Solent NHS Trust – Quality Account 2015/16

Contents

PART 1: Our Commitment to Quality

1.1   Chief Executive's Welcome

Welcome to our Quality Account for 2015/16. Each year all providers of NHS healthcare services are required to produce an annual Quality Account for publication. I am pleased to have this opportunity to share information on the quality of the services we deliver, the improvements and progress we have made over the past year, and some of our key strategic plans for next year.

Insert full Exec intro

Our focus in 2016/17 will remain on delivering high quality and timely care that improves outcomes. The 'Statement of Directors Responsibilities' at Annex X summarises the steps we have taken to develop this Quality Account and external assurance is provided in the form of statements from our commissioners, local Healthwatch organisations and Joint Scrutiny Committee. The content of this report has been reviewed by the Board of Solent NHS Trust therefore on behalf of the Board and to the best of my knowledge; I confirm the information contained in it is accurate.

Sue Harriman
Chief Executive Officer

1.2   Quality Assurance

As an organisation that seeks to continually improve, we have taken and will continue to take steps to quality assure our current activities in order to maximise the service user experience. Our Trust Board hold ultimate accountability for the quality of services provided by the Trust. In order to ensure that there is a robust quality assurance operating, the Board has established a sub-committee (the Assurance Committee). The Assurance Committee is chaired by a Non-Executive Director and includes other Trust Board members, lead clinicians from all clinical services and corporate leads with responsibility for risk and quality management.

Trust Board members have continued to participate in visits to clinical services which are known as 'Board to Floor' visits. This provides board members with opportunities to triangulate evidence, speak to service users and staff about their experience and to ensure that there is an open and transparent culture within the Trust.

Visits have taken place to the following areas in 2015/16:

Insert visit list

And improvement actions taken following visits (Kathy Providing)

We have also developed a programme of Mock CQC Visits to determine how we rank against the Key Lines of Enquiry and act on information from CQC Intelligent Monitoring.

The Executive team have considered intelligence gathered from a variety of sources including:

- Quality Account Priorities
- Contractual performance indicators from Quality contract
- Commissioning for Quality and Innovation (CQUIN)
- Trust Development Authority (TDA) targets
- CQC intelligent monitoring
- Patient Surveys and feedback
- Staff surveys and feedback
- Quality and Risk reports (Clinical Governance) including incidents, complements and complaints
- Quality Impact Assessment (QIA)monitoring
- Corporate Governance reports -Board Governance Assurance Framework (BGAF) and Quality Governance Assurance Framework (QGAF)

Need comment to finish this off e.g. How we performed and what we have done. Suggest this is where we discuss safe staffing?

1.3 Equality

Underpinning the delivery of the commitments set out in this Quality Account – in particular, the five quality improvement priorities identified in Part 4 – will be an on-going focus on promoting equality. We will aim to improve the quality of service, access and outcomes for service users of all protected equality characteristics. This is a fundamental operating principle for our organisation and examples of how we will continue to achieve this in 2015/16 include:

- Strengthening the data collection of protected characteristics of our patients and people who use our services
- Benchmarking our equality performance against key priority areas within the NHS Equality Delivery System 2
- Undertaking equality impact assessments on all business cases, plans and policies to ensure that the meet the needs of, and do not disadvantage service users or staff of any protected characteristics

To ensure that we have considered the implications of this Quality Account on specific groups, and acted on all opportunities to promote equality, we have undertaken an Equality Impact Assessment. The outcomes of this assessment are attached as Annex ?. Annex ? highlights those quality improvement measures that address specific needs relating to protected characteristics and confirms that no discrimination has been identified.

1.4 A Year of Achievements

1.5 TBC

PART 2: Statements of Assurance from the Board for 2015/16

This section of our Quality Account includes mandated information that is common across all organisations' Quality Accounts. This information demonstrates that we are

performing to essential standards; measuring clinical processes and performance; and are involved in national projects and initiatives aimed at improving quality.

2.1 Review of Services

We are a specialist provider of community and mental health services with an annual revenue of ==£xxxm for 2015/ 16==, with a workforce in excess of ==XXXX staff== and delivering over ==X.x million== service user contacts per annum. A wide range of community and mental health services are provided to over a million people living in Southampton, Portsmouth and wider Hampshire. Services are provided from over 100 different locations, including community hospitals, as well as numerous outpatient and other settings within the community such as health centres, children's centres and within service users' homes.

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

We encourage people from our local communities to become members and governors of the Trust to allow them to have a greater say in how things are run and to help us shape the future of the Trust.

Our services are grouped into three clinical care groups: Portsmouth Care Group, Southampton Care group and County Wide Care Group.

During 2015/15 Solent NHS Trust provided and/or sub-contracted a wide range of relevant health services. More detail on the services provided by us can be found on our website http://www.solent.nhs.uk

We have reviewed all the data available on the quality of care in all of these services. The data reviewed has covered the three dimensions of quality (clinical effectiveness, safety and patient experience), ensuring that this Quality Account presents a rounded view of the quality of services provided. We hope that this will enable readers to gain a clear and balanced understanding of what quality means to us.

==Insert examples of Services (for example- needs editing by service)==

1. *Integrated Community Teams* *The Trust's Integrated Community Teams bring together occupational therapists, social workers, physiotherapists, community nurses and support workers into single teams, who work closely with local GPs and provide care to service users at home or close to home. As such, these Integrated Community Teams help people to be in control of their choices, and to maintain their independence safely and appropriately. Teams are focused on:*

• Reducing unnecessary hospital admissions;

• Caring for people where they recover best- at home, wherever possible;

A number of the Integrated Community Teams also provide access to a rapid response service, which operates 24 hours a day, 7 days a week, in order to provide assessment in the home for people who require urgent care within an hour and therefore avoid the need for hospitalisation;

<mark>Insert case study</mark>

2.2 Participation in Clinical Audits and National, Confidential Enquiries

<u>Clinical Audit</u>

During 2015 – 2016, 21 national clinical audits and 2 national confidential enquiries covered health services that Solent NHS Trust provides. During that period Solent NHS Trust participated in 100% of the national confidential enquiries and 100<mark>%</mark> of the national clinical audits which we were eligible to participate in.

The national clinical audits and national confidential inquiries that we were eligible to participate in during 2015 – 2016 are as follows:

Eligible National Clinical Audits /National Confidential Inquiries	Participated
National Confidential Inquiry into Suicide and Homicide	Yes
Mental Health CQUIN audit: Improving physical healthcare to reduce premature mortality in people with severe mental illness (Indicator 4a)	Yes
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation Organisational Audit	Yes
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation Clinical Audit	Yes
Prescribing Observatory for Mental Health Quality Improvement Programme audit: Prescribing Valproate for bipolar disorder	Yes
Prescribing Observatory for Mental Health Quality Improvement Programme audit: Prescribing for ADHD in children, adolescents and adults	Yes
Prescribing Observatory for Mental Health Quality Improvement Programme audit: Prescribing for people with learning Disabilities	Yes
End of Life Care: Dying in Hospital	Yes

National Confidential Enquiry into Patient Outcomes and Deaths Sepsis Study	Yes
National Audit of Intermediate Care	Yes
National Audit of Cardiac Rehabilitation	Yes
National Paediatric Diabetes Audit	t.b.c.
National UK Parkinson's Audit	t.b.c.
National Diabetes Footcare Audit	t.b.c.
Sentinel Stroke National Audit	Yes
Management of under 16's in sexual health clinics	Yes
Partner notification for HIV infection	Yes
Routine monitoring of adults with HIV infection	Yes
Management of Gonorrhoea	Yes
NCEPOD Chronic Neurodisability study	Registered
NCEPOD Young People's Mental Health	Registered

The national clinical audits and national confidential inquiries in which we participated, and for which the data collection was completed in 2015 – 2016, 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.

Eligible National Clinical Audits /National Confidential Inquiries	Percentage Number of Cases Submitted
National Confidential Inquiry into Suicide and Homicide	100%
Mental Health CQUIN audit: Improving physical healthcare to reduce premature mortality in people with severe mental illness (Indicator 4a)	100%
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation Organisational Audit	n/a
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation Clinical Audit	100%
Prescribing Observatory for Mental Health Quality	100%

Improvement Programme audit: Prescribing Valproate for bipolar disorder	
Prescribing Observatory for Mental Health Quality Improvement Programme audit: Prescribing for ADHD in children, adolescents and adults	100%
End of Life Care: Dying in Hospital	100%
National Audit of Intermediate Care	100%
National Audit of Cardiac Rehabilitation	t.b.c.
National Paediatric Diabetes Audit	t.b.c.
National UK Parkinson's Audit	t.b.c.
National Diabetes Footcare Audit	t.b.c.
Sentinel Stroke National Audit	t.b.c.
Management of under 16's in sexual health clinics	t.b.c.
Partner notification for HIV infection	t.b.c.
Routine monitoring of adults with HIV infection	t.b.c.
Management of Gonorrhoea	t.b.c.

The reports of xx national clinical audits were reviewed by Solent NHS Trust in 2015 – 2016, via our service line governance structure.

The reports of xx clinical audits were reviewed during 2015 – 2016. Examples of these and some of the actions we intend to take to improve the quality of healthcare are shown below:

Service Line	Audit Title	Actions taken to improve the quality of healthcare
Child and Family	Usage and monitoring of antipsychotic medication prescribed in children and adolescents in the Orchard Centre 2015	• Better documentation of substance misuse. • To improve monitoring and documentation of pre-treatment screening parameters. • To improve monitoring and documentation of movement disorders. • To ensure all patients on antipsychotic medication are reviewed every 6 months. • To improve monitoring and documentation of physical and biochemical parameters every 6 months. • To maintain the good work in all areas where 100 % target was achieved
	Safer Sleep	• To feedback audit results at citywide forum and at monthly team brief. • To amend 6-8 week contact template to include a prompt to record discussed.
Adult Services Portsmouth	Re-audit of NICE guidance relating to Documentation at Memory Clinics	• GP letter will be sent within 14 days of first patient contact • Letters will include lead professional/ care coordinator • Letter proformas will be used • Records entry will be made within 1 day of contact
	The Learning Disability POMH audit	To follow
Adult Services Southampton	Falls Audit	• Staff training on issues and sharing audit results with them via the governance groups and staff forums • Further improvements in the falls assessment process • More consistent screening for patients admitted to our caseloads
	National Audit Chronic Pulmonary Obstructive Disease (COPD)	• Offer a comprehensive variety of exercise facilities and other activities to engage the patient in a more active, social and quality-filled life • Ensure a more efficient seamless transfer from in-patient to out-patient service. • Achieving 2 practice tests therefore falling

		• in line with best practice • To clarify to the patient more succinctly what exercise regime they have agreed to undertake post PR
Primary Care	StartBack Audit	• Education around the management of patients psychosocial factors • Engagement/ education of GP's • Physiotherapists departments only accept patient referrals with completed STarT Back scores • Reception continue to hand out any necessary patient questionnaires • Devise a questionnaire for patients that drop out/DNA to assess whether their symptoms improved or treatment wasn't what they expected/ wanted
Adult Mental Health Services	Improving physical healthcare to reduce premature mortality in people with severe mental illness	To follow
Specialist Dental Services	Recording Parental Consent	• Parental Consent paperwork to be included in new patient paperwork at first clinic appointment • All child patients should have a record made of who can give parental consent in the Parental consent field on R4 • Reminder to staff included in monthly dental newsletter. • Receptionists will include parental consent paperwork with new patient paperwork at first appointment and to follow up the recording of details
Sexual Health Services	Partner Notification for adults newly diagnosed with HIV infection British HIV Association National Audit 2014	National Recommendations • All clinical services should review their results carefully and strive to improve PN completion for HIV. • PN efforts should focus on ex -regular and casual known as well as regular contacts. • Clinical services should not apply a fixed time limit after which to stop addressing unresolved PN. Local Recommendations: • Recommend PN is followed up at each appointment for the first year at diagnosis, and again each time sexual history is reviewed (at least annually).

2.3 Participation in Clinical Research

Research & Development:

The number of patients receiving NHS services provided or sub-contracted by us in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 1645. We have recruited to 40 studies on the National Institute of Health Research portfolio across a range of services. Solent NHS Trust continues to be at the top of the National League tables for research activity in Care Trusts.

Clinical impact from research:

Research is about improving patient care, treatment and clinical outcomes. Often, participating in research gives those that use our services access to novel treatment that they would not have had as part of normal care. Patients and staff also benefit from being involved in treatment based on the latest evidence and from contributing to improving what we know about conditions. Our aim is to give as many of our patients and staff as possible, the opportunity to participate in research. We also work in partnership with local Universities and Health Education England (Wessex) to offer a clinical academic training programme and career pathway for our clinicians, and strive to ensure that those that use our services are involved in all of our research activity and priority setting.

Suggest the following is done in boxes/ case studies?

Solent Care Home Research Partnership (CHRP)

We have developed a research partnership with care homes to open up access to clinical trials to residents, their family and staff. The benefits of conducting research in care homes have been numerous; improved knowledge, improved training for staff and bringing local care homes together to improve the quality of life for their residents. One key study has been investigating ways to deal with agitation amongst those with dementia in care home settings. Irene, one of the care home managers, has said:

> *"We are passionate about improving the quality of life of our residents but also about improving the lives of all those living with dementia. We feel by taking part in research that we are learning at the same time as contributing to all those people."*

Christopher's Research Story:

Christopher is a retired computer programmer from Southampton. Over the years he has enjoyed travelling the world for both work and for pleasure. In February 2013 Christopher was diagnosed with Parkinsons Disease.

Christopher has a constant thirst for new knowledge, and since his diagnosis he has signed up take part in a number of research projects. Recently he has been involved in the PDSafe trial. This project is investigating whether a tailored home based exercise programme,

carried out with the support of a physiotherapist, can help improve balance and strength and reduce falls in people with this condition.

Since being involved in the trial Christopher has started walking confident enough to travel again and has recently been on holiday to Iceland and walked up a glacier – in his words: "Parkinson's or not I am going up that glacier!". Christopher thoroughly enjoyed his experience of being involved in PD Safe, stating that "being involved in the research was good for me" and is aware that he would not have ordinarily received the same therapy.

Mary's Research Story:
Mary is one of our patient research ambassadors – and she tells her story:
"Roger, my husband, a retired airline pilot was diagnosed with vascular dementia in March 2014. Between October 2010 and September 2015 I had met him, married him, cared for him and I am now his widow. I made up my mind from the onset of the diagnosis that our life was going to be normal; dementia would live with us not rule our lives. The more his caring needs increased the more I was determined to fight it. But slowly it etched away at our lives; he became a different person, unable to live a normal life relying entirely on my support. This however, gave me the drive to support research teams into finding a cure.

As a carer, my belief was that numerous campaigns highlighting the illness never showed the real picture, I wanted to be able to have an involvement in getting the "raw" message out into the public domain so it could be fought and research was top on the agenda. I started by participating in research – the first was a genetic study on Systemic Inflammation in Dementia. I was proud to be helping in some small way.

When Roger passed away I became even more passionate to support research and generate interest in its studies. I want to be able to encourage people to understand that unless a cure for this illness is found it will destroy future generations. As my story portrays it does not discriminate, it can suddenly strike and life changes for ever for the sufferer and their family. By talking of my experience I hope I can encourage others to realise research into the cause, diagnosis and treatment can and is happening but only with ongoing support and resources.

Clinical Academic Career Pathway:
We have a clinical academic career pathway in which our clinicians can work in joint roles, seeing patients in clinics, working with Universities to carry out research and supporting the development of other staff to deliver care based on the best evidence. We have a variety of roles, from short internships, to clinical academic doctorates, and senior post-doctoral specialists.

Lindsay Cherry is a specialist podiatrist who splits her time between her clinical work and academic work. Her academic role is based at the University of Southampton, and involves research and teaching. Her clinical role is based in the our community clinics and a specialist multi-disciplinary team who care for patients with complex foot health problems. Her clinical role aims to prevent deterioration in foot health, hospital admissions, amputations or loss of life. Being based in a clinical team means that Lindsay can understand patient needs, where gaps are in care and what questions the research needs to address. She says it helps her 'understand the real world possibility of the solution that the research suggests' and also keeps her up to date on the best diagnostic and treatment options.

Lindsay supports a number of improvement projects across her service, and is supporting more junior staff to get involved in research. She also has a patient and public partnership group who work with her on service development, and sits on national advisory groups for foot health guidelines and research. The specialist service is currently being considered for Centre of National Excellence Status.

2.4 Commissioning for Quality and Innovation (CQUIN)

A proportion of Solent NHS Trusts income in 2015/16 was conditional upon achieving quality improvement and innovation goals agreed between GMW and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

- For 2014/15 the value of the CQUIN payment was £XXXXX
- For 2015/16 the value of the CQUIN payment was £XXXXX

We are pleased to report that we have achieved XXX% of our agreed CQUIN schemes for 2015/16 which is a reflection of the hard work of staff across the organisation. We would like to take this opportunity to say 'thank you and well done' to everyone involved.

The CQUIN scheme agreed with our CCG commissioners for 2015/16 is detailed below:

CQUIN Status Summary - 15.02.16

CQUIN Status Summary - East Contract	CQUIN Value		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Local														
Heart Failure	£150,700	ECQ1	80%	80%	57%	80%	80%	86%	100%	80%	71%	100%		
In-Reach	£301,396	ECQ2	100%	33%	100%	100%	100%	100%	100%	100%	100%	0%		
Respiratory	£150,700	ECQ3	84%	84%	80%	89%	89%	100%	84%	89%	95%	74%		
Adult Mental Health	£242,320	ECQ4			50%			50%			50%			
Mental Health Safety Thermometer (MHST) - AMH	£50,000	ECQ5A			80%			60%			100%			
Mental Health Safety Thermometer (MHST) - OPMH	£71,959	ECQ5B			90%			100%			100%			
Funding Without Measures	£112,655													
National														
Cardio Metabolic Assessment and Treatment for Patients with Psychoses	£55,680	ECQ6			100%						100%			
Funding Without Measures	£407,068													
Total:	**£1,542,478**													

CQUIN Status Summary - West Contract	CQUIN Value		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Local														
Stroke Six Month Reviews	£50,025	WCQ1						88%	0%	100%	100%	100%		
Falls and Bone Health	£268,673	WCQ3			100%			100%			100%			
Person Centered Planning (PCP)	£268,673	WCQ4			100%			50%			100%			
National														
Urgent Care	£115,146	WCQ5	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Dementia	£115,146	WCQ6	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Total:	**£817,661**													

CQUIN Status Summary - NHS England Contract	CQUIN Value		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Local														
Embedding quality systems in HIV Networks	£32,693	NH1			100%			50%						
HIV: reducing unnecessary CD4 monitoring	£32,693	NH2												
Health Visiting Solent East	£48,600	NH3			100%			88%			100%			
Health Visiting Solent West	£51,325	NH4			100%			88%			100%			
Child Health Information Services	£17,884	NH5	100%	100%	100%			100%				75%		
Total:	**£183,195**													

2.5 Registration with the Care Quality Commission (CQC)

Solent NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'registered without conditions'.

The Care Quality Commission has not taken enforcement action against Solent NHS Trust during 2015/16.

Solent NHS Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2015/16.

- Insert Solent NHS Trust has participated in thematic reviews in XXXX

The following or no compliance actions or requirements were identified by the CQC as an outcome of these reviews.

- Insert all MHA compliance visits

The reports from these Mental Health Act monitoring visits found that xxxx of areas for improvement identified on previous visits had been addressed. Any further identified areas for improvement have been addressed through action plans within the provider action statements submitted by the Trust to CQC after each visit. A system for monitoring progress on these action plans is in place. Further information about the visits can be found at www.cqc.org.uk/provider/R1G

In March 2014 Solent NHS trust was selected as one of a range of trusts to be inspected under CQC's revised inspection approach to mental health and community services. Although as a pilot site we did not receive a formal rating for this inspection the inspectors reported that our services were Safe, Caring, Effective, Responsive and Well led. A copy of the full report can be accessed at;

www.cqc.org.uk/sites/default/files/new_reports/AAAA0657.pdf

We have been notified by The care Quality Commission that they will be visiting again to inspect the Trust at the End of June this year (2016) we are looking forward to this visit and to receiving our first formal rating under the new inspection process.

2.6 Data Quality

We recognise that high quality patient information promotes the speedy and effective delivery of patient care and that accurate and timely management information, derived from patient data, is essential to the planning and delivery of service improvements.

Check mandated statements and request info

2.7 Information Governance

Solent NHS Trust has completed the Information Governance Toolkit Assessment as a Mental Health Trust for the period April 2015 - March 2016 and is compliant with all 45 requirements, having attained 73% compliance, which has been graded as Green - Satisfactory.

All organisations that have either direct or indirect access to NHS services must complete an annual Information Governance Toolkit Assessment and agree to additional terms and conditions.

What is Information Governance (IG)?
Information Governance is to do with the way organisations 'process' or handle information.
It covers personal information (i.e. that relates to patients/service users and employees) and corporate information (e.g. financial and accounting records). IG provides a way for employees to deal consistently with the many different rules about how information is handled, including those set out in:

- the Data Protection Act 1998
- the common law duty of confidentiality
- the Confidentiality NHS Code of Practice
- the NHS Care Record Guarantee for England
- the Social Care Record Guarantee for England

- the international information security standard: ISO/IEC 27002: 2005
- the Information Security NHS Code of Practice
- the Records Management NHS Code of Practice
- the Freedom of Information Act 2000

What is the IG Toolkit?

The Information Governance Toolkit is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements. The organisations described below are required to carry out self-assessments of their compliance against the IG requirements.

Information Governance Toolkit V10 Summary Report for 2015/16

As of the 31st March 2016 Solent NHS Trust had achieved a Level 2 or above in all requirement areas, as mandated by the IG Toolkit.

A breakdown of the Trust's compliance is provided below;

Level 3
20%
9 Requirements

Level 2
80%
36 Requirements
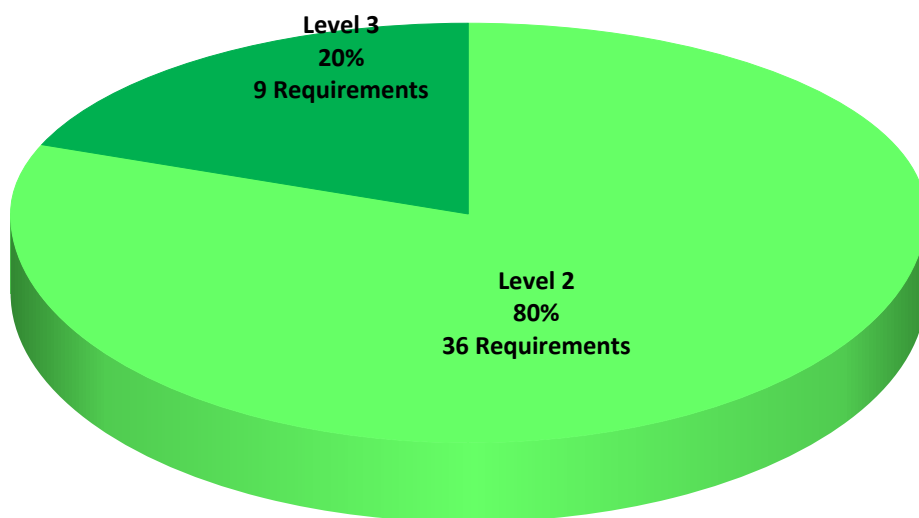
What are the IG requirements?

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

- Management structures and responsibilities (e.g. assigning responsibility for carrying out the IG assessment, providing staff training).
- Confidentiality and data protection.
- Information security.

IG Toolkit Category	Compliance Level
Information Governance Management	80%
Confidentiality and Data Protection Assurance	81%
Information Security Assurance	66%
Clinical Information Assurance	80%
Secondary Use Assurance	66%
Corporate Information Assurance	77%
Total	73%

Freedom of Information
(FOI) requests 2015/16
The Freedom of Information Act 2000 is part of the Government's commitment to greater openness and accountability in the public sector, creating a climate of transparency, a commitment supported by Solent NHS Trust. The Trust is required under IG Requirement 603 to annually monitor and review compliance with the Freedom of Information Act 2000 and how it meets the standards.
Scope:
The aim of this review is to assess Trust compliance for 2014/15 in:
- Ensuring all requests relating to Solent NHS Trust were responded to within 20 working days
- Ensuring adequate policies and procedures are in place.
- Ensuring all staff are aware of the FOI Act 2000 and their responsibilities.
- Ensuring all requests are acknowledged within two working days.
- Ensuring requestors are satisfied with how their request was undertaken and the outcome of the request.
- Ensuring the organisation has an up-to-date and effective Publication Scheme.

Responding to FOIs
In 2015/16 for the period 1 April 2015 – 31 March 2016 Solent NHS Trust received a total of 215 FOI requests. The time frame for responding to FOI requests is 20 working days. As of the 8th April 2016, eight requests are currently not due. Solent NHS Trust's current compliance level is 92.3% compliance in 2015/16, with a total of 16 requests breaching.

Subject access requests / Access to records requests 2015/16
Responding to Data Protection Act 1998 Requests
Solent NHS Trust under Section 7 of the Data Protection Act 1998 is required to monitor compliance with an individual's rights to access their personal information, including requests for deceased patient records (to whom the Data Protection Act does not apply) under the Access to Health Records Act 1990. The Trust should endeavour to respond to all requests within 21 days (but no later than 40 days – inclusive of weekends and bank holidays) from receipt of all information e.g. ID check and fee.
Requests for information can be received by (but not limited to) the following:
- Patients.
- Patient representatives e.g. solicitors, advocates, etc.
- Parents of children under 18 years.
- Relatives of deceased patients.
- Police.

- Department of Work and Pensions.
- Other Health Care Provides.
- Mental Health Tribunals.

In 2015/16 for the period 1 April 2015 – 31 March 2016 Solent NHS Trust received and complied with 871 requests to access information from the categories above. As of the 8th April 2016 84 requests are currently not due. Solent NHS Trust's current compliance level 84% compliance (to date) with the mandatory timeframe in 2015/16. Solent NHS Trust will continue to provide awareness of this requirement and the importance of time frames throughout the Trust and will review processes and practices to ensure an increased level of compliance.

2.8 Clinical Coding

Check mandated statements and request info

2.9 Department of Health Mandatory Quality Indicators

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

2.9.1 Preventing People from Dying Prematurely - 7 Day Follow-Up

The data made available with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care.

Insert Table

CPA 7 day follow up last two years,

2.9.2 Enhancing Quality of Life for People with Long-term Conditions – Gatekeeping

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period

Insert Table

2.9.3 Ensuring that People have a Positive Experience of Care – Readmissions:

The percentage of patients aged (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the trust during the reporting period 2015/16.

Insert data

2.9.4 Ensuring that People have a Positive Experience of Care –

Staff Survey

Insert Table

'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation' two years data

2.9.5 Ensuring that People have a Positive Experience of Care – Community Mental Health Patient Survey

The Trust's 'patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker

To determine our performance against this indicator, we have calculated the mean score achieved against the following four questions in both the 2014 and 2015 NHS Survey of people who use community mental health services:

Insert data

2.9.6 Ensuring that People have a Positive Experience of Care – Friends and Family Test (FFT)

FFT report from Ann

2.9.7 Treating and Caring for People in a Safe Environment and Protecting them from Avoidable Harm – Patient Safety Incidents

The number and, where available, rate of patient safety incidents reported within the Trust, and the number and percentage of such patient safety incidents that resulted in severe harm or death

2.10 Duty of Candour

Duty of Candour is a contractual duty under the Health and Social Care Act 2014 which requires Trusts to ensure that patients/families are informed of incidents causing moderate, severe harm or death and then provided with support. This includes receiving an apology, as appropriate, the investigation findings and actions to prevent recurrence are shared

Duty of Candour requires support of patient safety and quality improvement process through clinical governance frameworks to ensure lessons are learned. Accountability through the Chief Executive to the Trust Board ensures implementation of changes and effectiveness reviews. Findings should be disseminated to staff to facilitate learning. Establish practice-based systems, continuous learning programmes and audits to monitor implementation and effects of change.

Solent NHS Trust encourages all groups of independent contractors to adopt the policy of duty of candour with patients following adverse events, particularly when patients are harmed.

The Trust is committed to fulfil its obligation around 'Duty of Candour' by communicating with patients, their relatives and carers about any failure in care or treatment, whether they be the results via a

- Patient Safety Incident (PSI)
- Complaint
- Claim

There is a policy in place to support staff to meet this requirement and training has been provided. Compliance and effectiveness is monitored by the Claims and Legal Services manager additionally there is a planned audit using an appropriately sampled population.

PART 3: Review of Quality Performance in 2015/16

3.1 Delivery of Quality Account Priorities for Improvement in 2015/16

We have made significant progress against all 8 of our 2015/16 Priorities for Improvement. Summaries of our key achievements are detailed in this section. Each achievement reflects the commitment of our staff, service users and carers to continually improving quality.

	Priority	Measures for Success	What we achieved
	This describes the aim of the Priority we set for 2015/16	This details the goals we set to measure how well we delivered against this priority	This is what we delivered
1	Implementation of a Quality Improvement Programme which enables delivery of the Trust Quality Improvement Plan through development of quality improvement skills within Service Lines. Particular focus will be given during 2015/2016 on improving handover and transfer of care working through the Wessex Patient Safety Collaborative	• A reduction against baseline from 2014/2015 in complaints associated with discharge and transfer of care. • A reduction against the end position reported for 2014/2015 overall the number of pressure damage incidents whilst in Solent care. • An increase in the number of joint investigations/reviews undertaken when things go wrong or issues are raised (SIRI/HRI investigations). • An increase in the numbers of patients/service users providing positive feedback about their experience of care as measured against the 2014/2015 baseline. • An increase in staff reported confidence in quality improvement skills and knowledge. The baseline position will be captured during Q1 of	• Teams from both Southampton and Portsmouth participated in the Wessex Patient Safety collaborative Programme focussing on improving handover and transfer of care. (see the example on table XXX) • Significant work has been undertaken to improve the management of Pressure Ulcers within the Trust. • The Pressure Ulcer Steering group has been reviewed and the Terms of reference refreshed. • The historical back-log of pressure ulcers has been cleared with xx% closed to the satisfaction of our commissioners. • Processes now enable identification of who the main care provider is, therefore enabling joint investigations and reporting to take place. • Staffing shortages have prevented us from

	Priority	Measures for Success	What we achieved
		2015/2016 to enable measurement for improvement by end of 2015/2016.	achieving as much progress as desired in relation to staff confidence in improvement skills and knowledge, therefore this priority will be reviewed to continue in part for the new financial year.
2	Development and implementation of agreed acuity and dependency tools for use by the Trust District Nursing Teams and in-patient teams as appropriate to the speciality to support Safe Staffing in line with national requirements.	• An agreed tool for use in District Nursing teams will be available and piloted in all relevant teams across the Trust. • A mechanism to enable monthly reporting on safe staffing (nursing) within District Nursing teams will be established and teams will report monthly. • Acuity and dependency in District Nursing teams will be articulated in discussions with Commissioners. • Nurse staffing related incident reports will reduce. • Acuity and dependency tools will be used in all in-patient wards and outcomes reported through service-line governance arrangements.	• Much work has been undertaken to research what is being used within other NHS organisations, which included reviewing NHS England –Community Nursing Workforce Planning – Scoping Exercise March 2015, which had reviewed 5 organisations who had implemented acuity and dependency tools. This work was being undertaken across both Portsmouth and Southampton Community Nursing teams. • Benchmarking of how service delivery is undertaken in Portsmouth and Southampton. • A team of senior community nurses also visited the Isle of Wight to review their acuity and capacity tool. • In May 2015 - working group formed in response to the need for the "the right staff, with the right skills in the right place" (NHS England 2012). The work of this group continues.
3	Implementation of the Trust Patient Experience Framework with the aim of improving levels of patient/service user feedback ensuring the 'You Said- We Did' approach is visible in all clinical areas where Solent NHS Trust	• FFT uptake rates will improve and be sustained in line with the agreed Quality Schedule. • Formal complaints about poor patient experience of care will reduce when measured against the 2015/2015 baseline. • Instances of local resolution of concerns will increase and the requirement for 2nd responses	• The FFT is available across all service areas and feedback is reviewed at trust overall level and service level. The majority of feedback is positive and complimentary but where indicated improvement plans implemented. • You said we did posters are provided for services for display where appropriate. There are some

	Priority	Measures for Success	What we achieved
	provides care.	• Plaudits received by services will increase local target will be agreed with service lines.	examples of good practice but this is an area we want to build upon next year.The number of complaints received by the PALs and Complaints Service has seen a reduction over the last year (3.5% down). • Services are being actively encouraged to resolve complaints locally, and this has meant an increase in the overall figure for the corresponding period (11% up) • The number of second responses has remained low, however it has not been possible to demonstrate a reduction. • Unfortunately there has been a reduction in the number of plaudits received (4.5%) however, this may possibly be because other forms have feedback, such as FFT are being actively promoted.
4	Embedding of the Accessible Information Standards due to be issued in June 2015 through the provision of the infrastructure required to comply with the standards. This work will bring focus to inclusion and shared decision-making.	• An improvement in the number of patients/service users and carers who confirm that our information is in an acceptable format for them. (A feedback questionnaire will be used). • Accessible Information champions in all Service Lines identified. • Complaints relating to poor communication will be reduced.	**Please refer to section XX for a full review of the years progress** • Sharing local evidence and knowledge relating to AI practice • Facilitating inclusive patient feedback on the draft standards, as summarised in a national publication XXXXXX • Contributing to NHS England's national implementation event. • Within the Trust, developments relating to AI have been achieved through the Health Education England (Wessex) funded project, led

	Priority	Measures for Success	What we achieved
			by Dr Clare Mander. This project aims to develop and pilot a tiered model of AI training. The project milestones are summarised below; • The development of a co-produced/co-designed 'Accessible Information Awareness DVD' with patients living with AI needs (Tier 1). The DVD is currently available on the Trust website see www.solent.nhs.uk/AI. It has been recognised nationally as best practice and is already in use within other Trusts across the UK. • Hosted a regional AI support event in December 2015 aimed at launching the awareness DVD and exploring a joined-up approach to supporting individuals with AI needs across organisations in the local area; in line with the new national standards. • Exploratory work with two services in Solent NHS Trust (one integrated community rehab team and one in-patient unit) to develop a self-directed learning and resource packs relating to embedding AI into practice (Tier 2).
5	Implementation of the Carers Framework so that the Trust can demonstrate compliance with the requirements of the Care Act.	• Positive feedback on carer experience of interaction with the Trust/Trust services will be captured (through FFT mechanisms). • Carers will report feeling appropriately engaged in the development and delivery of care.	• We have worked in partnership with Portsmouth City Council and Portsmouth CCG to develop Portsmouth Carers Strategy 2015-2020 and have identified specific priorities for Solent in relation to identification of carers, awareness training of our staff and signposting carers for support. • We continue to work in partnership with Carers in Southampton on the development of their strategy.

	Priority	Measures for Success	What we achieved
			• Carers are offered the opportunity to respond to the Friends and Family Test (I will get some data to add). • We gave the public including carers the opportunity to give feedback on out Patient Experience Strategy which includes priorities for carers.
6	Promotion of National Standards for End of Life Care, ensuring that patients and carers choice is recognised and facilitated to ensure that a positive outcome is achieved as measured by those directly involved.	• No complaints about the carer experience of End of Life care provided by the Trust. • Increased plaudits acknowledging the care provided by the Trust. • Confirmation of achievement against recognised best practice. • Audit of performance against the 5 priorities of care will evidence progress.	• There has been 1complaint about the carer experience of End of Life care provided by the Trust which is an improvement on the previous year. • The number of plaudits receive is xxxxxxxxxxxx • A group was established to lead this work within the trust. • New end of life care prescription charts have been developed are now available for use in Southampton and Portsmouth. Training can be accessed by staff that need to use these charts. • An audit tool has been developed and has been in use in Quarter 4 (Jan-Feb 2016), the findings of this audit will be reviewed and shared in due course.
7	Enhance governance arrangements from Ward to Board through refreshed Clinical leadership development and the launch of both nursing and AHP strategic frameworks focused on professional standards and practice.	• The Nursing Strategic Framework will be developed and launched. • The AHP Strategic Framework will be developed and launched. • All staff will be able to confirm their professional lead and be clear about the reporting arrangements within their Service Line and beyond as appropriate to role. This will be measured through staff reported experience,	• The Nursing Strategic Framework has been written by nurses in the Trust and is ready for launching. • The AHP Framework has been written by AHPs in the Trust and is ready for launching. • Work has taken place within services to clearly identify professional reporting lines. There is still more improvement needed. Need to add re the staff survey here

	Priority	Measures for Success	What we achieved
		questionnaires and the staff survey. • Nursing and AHP job descriptions will be reviewed, updated and consistent across the Trust. • Single competency frameworks will be developed for Nurses and AHPs.	• Job descriptions have been reviewed and a standard format has been piloted within the Children and Families Service for roles which were being advertised for recruitment. • Work has progressed on the competency frameworks, this work will continue into the new financial year.
8	Deliver an audit programme linked to care improvements, quality standards and NICE guidelines whilst working with Commissioners on the development of outcome focused service specifications aligned to national community indicators.	• Examples of improvements to clinical care as demonstrated via the audit process. • Dashboards for community indicators which highlight the quality and safety of our care in a quantifiable way will be in place. • An audit plan will be in place and compliance against the plan monitored and reported.	• Every service line develops their own audit plan in response to areas of concern, NICE guidelines requiring review, improvement priorities etc. Reports on completion are generated centrally for local teams to review progress against the plan each month at service line audit groups and care group governance groups. Progress is reported to the Trust Assurance Committee quarterly and the Audit and Risk Committee every six months. • Audits are also monitored for areas where learning or good practice can be applied to other areas within the Trust and shared via the Trust Clinical Audit and Service Evaluation Group. Examples of improvements as a result of the clinical audit process can be found in table xx • Dashboards that include community indicators are operational in some clinical areas. The project has been delayed by the phased implementation of a new Electronic Patient Record – the dashboards will now include quality indicators, clinical outcomes and patient reported outcome measures.

3.2 Spotlight on Accessible Information (Priority 4)

Accessible Information (AI)

2015 saw the launch of the new NHS England Accessible Information Standard, which Solent NHS Trust contributed to. Our contribution consisted of;

- Sharing local evidence and knowledge relating to AI practice
- Facilitating inclusive patient feedback on the draft standards, a summary of this work was published in the national journal XXXXXXXXXXX
- Contributing to NHS England's national implementation event.

Within the Trust, developments relating to AI have been achieved through the Health Education England (Wessex) funded project, led by Dr Clare Mander. This project aims to develop and pilot a tiered model of AI training. The project milestones are summarised below;

- The development of a co-produced/co-designed 'Accessible Information Awareness DVD' with patients living with AI needs (Tier 1). The DVD is currently available on the Trust website see www.solent.nhs.uk/AI. It has been recognised nationally as best practice and is already in use within other Trusts across the UK.
- We hosted a regional AI support event in December 2015 aimed at launching the awareness DVD and exploring a joined-up approach to supporting individuals with AI needs across organisations in the local area; in line with the new national standards.
- We have undertaken exploratory work with two services in Solent NHS Trust (one integrated community rehab team and one in-patient unit) to develop a self-directed learning and resource packs relating to embedding AI into practice (Tier 2).

Additional developments outside of the AI project;

- Embedding AI as a regular topic on the Patient Experience Forum
- Exploration of AI reporting requirements on the Clinical record system used within the Trust.
- National publication of local developments – two peer-reviewed publications relating to AI research in the field of adult learning disability, a conference presentation relating to medic's revalidation and our inclusive patient feedback approach.

It doesn't stop here! Below are a number of sequential objectives that need to be achieved in order to meet the national standards and to continue to consolidate previous best practice;

- Recruit a Thematic Lead for AI
- Ensure that all staff has basic AI awareness training – achieved by making the 'Accessible Information Awareness DVD' mandatory training on e-learning

- Ensure that a new AI template is added to System 1 with an alert to prompt staff to complete. The template will be informed by an AI screen that is been developed and piloted through the AI Training Project. Once embedded into practice, a 6 month follow-up audit and AI needs analysis to be completed using data from the templates
- Complete the Health Education England (Wessex) funded project which will provide an opportunity to train staff to a champion level
- Set-up an AI forum to include AI champions and patients living with AI needs to act as an advisory group
- Ensure that all corporate events are inclusive to people with AI needs i.e. AGM and public facing publications
- Subject to funding – explore the feasibility of setting-up an AI resource centre to be managed by a new 'Accessible Information Officer' (Band 4). This resource centre will provide staff with the necessary equipment and expertise to produce accessible resources in-house
- Research – again subject to funding, conduct an economic impact assessment to analysis the implementation of AI practice.
- Continue to work in partnership with neighbouring organisations to ensure a patient-centred approach to the implementation of the national standards.

3.3 Quality Performance

During this year we have introduced a new style of quality reporting to enable teams to see this information in a dashboard format. Below is an example of these dash boards.

3.4 Performance against Key National Priorities

Performance team to provide mandated reporting

PART 4 – Priorities for Quality Improvement in 2016/17

This part of the Quality Account looks forward to 2016/17, and the specific priorities that we will be working on throughout the next twelve months in order to deliver continuous quality improvement to the people who use our services. In deciding these priorities, we have reflected upon:

- Our understanding of the health and social care needs of the local population, as evidenced by health profiles and other statistical analysis, as well as by direct feedback provided to us by service users, families and carers;
- Guidance and directives issued nationally by the Department of Health and NHS England;
- The five questions used by the Care quality Commission in their inspections of services:
    - Are they safe?
    - Are they effective?
    - Are they caring?
    - Are they responsive to people's needs?
    - Are they well led?
- The requirements of our local commissioners
- Our own vision for our direction of travel

These priorities cover the three domains of quality (experience, effectiveness and safety).

We have also validated that these priorities are achievable in line with our current and future resources, and that they firmly put the focus on quality first and foremost - for this reason, we have aligned our priorities to the five domains of quality referenced throughout this document. Thus, our priorities for 2016-17 are:

Priority		Quality Domain
One	Quality Improvement	Safe
Two	Parity of Esteem	Effective
Three	Service User experience (Patients and carers)	Responsive
Four	Acuity and Dependency	Responsive
Five	Professional Standards	Well-led

4.1 Priorities

Priority No 1	
Quality Domain	Safety
Priority for Improvement	**To reduce avoidable harm by 50% with 3 years (Jan 2018).**
Aim	Through participation in the **Sign Up to Safety Initiative**, we will use quality Improvement methodology to reduce avoidable harm by 50% with 3 years (Jan 2018).
Improvement Measures	*The number of teams who have identified Quality Improvement projects.* *The number of teams who have completed Quality Improvement Projects.* *We will reduce the number of avoidable grade 3 and 4 pressure ulcers in our care by at least 50% within 3 years (Jan 2018).* *We will reduce avoidable harm by early recognition of the deteriorating patient in our care by at least 50% within 3 years (Jan 2018).* *We will reduce avoidable harm from inappropriate/poor communication at critical transfer points in the patient's journey within 3 years (Jan 2018).*

Priority No 2

Quality Domain	Effectiveness
Priority for Improvement	**Parity of Esteem**
Aim	Agree care delivery standards for holistic assessment, care planning and onward referral. Describe range of health indicators to be monitored for each patient group (to include mental health screening that will be undertaken with key physical conditions AND physical health screening and care for MH patients)
Improvement Measures	*Audit of MH physical screening and care planning standards and remedial action plan as required.* *Implementation of Lester Tool as standard for cardio-metabolic screening across working age and older adults Mental Health Services* *Establish agreement between specialist Mental Health services and Primary Care about roles and responsibilities – so that no service users' needs are overlooked* *Audit of dementia screening standards and action plan as required.* *Agreed Mental Health screening tools implemented*

Priority No 3	
Quality Domain	Service User Experience
Priority for Improvement	**Service User experience (Patients and carers)**
Aim	We aim to listen and learn from patient experience and continually improve experiences of our care. We recognise that whilst we gather a range of data from patients and carers, a greater challenge is to act effectively on what people are telling us and this is a key area of focus for the coming year. We recognise and value the support carers provide and a further aim in the coming year is to deliver on our pledge to carers to: *'Promote a culture where the value, contribution and rights of carers are recognised and respected by our staff'.* As a provider of health care we are in a unique position to be able to identify carers and signpost them for support. To achieve this aim we must ensure increased carer awareness for our staff and we will continue to strengthen our working practices with our partner organisations to ensure we identify and signpost carers to the support that is available to them using joint resources. To ensure inclusivity we will monitor the protected characteristics of those who give feedback by a range of methods including the Friends and Family Test, surveys, concerns and complaints to ensure our processes for engaging are accessible to all including those who may find it difficult to do so. We recognise the important lessons we can learn from concerns and complaints and we aim to improve our responsiveness seeking to resolve at the local level wherever possible and where agreed with those making the complaint. We also want to ensure that those who have reason to complain find that they can do so easily, feel listened to and feel that their complaint has made a difference.

Improvement Measures	• We will carry out an integrated review all sources of patient experience intelligence including complaints, feedback from the friends and family test, surveys social media and focus groups to improve insight into those aspects of the care experience that matter most to our patients. • We will provide greater transparency for patients, carers and staff regarding the feedback given and actions taken as a consequence by the development of a range of methods to publicise and communicate outcomes from feedback and associated service improvement. • We will set high standards for patient experience aiming for a consistently high level of reported patient satisfaction and at least a 95% satisfaction score on the Friends and Family Test. • We will implement carer awareness training for all staff. • We will increase our identification of carers and signposting for support with a specific focus on identifying carers in community settings and primary care services. • We will work jointly with our partner organisations on campaigns for Carers Week and Carers Rights day. • We will work in partnership with carer representatives to design and implement a carer's survey to gain insight on whether we have delivered on what is important to carers. • We will review the information on protected characteristics from the Friends and Family Test and the questionnaire given to people who complain. • We will redesign our complaints survey so that it is user led using 'I' statement questions.

Priority No 4	
Quality Domain	Patient Safety and Effectiveness
Priority for Improvement	**Acuity and Dependency**
Aim	**What is the Aim?** To continue to develop the tools and weighting system for caseload management and to measure acuity and dependency in order to continue to deliver safe services where staff feel supported to work within safe parameters
Improvement Measures	**What are the improvement measures?** • Staff will report that they are clear about the trigger points which identify staffing levels are getting to a point where some alteration to delivery is required • Risk assessment will be evident in the decision making process • Very few, if any, reported safety incidents which are linked to staffing levels • Staff will report that they are clear about expectations when staffing levels are reducing and when to escalate concerns • Staff will report that they feel supported • All teams will have real time knowledge and understanding of their current caseload dependency and hot spots

	Priority No 5
Quality Domain	Experience
Priority for Improvement	**Professional Standards**
Aim	**What is the Aim?** To continue the work from last year's priority enhancing governance arrangements from Ward to Board through further development of Clinical leadership and embedding both Nursing and AHP strategic frameworks focused on professional standards and practice.
Improvement Measures	**What are the improvement measures?** • The Nursing Strategic Framework will be launched and embedded. • The AHP Strategic Framework will be launched and embedded. • All staff will be able to confirm their professional lead and be clear about the reporting arrangements within their Service Line and beyond as appropriate to role. This will be measured through staff reported experience, questionnaires and the staff survey. • The review and standardisation of Nursing and AHP job descriptions will be completed, updated and consistent across the Trust. • The development of Single competency frameworks will be completed for Nurses and AHPs.

ANNEX 1: Feedback from Key Stakeholders

ANNEX 2: Statement of Directors'Responsibilities in Respect of the QualityAccount

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 above legal requirements) and on the arrangements that NHS 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 2015/16 and supporting guidance
- 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 2015 to [the date of this statement]
- Papers relating to Quality reported to the board over the period April 2015 to [the date of this statement]
- Feedback from commissioners dated XX/XX/20XX
- Feedback from governors dated XX/XX/20XX
- Feedback from local Healthwatch organisations dated XX/XX/20XX
- Feedback from Overview and Scrutiny Committee dated XX/XX/20XX
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX
- The [latest] national patient survey XX/XX/20XX
- The [latest] national staff survey XX/XX/20XX
- The Head of Internal Audit's annual opinion over the Trust's control environment dated XX/XX/20XX
- CQC Intelligent Monitoring Report dated XX/XX/20XX

- The Quality Report presents a balanced picture of the 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 appropriate scrutiny and review and

- The Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.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 ink except black

- …………………….......Date……………………………………………………….Chairman
- ………………………....Date……………………………………………………....Chief Executive

ANNEX 3: Equality Impact Assessment

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	
2. Who will be affected by it?	
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	
4. What information do you already have on the equality impact of this document?	
5. Are there demographic changes or trends locally to be considered?	
6. What other information do you need?	

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?			
2. Can any group benefit or be excluded?			

3. Can any group be denied fair & equal access to or treatment as a result of this document?			
4. Can this actively promote good relations with and between different groups?			
5. Have you carried out any consultation internally/externally with relevant individual groups?			
6. Have you used a variety of different methods of consultation/involvement			
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)			

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

Step 4- Implementation, Monitoring and Review	Answer
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	

Step 5 - Publishing the Results	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

Retain a copy and also include as an appendix to the document

ANNEX 4: Glossary of Terms

Needs to be checked/updated

Glossary

AI - Accessible information

Accessible information (AI) is all about making information easier to understand for people living with communication and information needs. AI is a supportive process that involves the identification of individual's needs, production of information in a way that meets their needs; and, for many, communication support in the delivery of the information.

Clinical Audit.

Clinical audit is a process that has been defined as "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change

Clinical Pathway

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

Commissioners

Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

To a certain extent they replace primary care trusts (PCTs), though some of the staff and responsibilities moved to the local authorities' Public Health teams when PCTs ceased to exist in April 2013).

CRHTT – Community Resolution Home Treatment Team

The Crisis Resolution Home Treatment Team (CRHTT) is a team of mental health professionals working within Solent NHS Trust.

CROS – Consumer Related Outcome Scale

Tool available to support recovery. Questionnaire that asks questions around five themes. Self assessment rating scale.

CSAC College Specialty Advisory Committee

CQC - Care Quality Commission

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

CQUIN - Commissioning for Quality and Innovation

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

Duty of Candour

The duty of candour is a statutory duty which requires all health and adult social care providers registered with CQC to be open with people when things go wrong and to inform them about the outcome of investigation into why something went wrong.

FRIENDS AND FAMILY TEST

The Friends and Family Test (FFT) is a feedback tool that enables people who use our services to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses and opportunity to give free text comments. The FFT provides a mechanism to highlight both good patient experience and identify where improvements are needed based on patient feedback.

HRI

High Risk Incident

I.G. Information Governance

Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

Information Commissioners Office

The Information Commissioner's Office (ICO) upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

Information Asset Owner

Information Asset Owners (IAO) are senior individuals whose role is to understand what information is held, what is added and what is removed, how information is moved, and who has access and why.

KPI - Key Performance Indicator

A set of quantifiable measures that the Trust adopts to gauge or compare performance in terms of meeting its strategic and operational goals. KPIs vary, depending on the priorities or performance criteria.

LTC - Long term condition

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

Monitor - Monitor

Independent Regulator of NHS Foundation Trusts.

www.monitor-nhsft.gov.uk

NICE - The National Institute of Health and Clinical Excellence

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

NIHR - National Institute for Health Research

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

NPSA - National Patient Safety Agency

The NPSA is an arm's length body of the Department of Health. It was established in 2001 with a mandate to identify patient safety issues and find appropriate solutions.

PADR - Performance Appraisal Development Review

The aim of this is to confirm what is required of an individual within their role, feedback on how they are progressing, to identify any learning and development needs and to agree a personal development plan.

PCT - Primary Care

Primary care is the care provided by people you normally see when you first have a health problem. It might be a visit to a doctor or a dentist, an optician for an eye test or a trip to a pharmacist to buy cough mixture. NHS walk-in centres and the NHS Direct telephone service are also part of primary care.

PLACE - Patient Lead Assessment of the Care Environment

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

Pressure Ulcer

Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as "bedsores" or "pressure sores". Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

RAG rating

RAG (Red, amber, green) is the name given to a simple colour coding of the status of an action or step in a process.

Safety Thermometer

The NHS Safety Thermometer is an improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care, including falls and pressure ulcers.

TDA - Trust Development Authority

The NHS Trust Development Authority (TDA) is responsible for providing leadership and support to the non-Foundation Trust sector of NHS providers.

SBAR – situation, background, assessment, recommendation.

SBAR is a structured method for communicating critical information that requires

immediate attention and action contributing to effective escalation and increased patient safety.

SIRI

Serious incident requiring investigation.

UTI - Urinary Tract Infection

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

VTE -   Venous Thromboembolism

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

Voluntary Sector

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

CONTACT US:

For more information about anything contained in this Quality Account, please contact:

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