

## Proposals for the Hampshire Partnership NHS Foundation Trust's 2010/11 Quality Accounts

### Briefing for HOSC

#### 1.0 Background

The directors of the Hampshire Partnership NHS Foundation Trust are required under the Health Act 2009 and the NHS (Quality Accounts) Regulations 2010 ("the Quality Accounts Regulations") to prepare Quality Accounts for each financial year.

In February 2010, the Department of Health (DH) published guidance for the production of 2009/10 Quality Accounts (The framework for Quality Accounts: A consultation on the proposals). Until guidance is published for the 2010/11 Quality Accounts, it has to be assumed that the requirements will be the same as in 2009/10, and is therefore likely to include:-

- **A statement from the Board**, including an overall statement of accountability;
- **Priorities for quality improvement** – confirmation that we have identified key improvement priorities and the monitoring and reporting arrangements we have in place to track progress;
- Review of quality performance – confirmation that we have set at least **three indicators for each of the domains of quality** (e.g. safety, effectiveness and personal); we have reviewed the range of our services with a view to developing a quality improvement plan; and we have demonstrated that we monitor quality by participating in {national} clinical audits;
- **Research and innovation** – confirmation that we participate in clinical research and use the CQUIN payment framework;
- **What others say about us** – a statement on our CQC registration (e.g. whether conditional), and of any concerns arising from periodic and/or special reviews; and a statement from Local Involvement Networks (LINKs) and primary care trusts (PCTs);
- **Data quality** – a simple data quality score.

#### 2.0 What next?

In previous years, the Trust has established a bespoke group with membership from staff, service users, carers, Governors and Commissioners to consider, agree and recommend to the FTExe priorities for quality improvement and indicators for each of the domains of quality. The priorities and indicators have then been subject to wider consultation via briefings, articles in Trust publications, the Trust's website and a questionnaire.

This year, to encourage wider staff and service user involvement and to promote smart thinking by ensuring that this work is linked to existing work streams, the Operational Directorates (Adult Mental Health, Older Persons Mental health, Learning Disabilities, Specialised Services and Social Care) are choosing and nominating their:-

1. Priorities for quality improvement
2. At least one indicator for each of the domains of quality (safety, effectiveness and personal)

This work is being undertaken via existing clinical governance structures and service user and carer groups. This approach is being promoted to staff and users/carers via articles in newsletters, the Trust's website, the Governors portal and a briefing to Governors. Once the Operational Directorates have nominated priorities and indicators, these will be considered by an overarching committee (FTExe) with responsibility for approving a final list, which will then be subject to consultation with the following stakeholders:

- Staff;
- Service users, carers;
- Governors;
- Commissioners;
- LINKs;
- The public.

This approach was endorsed by the FTExe on 24<sup>th</sup> August 2010.

The following guidance was issued to the Operational Directorates to help with the selection of quality improvement priorities and quality indicators:-

- The primary audience of our Quality Account is the public
- **Priorities for improvement** – this is our opportunity to show clearly our plans for quality improvement within the Trust and why we have chosen certain priorities.
- The description of the quality priorities must include
  1. At least 3 priorities (for the whole Trust)
  2. How progress to achieve the priorities will be monitored and measured
  3. How progress to achieve the priorities will be reported.
- **Quality Indicators** – a selection of indicators that covers both organisational (e.g. healthcare acquired infection rates) and service specific indicators of quality. Choose indicators that cover the three domains of quality (patient safety, clinical effectiveness and patient experience). Explain why and how you have chosen certain indicators. It is good practice to clearly define the indicator, identify how and by whom it is collected, why it was chosen, what the results mean to the Trust and what the results may mean to service users or readers of our Quality account.
- The quality indicators do not need to be linked to the quality improvement priorities.
- The Quality Account should be reflective of all the services the Trust provides, therefore each directorate is being asked to nominate at least one priority and one indicator.
- Templates for recording your directorates chosen quality priorities and quality indicators have been provided.
- For your information, examples of previous year's quality priorities and quality indicators have been provided.
- This work is to be completed by 12<sup>th</sup> November 2010.

Finally, the Trust has given consideration to the proposed format and content of our 2010/11 Quality Account, which has been informed via:

- The SHA's review of the 2009/10 Quality Accounts
- The PwC internal review of the Trust's 2009/10 Quality Accounts

- Internal comments relating to our 2009/10 Quality Account.

For example, the inclusion of patient stories in our 2009/10 Quality Account has been well received by service users, carers and the public. In addition, each year the Trust has produced a user-friendly summary of our Quality Accounts, which has also been well received (as example is shown in Appendix 1).

4<sup>th</sup> October 2010  
Ruth Pullen  
Interim Deputy Director of Governance

**Appendix 1** – User-friendly leaflet summarising the Trust’s 2009/10 Quality Account.

## Summary of Our 2009/10 Quality Account

A Quality Account is a report which demonstrates that the Board regularly scrutinises the quality of all of its services and that the Board is making year-on-year improvements. Quality Accounts look back at our past performance and tells you our plans for the coming year. The full Quality Account is available via our website at <http://www.hampshirepartnership.nhs.uk>.

### Our performance in 2009/10

Targets	Achieved?
Percentage of beds occupied by service users who have not been discharged when expected (Delayed transfers of Care)	
Percentage of service users who were contacted by our services within 7 days of their discharge	
Percentage of service users who have access to crisis resolution/home treatment services	
Percentage of service users in inpatient learning disability services who have a care plan	
Mental Health Minimum Data Set (MHMDS) data completeness – this is a measure of our ability to submit information to national data collections. We will be able to meet this target when we have an electronic patient record - January 2011	
MHMDS - % of discharged patients on CPA that have a care coordinator in place (Patterns of Care). We will be able to meet this target when we have an electronic patient record - January 2011	
Best practice in mental health services for people with a learning disability (Green Light toolkit)	
Campus closure - number of people receiving care in (or discharged from) Learning Disabilities campus who have a discharge plan	
CAMHS - Child and Adolescent mental health services - assessed against 6 elements and given a rating of 1 to 4, 1 being the poorest and 4 the highest level.	
Drug Users in Effective Treatment (Retaining drug misusers in treatment for 12 weeks)	
Participated in 100% of eligible national clinical audits (4) and national confidential enquiry (1)	

 = Target met

 = Target nearly met

 = Target not achieved

# Our plans for 2010/11

These were identified and agreed in consultation with stakeholders (including staff, service user and carer representatives, governors, and commissioners). During 2010/11 we will measure our performance and progress against these priorities.

Priorities	Indicators (how we will measure if we are achieving our priorities)	Initiatives (what we are doing to achieve our priorities)
Maximise safety for service users, staff and visitors	<ul style="list-style-type: none"> <li>● Escape from medium secure units</li> <li>● Slips/Trips/Falls – (a) the number occurring and (b) the number resulting in severe injury</li> <li>● Violence and aggression incidents to (a) patients and (b) to staff</li> </ul>	<ul style="list-style-type: none"> <li>● Revising the risk assessment policy.</li> <li>● Using a safety climate survey in in-patient wards.</li> <li>● Improve Critical Incident Reviews (CIRs - the detailed investigations we do after all serious incidents) by ensuring               <ul style="list-style-type: none"> <li>• CIRs are completed within timescales;</li> <li>• CIRs are independently checked</li> <li>• All recommendations in CIRs are SMART (Specific, Measurable, Achievable, Realistic, and Timely).</li> </ul> </li> </ul>
Improve clinical effectiveness	<ul style="list-style-type: none"> <li>● Under 18's admitted to adult mental health wards</li> <li>● Pressure ulcers – numbers of grade 3 and above developing during admission</li> <li>● Infection outbreaks – (a) the number of outbreaks and (b) how long units are closed due to outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>● Implement a Trust-wide electronic patient record (called RiO)</li> <li>● Introduce the use of clinical outcome measures (HoNOS and HoNOS65+) in community mental health teams.</li> </ul>
Improve the experience of our service users	<ul style="list-style-type: none"> <li>● Average Length of stay</li> <li>● 7 day follow-up</li> <li>● Complaints – (a) the number; (b) how many upheld and (c) themes</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a five year strategy for Patient Experience.</li> <li>● Identify Patient Experience work that is underway.</li> <li>● Look at using the Developing Recovery Enhancing Environments Measure (DREEM) to obtain service user feedback.</li> <li>● Identify and agree patient experience indicators for inclusion in Directorate and Trust dashboards.</li> </ul>

Quality is at the heart of everything we do. Our Quality Account provides a small snap-shot of the information and initiatives we use to improve services. Our progress is checked in the Trust by various individuals and groups, including the Board. Our progress is also checked by other organisations, for example NHS Hampshire, NHS Southampton, Hampshire and Southampton Health Overview and Scrutiny Committees.

**If you would like to get involved in our future plans for quality or have any comments about our Quality Account please contact us via:**

- QI.Team@hantspt-sw.nhs.uk
- 023 8087 4356/4304
- Quality & Governance Team, 6 Sterne Road, Tatchbury Mount, Southampton, SO40 2RZ

