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Quality Account
2012/13

Summary

We have summarised information so that at a glance you can see key messages from this Quality Account.

Achievement against our priorities for improvement

We achieved 4 of 11 priorities for improvement: reducing patient violent incidents by 10%
85% of matron walk rounds found structured handover tool used
use of patient experience surveys to rate overall experience
use of patient experience surveys to show involvement in care

We were close to achieving or showed improvement against previous year's performance in 3 of 11 priorities:
patients on an end of life care pathway
patients with physical healthcare assessment
use of patient reported outcome measures in services

We set ourselves challenging targets and know we have more work to do to meet the remaining priorities:
medicines reconciliations in community hospitals
use of an early warning system to detect physical deterioration
care plans to prevent pressure ulcers
care plans developed with service users

CQC inspections

There were 17 CQC inspections in 2012/13, all to our mental health or social care divisions. 14 inspections found we were fully compliant with the Essential Standards of Quality and Safety set by CQC. Two inspections found minor concerns relating to records and medicine management and one inspection found moderate concern relating to records.

Governance Risk rating

2012/13 risk rating	Annual Plan	Q1	Q2	Q3	Q4
Governance	Green	amber/ red	amber/ red	amber/ green	amber/green

Monitor, the regulator of NHS Foundation Trusts such as Southern Health, uses a governance risk rating to assess performance. In early 2013 we identified issues with our corporate governance arrangements which impacted on our ability to comply with the Trust Constitution. We implemented the plan agreed with Monitor which has resulted in our governance risk rating moving from amber/red to amber/green by year end.

Other achievements

Very low rates of healthcare acquired infections with only 5 cases of C. Difficile
No never events
Total number of serious incidents requiring investigation reduced by 5%
National Mental Health Patient Survey found we had better or same results as the majority of other trusts
Recognised nationally for delivery of the Implementing Recovery through Organisational Change project
Community Diabetes Team won the Health Services Journal award for diabetes care and a Quality in Care award
The Health Services Journal awarded the Chief Executive of the Year to our own Chief Executive, Katrina Percy

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Quality Account

Part 1 - Introduction

It is my pleasure to introduce Southern Health's Quality Account for 2012/13.

Southern Health is one of the largest providers of mental health, community, learning disability and social care services in the country and from 1 November 2012 includes the services formerly known as Oxfordshire Learning Disability Trust (Ridgeway Partnership). We operate from 242 buildings spread across 170 sites comprising Mental Health and Learning Disabilities specialist inpatient units, community hospitals, health centres, social care sites and support facilities.

This year Southern Health's 9,128 dedicated staff members enabled the Trust to treat or support approximately 273,200 people through providing 1,183,842 community contacts, 305,000 outpatient appointments and 243,632 occupied bed days across Hampshire and beyond.

To insert introductory comments from CEO.

Francis report
Ridgeway acquisition and how their priorities are set out (in appendix C) plus that info post acquisition is included in complaints, SIRI data etc.

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I hope this report will help patients, service users, carers, our care partners, stakeholders and the public to understand;

- **what Southern Health has done well in relation to the quality of the services and the standards of care we provide**
- **what improvements have been made in the quality of services since the 2011/12 Quality Account**
- **what the Trust has prioritised for improvement in the coming year**

This report has been prepared in accordance with the Health Act 2009, the NHS (Quality Accounts) Regulations 2010, NHS Foundation Trust Annual Reporting Manual for 2012/13 and, as required by these guidelines, has core parts:

Part 1 - A statement by myself as the accountable officer for Southern Health NHS Foundation Trust summarising our view of quality and declaring my, and the Board's, accountability for the content of this report.

Part 2a - How we have performed against the priorities we identified in our 2011/12 Quality Account and what the Trust plans to do to deliver improvements in the quality of services in 2013/14.

Part 2b - Statements of assurance from the Board – this section is nationally mandated and is directly comparable with other Trusts' Quality Reports.

Part 3 - Information chosen by Southern Health to demonstrate the approach and commitment to quality.

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Statement on quality from the Chief Executive

The content of this report is consistent with internal and external information presented to and agreed by the Southern Health Board and its subcommittees in 2012/13 and these include:

- **Quality Reports presented to Board**
- **Compliance Reports presented to Assurance Committee**
- **Clinical Audit Reports presented to Assurance Committee**
- **Internal and External Audit Reports presented to Audit Committee and Assurance Committee**
- **Complaints Report presented to Assurance Committee**
- **Board and sub-committee papers and minutes**

This report has been shared with the following with information on feedback received included in Annex D:

- **our governors**
- **our commissioners**
- **Hampshire Healthwatch**
- **Southampton Healthwatch**
- **Hampshire Health and Overview and Scrutiny Committee(HOSC)**
- **Southampton Health Overview and Scrutiny Panel**

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To insert CEO comments

Priorites for improvement reflect a sample of work undertaken – lots more happens as well.

?Katrina HSJ award

Signed……xxxxxx………………………

xxxxxxx

CEO **Date: xxxxxxxx**

Southern Health Services

Community Services

We provide a wide range of services to promote and improve physical health and well-being from birth to end of life. Our multidisciplinary care teams provide care in people's homes, in clinics and in our community hospitals across Hampshire. Specialist nurse teams support people with a variety of conditions including diabetes, Parkinson's, multiple sclerosis. We work closely with primary care colleagues, acute hospitals and residential care homes to provide care. We also deliver Quit4life, Hampshire's stop smoking service.

Lymington New Forest Hospital provides both scheduled (planned) and acute care, and is designed to be a 'one stop shop' with appointment, diagnosis and treatment under one roof. Services include elective day case and short stay surgery, inpatient wards, minor injuries unit, rapid assessment centre and endoscopy.

Child and Family Services

Our child and family services are leaders of the universal 0-19 Healthy Child Programme, offering assessments and interventions based on need and work in partnership with primary care and local authorities. Children's speech and language therapy, occupational therapy and physiotherapy are provided in North East Hampshire.

Adult Mental Health Services

We provide a diverse range of mental health services to adults of working age in Hampshire and Southampton with a focus on enabling people to recover a life beyond illness. Care is delivered by multidisciplinary teams working in community settings and in our mental health units.

Older People's Mental Health Services

We are at the forefront of medical research into dementia and offer an extensive service for older people with a mental illness. We support people in their own homes, in our hospitals, and work closely with our colleagues in private care homes to make sure they are providing the best support for residents with a mental illness.

Specialised Services

We provide a range of specialist mental health services including secure settings for those who need them and some very specialised services for children and young people with mental health needs.

Learning Disabilities Services

We specialise in offering care that is tailored to the individual, making sure their unique needs are met and enabling them to reach their aspirations and develop as much independence as possible. In addition to working with people in their homes and communities, we have a number of specialist settings to help people with complex needs, challenging behaviour, and those who have been in contact with the criminal justice system.

Social Care Services

TQtwentyone, the part of Southern Health which provides social care services, provides support to people with a learning disability and/or mental health needs to live independent and fulfilling lives. TQtwentyone supports nearly 1000 people across Hampshire, Portsmouth, Southampton, the Isle of Wight, Oxfordshire, Swindon and Dorset providing domiciliary care, supported living, tenancy support, holidays and short breaks, day opportunities and specialist residential care.

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Part 2a - How we have performed against our priorities and what we plan to do in the future to deliver improvements in the quality of our services

In the 2011/12 Quality Account Southern Health set out specific areas for quality improvement for the following year. These were framed around the three dimensions of quality identified by Lord Darzi and were developed based on what we had learnt about our services and the views of patients, service users and staff.

- **Improving patient safety –** we chose indicators to reflect we do all we can to prevent avoidable deaths and avoidable harm
- **Improving clinical outcomes –** we chose indicators to reflect we always do the right thing at the right time for the right patient or service user
- **Improving patient experience –** we chose indicators to reflect patients and service users should drive the design and delivery of our care

It is important to emphasise these indicators were not the only areas we have focused on. There were many other areas where we did, and will continue to, make improvements but these are the priorities we have included in our Quality Account.

In 2012/13, as in previous years, we set ourselves challenging and aspirational targets which support improved clinical outcomes for patients and service users. We have monitored and reported to the Board our performance against these targets throughout the year.

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2012/13 local indicators to be delivered by April 2013

Priority 1: Improving patient safety	Priority 2: Improving clinical outcomes	Priority 3: Improving patient experience
Incidents involving patient violence to reduce by 10%.	100% of patients identified as being at risk of skin damage will have a care plan to reduce the risk of developing a pressure ulcer or other skin damage.	100% of inpatients with a physical healthcare assessment.
100% of medicines reconciliations completed within 72 hours of admission to an inpatient unit.	95% of patients identified to be at the end of their life (within 1 year) are on an End of Life Care Pathway.	Use of a patient reported outcome measure in all services across the Trust.
100% of patients where there was appropriate use of an early warning system.	85% of Matrons walk round results can demonstrate evidence of a structured handover tool in use in the service area.	100% of service users have a care plan that has been developed with them and/or their main carer.

The inclusion of two further measures based on the patient experience survey was agreed following

discussion with directors and approval by the Chief Medical Officer in order to provide a richer picture of patient feedback.

Use of patient experience surveys to ask 'How would you rate your experience of our service as a whole?'
Use of patient experience surveys to ask 'were you involved in decisions about your care?'

Performance reporting

Performance against these local indicators is included in part 2a and summarised in annex A. Information from the former Oxfordshire Learning Disability Trust is not included in these performance reports as it makes it difficult to show progress against targets originally set by Southern Health.

If information on an indicator has been available from previous years this has been included to provide comparison and show progress. We have highlighted some of the work undertaken and initiatives introduced to improve the quality of services we offer. We have also set out how we performed against national indicators.

The Oxfordshire Learning Disability Trust (Ridgeway Partnership) set out their own priorities for improvement in their 2011/12 Quality Account. On acquisition by Southern Health on 1 November 2012, it was agreed that the former Ridgeway Partnership staff continued working towards meeting these priorities with performance against these indicators included in annex C.

Figures for healthcare acquired infections, complaints, incidents, serious incidents requiring investigation (SIRI), staff training numbers all include information from the former Oxfordshire Learning Disability Trust from 1 November 2012 onwards.

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Monitor Governance Risk Rating

Monitor, the regulator of NHS Foundation Trusts such as Southern Health, uses a governance risk rating to assess performance. Risk ratings are monitored to identify potential and actual problems.

We declare every quarter whether we are meeting the targets with a status of red, amber/red, amber/green and green ratings given for governance risk. The actual risk ratings for the Trust compared to our planned rating for both the current and prior year are shown below.

2012/13 risk rating	**Annual Plan**	**Q1**	**Q2**	**Q3**	**Q4**
Governance	Green	amber/red	amber/red	amber/green	amber/green
2011/12 risk rating	**Annual Plan**	**Q1**	**Q2**	**Q3**	**Q4**
Governance	Green	amber/red	amber/red	amber/red	amber/green

In early 2012 we identified issues surrounding our corporate governance arrangements which impacted on our ability to comply with the Trust Constitution. We have implemented the plan agreed with Monitor during the year and this has resulted in our governance risk rating moving from amber/red in quarters one and two in 2012/13 to amber/green by quarter three 3.

At the end of 2012/13, the Trust's governance risk rating was amber/green.

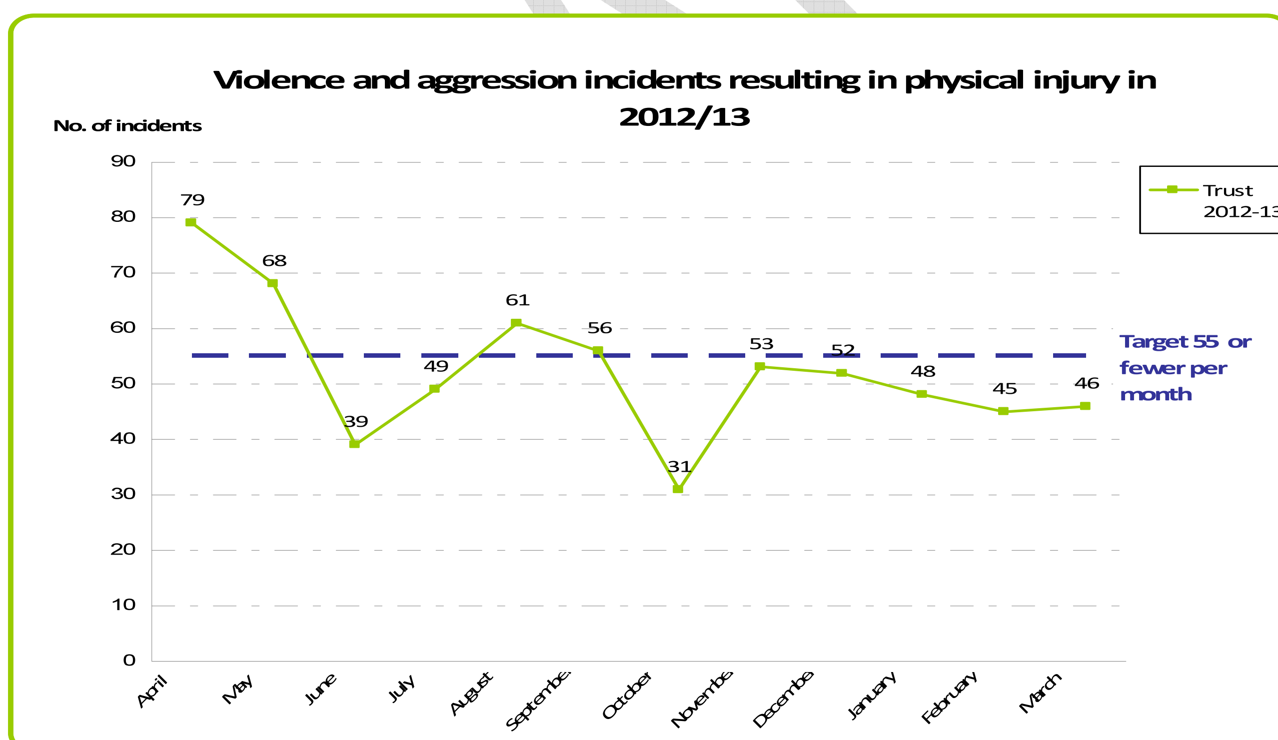
Priority 1: Improving safety - how we have performed

1.1 Incidents involving patient violence which result in physical injury to reduce by 10%

Aim
Southern Health wanted to build on progress identified in the 2011/12 Quality Account towards reducing numbers of incidents involving patient/service user violence with a focus this year on reducing those incidents which result in physical injury. The Trust remains committed to improving patient safety by reducing the number of violent incidents on service users and staff, which occur predominantly in our Mental Health, Learning Disabilities and TQtwentyone services.

What we have achieved
We have achieved this target. There were a total of 627 incidents involving patient violence resulting in physical injury as defined by the National Reporting and Learning System in 2012/13 compared to 736 in 2011/12. This resulted in:

- **a reduction of 14.8% in total number of violent incidents resulting in physical injury**
- **a reduction of 42% in patient to patient violent incidents resulting in physical injury**
- **a reduction of 8.5% in patient to staff violent incidents resulting in physical injury**



There was a reduction in incidents involving patient violence in Adult Mental Health, Older People's Mental Health, Specialised and TQtwentyone services and a slight increase in Learning Disabilities and Integrated Community services by the end of 2012/13.

What we did and future plans

- the roll out of service improvement initiatives such as the Productive Ward programme across Mental Health and Learning Disabilities services in 2012/13 has made a key contribution to reducing numbers of violent incidents within inpatient units, by increasing the time available for staff to care for service users and staff and service users working together to develop and agree plans for their care.
- we have introduced simple effective changes to how we work in order to reduce service user frustration, such as moving the location of the property cupboard in Bluebird House which has reduced the time service users wait for their property to be given to them and has resulted in fewer violent incidents.
- we continue to design training courses to meet the specific needs of a particular service with a clear focus on how to use techniques to de-escalate potential violent situations and to use as little restraint as possible.
- introduction of a tool to assess the potential risk of violent incidents by a service user has meant we can put appropriate plans in place to reduce this risk.
- all local services have designed specific action plans to reduce the number of violent and aggressive incidents. These are monitored through divisional governance forums and by the Management of Violence and Aggression committee.
- we will continue to work on reducing numbers of violent incidents and have included this indicator in our 2013/14 plans for quality improvement.

1.2 100% of medicine reconciliations completed within 72 hours of admission to an inpatient unit

Aim
We aimed to carry out 'medicine reconciliations' for all patients and service users admitted to our inpatient units within 72 hours. This involves our medicines management team checking that patients and service users when admitted are taking the correct medicines prescribed for them. This enhances safe care and reduces any potential harm to patients from taking the wrong medicines. The Trust has a Medicines Reconciliation policy which is based on NICE guidelines.

What we have achieved
We have not achieved this target and know there is more to do to meet medicine reconciliation targets. There were variations between divisions in their ability to meet this indicator as shown in the table and graphs below. The medicines management team do not provide a 24 hour/7 day service and have increased the number of sites they cover when taking over the pharmacy service to our community hospitals from subcontractors in mid 2012 leading to some capacity issues. Figures for Learning Disabilities and Specialised services are not given as the numbers are very small.

Medicine reconciliations completed within 72 hours of admission to inpatient unit	
Trust/Divisions	2012/13
Trust total	74%
Adult Mental Health	91%
Older People's Mental Health	90%
Integrated Community	56%

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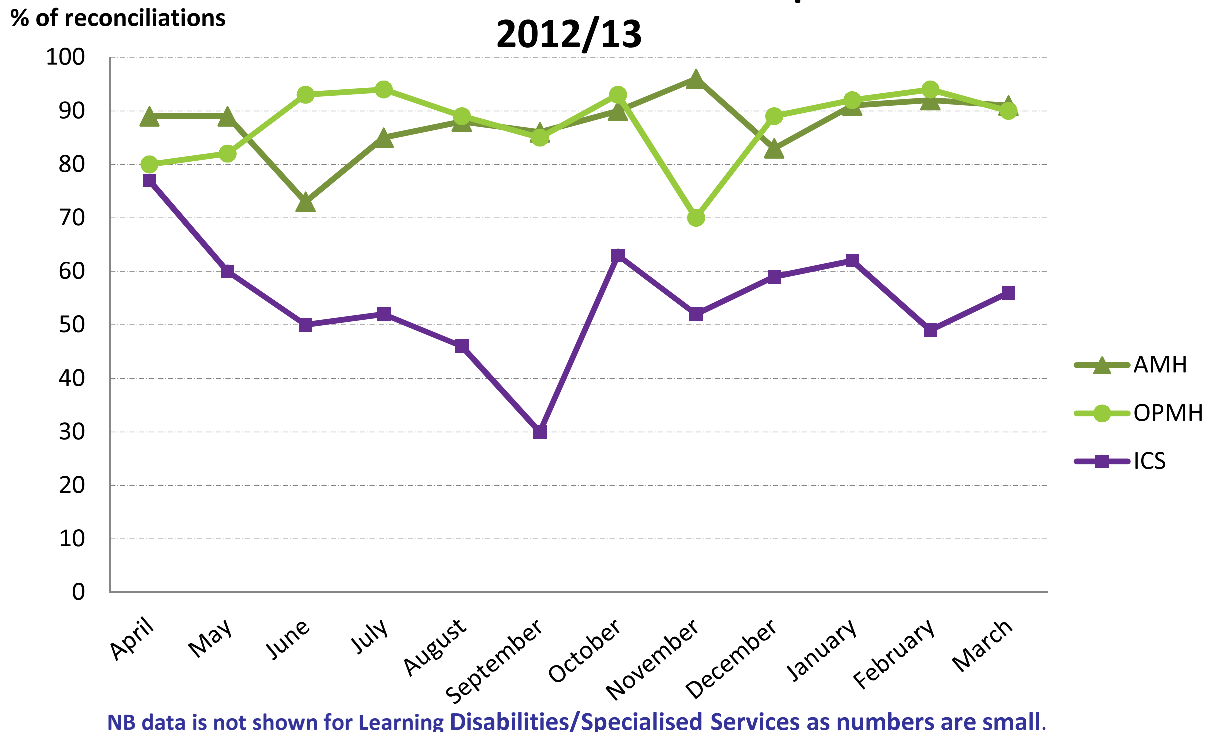
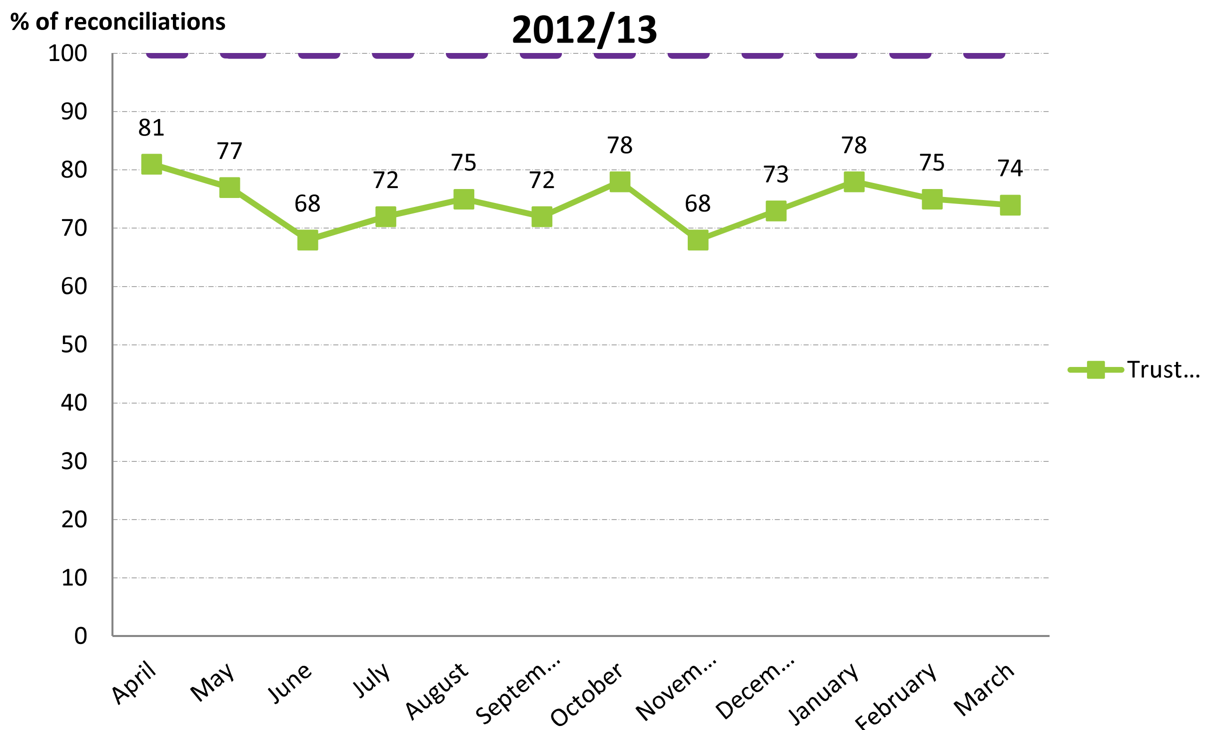

% of medicine reconciliations completed
within 72 hours of admission to an inpatient unit
2012/13
% of reconciliations
100
90
80
70
60
50
40
30
20
10
0
April
May
June
July
August
September
October
November
December
January
February
March
AMH
OPMH
ICS
NB data is not shown for Learning Disabilities/Specialised Services as numbers are small.


% of medicine reconciliations completed
within 72 hours of admission to an inpatient unit
2012/13
% of reconciliations
100
90
80
70
60
50
40
30
20
10
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81
77
68
72
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72
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April
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January
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Trust...

What we did and future plans

- an online data collection form has been developed for use from April 1 2013 which will make data collection and collation of medicine reconciliation information easier for staff and release time for clinical care.
- the development of ‘medicine leads’ within nursing teams in inpatient units who would support the work of the pharmacists is in planning stage and would increase capacity to carry out medicine reconciliations.
- investigating the introduction of an electronic medicine management system which would provide robust administration and management of medicines.
- we are investing in the medicines management team and will continue to focus on improvement in medicine reconciliation targets in 2013/14, while recognising it will still be hard to meet these.

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1.3 100% of patients where there is appropriate use of an early warning system

Aim

In 2011/12 we recognised that increasing numbers of unwell patients were being cared for in our hospitals and by our community teams. We therefore introduced an early warning system to assist staff in identifying when a patient’s condition deteriorates. Early warning systems help staff recognise the early warning signs of possible deterioration in a patient’s vital signs so that prompt action can be taken to ensure appropriate treatment is given with a senior clinician being contacted to assess the patient.

We also recognised that our Mental Health and Learning Disabilities divisions needed to be more aware of possible deterioration in the physical health of their service users, with developments in the early warning system (‘track and trigger’ tools) in 2012/13 being rolled out trust wide regardless of setting.

What we have achieved

We have not achieved this target. Use of an early warning system is new for staff in some divisions and time is needed for use to become embedded in clinical practice.

The results of audits in 2011 and 2013 on the use of an early warning system are shown below:

September 2011: audit in community hospitals showed there was use of an early warning system in 75% of patients audited

March 2013: audit in community care teams, community hospitals, Mental Health, Learning Disabilities services on the use of an early warning system including ‘track and trigger’ observation charts found:

- 69% of patients and service users audited were assessed using early warning scores.
- 17% of these patients displayed observations outside of the normal limits which triggered an escalation in the frequency of clinical observations for 95% of these patients.
- reasons given for not using an early warning system included: patient was receiving end of life care, baseline observations recorded on RiO, our electronic patient recording system or that assessment indicated the patient did not require use of the early warning system.

Although the results of audit in 2013 showed lower use of an early warning system than the previous audit, the number of services now included is much larger with the Mental Health and Learning Disabilities

services using such a system for the first time. There will need to be time for the use of this new system to become embedded into clinical practice in all services.

What we did and future plans

- developed 'track and trigger' observation charts to monitor patients and service user's vital signs as part of an early warning system to detect clinical deterioration with their use being rolled out across all services throughout the year. The roll out was slower than planned and so some staff had only just started to use the new tools before their use was audited.

- introduced a new Physical Assessment and Monitoring Policy in 2012 which includes use of the track and trigger tools.

- a physical assessment and monitoring training programme is being rolled out so that all staff understand how to use the new observation charts.

- use of the new track and trigger observation charts needs to become embedded into clinical practice with clear guidelines on when it is appropriate to use them. We will re-audit in 2013 and have included a similar indicator in our 2013/14 plans for improvement.

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Other safety initiatives implemented to improve patient safety in 2012/13

Patient Safety Thermometer

The Patient Safety Thermometer is a national campaign which measures and seeks to reduce the number of 'harms' that patients suffer. The thermometer measures these 'harms', on a set day each month, which includes the number of falls, blood clots, pressure ulcers and urinary infections associated with catheters in patients on our caseloads. The Patient Safety Thermometer was successfully implemented in all Southern Health's community hospitals in 2011/12 and has been rolled out to community care teams in 2012/13.

We agreed targets with our commissioners that 100% of community hospitals and 55% of community care teams would provide information for the thermometer in 2012/13. We met or over achieved this target with 100% of community hospitals and 75% of community care teams returning information. The results show that on average over 87% of our patients measured on a given day do not have one of the harms listed above.

Our Mental Health and Learning Disability divisions are part of a pilot started in February 2013 to develop a similar Patient Safety Thermometer with proposed measures to include self-harm, falls, risk of violence and aggression/victim of violence, medication omissions.

National Safety Alerts

The Department of Health's Central Alerting System (CAS) enables alerts and urgent patient safety specific guidance to be distributed via a NHS-wide central alerting system. CAS alerts are an important mechanism to help providers learn lessons from each other and to improve the quality and safety of care they provide and they should be actioned rapidly by NHS organisations.

92 alerts were issued nationally during 2012/13. At 31 March 2013:

- **51 alerts were confirmed by Trust services as relevant to Southern Health**

- **28 alerts were confirmed by Trust services as not relevant to Southern Health**

- **13 alerts were waiting confirmation of relevance to Southern Health by Trust services**

The table below summarises the alerts issued in 2012/13:

Type of alert	Number issued	Number actioned or implemented within deadline	Number being actioned	Number actioned or implemented in breach of deadline
Medical device alert	89	78	11	0
Estates alerts	3	1	2	0
Total	92	79	13	0

Southern Health has actioned or implemented all alerts issued within the Department of Health's strict deadlines. The 13 alerts being actioned at 31 March 2013 are not in breach of their implementation deadlines.

NHS Litigation Authority (NHSLA)

The NHS Litigation Authority (NHSLA) works with NHS Trusts to improve their clinical and non-clinical risk management practices. This responsibility, aimed at improving the safety of NHS patients and staff, is met mainly through the provision of risk management standards which are based on the identified causes of claims.

In September 2012, 58 of the Trust's policies and procedures were examined by NHSLA assessors to ensure they met these risk management standards (level 1). We achieved a maximum score of 50/50 and now continue to work on the implementation and monitoring of compliance with these policies and procedures.

Safeguarding

Safeguarding describes Southern Health's responsibility to work in partnership with other agencies to prevent abuse and neglect of vulnerable adults and children and to deal with it effectively if it does occur. The Trust is a member of Local Safeguarding Boards for Children and Adults and follows the Multi Agency procedures.

The Trust is committed to ensuring adequate preventative measures are in place to reduce the risk of abuse. This includes having appropriate policies, staff training, supervision, management and leadership arrangements in place and clearly defined professional boundaries. An appropriately skilled workforce is considered key to reducing risk of abuse or neglect. This year 4716 staff, approximately 50% of our workforce, accessed training to identify those at risk, incidents of abuse and how to report concerns.

All incidents where safeguarding concerns are reported are investigated with the Trust focused on learning and sharing widely any lessons learned thereby reducing future risk.

The Safeguarding team have reviewed and circulated the recommendations from the Winterbourne Review and Savile case to services, requesting each makes sure they meet the recommendations and develop plans to address any shortfalls which are monitored by the Safeguarding Committee.

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Infection Prevention and Control

In Southern Health we take the risk of infection very seriously and work hard to maintain our low infection rates. We have our own dedicated infection prevention and control team who work with all staff to ensure the risk of infection is kept as low as possible for all patients and service users.

All staff must undertake regular training in infection prevention, control and hand hygiene. This can be done as 'face to face' training or by completing an assessment on line. There is an extensive audit programme to monitor clinical practice and ensure high standards are maintained.

Southern Health has very low rates of healthcare acquired infection. Our numbers of *Clostridium difficile* infection (inpatients) are reducing year by year as shown below. This is a great achievement and a credit to all staff involved.

Rates of Clostridium Difficile (C.Diff)	
2010-11	27
2011-12	7
2012-13	5

The team also monitors other infections such as MRSA and *Escherichia coli*. These do not happen very often, but when they do occur, we investigate to see if there was anything that could have been done differently to prevent the infection. Any learning from these incidents is shared with staff.

Preventing and learning from serious incidents

The total number of reported serious incidents in 2012/13 is 372. However, following review by clinical staff, 36 of these incidents were downgraded with most concerning pressure ulcers which may have been incorrectly graded, categorised or were not acquired in our care. This gives a final total of 337 which is a decrease of 5% compared to 2011//12 (353).

Serious incidents are rare and unintended events that can cause significant harm or distress. If an incident happens as a result of failure in care or treatment, we want to understand why and how, and to make sure it doesn't happen again. We do this by:

- Ensuring staff know what to do in the event of a serious incident by having policies and procedures in place

- Ensuring investigating officers are fully trained to identify root causes of incidents and plan actions which will make a difference to patient and service user outcomes

- Ensuring that staff involved in serious incidents attend panels with senior managers to discuss root causes, review action plans and share learning in a constructive manner

- Ensuring through our audit of action plans that improvements have been made and learning from incidents has been embedded into practice and shared across the organisation.
- Ensuring that staff are aware of their responsibilities in being open with patients, services users and their carers and discuss openly with them when things may have gone wrong.

The bar chart shows the number and type of serious incidents reported by Southern Health in 2012/2013 compared to 2011/12. From 1 November 2012 it includes serious incidents (1) reported by the former Oxfordshire Learning Disability Trust.

The largest reductions are in 'other' (which includes incidents such as service users absconding from secure

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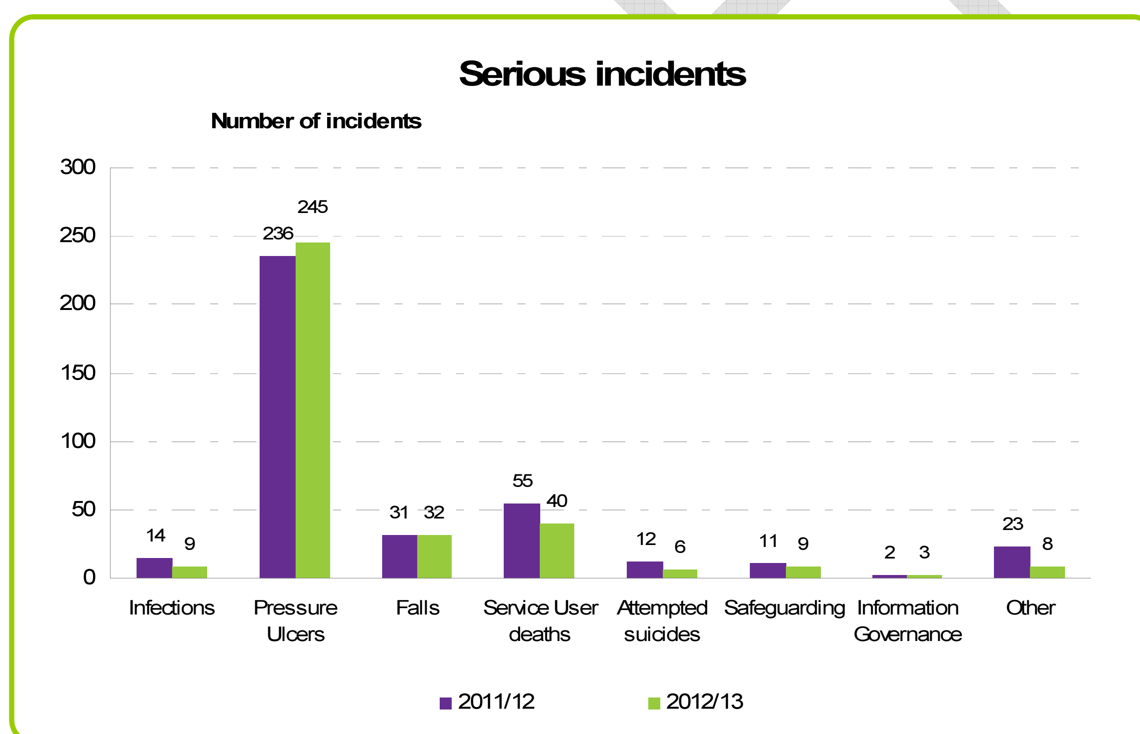
units), service user deaths including suicides, attempted suicides and healthcare acquired infections.

The overall number of unexpected deaths and suicides has decreased in 2012/13 compared to 2011/12. The number of suicides has decreased by 13 (25%) and attempted suicides which result in permanent harm by 6 (50%) in 2012/13.

The number of falls resulting in significant harm has increased by 1 from 2011/12. These incidents have been across a number of sites and do not have a single cause. The falls prevention team has reviewed all falls resulting in serious harm and identified some key learning points with scenario based training on the wards to improve falls prevention being introduced.

There has been an overall increase in pressure ulcers in 2012/13 due to revisions in identification and grading of pressure ulcers acquired in our care. With the agreement of our commissioners, unavoidable pressure ulcers were not consistently reported in the year. Data shows 11% of all pressure ulcers were in community hospitals in 2011/12 with this reducing to 3% in 2012/13. 89% of all pressure ulcers were in community care teams in 2011/12 with this increasing to 97% in 2012/13. Information is given in section 2.1 about some of the work we have undertaken to reduce pressure ulcers.



Never Events

'Never Events' is the term for serious patient safety incidents considered largely preventable if good practice and preventative measures in the NHS had been implemented.

Southern Health had no reported Never Events in 2012/13.

Priority 2: Improving clinical outcomes – how we performed

2.1 100% of patients identified as being at risk of skin damage will have a care plan to reduce the risk of developing a pressure ulcer or other skin damage.

Aim
The management of pressure ulcers and other skin damage continues to be an important area of focus for us, particularly in our integrated community services where there are higher numbers of pressure ulcers due to the nature of the patients seen. A very small number of patients seen by Older People's Mental Health services have pressure ulcers. Information below therefore shows audit results for community hospitals, community care teams and Older People's Mental Health inpatient units and does not include information from other services where the indicator is less applicable.

The numbers of avoidable grade 3 and 4 pressure ulcers acquired in our community hospitals has reduced from 24 in 2011/12 to 18 in 2012/13. However numbers for the same type of pressure ulcer reported by the community care teams has risen from 149 in 2011/12 to 167 in 2012/13. Our aim is to proactively assess any patient at risk of skin damage and put into place appropriate treatment and care plans which will reduce the risk of developing a pressure ulcer so leading to better outcomes for our patients.

What we have achieved
We have not achieved this target and know we need to do more to reduce numbers of pressure ulcers.

Clinical audit results show that a very high percentage of patients have a skin assessment and a pressure ulcer risk assessment on admission but lower numbers have a pressure ulcer prevention care plan in place.

This may be because of changes in care planning being introduced with a move away from individual care plans for each problem to one holistic care plan which includes all the actions that need to be undertaken to make the person better. It may be those completing the audit interpreted the audit question literally and did not include holistic care plans.

In Older People's Mental Health wards the risk of developing a pressure ulcer is small with only two patients having a grade 3 or 4 pressure ulcer at the time of the audit. Both of these had a wound care plan for the pressure ulcer.

Clinical audit on risk assessment and care planning regarding pressure ulcers				
service	audit	skin assessment on admission	pressure ulcer risk assessment on admission	pressure ulcer prevention care plan
Community Hospitals	Oct 2012	99%	89%	67%
Older People's Mental Health inpatient wards	Oct 2012	90%	98%	36%
Community Care Teams	March 2013	97%	98%	71%

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Work we have done and future plans
We have implemented recommendations from national reviews and developed a trust wide pressure ulcer action plan including:

- Inviting the whole community team to serious incident review panels chaired by a senior manager so that all staff are involved in understanding the root cause of grade 3 and 4 pressure ulcers and identify good practice to be implemented in the future.
- Tissue viability link nurses have been developed within community teams to provide advice and information and ensure best practice is followed.
- Tissue viability team working closely with community teams and providing a second opinion on the grading of pressure ulcers and whether they were avoidable or unavoidable.
- Tissue viability team providing training to Mental Health services.
- The detailed information about pressure ulcers provided to teams has been revised so that it is easier to identify trends, compare sites and track the impact of service improvements.
- In October 2012 a 'deep dive' into the top and bottom 5 reporting community care teams identified good practice which could be shared and areas which needed addressing, including training of health care support workers, identification and grading of pressure ulcers, initial visits to be by nurse. These have all been added to overall action plan which is reviewed on a monthly basis.
- We want to see a reduction in numbers of grade 3 and 4 pressure ulcers and have included this in our 2013/14 plans for quality improvements. The audits will be repeated in 2013/14 to monitor that improvements have taken place.

2.2 95% of patients identified to be at the end of life (within 1 year) to have an End of Life Care Pathway.

Aim
Southern Health is proud of its track record in supporting individuals to die at home. End of life care is very much core business for our community care teams. We set ourselves a challenging target this year to ensure we were supporting people as early as possible to make the right decisions about their end of life care.

What we have achieved
We have not achieved our target. At year end in 2012/13 68% of patients who we believed were in their last year of life, were on an end of life care pathway. Whilst this was below our target it demonstrated year on year improvement – just 18% in 2010/11 had recordable end of life care plans and 42% in 2011/12. We also continued to support an average 70% of those wishing to die at home to do so – against a national average of 40-50%.

Work we have done and future plans
- End of life care remains a high priority for Southern Health and through 2012/13 we have continued to train our staff in the necessary skills and have continued to work in partnership with primary care and hospices in Hampshire to support the best end of life care practice.

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- We have paid attention to the national debate around the use of the Liverpool Care Pathway (LCP) and remain committed to its principles as a tool to support better communication around end of life decisions. We welcome the national review of the LCP by Baroness Julia Neudberger.
- A clinical audit on use of the Liverpool Care Pathway in 2012 found a full explanation of the care plan was given to the patient (40%) or carer (91%). The reason the number of patients is low is that it often was not possible to discuss the LCP as the patient was unconscious.
- We have not included this indicator for 2013/14 but will continue to support people as early as possible to make the right decisions about their end of life care and will re-audit use of the Liverpool Care Pathway in 2013.

2.3 85% of Matrons Walk Round results demonstrate evidence of a structured handover tool

Aim
A structured handover tool provides a framework for effective sharing and communication within teams about a patient or service user's condition and treatment which is key to the provision of safe and effective care. Matron walk rounds, which are well established in our community hospitals, provide assurance that a range of patient safety, quality and outcome measures are in place. We want to extend the use of matron walk rounds to Mental Health, Learning Disabilities divisions and community care teams to provide assurance that structured handover tools are in use.

What we have achieved
We achieved this target. The table shows 100% of matron walk rounds in all services, except community care teams where the matron walk round has only recently been introduced, found a structured handover tool was being used by clinical teams. Comparison figures for 2011/12 are only available for community hospitals and show improvement in the use of a structured handover tool.

Matrons Walk Round results which show a structured handover took place		
	2012/13	2011/12
Trust Total	95%	n/a
Adult Mental Health Services	100%	n/a
Older People's Mental Health Services	100%	n/a
Learning Disabilities Services	100%	n/a
Specialised Services	100%	n/a
Integrated Community Services:Community Hospitals	100%	90.5%
Integrated Community Services: Community Care Teams	85%	n/a

The matron walk round is just what it says – a walk round of sites by the matron or lead nurse who completes a checklist to provide assurance that a wide range of patient safety, quality and outcome measures are in place and includes discussions with patients and service users about their experience and

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satisfaction with the care we are providing.

Work we have done and future plans

- The monthly matron walk round has become well established practice within community hospitals with senior managers and Board members joining walk rounds. Their value in providing assurance about quality of care being provided was recognised with the walk round tool being introduced across other clinical services in 2012/13.
- Mental Health and Learning Disabilities services and community care teams have adapted the original tool to meet their own service needs and rolled it out across their services in late 2012/early 2013
- All matron/lead nurse walk round tools are now completed electronically with results being collated by the information team with reports on performance at team/service/division level being shared with senior managers and teams with actions taken to address any issues.
- One of the questions on the matron walk round checks that a structured handover tool is used at handover between staff. The handover tool provides a framework for effective sharing and communication within teams about a patient's condition and treatment which is key to the provision of safe and effective care. Having a structured handover tool ensures no vital information about a patient or service user's needs is overlooked.
- The structured handover tool has become embedded in clinical practice and does not need to be included as a separate quality improvement indicator for 2013/14. However, its use will continue to be monitored by the matron walk round.

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Other initiatives to improve clinical outcomes during 2012/13

National Institute for Health and Clinical Excellence (NICE) Guidance

NICE is responsible for providing national guidance on promoting good health and preventing and treating ill health. During 2012/13 NICE issued 87 pieces of guidance, of which 36 were assessed as being relevant to Southern Health and which are being implemented across the Trust.

Implementation and compliance with NICE guidelines has been monitored as part of the clinical audit programme for 2012/13 with some examples of how these have helped us improve the quality of care we provide to patients given below.

CG 92 Venous thromboembolism: Reducing the risk

This guidance is about the care and treatment of people who are at risk of developing deep vein thrombosis (DVT) while in hospital. The results of this audit showed 77% of our patients had a completed VTE risk assessment filed in their records.

CG21 Falls: the assessment and prevention of falls in older people.

This audit has shown improvement in many of the areas identified by NICE as good practice with an increase of 20% in inpatient falls care plans being completed.

Development of Outcome Frameworks in Southern Health

There are many measures used in the NHS to assess the performance of NHS organisations and the impact of care upon patients and service users. At Southern Health we want to move away from just counting activities or processes and focus on what matters to patients, service users and their carers or families. We are therefore looking at how we measure 'outcomes' of care, for example rather than focus on a specific piece of care provided ie a leg ulcer dressing, we want to shift the emphasis to what we want to achieve for that patient, for example rapid healing of ulcers to support maximum function and quality of life for each individual.

Clinical services have identified key outcomes and the factors needed to be in place to achieve them so that we can provide quality care to our patients and service users. These Outcome Frameworks bring together all aspects of service delivery that lead to positive outcomes for patients and service users. They draw on best practice and aim to help us understand how well we are doing and what we need to do to improve outcomes further.

The Outcome Frameworks have attracted a great deal of interest from other parts of the NHS. As a consequence we are sharing our experience and methodology with others, and helping to shape measures that are used to monitor community health services nationally.

At a local level we have been identifying data to populate the Outcome Frameworks, so that we can track changes in the outcome and underlying predictive factors over time. These reports will be used at service level to improve outcomes for patients, and at trust level so that the Board has assurance that its services are working well for patients.

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Other initiatives

Community Assessment Lounge We are working with Solent Healthcare and Queen Alexandra Hospital in Portsmouth to prevent avoidable acute admissions by opening a Community Assessment Lounge in the hospital. The service has been designed to provide clinical assessment to anyone admitted to the emergency department and provides the appropriate support and treatment to enable a patient to be discharged safely and in a timely way in the community.	**Fusion Project in Lymington and New Milton** This project focuses on working more closely with care homes and aims to educate care home staff about the services we provide and develop their skills so they can provide quality care to their residents. Over the coming year the project will look at topics such as tissue viability which will help reduce the numbers of pressure sores, how to support those with mental health issues and how multidisciplinary care is provided in the community.
Memory Advisory Service in Southampton A joint Memory Advisory service has been set up in Southampton in partnership with Age Concern to promote inclusion to newly diagnosed patients with dementia or those who are deemed to have significant cognitive impairment by their General	**Older People Partnership in South East** This project sees us working with our colleagues in acute care and with Solent Healthcare to transform the way we collectively care for frail and elderly patients. This includes looking at how people are looked after when they arrive at the Queen Alexandra Hospital,

Practitioners.	and offers training and support to staff.

Priority 3: Improving patient experience - how we performed

3.1 100% of Mental Health and Learning Disabilities inpatients with a physical healthcare assessment

Aim
Service users with mental health and/or learning disabilities can have less emphasis put on physical health needs, even though many with learning disabilities are at higher risk of having physical health problems. In 2011/12 our commissioners identified improving the physical healthcare assessments for mental health service users as a key area for further improvement. We therefore repeated this indicator from 2011/12 to ensure all mental health and learning disabilities inpatients received a physical healthcare assessment on admission to a unit.

What we have achieved
We have not achieved this target. However figures below show an improvement since 2011/12 when clinical audit showed 87% of service users had a physical healthcare assessment. It is challenging to achieve 100% of mental health and learning disabilities inpatients having a physical healthcare assessment on admission as some service users refuse such an assessment.

Inpatients in Mental Health and Learning Disabilities units who have received a physical healthcare assessment	
Trust total	**91%**
Adult Mental Health services	**87%**
Older People's Mental Health services	**96%**
Learning Disabilities services	**96%**
Specialised services	**85%**

Work we have done and future plans

- physical healthcare assessment has been measured via the matron/lead nurse walk round tool which checks a random sample of five service users per visit. The physical healthcare assessment includes baseline observations, such as blood pressure and temperature, which enables service users physical health to be monitored and any physical health difficulties to be identified so that appropriate care can be given.

- annex A reflects the introduction of the matron/lead nurse walk round tool in September 2012 in these services with no walk round taking place in January 2013.

- services have followed guidance and procedures in the new Physical Assessment and Monitoring Policy introduced in 2012 and staff have attended a physical assessment and monitoring training programme.

- weekly health check clinics for service users have been introduced on all Adult Mental Health wards to monitor physical health.

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- we are pleased to see these results for inpatients in our Mental Health and Learning Disabilities divisions and will monitor via matron/lead nurse walk rounds that such high levels of physical healthcare assessment are maintained. Rather than repeating this same indicator for 2013/14, we will focus on the identification of physical deterioration in our service users by including an indicator on the use of an early warning system.

3.2 Use of a patient reported outcome measure in all clinical services across the Trust

Aim

This was a new indicator this year with the aim that all clinical services gained patient feedback on the quality and effectiveness of care they received.   We are always keen to learn about patient and service user experiences and to know we are meeting their needs. Patient reported outcome measures (PROMs) were originally introduced as a national tool to gain patient feedback on the success of surgery. They focus on quality from the patient perspective and give an insight into patient satisfaction with the care and treatment they have received. We want to understand more about patient satisfaction so we will be able to improve our services to make the most impact on the service user's quality of life.

What we have achieved and future plans

We have not achieved this target; however 9 out of 10 clinical divisions reporting to Quality and Safety Committee in January 2013 provided evidence of using patient reported outcome measures in their services. The exception was the Learning Disabilities division which highlighted that it was hard to use such measures with their service users but they worked hard to gain patient feedback.

Only one national PROM was relevant to our services with the hernia PROM used at Lymington New Forest Hospital to gain patient feedback, with results reviewed by the senior management team and at local governance meetings. An audit is being completed to investigate hernia repair failures so that procedures can be adapted as necessary.

As there were few relevant national patient reported outcome measures, services adapted or developed tools to meet the needs of their patients and service users. Examples included:

- physiotherapy classes ask patients to rate what they could do before attending a series of classes and then to rate the same movements at the end of the classes providing clear information about patient views on the outcome of treatment given.

- specialist nurse services have introduced well-being scores as part of their care, for example, the Minnesota Living with heart failure questionnaire which looks at the patient's quality of life. This is used with patients when first assessed and then repeated at a later date.

- children's services use simple before-after intervention measures to gain feedback from parents on the effectiveness of interventions, for example, parental confidence before and after health promotion advice is given.

- the Warwick-Edinburgh Mental Well-Being Scale which asks patients to rate items on how they are feeling based on their recent experiences is being piloted in Older Peoples Mental Health services.

- Bluebird House introduced the Strengths and Difficulties Questionnaire (SDQ) in 2012 which gathers service user's views on their own difficulties and strengths at various points in the admission process.

- service user evaluation questionnaires are well established in Leigh House and ask questions regarding their views on the impact of the care they have received on their overall well-being.

- introduction of patient reported measures 'Inspire' as part of IMROC programme in Adult Mental Health services.

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- we will continue to seek feedback from patients and service users and use it to help shape our services and continually improve the care we provide.

3.3 Use of patient experience surveys to ask 'How would you rate your experience of our service as a whole?'

3.5 Use of patient experience surveys to ask 'were you involved in decisions about your care?'

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Aim
We value patient feedback and have used patient experience surveys over many years. We have developed a standard patient experience survey which was introduced across the Trust in May 2012. This was designed to collect patient feedback at regular key points in their care, not just at discharge. A 95% satisfaction target was set by the Trust for most services with a lower target of 75% for Adult Mental Health services reflecting the nature of their service users.

What we have achieved
We have achieved these targets with 95.3% of patients and service users who responded to the survey in 2012/13 showing a high level of satisfaction with services received and 92.9% of patients and service users responding that they had been involved in decisions about their care.

Information for Learning Disabilities and TQtwentyone divisions is not yet available as some modifications to the survey procedures are required.

The dashboard shows results for January – March 2013 for the two questions from the patient experience survey included in this Quality Account.

Patient and Service User Experience : Board summary for the 3 month period ending : March 2013

All percentages are quoted as the number of positive responses given against the total number of responses for that question	ICS - Adults North Hampshire	ICS - Adults Mid Hants	ICS - Adults North East	ICS - Adults South Eastern	ICS - Adults Specialist Nursing	ICS - Adults West	ICS - Children and Families	ICS - Dental	ICS - Scheduled Care	MH &LD - Adult Mental Health	MH &LD - Older Persons Mental Health	MH &LD - Learning Disabilities and Specialised Services	MH &LD - TQ21	Southern Health NHS Foundation Trust
Total number of surveys completed	232	34	33	444	135	268	2440	34	867	351	137	0	0	4975
How many surveys were expected to be returned?(based on a 40% response rate with every patient being given the opportunity)	510	900	330	1050	150	600	1500	1200	1350	900	900	0	0	9390
How would you rate your experience of our service overall?	98.1%	93.8%	100.0%	96.8%	98.5%	96.6%	95.7%	100.0%	96.4%	84.3%	90.4%			95.3%
Customer charter : As an organisation we commit to involve and inform patients and carers/family about their care														
Were you involved in decisions about your care?	93.9%	97.1%	87.1%	93.6%	96.3%	91.7%	93.6%	94.1%	94.5%	86.6%	88.3%			93.1%

Thresholds

Colour	Threshold
Dark green	Main question only (how would you rate your overall experience) : Above 95% (75% for AMH) - Achieving expectations
Red	Main question only (how would you rate your overall experience) : Below 95% (75% for AMH) - Falling below expected standards
Orange	Supplementary questions only : Outlier (based on 80% confidence limit when compared to the Trust for that question) ; cause for concern
Grey	All questions : Response rate is insufficient (below 20) to obtain statistically relevant results
Black	Supplementary questions : Question not asked within the survey for that Service

What we have done and future plans

- Services have worked hard to increase the survey response rate since it's introduction.
- Patient experience survey results are discussed at local, divisional and trust level and any learning shared across services.
- We will have a similar indicator for quality improvement in 2013/14 with the Friends and Family Test being reported.

3.4 100% of service users have a care plan that has been developed with them and/or their main carer.

Aim

Care plans ensure that treatment is well planned, appropriate and has clear expected outcomes. The involvement of the patient, service user or their carer in their development puts the service user at the centre of decision making about their own treatment leading to a positive patient experience. We aimed that all patients and service users had a care plan that had been developed with them and/or their main carer.

What we have achieved

We have not achieved this target which has been measured by a series of clinical audits throughout the year with results as follows:

- audit in community hospitals in October 2012 showed 72% of patients audited had a nursing care plan. There has been a move away from separate care plans written for each health need with new documentation paperwork introduced in community hospitals aiming for a holistic approach to the assessment and treatment of the patient. The 'traditional' care plan may have been less obvious thus explaining the relatively low score. On reflection our audit tool may not have captured the care planning process adequately and will be reviewed and adapted as appropriate in the future.
- audit in Adult Mental Health, Older People's Mental Health and Specialised Services in November 2012 showed that 84% of service users audited had a nursing care plan.
- audit in community care teams in March 2013 showed 62% of service users audited had a care plan. Community care teams are using a new electronic patient recording system (RiO) introduced in 2012/13 where the setting out of clinical notes, care plans, assessment forms is different to the original paper notes and may explain the low score. A group is working to develop a core set of care plans which will be available on RiO.
- Patient experience survey results (given in 3.5 below) show a very high percentage of patients and service users were involved in decisions about their care.

What we have done and future plans

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- Audit results have been shared with clinical teams and managers and discussed at local governance meetings and action plans implemented to address under-performance.

- Holistic plans of care and treatment are being developed to replace the ‘traditional’ care plan. Use of plans of care and treatment will be re-audited in 2013/14 with audit tools adjusted to reflect these changes and the introduction of an electronic patient record system in community services in 2012/13.

- Having a plan of care/treatment is essential when providing quality care to a patient or service user. We will continue this indicator in our priorities for improvement in 2013/14 and look at the use of plans of care in targets concerning falls, pressure ulcers and use of the ‘track and trigger’ early warning system.

Other initiatives implemented to improve patient experience during 2012/13

National patient experience surveys

We had a response rate of 38% to the 2012 NHS Community Mental Health Services User Survey, which was one of the highest rates in the country and compared to the national response rate of 32%. This prompted other Trusts to contact us to discuss how to replicate such a good response. The results of the survey are presented in a different way to previous years with Trust results being rated as ‘better’, ‘the same as’ or ‘worse’ than the majority of the other Trusts who took part. Southern Health results were the same as or better than the majority of other Trusts with ‘better’ scores for the questions below:

- ‘did this person listen carefully to you?’

- ‘did this person treat you with respect and dignity?’

The majority of responders rated the care they had received from NHS Mental Health Services in the last 12 months favourably.

Action plans have been developed by Adult Mental Health and Older People’s Mental Health divisions to address those areas where it has been identified, alongside input from service users and carers, improvements could be made.

Patient experience surveys

In May 2012 Southern Health introduced a standard patient and service user experience survey across most services in order to measure our performance in meeting patients, service users and their carers’ needs and to identify aspects of care where the Trust could improve. By using a number of standard questions the Trust can measure customer service across the range of Trust services. The surveys are designed to capture feedback during treatment rather than just at discharge so that improvements in care can be actioned while the patient/service user is still receiving our care.

A monthly dashboard and report is shared with services and discussed at local and divisional governance meetings. Adult Mental Health services have analysed the free text comments from completed surveys with themes identified and discussed at ‘learning out of concerns meetings’. There is an internally set target to achieve a 40% return rate. Services have worked hard to increase response rates with some giving stamped addressed envelopes, involving League of Friends in hospitals giving out surveys, involving service users to collect feedback from other service users in our social care and learning disabilities services.

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Service user surveys

In 2012, TQtwentyone's Personalisation Manager along with a working party of team members redesigned the annual Service User Survey so that a larger proportion of people with learning disabilities, particularly those who are not able to verbalise their responses, were able to give genuine indicators of satisfaction. Staff were provided with guidance on how they might support people to complete the survey using 'evidence' to demonstrate an answer. For example, to the question 'Do you get on with the people you live with?' the evidence could be a daily diary entry about an activity that occurred with their co-tenant, where they offered their arm to accompany them to the car and photographs showing them jointly engaging in the activity. The outcomes of the survey will be shared with people supported by TQtwentyone, their families, and Commissioners.

Friends and Family Test

The Friends and Family Test will be included in our patient experience surveys from April 1st 2013 and will be reported as part of our quality improvement targets in 2013/14.

Implementing Recovery through Organisational Change (IMROC)

Our Implementing Recovery through Organisational Change (IMROC) journey has continued this year with the Recovery College opening in April. The Recovery College will provide an educational approach to increasing skills and knowledge around self-management and recovery with all courses being 'co-produced' i.e. developed and delivered by those with 'lived experience' of mental health issues and those whose experience of services is by virtue of their profession or training. Courses will also be co-attended – people who may identify themselves as service user, carer or member of staff setting aside those labels and being united in the shared identity of 'student'. Through this approach we know that the learning experience is enriched for all participants, that we take strides in tackling stigma and discrimination, and that we can transform the lives of individuals and our services.

We are also developing a new role of 'peer support worker' in our acute care pathway skill mix where those who have experienced recovery from mental health issues will be used at the heart of our workforce to help provide environments where hope is evident and recovery expected and supported.

We are very pleased that two of our staff have been asked by the IMROC National Team to join them as consultants in recognition of the contributions they have made and their growing expertise in developing recovery focused cultures and organisations. This will involve them using their experiences to directly support NHS Trusts and other providers who are setting out on their own journey of organisational change and is an exciting opportunity to share the learning and great work that Southern Health staff and service users, working in partnership, have put in again this year in pursuit of developing truly recovery oriented services.

Supporting patients and service users

All patients should be treated with compassion, dignity and respect in a clean, safe and well managed environment. Southern Health views excellent customer service as integral to achieving these standards. The Trust has a dedicated Complaints and Patient Advice and Liaison (PALS) team which is the first point of contact for patients and members of the public who require advice or information about any of our services and manages complaints.

Figures for complaints, concerns and compliments received in 2012/13 are given with 2011/12 figures in brackets. In 2012/13 the Trust received 399(342) complaints, 460(544) concerns and 1491(854) written

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compliments and letters of thanks. These figures include 20 complaints received since 1 November 2012 regarding the former Oxfordshire Learning Disabilities Trust.

The majority of compliment letters praised staff attitude and the clinical care provided.

The Complaints and PALS team work closely with clinical services to review complaints and concerns, identify themes, share learning at 'Learning out of Concerns' meetings and improve quality of services.

Some examples are given below:

Complaint	Service Improvement
A service user on a mental health inpatient unit burnt themselves with a lighter	No lighters are now allowed in the unit.
Prescription had been written on incorrect prescription sheets in a nursing home.	Nursing homes now have the correct paperwork for Southern Health.
The right medication was not available during my operation.	New procedures have been put in place so appropriate medicines always available.

69% of complaints received in 2012/13 related to four key categories:

- clinical and nursing care 36.8%
- staff attitude 13.5%
- communication 11.5%
- access to services 7.2%

The top three reflect both the same top categories reported in 2011/12 and the national picture, while access to services has been one area that the Trust monitored in 2012/13 in light of the changes that have been happening with reconfiguration of our services.

Of the complaints related to access to services the majority (69%) were related to Adult Mental Health services. This is not unexpected and is fed back to the division through the learning out of concerns groups.

Of the 399 complaints, the Trust has been made aware of 15 complainants who went on to take their complaint to the Parliamentary and Health Service Ombudsman. Ten have required no further action, one case was returned with a suggestion for further action by the Trust and four remain outstanding.

We are reviewing the recommendations made by the Francis report and will be adapting policies and procedures as required.

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Patient Environment Action Team (PEAT)

In addition to the environmental assessment performed during the matron walk rounds, all inpatient Mental Health sites were inspected as part of the Patient Environment Action Team (PEAT) in May 2012 for environment, food, privacy and dignity with 80% of scores being 'excellent' and the remainder 'good'.

Productive Series

The NHS Institute for Innovation and Improvement's Productive Community series helps front line teams improve quality and productivity.

The releasing time to care programme was re-launched in Mental Health and Learning Disabilities divisions in September 2012. So far over 248 staff from community teams and inpatients units have been trained and are implementing the Lean principles to improve patient's safety and experience, enhance quality outcomes and cost effectiveness. Focus has been on processes and systems within wards and teams, increased use of a multi-disciplinary approach and working with teams to understand and plan the most effective ways of delivering their team priorities.

The first wave implementation saw a potential efficiency saving of over £4500 with £21364 predicted savings from medication costs per annum. Feedback from teams has been very positive with the time released being used to communicate more effectively with patients with more time being available for staff to talk and listen to patients.

74% of teams within the division are now implementing the productive series with the remaining teams due to undertake training and start implementation in March/April 2013.

The final wave of implementation of the Productive Series took place in community services with 'Planning our Workload' module leading to efficiency savings in time through changes in working practices that has released time for patient care.

Last October the wound clinic at Andover was nominated for an award at the NHS South of England 'Safe & Productive Care Celebratory conference'. This was for their excellent collaborative work and using Productive Community series to redesign and extend their specialist wound care clinic services to improve the patient experience and meet the needs of the locality.

Care Quality Commission (CQC) inspections

In 2012/13 Southern Health has continued to monitor, through a combination of external review and our own internal monitoring processes, quality of service delivery. Where improvements were required action has been taken to ensure that the quality and safety of services was maintained. During 2012/13 there were 17 unannounced inspections by the Care Quality Commission to Southern Health sites. Fourteen of these inspections found we were fully compliant with the Essential Standards of Quality and Safety set by CQC. Three inspections identified areas where the Trust was not meeting essential standards with three compliance actions issued, reflecting two minor and one moderate concern. The level of concern relates to the potential impact on patients and service users of non-compliance with the standard.

The three compliance actions are shown below, with one being closed when the site was re-inspected in January 2013. The remaining two will remain open until the sites are re-inspected by CQC.

minor concern	recording of medicines to be taken by service users supported by our social care services was not always clear.
minor concern:	care plans were not always completed with information relating to the physical health needs of the service user.
moderate concern	care plans did not adequately reflect the patient's views on their care and treatment and risk assessments were not always included in the care plan to inform staff about the support the service users may need.

This is an improved situation from last year when 14 compliance actions were issued.

The Trust continues work to further strengthen its governance systems. A Quality Assurance and Improvement Programme is in operation reporting to the Assurance Committee and the Board. The programme has focused on:

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- the collation and triangulation of a wide range of quality and safety information to ensure early identification of issues and strong performance management
- a programme of unannounced visits by a dedicated inspection team and re-inspections of areas with independent representatives and external experts
- the identification of areas of good practice to share across other services
- the identification of leadership and organisational development requirements
- a review of the governance infrastructure to provide assurance to the Board around quality

Mock CQC inspections

The Trust set up a mock inspection team in December 2011 to provide a comprehensive, unannounced programme of visits to all sites, including community teams, to assess compliance against the CQC Essential Standards of Quality and Safety. The inspection process is based on the format used by CQC for their inspections and has been cited by other trusts as good practice which they would like to adopt.

The core mock inspection team comprises clinicians from a mental health, learning disabilities or community services background. A wider pool of inspectors and observers has been drawn from staff across the Trust and key stakeholders such our commissioners and Governors. Staff were encouraged to take part so they gain the necessary skills to carry out peer review inspections in the future.

The mock inspection programme has been used to identify and celebrate areas of best practice across the Trust as well as highlighting areas which need to be improved. It has been invaluable in assuring the Board and stakeholders that we are meeting the CQC Essential Standards of Quality and Safety and any gaps are being addressed. It has raised awareness of CQC with staff and how patients and service users should be at the centre of everything we do.

By the end of March 2013, 198 inspections had been carried out by the mock inspection team. These covered all service types across the Trust, including former Oxfordshire Learning Disabilities Trust, and represent 56% of all our sites and 354 services.

As a result of the mock CQC inspections the following have been noted:

- Implementation of new care planning standards
- improved documentation of discharge planning meetings and communication with service users
- improved discussions with service users and documentation of choices for end of life
- improved compliance with sharps disposal procedure and drug storage monitoring procedures now in place
- more robust lone working procedures implemented within teams
- increased attendance at essential training with tracking training systems implemented

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The Trust's priorities in 2012/13 were based upon:

- What patients and service users told us about our services and where it should focus attention
- What our Governors have told us is important to them
- What staff have told us is important to them
- What has been learnt about the quality of services and where improvements are required

Southern Health and its stakeholders consider that the Trust should continue to seek improvements in the services it provides based upon improving patient safety, clinical outcomes and patient experience. As such they will remain the Trust's priorities in 2013/14 with progress being monitored by Quality Improvement and Development Forum, Quality and Safety Committee and the Board.

After engagement with stakeholders to gain their views on the indicators they consider to be priorities for the coming year the Trust Board has approved the follow indicators (tbc). The Trust will monitor these indicators and report its performance against them in its 2013/14 Quality Account.

2012/13 local indicators to be delivered by April 2014

Priority 1: Improving patient safety	Priority 2: Improving clinical outcomes	Priority 3: Improving patient experience
To reduce the risk of falls by ensuring 90% of inpatients in Community Hospitals and Older People's Mental Health wards at risk of falling have a falls care plan completed within 6 hours of admission	Improve therapeutic interventions in Mental Health and Learning Disabilities services to reduce patient violent and aggressive incidents by 10%	95% positive response to the question 'did staff give your family/someone close to you, the right support to help care for you?' on our patient experience survey
Avoidable grade 3 and 4 pressure ulcers to reduce by 30% in patients cared for by our community care teams	Prevent patients deteriorating unexpectedly by using the track and trigger tool as an early warning system for 90% of appropriate patients	Achieve 95% excellent in the Friends and Family Test
80% of stage 2 medicines reconciliations will be completed within 24 hours of admission to inpatients units	Five outcome frameworks will be introduced to demonstrate improved clinical outcomes for patients/service users over the year	100% compliance with Duty of Candour obligations for suspected or actual patient safety incidents that result in severe harm or death
	All Community Hospitals and Older People's Mental Health wards will provide dementia friendly environments	

Part 2b - Statements of assurance from the Board

This section contains a number of mandated declarations Southern Health is required to make so that its performance may be directly compared to that of other NHS trusts.

Review of services

During 2012/13 Southern Health provided or sub-contracted 47 NHS services.

Southern Health has reviewed all the data available to it on the quality of care in 47 of these NHS services. The data covered the three dimensions of quality: patient safety; clinical effectiveness; and patient experience.

The income generated by the NHS services reviewed in 2012/13 represents 100% of the total income generated from the provision of NHS services by Southern Health for 2012/13.

Clinical audits and national confidential enquiries

During 2012/13 2 national clinical audits and 3 national confidential enquiries covered relevant health services that Southern Health provides.

During 2012/13 Southern Health participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Southern Health was eligible to participate in and participated in during 2012/13 are as follows:

National Audit / Confidential Enquiry	Eligible	Participated
National Audit: Parkinson's Disease	✓	✓
National Audit: Schizophrenia	✓	✓
National Confidential: Patient outcome and death	✓	✓
National Confidential Enquiry: Suicide and homicide in mental health	✓	✓
National Confidential Enquiry: Elective surgery (national PROMS)	✓	✓

As a community Trust we do not always meet the criteria for the national audits and so in 2012/13 adapted the national audit tools for local use for comparative audit of blood transfusion, health promotion in hospital and dementia.

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The national clinical audits and national confidential enquiries that Southern Health participated in, and for which data collection was completed during 2012/13 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit/Confidential Enquiry	% of required cases submitted
National Audit: Parkinson's Disease	100%
National Audit: Schizophrenia	100%
National Confidential Enquiry into cardiac arrest	100%
National Confidential Enquiry into suicides and homicides	100%
National Confidential Enquiry: Elective surgery national PROMS (hernia only is relevant)	100%

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The reports of 1 national clinical audit and the locally adapted national audits were reviewed by the provider in 2012/13 and Southern Health intends to take the following actions to improve the quality of healthcare provided:

- Blood transfusion and consent policy to be amended to include the recommendations that written consent should be obtained prior to transfusion of blood/blood products.
- All community hospitals to introduce use of the 'this is me' booklet and ensure it is completed for all patients with dementia on admission with the aid of their relatives/carers.
- A lead for dementia care at Lymington New Forest Hospital is to be allocated with dementia champions for each ward.
- A local audit to investigate hernia repair surgery is being completed.

The national audit report on Parkinson's Disease is yet to be published.

The reports of 56 local clinical audits were reviewed by the provider in 2012/13 and Southern Health intends to take the following actions to improve the quality of healthcare provided:

- a review and implementation of the World Health Organisation checklist for theatres.
- ensuring that all patients at initial assessment are asked to complete the information sharing consent form and that the completed form is filed in the records.
- development and implementation of a marketing strategy aimed at increasing the profile of the Memory Assessment and Research Centre amongst the public.
- providing all patients/service users with a copy of their signed consent to treatment form.

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Clinical research

Research is a critical component of successful NHS provider organisations, ensuring that clinical practice is based upon the latest evidence. All patients and service users should receive the opportunity to take part in research. It is also a key element of the continuing development of staff, providing stimulating opportunities for professional and personal development.

Southern Health aspires to:

- embed a culture in the organisation that enables every patient the opportunity to participate in research
- embed clinical and health services research, and the use of evidence, into every day clinical practice within Southern Health
- be seen as a leader and to host research relevant to Mental Health, Learning Disabilities and community care practice
- encourage a research culture, studentships and practitioner researchers within Southern Health
- attract national and regional research funding, ensuring the Trust can continue to deliver significant and relevant research for Southern Health into the future

The Research & Development Department supports research in a number of disease areas and is a world leader in research into culturally adapted cognitive behaviour therapy and its feasibility in ethnic minority groups.

The Memory Assessment and Research Centre (MARC) runs national and international clinical trials in dementia. The majority of these trials are investigating how effective new drug treatments are, although some trials look at other aspects associated with Alzheimer's such as depression and sickness behaviour.

MARC is one of the leading centres in Europe for dementia research. South Coast DeNDRoN is one of seven local research networks which are placed throughout the UK, and is hosted by Southern Health NHS Foundation Trust.

Southern Health hosted 96 clinical research studies (57 Portfolio and 39 Non-portfolio) during 2012/13. The number of patients receiving NHS services provided or sub-contracted by Southern Health NHS Foundation Trust that were recruited during that period to participate in research, approved by a research ethics committee, was approximately 670. The department has robust governance processes that approve and monitor the studies hosted by the trust.

Increasing patient and public involvement (PPI) is central to the Southern Health research business plan and in 2012/13 actively engaged 3 Service User Representatives. The vision is that patients are at the centre of decision making. Southern Health PPI initiative aims to:

- Provide every patient the opportunity to participate in research
- Give patients the opportunity to be involved in research studies at the start
- Involve patients in the selection of the types of studies relevant to their care needs
- Improve knowledge for patients and carers about national research processes in the NHS

Involving patients and the public in developing research offers a better chance that researchers and clinicians will ask questions that are relevant to patients.

Commissioning for Quality and Innovation framework (CQUIN)

A proportion of Southern Health income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between Southern Health and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

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Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at: *http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275*

In 2012/13 income totaling £5,446,826 million was conditional upon the Trust achieving quality improvement and innovation goals. In 2011/12 income totaling £0.886 million was conditional upon the Trust achieving quality improvement and innovation goals, of which payment of £0.772 million was received.

The following table lists the CQUIN schemes for 2012/13:

Commissioner	Service Area	Scheme	Available £
Hampshire	Childrens Services	Children's Services	£350,000
Hampshire	Integrated Community Services	Patient Safety Thermometer	£2,483,775
		Patient Experience	
		VTE - Risk Assessments & Medication	
		Piloting the use of Telehealth	
		Reducing Frequent Attenders to SGH	
		Joint working to reduce non-elective admissions to Acute Hospitals	
Hampshire & Southampton	Mental Health & Learning Disabilities	Patient Safety Thermometer	£1,850,464
		Patient Experience	
		Improving Dementia Diagnosis Rates in Primary Care	
		Development of Psychiatric Liaison model in acute hospitals	
		Undertaking physical health screening for admitted patients	
		Developing Mental Health Payment by Results	
		Reviewing placements	
		Reviewing use of IAPT services for people with Long Term Conditions	
Buckinghamshire	Learning Disabilities	Improving access to general healthcare for adults with learning disabilities	£83,442
		Reviewing placements	
		Ensuring Dignity in Care	
Oxfordshire	Learning Disabilities	Improving access to general healthcare for adults with learning disabilities	£153,974
		Service User Involvement	
		Prison Liaison	
		Dysphasia	
Specialised Commissioning	Mental Health & Learning Disabilities	Development of Clinical Pathways	£525,171
		Optimising Length of Stay	
		Implementing Clinical Dashboards for Specialised Services	
		Service User Defined CPA Standards	
		CAMHS - Education & Training	
		CAMHS - Eating Disorders Network Development	
		Access to specialised mental health services	
		TOTAL	**£5,446,826**

Care Quality Commission registration and actions
Southern Health is required to register with the Care Quality Commission and its current registration status is registered in full with no conditions. The Care Quality Commission has not taken enforcement action against Southern Health during 2012/13.

Southern Health has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Quality of data
Southern Health submitted records during 2012/13 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 (with 2011/12 figures given in brackets):

which included the patient's valid NHS Number was:

- 99.8% *(99.5%) for admitted patient care
- 99.8% * (99.8%) for outpatient care
- 90.3% * (93.1%) for accident and emergency care

which included the patient's valid General Practitioner Registration Code was:

- 100% *(100%) for admitted patient care
- 100% *(100%) for outpatient care
- 100% *(100%) for accident and emergency care
  (* year end figures to be confirmed mid May)

In 2012/13 the Trust's performance in respect of the quality of data exceeded national targets (tbc mid May)

Southern Health Information Governance Assessment Report overall score for 2012/13 was 75% and was graded satisfactory green level 2. This shows a slight improvement on the 2011/12 overall score of 73% which was also graded green.
Southern Health was not subject to a Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Mandated Requirements for Foundation Trusts

This year there is a mandatory requirement for all Foundation Trusts to provide information on a set of mandated requirements appropriate to the Trust and to include national comparison data where made available to the Trust by the Health and Social Care Information Centre. The latter has not made any comparison data available to Southern Health.

The table below shows performance against the mandated requirements.

Prescribed information	2012-13 YTD	Target
100% enhanced Care Programme Approach (CPA) patients receive follow up contact within seven days of discharge from hospital	96.2%	100%
The number of delayed transfers of care per 100,000 inpatient population (All adults aged 18 plus)	0.06	-
The proportion of inpatient admissions gatekept by the crisis resolution home treatment teams.	97.4%	95%
Patient safety incidents reported to the National Reporting and Learning Service*	5106	-
Safety incidents involving severe harm or death	1.8%	-

* - All Mental Health teams report all unexpected deaths as Patient Safety Incidents with a actual impact grading of Catastrophic until further investigation reveals that there were no shortcomings in care which may have contributed to the death.

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Part 3 - Southern Health's approach to quality

Southern Health's approach to quality supports the Trust's overall aim of providing high quality, safe services which improve the health, well-being and independence of the people we serve. We are committed to meeting essential standards and also to using robust evidence as the basis of improving care. Our work on customer standards and experience has given us robust feedback on our care from those who use our services. In addition we have used research, evidence based care and a focus on outcomes to improve the effectiveness of our services.

In order to deliver safe care, improved clinical outcomes and a better experience for service users we have developed an approach to quality that ensures robust systems and processes are in place, there is a strong culture of innovation and learning and our workforce has the right knowledge and expertise to deliver high quality care. Our approach to quality is led from the Board.

Board leadership

The Board's vision for quality is aligned with the Trust's strategic vision, core values and business strategy. At each Board meeting Directors review measures which indicate how the organisation is performing in relation to quality, safety, clinical performance, finance and workforce. At each Board meeting held in 2012/13 the quality and safety indicators set out in Annex B were discussed and the Trust's performance scrutinised.

All Non-Executive Directors take an active and challenging role at the Board and Board Committees. During 2012/13 the Trust has reviewed its corporate governance structure, to ensure that the Board has appropriate oversight on key matters. This has led to the introduction of a number of reconfigured Committees, including the Quality & Safety Committee, which will oversee clinical governance, including quality and safety; and the Service Performance & Transformation Committee, which will monitor the Trust's strategic action plan, and consider the quality impact of various proposed initiatives. In addition, the Audit, Assurance & Risk Committee has oversight of reports from internal and external audit, and is charged with providing the Board with assurance on the Trust's system of internal control. The Board has been clear throughout the year that any examples of poor quality or performance must be tackled swiftly and purposefully.

Assurance and governance

The Trust has continued the process of standardising and strengthening the infrastructure, systems and procedures across the Trust following the merger between Hampshire Partnership NHS Foundation Trust and Hampshire Community Health Care on 1 April 2011. This has included external and internal reviews of risk management, assurance and governance as well as inspections of our clinical services.

The Trust completed a detailed quality of care review of former Oxfordshire Learning Disabilities Trust services with all inpatient sites visited prior to acquisition on 1 November 2012. Recommendations made by the review are being and will continue to be implemented in 2013/14. The former Oxfordshire Learning Disabilities Trust is now managed within Southern Health Learning Disabilities and TQtwentyone (social care) divisions with a process of standardising and strengthening the infrastructure, systems and processes under way.

Workforce development

We remain mindful of the impact that effective staff engagement and workforce development has upon the quality of patient experience and outcomes. For this reason, we continue to invest in both these elements.

One key component of our staff engagement programme is the competency-based appraisal process with a new scheme launched in April 2012 and significant emphasis placed on this becoming fully embedded as it not only underpins the business planning process and enables staff members to appreciate their contribution

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to the organisation's overall strategic priorities but also provides the mechanism by which personal development plans are agreed. The annual staff survey is another key engagement tool with results showing 91% of our workforce have had an appraisal in the past 12 months, with 72% having clear, planned goals and objectives for their job.

Achievements and innovation on the part of our workforce, both individual staff members and teams, continue to be recognised and rewarded through the course of daily activities and then more formally at the annual Star Awards event.

Our development programmes ensure we support staff to deliver high quality care and develop strong leadership skills. The Trust ensures its staff are equipped with the core skills and knowledge they need to deliver high quality care through a comprehensive staff training programme which incorporates essential (statutory and mandatory) training, clinical competency based courses and developmental opportunities. We have a strong development in our bands 1-4 healthcare support workers and administrative staff with diplomas, apprenticeships, foundation degrees and internal course all available. We will be continuing this training and development and reviewing this in the light of the Francis report and its implications on these core workers within our Trust.

Compliance with essential training is monitored regularly and a monthly report submitted to the Board for assurance purposes. Any emergent areas on non-compliance are addressed swiftly and the necessary remedial action taken to ensure the training programmes remain both accessible and relevant to our workforce.

We consider developing our staff, leaders and managers to be a high priority and continue to invest in leadership development with 600 staff completing the 'Going Viral' leadership programme by December 2013 and a talent management programme launched in 2012; this will ensure that individuals are supported to maximise their potential and there is an effective system in place to support succession planning within the organisation.

Organisational learning

Southern Health recognises the importance of organisational learning in developing safe effective services and the sharing of good practice. In 2012 a new post 'Head of Quality and Organisational Learning' was created to lead on this. An outline Organisational Learning strategy has been developed and will be rolled out across the Trust in the coming year.

Southern Health has implemented a programme of work to ensure we learn from all information and feedback about our services, including complaints, incidents, clinical audits, CQC and mock CQC inspections and performance indicators. These have influenced the selection of some of our quality indicators for 2013/14.

Information has been triangulated to identify themes where action may be needed and shared with clinical services and managers. The sharing of learning and good practice across the Trust is encouraged, for example, the falls prevention team used key learning points from a review of all falls resulting in serious harm to develop scenario based training on the wards to improve falls prevention.

Measuring quality

The Board cannot rely on an annual account of quality as its sole mechanism for assuring itself about the quality of services provided within the Trust. Therefore at each Board meeting a broad set of quality indicators is reviewed and monitored via the Integrated Quality, Finance and Performance dashboards shown in Annex B. These indicators are made publicly available as part of the published Board papers and are on our website (www.southernhealth.nhs.uk).

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Annexes to the Quality Account

Annex A: dashboard showing Trust wide results for local indicators

Annex A - Southern Health NHS Foundation Trust Quality Indicators for 2012-2013

The following report summarises quarter 1, quarter 2, quarter 3 and quarter 4 data that outlines SHFTs progress against the Quality Account (2012 - 2013).

Report period From Apr-12 to Mar-13 **Month of issue:** Apr-13

Version: 2
Version Date: 29/04/2013
Author: JS

Data source: Modern Matron Walk Around tool, Safeguard, SHFT Patient Experience report

All indicators to be achieved by April 2013

Indicator	Quarter 1				Quarter 2				Quarter 3				Quarter 4				End of Year	Rag ratings:		
	April	May	June	Q1 summary	July	August	September	Q2 summary	October	November	December	Q3 summary	January	February	March	Q4 summary				
Improving Patient Safety																		[illegible]	[illegible]	[illegible]
1. Incidents involving patient violence resulting in physical injury to reduce by 10% (excluding former Ridgeway Partnership) *Data source: Ulysses Safeguard*	79	68	39	186	49	61	56	166	31	53	52	136	48	45	46	139	-14.8%			
2. 100% of medicines reconciliations completed within 72 hours of admission to an inpatient unit *Data Source: SHFT Pharmacists*	81%	77%	68%	76%	72%	75%	72%	73%	78%	68%	73%	73%	78%	75%	67%	73%	74%	< 60%	60 - 84%	85 - 100%
3. 100% of patients where there was an appropriate use of an early warning system *Data Source: Clinical Audit*															69%		See individual audit scores	Clinical Audit in March 2013, not RAG rated.		
Participating divisions															Trust Wide					
Improving clinical outcomes																				
4. 100% of patients identified as being at risk of skin damage will have a care plan to reduce the risk of developing a pressure ulcer or other skin damage *Data Source: Clinical Audit*									ICS CH: 67% OPMH: 34%						ICS CCTs: 94%		See individual audit scores	Clinical Audits in October 2012 and March 2013, not RAG rated.		
5A. 95% of patients identified to be at the end of life (within 1 year) to have an End of Life Care Pathway* *Source: CICS/RIO*	67%	72%	60%	68%	66%	60%	64%	57%	73%	61%	67%	63%	67%	60%	100%	61%	68%	< 50%	50 - 79%	80 - 100%
5B. Proportion of patients dying in Hampshire on an End of Life Care Pathway ** *Source: CICS/RIO*	57%	57%	50%	55%	54%	48%	43%	47%	38%	33%	31%	31%	31%	24%	0%	18%	39%			
6. 85% of Matrons Walk Round results can demonstrate evidence of a structured handover tool in the service area *Data source: Modern Matron Walk Round Tool*	100%	100%	100%	100%	100%	100%	100%	100%	95%	97%	95%	96%	57%	100%	100%	94%	95%	< 75%	75 - 84%	85 - 100%
Participating divisions	ICS CH	ICS CH	ICS CH	ICS CH	ICS CH	ICS CH	ICS CH & MHLD	ICS CH & MHLD	ICS CH & MHLD	ICS CH & MHLD	ICS CH & MHLD	ICS CH & MHLD	ICS CH, CCTs & MHLD	ICS CH, CCTs & MHLD	ICS CH, CCTs & MHLD	ICS CH, CCTs & MHLD	ICS CH, CCTs & MHLD			
Improving Patient Experience																				
7. 100% of in-patients with a physical healthcare assessment (MHLD only) *Data source: Modern Matron Walk Round Tool*	Tool under development						81%	81%	99%	79%	89%	89%	No data collected	97%	98%	97%	91%	< 75%	75 - 84%	85 - 100%
8A. Use of a patient reported outcome measure in all services across the Trust *Data Source: Divisional Reports*	Provided as a narrative by divisional report in the Quality and Safety Committee - January 2013												90%				90%			
8B - Use of patient experience surveys to ask 'How would you rate your experience of our service as a whole? *Data source: Patient Experience Report*	Survey launched in May	97.2%	93.4%	95.1%	96.5%	97.0%	93.7%	95.9%	96.5%	93.7%	94.9%	94.9%	94.4%	94.4%	96.4%	95.3%	95.3%	< 95%	> = 95%	
9A. 100% of service users have a care plan that has been developed with them and/or their main carer Data Source: Divisional Reports									72%	84%						62%	See individual audit scores			
Participating divisions									ICS CH	AMH, OPMH & SS						ICS CCTs				
9B. Use of patient experience surveys to ask 'were you involved in decisions about your care? *Data source: Patient Experience Report*	Survey launched in May	95.5%	89.6%	92.2%	94.2%	94.7%	93.2%	94.1%	92.9%	92.0%	91.3%	92.0%	93.2%	91.8%	94.0%	93.1%	92.9%	*As these scores are dependant on the Standard Deviation of other scores in the Patient Experience Survey, it is not possible to RAG rate these scores without the wider context.*		

* - This is the number of patients known to the Trust that are on an End of Life Care Pathway (Either GSF or LCP). Other pathways are used but are their use is not currently captured on a system so are not reported.
** - This looks at the wider perspective of End of Life care, and shows the proportion of patients dying in Hampshire with a long term condition that are on an EOL pathweay with SHFT.

Report produced by SHFT Information Team

Annex B – Progress against strategic objectives - March

Trust Strategic Key Performance Indicators — Version 1.0

To ensure we meet our quality & safety, operational performance and financial obligations

		Target	11/12 outturn	Mar-13	Trend			YTD 12/13
					Dec	Jan	Feb	
Safety / Quality	C Difficile year to date infections (quoted against in year target)	<8	7/10	5/10	3/7	4/8	5/9	5/10
Safety / Quality	SIRI – Suicides (quoted against monthly rolling 2 year average)	up/down	3.58	-11.5%	-5.6%	-3.4%	-5.6%	-11.5%
Safety / Quality	SIRI – Injurious falls (quoted against monthly rolling 2 year average)	up/down	2.5	3.2%	5.2%	5.2%	5.2%	3.2%
Safety / Quality	SIRI – Grade 3 and 4 Pressure Ulcers (quoted against monthly rolling 2 year average)	up/down	17.58	8.3%	8.8%	8.3%	9.0%	8.3%
Financial	Financial risk rating	>= 3	3	3	3	3	3	3
Financial	Income v Expenditure margin (Financial YTD)	>= 1.3%	1.5%	1.5%	1.5%	1.9%	1.9%	1.5%
Financial	Recurrent CIP achievement (Financial YTD)	>= 90%	68.5%	76.0%	72.0%	72.0%	74.0%	76.0%
Regulator	% Monitor indicators compliant (Financial YTD)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Patient experience	% Patients rating service as good or excellent	>= 95%		96.4%	94.9%	94.4%	94.8%	95.2%

Transforming our services

		Target	11/12 outturn	Mar-13	Trend			YTD 12/13
					Dec	Jan	Feb	
ICS Adults	% Appropriate ICS Community Care delivered in clinic setting	>= 75%	new	Unable to currently report due to validity of available data				
ICS Adults	% of CCTs conducting Multi Disciplinary caseload review meetings (i.e. Primary Care, Social Care etc)	>= 90%	new	Unable to currently report due to validity of available data				
ICS Child	Call to action Health Visiting recruitment (quoted as % against plan)	100.0%	98.8%	100.1%	105.1%	106.1%	103.1%	100.1%
AMH	AMH bed utilisation	>=85%	new	94.0%	91.6%	92.4%	95.6%	93.2%
AMH	AMH Service re-design (quoted as % beds against plan)	>= 90%	new	100.0%	100.0%	100.0%	100.0%	100.0%
OPMH	OPMH bed utilisation	50-80%	63.3%	74.7%	66.9%	72.7%	64.1%	67.6%
OPMH	OPMH Service re-design (quoted as % beds against plan)	>= 90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
TQ21	YTD TQTwentyOne growth of service (quarterly)	>= 9%	new	8.6%	7.9%	8.6%	8.6%	8.6%
LD	Learning Disabilities progress to transaction plan	G	G	G	G	G	G	G

Developing our people and their leadership capability and capacity

		Target	11/12 outturn	Mar-13	Trend			YTD 12/13
					Dec	Jan	Feb	
Workforce	Vacant posts (excluding TQ21)	<= 5%	7.5%	6.4%	7.6%	6.9%	7.0%	6.4%
Workforce	% Turnover with less than 12 months service (rolling year)	<=2.5%	1.7%	2.0%	1.9%	1.9%	2.0%	2.0%
Workforce	% agency and bank (rolling year excluding TQ21)	<= 3.5%	7.3%	7.7%	7.9%	7.9%	7.9%	7.7%
Workforce	% sickness absence	<= 3.5%	4.3%	4.3%	5.3%	5.4%	4.9%	4.6%
Workforce	% being managed through formal HR process	up/down	1.9%	2.6%	3.1%	2.9%	2.7%	2.7%
Workforce	% appraisal within 12 months	>=95%		85.7%	86.9%	86.3%	86.2%	85.7%
Rostering	Safety (Utilising 2 individual indicators, assigning a score of 0 - Red, 2 - Amber, 3 - Green to each one)	>=4	0.5	0	0	2	0	0
Rostering	Effectiveness (Utilising 4 individual indicators, assigning a score of 0 - Red, 2 - Amber, 3 - Green)	>10	9.75	10	10	10	10	10
LEAD	% Band 7 & 8 leaders & Medical Workforce in leadership development (quoted as % against plan)	>= 90%	new	93.3%	95.0%	94.8%	92.8%	93.3%
LEAD	% Staff with specified statutory training up to date	>= 90%		46.3%	49.2%	50.4%	50.6%	46.3%

Developing our organisation

		Target	11/12 outturn	Mar-13	Trend			YTD 12/13
					Dec	Jan	Feb	
Research	% Patients recruited for research studies (quoted as % against plan, quarterly and in arrears)	>= 90%	109.0%	134.8%	110.1%	110.1%	110.1%	134.8%
Engagem't	% Positive media coverage	>=55%	new	60.0%	66.0%	69.0%	89.0%	60.0%
Business	Successful strategically aligned bids in the last 12 months	>= 60%	new	92.0%	92.0%	92.0%	92.0%	92.0%
Estates	Estate rationalisation (Income per m^2) quoted against 4% year end reduction	>=4%	new	4.7%	3.3%	3.3%	3.3%	4.7%
Estates	Overall % of critical aspects of the estate that is at the required standard (6 facet survey)	>= 90%	new	83.0%	83.0%	83.0%	83.0%	83.0%
Health Technology	% of sites enabled to support flexible working (wirelessly enabled, quoted as % against plan)	>= 90%	100.0%	168.0%	146.0%	149.0%	152.0%	168.0%
Health Technology	% of appropriate staff able to work remotely (quoted as % against plan)	>= 90%	100.0%	98.5%	71.0%	83.2%	92.1%	98.5%
Data Quality	Mental Health Minimum Data Set : Identifiers	>= 99%	99.5%	99.7%	99.6%	99.6%	99.7%	99.7%
Data Quality	Mental Health Minimum Data Set : Outcomes compliance	>= 50%	82.8%	83.1%	81.4%	83.0%	79.6%	84.5%
Data Quality	Community Data Set compliance	>= 50%	89.3%	94.3%	93.8%	92.8%	93.3%	92.9%

Achieving stretch | Achieving target | Failing target

Monitor Dashboard

March 2013 | Version 1.0

Performance Corporate Indicators : Monitor Quality Outcomes

Indicator	Target	YTD Act	YTD Vol	3 month actual	Trend	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
% of patients experiencing a delayed transfer of care within a Mental Health Inpatient facility	5.0% / 7.5%	3.0%	5,139	2.8%	▼ (green)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)
% of patients receiving a 7 day follow up	97% / 95%	97.5%	1,651	96.5%	▲ (green)	● (green)	● (blue)	● (green)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (red)	● (green)	● (green)	● (green)
% of patients receiving a 12 month review	97% / 95%	97.3%	32,214	96.7%	▼ (red)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (green)	● (green)	● (green)	● (green)
% gatekeeping compliance for inpatient admissions	97% / 95%	97.5%	1,085	97.5%	▼ (red)	● (blue)	● (green)	● (green)	● (blue)	● (green)	● (green)	● (blue)	● (green)	● (blue)	● (blue)	● (blue)	● (green)
EIP new referrals	100% / n/a	130.9%	201	148.4%	▼ (red)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (red)	● (blue)	● (red)	● (blue)	● (blue)	● (red)
Mental Health Minimum Data Set - Identifiers	99.5% / 97.0%	99.7%	1,585,125	99.6%	▲ (green)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)
Mental Health Minimum Data Set - Outcomes	60% / 50%	84.5%	126,559	81.8%	▲ (green)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)
Community Data Set compliance	60% / 50%	92.9%	6,324,313	93.5%	▲ (green)	new	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)
Infection Control (Community C Difficile)	10 / n/a	5	n/a	2	◄	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)
Access to Care : Learning Disabilities	n/a / n/a	G	n/a	G	n/a	● (green)	● (green)	● (green)	● (green)	● (green)	● (green)	● (green)	● (green)	● (green)	● (green)	● (green)	● (green)
Access to Care : Admitted 18 week wait	94% / 92%	96.4%	5,918	97.1%	▲ (green)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)
Access to Care : Non admitted 18 week wait	97% / 95%	99.8%	24,582	99.7%	▼ (red)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)
Access to Care : Incomplete pathways within 18 weeks	94% / 92%	99.7%	49,437	99.7%	▼ (red)	new	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)
A&E attendances completed within 4 hours	97% / 95%	99.6%	22,489	99.5%	▼ (red)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)	● (blue)

Annex C: The Oxfordshire Learning Disability Trust (Ridgeway Partnership) Priorities for Improvement 2012/13

The Priorities for Improvement 2012-13 for Ridgeway Partnership were identified through consultation and involvement with service users, carers, staff and other key stakeholders as well as responding to national priorities for learning disability services. Planning for the merger with Southern Health NHS Foundation Trust provided opportunity to meet with different groups of stakeholders to discuss what improvements people considered were a priority for the next year and these were translated into the Priorities for Improvement 2012-13 which were signed off by the Ridgeway Partnership Trust Board in May 2012. The Quality Accounts were published by 30th June 2012 and the monitoring of the Priorities for Improvement was reported to Trust Board in July and October 2012 as part of the quarterly quality report. Ongoing reporting has occurred in January and April 2013 as part of the overall trustwide Quality Report for Southern Health and service lines have been implementing the priorities as part of their development plans.

The Priorities were felt to be achievable at the start of the year and overall there has been good progress made. Some areas have been impacted by the work required for the merger and the new Learning Disability Divisional Management Group is working with teams to support the continued implementation of development plans and the priorities.

1. Safety

Priority	Rationale	Monitoring	Outcome	Progress
1. To continue to deliver high quality services that safeguard essential standards for service users	To ensure that services are built on the development of therapeutic relationships between staff and service users.	**1A. Dignity in Care:** Q1: Dignity Champion to be established in each area of the service within Bucks– A&T; AOT/ Intensive Support/ LDT's (North & South). Q2: To undertake The Dignity Challenge (SCIE Dignity in Care Practice Guide) in each area of service. Q3: Appropriate Dignity in Care training to be identified and rolled out across all areas of service. 80% of all staff to be trained. Q4: Undertake an annual survey of patients/ service users asking about dignity, quality of care/treatment.	The ethos and objectives of the national Dignity in Care campaign are embedded across all areas of the service	All actions were implemented within the specified timescales. Report to be completed April – June 2013

	To ensure that practice is based on the best available evidence. To ensure that staff are provided with the appropriate knowledge to support service users with this complex health need.	**1B. Dysphagia Awareness** • Speech and Language Therapists (SALT) to review Trust Dysphagia guidelines in line with NPSA recommendations and present these to the Research and Development Committee for approval. • SALT to lead the development of Information sheets and guidelines re: planning menus and foods to avoid when managing risks around dysphagia and choking. • To increase the number of staff attending training in Dysphagia, led by SALTs. To be monitored through an audit of training figures. • Guidelines on supporting people with Dysphagia within ELPs to be reviewed by Professionals at a maximum of 3 yearly intervals. Monitoring to be built into the clinical audit plan 2012-13.	Good practice guidelines re: supporting service users with Dysphagia are approved in line with national best practice and embedded across the Trust.	• Guidelines re: risks of Dysphagia have been written and are in place for Social Care. • Posters re: raising awareness of early warning signs for dysphagia are in place across Social Care. • Following assessment, and confirmed diagnosis / level of dysphagia, guidelines and menus are provided. • A priority Training list has been identified. Social Care training weeks now include a refresher course. Training figures demonstrate that attendance has increased. • Reviews are now to be triggered by Care Service Leaders when a 3 year review is required and a referral to SALT is made. • Auditing of reviews to be included in Audit of Person Centred Plans
	To promote the importance of policies, procedures and training in relation to Safeguarding across the Trust, following the Internal Review of Quality and Safety in	**1C: Safeguarding** • Managers to incorporate discussions around safeguarding scenarios into regular supervisions sessions • Audit of safeguarding training to be extended to senior managers. • Re-audit of safeguarding training to be undertaken in 6 months. Comparison of data will identify if areas in need of development have improved.	Staff will demonstrate increased awareness and understanding of safeguarding policies and procedures.	• Safeguarding Scenarios have been incorporated into regular supervision sessions within Social Care. • The Re-Audit of Safeguarding was reviewed in light of the Merger with Southern Health. It was felt that the value of the audit would be limited due to the change in Policy from the Ridgeway Partnership to Southern Health. These changes would need to be embedded in practice before an

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	response to the Winterbourne View revelations.			audit was undertaken. Assurance has been provided by Health and Social Care Service Managers that the recommendations made in the Safeguarding Audit Report have been implemented. Safeguarding is part of the Southern Health Audit Plan and will be undertaken in the future via SNAP, managed by the Audit Team.

2. Effectiveness

Priority	Rationale	Monitoring	Outcomes	Reporting
2.To improve the effectiveness of assessment and care planning processes across services	To maintain the continuity of effective assessment, care planning and review processes in the transition from paper to electronic records. The need to streamline processes and reduce duplication of paperwork in order to ensure that all service users receive care based	**2A. Core Standards for Assessments and Care Planning** • To define core standards re: the documentation of assessments, risk assessments and care planning for service users receiving health services. • To re-audit Assessments, Risk Assessments, Care Plans and CPA across in-patient services. To compare data with audit undertaken in 2011-12 in order to measure progress against agreed action plan and identify where further action is required. • To audit Assessments, Risk Assessments, Care Plans and CPA across LDTs.	• For service areas to clearly define core standards re: assessment and care planning processes that will inform the development of the Service User Care Pathway. • Greater consistency in service user's journey through services. • All service users to have all relevant assessments, risk assessments, care	• Standard Operating Procedures for documenting assessments, risk assessments and care plans on RiO have been reviewed and updated for In-Patient Services. • The Re-audit for In-Patient Services has been completed. Data has been analysed comparing results with the audit undertaken in 2011-12. Final reports have been written and will be discussed with Team Members to develop action plans. The Final Reports and agreed action plans will be taken to the Specialist Health Services Managers Committee and the LD Service Board for approval,

	on identified needs and that all service users are offered the same pathway through services.	• To audit Person Centred Risk Assessments and Person Centred Plans against national benchmarks across Social Care.	plans and CPA management processes documented on RIO (Health Services only). • For Person Centred Risk Assessments and Plans to be in line with National Benchmarks.	ensuring actions link with Trust wide developments re: RiO and CPA processes. • The Audit across LDTs has been put on hold following the merger with Southern Health. The audit tool is to be revised for use of SNAP and integrated with existing Southern Health Audits.
	Within the Forensic Service, there is a need to ensure that service users are accessing the right facilities with the right level of security to support reduced length of stay (QUIPP Target)	**2B. Reduced Length of Stay** To audit the number and outcome of gatekeeping assessments completed the length of stay for all individuals and delayed discharges waiting list.	Data will demonstrate that overall length of stay has been reduced.	• Feedback to Quality Priorities Forum, Divisional Heads meetings, TME and Trust Board. • Commissioners are assured that the processes that are in place are working effectively to ensure that periods of admission are appropriate to the needs of the patient. At this stage it is not possible to determine if the Gateway Assessments are having a direct impact on length of admission.

3. Service User Experience

Priority	**Rationale**	**Monitoring**	**Outcomes**	**Reporting**
3.To increase recorded	To ensure that the broad range of	**3A. Documented evidence from Service Users** • Establish a baseline of existing documented	• An increase in the	• The Annual Service User

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evidence of service user's experience and involvement in their own care	approaches used on a daily basis to involve service users in their care are captured in a meaningful way and documented within their care records.	evidence of service user experience by end of May 2012. To review evidence base in 6 months to measure if this has increased. • Audit the Implementation of a Decision Making Matrix for service users across Social Care in October 2012. • Service user survey for Oxfordshire LDT's reviewed in terms of content and purpose. Data to be analysed once revised form introduced. Findings will be used to influence practice. • Essence Climate audit to be completed in Forensic Services to monitor service user's feelings of safety within the environment. • To explore new opportunities for service user engagement in service development.	documented evidence of service user involvement in their own care. • Development of clear processes for the recording of service user experiences, how these are collated and applying learning from feedback. • Questionnaire implemented by LDTs that is meaningful for service users, carers and providers and influences changes to practice.	Experience Report was taken to Trust Board in June 2012 providing an overview of existing documented evidence. The evidence base was not formally reviewed and reported following the merger with Southern Health. Re- Audit of Assessments, Risk Assessments and Care Plans has been completed. Audit of Decisions Making Matrix and Service user survey for Oxfordshire LDTs being completed on a regular basis. • The opportunities for further developing service user engagement across the new LD Division form part of the Development Plan.

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Annex D Feedback received form our Commissioners and Governors

Feedback from Southampton Healthwatch

"Southampton Healthwatch public engagement Steering Group is pleased to be given the opportunity to comment on the Quality Accounts of the Trust. The trust provides mental health services in Southampton and has a major inpatient treatment unit at Antelope house with many other services provided just outside the City boundary but accessed by its residents as required.

Whilst supporting the local indicators for 2012/13, we were pleased to see the two additional measures included for patient satisfaction.

The report is comprehensive and as far as we can judge covers all necessary aspects with no obvious omissions. Overall, fair and good progress has been made on the previous year's figures in most areas with the average risk rating meeting its target; we are particularly pleased that progress has been made in the Productive Ward programme and reducing the number of patient-violent incidents. The 25% drop in the number of suicides and the 50% drop in attempted suicides were especially pleasing results. However, there is still room for improvement and we hope will be pursued in the coming year. We are pleased that the trust has acknowledged the challenge of medicine reconciliation within 72 hours of admission to inpatient care and hope that it will achieve the target for 2013/14.

It is disappointing that the clinical audit of Old People's Mental Health showed that only 34% of those at risk of pressure ulcers had a pressure ulcer prevention plan. We hope the Trust strives to achieve its target in 2013/14.

A response rate of 38% to the 2012 NHS Community Mental Health Services User Survey, and one of highest rates in the country, is very good and it is pleasing that the majority of responders rated the care they had received favourably.

We are pleased that the Trust maintains a dedicated Complaints and Patient Advice and Liaison (PALS) team and seeks to learn from concerns and complaints. It is however disappointing that 36 % of complaints were about clinical and nursing care.

Unfortunately Southampton LINk was not asked to participate in the PEAT inspections so find it difficult to comment on the reported scores. We fully support the 'mini CQC inspection' process and had hoped to be included by providing at least one independent person on some of the visits. Regrettably, although we attended the original session, this was not followed up we understand due to staff changes. We hope Southampton Healthwatch will be involved in PLACE inspection of Antelope House and other sites involving Southampton residents.

We support the Quality Improvement targets for 2013/14 and wish the Trust well in their efforts to achieve them."

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Hampshire Healthwatch

Responded they were unable to comment on the 2012/13 Quality Account as they were only newly formed.

Hampshire Overview and Scrutiny Panel

Responded that they did not contribute to the Quality Account of any of the NHS bodies it works with.

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Annex E: Statement of directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations 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 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 report.

In preparing the Quality Report directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - *Board minutes and papers for the period April 2012 to June 2013*
  - *Papers relating to Quality reported to the Board over the period April 2012 to June 2013*
  - *Feedback from the commissioners dated xxxxxxxxxx*
  - *Feedback from governors dated xxxxxxx*
  - *Feedback from local Healthwatch organisations dated xxxxxxxx*
  - *The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated xxxxxxxx*
  - *The (latest) national patient survey xxxxxxx*
  - *The (latest) national staff survey xxxxxxxx*
  - *The Head of Internal Audit's annual opinion over the trust's control environment dated xxxxxx*
  - *CQC quality and risk profiles dated xxxxxxxx*

- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the Quality Report 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 proper scrutiny and review; and the Quality Report has been prepared in accordance with Monitors annual reporting guidance (which incorporates the Quality Account regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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

By order of the Board

NB: sign and date in any colour except black

…………………………………Date …………………………………………Chairman

…………………………………Date …………………………………………Chief Executive

Annex F

Glossary

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AMH - Adult Mental Health – a directorate within the Trust that delivers services to working age adults.

CAS - Department of Health's Central Alerting System.

CCGs - Clinical Commissioning Groups - groups of GPs that will, from April 2013, be responsible for designing local health services In England.

Commissioners - organisations that fund local health and social care.

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.

DeNDRoN - Dementias & Neurodegenerative Diseases Research Network.

DoH - Department of Health.

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 Mental Health, Learning Disability and Social Care 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 positive difference to service users lives.

HoNOSCA - The Health of the Nation Outcome Scales for Children and Adolescents.

Hospital at home - is a team which works closely with the acute inpatient service, which together will form the acute care pathway.

HOSC - Health Overview & Scrutiny Committee – a committee of elected members of the local authority who have responsibility for scrutinizing and approving proposals for change in health service provision.

ICS - Integrated Community Services - the part of Southern Health NHS Foundation Trust which was formerly Hampshire Community Health Care.

IMROC - Implementing Recovery Through Organisational Change.

LD - Learning Disabilities.

LINks - Local Involvement Networks – an independent organisation with responsibility to represent service users, carers and the local population.

MARC - Memory Assessment & Research Centre.

MEWS - Modified Early Warning Scores.

MH - Mental Health services - a part of Southern Health NHS Foundation Trust.

Monitor - Monitor is the independent regulator of foundation trusts.
It authorises and regulates NHS foundation trusts and supports their development, ensuring they are well- governed and financially robust.

Never Events - the term for serious patient safety incidents considered largely preventable if good practice and preventative measures available in the NHS had been implemented.

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.

National Institute for Health Research - an independent organisation with responsibility for research in the NHS.

NHS - National Health Service.

NHS Protect - the NHS organisation that leads on a wide range of work to protect NHS staff and resources from crime.

OLDT - Oxfordshire Learning Disability

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NHS Trust.

OPMH - Older People's Mental Health services, a part of the Southern Health NHS Foundation Trust that delivers services to people aged 65+.

PALS - Patient Advice & Liaison.

PCT - Primary Care Trust - a type of NHS trust which may commission primary, community and secondary care from providers.

RIDDOR - Reporting of Incidences, Diseases and Dangerous Occurrences Regulations -RIDDOR places duties on the Trust as an employer (the Responsible Person) to report serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

RiO - Southern Health's electronic patient records system.

SBAR - Situation, Background Assessment Recommendation.

Service redesign or transformation – changing how we provide our health and social care services.

SHA - Strategic Health Authority – the main purpose of a SHA is to ensure both that there is a continuing improvement in the health of the local population and that local healthcare services are directed to meet its needs.

SHIP - Southampton City, Hampshire, Isle of Wight and Portsmouth City PCT cluster.

SIRI - Serious Incident Requiring Investigation – such as unexpected death, medication, errors, grade 4 pressure ulcers.

Southern Health - Southern Health NHS Foundation Trust.

The Trust - Southern Health NHS Foundation Trust.

TQtwentyone – the name of the Trust's social care service that provides services for people with learning disabilities and people with mental health needs.

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Annex G – Feedback and involvement form

Quality Account Feedback Form 2012/13

Use this form to tell us what you think about this report and what you would like us to include in our report next year.

1. Who are you?

Member of staff ☐ Patient or family member/carer ☐ Governor/ Member of the Trust ☐

Other please specify: ____________________

2. What did you like about this report?

3. What could we improve?

4. What would you like us to include in next year's report?

5. Are there any other comments you would like to make?

6. Are you interested in becoming a member of Southern Health NHS Foundation Trust? If so please provide your name and address:

Thank you for taking the time to read this report and give us your comments.

Please post this form to:

Associate Director of Governance,
Southern Health NHS Foundation Trust,
Maples, Tatchbury Mount,
Calmore, Southampton,
Hampshire SO40 2RZ