Local Services, Local Solutions

SEPT QUALITY REPORT 2013/14

(FINAL DRAFT OF CONTENT FOR COMMENT / STATEMENTS – final published version of Quality Account will be typeset prior to publication)

EXECUTIVE SUMMARY

We recognise that for organisations like ours, providing a range of different services, in different geographic areas, this document can be somewhat complex. To help readers navigate our Quality Report, a summary of content and where you can find specific information that you may be looking for is provided below.

PART 1: STATEMENT ON QUALITY FROM SALLY MORRIS, CHIEF EXECUTIVE

I am delighted to present this year's Quality Report, which highlights how well we have met our quality commitments for 2013-14 and outlines our quality priorities for 2014-15. SEPT is a transparent organisation, so this report also identifies where more work needs to be done.

Our high quality highlights from the past year include:

- Putting our Nursing Strategy into action
- Making a 50% reduction in avoidable category 3 and 4 pressure ulcers
- Reducing the number of avoidable falls in our inpatient units
- A number of national accreditations reflecting the quality of our care and staff

You will find details of these and many other achievements in this report.

I am extremely proud of how our medical, clinical and support staff across Bedfordshire, Essex, Luton and Suffolk continue to deliver high quality care to the people who need our services. But I am never complacent. I constantly check that things are as they should be. I make personal and unannounced visits to all our local services. At these, I meet with staff to observe the care provided and to hear directly from the people using the services at the time. In this way, I can make sure that the claims we make about high quality care are supported not only by external assessments, but also by my own experience of observing that care in action. Also, I can pick up any issues and ensure prompt action is taken to resolve these.

Ensuring that we receive and act on feedback from our service users is absolutely vital in driving up quality and we have taken a number of actions over the past year to increase the feedback we receive. These include the introduction of the 'Friends and Family' test across the organisation where we seek feedback from our service users and patients on whether they would recommend the service they have received to friends or family. We have continued with our innovative 'mystery shopper initiative' and I am delighted to have an enthusiastic group of 'mystery shoppers' who report back to me directly and confidentially about their direct and personal experiences of SEPT staff and services.

We do not wait for inspections by the Care Quality Commission (CQC) or other inspectors to ensure quality of services. We undertake regular formal internal inspections of our services against the CQC standards and identify any areas for quality improvement. The results and actions arising from these internal inspections are monitored and followed-up to ensure that any necessary remedial actions are completed. Non-Executive Directors, Executive Directors, Governors and independent clinicians also visit our wards to review clinical care.

As a Trust, we realise that less funding may mean that some of our high standards may have to be re-defined to be affordable. However, we are absolutely certain that we will never compromise safety as a result. Our relentless focus on the quality of service provision, regardless of the complexity of the external environment, means that we, our commissioners and regulators do not have concerns about the quality of our existing service provision nor our ability to continue to deliver quality services.

Who is SEPT?

SEPT provides hospital and community-based mental health and learning disability services across Bedfordshire and Luton and south Essex as well as community health services in Bedfordshire, south east Essex and west Essex. In 2012 SEPT, in partnership with Serco, took over responsibility for delivering NHS services in Suffolk under the name of SCH – Suffolk Community Healthcare. SEPT staff are responsible for delivering podiatry, speech and language therapy and children's services.

What systems do we have to ensure quality at the highest levels?

As an NHS Foundation Trust, SEPT has a Council of Governors which includes elected members of the public and staff, as well as a Board of Directors, both of which are led by the Chair of the Trust. Together they 'drive' the Trust ensuring our staff are delivering services to the high standards to which we all aspire and they hold me and my executive team to account for the day-to-day running of the Trust.

The Board of Directors ensures proactively that we focus not only on national targets and financial balance, but also continue to place significant emphasis on the achievement of quality in our local services. This approach means that our performance is consistently monitored and any potential areas for improvement are addressed swiftly.

Our robust quality governance systems support the arrangements in place to provide the Board of Directors with assurance on the quality of SEPT services and safeguard patient safety. We produce a comprehensive quality (including safety, experience and effectiveness) and performance dashboard on a monthly basis; we undertake compliance checks that mirror the CQC's reviews; we have an active national and local clinical audit programme; we monitor patient experience and complaints and have a robust risk management and escalation framework in place and regularly triangulate what is being reported with Board member, governor and commissioner quality site visits.

The quality governance system, actual quality performance and assurance on the arrangements in place are overseen by sub-committees of the Board of Directors and provide assurance to the Board of Directors.

What do others think of us?

Over the past two years, the CQC carried out 17 unannounced reviews of our services (six in 2012/13 and 11 in 2013/14). No significant concerns were identified. We will be taking forward action to address just two moderate compliance actions that the CQC identified at Weller Wing in Bedfordshire and the Hadleigh Unit in Basildon.

We have been compliant with Monitor's quality targets consistently over the same period and are not forecasting any risk to continuing to achieve these targets.

Our public governors have continued with their programme of visits to different services. Our commissioners also undertake announced and unannounced quality visits to our services. Feedback from this external perspective has provided useful insight into service quality and the 'fresh eyes' input has enabled us to put improvements in place.

What do we need to do better?

Like any successful organisation, we are always looking for areas where we can improve. The areas in which I am particularly keen to see action include zero incidences of avoidable pressure ulcers, further reductions in avoidable falls, reducing the use of restrictive practices and improving the patient experience. Details of all our priorities for 2014/15 are outlined in section 2.2 of this report.

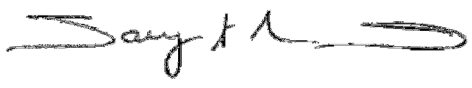
We can't do it without our staff

Our staff take pride in everything they do and consistently provide professional and high quality services. I am proud of this highly skilled, motivated, caring workforce. Without each and every one of them, SEPT would not be able to deliver the excellent services our patients expect.

Once you have read this Quality Report, I hope you will be able to understand how seriously we all take quality and how we work to ensure that we continue to deliver services in a caring, dignified and respectful way. We believe that service users, staff and stakeholders are the best people to tell us what constitutes the highest quality of service. We will continue to strive to meet these expectations and will expect - at all times - to provide the highest standards of care by listening carefully and actively to the people who use our services, our staff and other stakeholders.

Statement of Accuracy

I confirm that to the best of my knowledge, the information in this document is accurate.



Sally Morris
Chief Executive

PART 2
OUR QUALITY PRIORITIES FOR IMPROVEMENT DURING 2014/15 AND STATEMENTS OF ASSURANCE FROM THE BOARD

Our progress against the priorities for improvement for 2013/14 set out in SEPT's 2012/13 Quality Report is set out in Part 3 of this document.

SEPT's success to date is built upon placing high importance on investing time and achieving engagement in planning for the future. We have well established mechanisms for broad stakeholder involvement in service planning and this year has been no exception. Specifically our plans and quality priorities for 2014/15 have been developed as a result of:

1. listening to the views of circa 300 staff who attended five consultation events in November and December 2013 where the drivers affecting the Trust in the coming year were considered, objectives developed and areas in which the quality of services could be improved identified;
2. consulting with service users, governors and partners (including Clinical Commissioning Groups, voluntary sector, Local Authority and other public sector bodies including the police) at two stakeholder planning events held in Bedfordshire and Essex during January 2014;
3. asking our governors and members during January 2014 to help us identify our quality priorities for the coming year;
4. working with commissioners to identify action required to meet their expectations of a high quality service provider;
5. considering performance against national targets and priorities and identifying what action is required to ensure that services meet and, where possible, exceed these;
6. making sure we are constantly taking action to deliver the rights and pledges contained in the NHS Constitution;
7. holding six Board of Director Strategy Development sessions in addition to formal Board of Directors meeting discussions between July 2013 and March 2014; and
8. feedback from attending service user and carer forums where we have open discussions with the public about our plans for the future.

Whilst we can't claim that every single view or idea is reflected in our plans for the future we are confident that the themes of the feedback received has greatly influenced our quality improvement priorities and service developments for the next year.

2.1 Key actions to maintain and / or improve the quality of services delivered

SEPT is a mature and successful organisation with a hard-earned reputation for working in partnership and delivering our promises. We are in a strong position now and our absolute commitment to learning from every experience means we are well placed to rise to the challenges the coming year will bring.

The Board of Directors is committed to a strategy that puts the safety and quality of services to patients first. SEPT cannot stand still and it will evolve over the next few years as a result of the ever changing environment in which it operates. The challenges faced by the NHS nationally are well documented - how does the NHS continue to deliver a high quality service to all; that is free at the point of delivery; when more people are living longer; with more complex conditions; that is resulting in increased costs; whilst funding remains flat? SEPT also faces local challenges - operating in a complex and financially challenged commissioning environment delivering a diverse range of services in 5 separate geographic areas working with 7 local Clinical Commissioning Groups, NHS England, 6 local authorities and a private sector partner. However, at SEPT we have always responded positively to challenges and opportunities and ensured that our patients receive the best possible care and treatment. The Board of Directors has put considerable effort and energy into understanding the challenges faced and is committed to working with commissioners and other providers to deliver efficiencies and improved quality of care to our patients. We understand that delivery of the safest and most effective services in an increasingly financially challenged environment requires transformational change. We are keen to seize the increased opportunity to be innovative and to be a collaborator in supporting system wide change which we believe will steer us successfully through the challenging times ahead.

The Board of Directors has identified four strategic priorities to provide the framework within which we will take action. Please refer to our operational plan (**WEBLINK)** for further information. Two of these strategic priorities focus on our commitment to providing the best quality services and having the best possible leadership and workforce to support delivery of these quality services.

The following section sets out our strategic priorities in terms of providing quality services and having a quality workforce to support delivery, both of which are of direct relevance to this Quality Report:

Strategic Priority 1: Providing Quality Services

Our Quality Strategy, that will support delivery of this strategic priority, describes our vision for quality to be:

"To promote a culture and approach where every member of staff has the passion, confidence and skills to champion and compassionately deliver safer, more reliable, care"

We aim to be amongst the safest organisations in the NHS through embracing an ethic of learning in which every member of staff understands their role in delivering clinical quality and works towards this goal every day.

Recent NHS reviews and publicity have rightly resulted in an increase in national scrutiny and a renewed commitment to ensuring the quality of services within the NHS. In keeping with this, the focus of quality of care and patient safety remains central to South Essex Partnership University NHS Foundation Trust.

The Trust's Quality Strategy aims to deliver quality improvements in a transparent and measurable way covering four key domains (corporate aims):

Corporate Aim 1: Safe care

Our priorities over the next two years are:

- early detection of the deteriorating patient;
- reduction in avoidable pressure ulcers;
- reduction in harm from falls;
- reduction in unexpected deaths;
- reduction in use of horizontal restraint;
- reduction in medication omissions; and
- safe transfer of services to alternative providers.

Corporate Aim 2: Experience of care

Our priorities over the next two years are:

- receiving feedback from patients, relatives and carers;
- ensuring care is delivered with compassion, kindness and respect;
- increasing access to information allowing patients to make informed choices; and
- improving end of life care.

Corporate Aim 3: Effective, outcomes-focussed care

Our priorities over the next two years are:

- adoption of NICE and evidence based practice;
- use of clinical audit to improve care and not just for compliance;
- publication and benchmarking of clinical outcomes; and
- learning from incidents, near misses and embedding change.

Corporate Aim 4: Well organised care (Quality Governance)

Our 4th quality priority is aimed at continuous strengthening of the arrangements in place that provide the Board of Directors, patients, commissioners and Regulatory bodies with assurance on the quality of SEPT services and safeguard patient safety. We have used Monitor's Quality Governance Framework since 2011 to carry out regular self-assessment of our systems in place (most recently in February 2014) that ensure our strategy for quality is appropriate; we have the right capabilities and culture to support quality; there are robust processes and structures for quality in place and effective systems to measure, monitor and report on the quality of our services.

KPMG reviewed the Trust's governance arrangements in August 2012 and found that the arrangements were satisfactory and there were no significant gaps. We produce a comprehensive quality (including safety, experience and effectiveness) and performance dashboard on a monthly basis; we undertake compliance checks that mirror the CQC reviews; we have an active national and local clinical audit programme; we monitor patient experience and complaints; we have a robust risk management and escalation framework in place and regularly triangulate what is being reported with Board member, governor and commissioner quality site visits. The quality governance system, actual quality performance and assurance on the arrangements in place are overseen by sub-committees of the Board of Directors (the Quality and Governance Committee; the Performance and Finance Scrutiny Committee and the Audit Committee) which are all chaired by Non-Executive Directors and are required to provide assurance to the Board of Directors after each meeting.

Our priorities are:

- take action to further strengthen our strategic planning arrangements;
- we will look to develop outcome measures across all of our services;
- our governance structure will be reviewed internally prior to the planned introduction of three yearly governance reviews required by Monitor to ensure that it remains fit for purpose;
- the development of electronic clinical quality and performance dashboards was started last year and will be carried forward as part of our governance improvement and efficiency programme;
- reviewing the proxy measures for quality used by the Board and developing improved early warning triggers have been identified as new priorities for 2014/15; and
- we introduced an information assurance framework during 13/14. We aim to increase the amount of assurance on data quality available to the Board.

Strategic Priority 2: Quality Leadership and Workforce

We will only be able to achieve our strategic vision if we have the best staff and an organisational culture that supports staff in delivering the best quality services. Excellent leadership at all levels, clinically and managerially is key to delivering the other three strategic priorities. It's not just about the numbers of staff and the competencies they have; we want our staff to have shared values and belief systems that engenders trust from our patients and their carers.

The two corporate aims that support delivery of this strategic priority are:

Corporate Aim 5: 'Right staff, right skills, right place'

There is clear evidence that healthcare organisations with the right workforce and leadership provide the most effective, high quality and compassionate care and improve patient and public satisfaction. In addition, there are established and evidenced links between appropriate staffing and patient outcomes. The Trust recognises that we must do all we can to support our staff in the provision of high quality, compassionate care.

Specifically, we will:

- implement strengthened systems and processes to ensure that there is sufficient staffing capacity and capability to provide high quality care to patients across all service areas;
- publish staffing and skill mix data in line with national requirements; and
- increase staff attendance at Level 2 of the leadership pathway by 10%.

Corporate Aim 6: Culture of transparency, honesty and openness

One of the recommendations within the Francis Inquiry report was for a common culture to be shared throughout the system, requiring:

- openness: enabling concerns to be raised and disclosed freely without fear, and for questions to be answered;
- transparency: allowing true information about performance and outcomes to be shared with staff, patients and the public; and

- candour: ensuring that patients harmed by a healthcare service are informed of the fact and that an appropriate remedy is offered, whether or not a complaint has been made or a question asked about it.

SEPT is committed to the principles of openness and to transparency and candour in respect of lessons learnt from serious incident investigations and complaints. We have established numerous formal and informal routes for patients, carers and staff to provide feedback on their experiences, suggest service delivery improvements and to receive quality and performance information. Senior staff from all disciplines are required to role model NHS values, and this is reflected in performance appraisals and supervisions. In addition to formal whistle-blowing routes, staff are able to anonymously contact our Chief Executive Officer to raise any concerns. Received enquiries are published together with a response, so that staff can see what action has been taken.

In line with the recommendations of the Francis Inquiry and other reports, the Trust has committed to further strengthening of existing systems. Specifically, we will:

- increase our no harm/low harm/near misses incident reporting level to reflect a strong reporting culture;
- encourage the involvement of family and carers within investigations;
- ensure that senior clinicians attend training sessions on the implications of the Duty of Candour;
- further engage with clinical teams to ensure feedback of lessons learnt;
- comply with emerging national guidance in respect of the implementation of a culture of care barometer; and
- invest in supporting creation of a culture of innovation and supporting change programmes.

A detailed workforce plan has been developed which will underpin achievement of these aims and the strategic priority. This has been produced through collaboration with service directors and operational leads. The Trust operates a comprehensive workforce planning process; the process is iterative and updates are gathered throughout the year to reflect the on-going nature of service planning. Service leads are asked to create their training plans at the same time as they review their workforce plans to ensure that service, workforce and training plans are interlinked.

2.2 Our quality priorities for 2014/15

The Board of Directors considered the strategic context, their knowledge of the Trust and the feedback from staff and stakeholders during the planning cycle and has identified four Quality Priorities for 2014/15. We believe that these priorities will deliver the improvements most often identified by our stakeholders and will lead to improved health outcomes for our patients and service users.

(EFFECTIVENESS) Quality Priority 1: Restrictive Practice

Across health and social care services, people who present with behaviour that challenges are at higher risk of being subjected to restrictive interventions, these can include physical restraint, seclusion and segregation. Many restrictive interventions place people who use services, and to a lesser degree, staff and those who provide support, at risk of physical and/or emotional harm. Increasing concerns about the inappropriate use of restrictive interventions across health and care settings led to guidance being developed; including Transforming Care: a national response to Winterbourne View Hospital (DH 2012), Mental Health Crisis Care: physical restraint in crisis in June 2013 by Mind, and a recent inspection of inpatient learning disability services by the Care Quality Commission (CQC). The guidance supports the development of a culture where restrictive interventions are only ever used as a last resort and only then for the shortest possible time.

A number of areas of work have commenced during 2013/14 including analysing themes and learning from incidents reported, the Corporate Learning Manager and Prevention and Management of Violence and Aggression (PMVA) instructors visiting wards following hotspot identification to provide additional advice and support to staff in exploring the antecedents of such behaviour and looking at alternative methods of managing complex cases of clients showing aggressive and violent behaviours and review of Clinical Risk management training. SEPT are committed to reducing the number of restrictive practices across the Trust and work towards our ambition of ‘Zero episodes of prone restraint’.

Priority

- To reduce the number of restrictive practices undertaken across the Trust.

Action

- To be involved in relevant national and local work in reducing restrictive practices.
- To identify restrictive practice across the trust, undertake baseline audit and agree % improvement of prone restraint for achievement by March 2015.
- Implement a risk reduction program for all services where restrictive interventions are used.
- Implement a post prone restraint review process to identify learning and enable a team discussion to establish the warning signs of an impending crisis, what de-escalation strategies were used, how effective they were, and what could be done differently in future.

Target

- We will have less prone restraints in 2014/15 compared to 2013/14.

(SAFETY) Quality Priority 2: Pressure Ulcers

Avoidable pressure ulcers are seen as a key indicator of the quality of nursing care and preventing them happening will improve all care for vulnerable patients. Within SEPT over the past 2 years, we have had an ambition for 'no avoidable pressure ulcers' and a number of areas of work have been taken forward with significant progress, but this work needs to be sustained to meet our ambition.

Priority

- Further reduction in avoidable grade 3 and 4 pressure ulcers acquired in our care.

Action:

- Continuation of Skin Matters group to review pressure ulcers and identify lessons to be learnt.
- Weekly reporting of category 3 and 4 pressure ulcers acquired in care to Executive Team.
- Lessons learnt to be communicated across services through a range of forums including Board to Base and Clinical News communications, Learning Lessons Review Group, Harm Free Group, local Quality Groups and Skin Matters Group.

Target:

- We will have less avoidable grade 3 and 4 pressure ulcers acquired in our care in 2014/15 compared to 2013/14

(SAFETY) Quality Priority 3: Falls

Falls prevention is a complex issue crossing the boundaries of healthcare, social care, public health and accident prevention. The causes of falls are multifaceted. People aged 65 years and older have the highest risk of falling, with 30% of the population over 65 years and 50% of those older than 80 years falling at least once a year. People admitted to hospital are extremely vulnerable as a result of their medical condition, as are those with dementia. Falls are the commonest cause of accidental injury in older people and the commonest cause of accidental death in those over the age of 75 years. Prevention of falls is a vitally important patient safety challenge as the human cost includes distress, pain, injury, loss of confidence and independence and, in some cases, death. During 2013/14, SEPT had a priority to reduce the level of avoidable falls, and again a number of areas of work have been taking forward with significant progress, but this work needs to be sustained to meet our ambition.

Priority:

- Reduction in avoidable falls that result in moderate or severe harm within inpatients areas

Action:

- Continuation of Trust wide Falls Group
- Implementation of new Falls Risk assessment within inpatient areas
- Undertake risk assessment training and falls awareness within inpatient areas

Target:

- We will have less avoidable falls that result in moderate or severe harm in 2014/15 compared to 2013/14

(EXPERIENCE) Quality Priority 4: Improved Patient Experience

Significant progress was made over 2013/14 in increasing the amount of feedback being received from patients to enable staff to be able to reflect on their practice and implementing a Trust-wide consistent approach to collecting patient feedback through a standardised survey. The results of these surveys are routinely reported back to teams for action as well to senior management. These results include the responses to the "Friends and Family Test" question – details of this question and scores for 2013/14 are included in section 3.5 of this Quality Report. The Trust wishes to focus on ensuring that this feedback is used to improve the patient experience. The quality priority and target set out below are in line with CQUIN targets and national Friends and Family Test guidance.

Priority

- To improve the overall patient experience.

Target

- To reduce the percentage of negative responders (ie those scoring "extremely unlikely" and "unlikely" to recommend in response to the Friends and Family Test question) in 2014/15 compared to 2013/14.

Each of the above four priorities will be monitored on a monthly basis by the Executive Directors of the Trust as part of the routine quality and performance report and the Board of Directors will be informed of any slippage against agreed targets. We will report on our progress against these priorities in our Quality Account for 2014/15.

*2.3 Stretching goals for quality improvement – 2014/15 CQUIN Programme (**C**ommissioning for **Qu**ality and **In**novation)*

Commissioners have incentivised SEPT to improve quality during 2014/15 via 52 programmes of work. *NB the final number of CQUINs has yet to be confirmed as Bedfordshire Commissioners have not agreed a final set of CQUINs for both Community and Mental Health Services at the time of writing this report.* This number is on par compared to last year where SEPT was commissioned to deliver 56 programmes (and achieved 92% of these).

As expected the overall programme is challenging in terms of stretching goals, and it is notable that commissioner expectations have again increased. This year the programme is structured to include the national CQUINs for Community and Mental Health services as well as to improve services that give the greatest cause to concern to clinical commissioning groups GP leads and will have the biggest impact on improvement to quality and safety of SEPT's services. Commissioners expect SEPT to be able to deliver quantitative service improvements where there can be no doubt of achievement measured both by patient satisfaction and improvement in clinical/quality outcomes.

Across all contracts/all locations, SEPT is expected to deliver on nationally set CQUINS (forming 0.5% of contract value). These national CQUIN schemes are as follows:

- Improve patient experience / patient rating of overall care measured by asking patients whether they would recommend SEPT services to their friends and family. NB as SEPT was an early implementer of the Friends and Family Test (FFT) and remains a high achiever in terms of a high proportion of positive responses, this year's goals focus on reducing the number of negative detractors.
- Measure staff rating of overall care by asking them (confidentially) whether they would recommend their service to their friends and family. Again as SEPT implemented the staff FFT in all services last year, this year's goals will focus on reducing the number of negative detractors.
- Improve patient safety by continuing to monitor and reduce occurrence of pressure ulcers, falls, urinary tract infection in those with a catheter and venous thromboembolism (blood clots) In addition, mental health commissioners expect SEPT to continue measurement of and reduction in the prevalence of a further three categories of harm (self-harm, medication errors and violence and aggression).
- There are two National CQUINs that pertain to Mental Health Services only, and SEPT will participate in;
    - A national audit on physical health outcomes for patients suffering from schizophrenia aiming to reduce the 15 to 20 year premature mortality in patients with psychosis and improve their safety; and

    - Local audit of communication with GP's for patients with complex health and social care needs, assessed as requiring a care programme approach (CPA). This will demonstrate compliance with CPA guidance.
- An indicator for dementia is included again this year as a national CQUIN - this aims to improve identification of patients with dementia, in order to effectively support patients and their carers. SEPT has implemented this successfully across all areas in the past 2 years with a programme of service improvement in memory assessment services and staff training in community services. A single dementia indicator is included in the South Essex Mental Health Services CQUIN programme for this year to complete the second year of a 2-year CQUIN agreed last year.

Locally agreed CQUIN schemes form the remaining 2% of contract value and, although CQUIN ideas may be locality specific and individually proposed, there may also be common themes identified across the organisation such as admission avoidance. Initiatives this year around admission avoidance include working with adult service users in Bedfordshire identified as having complex needs that frequently attend A&E to identify support and treatment that will support them to be cared for within the community. In South East Essex, a shared care bundle is to be developed to facilitate early and co-ordinated support from hospital to home for patients newly diagnosed with Chronic Obstructive Pulmonary Disease.

Integrated services for children and young people are also a common feature this year, and a high impact pathway to support children with asthma is planned in South East Essex, whilst an IV pathway to facilitate home treatment for children in Bedfordshire is planned, *but yet to be confirmed.*

In Bedfordshire and Luton work will be undertaken within Mental Health Services to fulfil the nationally set CQUINs only in light of the transfer of services to alternative provider(s) that is planned.

In West Essex commissioners have focused on using CQUIN to facilitate projects that integrate with the goals of the Frailty Project:

- Setting up an End of Life register aiming to identify patients in the last 12 months of life and share pertinent information with regards to care preferences between organisations making sure that patients are supported to die at home, or in the place of their choice e.g. hospice where possible. Using an evidence-based assessment tool to improve assessment and support of patients hydration needs in order to reduce avoidable hospital admissions.

South Essex commissioner's priorities are for admission avoidance initiatives as described earlier, and rollout of training in the assessment tool for targeted care homes where admission due to dehydration is more common. Mental Health Commissioners have agreed initiatives designed to;

- Increase the number of referrals to the Improving Access to Psychological Therapies (IAPT) service from older people (over 65), people from Black and Minority Ethnic (BME) communities and people with a Learning Disability.
- Achieve accreditation for Crisis Resolution Home Treatment teams - audit outcomes will be utilised to understand gaps in service and give opportunity for improvement with the aim to achieve phased accreditation during the end of 2014/15 and into 2015/16.

Specialist Commissioners priorities in addition to the nationally set CQUINS have focussed on initiatives to;

- Deliver effective targeted training and development packages to those Universal Services identified as 'outliers' in order to improve the quality and appropriateness of Child and Adolescent Mental Health Service crisis referrals via A+E.
- Support carer involvement with their relatives in secure care (particularly in the first three months of care) and then on to the point of discharge.

2.4 Learning lessons from the Francis Inquiry

The Trust welcomed the findings of the Francis, Berwick and Keogh reports and the Government response published in November 2013, whose recommendations have been taken into account when determining our quality ambitions. We believe that the actions pledged and directed by Government will support organisations to further foster the desired culture of transparency, accountability and learning, making care safer for all.

A task and finish group undertook gap analyses against all of the recommendations from these reports that are applicable to provider trusts and has considered them in the context of the wider findings. From this, the

Trust identified a number of improvement actions to further strengthen existing Trust processes and contribute to an open culture, the majority of which are now completed.

Major workstreams commenced in response to the reports include:

- a refresh of our Customer Service Strategy, incorporating feedback from listening events held with patients and staff into which almost 1000 people input their views;
- a review of the Complaints Handling process, to ensure it is fully aligned with the incident investigation process and explicitly clarifies expectations in respect of honesty, transparency and learning from error;
- development of a training pathway for clinical staff, Bands 1-4, again reflecting the learning from the Inquiry report;
- a refresh of recruitment and induction materials and appraisal and supervision policies, with staff contracts revised to explicitly require compliance with the NHS Constitution;
- implementation of the 6Cs and national nursing strategy across services;
- draft nursing strategy based on national strategy;
- Harm Free Care programme;
- clinical handover improvements and introduction of Key Nurses on all wards/shifts;
- introduction of a new dissemination and monitoring system in respect of NICE guidance;
- revision of clinical risk assessment and management training;
- introduction of a data quality assurance framework; and
- work to further enhance the role of Governors and non-Executive Directors in respect of holding the trust to account.

Harder to quantify but critical to our response is the work we have undertaken to foster and promote a culture of openness. We have introduced an "I am concerned about…." anonymous reporting facility on our intranet for staff to raise concerns that are investigated by the Chief Executive and then responded to for all staff to see. Our Board members and governors have implemented a new service review process that focuses less on compliance and more on behaviours and values; we have introduced a new public quarterly quality dashboard on our website which enables members of the public to view our performance against a number of key quality indicators. We are also in the process of agreeing an enhanced publication scheme which will enable access by members of the public to an enhanced level of information about the Trust and services that it provides.

2.5 Statements of Assurance From The Board

2.5.1 Review of services

During 2013/14, SEPT provided and/or sub-contracted 185 relevant health services.

SEPT has reviewed all the data available to them on the quality of care in 185 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 99 per cent of the total income generated from the provision of relevant health services by SEPT for 2013/14.

The data reviewed aimed to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. During 2013/14 monthly data quality reports have been produced in a consistent format across all services. These reports monitor both timeliness of data entry and data completeness. Significant improvement in compliance has been achieved since the introduction of the reports and there has been excellent clinical engagement with a clear understanding of the importance of good data quality across the clinical areas. Significant progress has been made this year in terms of data quality in Suffolk Community Services which were acquired by the Trust in 2012/13. As a result during 2013/14 the Trust has been able to review the quality of services provided by Suffolk Community Services in line with the provision of relevant health services in the same way as for all other services provided by SEPT.

2.5.2 Participation in clinical audits and national confidential enquiries

Clinical audit is a quality improvement process undertaken by doctors, nurses, therapists and support staff that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change (NICE 2005). Robust programmes of national and local clinical audit that result in clear actions being implemented to improve services is a key method of ensuring high quality and ever improving services and the Trust participates in every relevant National Clinical Audit Patient Outcome Programme (NCAPOP) audit process and additional national and locally defined clinical audits identified as being important to our populations of service users.

During 2013/14 9 national clinical audits and 1 national confidential enquiry covered relevant health services that SEPT provides.

During 2013/14 SEPT participated in 100% national clinical audits and 100% national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SEPT was eligible to participate in during 2013/14 are as follows:

National clinical audits:

- *National Epilepsy 12 (2013/14)*
- *National Parkinson's Disease audit (2013/14)*
- *Sentinel Stroke National Audit Programme (SSNAP)*
- *National Audit of Schizophrenia*
- *POMH Topic 13a Baseline audit of prescribing for Attention Deficit Hyperactive Disorder (ADHD)*
- *POMH Topic 7d – Reaudit of monitoring of patients prescribed lithium*
- *POMH Topic 4b – Reaudit of prescribing antidementia drugs*
- *POMH Topic 10c – Reaudit of use of antipsychotics in CAMHs*
- *POMH 14a – Baseline audit of prescribing for substance misuse: alcohol detoxification*

National confidential enquiries:

- *Homicide and suicide*

The national clinical audits and national confidential enquiries that SEPT participated in during 2013/14 are as listed above.

The national clinical audits and national confidential enquiries that SEPT participated in, and for which data collection was completed during 2013/14, 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:

Audit (POMH = Prescribing Observatory for Mental Health)	**Number of cases submitted as a percentage of the number of registered cases required by the terms of the audit / enquiry**
Epilepsy 12 – Childhood Epilepsy (2013/14)	Thus far for 2013/14 100% of relevant cases have had information provided to national organisers but data entry for this year's audit is not due for completion until May 2014. The audit process will continue to run throughout 2014/15.
Parkinson's Disease	In 2013/14 100% of relevant cases had information provided to national organisers. This audit process has continuous data entry which will continue throughout 2014/15.
Sentinel Stroke National Audit Programme (SSNAP)	In 2013/14100% of relevant cases had information provided to national organisers. This audit process has continuous data entry which will continue throughout 2014/15.
National Audit of Schizophrenia (NAS)	96%
POMH Topic 13a Baseline audit of prescribing for Attention Deficit	100%

Hyperactive Disorder (ADHD)	
POMH Topic 7d – Reaudit of monitoring of patients prescribed lithium	100%
POMH Topic 4b – Reaudit of prescribing antidementia drugs	100%
POMH Topic 10c – Reaudit of use of antipsychotics in CAMHs	75%
POMH 14a – Baseline audit of prescribing for substance misuse: alcohol detoxification	100%
National Confidential Enquiry - Homicide and Suicide	100%

The reports of 5 national clinical audits were reviewed by the provider in 2013/14 and SEPT intends to take the following actions to improve the quality of healthcare provided:

Prescribing antipsychotics for people with dementia:

- Develop further the protocols between Pharmacy Services and medical staff to ensure triggers for timely medication reviews;
- Remind staff to routinely use relevant assessment and monitoring documentation, including within residential and nursing homes where patients are seen.

Prescribing for ADHD:

- Undertake a review and update the Trust's Formulary and Prescribing Guidelines;
- Review the existing Shared Care Protocol with relevant external services in Essex and Bedfordshire and Luton.

Monitoring of patients prescribed lithium:

- Undertake a review of all patients prescribed lithium and ensure that they have weight and measurements documented in records; and
- Introduce a process to ensure that a clinical assessment of recognised side effects of lithium will be documented annually and create a pro-forma for reassessing patients on lithium to ensure all tests and reviews are undertaken.

Sentinel Stroke National Audit Programme (SSNAP):

- Review the current Speech and Language services to identify if there are any issues requiring action and, where issues are identified these will be sent to the Operational Service Quality Groups for review. This audit process will continue to run throughout 2014/15.

Parkinson's Disease:

- National reports were published in February/March 2014 and, at the time of preparing this Quality Report, SEPT related findings are being analysed and action plans developed to address relevant issues. This audit process will continue to run throughout 2014/15.

Please note, the above list constitutes examples only and does not include all actions planned.

The reports of 77 local clinical audits were reviewed by SEPT in 2013/14 and SEPT intends to take the following actions (examples only) to improve the quality of healthcare provided:

Embedding as normal practice actions introduced in 2013/14 to ensure that discharge summaries are sent to GPs within 24 hours, that these have the diagnosis recorded, medication information included and Healthcare Acquired Infection (HCAIs) status recorded.

Embedding as normal practice actions introduced in 2013/14 to ensure that physical health assessments are completed on admission to mental health inpatient wards.

Introduction of enhanced arrangements to support patients in crisis and to reflect this in care planning.

Introduction of enhanced arrangements for monitoring and achieving high standards of record keeping.

Development of Procedural Guidelines on antimicrobial treatment pathways to be included within the Trust's Safe and Secure Handling of Medicines Policy and delivery of associated training for medical staff.

Establishment of a steering group to undertake a standalone piece of work to support training in conducting a supportive debrief to assist staff to express any anxieties following an incident of violence and aggression.

Local Security Management Specialist and PMVA leads to undertake focussed work with identified teams to improve staff confidence to undertake coordination/management of an incident of violence and aggression should one arise.

2.5.3 Clinical Research

Research is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves. 'Clinical research' means research that has received a favourable opinion from a research ethics committee within the National Research Ethics Service (NRES). Information about clinical research involving patients is kept routinely as part of a patient's record.

As a demonstration of our commitment to research and development, SEPT in collaboration with the Postgraduate Medical Institute (PMI) at Anglia Ruskin University (ARU) launched the Patrick Geoghegan Academy for Health & Wellbeing in October 2013. At the same time, SEPT in collaboration with the PMI at ARU established a Joint Research Office between the Anglia Ruskin University Clinical Trials Unit and the SEPT Research Team.

The number of patients receiving relevant health services provided or sub-contracted by SEPT in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 258 (final figure to be confirmed on 28th April - national cut off date).

2.5.4 Goals agreed with commissioners for 2013/14

The CQUIN (Commissioning for Quality and Innovation) payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of commissioner-provider discussions. It is an important lever, supplementing Quality Accounts, to ensure that local quality improvement priorities are discussed and agreed at Board level within and between organisations. It makes a proportion of the provider's income dependent on locally agreed quality and innovation goals.

A proportion of SEPT's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between SEPT 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 payment framework. Further details of the agreed goals for 2013/14 and for the following 12 month period are available online
http://www.sept.nhs.uk/Corporate/~/media/SEPT/Files/Reports/CQUIN Schemes 201314.ashx

Following negotiation with commissioners, SEPT again launched a broad range of quality initiatives under the CQUIN scheme during 2013/14 to increase the quality of service user care and experience. In total, the Trust was tasked with implementing a total of 56 schemes across mental health, learning disabilities and community health services within Bedfordshire, Luton and Essex. This constituted an increase from 44 CQUINs in 2012/13.

In 2012/13, the total amount of income achievable by the successful delivery of CQUIN schemes was £6.7 million - we reported in last year's quality account that we achieved 98% of this, an income of £6.5m. In 2013/14, the total amount of income earnable was £6.3m and we are delighted to report that the clinical and operational teams tasked with implementing the improvements have once again excelled – delivering 92% of the schemes (based on self-assessment at the end of Q4 and expressed as a % of the financial value of the

schemes) with clear evidence of improving quality for patients. Achieving 92% will equate to £5.8m income; the final figure will be confirmed once Clinical Commissioning Groups have validated our performance against quarter four indicators.

Working with the Midlands & East Specialist Commissioning Group for forensic and secure indicators, as well as Community and Mental Health Commissioners in South and West Essex, Bedfordshire and Luton each new CQUIN scheme was designed with our patients and service quality in mind. Since its introduction in 2010/11 CQUIN has increased in importance for providers — increasing from 0.5% (£3.3m) to 2.5 per cent of contract income in 2012/13 (£6.7m), and 2013/14 (£6.3m).

Four CQUIN schemes were set nationally by the Department of Health, three of which were appropriate for SEPT services:

- **Patient experience** — organisations were required to improve patient rating of overall care and a staff test was introduced in 2013/14 which asked staff whether they would recommend the ward/ service in which they work to friends and family.
- **Improving awareness and diagnosis of dementia** and supporting carers of people with dementia — through staff training to identify patients and increased referrals to GPs
- Incentivising use of the **NHS safety thermometer** (an improvement tool that allows the NHS to measure harm in four areas — pressure ulcers, urine infection in patients with catheters, falls and venous thromboembolism (VTE)

We implemented a total of 25 CQUIN schemes across the organisation under the above three national schemes. The remaining 31 out of the total of 56 CQUIN schemes were set locally in discussion with the Clinical Commissioning Groups based on local priorities.

A selection of the projects negotiated locally included training initiatives that support staff to initiate conversations about memory problems with an opportunity to signpost patients for assessment and support services, initiatives to facilitate partnership working with Local Authorities and Children's Community Services to reduce health inequalities through early detection of developmental needs and health issues in children, launch of a GP crisis line to improve responsiveness through to the development of integrated multi-disciplinary community teams, aiming to promote sharing of patient information to improve co-ordination and facilitate admission avoidance. The full list of projects is available at the following web link: http://www.sept.nhs.uk/Corporate/~/media/SEPT/Files/Reports/CQUIN

Particular examples of achievements in 2013/14 of which we are proud are:

Bedfordshire Community Health Services - **School Ready Integrated Health/ Education Check**

The team have developed an excellent working relationship with Local Authority partners to facilitate joint assessment leading to early identification and flagging of vulnerable families and children with provision of proactive support and early referrals.

Health and Early Years professionals work closely together to detect developmental needs and health issues in children. Proactive planning to support children & families has resulted in fewer gaps and/ or overlap as an integrated health and education assessment is performed.

Bedfordshire & Luton Mental Health Services - **Memory Assessment Service (MAS) Pathway (improving support for people with dementia and their carers)**

This is the second year of a 2-year CQUIN and the 4 teams have worked incredibly hard to achieve the current reduced waiting time; notably 100% of patients referred to MAS during Q3 completed the pathway within 16 weeks against a target of 90%. To give context the aggregated waiting time for all 4 services in Q1 2012/13 was 22 weeks (with a range of 11.5 to 29.5 weeks).

A further achievement during 2013/14 is that MAS services in all 4 locations in Luton, Mid Beds, Bedford and South Bedfordshire have been ratified by the Royal College of Psychiatrists' Special Committee for Professional Practice and Ethics and were accredited as excellent.

South East Essex Community Health Services - **Learning Disability resources**

This CQUIN has helped to raise awareness of the specific needs of service users diagnosed with a learning disability. Improved information is now available to help prepare service users when contact with services is required e.g. Easy read leaflets with pictures and provision of staff photo's in advance of home visits which helps reduce patient anxiety.

Further, in response to patient feedback we now send a picture of the nurse in advance of a home visit which helps reduce patient anxiety. As a result of working with patient advocates we can ensure staff are better prepared to adapt their response in order to support patient needs. This wouldn't have been achieved without support from SHIELDS whose members with a learning disability act as patient advocates and have been enormously supportive of our efforts to improve services.

South Essex Mental Health Services - **Access to Crisis Services**

SEPT launched a GP advice line to facilitate fast-track assessment and support for patients in crisis – SEPT provide a response within 4 hours for GP's who call regarding patients in crisis. The GP Line is available 7 days a week from 8am – 8pm and has significantly improved customer (patient and GP) satisfaction as well as improved patient safety and clinical management.

South Essex Child and Adolescent Mental Health Services (CAMHS) - CAMHS Gateway
Every child or young person referred into the service for specialist support is screened, assessed and allocated to a pathway or signposted to another appropriate service all within the same day.

This scheme continues to refine the function of a single entry point for all CAMHS services (tier 2 and tier 3) aiming to reduce time, gather all required information and admit/ signpost to the most appropriate specialist service. This supports children, families and GP's primarily but includes support for all referrers.

West Essex Community Health Services - **End of Life care planning**

This CQUIN has tasked SEPT to rollout an agreed advance care planning document and training to empower all community staff to feel confident about having conversations with patients regarding end of life wishes/ preferences for care. The training has been highly rated by staff and a notable achievement during 2013/14 is that 100% patients died in their identified preferred place of care

Forensic Mental Health Services - Increasing use of Communications Technology

Through delivery of this CQUIN video-conferencing is now available which enables detained patients to link in remotely with Community Care Co-ordinators to better plan their admission or discharge. Patients and clinicians have been positive about the opportunity to proactively engage in collaborative care planning, and plans for virtual visiting are in progress.

This has been especially helpful for 6 monthly Care Programme Approach (CPA) meetings that help patients and Community Care Co-ordinators to connect and plan for admission or discharge. For example one patient was able to link in remotely to plead to Court with no interruption to her treatment and added benefit of reduced costs (this instance alone saved half of the cost of installing equipment).

2.5.5 What others say about the provider?

SEPT is required to register with the Care Quality Commission and its current registration status is 'Registered Without Conditions'.

The Care Quality Commission has not taken enforcement action against SEPT during 2013/14.

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

The CQC has undertaken eleven routine compliance reviews across a range of Trust services in 2013/14. Following each compliance review the CQC has provided a report outlining their findings. Where the CQC finds non-compliance with a regulation (or part of a regulation), they state which part of the regulation has been breached and make a judgement about the level of impact on people who use the

service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

The following table summarises the reviews undertaken by the CQC during 2013/14. The significant majority of outcomes assessed during these reviews (47 out of 53) were found to be fully compliant at assessment. Where there were areas for improvement for SEPT, the CQC identified minor/moderate concerns and associated compliance actions. All actions identified are developed into a solution focused action plan overseen by a multi-disciplinary task and finish group. The Trust aims to ensure that all actions outstanding at the time of preparing this Quality Report are completed by August 2014. Once actions have been completed the Trust Compliance team undertakes an audit of services to ensure actions have been embedded. None of the actions identified for SEPT had a significant impact on patient safety.

Registered Location	**Date and nature of review**	**Outcomes**
Luton and Central Bedforshire MHU	Unannounced inspection of services at Luton and Central Bedfordshire Mental Health Unit (MHU) on 30th July 2013.	5 Outcomes reviewed and found Compliant
Rochford Hospital	Unannounced inspection of mental health services at Rochford Hospital between 12th – 13th September 2013.	4 Outcomes reviewed and found Compliant
Brockfied House	Unannounced inspection of services at Brockfield House between 10th – 11th October 2013.	4 Outcomes reviewed and found Compliant
Clifton Lodge	Unannounced inspection of services at Clifton Lodge on 1st November 2013.	4 Outcomes reviewed and found Compliant
Short Stay Medical Unit (Mayer Way)	Unannounced inspection of community health services at Mayer Way on 20th November 2013.	5 Outcomes reviewed and found Compliant
Woodlea (The Glades)	Unannounced inspection of secure services at The Glades on 19th November 2013.	3 Outcomes reviewed and found Compliant
Weller Wing	Unannounced inspection of mental health services at Weller Wing on 11th December 2013.	6 Outcomes reviewed. 1 moderate concern and 1 minor concern noted (see narrative below); and 4 outcomes found compliant
Churchview	Unannounced inspection of mental health services at Churchview on 15th January 2014.	5 Outcomes reviewed and found Compliant
Bedford Health Village	Unannounced inspection of mental health services at Bedford Health Village on 27th January 2014.	4 Outcomes reviewed. 1 minor concern noted (see narrative below); and 3 outcomes found compliant.
Basildon MHU	Unannounced inspection of mental health services at Basildon Mental Health Unit on 30th – 31st January 2014.	5 Standards reviewed 1 moderate concern and 1 minor concern noted (see narrative below); and 4 outcomes found compliant.
Bedford Prison	Announced inspection of mental health and community health services at HMP Bedford Prison on 3rd and 4th February 2014.	7 Standards reviewed. 1 minor concern noted (see narrative below) and 6 outcomes found compliant

A moderate and a minor concern were found on inspection of Weller Wing. These concerns related to the suitability of the premises. The Trust has previously identified that Weller Wing needs to be re-provided in order to provide an improved environment. Plans were developed, funding agreed and over £1million actually committed to starting initial ground works for a new inpatient unit in Bedford. These have been put on hold due to delays in commissioning decisions and plans by local CCGs to undertake market testing of services. While this process is outside of the Trusts control a number of interim improvements are being made to ensure the privacy and dignity of patients. The Trust is currently taking action to re-configure the ward where concerns were raised to ensure a larger communal space and improved storage facilities for patients. The CQC were happy with the quality of care provided and noted that the environment was well maintained and cleaned and highlighted some excellent practice by staff.

A minor concern was found on inspection of Bedford Health Village. This concern related to evidencing staff supervision, appraisal and training. The Trust has implemented a new Supervision Tracker which will ensure supervision can be appropriately recorded and a new matron is in post who is actively monitoring supervision, appraisal and training for all staff.

A moderate and a minor concern were found at Basildon Mental Health Unit. These concerns related to staffing levels and record keeping on one ward. The Trust is undertaking a review of staffing levels and has put actions in place to address record keeping concerns including more active monitoring by senior clinical staff.

A minor concern was found on inspection of Bedford Prison. This concern related to privacy in the premises used for screening. The Trust is working with the prison to provide more privacy in the area used.

2.5.6 Data Quality

The ability of the Trust to have timely and effective monitoring reports, using complete data, is recognised as a fundamental requirement in order for the Trust to deliver safe, high quality care. The Board of Directors strongly believes that all decisions, whether clinical, managerial or financial, need to be based on information which is accurate, timely, complete and consistent. A high level of data quality also allows the Trust to undertake meaningful planning and enables services to be alerted of deviation from expected trends.

Significant improvements have been made during 2013/14 in terms of data quality and reporting. The following key developments have been made:

- Significant work has been undertaken within Suffolk services to improve data quality and consistency of reporting with established SEPT systems;
- Consistent templates have been implemented throughout Community Services across all Trust localities. The Trust is now able to make direct comparisons of activity between all services and highlight any data quality issues;
- Continued production of Routine Data Quality Reports, circulated for both Mental Health and Community Services. These highlight missing and out of date data fields and are now available via the Trust's Intranet;
- Target of data entered within one working day continues to improve as the Trust moves closer to 'real' time reporting;
- Monthly Data Quality monitoring reports covering all services are presented to the Board of Directors;
- Increased internal audit focus on data quality in year; and
- A data quality assurance framework has been developed and routinely monitored.

The Trust issues routine Data Quality Reports to clinical staff for validation and any amendments identified are implemented.

SEPT submitted records during 2013/14 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: Please note the data supplied is as at month 10 (April to January 2013/14)
1) which included the patient's valid NHS Number was:

- ***99.4% for admitted patient care;***
- ***100% for outpatient care; and***
- ***Accident and emergency care – Not applicable***

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

- ***100% for admitted patient care;***
- ***99.5% for outpatient care; and***
- ***Accident and emergency care – Not applicable***

SEPT's Information Governance Assessment Report overall score for 2013/14 was 76% and was graded Green (Level 2 or above (Satisfactory)).

SEPT was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

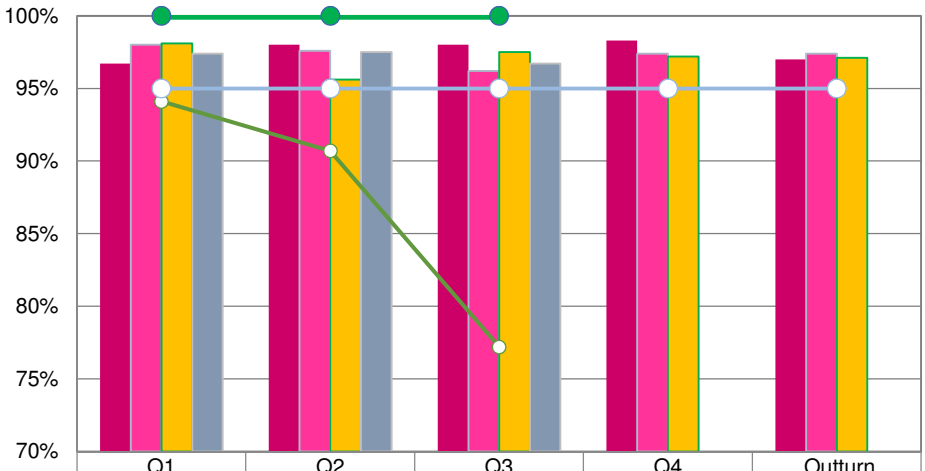
SEPT will be taking the following actions to improve data quality:

- Introduction of Electronic Dashboards allowing the Trust to display Key Performance Indicators, designed with a drill down facility that allow data quality issues to be clearly identified;
- Close monitoring of all mandatory datasets submissions. As part of the implementation of new National Datasets the Trust is undertaking intensive analysis and monitoring of all the data fields to ensure a high level of data quality is achieved;
- Increasing from monthly to weekly checking of the demographic details of all current Trust patients with the National system, using the national tracing service (known as DBS - Demographic Batch Service) in order to ensure the patient details held nationally match the data held on the Trust's system. This allows any missing fields to be populated and out of date fields to be updated and ensures that the Trust data is as accurate as possible; and
- The PSD (Patient Summary Database) is being implemented during 2014/15. This will ensure the consistent recording and reporting of all patient details across all Trust Patient Information systems.

2.6 National Mandated Indicators of Quality

In January 2013, the Department of Health introduced new reporting arrangements that impacted on the information trusts are required to report in Quality Reports. The National Health Service (Quality Accounts) Regulations 2010 were amended to include the mandatory reporting of a core set of quality indicators. Those indicators relevant to the services SEPT provides are detailed below, including a comparison of SEPTs performance with the national average and also the lowest and highest performers. The information presented for the five mandated indicators has been extracted from nationally published data, and as a result, is only available at a Trust-wide level.

Patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay



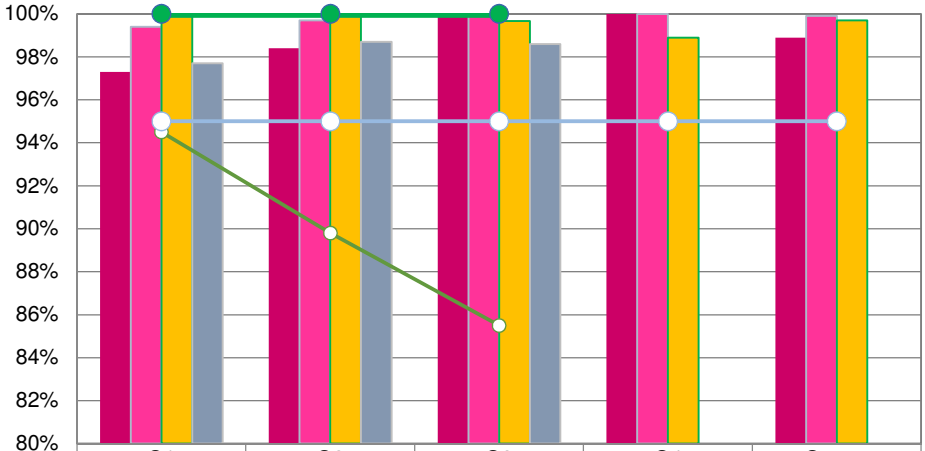
	Q1	Q2	Q3	Q4	Outturn
SEPT 2011-12	96.7%	98.0%	98.0%	98.3%	97.0%
SEPT 2012-13	98.0%	97.6%	96.2%	97.4%	97.4%
SEPT 2013-14	98.1%	95.6%	97.5%	97.2%	97.1%
All Trusts 2013-14	97.4%	97.5%	96.7%		
Highest Performer 2013-14	100.0%	100.0%	100.0%		
Lowest Performer 2013-14	94.1%	90.7%	77.2%		
Target	95.0%	95.0%	95.0%	95.0%	95.0%

The above indicator measures the percentage of patients that were followed up (either face to face or by telephone) within seven days of their discharge from a psychiatric inpatient unit. A comparison with the national average demonstrates that, with the exception of the second quarter 2013/14, SEPT has been performing above the national average, and have performed above the 95% target set by MONITOR, the independent regulator of NHS-funded health care services, for Q1 – Q3. National data for Q4 is awaited at the time of writing this report.

In order to improve this percentage and thus the quality of its services, SEPT has been routinely monitoring compliance with this indicator on a monthly basis and identifying the reasons for any patients not being followed up within seven days of their discharge. Any identified learning is then disseminated across relevant services. In addition a local indicator was established Trust wide to monitor the percentage of follow ups that are provided face to face to ensure that at least 85% of those patients followed up have a face to face contact rather than a telephone call.

Data source: DoH Unify2 data collection – MHPrvCom
National Definition applied: Yes

Admissions to acute wards gatekept by Crisis Resolution Home Treatment Team



	Q1	Q2	Q3	Q4	Outturn
SEPT 2011-12	97.3%	98.4%	100.0%	100.0%	98.9%
SEPT 2012-13	99.4%	99.7%	100.0%	100.0%	99.9%
SEPT 2013-14	100.0%	100.0%	99.7%	98.9%	99.7%
All Trusts 2013-14	97.7%	98.7%	98.6%		
Highest Performer 2013-14	100.0%	100.0%	100.0%		
Lowest Performer 2013-14	94.5%	89.8%	85.5%		
Target	95.0%	95.0%	95.0%	95.0%	95.0%

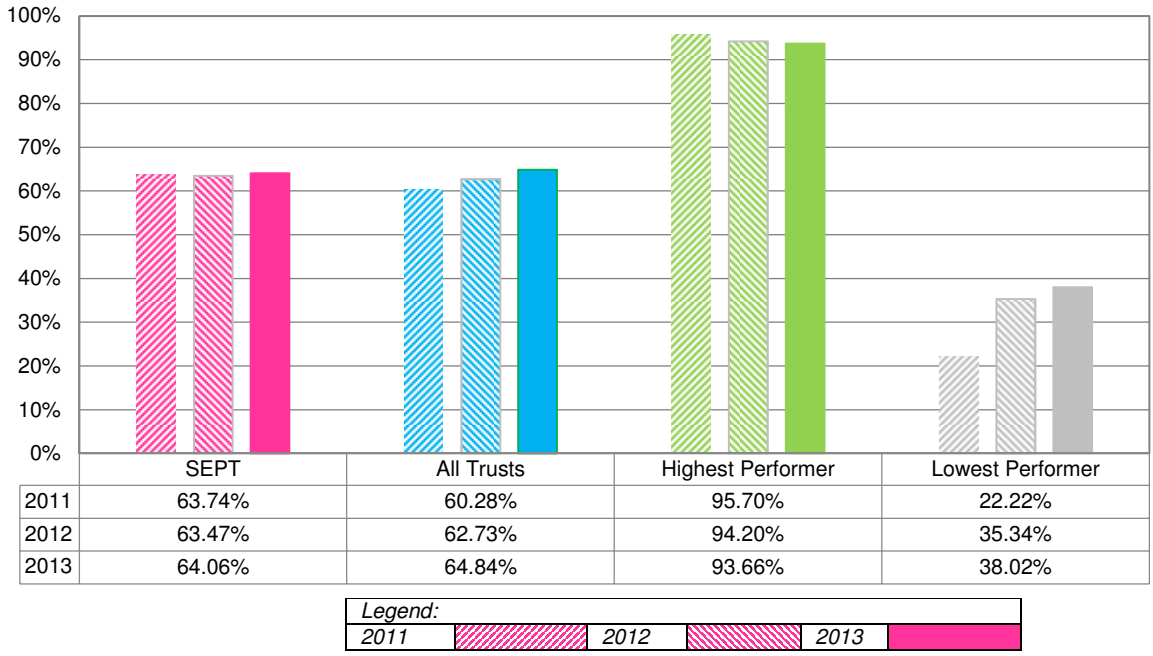
SEPT has consistently performed above both the 95% target set by MONITOR as well as above the national average during 2013/14. SEPT achieved 100% compliance in the first two quarters and there was just one admission in Q3 out of 305 total admissions which was not gatekept and only three admissions out of 276 in Q4 which were not gatekept.

The senior operational staff in each locality responsible for the delivery of mental health services review the causes of any breaches each month to ensure that no common themes or trends are developing.

Data source: DoH Unify2 data collection – MHPrvCom
National Definition applied: Yes

Staff who would recommend the Trust to their family or friends

Percentage of staff who stated, if a friend or relative needed treatment, I would be happy with the standard of care provided



	SEPT	All Trusts	Highest Performer	Lowest Performer
2011	63.74%	60.28%	95.70%	22.22%
2012	63.47%	62.73%	94.20%	35.34%
2013	64.06%	64.84%	93.66%	38.02%

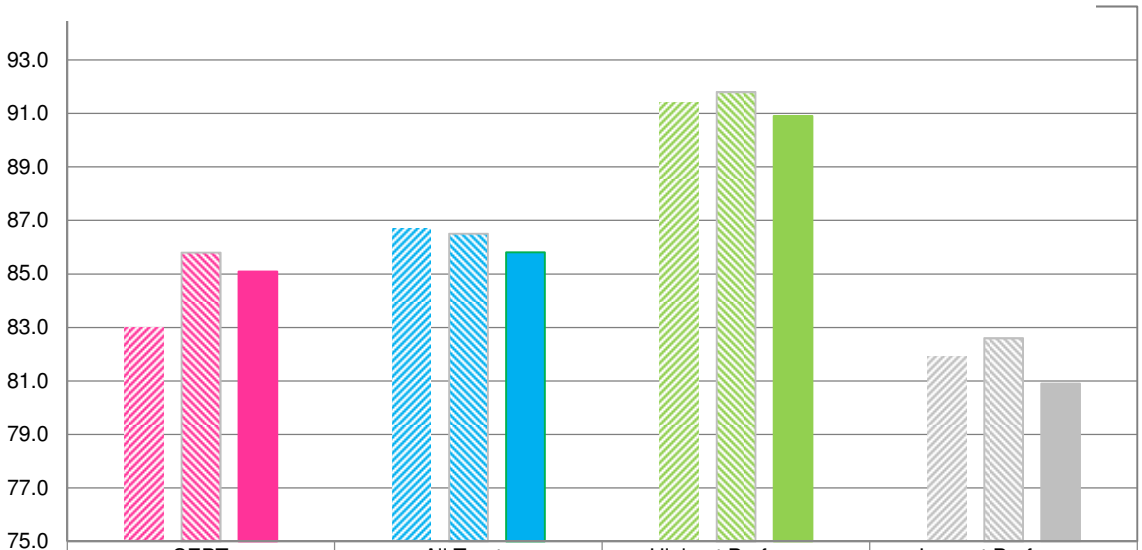
SEPT participates on an annual basis in the national staff survey for NHS organisations. Within the survey staff are asked to answer the question, “If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust”.

The 2013 staff survey results confirm that the Trust continues to maintain very high levels of engagement, staff motivation and job satisfaction. Out of the 28 Key Findings SEPT achieved 15 in the top 20% (best) and increased its engagement score for the third consecutive year attaining 3.84. SEPT is delighted to see such positive results but still intends to take action to improve these and the quality of its services.

Data source: National NHS Staff Survey Co-ordination Centre / NHS Staff Surveys 2011,2012 & 2013
National Definition applied: Yes

Patient experience of community mental health services

The Trust's 'Patient experience of community mental health services' indicator score reflects patients' experience of contact with a health or social care worker . The score is calculated as a weighted average of the responses to four distinct questions



	SEPT	All Trusts	Highest Performer	Lowest Performer
2011	83.0	86.7	91.4	81.9
2012	85.8	86.5	91.8	82.6
2013	85.1	85.8	90.9	80.9

Legend: *2011* *2012* *2013*

The community mental health service user survey is nationally conducted on an annual basis. The survey consists of a range of questions focusing on the care and treatment received by service users at various stages of care with SEPT community mental health services. The results demonstrate that SEPT followed the national trend in 2013 when scores did not achieve the same levels as in 2012. We are disappointed with these results – a deterioration from last year's results is not acceptable and being average is not good enough for us. We have therefore taken robust steps to develop specific action plans to address the results of this survey for each locality area. These are well advanced in their implementation and we very much hope that the steps we have taken will realise an improvement in the results of this survey in 2014/15.

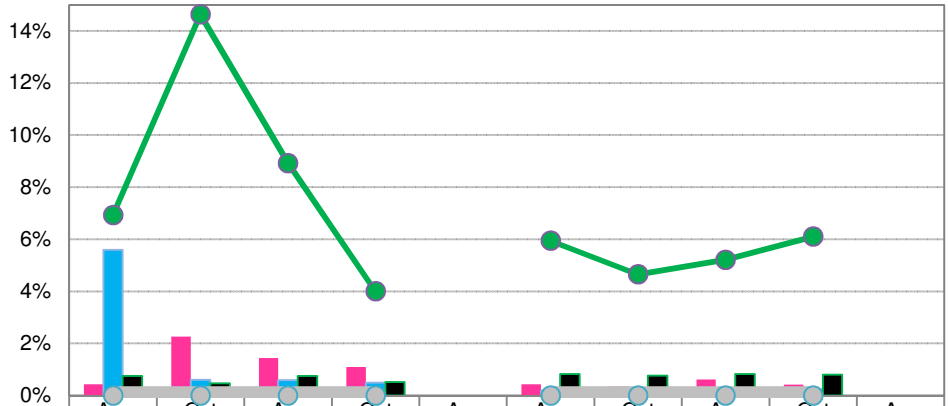
We have also taken a number of steps this year to improve and increase the ways in which we seek and act upon feedback from the users of our services. These are detailed in Section 3.5 of this Quality Report.

Data source: HSCIC / Community Mental Health Services Surveys
National Definition applied: Yes

Patient safety incidents and the percentage that resulted in severe harm or death

Reported Dates	1st October 2012 - 31st March 2013			1st April 2013 - 31st March 2014		
Organisation	All incidents	Severe harm	Deaths	All incidents	Severe harm	Deaths
All UK & Wales	716105	3478	1811			
SEPT	3807	42	16			

The graph below shows the percentage of all incidents reported by SEPT to the NRLS that resulted in severe harm or death, compared to the rates of all UK & Wales NHS trusts, all Mental Health Trusts, and also includes the highest and lowest reported rates of all UK & Wales NHS trusts.



	% Severe Harms					% Deaths				
	Apr 2011-Sep 2011	Oct 2011-Mar 2012	Apr 2012-Sep 2012	Oct 2012 - Mar 2013	Apr 2013-Mar 2014	Apr 2011-Sep 2011	Oct 2011-Mar 2012	Apr 2012-Sep 2012	Oct 2012 - Mar 2013	Apr 2013-Mar 2014
SEPT	0.43%	2.26%	1.44%	1.10%		0.43%	0.35%	0.62%	0.42%	
All Trusts	5.59%	0.60%	0.59%	0.49%		0.20%	0.26%	0.25%	0.25%	
All Mental Health Trusts	0.75%	0.47%	0.75%	0.52%		0.83%	0.77%	0.83%	0.80%	
Highest Reported	6.93%	14.63%	8.92%	4.00%		5.94%	4.65%	5.21%	6.10%	
Lowest Reported	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	

The national data for 2013/14 is awaited.

Data source: NRLS NPSA Submissions 12/03/2012, 12/09/2012 and 20/3/2013 and Datix.
National Definition applied: Yes

PART 3:
REVIEW OF OUR QUALITY PERFORMANCE DURING 2013/14

We want you to know how we've done over the past year in terms of delivering on those quality priorities we told you we hoped to achieve in our Quality Report last year. We also want you to know how we have performed against some key indicators of quality service which we have reported in previous years. We've included previous year's results too as this gives you the opportunity to see whether we are getting better at quality or if there are areas where we need to take action to remedy. Where this is the case, we've included some information in terms of what we will be doing to improve.

This part of our Quality Report is divided into five sections, as follows:

Section 3.1	Progress against our quality priorities for 2013/14 (which were outlined in our Quality Account 2012/13) – we have included historic and benchmarking data, where this is available, to enable you to see whether our performance in improving and to compare our performance with other providers.
Section 3.2	Some examples of key achievements relating to quality improvement during 2013/14.
Section 3.3	Performance against SEPT Trust wide and service specific quality indicators.
Section 3.4	Performance against key national indicators and thresholds relevant to SEPT (from Appendix A of Monitor's Risk Assessment Framework - a document which sets out the approach Monitor will take to assess the compliance of NHS foundation trusts with their licence conditions) which have not been included elsewhere in this Quality Report. Appendix A of Monitor's Risk Assessment Framework sets out a number of measures Monitor use to assess the quality of governance in NHS Foundation Trusts.
Section 3.5	Listening to our patients / service users. This is a new section that we have added to this part of the Quality Report this year – this details the work we have undertaken in relation to capturing patient experience and using this to help us to improve the quality of our services. This section includes the results of the national "Friends and Family Test" indicator.

To enable you to get an understanding of the Trust's performance in your local area, we have detailed performance against indicators by locality area where it is possible to do so.

Section 3.1: Progress against the quality priorities we set for 2013/14

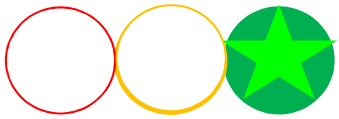
Our Quality Account for 2012/13 identified five quality priorities for 2013/14 that aimed to deliver the improvements most often identified by our stakeholders as important. These priorities were taken forward in Bedfordshire, Essex, Luton and Suffolk and focused on enhancing the safety, experience and effectiveness of our services. Below is a summary of the progress made to date.

3.1.1 Safety 3.1.2 Experience 3.1.3 Effectiveness

Quality priority: Physical Healthcare – Improving competencies in monitoring, measurement and interpretation of vital signs within elderly mental health patient areas.

We said we would develop a competency framework for clinical staff, conduct a baseline audit and demonstrate improvement by March 2014

Data source: SEPT Audit
National Definition applied: N/A



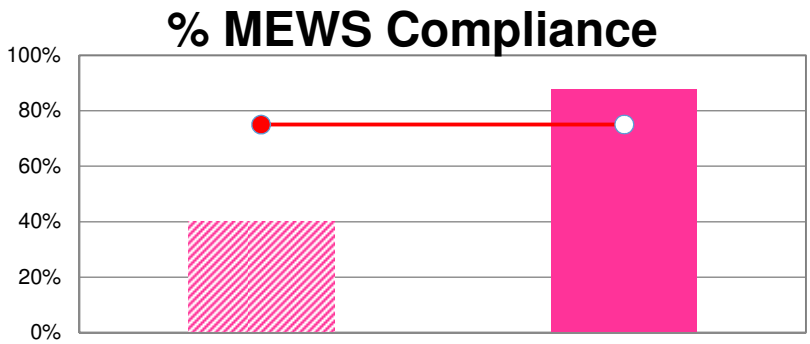
We have undertaken a baseline audit of the usage of the Modified Early Warning System (MEWS) prior to training and implementation of competency framework. This audit identified that 40% of wards were using MEWS effectively across older people mental health inpatient units and the Trust agreed an improvement target of 75% by the end of the year.

Re-audits were undertaken across the wards and it is pleasing to note that the most recent findings now evidence that the Trust averages a compliance rate of 88% with ongoing monitoring of vital signs.

SEPT has finalised a physical healthcare competency booklet which will have been disseminated to all older peoples' inpatient and rehabilitation units by the end of April 2014.

Seventeen workshops have been held across Rochford, Thurrock and at Runwell to increase awareness of Modified Early Warning System and physical healthcare competency. The themes covered include

- Demonstration of the use of the new MEWS documentation, including clinical observations chart, scoring system and action protocol
- Improvement of physiological assessment of service users
- Discussion of potential barriers to effective communication
- Demonstration of ability to use the SBAR reporting system

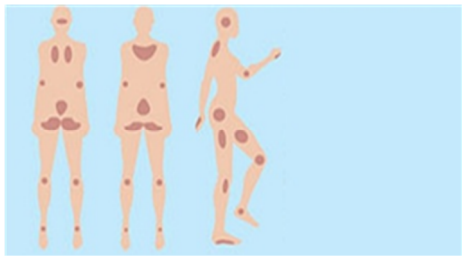


Further work is being undertaken to embed training in relation to the early detection of the deteriorating patient and introduction of the re-designed MEWS across all wards

Quality priority: To reduce the number of avoidable Pressure Ulcers acquired in our care

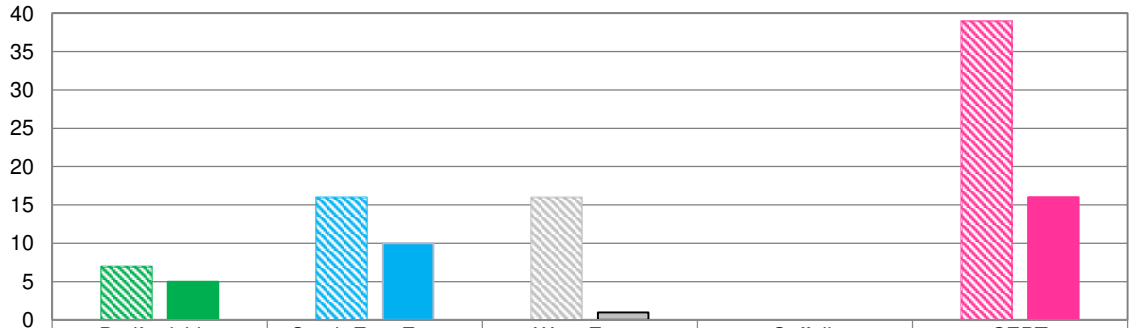
We said we would sustain and improve on the work undertaken during 2012/13 in reducing avoidable category 3 and 4 pressure ulcers and identify a baseline for category 2 avoidable pressure ulcers and reduce the number of avoidable pressure ulcers by March 2014.

Data source: Datix
National Definition applied: Yes



Work has continued over the year to sustain and improve the work undertaken in reducing avoidable category 3 and 4 pressure ulcers. There has been over 50% reduction to date of avoidable category 3 and 4 pressure ulcers in comparison to 2012/13. A baseline of 39 avoidable pressure ulcers were acquired in care during 2012/13, and to date 16 have been found to be avoidable following root cause analysis during 2013/14, although there are still 69 root cause analyses in progress.

Category 3 /4 Pressure Ulcers



	Bedfordshire	South East Essex	West Essex	Suffolk	SEPT
2012/13	7	16	16	0	39
2013/14	5	10	1	0	16

Work over the year includes:-

- All patients are assessed on admission to caseload or inpatient bed using Waterlow score
- Preventative equipment is offered to all patients identified as at risk (above 15 Waterlow).
- Skin Matters group in place in each locality with Tissue Viability Nurses (TVNs), senior clinicians and management in attendance who review all RCAs to ensure tool completed with detailed information and agree outcome

Reducing the incidence of Category 2 Pressure Ulcers.

During 2013/14, a CQUIN project was agreed with commissioners and was taken forward in each community locality to implement the SSKIN bundle and support identification of avoidable and unavoidable category 2 pressure ulcers. Baseline data was collected in quarter 2, to identify the number of SSKIN bundles completed and the number of avoidable Category 2 Pressure Ulcers acquired in SEPT care. Within each of the community health services, SEPT has made progress in meeting the commissioners' specifications and reducing the number of avoidable Category 2 Pressure Ulcers by 68% across SEPT as shown by the following table

Locality	Q2 Baseline			Q4 2013/14			
	Acquired in care	Completed SSKIN templates	Avoid-able	Acquired in care	Completed SSKIN templates	Avoid-able	% Decrease Avoidable PUs
Bedfordshire	61	38	23	69	61	8	-65%
South East Essex	99	74	25	107	92	15	-40%
West Essex	40	13	27	42	41	1	-96%
SEPT	**200**	**125**	**75**	**218**	**194**	**24**	**-68%**

3.1 Safety | 3.1.2 Experience | 3.1.3 Effectiveness

Quality priority: Improving Patient Experience

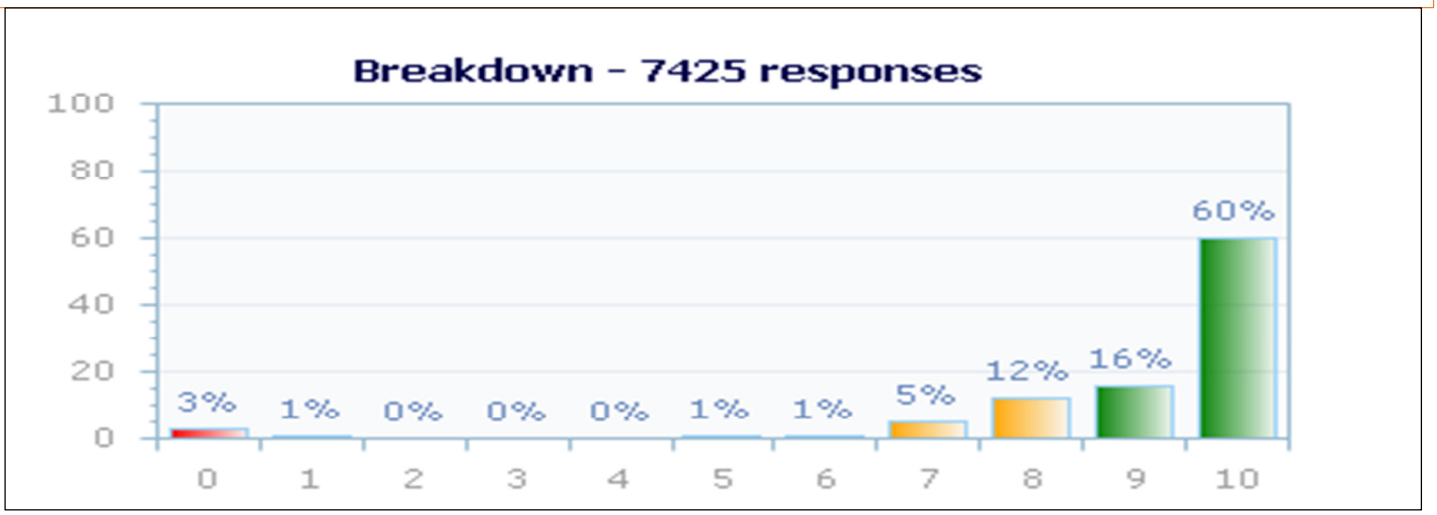
We said we would introduce a patient and carer feedback and reporting system (including the NHS Friends and family Test) across the organisation, enabling staff to receive regular commentary on their service from an end user perspective

Data source:
National Definition applied: Yes

In Quarter 1 of 2013/14, the Patient Experience Team developed a new, unified patient survey. This draws together the NHS Friends and Family Test and a further series of questions around key areas we identified together with people who use our services. Surveys are coded so that feedback can be provided at team-level; teams now receive scores and comments via the Friends and Family Test as well

From a total number of 7425 responses to the survey over the course of the year, the average results out of a maximum of 10 were as follows:

2013/14 Friends and Family Test question results: **"On a scale of 1 to 10, how likely is it that you would recommend this service to a friends or family member who needed similar care or treatment?"** The responses are collated and a Net Promoter score is calculated.



3.1.1 Safety | 3.1.2 Experience | 3.2.3 Effectiveness

Quality priority: Reduce the level of avoidable falls resulting in harm.

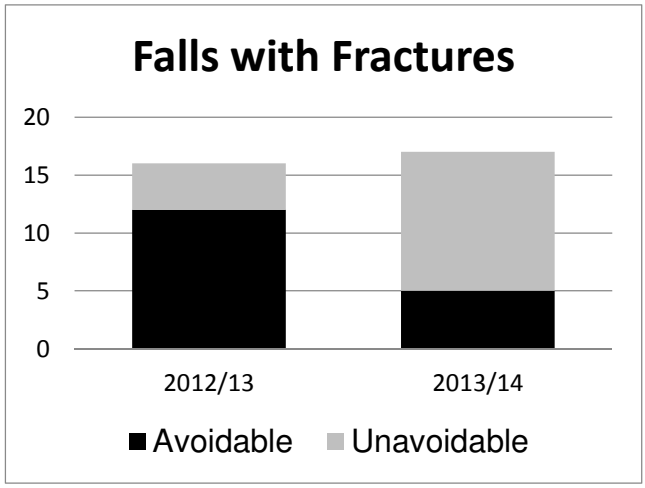
We said we would reduce the level of harm from falls, and increase reporting of no/minimal harm from falls.

Data source: DATIX
National Definition applied: Yes

During 2012/13, SEPT reported 1,593 falls, 31.77% of which resulted in low, moderate or severe harm; the remainder resulting in no harm. In order to identify the underlying cause of the 16 falls reported as a serious incident (falls resulting in long bone fracture requiring surgery) an in-depth audit was undertaken and identified a number of areas for development. Of the 16 serious incident falls, scrutiny of the audit findings identified that 12 falls could have been avoided.

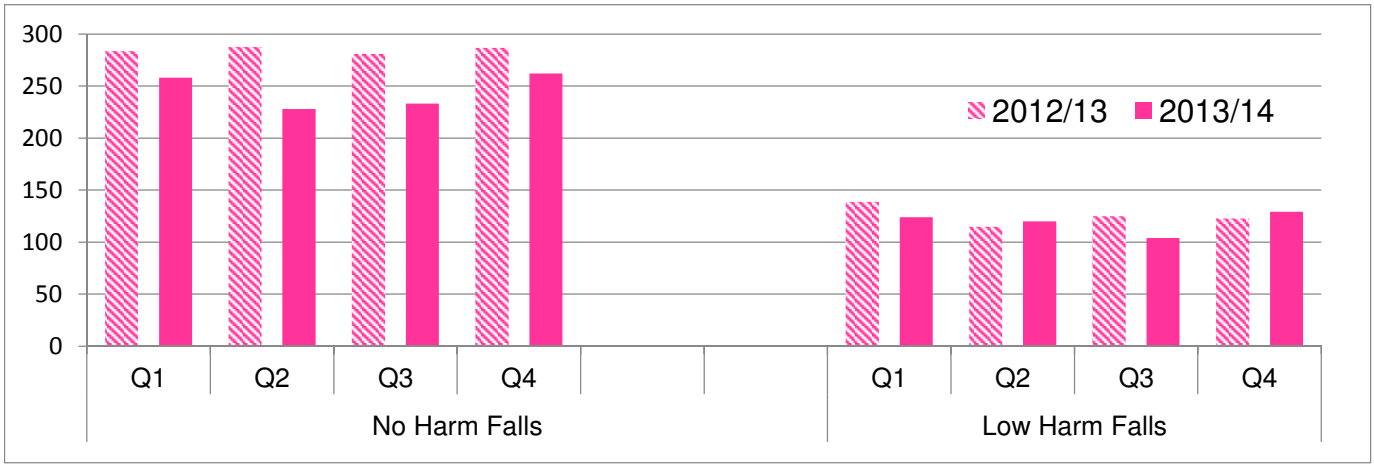
A number of measures have been introduced across services including:

- ✓ Modification of the SEPT Incident Reporting Template to include medication
- ✓ Provision of options to ensure more robust reporting.
- ✓ Implementation of a serious incident root cause analysis (RCA) tool for long bone fractures with executive sign off
- ✓ The Falls Risk Assessment tool has been revised to reflect the recently updated NICE guidelines, the Royal College of Physician Care Bundles and the audit findings.



During 2013/14, the new RCA has enabled the scrutiny of all serious incident falls with 5 being identified as avoidable to 31st March 2014.

A 2012/13 baseline of 1642 no/low harm falls has been established. Although during 2013/14 12% fewer falls have been reported across the Trust, the proportion of No/Low Harm falls has increased from 96.1% to 97.1%.

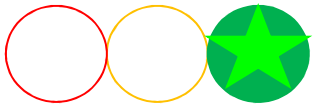


3.1.1 Safety | 3.1.2 Experience | 3.1.3 Effectiveness

Quality priority: To provide better support for carers by mental health and community health services

We said we would increase the number of clinical staff trained to undertake the 3 R's (Recognise, Record and Refer carers to appropriate services)

Data source: N/A
National Definition applied: N/A



31 training courses were organised during 2013/14 with the following aims for our staff:

- ✓ Carers identified and recorded at point of contact with SEPT services
- ✓ Understanding the role and worries. of carers
- ✓ Carers own health and wellbeing maintained / improved
- ✓ Cared for own recovery time reduce and or quality of life maintained / improved for the cared for and carer
- ✓ Involving carers in the care and treatment of patients
- ✓ Carers are recognised and supported in their caring role

In 2012/13, 278 of our staff received carer awareness training and in 2013/14 we set a higher target of 324 clinical staff to receive training.

A total of 509 clinical staff have undertaken the carers' awareness training up to end of March 2014.

This has exceeded the target by 185 (57%)

Section 3.2: Examples of key achievements relating to quality improvement during 2013/14

Outlined below is a selection of quality improvements that have been achieved during 2013/14 to provide you with a flavour of the diversity of initiatives we are working on and the progress we are making in improving the quality of care we provide to our patients and users. Please do get in touch with us (contact details at the end of this report) if you would like further details about any of these initiatives.

Trust wide

A number of Trust wide quality developments implemented in 2013/14 are listed in section 2.4 of this Quality Report (our response to the Francis Inquiry). Some further examples are listed below:

- Physical health care training has been rolled out across mental health elderly inpatient areas with competencies for staff to ensure that the physical health needs of patients are met;
- Skin Matters groups are in operation within all localities to review pressure ulcers and sign off root cause analyses prior to sign off at executive level;
- A Falls Group has been put in place to consider incidents of falls across the Trust, review falls risk assessments and consider the patient pathway;
- The "Friends and Family Test" has been rolled out across the Trust for patients and staff to assess how we are doing in terms of patient experience and take actions to improve in direct response to feedback (further details of this are included at section 3.5 of this Quality Report);
- Roll out of First Class Care champions within Clinical Teams to ember First Class Care document and to capture patient stories, areas of good practice and lessons learnt; and
- A review of risk assessment training has been undertaken to ensure that this meets best practice – this has ensured that staff are fully equipped to undertake high quality risk assessments on completion of the training, thus contributing to the Trust's ability to successfully manage any risks.

Bedfordshire Community Health Services

- The Rapid Intervention Team and Rehabilitation teams have been integrated (aligned to local authority services across the county) which has improved patient pathways, reduced duplication and through skill mix increased competencies for lower bands of staff paving the way for the introduction of a more generic and flexible workforce and further integration of services. The Multi-Disciplinary Team (MDT), staffed by both therapists and nursing staff, will accept referrals from One Call (referral call provider) and act as a single point of contact for the amalgamated service. In this way, we are able to deliver nursing crisis management and rehabilitation services to patients at home that are responsive, efficient, timely and patient focused.
- The Clinical Navigation Team (which was set up in March 2012) was integrated during 2013 into the Emergency Department Team with the aim of identifying all patients over the age of 75 years from Bedfordshire arriving at the Emergency Department at Luton and Dunstable Hospital. Once a patient has been identified a navigator nurse assesses the patient alongside the medical team to ascertain if the patient can be cared for by community health services as an alternative to hospital admission. This has changed the approach of the hospital team to ensure admission is the last resort, rather than a default position. This team has supported the early discharge of over 3200 patients since they began in March 2012.
- High risk patient multidisciplinary meetings have been implemented which aim to identify, discuss and co-ordinate the care of high risk patients on current community caseloads. It is proposed that this initiative will be developed further in 2014/15 by linking to a proposed admissions and discharge information exchange facilitator based at Luton and Dunstable and Bedford hospital, who will be providing relevant information directly to the high risk groups about patients from current community caseloads, who are accessing emergency services, being admitted or discharged.
- A peer review process has been implemented. This utilises an audit tool allowing comprehensive evaluation of electronic clinical records against CQC quality standards involving community nursing teams, rapid intervention and rehabilitation and enablement service. The process of peer review has improved understanding of current record keeping processes and protocols in different teams in preparation for further integration of services. It is planned to roll this out into specialist nursing services. During early 2014 this has been actively embedded into the supervision process for band 6 nursing staff. This will enable the identification and management of individual learning needs and create a pool of information that will identify trends and promote improvement across services.
- A programme of redesign within the continence service has been undertaken during 2013/14 to improve service efficiency, cost effectiveness and ensure that patients are receiving the correct

products for their clinical need. The changes have included defining service pathways, increasing clinical staff productivity, redefining product formularies for specialist and generic services and liaising with acute services. Audit of stock of product levels in residential and nursing homes identified poor product management which has subsequently been addressed through reassessments and on going monitoring.

Bedfordshire and Luton Learning Disability Services

- The focus of the Health Facilitation Service this year has been to increase the number of people who have a learning disability accessing the National Cancer Screening Programmes. All members of the Health Facilitation Service received awareness training from members of the Breast Screening and Bowel Screening Services to increase their knowledge and understanding of the processes involved which has enabled them to give appropriate information and support to people who have a learning disability accessing the screening procedures. Members of the Health Facilitation Service have facilitated Awareness Sessions with Service Users, paid Carers and members of the Local Authority Adult Learning Disability Teams (ALDTs) to raise awareness and understanding of the need to participate in the Screening Programmes.
- The Sensory Impairment Service has, in the last year, re-commenced the running of joint clinics with the Ear, Nose, and Throat department at the Luton and Dunstable Hospital. The organisations involved have both worked hard to reinstate these clinics in a more person centered format, to ensure that the people who have a learning disability and complex needs can access a service with the appropriate preparation and support.
- The manager and deputy of the Intensive Support Team (IST) are currently participating in the NHS England Change Leadership Programme, taking forward a proposed project to improve access to mainstream mental health services for people with a learning disability who have a primary need of mental health in direct response to "Green Light " and "Valuing People Now".
- The Adult Autism Service is a new local Assessment and Diagnostic Service for people who have reason to believe they are on the Autism Spectrum. The service is county wide and has been running since July 2013 in a limited way. Since being operational over one hundred referrals have been received.

Bedfordshire and Luton Mental Health Services

- Think Family Innovations - In Central Bedfordshire our Adult Mental Health Services made a formal commitment to the Local Authority's approach to young carers. Key questions have also been incorporated into all CMHT assessments to ensure young carers are not missed when assessing people with mental health problems. This builds on the commitment we made to the Local Authority's Think Family Protocol which we signed up to in 2012. In addition we have joined a partnership innovation with the Local Authority in Central Bedfordshire to run Kidstime Workshops. Adult Mental Health Services provide a Community Mental Health Nurse, with CAMHS providing a Family Therapist for the workshops. The Kidstime Workshop brings together families where the parent has a mental health issue, and using an evidence based psychodynamic approach to assist them to explore issues and deal with mental health positively for the family unit. Each workshop runs for 10 sessions.
- Every GP surgery now has a Link Care Co-ordinator. The Linkworker gives access to the surgery to raise any issues relating to referrals to the local Community Mental Health Team so that they can be resolved quickly.
- One of the Associate Directors for Social Care has trained over 400 Police officers in understanding mental health. This benefits patients by ensuring that when the Police are the first point of contact for people who are in mental health crisis there is a greater understanding of the mental health issues and a more empathic and helpful approach can be given in ensuring people access the right mental health care.
- The Luton Assertive Outreach Team and Luton Drug and Alcohol Service provide in-reach clinics to NOAH Enterprises in Luton. This innovation is designed to outreach to homeless people with mental health issues to ensure they are in receipt of the treatment they need.
- The Memory Assessment Services for Luton and South Bedfordshire have gone through the Memory Service National Accreditation Programme (MSNAP) accreditation process. They were both accredited as excellent. The Memory Assessment Services for Bedford and Mid Bedfordshire have gone through the MSNAP accreditation process and we are awaiting the outcome of these assessments at the time of writing the Quality Report.

Children's Services – South East and West Essex

- Health Visitor numbers have significantly increased in South East and West Essex over the last year. This has enabled the introduction of the Maternal Early Sustained Childhood Home Visiting (MESCH) Programme which enables early intervention commencing in the antenatal period and intensive contact for those families requiring additional support.
- An innovative cognitive behaviour therapy / mindfulness techniques approach has been introduced in the Elpitha Post Natal support group in Harlow. This has resulted in the sustainability and self-enablement of the group members.
- In South East Essex, SEPT piloted the use of Health Care Assistant's to administer the flu vaccine to children. This proved successful and as a result we are looking at expanding the role to enable Health Care Assistants to administer more school based vaccinations thereby releasing school nurses to deliver more specialist parts of the service.
- SEPT engaged with Harlow Educational Consortium to support delivery of the Family Intervention project in 2013. This project identified vulnerable families and worked to a strict partnership model in the delivery of intensive support, education and guidance with the aim of enabling families to take responsibility for their own health needs and navigate health, education, district council, employment and social care environments. A Health Visitor was allocated for 2 days per week to work with the Family Intervention Team, carrying out assessments, joint visits with key workers and one to one visits. Care plans and interventions were fully evaluated at regular intervals during the period of time project workers engaged with the families. At the end of the project there were a range of clearly identified benefits eg increased education opportunities for families where literacy was an issue, better use of health resources and understanding the impact of non-attendance at appointments, financial management benefit and improved parenting and parent child relationships.
- As part of the Paediatric Diabetes Best Practice Tariff the children's community diabetes team have been enabled to go to full recruitment and deliver on the Best Practice Tariff, including participation in the East of England Network out of hours service rota. This has enabled children and families to access expert advice from a diabetes specialist 24 hours a day 7 days a week.

Children's Services – Suffolk

- A new model to enable timely and appropriate responses within the Looked After Children pathway is in the final stages of agreement with the Suffolk Clinical Commissioning Groups. The model will see a medically led nurse initiated 'entrant into care' health screening pathway being introduced.
- Leads from the Integrated Community Paediatric Services have joined a number of sub groups being led by our partners in Suffolk County Council to implement the proposed changes to planning for children with Special Educational Needs and Disability (SEND) under the SEND Reforms and the Children and Families Bill. There is a requirement for the council and Clinical Commissioning Group to publish a "core offer" for such children which will become statute as the new bill comes into force in September 2014. We are actively engaging currently with the Council leads to inform local implementation.

South East Essex Adult and Older People's Community Health Services

- Insulin initiation pre-assessments / groups have been introduced in the diabetes service to reduce waiting times for patients for this intervention. We have also reduced waiting times for Structured Type 2 Education Programme (STEP) sessions in the diabetes services from approximately 6 months to 1 month by increasing capacity in this service and re-designing the administrative functions behind its delivery. This ensures patients who have been newly diagnosed with type 2 Diabetes are provided with the right information (i.e. regarding simple lifestyle changes that reduce complications) in a timely fashion in line with NICE guidance.
- We initiated the design of a Pressure Ulcer poster that was runner up at the Journal of Wound Care Awards. Previously, various posters were used within the Community Nursing bases detailing the processes that they needed to follow when caring for a patient with a pressure ulcer. The new poster amalgamated this information into one poster, with the SSKIN central to the theme, in an effort to provide a 'quick reference one stop shop' for all nursing staff. This ensures that nurses spend less time looking for information and more time dedicated to direct patient care. This has also been provided to the local Hospital's discharge coordinator team in order to decrease the number of delayed transfers of care and improve the quality of discharges via effective and efficient communication and coordination.

- Significant work was undertaken to improve access to healthcare for patients with a learning disability including building relations with SHIELDS / Health Access Champions and gaining their on-going support. This included the development of service leaflets in easy read format for all services and the redesign of signs within all buildings that we use within the Community, whilst also supporting GPs by promoting Health Action Plans and Annual Health Checks to all patients with Learning Disabilities that utilise our services.
- We participated in a pilot study / integrated working with a Psychologist to provide psychological support for patients with Chronic Obstructive Pulmonary Disease (COPD). This has identified a reduction in the number of unnecessary admissions to hospital for patients with COPD due to anxiety about their condition.
- Texting services to remind patients of their appointments have been introduced in the continence and diabetes services which has reduced the number of patients not attending appointments.

South Essex Learning Disability Services

In-patient Services

- The In-patient Units had a very successful 2-day AIMS (Accreditation for In-patients Mental Health – led by the Royal College of Psychiatrists) visit. The verbal feedback from the assessors was very positive and, at the time of writing this Quality Report, the final decision on the accreditation is awaited.
- The in-patient service staff – both nursing and therapy staff – were significantly involved in the East of England Managed Clinical Networks. Workstreams were developed to look at specific areas such as quality checks, autism and the transformation of specialist health services. Reports from the work undertaken by these groups are now available and the guidance and issues identified are adopted by SEPT Learning Disability Services when looking at change and transformation. It is anticipated that this will improve quality of services for our service users.
- In-house training has been further developed, with many of the staff themselves leading the sessions eg speech and language therapists. The Clinical Lead has also engaged Trust staff from other areas to contribute to this training eg Safeguarding Team, Criminal Justice Team. This has improved working relationships with other areas to ensure the quality of service to patients is the best it can be.

Community Services

- Work continues between the Acute Hospital Learning Disability Liaison Nurses in both Southend and Basildon and our community and in-patient nursing staff to ensure that people with a learning disability are comfortable and respected during their hospital admissions.
- Health Facilitation Nurses within Castle Point and Rochford and Southend attended the Houses of Parliament along with the Southend People's Parliament to talk about their work around the health of people with learning disabilities and supporting people to access mainstream services. This was in recognition of the excellent work that these services have undertaken.

South Essex Mental Health Services

- A number of initiatives have been introduced into South East Essex inpatient services to ensure that they function as efficiently as possible. A focused piece of work aimed at reducing the length of stay for patients to ensure that inpatient stays are only for as long as clinically needed has been effective, recognising the negative impact that inpatient admissions can have on people's lives. This has also resulted in a significant reduction in bed usage in South East Essex.
- Further to this the inpatient services has introduced a number of measures to provide assurance that the high quality of care is evidenced in documentation.
  Operational Managers receive data reports on the following information:
  - Daily bed states showing number of occupied and leave beds, and staffing levels, on each acute and continuing care in-patient unit.
  - Weekly record monitoring which includes evidence of high standard of record keeping.

  It is anticipated that the quality of services will improve further by this close monitoring. This work is in its infancy and the approach will be evolved over the next year.
- A mental health liaison and dementia service has been piloted in Basildon Hospital. The aim of this service is to provide assessment and psychological treatment for patients admitted to the acute hospital who are believed to have a mental health need. The service has also offered training for hospital staff to raise awareness and improve the response to people with mental health issues. The service has been a notable success. It quickly became a valued resource by the acute trust staff.

Referrals have increased month by month. It is believed that this service has assisted in reducing the length of stay in acute wards for individuals who have a mental health issue or dementia. A further pilot of this service has been introduced into Southend Hospital and early indicators are that it is similarly well received.

- During 2013 South Essex has carried out a community mental health transformation programme. A number of initiatives have been piloted including:
    - Development of a single point of access for GP referrals that provides triaging referrals and identifying the most appropriate service response within four hours;
    - Restructuring community mental health teams to provide a first response for individuals newly referred into mental health services and a recovery and wellbeing service for individuals with a severe and enduring mental health presentation; and
    - Crisis line for GP's to enable them to seek clinical advice regarding the appropriate provision of services for people presenting in a crisis.

  Further development of these innovations will continue during 2014.
- An intermediate care facility (Mountnessing Court) has been successfully piloted during 2013. This facility provides a step up / step down approach aimed at preventing admission and facilitating discharge from acute hospital beds of people with dementia in South West Essex Mental Health Services. The new model of service also provides patients with intensive rehabilitation to help people remain in their own homes for as long as possible. An evaluation of this service has evidenced improved outcomes for the people who have used this service with the majority returning to their own homes instead of being transferred to a residential care home.

Specialist Mental Health Services

Secure Services:

- The mental health in-reach team at HMP Bedford won the High Sheriff of Bedfordshire's 'Outstanding Team of the Year' award for the work they do within the prison.
- The unified electronic patient record has been successfully rolled out across secure services in south Essex and Luton. This enables clinicians to have access to the full patient record both during and after their hospital admission which leads to continuity of care and greater information sharing with other professionals.
- Brockfield House and Wood Lea Clinic received excellent CQC reports which showed full compliance with the standards that were audited.
- South Essex criminal justice mental health team have been chosen as 1 of 10 sites nationally to trail the new liaison and diversion service model for criminal justice. The purpose of liaison and diversion is to ensure that people in contact with police and the courts who have mental health problems are identified and supported throughout the process and diverted away from the criminal justice system and towards treatment where appropriate.

Child and Adolescent Mental Health Services (CAMHS):

- The Bedfordshire CAMHS Home Treatment Team was nominated and shortlisted into the final four of the Royal College of Psychiatry 2013 CAMHS Team of the Year.
- South Essex Child and Family Consultation Service teams received excellent CORC (CAMHS Outcome Resource Consortium) reports evidencing improved outcomes for children, young people and families using our services.
- Luton and Bedfordshire CAMHS service have established transition panels for young people reaching the age of 18 and moving to Adult mental health services. Cases are discussed 6 months prior to transition to give time to plan and handover care and treatment smoothly. This has resulted in smoother transition for the young person and their family, improved communication between staff and the opportunity to track any areas of need that require improvement, where there may be a lack of provision.
- Tier 2 and tier 3 services have been joined together in Southend, Castle Point and Rochford to create a seamless service for our service users, including single screening of referrals. As a result we have been able to develop clear goals in regard to prevention and treatment. A series of group work programmes have been developed, some of which have been running over the past year, others are to begin in 2014/15 alongside many other developments.
- In South Essex a new risk assessment has been developed as part of the screening process for the single point of access. This has linked with urgent pathways and the existing crisis team to ensure

that urgent referrals are seen in a quick and timely manner. This has been audited as part of a CQUIN which showed that those referrals screened as urgent were seen in a much quicker timeframe across participating clinics.

Suffolk Community Health Services

- Podiatry - Foot Protection Team Clinics have been expanded in more locations so as to increase step-up/step-down slots for high risk diabetics with Acute Multidisciplinary Team to reduce amputation rates.
- Foot Surgery - staffing rosters have been revised to achieve podiatric surgeon cover for all of the working week.
- Foot Surgery – the PASCOM Audit System for patients receiving surgery has been fully implemented. This provides evidence of the service's performance against national benchmarks for all outcomes of surgery.
- A clinical specialist from the Adult Speech and Language Therapy West Team introduced a new service initiative called "the Bury St Edmunds Aphasia Café". This has been implemented for people with long term communication difficulties post-stroke who are approaching discharge from therapy. The cafe provides patients with community access to support with communication skills. Patient-reported benefits include reducing loneliness; a chance to talk with and learn from others with similar problems; developing new friendships. The clinical specialist had a poster describing the benefits of this new service initiative accepted at the East of England Stroke Forum.
- The Adult Speech and Language Therapy East Team has been monitoring patient outcomes for swallowing and communication interventions, using Enderby's Therapy Outcome Measures. Data was collected on a random cohort of patients discharged between April and December 2013, and shows that patients make good progress in both areas. For example, for the second quarter:
    - 64% of patients with swallowing problems were eating and drinking a largely normal diet at discharge, compared with only 4% at initial assessment.
    - 69% with language difficulties were unable to communicate in any way at the point of referral, compared with 24% at discharge.

West Essex Adult and Older People's Community Health Services

- An external review of the Integrated Community Care Teams was undertaken across West Essex with recommendations to ensure equity of provision and consistent working practices throughout the teams.
- Community in patient wards have been aligned with Safer Staffing Levels recommendations and are complying with the monthly reporting requirements.
- A redesign of community beds has been implemented to separate step up and step down which has resulted in more efficient throughput of patients and improved discharge processes.
- Adult Speech and Language Therapy access criteria have been aligned with professional guidance on prioritisation to ensure appropriate targeting of at risk groups.
- Integrated working between system partners has been developed and improved to ensure maximisation of patient flow along recognised care pathways.

Participation in Royal College of Psychiatrists National Quality Improvement Programmes

In support of our objective to continually improve the quality of our services, we have participated in the following Royal College of Psychiatrists national quality improvement programmes / networks or service accreditation programmes:
Forensic Mental Health Services (Quality Network)
Child & Adolescent Inpatient Mental Health Services
Electroconvulsive Therapy Units
Working Age Inpatient Mental Health Units
Older People Inpatient Mental Health Units
Rehabilitation Mental Health Units
Psychiatric Intensive Care Units
Inpatient Learning Disability Units
Memory Services

Section 3.3: Overview of the quality of care offered in 2013/14 against selected indicators

As well as progress with implementing the quality priorities identified in our Quality Report last year, the Trust is required to provide an overview of the quality of care provided during 2013/14 based on performance against selected quality indicators. The Trust has selected the following indicators because they have been regularly monitored by the organisation, there is some degree of consistency of implementation across our range of services, they cover a range of different services and there is a balance between good and under-performance.

Trust wide indicators

The Key Performance Indicator (KPI) targets were established with the Commissioners: for C. Difficile and MRSA bacteraemia cases they must be solely attributable to the Trust and avoidable after investigation via root cause analysis (RCA).

PATIENT SAFETY

Hospital Acquired Infections

Data source: Infection Control Dept
National Definition applied: Yes

Infection Control Measure		2012/13 Outturn	2013/14 Target	2013/14 Outturn
Mental Health Services	Cases of avoidable C.Difficile	0	0	0
	Cases of avoidable MRSA Bacteraemia	0	0	0
Community Health Services	Cases of avoidable C.Difficile	0	4	0
	Cases of avoidable MRSA Bacteraemia	0	0	0

PATIENT SAFETY

Data source: Safety Thermometer
National Definition applied: Yes

Safety Thermometer (Harm Free Care)

A monthly census is taken of patients in our care which meet the national criteria for Safety Thermometer to measure four areas of harm. Censuses are taken in over 100 teams covering adult and older people wards and community teams, but excluding specialist services, on a monthly basis.

The areas of harm are:- Category 2 / 3 / 4 Pressure Ulcers (acquired in care or outside our care), Falls within 72 hours, Catheter Urinary Tract Infection (UTI) or Venous Thrombo-Embolism (VTE).

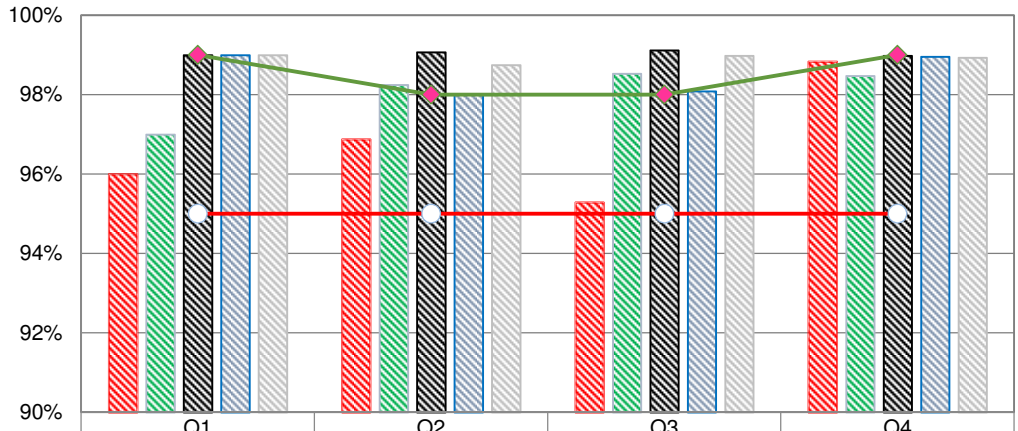
The graph below show the percentage of patients that were visited or were an inpatient on the census date, who had not acquired any of the four harms whilst in SEPTs care. During 2013/14 SEPT successfully achieved above the 95% target.

During 2013/14 SEPT successfully collected data on patient harm using the Mental Health pilot NHS Safety Thermometer, which measures the following 4 areas of harm:-

- Self-Harm
- Patient Falls
- Violence and Aggression
- Medication Omissions

These are not included in the table below.

A Harm Free Care Group has been established and the group review the information obtained through the Safety Thermometer to inform its work.



	Q1	Q2	Q3	Q4
Beds & Luton MH	96%	97%	95%	99%
Bedfordshire	97%	98%	99%	98%
South Essex MH	99%	99%	99%	99%
South East Essex	99%	98%	98%	99%
West Essex	99%	99%	99%	99%
SEPT	99%	98%	98%	99%
Target	95%	95%	95%	95%
SEPT 2012/13	96%	98%	98%	98%

PATIENT EXPERIENCE

Complaints

Data source: Datix
National Definition applied: Only to K041-A Submissions to the Department of Health

Complaints referred to the Parliamentary & Health Service Ombudsman

During 2013/14 a total of 13 complaints were referred to the Parliamentary & Health Service Ombudsman. This represents a decrease of 4 on the previous year.

No further actions or recommendations were made in respect to 4 of the 2013/14 referrals SEPT is awaiting PHSO notification of further investigation in 3 cases. PHSO has issued draft recommendations for 2 complaints, and a further three have been partially upheld and one upheld.

There are 8 active cases with the PHSO. One complaint from Bedfordshire and Luton has been under investigation since 2011. Notification is awaited on the remaining 7 active cases.

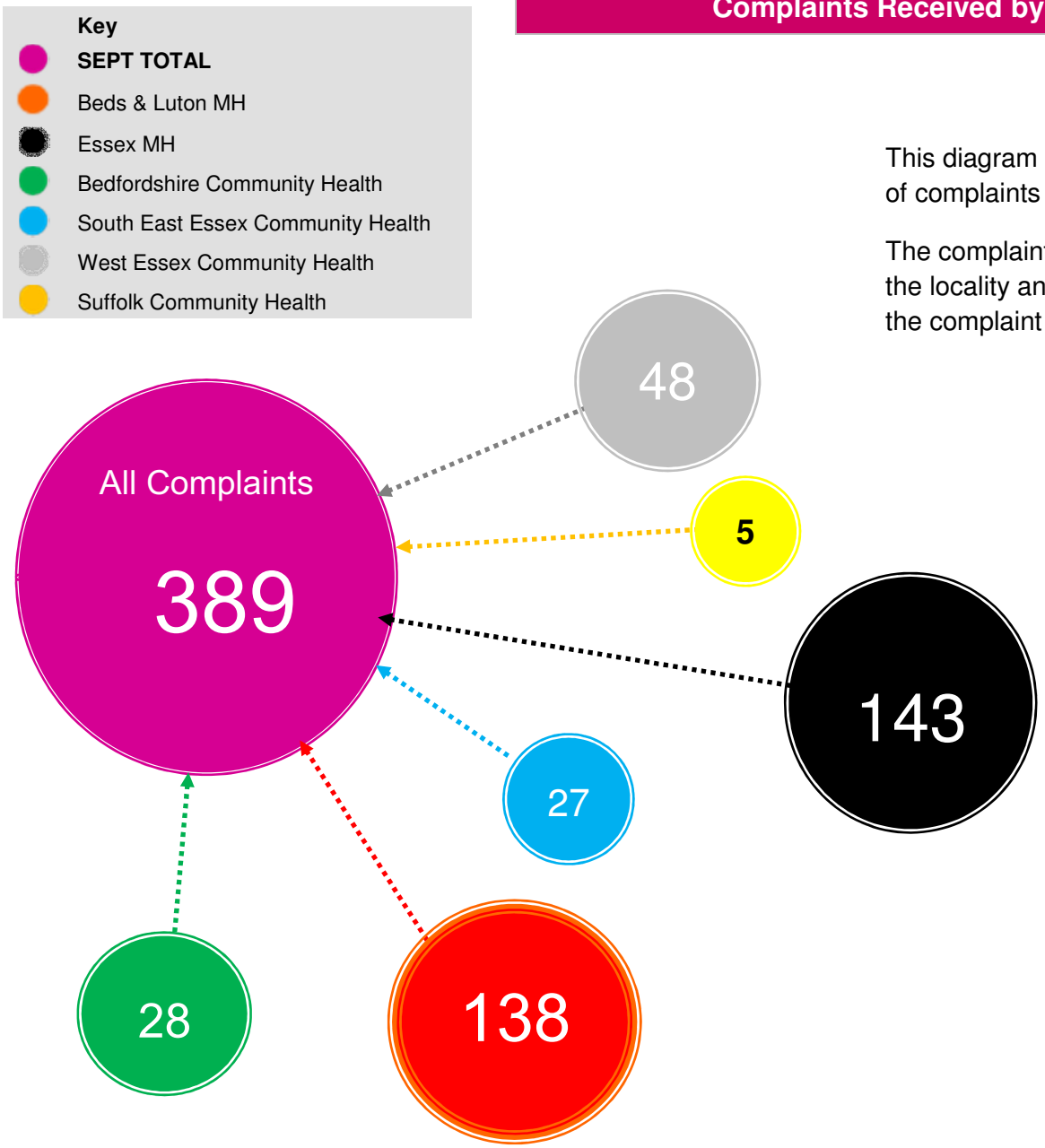
Complaints closed within timescales

The % of Complaints Resolved within agreed timescales indicator is a measure of how well the complaints-handling process is operating within the organisation. The agreement of a timescale for the resolution of a complaint is identified in the NHS Complaints Regulations, but these do not stipulate a % target to be achieved. This indicator is not part of the Compliance Framework, or part of any other national performance framework. Nevertheless, SEPT's Executive Team considers that commitments made to complainants should be adhered to and agreed several actions to expedite and monitor the process of complaints resolution. It was also agreed that the target compliance would be set at 95%.

A new local indicator has been introduced during 2013/14 to monitor timescales for complaints resolution. From 1 December 2013 SEPT aims to resolve 90% of complaints about mental health services within 30 days and to resolve 100% of complaints regarding community health services within 25 days.

Performance Indicator	2011/12	2012/13	2013/14
Number of formal complaints received	**483**	**434**	**389**
Number of complaints closed in period	237	505	382
Complaints resolved within agreed timescale	172	381	377
% Resolved within agreed timescale	73%	75%	99%
% Resolved within local Trust target		26%	56%
Complaints upheld/partially upheld	127	286	226
Number of complaints r withdrawn	19	18	7
Open complaints at year end	112	56	56
Complaints about Mental health services resolved in 30 Days			34%
Complaints about Community Health Services resolved within 25 Days (Q4 only)			86%

Complaints Received by Locality and Service



This diagram represents the number of complaints received by the Trust.

The complaints have been split by the locality and service that received the complaint

The top three themes for complaints for both mental health and community during 2013/2014 were; dissatisfaction with treatment, staff attitude and communication. The top three themes for the Trust also apply nationally across the spectrum of health services. The figures in brackets are last year's totals for comparison.

Top Three Complaint Themes	Total Number of Complaints Received (2013 / 2014)	Upheld	Partially Upheld	Total
Dissatisfaction with treatment	65 (61)	6 (11)	26 (23)	32 (34)
Staff Attitude	57 (97)	15 (10)	15 (43)	30 (53)
Communication	43 (40)	12 (8)	15 (14)	27 (22)

The category 'Dissatisfaction with treatment' covers a wide spectrum. In some cases, complainants had a fixed idea of the course of treatment they should receive; however, this was contrary to their clinical need. The Trust was, therefore, limited in providing solutions to these. It is pleasing to note that the number of staff attitude complaints has decreased considerably this year; the total represents a 41% reduction on last year's figure.

PATIENT EXPERIENCE

Compliments

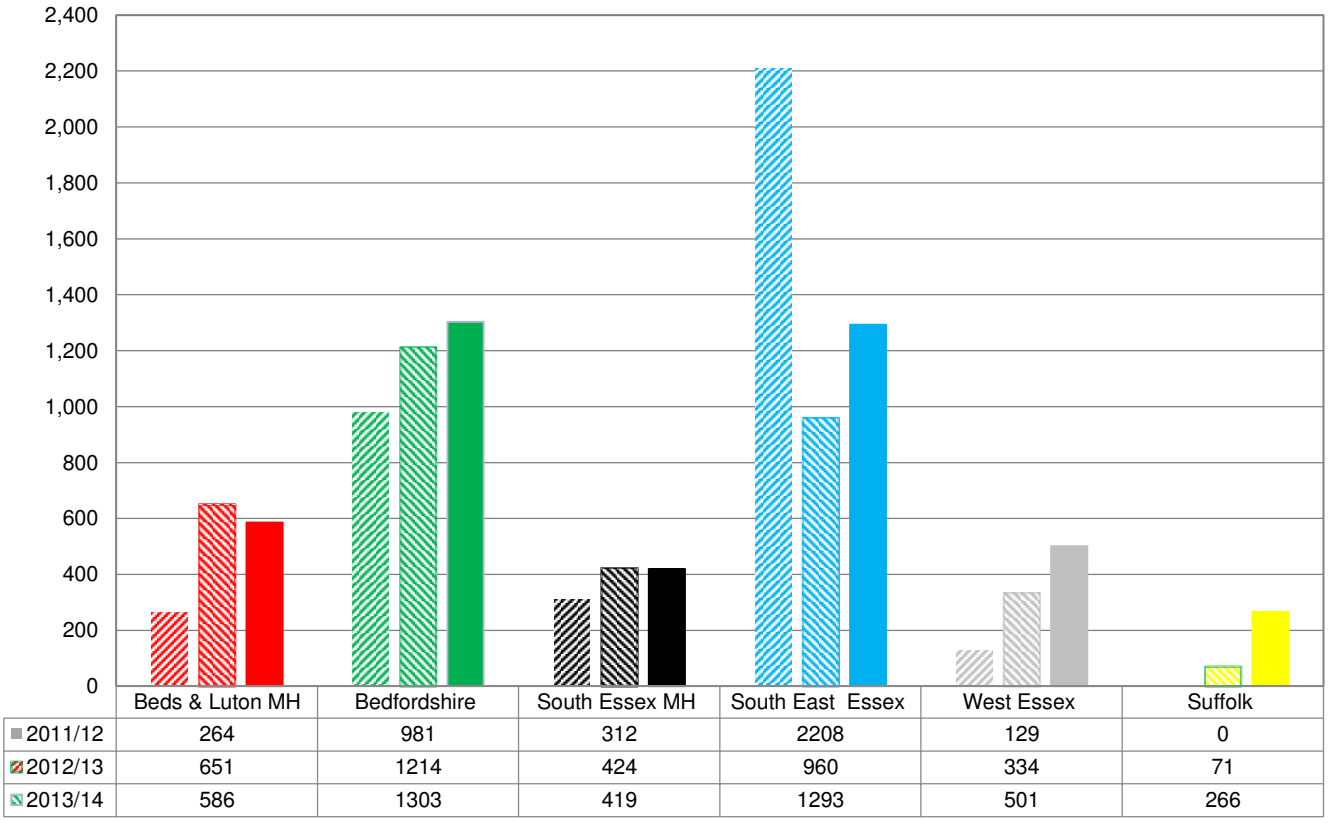
Data source: Datix
National Definition applied: N/A

It is important that positive feedback is shared with staff and services across the Trust, all staff are encouraged to send the compliments they or their service receive to be logged and reported on. Compliments are recorded in the Trust's monthly Quality Report, which is presented at Trust Board level, and also to the relevant Clinical Commissioning Groups. All compliments received are also displayed on the Trust's intranet

This year the Trust has received **4368** compliments.

> "All the Nurses took such good care of my husband for the last three years. Nothing was too much trouble, no one could have asked for more."

Compliments Received	2011/12	2012/13	2013/14
Beds & Luton MH	264	651	586
Bedfordshire	981	1214	1303
South Essex MH	312	424	419
South East Essex	2208	960	1293
West Essex	129	334	501
Suffolk	N/A	71	266
SEPT	**3894**	**3654**	**4368**

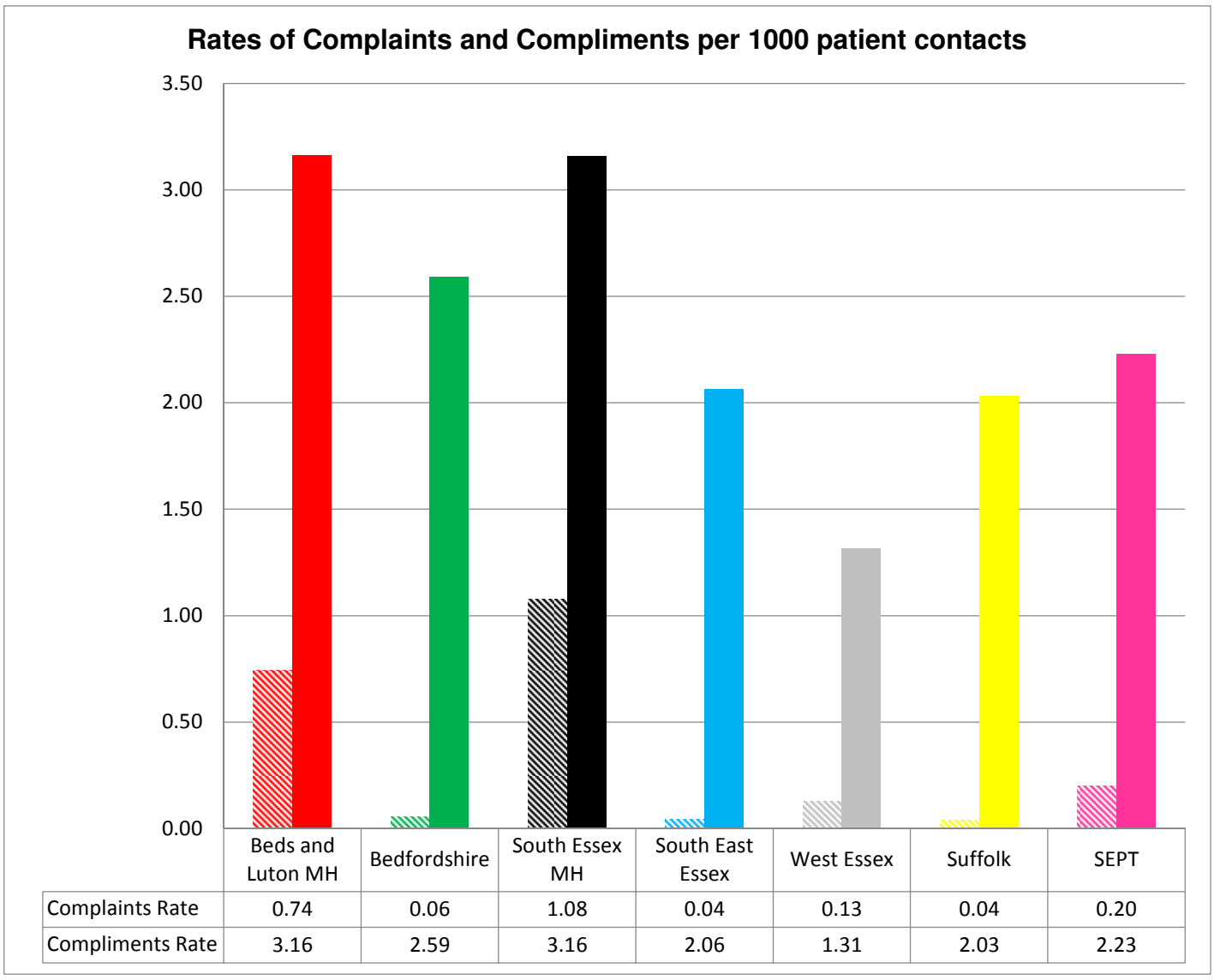


	Beds & Luton MH	Bedfordshire	South Essex MH	South East Essex	West Essex	Suffolk
2011/12	264	981	312	2208	129	0
2012/13	651	1214	424	960	334	71
2013/14	586	1303	419	1293	501	266

Rate of Complaints and Compliments

Data source: SEPT systems (Datix, SystmOne and Daily Diary Sheets)
National Definition applied: N/A

A comparison of complaints and compliments as a rate per 1,000 patient contacts demonstrates that the rate of compliments in each locality was greater than the rate of complaints received during 2013/14.



	Beds and Luton MH	Bedfordshire	South Essex MH	South East Essex	West Essex	Suffolk	SEPT
Complaints Rate	0.74	0.06	1.08	0.04	0.13	0.04	0.20
Compliments Rate	3.16	2.59	3.16	2.06	1.31	2.03	2.23

Unified Friends and Family Test

Data source: Unified Patient Survey
National Definition applied: N/A

This new survey draws together the NHS Friends and Family Test and a further series of questions around key areas we identified together with people who use our services.

In Quarter 1 of 2013/14, the Trust implemented a new, unified patient survey. This draws together the NHS Friends and Family Test (FFT) and a further series of questions around key areas we identified together with people who use our services. Surveys are coded so that feedback can be provided at team-level; teams now receive scores and comments via the Friends and Family Test as well as additional scores against the areas that matter to our patients.

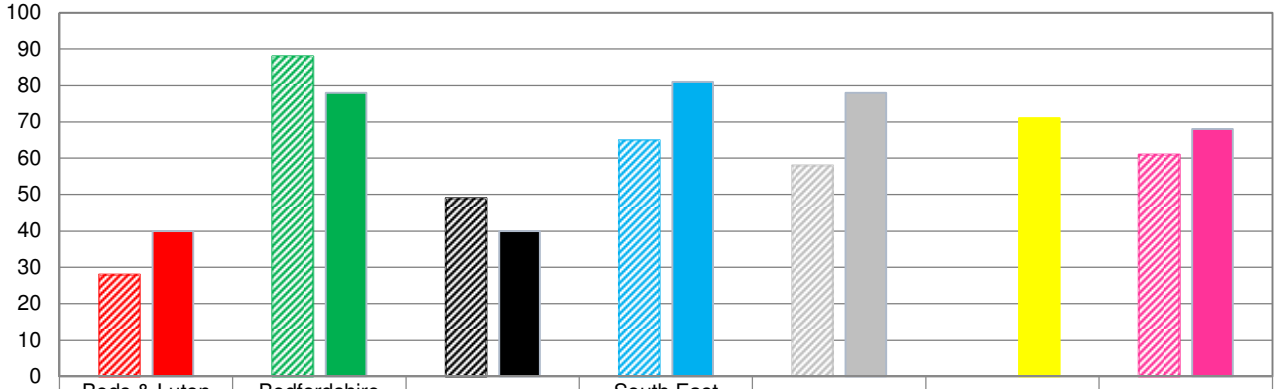
The Friends and Family Test for patients comprises one question as follows: *"Please rate on a scale of 1 to 10 how likely is it that you would recommend this service to friends and family"* (with 10 being most likely and 1 being least likely). This question is asked of all patients who have recently been discharged, either from inpatient services or community caseloads. Scores from 0 to 6 are classed as *"detractors"*, scores of 7 and 8 are classed as *"passives"* and scores of 9 and 10 are classed as "promoters". The "score" is then calculated as follows:

Friends and Family Test Score =

% of promoters	minus	% of detractors
(ie scores of 9 and 10)		*(ie scores of 0 – 6)*

Therefore, if 60% of respondents in the period scored 9 or 10 and 20% of respondents in the period scored 0 to 6, the Friends and Family Test Score would be 40 (ie 60 minus 20).

"How likely is it that you would recommend the service you provide to a friend or family member who needed similar care or treatment"



	Beds & Luton MH	Bedfordshire CHS	South Essex MH	South East Essex CHS	West Essex CHS	Suffolk CHS*	SEPT
2012/13	28	88	49	65	58	0	61
2013/14	40	78	40	81	78	71	68

*Suffolk CHS : Friends and Family Test not rolled out in 2012/13

It is positive to note that the overall FFT score for SEPT and for the majority of services has increased in 2013/14 in comparison to 2012/13 and actions are being taken to ensure that this positive progress is continued. However, we are cognisant of the fact that the score has decreased in two of our service areas and specific focussed actions are being taken to ensure that feedback is acted upon and to improve our performance in these areas. One of our Quality Priorities for 2014/15 (see section 2.2) is to improve the overall patient experience (measured by a decrease the number of detractors (ie scores between 0 – 6)).

Further details in terms of seeking and acting on service user feedback are included in Section 3.5 of this Quality Report.

In this section of the report a selection of Key Quality Indicators are presented to show performance for the localities of Bedfordshire, South East Essex and West Essex over the past 12 months and where possible up to the past 24 months.

Smoking Cessation
CLINICAL EFFECTIVENESS

Smoking Cessation targets are aimed at contributing to the reduction of the number of smokers within the population.

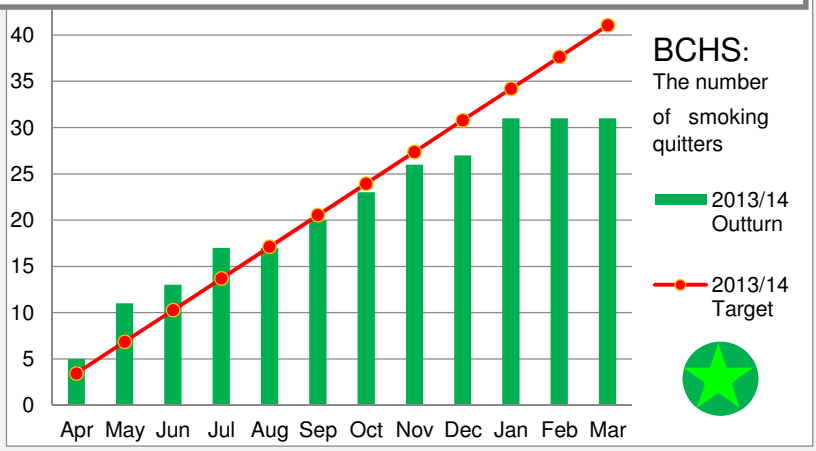
In Bedfordshire the smoking referral targets for 2012/13 have been replaced with targets for the number of actual smoking quitters. This shows the actual number of people being helped to quit smoking. Across Bedfordshire the service has kept pace with the trajectory until January 2014 and the service is confident that it will be able to successfully deliver the target. However, the number of smoking quitters at HMP Bedford has not kept pace with the trajectory and whilst the February and March 2014 positions are yet to be confirmed, SEPT deem it unlikely that the target will be reached due to the withdrawal of HMP Bedford from the smoking cessation project.

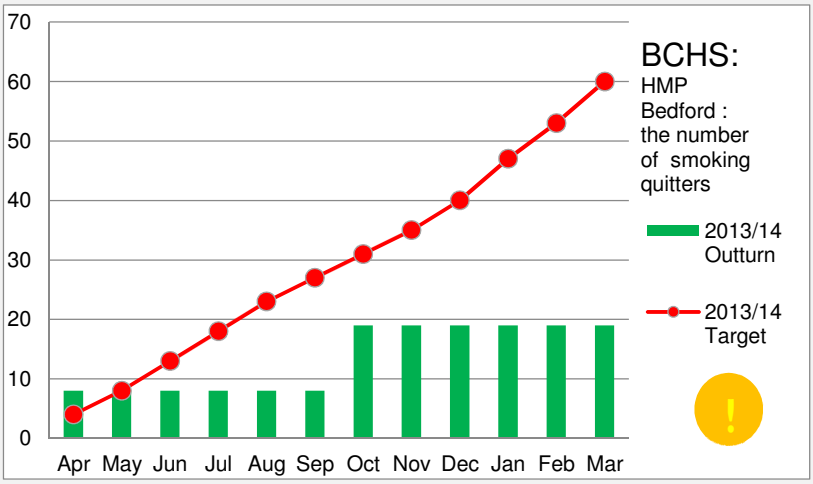
In West Essex the number of patients who stopped smoking was below target at the end of February 2014, however demonstrates continued annual improvement on the 2011/12 outturn.

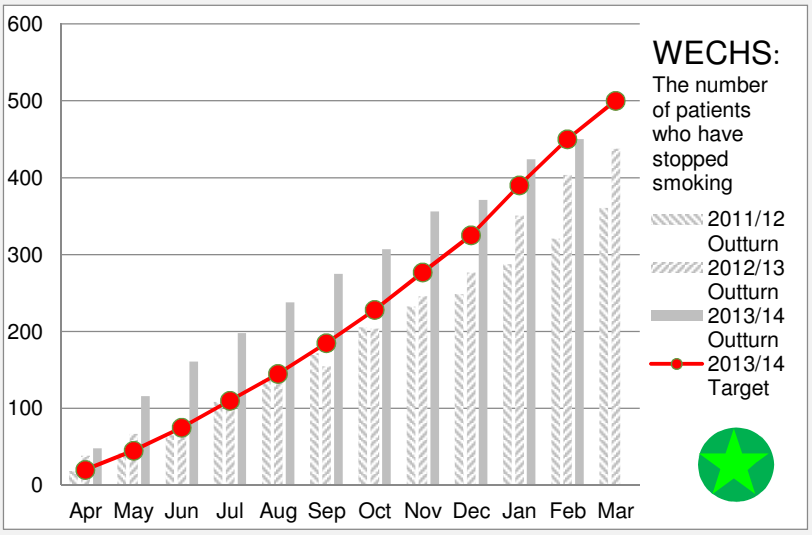
South Essex Community Health Services do not provide a smoking cessation service as the function was returned to the commissioners in 2010/11 and is currently delivered by Public Health.

Data source: Public Health services & Smoking Cessation database [Online]

National definition applied: Yes







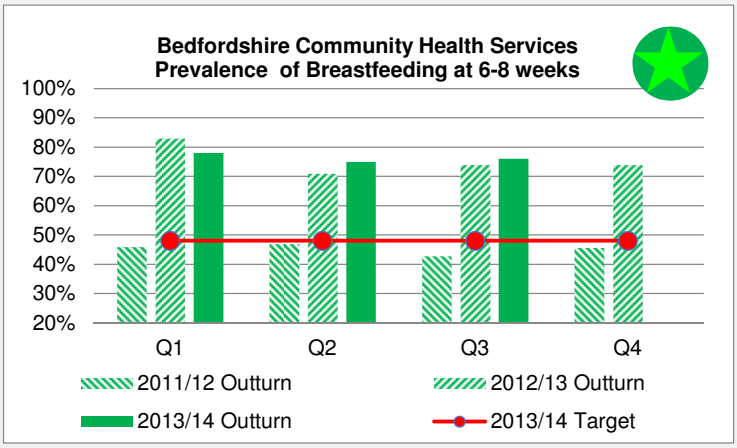
There are two types of breastfeeding measure used within community services. The first is breastfeeding coverage, which is the number of babies aged 6-8 weeks with breastfeeding status recorded. The second is breastfeeding prevalence, which is the number of babies being breastfed at the 6-8 week check.

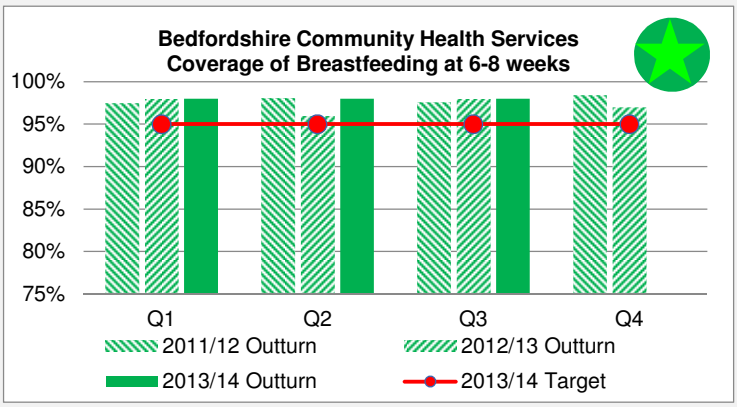
In Bedfordshire both the coverage and prevalence targets have been achieved. It is pleasing to note that the improved performance during 2012/13 of the prevalence indicator has been sustained during 2013/14.

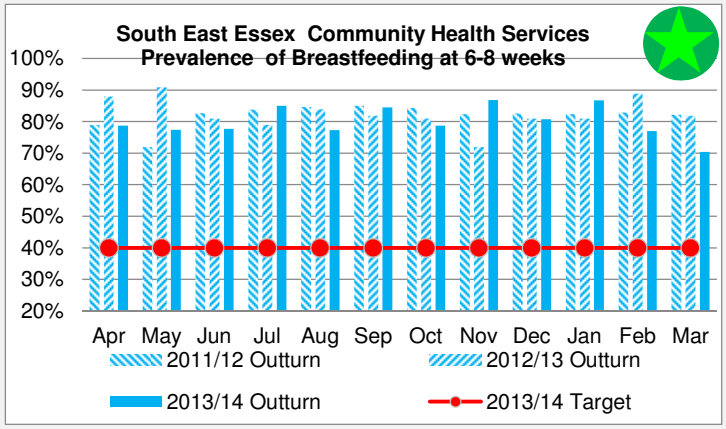
In South East Essex Community Health Services both the coverage and prevalence targets were achieved in each month during 2013/14.

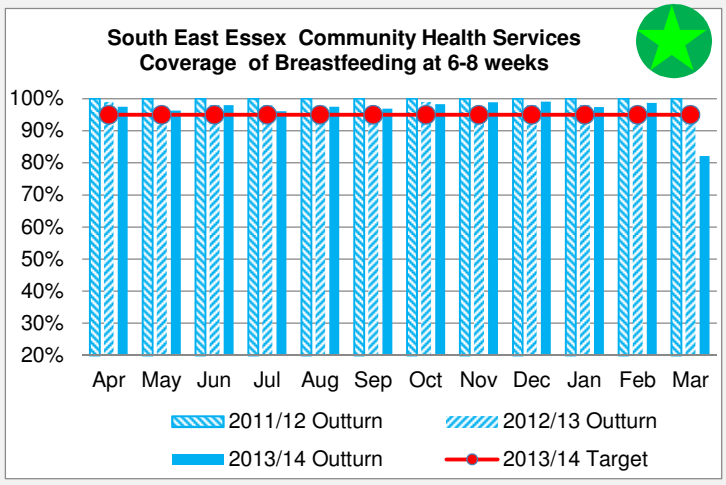
Data source: SystmOne

National definition applied: Yes









18 Week Referral to Treatment

PATIENT EXPERIENCE

18 week referral to treatment performance measures the length of time in weeks between referral into the service and the start of treatment. This is an important measure as it describes the length of time patients have had to wait for treatment.

Bedfordshire Community Health Services achieved consistently high performance throughout 2013/14, maintaining the strong performance achieved in previous years.

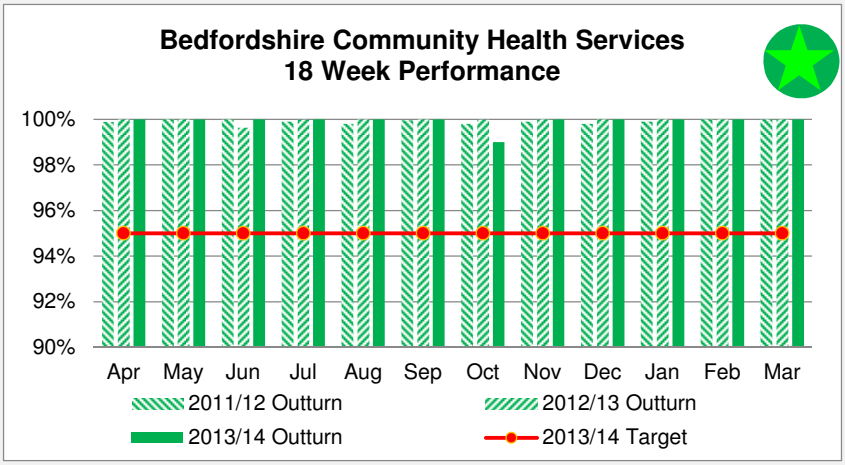
During 2013/14 South East Essex demonstrated some minor declines in performance between July and November, however in the latter 4 months were able to maintain strong performance, consistently delivering above the 95% threshold.

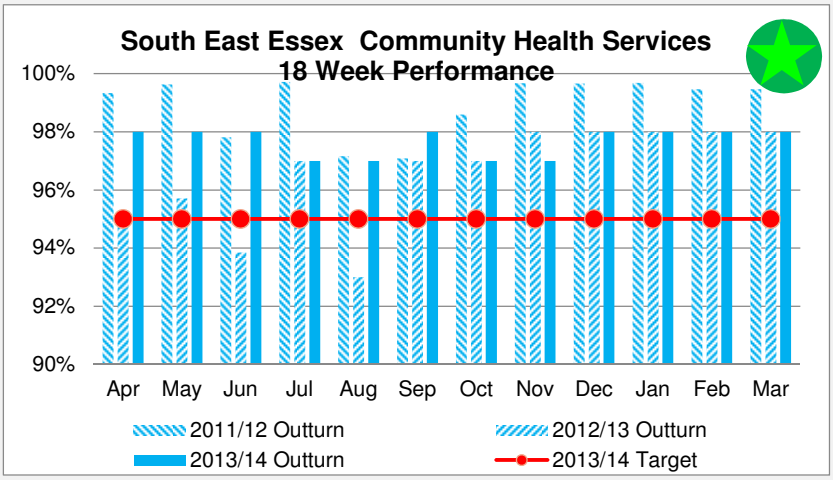
In West Essex, the target has been achieved in every month of the financial year. More significantly, waiting times have been reduced from the 18 week standard to 8 weeks across most services and excellent progress has been made to achieve these challenging targets.

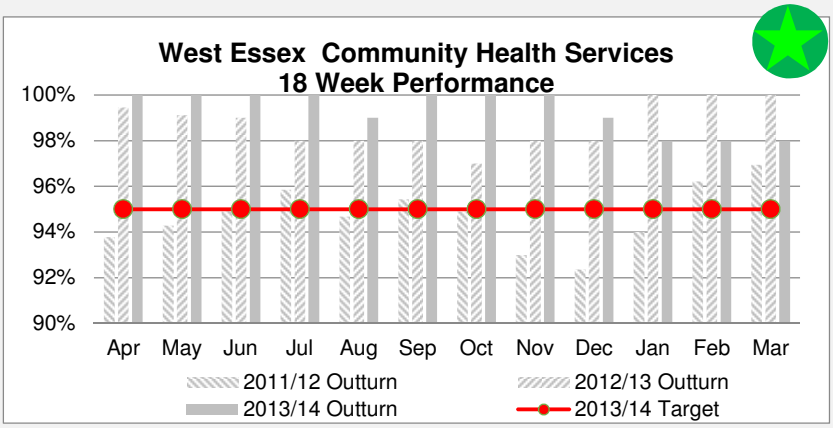
Community Health Services delivered by SEPT in Suffolk have consistently met the waiting times target throughout the year.

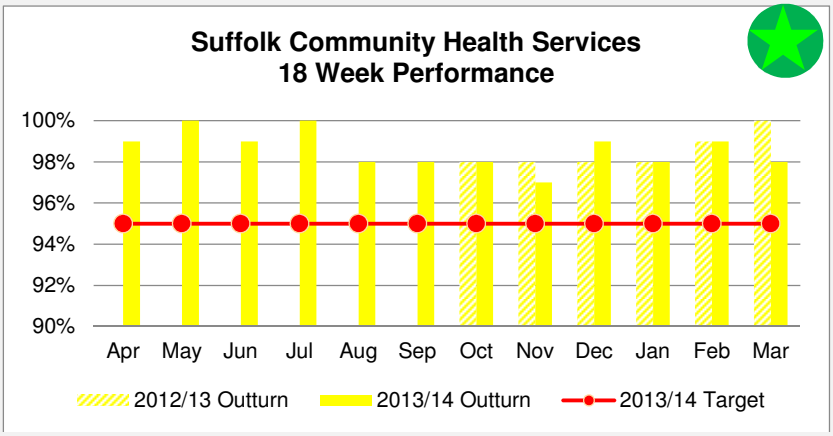
Data source: SystmOne

National definition applied: Yes









Serious Incidents
PATIENT SAFETY

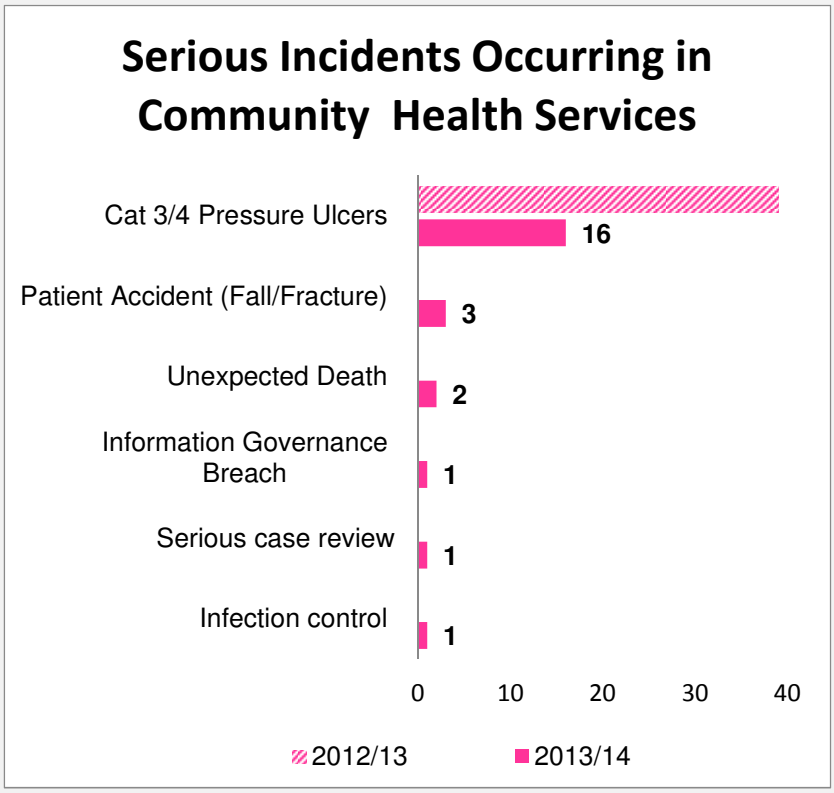
Monitoring of the number and nature of Serious Incidents, identification of learning and embedding learning back into clinical practice, is a key part of the Trust's patient safety.

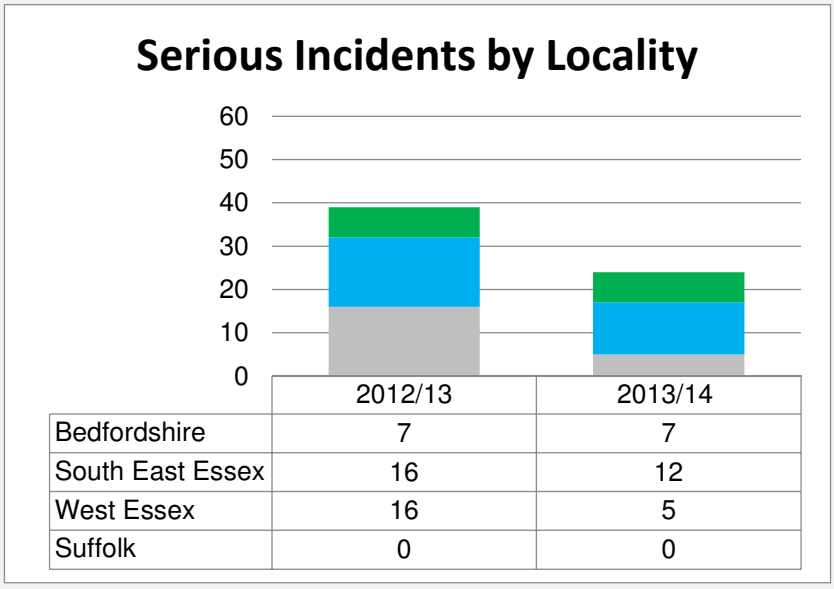
The Trust reported 24 serious incidents in Community Health Services in 2013/14 compared to 39 during 2012/13.

There has been a significant improvement in the number of Category 3/4 pressure Ulcers reported in 2013/14 compared to the previous year. Significant improvement has been noticeable in West Essex where the number of incidents has decreased from 16 in 2012/13 to 1 in 2013/14. Improvement is also manifest in South East Essex where the number has dropped from 16 in 2012/13 to 10 in 2013/14 However as at the end of March there are still 69 RCAs in progress which could lead to further avoidable pressure ulcers being identified.

There were 3 falls leading to fractures that in previous reporting periods were not considered to meet SI criteria. There was 1 IG breach, 1 ward closure due to an IC outbreak and 1 serious case review; none of which were considered to pose significant risk. There were 2 unexpected deaths::

- A patient in St. Margaret's Hospital had fallen in the Trust's care and subsequently died . An inquest has taken place and there was no adverse outcome recorded.
- A patient in Southend Hospital had been recorded as an SI as a result of findings from a multi-agency case review that had identified learning associated with SEPT care (patient had been in the CICC), Southend Hospital discharge planning, medical cover (provided by a GP/ CCG) and independent pharmacy service .





	2012/13	2013/14
Bedfordshire	7	7
South East Essex	16	12
West Essex	16	5
Suffolk	0	0

Serious Incidents
PATIENT SAFETY

Monitoring of the number and nature of Serious Incidents, identification of learning and embedding learning back into clinical practice, is a key part of the Trust's patient safety.

The Trust reported 56 serious incidents (SIs) including avoidable pressure ulcers, in Mental Health Services in 2013/14 compared to 58 during the previous year.

There has been a further reduction in the number of unexpected deaths reported in 2013/14 compared to the previous two financial years.

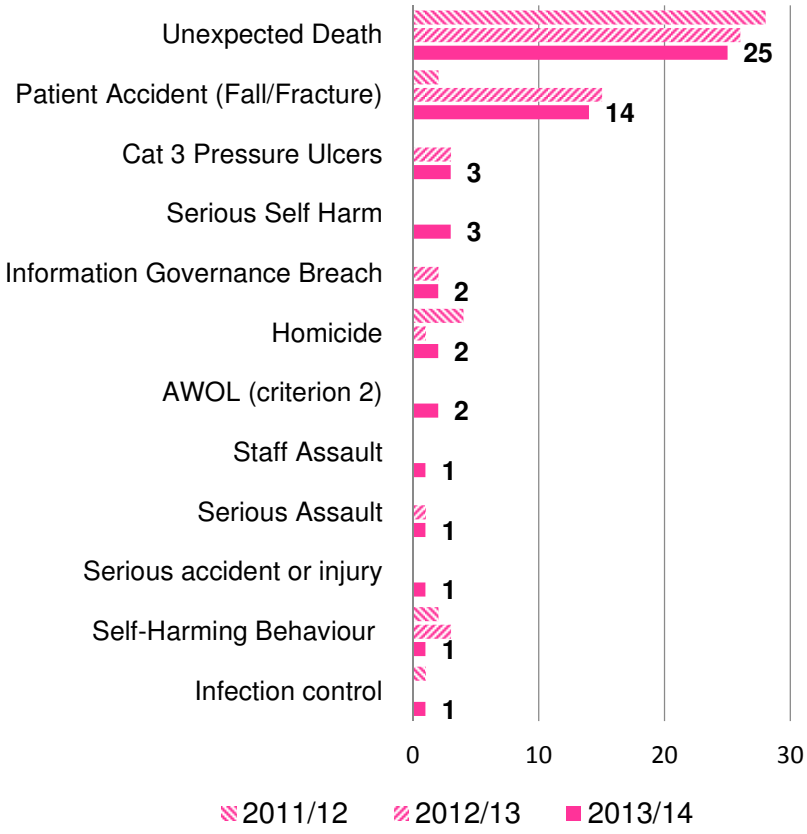
The increase in serious incidents in 2012/13 was due to SEPT's decision to report Patient Accident (Fall / Fracture) incidents from February 2012 under the NPSA definition of long term harm. Learning from falls identified as avoidable is discussed at the Trust wide Falls Group and is used to inform the Trust's falls prevention strategy.

The Trust is participating in the Safer Care Pathways in Mental Health Patient Safety Collaborative across the Eastern Region. This project will improve patient using a combination of the Prospective Hazard Analysis tool, Human Factors training and implementation, and Service Improvement methodology.

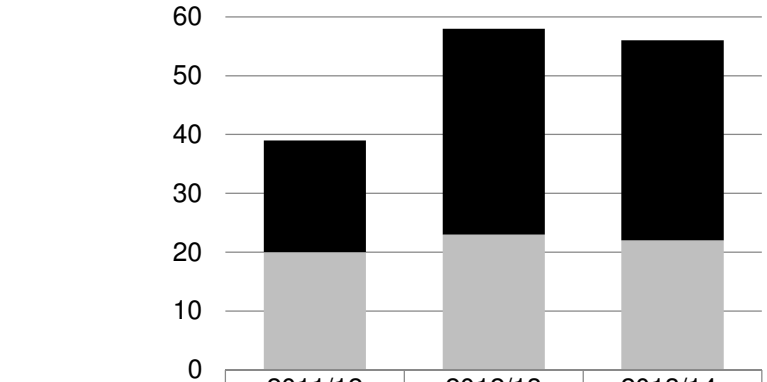
Data source: Serious Incident Database

National definition applied: EoE and Midlands definition applied

Serious Incidents Occurring in Mental Health Services



Serious Incidents by Locality



	2011/12	2012/13	2013/14
South Essex MH	19	35	34
Beds & Luton MH	20	23	22

Readmissions
CLINICAL EFFECTIVENESS

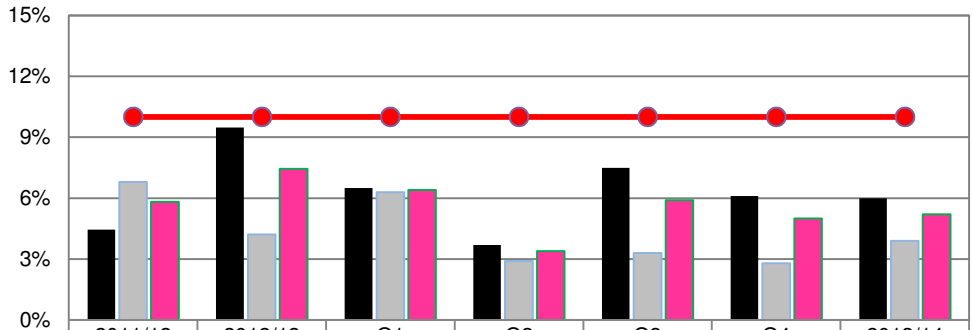
Readmission rates have been used extensively to conduct national reviews into the effective delivery of health services as well as CQC cross-checking arrangements.

The number of re-admissions, as well as the % re-admission rate are monitored regularly throughout the organisation. Performance is monitored at ward, speciality and locality level to ensure that any deviation from expected numbers can be quickly located and investigated. Throughout 2013/14 there has been good performance reported across SEPT and as the graphs below show, the rate of readmissions has not breached the target and can demonstrate improvement on 2012/13.

The target for adult re-admission rate is derived from the 2012/13 NHS Benchmarking Club and the target for elderly re-admissions is taken from the 2009 SEPT Outturn, where this is a higher level of achievement than the national median score.

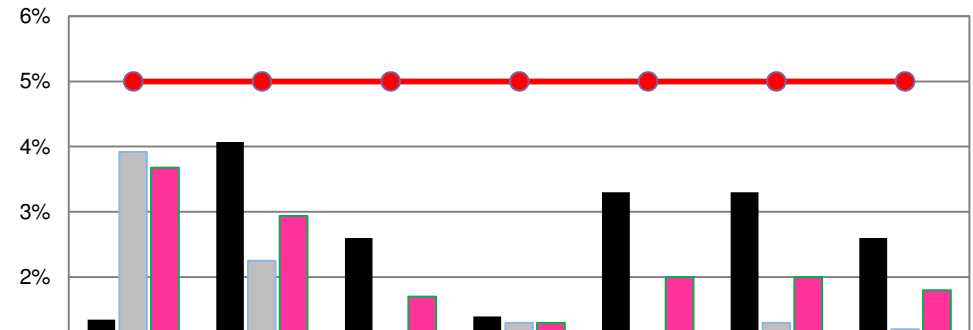
Data source: SEPT System (IPM) **National definition applied:** Yes

Adult Patients Re-admitted within 28 days (Mental Health)



	2011/12	2012/13	Q1	Q2	Q3	Q4	2013/14
Beds & Luton MH	4.5%	9.5%	6.5%	3.7%	7.5%	6.1%	6.0%
South Essex MH	6.8%	4.2%	6.3%	2.9%	3.3%	2.8%	3.9%
SEPT	5.8%	7.5%	6.4%	3.4%	5.9%	5.0%	5.2%
Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%

Elderly Patients Re-admitted within 28 days (Mental Health)



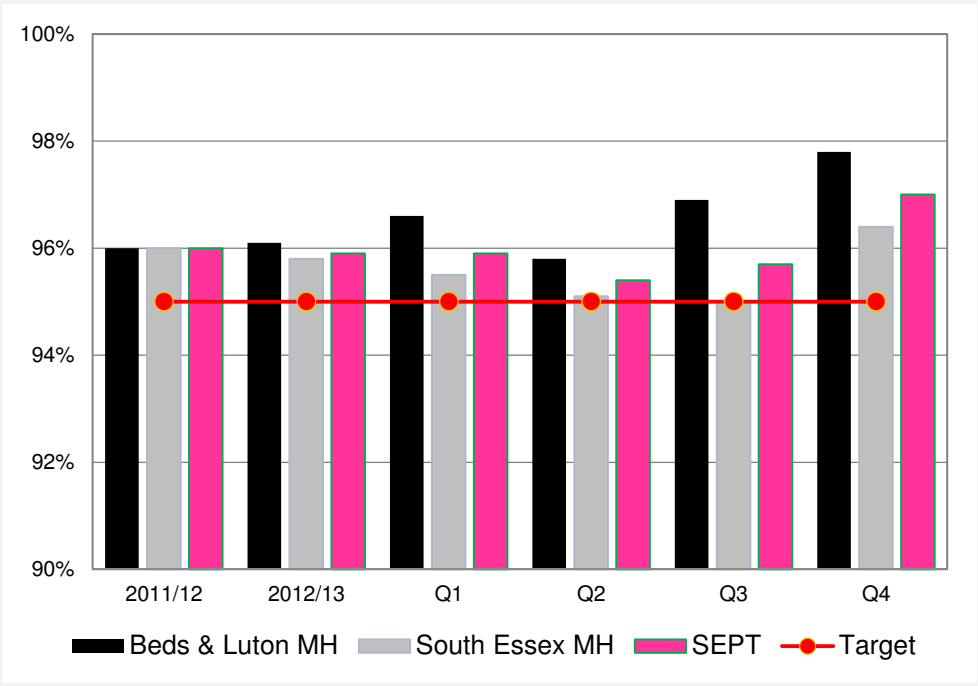
	2011/12	2012/13	Q1	Q2	Q3	Q4	2013/14
Beds & Luton MH	1.4%	4.1%	2.6%	1.4%	3.3%	3.3%	2.6%
South Essex MH	3.9%	2.3%	1.0%	1.3%	1.1%	1.3%	1.2%
SEPT	3.7%	2.9%	1.7%	1.3%	2.0%	2.0%	1.8%
Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%

Section 3.4: Performance against key national priorities

In this section we have provided an overview of performance in 2013/14 against the key national targets and indicators relevant to SEPT's services contained in Monitor's Risk Assessment Framework. Data for two indicators, Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay and Admissions to acute wards gatekept by Crisis Resolution Home Treatment Team, have previously been reported under the mandatory indicator section (2.6) of this report. In 2012/13 an A&E clinical quality indicator in terms of time spent in A&E (only applicable to the Urgent Care Centre provided by West Essex Community Health Services) was reported in this section. This indicator has not been included this year as responsibility for the Urgent Care Centre transferred to Princess Alexandra Hospital from 1st April 2013. SEPT is pleased to report that compliance has been achieved across all indicators throughout 2013/14.

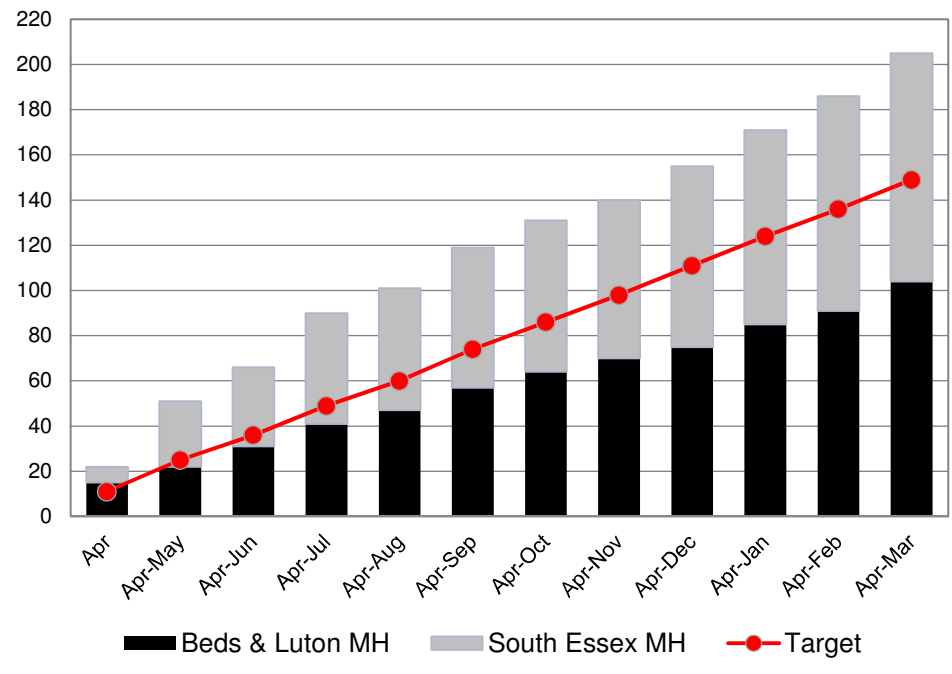
People having a formal review within 12 months

This indicator applies to adults who have been on the Care Programme Approach for at least 12 months. The target set by MONITOR of 95% provides tolerance for factors outside the control of the Trust which may prevent a review being completed for all patients every 12 months. Compliance has continually been achieved in both South Essex and Bedfordshire and Luton.



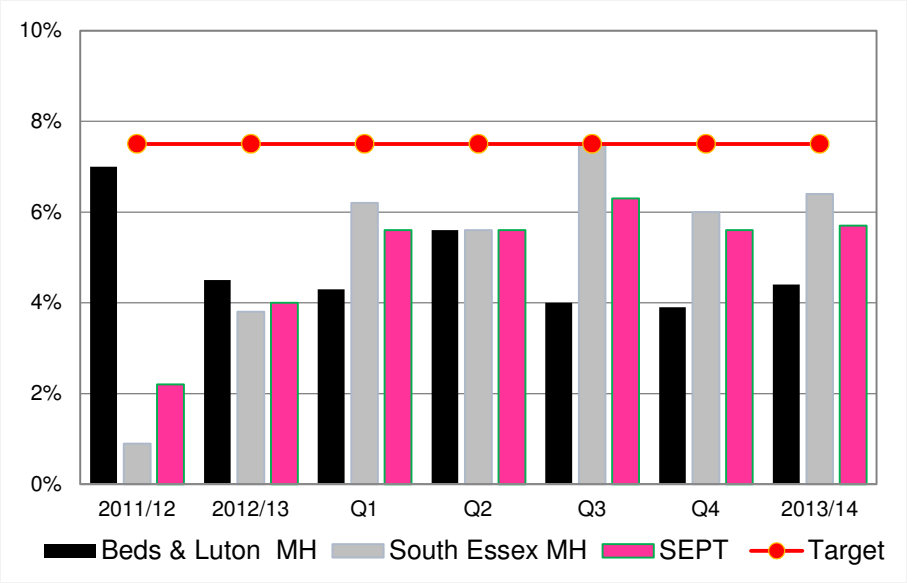
Early Intervention Services: New Psychosis Cases

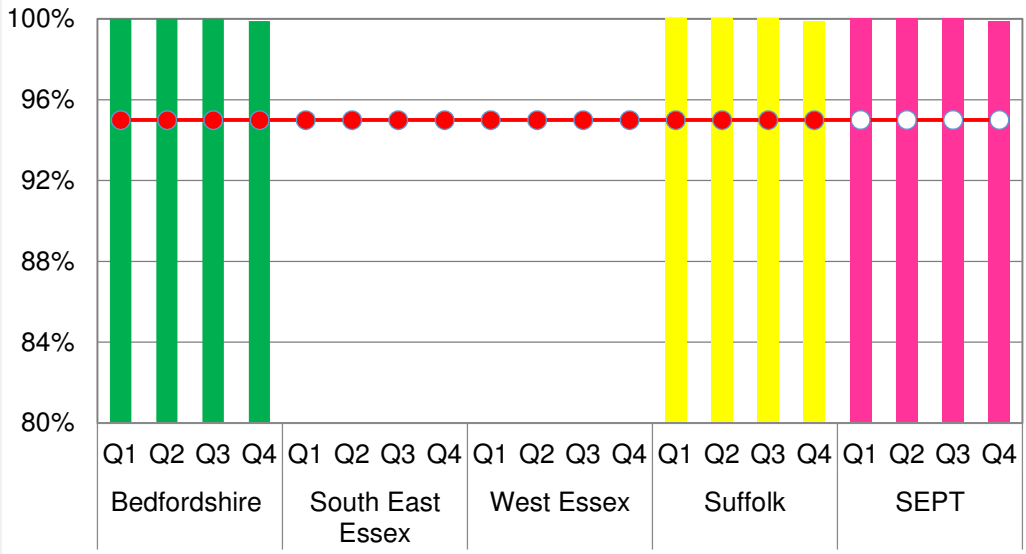
The MONITOR compliance threshold is to achieve 95% of contracted new cases of psychosis. In total SEPT has to achieve 149 new cases of psychosis per year, and this was significantly over achieved in 2013/14 with a total of 205 new cases being identified

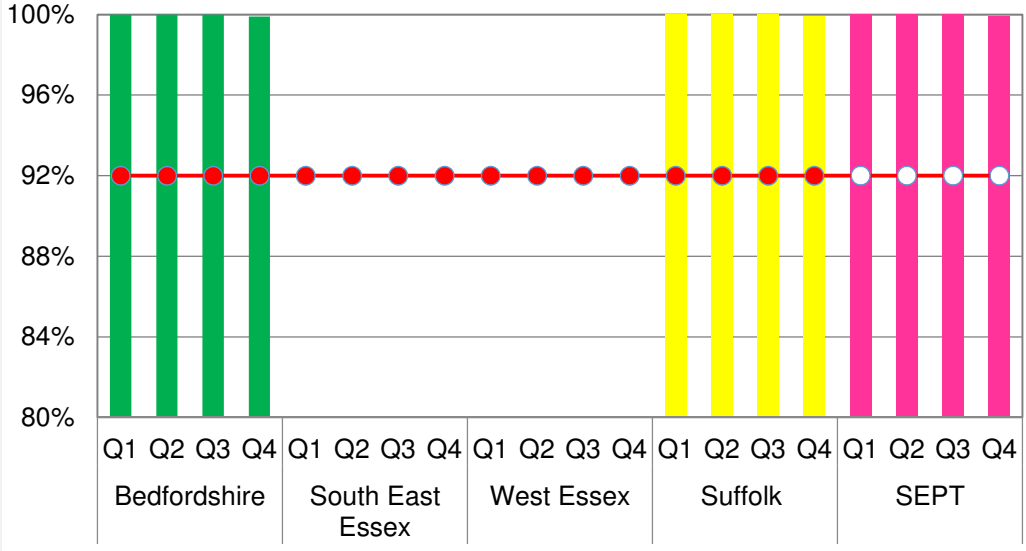


Delayed Transfers of Care (DTOCs)

This indicator is calculated as the % of inpatient beddays lost to DTOCs due to either NHS or Social Care related issues for both mental health and learning disability services. The target established by MONITOR is less than 7.5% of beddays should be Delayed Transfers of







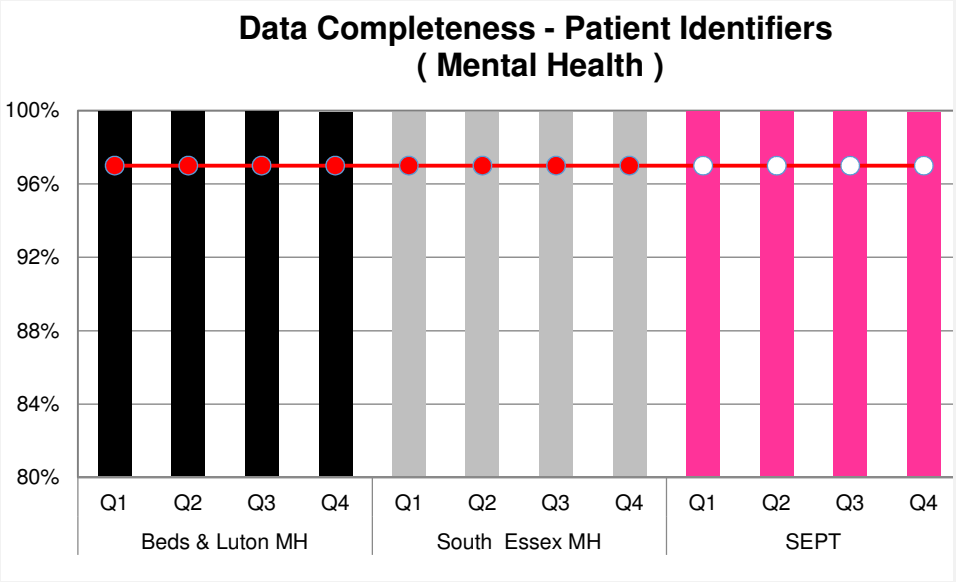
Referral to Treatment Waiting Times

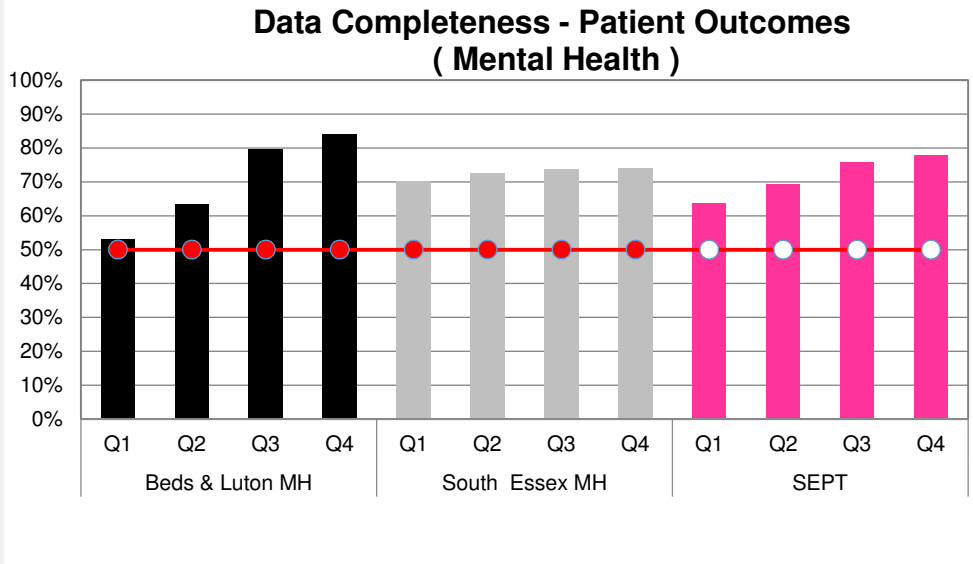
These indicators measure the waiting times for patients who have commenced treatment and for those still waiting for treatment on non-admitted consultant-led pathways. The maximum waiting time is 18 weeks and the target for those who have commenced treatment is 95% and for those still waiting is 92%. Both targets have been consistently achieved throughout 2013/14.

South East Essex and West Essex do not have consultant-led services and accordingly these MONITOR indicators do not apply to those localities.

Data Completeness: Patient Identifiers

This indicator measures the % completeness of the Mental Health Minimum Dataset for patient identifier data items. The target for 2013/14 is 97% of data items to be completed.



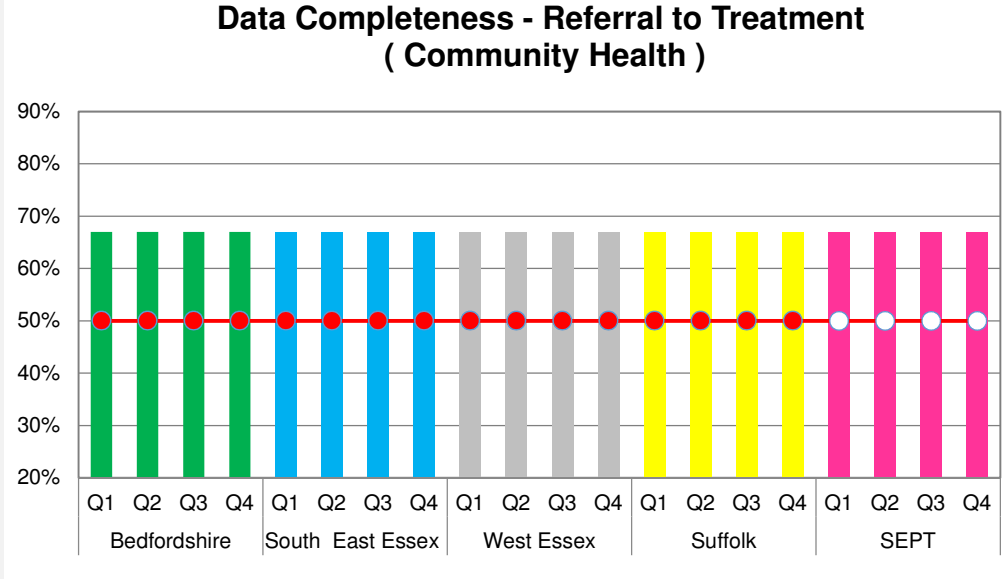


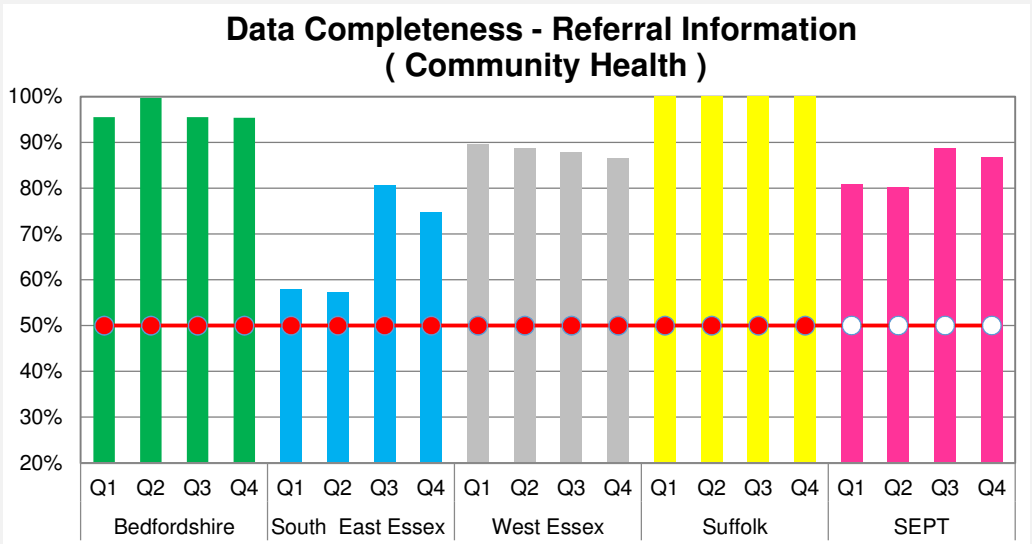
Data Completeness: Patient outcomes

Compliance against the target of 50% has been achieved for each of the data fields that contribute to this indicator. Performance has improved throughout the year in Bedfordshire and Luton.

Data Completeness - Community Care Referral to Treatment information

Throughout 2013/14 compliance has been maintained above the 50% target in all community health service areas



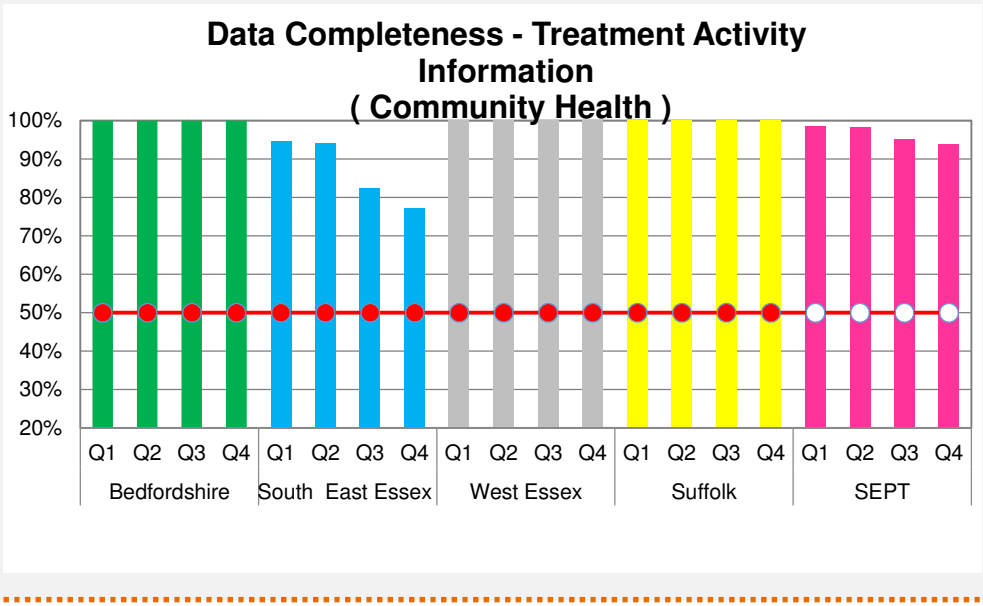


Data Completeness - Community Care Referral Information

Compliance has been maintained above the 50% target throughout 2013/14

Data Completeness - Community Treatment Activity information

All community health service areas have maintained compliance with this indicator throughout 2013/14



This indicator seeks to respond to the recommendations made in MENCAP's 'Death by Indifference' report. Trusts will be assessed on their responses to six questions on a scale of 1 to 4:

1. Protocols / mechanisms are not in place
2. Protocols / mechanisms are in place but have not yet been implemented
3. Protocols / mechanisms are in place and partially implemented
4. Protocols / mechanisms are in place and fully implemented

	Key Requirements:	SEPT Rating
1	Identifies and flags patients with learning disabilities to ensure that pathways of care are reasonably adjusted to meet the health needs of patients?	4
2	Readily available and comprehensible information to patients with learning disabilities about the following criteria: Treatment options (including health promotion) Complaints, procedures, and Appointments	4
3	Provides support for family carers, including the provision of information regarding learning disabilities, relevant legislation and carers' rights?	4
4	Includes training on learning disability awareness, relevant legislation, human rights, communication technique in their staff development and/or induction programmes for all staff?	4
5	Encourages representatives of people with learning disabilities into relevant forums, which seek to incorporate their views and interest in planning and development of health services?	4
6	Regularly audits its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	4

Access to Healthcare for People with a Learning Disability

At the end of 2012/13, a task and finish group was established to ensure that SEPT achieved full compliance with this indicator.

Compliance against all six criteria was achieved at the end of the first quarter and has been maintained throughout the remainder of 2013/14.

Section 3.5: Listening to our patients and service users

Ensuring that we receive and act on feedback from our service users is absolutely vital in driving up quality and we have taken a number of actions over the past year to increase the feedback we receive. These include the further roll out of the 'Friends and Family' test across the organisation where we seek feedback from our service users and patients in terms of whether they would recommend the service they have received to friends or family.

This section of our Quality Report outlines the results of the Friends and Family Test for our services, some of the ways in which we capture feedback from people who use our services and finally some examples of things we have changed in direct response to that feedback.

Friends and Family Test (Staff Members)

SEPT implemented the Staff Friends and Family test across the whole Trust in February 2013, a year ahead of the national requirement. It is an easy to use electronic system and asks the following question:
"How likely is it that you would recommend the service you provide to a friend or family member who needed similar care or treatment" (on a scale of 1 to 10 with 10 being most likely and 1 being least likely).

Scores from 0 to 6 are classed as *"detractors"*, scores of 7 and 8 are classed as *"passives"* and scores of 9 and 10 are classed as "promoters". The "score" is then calculated as follows:

Friends and Family Test Score =	% of promoters *(ie scores of 9 and 10)*	minus	% of detractors *(ie scores of 0 – 6)*

Therefore, if 60% of respondents in the period scored 9 or 10 and 20% of respondents in the period scored 0 to 6, the Friends and Family Test Score would be 40 (ie 60 minus 20).

During 2013/14, this test was undertaken in quarter 1 and quarter 4 as per the national CQUIN scheme. It is pleasing to note that there was an overall improvement in the Trust score between quarter 1 and quarter 4 – increasing from 33 in quarter 1 to 50 in quarter 4. In addition we have seen an increase in the proportion of staff who would be either likely or extremely likely to recommend the Trust – rising from 80% of staff in quarter 1 to 86% of staff by quarter 4. As 2013/14 was the first year of implementation, we do not have historic data against which to benchmark these scores. From next year we will be able to assess and present year on year progress.

Staff are also given the opportunity to add comments if they wish, to explain why they gave their score.

There is a robust system in place to feedback the scores and comments to Senior Management teams so that they can cascade this information throughout their operational teams and develop actions where appropriate.

Unified Friends and Family Test (FFT) / Patient Survey Feedback

In Quarter 1 of 2013/14, the Patient Experience Team developed a new, unified patient survey. This draws together the NHS Friends and Family Test (FFT) and a further series of questions around key areas we identified together with people who use our services. Surveys are coded so that feedback can be provided at team-level; teams now receive scores and comments via the Friends and Family Test as well as additional scores against the areas that matter to our patients.

The Friends and Family Test for patients comprises one question as follows: *"Please rate on a scale of 1 to 10 how likely is it that you would recommend this service to friends and family"* (with 10 being most likely and 1 being least likely).

This question is asked of all patients who have recently been discharged, either from inpatient services or community caseloads. The "score" is then calculated in the same way as detailed above for the Friends and Family Test for staff.

From October 2013, team managers have been receiving bi-monthly reports with their FFT scores, comments, and performance against the other key indicators (as identified by our service users) included. Managers review the content of these reports and discuss the feedback with their team (or in 1:1 supervision where team members are named), using it as an opportunity to reflect on practice and look for improvements. Managers are also encouraged to use positive feedback to share and reinforce good practice, as well as encourage further participation in the survey.

Teams are asked to look for improvements based on comments received (both positive and negative) and a number of improvements have been made in direct response to the feedback received, some examples of which are detailed in this section of the Quality Report. We keep a central record of actions that have been taken in response to patient/carer feedback so that we can monitor our responsiveness to feedback from our users and share this with our senior management team. We have a central team that supports clinical staff across the organisation to get as much feedback from patients as possible. This provides assurance that we are consistently aware of how people using SEPT feel about the level of service they are receiving and enables us to act on the latest comments.

The following section provides details of the Friends and Family Test Scores (see section above for details of calculation) for SEPT as a whole and for locality areas for 2013/14 (together with comparator information for 2012/13 where it is available). It also details the number of responses received in 2013/14 and the proportion of responses for each score from 0 to 10.

Patient Friends and Family Test Overall Score and Average Score for 2013/14

Locality / Service	Friends and Family Test Score 2012/13 (maximum = 100)	Friends and Family Test Score 2013/14 (maximum = 100)	Average score given by respondents 2013/14 (maximum = 10)
SEPT (whole Trust)	61	68	8.9
Bedfordshire CHS	88	78	9.2
Bedfordshire & Luton MH & LDS	28	40	8.1
South East Essex CHS	65	81	9.3
South Essex MH & LDS	49	40	8.1
West Essex CHS	58	78	9.2
Suffolk Community Health Services	Not applicable as not undertaken in 2012/13	71	9.0

Please note, the numbers for 2012/13 and 2013/14 are comparable insofar as it is essentially the same question being asked. However some of the parameters were different across the two years in terms of the way the question was asked and the feedback methods. This has been standardised over the last performance year and comparator information will be included in the Quality Report for 2014/15.

It is positive to note that the overall score for SEPT and for the majority of services has increased in 2013/14 in comparison to 2012/13 and actions are being taken to ensure that this positive progress is continued. However, we are cognisant of the fact that the score has decreased in two of our service areas and specific focussed actions are being taken to ensure that feedback is acted upon and to improve our performance in these areas. One of our Quality Priorities for 2014/15 (see section 2.2) is to improve the overall patient experience (measured by a decrease the number of detractors (ie scores between 0 – 6)).

Number of responses and proportion for each score (10 - 0) for 2013/14

Locality / Service	Number of responses 2013/14	Percentage of respondents selecting each score 2013/14 (10 = most likely to recommend service; 1 = least likely to recommend service)										
Score	N/A	**10**	**9**	**8**	**7**	**6**	**5**	**4**	**3**	**2**	**1**	**0**
SEPT (whole Trust)	7,425	60%	16%	12%	5%	1%	1%	0%	0%	0%	1%	3%
Bedfordshire CHS	1,591	65%	17%	10%	3%	1%	1%	0%	0%	0%	1%	2%
Bedfordshire & Luton MH & LDS	834	40%	14%	20%	11%	3%	3%	1%	1%	1%	1%	5%
South East Essex CHS	1,739	69%	15%	9%	4%	1%	0%	0%	0%	0%	0%	1%
South Essex MH & LDS	887	42%	14%	16%	8%	4%	4%	2%	1%	1%	2%	6%
West Essex CHS	1,329	65%	16%	11%	3%	1%	1%	0%	0%	0%	0%	2%
Suffolk Community Health Services	888	61%	17%	12%	4%	1%	1%	0%	0%	0%	1%	3%
Miscellaneous	157	53%	18%	11%	6%	1%	1%	1%	1%	0%	3%	5%

The Friends and Family Test is now followed by a series of patient satisfaction questions. From the total responses over the course of 2013/14, the results were as follows:

Question	SEPT Overall Scores 2013/14 (Average score out of 10)
To what extent did you feel you were listened to?	9.1
To what extent did you feel you understood what was said?	9.1
To what extent were staff kind and caring?	9.4
To what extent did you have confidence in staff?	9.2
To what extent were you treated with dignity and respect?	9.4
To what extent did you feel you were given enough information?	9.1
How happy were you with the timing of your appointments?	9.2
How would you rate the food?	6.1
To what extent would you say the ward/clinic was comfortable?	8.4
To what extent would you say the ward/clinic was clean?	9.0

Some examples of changes made as a result of feedback received from the patient survey are detailed below:

- Although the Tissue Viability Service received a score of ten, a patient highlighted that they only received one visit – staff felt from this feedback that they could better manage expectations and patients are now given a leaflet advising they will typically only be seen once by the service.
- There were no chairs with arms available in one of our outpatient waiting rooms. A patient with an inner ear imbalance pointed out that this was problematic and new chairs have now been provided.
- A patient feedback that disabled parking spaces were too small at one of our equipment services – the parking bay lines have now been redrawn.

Other Key Patient Experience Engagement Activities

Mystery Shopper Programmes

The Patient Experience Team continues to drive improvements in patient and carer experience through the Mystery Shopper feedback initiative.

The feedback received has a direct impact on patient and carer experience and outcomes, systems and quality. In addition the feedback given to individual staff and teams prompts staff to reflect on their practice, communication, attitude, care and compassion.

SEPT Mystery Shoppers are patients and carers who give anonymous feedback about their actual experiences of using SEPT services, naming the staff they have had contact with. The feedback is monitored by Directors and Team Managers. Staff receive feedback in supervision sessions with their manager, on how their individual practice has been perceived by patients and carers. Staff and Managers are audited on a quarterly basis to capture outcomes, changes in practice and service delivery as a result of Mystery Shopper feedback.

Mystery Shoppers can opt to give feedback via completing questionnaires, email, and telephone or can meet with a Patient Experience team staff member face to face. Feedback specifically about issues they may have encountered in accessing or using SEPT services which relate to the Equality and Diversity protected characteristics is also captured.

Mystery Shopper Activity 2013 / 2014:
***SU – service user C- Carer** **Some mystery shoppers are both services users and carers.*

Year End 2013/14	**Mental Health Services**				**Community Health**				**Total**
	Beds and Luton		**South Essex**		**Beds**		**South East Essex, West Essex and Suffolk**		
Active mystery shoppers	SU 169	C 65	SU 129	C 67	SU 35	C 22	SU 16	C 4	**** 480**
Mystery shoppers recruited	48		33		35		15		**131**
Service user mystery shoppers recruited	36*		24		22*		11		**93**
Carer mystery shoppers recruited	15*		10		16*		3		**44**
Mystery shopper feedback received	**358**		**87**		**66**		**3**		**514**

The following are some examples of results / outcomes from Mystery Shopper feedback during 2013/2014:

- Improvements to waiting room environment at Charter House
- Increase in the number of Mystery shoppers reporting they have information about how to get help in a crisis from 69% to 85%
- Fewer appointments/ consultations being interrupted
- Copies of letters to GP showed some improved from 23% last year to 37% in Q3 2013
- Improvement in customer care experience from receptionists
- More patients reported that they were offered apologies for delay in appointment times
- 98% reported that the person they saw spoke clearly
- Increased number of compliments received for individual staff via mystery shopper feedback

Take it to the Top Events

These are a series of meetings taking place across the Trust (three in Bedfordshire and Luton and five in Essex and Suffolk). The aim is to give service users, carers and members of the public a chance to speak directly to representatives of SEPT Executive Team about the services provided by SEPT. These have been held across all localities, in order to get first hand feedback on local issues.

'Let's Talk About' Events

The 'Let's Talk About' events continue to be very popular and well attended by service users, carers, staff, SEPT members and local organisations. A specific topic is used for each one; last year these included:

- Safeguarding in Adult Mental Health
- Dementia
- Differentiating between Sadness and Depression

The feedback from the attendees has been exceedingly positive.

Stakeholder Forums

Listening to our Service Users, Carers and Stakeholders is crucial to our aim to provide top quality care. We invite service users, carers and staff to discuss services in their area and share feedback with us. Forums are chaired by an Associate Locality Director who is supported by SEPT operational staff. One to one sessions with staff can also be arranged at these forums.

At the request of services users and carers, speakers have attended to present on the following topics at stakeholder forums:

- Formal Complaints and PALS
- Telephone calls to SEPT Contact Centres
- Nursing Strategy and the 6Cs
- Mental Health Interest and Action Group
- Royal Voluntary Service
- SEPT Benefits Team

Service User/Carer Involvement in Interviews

A priority has been to enable service users and carers to play a meaningful role in recruitment interviews. So far, we have trained 52 service users/carers in interview skills. These people now attend interviews wherever possible in order that they can influence the decision on which candidates meet the person specification for the role. Feedback is also received from them following the recruitment panel to ensure that they were fully involved in the process.

Patient Advice and Liaison Service (PALS) Enquiries

The PALS service provides information, support and guidance to all patients, carers and their families about the health service.

The following table details the number of PALS enquiries we have received:

PALS enquiries received	2012/13	2013/14
B&L Mental Health	452	522
Beds Community Health	168	122
Essex Mental Health	615	498
Essex Community	351	216

PALS Mental Health:

Trend	Beds & Luton Total Enquiries Received	South Essex Total Enquiries Received
Communication	174 (33%)	141 (28%)
Systems and Procedures	84 (16%)	110 (22%)
Clinical Practice	84 (16%)	145 (29%)
Environment/transport/ security	28 (5%)	15 (3%)
Staff Attitude	23 (4%)	27 (5%)
Assault/Abuse	9 (2%)	7 (2%)
Social Care	2 (1%)	1 (1%)
External to Trust/Signposting	118 (23%)	52 (10%)
Total	**522**	**498**

The following are some examples of key outcomes/learning from enquiries to PALS relating to mental health services:

- Changes made to handling of telephone calls in Crisis team
- New structure put in place regarding allocation of staff and handovers
- New system put in place in Weller Wing for reimbursement of service user travel claims
- (Feedback from PALS queries also contributed to the improved reception waiting area in Charter House for service users and carers, highlighted in the Mystery Shopper feedback section above)

PALS Community Health:

Trend	Beds Total Enquiries Received	South East Essex and West Essex Total Enquiries Received
Systems and Procedures	40 (33%)	27 (13%)
Communication	38 (31%)	53 (25%)
Clinical Practice	20 (16%)	79 (37%)
Staff Attitude	7 (6%)	8 (4%)
Environment/transport/ security	5 (4%)	4 (1%)
Assault/Abuse	0 (0%)	0
External to Trust/Signposting	12 (10%)	45 (20%)
Total	**122**	**216**

The following are some examples of key outcomes/learning from enquiries to PALS relating to community health services:

- Following the implementation of the NHS Supply chain directly supplying continence pads and managing orders, changes were made following enquiries raised by service users and carers. The

SEPT Continence Team now accommodate service users who are unable to contact this service regularly due to their condition, and will order pads on their behalf when arranged.

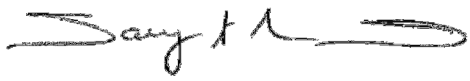
- The SEPT Patient Experience Team worked to strengthen their connection with Carer Link workers following enquiries for carer support. Now the Patient Experience Team are able to refer carers directly.
- An enquiry was raised by a Podiatry service user having difficulties accessing a clinic by wheelchair. Although the clinic is wheelchair accessible, the team now advise disabled service users to allow sufficient time when coming to appointments.

CLOSING STATEMENT FROM SALLY MORRIS, CHIEF EXECUTIVE

I am proud to present SEPT's quality achievements for the past year. I am grateful to you for taking the time to read about them and I hope that they have been presented in a clear and useful way for you. Please do let me know how our report could be improved in future years.

Throughout the year, our Board of Directors receives monthly reports on the progress against our quality goals. These meetings, as well as other Trust meetings, are open to the public. I would like to encourage you to attend our monthly Board Meetings, as well as our public Foundation Trust Members' Meetings and the Let's Talk About and Take It to the Top series of public events. At every meeting there is an opportunity for you to ask any questions of the local staff and managers responsible for care in your area.

I can guarantee you a warm welcome and I look forward to seeing you at future meetings.



Sally Morris
Chief Executive

If you have any questions or comments about this Quality Report or about any service provided by SEPT, please contact:

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Executive Director of Clinical Governance and Quality
SEPT
Trust Head Office
The Lodge
The Chase
Wickford
Essex SS11 7XX
Email: andy.brogan@sept.nhs.uk
Telephone: 01268 739683

ANNEX 1 – Comments on our Quality Report

We sent our Quality Report to various external partners to seek their views on the content of the report. The responses received are outlined below for information – we thank them for taking the time to consider the information and for providing their comments.

TO BE INSERTED IN FINAL VERSION

Bedfordshire and Luton Clinical Commissioning Groups - dated XXX 2014

South Essex Clinical Commissioning Groups (Basildon & Brentwood, Castle Point & Rochford, Southend-on-Sea and Thurrock) - dated XXX 2014

West Essex Clinical Commissioning Group – dated XXX 2014

Bedford Borough Council Adult Services and Health Overview and Scrutiny Committee - dated XXX 2014

Central Bedfordshire Health Overview and Scrutiny Committee - dated XXX 2014

Essex Health Overview and Scrutiny Committee - dated XXX 2014

Luton Borough Council Scrutiny: Health and Social Care Review Group - dated XXX 2014

Southend Borough Council Health Overview and Scrutiny Committee - dated XXX 2014

Suffolk Health Scrutiny Committee - dated XXXX 2014

Thurrock Council Health Overview and Scrutiny Committee - dated XXX 2014

Healthwatch Bedford Borough - dated XXXX 2014

Healthwatch Central Bedfordshire - dated XXXX 2014

Healthwatch Essex - dated XXXX 2014

Healthwatch Luton - dated XXXX 2014

Healthwatch Southend - dated XXXX 2014

Healthwatch Suffolk - dated XXXX 2014

Healthwatch Thurrock - dated XXXX 2014

SEPT Council of Governors' Statement on the Quality Account 2013/14 – XXXXX

ANNEX 2 - 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 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 2013/14;
- 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 2013 to May 2014
  - Papers relating to Quality reported to the Board over the period April 2013 to May 2014
  - Feedback from the commissioners dated XXX and XXX (to be inserted in final report)
  - Feedback from governors dated XXX (to be inserted in final report)
  - Feedback from Local Healthwatch organisations dated XXX and XXX (to be inserted in final report)
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 for period April 2013 to March 2014, received by the Board of Directors on 30th April 2014
  - The national patient survey 2013 received by the Board of Directors on 27th November 2013
  - The national staff survey 2013 received by the Board of Directors on 26th March 2014
  - The Head of Internal Audit's annual opinion over the trust's control environment dated XXX (to be issued)
  - CQC quality and risk profiles dated 31st March 2014
- 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 appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report (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 ink except black

Date: XXXX ……..…….....Chairman

Date: XXXX …….....Chief Executive

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ANNEX 3 - Independent Auditor's Report to the Council of Governors of South Essex Partnership University NHS Foundation Trust on the Annual Quality Account

TO BE INSERTED ON RECEIPT

GLOSSARY

BLPT	Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust
BNF	British National Formulary
CAMHS	Child and Adolescent Mental Health Service
CIPs	Cost Improvement and Income Generation Plan
CCG	Clinical Commissioning Group
CPA	Care Programme Approach
CQC	Care Quality Commission
CPN	Community Psychiatric Nurse
CQUIN	Commission for Quality and Innovation. This is shorthand for quality improvements agreed during the annual contracting negotiations between SEPT and its health commissioners.
DoH	Department of Health
DTOC	Delayed Transfer of Care
FT	Foundation Trust
GCS	Glasgow Coma Scale
HOSC	Health Overview and Scrutiny Committee
IAPT	Improved Access to Psychological Therapies
IT	Information Technology
KPI	Key Performance Indicators
Lean Working	A process developed to help services evaluate their effectiveness and improve quality, care pathways and cost effectiveness.
LTC	Long Term Condition
MDT	Multi-Disciplinary Team
MRSA	Type of bacterial infection that is resistant to a number of widely used antibiotics
NCB	National NHS Commissioning Board
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NRES	National Research Ethics Service
NSF	National Service Framework
OLM	Oracle Learning Management – the Trust's on-line training programme
PASCOM	Podiatric Audit surgery and Clinical Outcome Measurement
PHP	Personal Health Plan
PICU	Psychiatric Intensive Care Unit
POMH	Prescribing Observatory for Mental Health
PRN	A shortened form of the Latin phrase *pro re nata*, which translates roughly as 'as the thing is needed – means a medication that should be taken only as needed
Quality Accounts	All NHS provider organisations are required to produce a report on progress against quality targets in the preceding year and the indicators it wishes to use for the coming year.
QIPP	Quality Innovation Productivity and Prevention
RCA	Root Cause Analysis
SPC	Summary of Product Characteristics (relating to BNF/pharmaceutical products)
SEPT	South Essex Partnership University NHS Foundation Trust
SI	Serious Incident
SIGN	Scottish Intercollegiate Guidelines Network
UTI	Urinary Tract Infection
VTE	Venous Thromboembolism – blood clots