	↑	Implement clinical audit programme to maintain improvement.
Participation in national confidential enquiries	✓	↑	Continue to participate in the only national confidential enquiry to which eligible.
Participation in clinical research	✓	↑	Research strategy to be reviewed to ensure enhanced research performance.
Commissioning for Quality & Innovation (CQUIN) payment framework	✓	↔	Negotiate terms of CQUIN with commissioners
Statements from the Care Quality Commission (CQC)	✓	↔	Further develop compliance monitoring programme.
Data Quality	✓	↑	Data quality strategy to be reviewed and implemented.
Information Governance Toolkit	✓	↑	Action plan developed to ensure improvement maintained.
Clinical Coding Error Rates	N/A	N/A	HPFT was not subject to the Payment by Results clinical coding audit in 2010/11.

**Table 2 – Summarises the HPFT (MH&LD) 2010/11 performance against National and Regulator Targets**

Indicator / Target	<b>Achieved in 2010/11?</b> ✓ = Yes ! = Nearly ✗ = No	<b>Compared to 2009/10</b> ↑ = Improved ↓ = Worse ↔ = Same	<b>What we intend to do in 2011/12</b>
% Service users with access to crisis resolution teams	✓	↑	Monitor monthly by Trust Board; and weekly in directorate.
Learning Disabilities (LD) service users with access to physical healthcare services – indicates if people with LD are able to fairly access healthcare services	✓	↔	Monitor monthly by Trust Board
Compliance with best practice in mental health services for people with a LD (Green Light toolkit) – indicates if we are meeting the needs of these individuals	✓	↔	Monitor monthly by Trust Board.
% Service users contacted by our services within 7 days of their discharge – indicates if we meet the needs of recently discharged people who may be at risk	✓	↑	Monitor monthly by Trust Board; and weekly in services.
% Service users on Care Programme Approach (CPA) with a review in 12 months – indicates if we plan and review people's care	✓	↑	Monitor monthly by Trust Board; and subject to audit.
% Beds occupied by service users who were not discharged when expected - indicates if beds are occupied because people are not discharged promptly	✓	↑	Monitor monthly by Trust Board; and weekly in services.
% Service users with a recorded ethnic code – indicates if we know the ethnicity of our service users	✓	↑	Monitor monthly by Trust Board; and subject to audit.
<b>Mental Health Minimum Data Set (MHMDS) data completeness identifiers</b> – indicates if we contribute to national statistics.	✗	New in 2010/11	This indicator has been modified by Monitor in the 2011/12 Compliance Framework and the Trust is fully compliant with the new indicator.
<b>MHMDS data completeness outcomes</b> – indicates if we contribute to national statistics.	✗	New in 2010/11	We anticipate being compliant by the end of June 2011 and this is being monitored at team, service and directorate level.
<b>New referrals to Early Intervention in Psychosis service</b> – indicates if we meet the needs of people with psychosis	✓	New in 2010/11	Monitor monthly by Trust Board; and weekly in directorate.
<b>Staff satisfaction</b> – indicates if staff are satisfied working for HPFT	✓	↑	Action plan developed with staff side to maintain improvements.
<b>Campus closure</b> - % people in (or discharged from) LD campus with a discharge plan	✓	↔	Monitor monthly by Trust Board; and in directorate.

% LD service users with a care plan - indicates if we plan people's care	✓	↔	Monitor monthly by Trust Board; and subject to regular audit.
<b>Child and Adolescent mental health services</b> – indicates if we meet the needs of these individuals	✓	↔	Monitor monthly by Trust Board; and subject to regular audit.

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**Table 3 – Summarises the HPFT (i.e. MH&LD) 2010/11 performance against local quality indicators – Detailed information is provided on page 29.**

Indicator / Target	Achieved in 2010/11? ✓ = Yes ! = Nearly ✗ = No	Compared to 2009/10 ↑ = Improved ↓ = Worse ↔ = Same	What we intend to do in 2011/12
<b>Indicators relating to maximising safety</b>			
<b>Total slips, trips and falls (excludes found on floor) – indicates if we prevent unnecessary falls</b>	✗	↓	We aim to improve falls assessments to more accurately identify people at risk of falling.
<b>Slips, trips, falls causing severe harm (e.g. fractures, stitches) – indicates if we prevent severe harm arising when someone falls</b>	!	↓	We aim to improve assessments after a fall to more quickly identify people needing medical attention.
<b>Patient-to-patient violence and aggression causing harm – indicates how safe our units are for patients</b>	✓	↑	We aim to more quickly identify the patients who cause such incidents and put measures in place to stop this occurring
<b>Patient-to-staff violence and aggression causing harm – indicates how safe our units are for staff</b>	N/A	New in 2010/11	Training package in development to ensure all staff know how to manage people with challenging behaviours
<b>Service user escapes from medium secure units – indicates if high risk patients inappropriately leave units</b>	✓	↔	This indicator will continue to be monitored within the Trust but will not be included in the 2011/12 Quality Account.
<b>Indicators relating to improving clinical effectiveness</b>			
<b>Severe (grade 4) pressure ulcers developed since admission – indicates if we provide appropriate physical healthcare</b>	✓	↑	Indicator to be revised to include grade 2 and 3 pressure ulcers. Processes for the identification and management of pressure ulcers to be improved with tissue viability team.
<b>Admissions of young people (under 18) to adult mental health units – indicates if we meet the needs of vulnerable young people</b>	✓	↑	This indicator will continue to be monitored within the Trust and with Commissioners, but will not be included in the 2011/12 Quality Account.
<b>Infection outbreaks (where an outbreak is more than 2 patients with the same infection) – indicates if we are keeping people in our services healthy</b>	N/A	New in 2010/11	This indicator will continue to be monitored within the Trust and with Commissioners, but will not be included in the 2011/12 Quality Account.
<b>Duration of closure due to infection outbreaks – indicates if areas are closed to new admissions due to infection outbreaks</b>	N/A	New in 2010/11	This indicator will continue to be monitored within the Trust, but will not be included in the 2011/12 quality priorities.

Indicators relating to improving the patient experience			
<b>Number of Complaints received</b> – <i>indicates how satisfied people are with our services</i>	✓	↑	Year on year improvement demonstrated, this indicator will continue to be monitored within the Trust, but will not therefore be included in the 2011/12 quality priorities.
<b>Number of paired Health of the Nation outcome scores (HoNOS)</b> – <i>HoNOS is an indicator of effective care</i>	✓	↑	Year on year improvement demonstrated, this indicator will continue to be monitored within the Trust and with Commissioners, but will not be included in 2011/12 priorities.
<b>Implementation of RiO mental health (an electronic service user record)</b> – <i>ensures a 24/7 record is available to staff</i>	✓	↑	RiO fully implemented in mental health and LD services, so this indicator will not be included in our 2011/12 priorities.
<b>Average length of Stay (inpatient units)</b> – <i>indicates if we keep people in hospital for too long</i>	✓	New in 2010/11	Indicator to be revised to median length of stay. Major review of services planned for 2011/12 to address excessive length of stay.

**Table 4 – Summarises the quality improvement priorities for 2011/12 for Southern Health NHS Foundation Trust - Detailed information about the mental health and learning disabilities (MH&LD) priorities and indicators is provided on page 19**

Priority 1: Improve safety	Priority 2: Improve clinical outcomes	Priority 3: Improve patient experience
Chosen because we are making safety a priority, so that avoidable deaths and avoidable harm remain just that... avoided.	Chosen because service users should drive the design and delivery of our care.	Chosen to ensure we always do the right thing at the right time for the right service user to achieve the right outcome.
<p><b>In MH&amp;LD this will be measured via:-</b></p> <ul style="list-style-type: none"> <li>• Service user assaults on staff, patients or visitors</li> <li>• Violence &amp; aggression incidents reported to the Health &amp; Safety Executive (RIDDOR)</li> <li>• Falls in inpatient and TQtwentyone (social care) units</li> <li>• Service users with completed risk assessments</li> <li>• Record of allergies on service users prescription charts</li> <li>• Medication reconciliation</li> <li>• Unexpected deaths</li> </ul> <p><b>In ICS this will be monitored via (full details given in the HCHC 2010/11 Quality Account):-</b></p> <ul style="list-style-type: none"> <li>• Serious incidents about deteriorating patients</li> <li>• Audit of Modified Early Warning Score (MEWS)</li> <li>• Patient Safety Walkabouts</li> <li>• Pilot of Mortality Trigger Tool at Lymington &amp; New Forest Hospital</li> </ul>	<p><b>In MH&amp;LD this will be measured via:-</b></p> <ul style="list-style-type: none"> <li>• Service users with recorded employment status</li> <li>• Service users who state they have help to get or maintain employment</li> <li>• Service users who state they have help to obtain benefits or support</li> <li>• Service users who state they had a care review meeting</li> <li>• Service users who state they have been offered a copy of their care plan</li> <li>• Unpaid carers who state they rate their contact with the Trust as 'good'.</li> </ul> <p><b>In ICS this will be monitored via (full details given in the HCHC 2010/11 Quality Account):-</b></p> <ul style="list-style-type: none"> <li>• Percentage of appropriate service users on an End of Life care pathway</li> <li>• Patient Experience Survey</li> <li>• Audit the use of the Liverpool Care Pathway</li> </ul>	<p><b>In MH&amp;LD this will be measured via:-</b></p> <ul style="list-style-type: none"> <li>• Pressure ulcers (grade 2 or above) arising after admission</li> <li>• Service users with a physical health assessment</li> <li>• Length of stay in inpatient units</li> </ul> <p><b>In ICS this will be monitored via (full details given in the HCHC 2010/11 Quality Account):-</b></p> <ul style="list-style-type: none"> <li>• Audit the use of Situation, Background, Assessment Recommendation (SBAR) communication tool</li> <li>• Patient Experience Survey</li> </ul>

The priorities above are not the only areas we plan to focus on but these will be our top quality improvement priorities in 2011/12. Progress against them will be reported in next years Quality Account.

## 1.2 Our review of MH and LD Quality Performance in 2010/11

### Indicators monitored by the Board

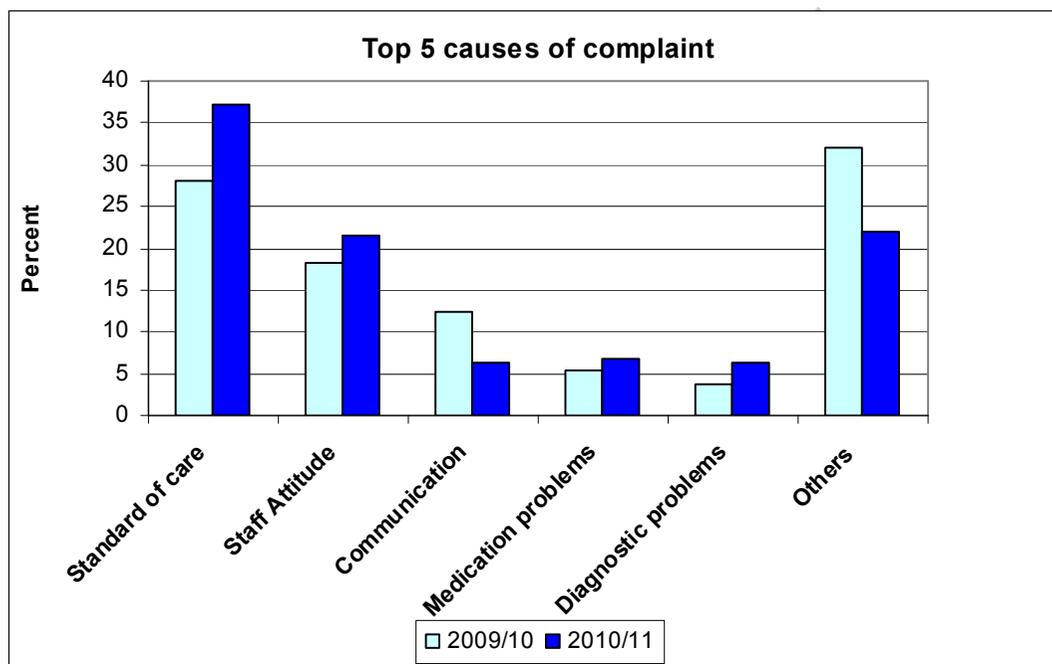
The HPFT Board regularly reviewed information relating to safety, outcomes and patient experience. The table below shows some of the indicators reviewed during 2010/11 and which are not shown elsewhere in this report:-

Indicator	2010/11 Totals	Achieved in 2010/11? ✓ = Yes ! = Nearly ✗ = No	Comments
Suicides	37	✓	Within expected range (up to 9 per month).
Absence without leave (AWOLs) – detained services users who leave units without permission (CQC definition)	48	✓	Within expected range (up to 6 per month).
Infection Control – Number of Clostridium Difficile (C Diff) infections	0	✓	No C Diff outbreaks reported in year.
Infection Control – number of MRSA Bacteraemia infections	0	✓	No MRSA Bacteraemia outbreaks reported in year.
Delivering same sex accommodation – occurrences of men and women admitted to a ward or sharing facilities.	0	✓	Indicates that no men were on women's wards or vice versa.
Number of complaints upheld (e.g. the complainants concerns were agreed by the Trust)	47	N/A	New for 2010/11.
Percentage of complaints responded to within timescale	90.6%	✗	In 2009/10, 94.9% of complaints were reported in timescales.
Number of compliments received	191	✓	In 2009/10, 148 compliments were received.
Quality assurance questionnaire – % of services users who state that they are satisfied/very satisfied with our services	95.5%	N/A	New for 2010/11.

### Complaints

Not all complaints were responded to in time, as shown in the table above. Complaints regulations require that we agree a response time with the complainant. Some complaints were not responded to within the agreed time due to delays within the Trust or by the complainant.

The chart below shows the top 5 causes of MH&LD complaints for 2009/10 and 2010/11:-



Communication, staff attitude, and nursing/clinical care continue to be the top themes from complaints. This is the same as many other NHS Trusts. We want to see an improvement in these areas. Work is underway to develop customer care training for staff. We will also review learning from complaints, and look at how we can improve learning from other patient feedback such as questionnaires, Patient Opinion; NHS Choices and local and National Patient Survey's. This work has already started and is being monitored by the Trust's Patient Experience Group.

During 2010/11, 12 complainants took their complaint to the Parliamentary and Health Service Ombudsman (P&HSO). The P&HSO was satisfied with the Trust's response to these complaints, as shown below:-

Complaints referred to the Parliamentary & Health Service Ombudsman (P&HSO)		
	Number Referred	Investigated by P&HSO
Complaint originally raised in 2009/10	7	None
Complaint raised in 2010/11	5	None

### The National Patient Survey

The results of the 2010 NHS Community Mental Health Services User Survey for HPFT were very encouraging. 79% of people who took part rated the care they had received in the last year 'excellent', 'very good' or 'good'. This put the Trust in the top 20% of all mental health trusts for overall satisfaction with care.

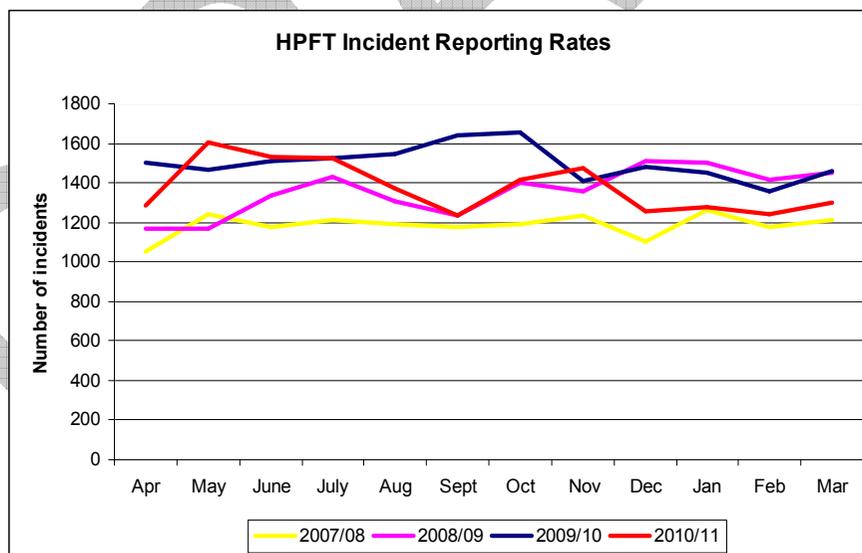
The Trust's performance was also more positive than other mental health trusts in other areas; for example, service users having a review of their medicines and understanding their care plan.

The survey also showed where improvements could be made, such as care review meetings and getting help with financial advice or benefits.

The Trust used this feedback to identify areas for improvement. This involved staff, service users and carers. Progress is monitored by the Trust-wide Patient Experience Group. The survey results, as well as current improvement plans, can be viewed on the Trust website: <http://www.hampshirepartnership.nhs.uk/about/your-say/what-youve-already-told-us/>

### Reporting incidents, accidents and near-misses

Our staff are encouraged to report all incidents, accidents and near misses. Incident reporting has generally increased year on year. The graph below shows the HPFT incident reporting levels since 2007/08.



### Reporting patient safety incidents to the National Patient Safety Agency

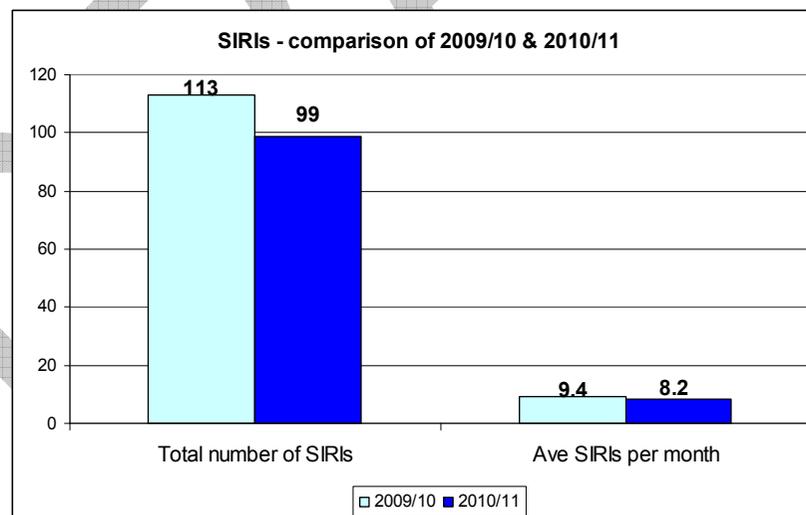
HPFT reports patient safety incidents to the National Reporting and Learning System (NRLS) - this is a national database of patient safety incidents managed by the National Patient Safety Agency. We use this information to test our performance against other NHS organisations. Our performance is shown below:-

Time Period	HPFT Incidents Reported	HPFT % NO or LOW Harm	HPFT Average days to report to the NRLS
April – September 2009	2789	96%	Not known
Oct 2009 – March 2010	2770	96%	Not known
April – September 2010	3101	96.8%	11 days

During the period April to September 2010, out of 56 mental health trusts reporting to the NRLS, we were the 6<sup>th</sup> highest reporter of incidents; we were also the 6<sup>th</sup> highest reporter of no or low harm incidents and we were 2<sup>nd</sup> for reporting incidents to the NRLS in a timely manner. High reporting rates suggest an organisation has a good safety culture.

### Serious Incident Requiring Investigation

Serious Incidents Requiring Investigation (SIRIs) include: suicides, homicides, serious drug errors and grade 4 pressure ulcers. Our SIRI numbers for 2009/10 and 2010/11 are shown below:-



## Never Events

'Never Events' are serious patient safety incidents which should never happen if good practice and prevention were in place. In 2009, 8 'Never Events' were introduced in the NHS, listed below:-

- Wrong site surgery - (N/A)
- Retained instrument post-operation - (N/A)
- Wrong route administration of chemotherapy - (N/A)
- Misplaced naso/orogastric tube not detected prior to use
- Inpatient suicide using non-collapsible rails
- Escape from secure perimeter of medium or high secure mental health services by patients who are transferred prisoners
- In-hospital maternal death from post-partum haemorrhage after elective caesarean section (N/A)
- Intravenous administration of mis-selected concentrated potassium chloride - (N/A)

Not all of these are applicable (shown by N/A) to the HPFT services. HPFT reported no Never Events in 2010/11.

## Implementing National Safety Alerts

The Department of Health's Central Alerting System (CAS) sends alerts and urgent patient safety guidance to NHS organisations so they can take action to prevent harm to patients.

During 2010/11, 183 alerts were issued. 129 of these were relevant to HPFT. We have a robust system in place to distribute alerts and monitor that the action needed to keep patients safe has been taken. The table below summarises the type of alerts we responded to in 2010/11:-

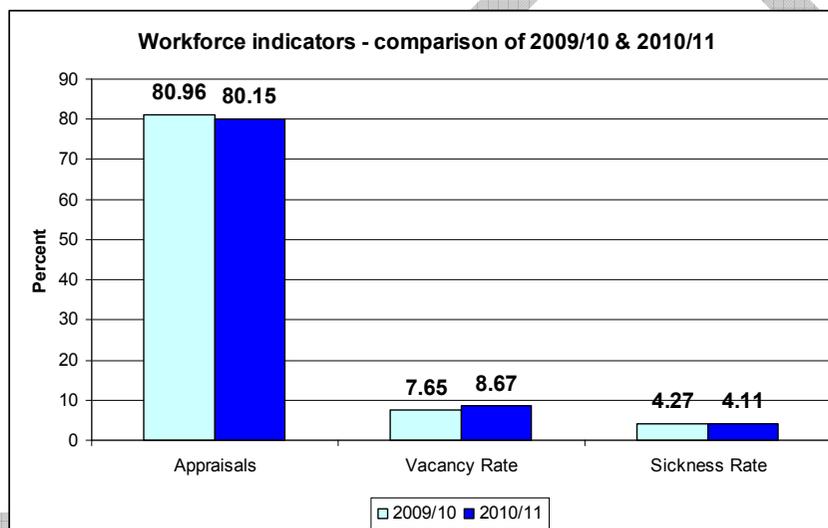
Type Of Alert	Number Issued	Number Actioned or Responded To Within Timescale
Medical Device – alerts about medical equipment such as wheelchairs	106	106
National Patient Safety Agency – alerts about procedures or medication, such as insulin	12	12
Estates – alerts about buildings, such as ceiling tiles	11	11

### National Institute for Health & Clinical Excellence (NICE) Guidance

The National Institute for Health and Clinical Excellence (NICE) provides national guidance on promoting good health and preventing and treating ill health. In 2010/11, NICE issued 113 guidelines. 8 were relevant to HPFT, and these are being implemented. Compliance with NICE is monitored by the Trust's Patient Safety Group.

### Supporting staff and the National Staff Survey

We test how well we are supporting our staff by reviewing various staff related indicators (some are shown below) and via the results of the annual National Staff Survey.



The National Staff Survey has questions on how staff rate HPFT as a place to work and how satisfied they are. In the 2010/11 National Staff Survey, the Trust did well for staff engagement (a measure of overall satisfaction) compared to other mental health and learning disability trusts (HPFT scored 3.68, the average MH&LD score was 3.64 and our 2009/10 score was 3.62).

Areas where HPFT did well in the National Staff Survey and areas for improvement are shown below:-

Indicators from National Staff Survey – shown as % staff	HPFT score Green = did well Amber = did OK Red = did poorly	Average MH&LD trusts score
Reporting errors, near misses or incidents witnessed in the last month	99%	97%
Suffering work-related injury in last 12 months	4%	8%
Suffering work-related stress in last 12 months	24%	31%
Experiencing harassment, bullying or abuse from staff in last 12 months	11%	14%
Having Equality & diversity training in last 12 months	30%	47%
Working extra hours	71%	65%
Agreeing their role makes a difference to patients	88%	90%
Feeling satisfied with the quality of work and patient care they are able to deliver	71%	75%

#### Other areas of good practice – chosen by our staff

Other 2010/11 achievements which our staff have chosen to share with readers include:-

- In October 2010 the Trust started an 18 month project – called ‘Time to Change’ - to reduce stigma and discrimination within the Trust and in 50 partner organisations. If mental health stigma is reduced, people may not fear talking about it and may seek help sooner making their recovery swifter. The overall goal is to achieve changes in the community and in employers.
- Patient Opinion (an independent social enterprise for patients and staff) nominated the Trust to the Department of Health as an exemplar organisation for our work in using service user feedback and for reaching out to some of our service user population who may not have much of a voice.
- The AMH Directorate was chosen as a pilot site in the national ImRoc (Implementing Recovery – Organisational Change) programme.
- Forest Lodge (a Southampton residential rehabilitation unit), participated in an international study of recovery focussed care. Forest Lodge’s scores in all seven areas tested were above the average scores for similar units in the UK. Particularly notable were their performance in human rights (21% above the average score) and recovery based practice (20% above the average score).
- HPFT is an important partner in the development of a Joint Working Protocol, developed through Local Safeguarding Children Boards for use by all agencies that may work with vulnerable children and their parents/carers. The protocol provides details of how agencies

should work together with families with problems such as mental ill health or substance misuse. The protocol helps all those involved in safeguarding children understand how they can work together to prevent children from being abused and neglected in families with problems.

- HPFT trialled the use of Failure Modes and Effects Analysis (FMEA), a proactive risk management approach which helps teams to identify areas of high risk in clinical processes. The trial highlighted some high risk areas for the Gosport War Memorial Hospital duty system, which have now been addressed.
- Introduction of weekly physical health clinics in some inpatient units to provide basic information on physical health and screening of basic physical health issues, blood pressure, weight management etc. The clinics also signpost service users to more specialist services. In addition, patients receive an ECG (or electrocardiogram - is a simple and useful test which records the rhythm and electrical activity of your heart) and full physical examination on admission.
- We rolled out improvement toolkits (called The 'Productive' series) in our inpatient and community teams. These toolkits allow teams to use their experience and ideas to improve care.
- In line with the National Dementia Strategy, the OPMH Directorate worked with clinicians, service users and carers to write information leaflets. These include information on dementia, treatments and some practical advice, for example on driving.

## Part 2.0

### 2.1 - MH&LD Quality Improvement Priorities for 2011/12 (*this information was summarised in Table 4*)

In the NHS, quality is viewed as having three elements:-

- **Patient Safety** – we should ensure care environments are appropriate, safe and clean and we will work to the highest clinical standards to reduce, avoid and stop avoidable harm and distress to patients wherever possible.
- **Clinical Outcome** - we should improve our understanding of treatment options and success rates from different treatments for different conditions including clinical measures, possible complications of treatments and measures of clinical improvement.
- **Patient Experience** – we should know what patients think about our services, we should respond promptly and positively to patient concerns and use patients' views to help us to improve and to design new services. Our staff also need to know when patients think they are providing a good service.

The priorities we have identified for 2011/12 are framed around these. For each priority we describe:

- Why we chose the priority
- The measures we will use to test whether we are making progress and why they are regarded as appropriate
- The expected outcome which will result from improved performance

The Trust will agree targets for each measure, regularly monitor progress against these, and report on the level of achievement in the 2011/12 Quality Account.

The following information relates to MH&LD services. Information relating to the ICS measures was summarised in Table 4, and is available in more detail in the HCHC 2010/11 Quality Account.

Priority 1: Improve safety		
<b>Why we chose this priority:</b>	We are making safety a priority, so that avoidable deaths and avoidable harm remain just that... avoided.	
<b>Measures</b>	<b>Expected Outcomes</b>	<b>Reason for including</b>
<ul style="list-style-type: none"> <li>• Numbers of assaults to staff, to service users and to visitors resulting in physical harm</li> <li>• Numbers of RIDDOR reported injuries as a result of violence and aggression. (RIDDORs are incidents of certain types of injury which are required to be reported to the Health and Safety Executive under the 'Reporting of injuries, deaths and dangerous occurrences regulations'.</li> </ul>	<ul style="list-style-type: none"> <li>• With good police liaison, increase the number of sanctions taken against assailants, including cautions and prosecutions.</li> <li>• Improved monitoring of physical restraint and rapid tranquillisation (in in-patient units)</li> <li>• Reduction in the incidence of violence and aggression on in-patient units</li> </ul>	To improve the quality of care by reducing preventable assaults to staff, service users and visitors. This indicator was chosen by staff.
<ul style="list-style-type: none"> <li>• Numbers of falls in inpatient units &amp; TQtwentyone settings (excluding found on floor)</li> </ul>	<ul style="list-style-type: none"> <li>• Improved use of falls risk assessment</li> <li>• Reduction in harm resulting from falls</li> </ul>	To improve the quality of care by reducing the harm caused by unnecessary falls. This indicator was selected by service users and governors.
<ul style="list-style-type: none"> <li>• Numbers of service users with completed risk assessments within the previous 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Improved use of risk assessment</li> <li>• Safer care environments</li> </ul>	To improve the quality of care by reducing the potential for patients to harm themselves or others.
<ul style="list-style-type: none"> <li>• Number of medication prescription charts with completed allergies information</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in the numbers of medication incidents</li> <li>• Reduce the harm done by medication error.</li> </ul>	To improve the quality of care by reducing the harm caused when medication is prescribed which may cause allergic reactions.
<ul style="list-style-type: none"> <li>• Percentage of correct medication reconciliation (i.e. agreement of the medications brought in by service users and prescribed in our units)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in the numbers of medication incidents</li> <li>• Reduce the harm done by medication error.</li> </ul>	To improve the quality of care by reducing harm caused by medication errors.
<ul style="list-style-type: none"> <li>• Numbers of unexpected deaths (all causes) of people with serious mental illness aged less than 75. These are deaths of people which were not anticipated, e.g. sudden heart attack, stroke, and road traffic accident.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved understanding of the health of our service users</li> </ul>	To improve the quality of care by reducing premature death in people with serious mental illness. This indicator is new for 2011/12.

Priority 2: Improve clinical outcomes		
<b>Why we chose this priority:</b>	Clinical outcomes are about doing the right thing at the right time for the right service user to achieve the right outcome.	
Measures	Expected Outcomes	Reason for including
<ul style="list-style-type: none"> <li>• The number of new pressure ulcers (grade 2 and above) developing during admission</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer pressure ulcers developing during admission</li> <li>• Reduction in the harm to patients arising from unnecessary pressure ulcers</li> </ul>	If service users get pressure ulcers whilst in our care, it may be a sign that we did not provide them with good, basic care. This indicator has been amended since 2010/11 to now include grade 2 and above pressure ulcers. This indicator was selected following feedback from service users and carers.
<ul style="list-style-type: none"> <li>• % of service users with a physical healthcare assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Improved understanding of the health of our service users</li> <li>• Improved access for people with mental health and/or learning disability problems to physical healthcare services</li> </ul>	The physical health of people with serious mental illness and/or learning disabilities can be poorer than that of the general population. It is therefore vital that we are aware of any physical healthcare needs so we can ensure that they are addressed. This indicator was selected following feedback from service users.
<ul style="list-style-type: none"> <li>• Median and Mean length of service user stay (excluding leave)</li> </ul>	<ul style="list-style-type: none"> <li>• Shorter length of stay</li> <li>• Improved quality of care</li> </ul>	Many service users admitted to mental health hospitals stay for a long time. Reducing the length of stay can improve the service user experience by encouraging people to plan for their discharge and reduce unnecessary time in hospital. During 2011/12 we are improving the accuracy of this indicator by measuring median and mean rather than average length of stay.

### Priority 3: Improve the patient experience

<b>Why we chose this priority:</b>	Although the care we deliver always focuses on our service users, their needs can sometimes be assumed and the powerful role their views can play in improving our services can sometimes be overlooked. Service users should drive the design and delivery of our care.	
<b>Measures</b>	<b>Expected Outcomes</b>	<b>Reason for including</b>
<ul style="list-style-type: none"> <li>• % of service users with recorded employment status</li> <li>• % of service users who state that in the last 12 months they have received help to get or maintain employment</li> </ul>	<ul style="list-style-type: none"> <li>• Improved understanding of service user employment issues</li> </ul>	Employment of people with mental illness provides an insight into how well individuals are able to manage their condition. These indicators were identified from Governor feedback and are new for 2011/12.
<ul style="list-style-type: none"> <li>• % of service users who state that in the last 12 months they have received help to obtain financial support / benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in national patient survey scores regarding benefits</li> </ul>	This indicator was identified from Governor feedback. In addition, the Trust performs less well than other mental health trust regarding support with benefits in the national patient survey. This indicator is new for 2011/12.
<ul style="list-style-type: none"> <li>• % of service users who state that in the last 12 months they had a care review meeting to discuss their care plan</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in service user involvement in care planning</li> <li>• Improved service user experience</li> </ul>	The Trust performs less well than other mental health trust regarding care review meetings in the national patient survey. This indicator is new for 2011/12.
<ul style="list-style-type: none"> <li>• % of Service users who state they had been given or offered a copy of their care plan within the last 12 months.</li> </ul>		Commissioners have prioritised this in the 2011/12 contract; it is also a theme in complaints and PALS referrals.
<ul style="list-style-type: none"> <li>• % of unpaid carers that state that they rate their contact with the Trust's services as 'good'.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved carers experience</li> </ul>	This indicator was selected following feedback from carers and is new for 2011/12.

## 2.1 – Mandated Statements

The following statements must be included in all Quality Accounts and therefore allow you to compare our performance with that of other NHS trusts.

### 2.1.2 - Directors' statement

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Account.

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

- The content of the quality account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- The content of the quality account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2010 to June 2011
  - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
  - Feedback from Commissioners dated 25/05/2011
  - Feedback from Governors dated 06/05/2011
  - Feedback from LINks dated 23/05/2011
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS complaints Regulations 2009, dated 26/04/2011
  - The latest national patient survey dated 20/04/2010
  - The latest national staff survey dated 28/02/2011
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 23/05/2011.
  - CQC quality and risk profiles dated 22/09/2010, 21/10/2010, 18/11/2010, 16/12/2010, 17/02/2011, 16/03/2011 and 21/04/2011.
- The Quality Report presents a balanced picture of our performance over the period covered;
- The performance information reported in the Quality Accounts is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report (both available at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)).

To ensure our Quality Account is fair, each month we review performance against key indicators and national targets and Executive Directors and the Assurance Committee review information relating to quality, service user safety and experience. Stakeholders were consulted and involved in a variety of ways, for example:-

- Public Board meetings
- Council of Governors meetings
- Member Constituent meetings
- Strategic exchange meetings with Primary Care Trusts
- Senior managers representing the Trust in Local Implementation Teams
- Non-Executive Directors' involvement in Trust Committees
- User and Carer representation on Trust and Directorate Committees
- Staff representation on Trust and Directorate Committees.

The collection and reporting of the information given in our Quality Account is subject to internal audit by RSM Tenon Limited.

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

## **2.1.2 - Statements relating to the quality of NHS services provided** *(this information was summarised in Table 1)*

### **Review of Services**

During 2010/11, the HPFT provided and/or sub-contracted 27 NHS services. The HPFT reviewed all the data available on the quality of care in all of these NHS services. The data reviewed covered the three dimensions of quality – service user safety, clinical effectiveness and service user experience – and there was no impediment to this review.

The income generated by the NHS services reviewed in 2010/11 represents 100 per cent of the total income generated from the provision of NHS services by the HPFT for 2010/11.

### Participation in clinical audits:

Clinical audit is a method used to check and improve the quality of services. The method involves sending out questionnaires to services, collating the responses and looking closely at the results to see where improvements can be made.

During 2010/11, five national clinical audits and one national confidential enquiries covered NHS services that the HPFT provides. During 2010/11, the HPFT participated in 60% national clinical audits and 100% confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the HPFT was eligible to participate in and actually participated in during 2010/11 are listed below:-

National Audit / Confidential Enquiry Title	Eligible	Participated
Prescribing Observatory for Mental Health (POMH)	✓	✗
National Audit of Schizophrenia	✓	✗
National Audit of Schizophrenia Psychological Therapies for Anxiety and Depression	✓	✓
National Audit of the organisation of services for falls and bone health in older people	✓	✓
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	✓	✓

The national clinical audits and national confidential enquiries that the HPFT participated in, and for which data collection was completed during 2010/11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

National Audit / Confidential Enquiry	% of Required Cases Submitted	Reason for Not Submitting Full Number
National Audit of Psychological Therapies for Anxiety & Depression	Audit 1, 2 & 3 – 100% Audit 4 – 40%	Audit 4 abandoned due to internal staffing issues
National audit of the organisation of services for falls and bone health in older people	100%	N/A
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness	100%	N/A

The reports of two national clinical audits were reviewed by the provider in 2010/11 and the HPFT intends to take the following actions to improve the quality of healthcare provided:-

- Increase public and service user engagement in clinical audit, and raise awareness of specific clinical audits that are taking place within the Trust.

The reports of 40 local clinical audits were reviewed by the provider in 2010/11 and the HPFT intends to take the following actions to improve the quality of healthcare provided:-

- Raise awareness of the importance of making appropriate, high quality risk assessments.
- Work with integrated community services colleagues to improve and establish a shared falls assessment and pathway.
- Work with integrated community services colleagues to improve the physical health assessments for mental health and learning disabilities service users.
- Develop local audits using RiO (an electronic care record)

During 2010/11, there were a number of national clinical audits that HPFT did not participate in because of associated costs. It is anticipated that more national clinical audits will be undertaken during 2011/12. More information is available in the Trust's Annual Clinical Audit Report which can be obtained via [QI.Team@hantspt-sw.nhs.uk](mailto:QI.Team@hantspt-sw.nhs.uk).

### **Participation in clinical research**

Clinical research is a branch of medical science that determines the safety and effectiveness of medications, devices, diagnostic procedures and treatment regimens intended for human use. The knowledge gained from these trials may be used for the prevention, treatment, diagnosis or relieving symptoms of a disease.

The number of patients receiving NHS services provided or sub-contracted by the HPFT in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 469.

Participation in clinical research demonstrates HPFT's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest treatment possibilities and active participation in research leads to successful service user outcomes.

HPFT was involved in conducting 53 clinical research studies in mental health during 2010/11 involving 140 clinical staff. Information on mortality rates is not routinely kept as part of the Research and Development database, but the Trust is committed to clinical research leading to improved treatments and recovery for service users. Over the last three years, 178 publications have resulted from our involvement in National Institute for Health Research (NIHR) research, which shows our commitment to transparency and desire to improve patient outcomes and experiences across the NHS. Our engagement with clinical research demonstrates our commitment to testing and offering the latest medical treatments and techniques.

During 2011/12, the Trust's research strategy will be reviewed and research will remain a priority. We will report our progress in the 2011/12 Quality Account.

**The Commissioning for Quality & Innovation (CQUIN) payment framework.**

A proportion of the HPFT income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between the HPFT and our commissioning Primary Care Trusts (PCTs), through the Commissioning for Quality and Innovation payment framework, as shown below:-

	<b>CQUIN Value Available</b>	<b>CQUIN Income Received</b>
Hampshire (lead) for general secondary mental health and learning disability services	480,000	480,000
Southampton (subsidiary to the above)	153,000	153,000
South Coast Specialist Commissioning Consortium for low and medium secure services and in-patient child and adolescent mental health services	272,000	272,000
TOTAL	905,000	905,000

Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at: [http://www.institute.nhs.uk/world\\_class\\_commissioning/pct\\_portal/cquin.html](http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html) or via our website (<http://www.southernhealth.nhs.uk>).

**Statements from the Care Quality Commission (CQC):**

The HPFT is required to register with the CQC and its current registration status is registered with no conditions. The CQC have not produced any warning or advices notices relating to the HPFT or its services. The CQC has not taken enforcement action against the HPFT during 2010/11. The HPFT has not participated in any special reviews or investigations by the CQC during 2010/11.

In addition, there were no issues raised by Monitor (the Foundation Trust regulator) in relation to service quality in 2010/11. The Health and Safety Executive (HSE) issued no improvement or prohibition notices to the Trust in the last year.

### **Data quality**

The HPFT submitted records during the period April – December 2010 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS Number was: 99.6% for admitted patient care and 99.8% for out patient care.

The percentage of records which included the patient's valid General Medical Practice code was: 100% for admitted patient care and 100% for outpatient care.

HPFT has now installed RiO (an electronic service user record) across all MH&LD areas. As well as annual accuracy, completeness and validity checks and monitoring the monthly quality of its Secondary Uses Service data, HPFT has started a data quality improvement programme. This programme is aimed at providing clinical staff and managers with monthly feedback on the quality of key data on the system and providing them with support to improve data quality, such as newsletters, advisory notes on how the use of the system can be improved, support tools for caseload management, diary audit and performance monitoring.

### **Information Governance Toolkit**

HPFT Information Governance Assessment Report overall score for 2010/11 was 73% and was graded green. The information governance toolkit is available on the Connecting for Health website ([www.igt.connectingforhealth.nhs.uk](http://www.igt.connectingforhealth.nhs.uk)).

### **Clinical Coding error rates**

HPFT was not subject to the Payment by Results clinical coding audit in 2010/11 by the Audit Commission.

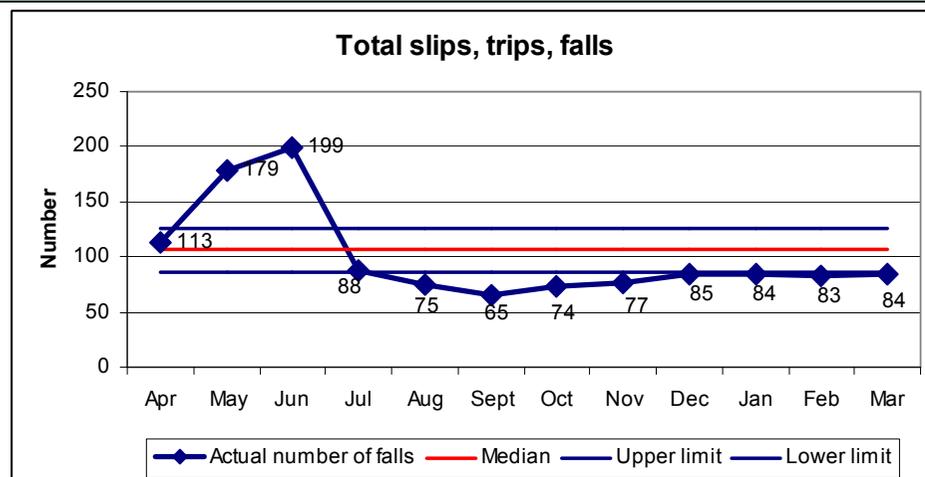
## Part 3.0

### 3.1 - Performance against our MH&LD quality priorities for 2010/11 *(this information was summarised in Table 3)*

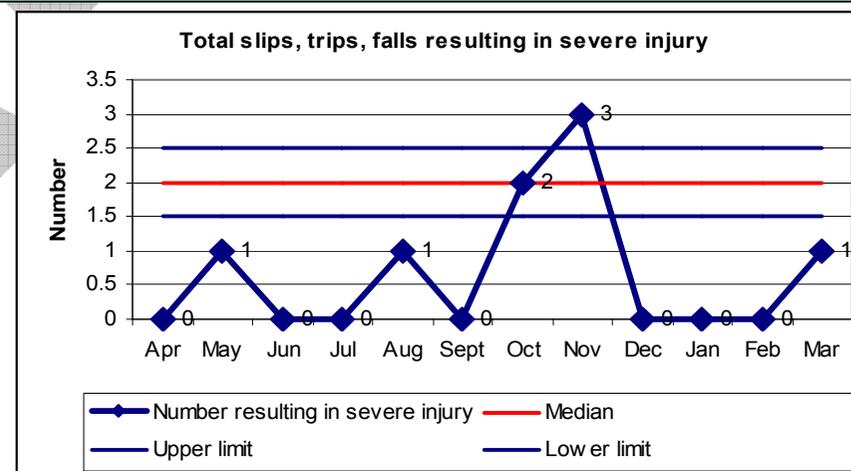
Last year we made a commitment to improve quality in three priority areas. These were included in our Quality Improvement Plan which was monitored throughout the year.

Below shows how we did. We have compared our 2010/11 results with the median, upper and lower limits obtained from HPFT data from 2009/10. The median is the middle number in a set of data and the upper and lower limits indicate the spread of the data. These help us to understand if we did better or worse than in 2009/10. Any targets were set and agreed with commissioners.

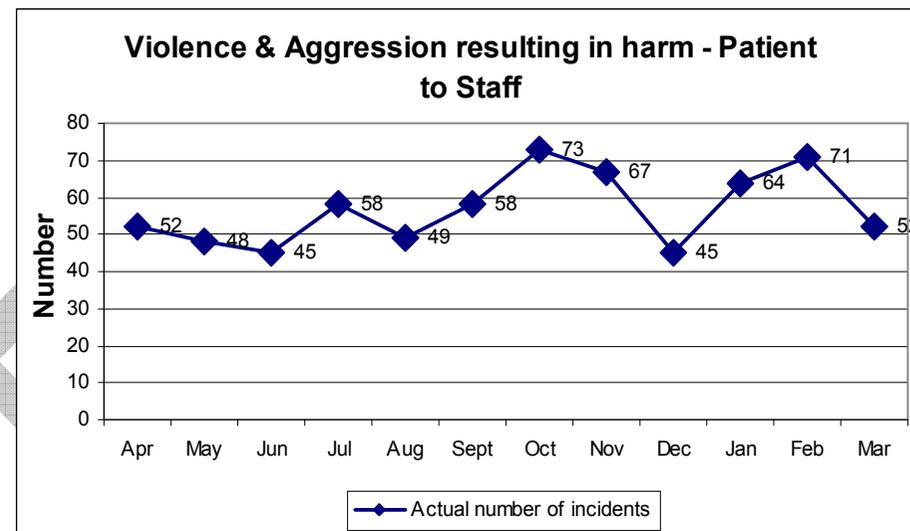
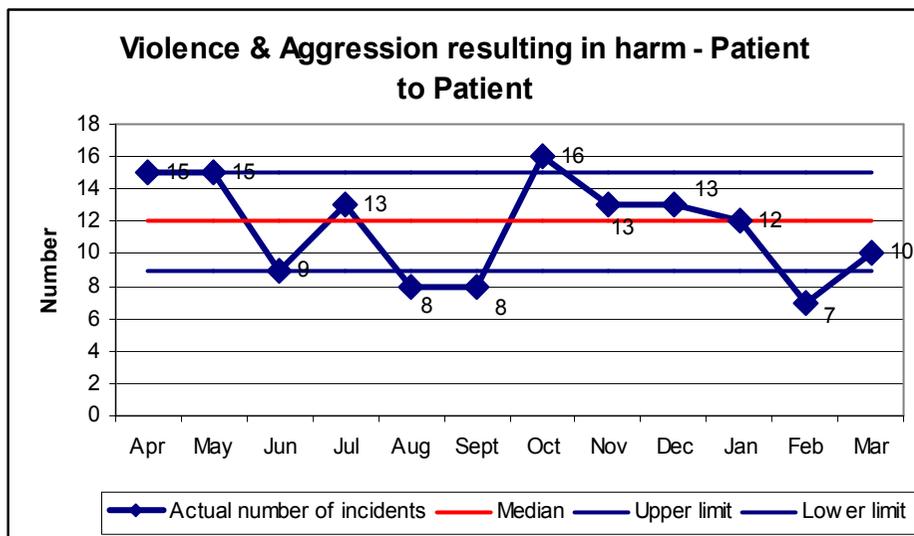
#### 2010/11 results of how we did for Priority 1 : Improve safety



The graph above shows that during 2010/11 the number of falls decreased and was generally lower than in 2009/10. However, we believe the total number of falls was still too high. During 2011/12 we will work with specialist falls teams to improve how we identify people at risk of falling so we can more quickly put measures in place to prevent unnecessary falls. We will report our progress in our 2011/12 Quality Account.



The above graph shows that during 2010/11 there were a total of 8 falls resulting in severe injury (e.g. fracture). We believe this is too high. During 2011/12, we will be improving the assessments of people who have fallen so we can more quickly identify those in need of medical attention. We will report our progress in the 2011/12 Quality Account.



During 2010/11 there was an overall decrease in patient to patient violence and aggression events compared to 2009/10. However, there was still an average of 11 per month. These events are due to a small number of patients and during 2011/12 we will aim to more quickly identify the people who cause such events so we can more effectively put measures in place to stop this occurring. We will report our progress in the 2011/12 Quality Account.

How this indicator was measured was changed during 2010/11, so there is no comparable data from 2009/10 and therefore no median or upper and lower limits. However, improved scores for this topic in the National Staff Survey indicate that process was made during 2010/11.

During 2010/11 there was an average of 57 patient to staff incidents of violence and aggression per month. We believe this is too high. A training package is being developed to ensure all staff know how to respond to and manage people with challenging behaviours. We will report our progress in the 2011/12 Quality Account.

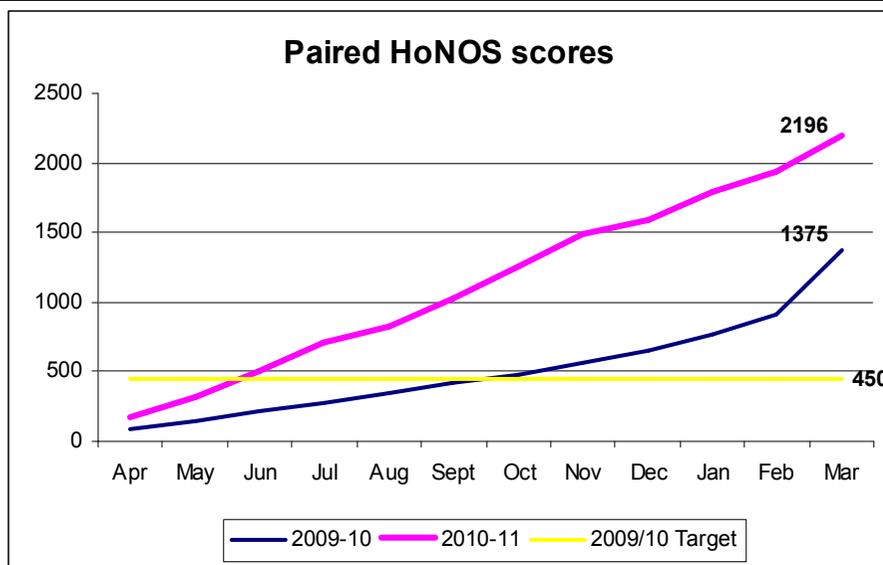
There were other measures for priority 1 (improve safety) which are not suitable to display in graphs. Performance on these was as follows:-

- Launch a revised risk assessment policy  
A new risk assessment and management of patients/service users policy was launched in June 2010 which was supported by an improved risk assessment training package for staff. Implementation of the policy will be subject to audit during 2011/12.
- Undertake a safety climate survey in in-patient wards in the Trust

A staff safety climate survey was piloted in in-patient units during 2010/11 and will be rolled out in all areas during 2011/12.

- Improve the quality of Critical Incident Reviews  
All Critical Incident Reviews (CIR) are now independently reviewed for quality and the majority of recommendations are SMART (Specific, Measurable, Achievable, Realistic and within Timescale). Whilst some improvement in timeliness was achieved in 2010/11 there is still room for improvement and this will continue to be monitored and reviewed during 2011/12.

**2010/11 results of how we did for Priority 2: Improve outcomes**



Health of the National Outcome Scores (HoNOS) contain 12 scales which are used to estimate severity in a range of severe mental illnesses. The crudest measures of outcomes are paired scores; two total scores for the same patient, one scored at the start of an episode of care and the second at a later point. The chart above shows the steady increase in the numbers of paired HoNOS total scores. This indicator will continue to be monitored during 2011/12; however it will not be included in our 2011/12 quality improvement priorities.

There were no escapes from medium secure units; there were also no escapes in 2009/10.

There were no grade 4 (most severe) pressure ulcers in 2010/11. In 2009/10 there were 4 grade 4 pressure ulcers.

In 2010/11, there were 2 admissions of young people to adult mental health units, compared to 16 such admissions in 2009/10.

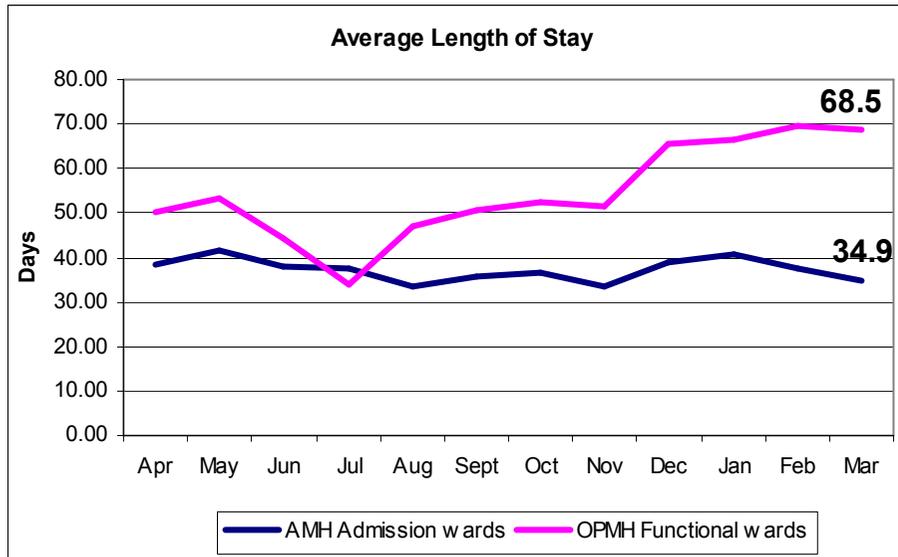
In 2010/11 there were 8 infection outbreaks (where there are 2 or more people ill with the same infection) which resulted in 48 days of ward/unit closure. There is no data from 2009/10.

An electronic patient record was implemented across the MH&LD services during 2010/11 and its use is subject to continuing clinical audit. In addition, during 2011/12, RiO will be implemented in ICS.

The use of HoNOS and HoNOS65+ was implemented in all AMH and OPMH teams during 2010/11. Strategies are in place to improve HoNOS reporting.

The above information has not been shown in graphs.

### 2010/11 results of how we did for Priority 3: Improve patient experience



During 2010/11 the average length of stay in Adult Mental Health (AMH) units was 37.6 days, whilst in Older Persons Mental Health (OPMH) units it was 54.5 days. This is too high. During 2011/12 a major programme to change how we manage our services will start (subject to public consultation) and this will help to address the length of stay. We will report our progress in the 2011/12 Quality Account.

There were other measures for priority 3 which are not suitable to display in graphs. Performance on these was as follows:-

- Develop a five year strategy for Patient Experience:  
The Trust's Patient Experience group issued "Positive Patient Experience" in November 2010 which is the Trust's vision for patient experience and for the development of service directorate strategies. During 2011/12 this strategy will be reviewed in light of the merger with HCHC.
- Map the current Patient Experience work that is underway within service directorates:  
The mapping exercise was completed within MH&LD services.
- Explore the use of obtaining service user experience feedback using the Developing Recovery Enhancing Environments Measure (DREEM):  
The DREEM tool was piloted within Ravenswood House and Southfield in the Specialised Services Directorate and Becton House within the OPMH directorate during 2010/11. Consideration will be given to rolling the use of this tool out across a broader range of services during 2011/12.
- Identify and agree patient experience indicators for inclusion in the 2010/11 directorate and Trust dashboard:  
A list of patient experience indicators was developed and several were adopted during 2010/11 in directorate and trust dashboards, including some relating to complaints which are outlined elsewhere within this report.

### 3.2 - Who we involved during the preparation of this report.

Clinicians, managers and analysts were invited to write a list of potential indicators for use during 2011/12. This list was shared with the following stakeholders who were asked for their views. In addition, staff, service users and Governors were invited to select their preferences and make comments and suggestions via a survey on our website. Stakeholders involved in the development of our priorities and measures included:-

- ◆ Staff
- ◆ Service users and carers
- ◆ Governors
- ◆ Commissioners
- ◆ Southampton and Hampshire Local Authorities (via the HOSC)
- ◆ Southampton and Hampshire Local Involvement Networks (LINKs)

The Quality & Governance Committee considered the stakeholders comments and survey results and used this information to select the final list of measures to be used.

Our 2011/12 priorities and indicators have been approved by the Board.

All the stakeholders listed above were also given opportunities to contribute to and comment on the development and content of this report.

### 3.3 - What our Governors, Commissioners, Local Involvement Networks (LINKs) and Health Overview and scrutiny Committees (HOSCs) say about our Quality Account

The HPFT provided stakeholders with an early draft of the 2010/11 Quality Account for their consideration. The HPFT Board took the helpful comments received from stakeholders into consideration and significantly edited and amended the Quality Account. In short, the commentaries that follow below do not relate to the final version of the Quality Account that is presented here. The responses received are published here in full.

The Hampshire HOSC and Hampshire LINK acknowledged receipt of the draft HPFT 2010/11 Quality Account, but declined to provide a commentary.

#### 3.3.1 - Statement from the HPFT Governors:-

During 2010/11 the HPFT Governors were given the opportunity to contribute to the Trust's quality improvement priorities for 2011/12 and the draft 2010/11 Quality Account, some chose to comment. A summary of the comments regarding the draft 2010/11 Quality Account are given below:-

- It is unrealistic to get all Governors to comment and respond in the timeframe required.
- The document is cumbersome
- There is lots of information on what was done well and there is some clarity over where we propose to go but there is no information about how to find this out.
- The summary of the Quality Account (section 2.0) is too complex and contains too much information.
- Some of the graphs in Section 3.1 do not add any value and should be omitted.
- Section 2.1 should show each priority on a separate page
- Consideration needs to be given on how to engage Governors in this agenda more fully in future.

6<sup>th</sup> May 2011  
Anne Belasco  
Lead Governor

#### HPFT response to the Governor's statement.

The Governors contribution to this report has been invaluable as a critical friend and has helped this report to be more accessible. Specifically we:-

- Have edited the document;

- Have made our plans for 2011/12 more clear and stated how and when we will report our progress;
- Have simplified the summary, deleted obsolete graphs (in section 3.1) and put each priority on a separate page (in 2.1);
- Will meet with Governors in June 2011 to ensure more engagement and involvement in the Trust's quality improvement initiatives in future and we will report our progress in the 2011/12 Quality Account.

### 3.3.2 - Statement from Southampton Local Involvement Network:-

“Southampton LINK is content that the quality account is representative and gives good coverage of the trust's services with no significant omissions. We were particularly please to read several of the statements made under the heading 'Additional areas of achievement and improvement'. For information, we did not find the content easy to follow and whilst we are happy with the general direction of the Trust and its progress, we would have liked to see a little more clarity in some of the explanations. Members of the general public will find this report hard going in places and we would suggest less use of jargon or an explanation of it for future accounts.”

23<sup>rd</sup> May 2011  
Harry Dymond  
Chair

### 3.3.3 - NHS Hampshire response to Hampshire Partnership NHS Foundation Trust Quality Account April 2010 – March 2011

NHS Hampshire has reviewed Hampshire Partnership NHS Foundation Trust (HPFT) 2010/2011 Quality Account.

#### Report Structure

The Quality Account provides information across the three areas of quality as set out by Lord Darzi. These are:

- patient safety
- patient experience
- clinical effectiveness

The account largely incorporates the mandated elements required. There is evidence that the Trust has used both internal and external assurance mechanisms, for example through audit and national surveys.

#### Priorities

HPFT have outlined their priorities for 2011/12 and provide information as to why priorities have been chosen. These are linked to service user feedback through themes arising from complaints, national priorities, Governor Recommendations and the comparison of performance against other organisations.

#### Data Quality

Where information permits the PCT is satisfied with the accuracy of the data contained in the account.

HPFT has now installed the RiO computer software system (an electronic service user record) across all areas of the organisation. From this installation it is anticipated that the data quality will subsequently be improved across all services areas.

### **Clinical Audit and Research**

HPFT participated in two out of the four eligible national clinical audits and the one eligible national confidential enquiry. However, 68 local audits were conducted. Outcomes are factored into projected work plans and it is anticipated that service user benefits will be reported in the future.

There has been some participation in clinical research in 2010/2011 and NHS Hampshire would encourage this participation to continue.

### **Clinical Effectiveness**

The progress made against the priorities outlined in 2009/10, and measured during 2010/11, is stated. To complement this, examples are given of additional improvements made in year. For example their contribution to the Local Safeguarding Boards and also the work completed within their Adult Mental Health service.

The account references Commissioning for Quality & Innovation Schemes and provides an opportunity to access more information via [http://www.institute.nhs.uk/world\\_class\\_commissioning/pct\\_portal/cquin.html](http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html) or via the HPFT website.

### **Patient Safety**

A summary of the progress against the patient safety priorities for 2010/2011 has been provided. NHS Hampshire has noted the rationale of why priorities have either been extended or amended for 2011/12.

### **Patient Experience**

The patient experience section details the future priorities for 2011/2012. It is evident that feedback from internal patient experience monitoring and national surveys have been considered in these.

Hampshire Partnership Foundation Trust uses an independent Social Enterprise, called Patient Opinion. The purpose of this organisation is to acquire feedback independently from staff and service users. This has brought particular benefit for those service users who may not have much of a voice or confidence to speak about their experience. This is a very valuable service and NHS Hampshire supports the use of this organisation.

### **Commissioner Assessment Summary**

NHS Hampshire will continue to work in partnership with Hampshire Partnership Foundation Trust to support the improvements outlined in this account.

DRAFT

## Appendix 1 – Examples of Service User Stories and Experiences

In the other sections of this report we have shown how we are doing and we have shared our plans for the future. However, we felt it was important that this report also told us about the experiences of people who use our services. We therefore asked some service users and carers to tell us what it is like for them; what we did well and what they wanted us to improve. There follows a selection of their stories and quotes. We would like to thank everyone who shared their experiences with us; we have removed names (or used aliases) and some other information, to maintain confidentiality.

'Luke' started misusing substances in his early teens; he is now 33 years old and was made aware of Self Directed Support (SDS) by a local day service. He was then assessed by the local community drugs team and he identified support and services to meet his needs and aspirations including accessing the gym and learning the guitar. 'Luke' describes his experience of self directed support ....

*"I think SDS is one of the best recent developments in the treatment system, as re-integration into society and a more normalised way of living is where I always seem to stumble. Stopping using drugs is the tip of the iceberg in the recovery process, and without some sort of stimulating alternative for the using lifestyle, a snowball is gonna start to look quite attractive if loneliness and boredom is the alternative."*

*"I've been a patient at Ravenswood {a forensic medium secure adult mental health unit near Fareham} for just over a year. It used to be a frustrating place to be, as there weren't many meaningful activities. However, some staff have recently trained as gym instructors and so now I have help to access sport and fitness equipment which makes a big difference to how I feel about being here and my future."*

'Joanne' has profound learning disability and has suffered from multiple seizures for a number of years. She frequently had over 15 seizures a month; some lasted several hours and frequently required admittance to A&E {Accident and Emergency}. A review of Joanne's medication involving different professionals has reduced the number of seizures and visits to A&E. Joanne's carers describe their experiences...

*"Joanne is now more awake and alert and her swallowing difficulties have improved. She seems so much happier"*

*"Dorothy {my wife} has dementia; it can be very difficult to deal with. However, the Older Persons Mental Health team have helped her stay at home, where she wanted to be. We don't like it when she is admitted because it can be confusing for us both"*

## Appendix 2 – An explanation of the abbreviations used in this report

Abbreviation	Explanation
AMH	Adult Mental Health – a part of the Hampshire Partnership NHS Foundation Trust that delivers services to working age adults
CQC	Care Quality Commission – the regulator for health and adult social care services in England
CQUIN	Commissioning for Quality and Innovation, a mechanism for encouraging quality improvement via incentives.
FMEA	Failure Mode and Effects Analysis, a proactive risk management approach.
HCHC	Hampshire Community Health Care, now the Integrated Community Services (ICS) part of the Southern Health NHS Foundation Trust
HPFT	Hampshire Partnership NHS Foundation Trust, now the MH&LD part of the Southern Health NHS Foundation Trust
HoNOS	Health of the Nation Outcome Scale – a tool to measure if the treatments and therapies we provide make a difference to service users lives
HOSC	Health Overview & Scrutiny Committee, part of the Local Authority.
ICS	Integrated Community Services. The part of Southern Health NHS Foundation Trust which was formerly Hampshire Community Health Care
LINKs	Local Involvement Networks – an independent organisation with responsibility to represent service users, carers and the local population
MH&LD	Mental Health and Learning Disabilities services - the part of Southern Health NHS Foundation Trust which was formerly HPFT.
MHMDS	Mental Health Minimum Data Set - national statistics all mental health trusts contribute to
NICE	National Institute of Health and Clinical Excellence – an independent organisation that provides national guidance on the promotion of good health and the prevention and treatment of ill health.
NIHR	National Institute for Health Research, an independent organisation with responsibility for research in the NHS
NRLS	National Reporting and Learning System; a national database of patient safety incidents managed by the National Patient Safety Agency
NHS	National Health Service
OPMH	Older Persons Mental Health - a part of the Hampshire Partnership NHS Foundation Trust that delivers services to people aged 65+
P&HSO	Parliamentary and Health Service Ombudsman; undertake independent investigations into complaints about government and the health service
SHFT	Southern Health NHS Foundation Trust. Formed in April 2011 by the merger of Hampshire Partnership NHS Foundation Trust and Hampshire Community Health Care.
SIRI	Serious incident requiring investigation –such as unexpected death, medication errors, grade 4 pressure ulcers.