Appendix B

Local Services, Local Solutions

SEPT QUALITY REPORT 2015/16

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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.

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

2015-2016 was a very GOOD year for SEPT. Presenting this Quality Report gives me great pleasure as I am able to tell you about how we have met our quality commitments for this past year and it outlines our quality priorities for 2016-2017. SEPT's reputation for being an open and transparent organisation continues, and this report highlights our plans for improvement and where more work needs to be done.

Our quality highlights from the past year include:

- Achieving an overall rating of GOOD following our comprehensive inspection by the CQC (Care Quality Commission)
- Establishment of our Quality Academy which supports staff developing innovative service improvements
- SEPT Star Awards – recognising innovation, achievements and quality of staff and services
- Ongoing commitment to 'Sign up to Safety' National Campaign and links with the national team
- Continuous reduction in number of avoidable category 3 and 4 pressure ulcers
- Ongoing reduction of the number of avoidable falls in our inpatient units
- Reduction in medication omissions
- A number of national accreditations reflecting the quality of our care and staff:
    - SEPT was placed in the top 20 out of a total of 230 NHS Trusts in the government's new national "Learning from Mistakes" league table which rates the openness and transparency of every Trust in the country
    - East of England Leadership Awards – one of our doctors won the NHS Mentor/Coach of the Year Award
    - Health Service Journal (HSJ) Value in Healthcare Awards – forensic services staff at Brockfield House and the Maintaining Medicine Adherence team in Southend were finalists in the Mental Health Award category
    - SEPT was named again as one of the top places to work in the NHS by the Health Service Journal (HSJ) - included in the Top 120 of all NHS organisations
    - Bedfordshire Baby Friendly Scheme received UNICEF accreditation
    - Open Arts won Positive Practice in Mental Health Award for 2nd year running
    - Family Food First won National Public Health Award at Advancing Health Care Awards

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

What systems do we have in place 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.

Our Board of Directors meets in public and 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.

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I check constantly that things are as they should be in the Trust. I continue to make unannounced visits to our services at all times of the day and night. 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. We do not wait for inspections by the CQC or other inspectors to ensure the quality of our 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 and independent clinicians also visit our wards to review clinical care. In addition, 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 these additional external perspectives has provided useful insight into service quality and the 'fresh eyes' input has enabled us to put improvements in place.

SEPT continues to recognise the importance of listening to, involving and engaging with the people who come into contact with our services – patients / service users, carers and our staff and volunteers. We have enhanced our robust mechanisms for capturing feedback and also, and most importantly, acting on that feedback and using it to improve and shape services. This past year we have continued to promote the roll out of the 'Friends and Family' test across the organisation in both mental health and community services. This simple questionnaire asks whether our patients or carers would recommend the service they have received to friends or family. We have further adapted these questionnaires to suit the varied patient groups we serve. Our 'mystery shopper' programme goes from strength to strength with more volunteers coming forward to report directly to me in confidence about their individual experiences. I personally chair our Patient and Carer Experience Steering Group which monitors all engagement activities. This year we have set up a number of smaller, service-focused forums where local issues can be discussed. Feedback from the forums goes directly to our front line services and all actions are overseen by the Steering Group.

I look forward to our upcoming series of public meetings 'SEPT on the Spot' where the public are welcome to come along and meet with me, my fellow board members, directors and clinical leads to discuss local issues.

As well as the "I am worried about" intranet button for staff to raise issues anonymously directly with the senior leadership team, this year we have embedded the 'Freedom to Speak Up' recommendations and staff have voted in their first Principal Guardian. This will ensure that all staff within the Trust feel supported and encouraged to speak out about any issues, concerns or challenges.

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.

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 or quality as a result and we will continue to ensure that national and legislative requirements are met. Our continuous focus on the quality of service provision, regardless of the complexity of the external environment, means that we, our commissioners and regulators can be confident about the quality of our existing service provision.

How do our external regulators rate our performance?

This year we received an independent external assessment of the quality of our services under the Care Quality Commission's (CQC) comprehensive inspection programme. In June and July 2015 more than 100 inspectors from the CQC - the national independent healthcare regulator - visited the Trust's services to observe the care given by staff, check records and talk with staff, patients and their families about their experiences of the Trust's services. Following the inspection, the Trust's services were rated GOOD overall and GOOD for being effective, caring, responsive and well-led. This is a tremendous achievement. To put this into perspective, we understand that of the 167 NHS provider organisations inspected, only 32% achieved a rating of Good and 1% achieved a rating of Outstanding. However, we are not complacent. The inspection reports indicated areas where we can improve further. We responded immediately to the three actions required by the CQC to ensure we are fully compliant in being safe and I am personally following the

progress of the associated action plans. We are focusing firmly now on maintaining standards in our services and making further improvements going forward.

The CQC report noted the following good practice –

- ✓ Staff treated people with respect, listened to them and were compassionate.
- ✓ Services were effective, responsive and caring. Where concerns had arisen the Board had taken urgent action to address areas of improvement.
- ✓ The Trust had an increasingly good track record on safety in the past 12 months.
- ✓ Staff felt confident to report issues of concern and learning was shared across the Trust.
- ✓ Staff morale was mostly good and staff felt supported by local and senior management.
- ✓ There was effective team working.
- ✓ The Trust was meeting the cultural, spiritual and individual needs of patients.
- ✓ There was a commitment to quality improvement and innovation.

Full details of the outcomes of our CQC inspection and actions we are taking as a result are included in section 2.5 of this Quality Report.

We have also been compliant consistently since quarter 2 with the quality targets set by our external regulator Monitor and are not forecasting any risk to continuing to achieve the existing targets.

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 continuing the Sign Up to Safety campaign with our six work streams linking with the national team and learning from other organisations in reducing harm to our patients covering:-

- Reduction in use of restraint
- Reduction in avoidable pressure ulcers
- Reduction in avoidable falls
- Early detection of deteriorating patient
- Reduction in unexpected deaths
- Reduction in medication omissions

To support this work we have established a Quality Academy which will act as a catalyst to improving quality across the organisation, providing an opportunity to capture and sustain the commitment and enthusiasm of our staff, supporting them and enabling them to drive forward changes to make a difference to the care we provide.

Full details of our quality priorities for 2016-2017 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 provide consistently professional and high quality services. Our CQC results are a fitting tribute to the dedication and excellence of our staff. They work very hard to provide the highest quality care for our patients and I am immensely proud of them. Without each and every one of them, SEPT would not be able to deliver the excellent services our patients expect.

We have a Staff Recognition Scheme and each month more and more staff are being nominated for In Tune Awards for excellent customer service. In November we held our SEPT Star Awards where more than 40 staff were recognised for their innovations and achievements with 14 proud winners taking home a trophy.

Once you have read this Quality Report, I hope you will 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 our patients, service users, carers, staff, volunteers and other stakeholders are the best people to tell us what constitutes the highest quality of service. We will continue to strive to meet their expectations and provide the highest standards of care by listening carefully to them and taking action promptly where necessary.

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Statement of Accuracy

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

Sally Morris
Chief Executive

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PART 2
OUR QUALITY PRIORITIES FOR IMPROVEMENT DURING 2016/17 AND STATEMENTS OF ASSURANCE FROM THE BOARD

What services did SEPT provide in 2015/16?

During 2015-2016, SEPT provided hospital and community-based mental health and learning disability services across South Essex as well as a small number of specialist mental health and learning disability secure services in Bedfordshire and Luton. SEPT also provided community health services in Bedfordshire, South East Essex and West Essex. Up until 1st October 2015, the Trust delivered adult podiatry and speech and language therapy services as well as a number of children's services in Suffolk; and up until 1st November 2015, the Trust delivered Child and Adolescent Mental Health Services (CAMHS) in South Essex. Both services transferred to other NHS providers safely; with staff and the Trust working incredibly hard during the transition phase to ensure that services remained of the highest quality and that the transfer to the new provider had minimal impact on service users.

Our progress against the priorities for improvement for 2015/16, as set out in SEPT's 2014/15 Quality Report, is set out in Part 3 of this document.

How have we developed our priorities for the coming year?

SEPT has a well-established planning process that leads to the development of an annual Operational Plan that sets out our aims and the action that we will take to deliver our vision of "providing services that are in tune with you". Our Operational Plan 2016/17 will be published on our website (http://www.sept.nhs.uk/) when it has been approved by Monitor.

Our Operational Plan for 2016/17 and the priorities for quality within it was produced following detailed discussions over a five month period with the Board of Directors, the Trust's Leadership Team, our partners and our Council of Governors. Two planning events were held with participation from 220 staff, service users, carers, partners, commissioners and representatives from other statutory and voluntary organisations. As part of the planning process this year, SEPT also set up a page on its public website (http://www.sept.nhs.uk/get-involved/help-us-plan-our-services/) to enable those who attended the events and those that were unable to attend to contribute their comments on-line.

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

Since the original development of the Trust's Quality Strategy in 2014, significant progress has been made against the aims set out to improve the quality and safety of our services and ultimately achieve our ambition of becoming the safest organisation in the NHS. Part 3 of this report provides an overview of progress made to date against the quality priorities we set out in last year's Quality Report.

We are in the process of refreshing the Quality Strategy for 2016/17 to ensure that we continue on our positive journey towards this challenging ambition. The full Quality Strategy will be available on the Trust website following approval by the Trust. The Trust is also taking positive action to address the outcomes of the Care Quality Commission comprehensive inspection undertaken in 2015/16, aspiring to move the Trust's performance from "GOOD" to "OUTSTANDING".

In summary, our vision for quality is:

"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 achieve this by embracing an ethic of learning and ensuring that every member of staff understands their role in delivering clinical quality and works towards this goal every day. A Quality Academy was launched this year to support this by enabling staff to gain the skills for continuous quality improvement and to monitor our aims and achievements in this area.

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The Trust's Quality Strategy aims to deliver quality improvements in a transparent and measurable way covering the following key domains:

- Safe care
- Positive experience of care
- Effective, outcomes-focused care
- Well organised care
- Right staff, right skills, right place
- A culture of openness, honesty & transparency

Monitor require the Trust to identify three key strategic areas of focus for quality in our Operational Plan and these have been identified as follows:

1) Parity of esteem / physical healthcare in accordance with our Quality Strategy. The aim of this key area is to reduce avoidable harm and ensure effective outcome focussed care for all users of our services – both across Community Health Services and Mental Health Services. Throughout the Quality Strategy we identify a number of workstreams which support delivery of this – including the early detection of physical deterioration in health, reducing avoidable deaths as well as working with patients in achieving outcome focussed care across the Trust. A number of these workstreams form the basis of the Quality Priorities for this Quality Report, detailed in the section below.
   The following two key strategic areas of focus are considered "enablers" – ie actions which will enable the Trust to deliver its aims of providing services of the highest quality and safety:
2) Continued development of the Quality Academy to build the capacity for improvement and create a culture whereby all staff feel engaged and continually strive to improve services for patients.
3) Workforce development in accordance with the Trusts HR and Workforce Framework, ensuring that the Trust attracts, retains, values and develops the workforce to meet the Trusts strategic priorities and corporate aims (some examples of workforce developments implemented over the past year are included at section 3.2 of this Quality Report).

2.2 Our quality priorities for 2016/17

In setting the Quality Priorities for 2016/17 for this Quality Report, the Board of Directors considered the strategic context, their knowledge of the Trust, feedback from staff and stakeholders during the planning cycle and the key findings from the Care Quality Commission Inspection (published in November 2015). The Quality Priorities we have set for 2016/17 are designed to ensure that the Trust continues the positive progress in the six 'Sign Up to Safety Campaign' workstreams that formed our Quality Priorities for 2015/16 in our ongoing ambition for no avoidable harm. The priorities for the coming year build on the progress already made and align with our six "Safe Care Ambitions" set out in the Trusts Quality Strategy and Operational Plan as detailed above. We believe that these Quality Priorities will continue to deliver the improvements most often identified by our stakeholders and will lead to improved health outcomes for our patients and service users.

Our quality priorities for 2016/17 are as follows:

(EFFECTIVENESS) Quality Priority 1: Restrictive Practice

The management of violence and aggression is currently being discussed at a national level and the area of particular debate is the use of prone restraint. Any physical intervention carries with it an element of risk and the evidence is that the use of prone restraint carries with it a higher risk than that of supine floor restraint.

The organisation is committed to reducing the episodes of restraint. All physical interventions should only be used as a last resort and prone restraint, where possible, should be avoided. If it is encountered it should be for the shortest time period possible and the individual turned into the supine position as soon as it is achievable and safe.

Over the past two years we have undertaken work to address this area with significant progress. This work needs to be sustained to meet our ambition.

Priority

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

Action

- To work to NICE guidance of Management of Violence and Aggression;
- To review and update training programme; and
- To build on existing networks across health to support best practice and learn from other trusts.

Target

- We will have less prone restraints in 2016/17 compared to 2015/16.

(SAFETY) Quality Priority 2: Pressure Ulcers

Avoidable pressure ulcers are seen as a key indicator of the quality of nursing care; preventing them from happening will improve all care for vulnerable patients. Early risk assessment and prevention is therefore vital. All staff within clinical teams should be aware of this and undertake assessment of patients as they are admitted onto their caseloads or within an inpatient area including considering any safeguarding issue. Since 2012 SEPT has been working to reduce the number of category 3 and 4 avoidable pressure ulcers to zero (which was a target set nationally and by the East of England Strategic Health Authority). All three community services have undertaken a number of areas of work in relation to the themes resulting from root cause analyses and are now working to a standardised practice across the trust. Although we have not yet achieved the zero target, we continue to make significant progress in reducing the number of category 3 and 4 avoidable pressure ulcers. The work undertaken needs to be sustained to continue to strive towards this target and we also need to reduce the number of avoidable category 2 pressure ulcers.

Priority

- To further reduce the number of avoidable grade 3 and 4 pressure ulcers acquired in our care.

Action:

- To continue Skin Matters Group to review pressure ulcers and identify lessons to be learnt;
- To report weekly on category 3 and 4 pressure ulcers acquired in care to the Executive Team;
- To provide a uniform education and training package across all areas of the Trust to ensure all staff are working to the same standards;
- To engage further with all the multi-disciplinary services to ensure all teams are working to provide equitable assessment and care delivery;
- To work closely with independent providers and provide education and training to manage the prevention of pressure ulcers and appropriate referral processes in the event a pressure ulcer develops; and
- To raise public awareness.

Target:

- We will have less avoidable grade 3 and 4 pressure ulcers acquired in our care in 2016/17 compared to 2015/16.

(SAFETY) Quality Priority 3: Falls

Falls prevention is a complex issue crossing the boundaries of healthcare, social care, public health and accident prevention. Across England and Wales, approximately 152,000 falls are reported in acute hospitals every year, with over 26,000 reported from mental health units and 28,000 from community hospitals. In February 2012 revised guidance from the NPSA on incidents resulting in long term harm led the Trust to review its serious incident reporting criteria. From that time, any inpatient fall resulting in long bone fracture that requires surgical intervention has been reported as a serious incident.

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.

Over the past 3 years, SEPT has had a priority to reduce the level of avoidable falls, and again 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:

- To further reduce the number of avoidable falls that result in moderate or severe harm within inpatients areas.

Action:

- To continue the Trust wide Falls Group;
- To revise the on-line mandatory training package to reflect the differing skills required by clinical staff;
- To further promote a multi-disciplinary approach to falls prevention and management - this will include the development of a new post to support front-line staff and a re-launch of the Trust wide Falls Group to include wider multi-disciplinary membership;
- To review current guidance and introduce evidence based tools for the assessment of falls risks;
- To build on existing networks across health and social care;
- To develop systems for cascade of falls information to individual wards; and
- To undertake in-depth audit examining compliance with NICE guidance and standards.

Target:

- We will have less avoidable falls that result in moderate or severe harm in 2016/17 compared to 2015/16.
- We will have a reduction in the number of patients who experience more than one fall in 2016/17 compared to 2015/16.

(EXPERIENCE) Quality Priority 4: Early Detection of Deteriorating Patient

Physical healthcare assessment is a vital part of the holistic assessment and supports early detection of deteriorating patients. Recent publications have identified issues with early detection of deteriorating patients and the number of avoidable deaths within the NHS. Further to this, within mental health, there is clear evidence that people with serious mental illnesses die, on average, 20 years earlier than the rest of the population.

A large proportion of patients who suffer cardio-respiratory arrest in hospital have recognisable changes in routine observations during the preceding twenty-four hours, including changes in vital signs, level of consciousness and oxygenation. Current evidence suggests that early detection, timeliness of response and competency of the staff involved are vital to defining clinical outcomes. In order to substantially improve the clinical response to the acutely ill patient we are embedding systems to support this including an education framework so that staff are competent in the measurement, monitoring and interpretation of vital signs, equipped with the knowledge to respond to deteriorating health and respond effectively to acutely ill patients.

Priority

- To further embed the system of early detection of deteriorating patient and preventative actions.

Action

- To continue to roll out training to all inpatient areas on the Modified Early Warning System (MEWS) scoring;
- To introduce a competency framework that defines the knowledge and skills required for safe and effective treatment and care;
- To introduce an easy to remember mechanism that can be used to frame communication / conversations in a structured way to escalate a clinical problem that requires immediate attention;
- To undertake a regular schedule of audit of a sample of mental health in-patient records to assess whether a MEWS score has been documented if relevant; and
- To undertake an audit to review the number of patients with a MEWS score greater than 3 who are escalated appropriately.

Target

- We will increase the % of MEWs scores recorded during 2016/17 from the baseline established in 2015/16.
- We will increase the % of patients with a MEWS score greater than 4 (or a single score of 3) that are escalated appropriately.

(EXPERIENCE) Quality Priority 5: Reduction in Unexpected Deaths

Around 4,400 people end their own lives in England each year, that's one death every two hours and at least 10 times that number attempt suicide. People with a diagnosed mental health condition are at particular risk and around 90% of suicide victims suffer from a psychiatric disorder at the time of their death, although three-quarters of all people who end their own lives are not in contact with mental health services.

In 2015, the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness reported an increase in the number of suicides completed within the acute care pathway, with a 14% increase in suicide for those people being supported by Crisis teams and a 17% increase in suicide for those recently discharged from hospital; around a quarter of all patients who complete suicide in the UK also had a major physical illness.

Priority

- To further develop the suicide prevention culture across all services in order to achieve the Trusts strategic ambition of no avoidable suicides of patients known to services.

Action

- To review present training programme and implement a bespoke training programme targeted at equipping staff with the knowledge and skills to deliver appropriate interventions with the aim of preventing suicide;
- To engage further with all members of the multi-disciplinary team to deliver suicide prevention culture across the Trust;
- To undertake baseline audits of current practice in the detection and prevention of suicide, identify actions to be taken forward and repeat audits at agreed timeframes to monitor improvements; and
- To raise public awareness.

Target

- We will implement a bespoke training package for suicide intervention and train 50% of relevant mental health front line staff during 2016/17. This action is of fundamental importance to the organisation being able to reduce the number of suicides across clinical services and ultimately to deliver its ambition of no avoidable suicides of patients known to services.

(SAFETY) Quality Priority 6: Reduction in Medication Omissions

A retrospective audit undertaken within inpatient wards in January 2016 identified the overall rate of omitted doses across the Trust was 3.8%. However, if those doses which were omitted for what appears to be a clinical reason, including those where the patient refused the medication, are excluded this drops to 0.8%. Across the Trust 99.2% of medication doses were administered as prescribed; however we want to try and improve this still further. Significant improvements were seen in the number of doses where the administration record was left blank, which was a specific target during 2015/16.

Priority

- To further reduce the number of omitted doses.
- To further reduce the number of omitted doses where no reason code is annotated.

Action

- To continue with medicines task and finish group as part of the Sign up to Safety campaign;
- To improve reporting of omitted doses of medicines which occur within Community Health Services, especially community-based services; and
- To review omitted medicines incidents as part of quarterly review of medication-related incidents at Medicines Management Groups.

Target

- We will further reduce the number of omitted doses within services in 2016/17 compared to 2015/16.

Each of the above six priorities will continue to 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 Report for 2016/17.

*2.3 Stretching goals for quality improvement – 2016/17 CQUIN Programme (**C**ommissioning for **Qu**ality and **In**novation)*

Commissioners have incentivised SEPT to improve quality during 2016/17 via No. TBC programmes of work. *NB the final number of CQUINs and financial value has yet to be finalised at the time of writing this report due to on-going negotiations.*

The value of the 2016/17 CQUIN scheme will be up to 2.5% of Actual Annual Contract Value, as defined in the 2016/17 NHS Standard Contract. Across all contracts/all locations, SEPT is expected to deliver on nationally set CQUINS (forming 1.0% of contract value).

Given the financial challenges facing the NHS in 2016/17 and the need to continue delivering high quality care for our patients, the national and local schemes seek to incentivise quality and efficiency and local schemes in particular to reward transformation across care pathways that cut across different providers, thus enhancing patient experience and encouraging collaborative working.

This year the Trust's CQUIN programme will be structured to include the two national CQUINs applicable for Community Health Services and/or Mental Health Services. These are:

- Staff Health & Well-being – a new 3-part CQUIN applicable to community and mental health contracts
- Physical Health (Year 3 Cardio-metabolic Assessment) - a 2-part CQUIN applicable to mental health contracts only

Locally agreed CQUIN schemes form the remaining 1.5% of contract value. The objective of local CQUINs is to effect change for health needs and/or improve services that give the greatest cause of concern to clinical commissioning group GP leads. Commissioners expect SEPT to be able to deliver quantitative service improvements, measured both by patient satisfaction and improvement in clinical/quality outcomes. Although CQUIN ideas may be locality specific and individually proposed, there are common themes such as admission avoidance for both physical and mental health contracts where services are expected to work collaboratively to avoid inappropriate admissions.

Several locally negotiated CQUINs e.g. Workforce Development and Motivational Interviewing in West Essex and Care Packages and Pathways in South Essex will continue into year 2 schemes giving an opportunity to consolidate earlier work.

In conclusion SEPT is dedicated to continually improving services and teams have proven to be committed to and adept at managing resources to meet the stretching goals for quality improvement within the National CQUINs that have been set by commissioners in previous years as well as locally negotiated schemes. We anticipate teams will ably meet the challenges for the coming year.

2.4 Implementing the Duty of Candour and "Sign up to Safety"

Implementing the Duty of Candour

The *Duty of Candour* is the requirement for all clinicians, managers and healthcare staff to inform patients/relatives of any actions which have resulted in harm. It actively encourages transparency and openness and the Trust has a legal and contractual obligation to ensure compliance with the standard. SEPT considers such openness and transparency to be vital in ensuring the safety and quality of our services.

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Work undertaken to date includes -

- The development of two online training courses which are now mandatory for staff to complete, as follows:
    - Short overview course for all clinical staff
    - Detailed course for managers/team leads and senior staff;
- The identification of a Family Liaison Officer/Duty of Candour lead for all serious incidents;
- The implementation of a weekly review of all moderate incidents to assess if the Duty of Candour is applicable and ensuring that necessary actions are taken;
- The addition of Duty of Candour sections to root cause analyses reports and the Decision Monitoring Tool for Serious Incidents to ensure it is addressed for all incidents; and
- The introduction of monthly reporting in the Trust's Performance Report of relevant incidents, with weekly progress chaser/situation reports sent to Directors and senior managers.

We are confident that the steps we have taken and continue to take are contributing to the on-going development of a culture which is open and transparent. We were delighted to be ranked within the top 20 NHS Trusts (out of a total of 230) in the new national "Learning from Mistakes" League table which was launched by Monitor and the NHS Trust Development Authority in March 2016. This League table ranks NHS organisations on their openness and transparency based on the fairness and effectiveness of procedures for reporting errors, near misses and incidents; staff confidence and security in reporting unsafe clinical practice and the percentage of staff who feel able to contribute towards improvements at their trust.

Implementing "Sign up to Safety"

The Trust has signed up to 'Sign up to Safety' which is a national safety campaign that was launched in June 2014. Its mission is to strengthen patient safety in the NHS and make it the safest healthcare system in the world. The Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives as a result. A Safety Improvement Plan was developed by the Trust and submitted to NHS England. The Plan covers six priorities aligned with our Quality Strategy as follows:

- Early detection of deteriorating patient
- Avoidable pressure ulcers
- Avoidable falls
- Avoidable unexpected deaths
- Reduction in use of restraint
- Reduction in omitted doses of medication

You will note that these also align with the six Quality Priorities for 2016/17 detailed in Section 2.2.

A launch event for the Trust's Safety Improvement Plan was undertaken in May 2015, supported by the national "Sign up to Safety" team. The event had representation from each work stream, with good attendance from across all professions and areas. A regular update on each workstream is presented to the Quality Committee. As part of this work, the leads have worked with the national team, presented at the "Patient First Conference" and "Sign up to Safety webinar" and have made links with a number of other organisations to share best practice and learning.

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2.5 Statements of Assurance From The Board

2.5.1 Review of services

During 2015/16, SEPT provided and/or sub-contracted 166 relevant health services.

SEPT has reviewed all the data available to them on the quality of care in 166 of these relevant health services.

The income generated by the relevant health services reviewed in 2015/16 represents 98 per cent of the total income generated from the provision of relevant health services by SEPT for 2015/16.

The data reviewed aimed to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. During 2015/16 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. The Trust has continued to make significant improvement in compliance throughout 2015/16. This has once again been achieved with the continuation of the reports introduced in 2014/15 and there has been excellent clinical engagement with a clear understanding of the importance of good data quality across the clinical areas.

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. Clinical audit is a tool to assist in improving services. The Trust participates in all relevant National Clinical Audit Patient Outcome Programme (NCAPOP) audit processes and additional national and locally defined clinical audits identified as being important to clinical outcomes of our service users.

During 2015/16 10 national clinical audits and 1 national confidential enquiry covered relevant health services that SEPT provides.

During 2015/16 SEPT participated in 100% national clinical audits and 100% national confidential enquiries which, as an organisation it was eligible to participate in.

The national clinical audits and national confidential enquiries that SEPT was eligible to participate in during 2015/16 are as follows:

National clinical audits:

- *Sentinel Stroke National Audit Programme (SNAP) 2015/16*
- *Sentinel Stroke National Audit program – Post Acute organisational*
- *National Diabetes Foot Care Audit*
- *National Audit of Intermediate Care (NAIC)*
- *National Chronic Obstructive Pulmonary Disease (COPD) Audit*
- *National Audit Of Parkinsons Disease*
- *POMHuk Topic 13b Prescribing for ADHD*
- *POMHuk Topic 15a Prescribing for Bipolar Disorder*
- *POMHuk Topic 14b Prescribing for substance misuse- alcohol detoxification*
- *National Early intervention in Psychosis services*

National confidential enquiries:

- *Suicide and homicide*

The national clinical audits and National Confidential Inquiries that SEPT participated in during 2015/16 are as listed above.

The national clinical audits and national confidential enquiries that SEPT participated in, and for which data collection was completed during 2015/16, 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**
Sentinel Stroke National Audit Programme (SNAP) 2015/16	Organisational data submitted.
Sentinel Stroke National Audit Programme (SSNAP)	100% of relevant cases had information provided to national organisers.
National Diabetes Foot Care Audit	Continuous data entry.
National Audit Of Parkinson Disease	100% of relevant cases had information provided to national organisers.
POMHuk Topic 15a Prescribing for Bipolar Disorder	100% of relevant cases had information provided to national organisers.
National Early intervention in Psychosis services	100% of relevant cases had information provided to national organisers.
POMHuk Topic 13b Prescribing for ADHD	100% of relevant cases had information provided to national organisers.
National Audit of Intermediate Care (NAIC)	100% of relevant cases had information provided to national organisers.
National Chronic Obstructive Pulmonary Disease (COPD) Audit	100% of relevant cases had information provided to national organisers.
POMHuk Topic 14b Prescribing for substance misuse-alcohol detoxification	100% of relevant cases had information provided to national organisers.
National Confidential Enquiry - Suicide and Homicide	100% of relevant cases were submitted with information to national organisers (data up to Q3).

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The reports of 6 national clinical audits were reviewed by the provider in 2015/16 and SEPT intends to take the following actions to improve the quality of healthcare provided (examples are listed):

- Strengthen processes for observance of the side effects of antipsychotics for people with a learning disability;
- Implement monitoring processes following the provision of additional equipment and training for people with a learning disability;
- Audit data held for pre-treatment and follow-up treatment assessment to ensure this is recorded appropriately on Systm1 growth charts for those with ADHD;
- Develop a Local Action Plan for Stroke Services in Bedfordshire and Essex in partnership with local commissioners;
- Develop a Chronic Obstructive Pulmonary Disease (COPD) improvement plan based on clinical data;
- Consider registration for National Audit of Intermediate Care 2016 in conjunction with commissioners in West Essex.

(Note: All national clinical audit reports are presented to relevant Quality and Safety Groups at a local level for consideration of local action to be taken in response to the national findings.)

SEPT's priority clinical audit programme for 2015/16 was developed following consultation with senior mental health and community health service managers to focus on agendas required to provide assurance to the Trust and stakeholders that services being delivered are safe and of high quality. A centralised Clinical Audit Department oversee all priority clinical audits, facilitate clinicians to ensure high quality, robust audits and monitor and report on implementation of action plans post audit to ensure that, where necessary, work is undertaken to improve services. Learning from audits takes place internally via reports that are provided to individual senior and local managers, operational quality groups and centralised senior committees. The Trust also reports regularly to stakeholders such as Clinical Commissioning Groups about outcomes of audits relevant to services in their portfolios.

The reports of 53 local clinical audits were reviewed by SEPT in 2015/16 and SEPT intends to take the following actions to improve the quality of healthcare provided (examples are listed):

- Implement actions to improve patient documentation;
- Incorporate power of attorney into assessment documentation in the dementia assessment process to ensure that this important aspect of care is addressed in all cases;
- Disseminate MUST (Malnutrition Universal Screening Tool) and nutritional training across the Trust and incorporate this into the physical health training package for staff; and
- Instigate additional monitoring of blood pressure in patients with co-morbid diabetes mellitus and stroke at St Margaret's Hospital.

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 we continue to participate in studies funded by the National Institute for Health Research (NIHR) and this is very much our core research activity. We continue to work with our partner organisations to develop research and to support students undertaking research as part of further education courses.

The number of patients receiving relevant health services provided or sub-contracted by SEPT in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 202 {year-end figure awaited and to be inserted in final publication}.

2.5.4 Goals agreed with commissioners for 2015/16

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 continues to be 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 (2.5% of contract value) in 2015/16 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 2015/16 and the following 12 month period are available electronically at: http://www.sept.nhs.uk/ {to be uploaded on agreement}

Following negotiation with commissioners, SEPT again launched a broad range of quality initiatives under the CQUIN scheme during 2015/16 to increase the quality of service user care and experience. In total, the Trust was tasked with implementing a total of 35 schemes across mental health, learning disabilities and community health services within Bedfordshire and Essex.

Since its introduction in 2010/11 CQUIN has increased in importance for providers giving potential for SEPT to achieve 2.5% of contract value (£4.87 million) in 2015/16. This is the same as the % figure for 2014/15 which was also 2.5% of contract value – however this equated to £5.3m as the total value of SEPT's contracts during that period were higher due to the provision at that time of mental health services in Bedfordshire and Luton.

We are delighted to report that the clinical and operational teams tasked with implementing the improvements have once again excelled – they are on track to deliver ~98% 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 98% will equate to £4.77million income; the final figure will be confirmed once Clinical Commissioning Groups have validated our performance against quarter four indicators. *{This paragraph will be updated for the final Quality Report with finally confirmed figures.}*

Four CQUIN schemes were set nationally by NHS England, three of which were appropriate for SEPT services:

- **Dementia** — rollout of the 'Find, Assess, Refer (FAIR)' programme to support early identification, diagnosis and support for patients with dementia and their carers.
- **Urgent Care** – each area developed their own project to facilitate partnership working and reduce inappropriate unplanned admissions
- A 2-part CQUIN aiming to improve **Physical Health** for patients with Schizophrenia receiving support as an in-patient in Mental Health Services through better assessment and documenting of agreed physical health criteria and completion of a local audit of communication with the patients GP.

We implemented a total of 15 CQUIN schemes across the organisation under the above three national schemes. The remaining 20 out of the total of 35 CQUIN schemes were set locally in discussion with the Clinical Commissioning Groups based on local priorities.

A selection of the projects negotiated locally included:

- The provision of training to targeted care homes and care agencies in West and South East Essex to support proactive assessment and prevention of pressure ulcers. We are delighted to report that the South East Essex teams concerted efforts to contact and follow up with a broad range of care agencies and care homes resulted in over 500 carers from over 200 organisations attending the Pressure Ulcer training sessions throughout the year. Similarly in West Essex there was excellent engagement and Care Home patients are receiving higher quality and safer care with what looks like a significant reduction in pressure sore incidence.
- The Palliative Care Support (PCS) Register CQUIN gave an opportunity to audit and explore the experience of patients referred to the PCS register in South East Essex. It is pleasing to see a range

of non-malignant conditions are represented showing good awareness of the end of life needs of patients with all conditions, and a broad range of referrers. Follow up actions include an education programme for key groups of staff and discussion at relevant meetings aimed at increasing awareness of the Register and support confidence in earlier referral thus benefitting patients.

- A CQUIN designed to facilitate collaboration with both acute hospital providers in Bedfordshire has resulted in closer collaboration and agreed pathways for the sharing of community matron caseloads with Luton and Dunstable Hospital (LDH) and Bedford hospitals. This work is likely to be consolidated in a 2016/17 CQUIN proposal being negotiated currently that is part of a broader transformation project.

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 2015/16.

SEPT has participated in special reviews or investigations by the Care Quality Commission (CQC) relating to the following areas during 2015/16:

1) Safeguarding Children's Inspection for Thurrock area (October 2015)

SEPT intends to take the following action to address the conclusions or requirements reported by the CQC:

- Improving the "Think Family" approach and notification systems with Health Visitors, School Nurses and Midwives in North East London NHS Foundation Trust (NELFT) where there are concerns for parental mental health;
- Ensuring the mental health electronic record provides a complete record of any safeguarding or potential safeguarding concerns; and
- Ensuring the quality of safeguarding referrals is maintained.

SEPT has made the following progress by 31st March 2016 in taking such action:

- A detailed action plan incorporating all CQC recommendations was submitted to and accepted by the Clinical Commissioning Group. A report of the inspection process and findings was submitted to the Trust Executive Team in February 2016 where the action plan was agreed. The action plan was monitored monthly at the Trust Safeguarding Group for compliance and progress reported to the Trust Safeguarding Committee at each bi-monthly meeting.
- Good progress has been made and all actions have now been completed. There is a small-scale audit programme in place to measure the effectiveness of the actions (e.g. the quality of safeguarding referrals) and this is planned to be completed by September 2016.

2) Safeguarding Children's Inspection for Bedfordshire area (May 2015)

The outcome from the CQC on SEPT services was very positive with particular mention of the SEPT Looked After Children's Services***.***

SEPT intends to take the following action to address the conclusions or requirements reported by the CQC:

- Developing systems to capture the voice of the child during Looked After Reviews;
- Ensuring health plans are "SMART"; and
- Ensuring staff have access to training on review health assessments.

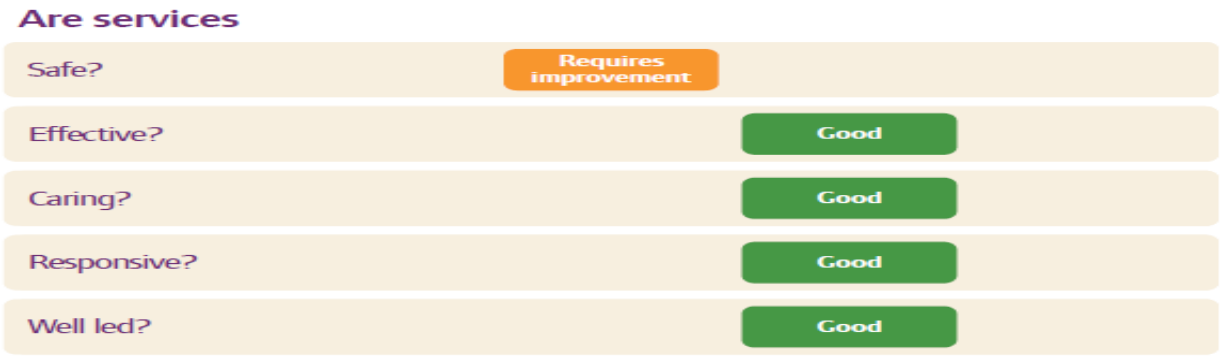
SEPT has made the following progress by 31st March 2016 in taking such action:

- The action plan was completed and fully achieved by November 2015. It has subsequently been accepted by the Clinical Commissioning Group**.**

3) Integrated Older People Service Review for Bedfordshire area.

At the time of preparing the Quality Report, the Trust is awaiting the outcome of this review.

The Care Quality Commission (CQC) inspected the trust as part of its ongoing comprehensive health inspection programme in June/July 2015. The CQC has rated the services provided by South Essex Partnership NHS Foundation Trust as 'Good' following the comprehensive inspection. The Trust has received 16 reports which confirm an overall rating for the Trust and a rating for each core service (as defined by the CQC):



	Safe	Effective	Caring	Responsive	Well led	Overall
Wards for people with learning disabilities or autism	Requires improvement	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Requires improvement	Good	Good	Good	Good	Good
Forensic inpatient/secure wards	Requires improvement	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Requires improvement	Good	Good

	Safe	Effective	Caring	Responsive	Well led	Overall
Community health services for adults	Good	Good	Good	Good	Good	Good
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community dental services	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good

The CQC rated South Essex Partnership University NHS Foundation Trust as good overall because:

- Services were effective, responsive and caring. Where concerns had arisen, the Board had taken urgent action to address areas of improvement.
- The Board and senior management had a vision with strategic objectives in place and staff felt engaged in the improvement agenda of the trust. Performance improvement tools and governance structures were in place and had brought about improvement to practices.
- Morale was found to be good in most areas and most staff felt supported by local and senior management.
- There was effective team working and staff felt supported by this.
- Staff treated people who used the service with respect, listened to them and were compassionate. They showed a good understanding of people's individual needs.
- Admission assessment processes and care plans, including for physical healthcare, were good.
- A good range of information was available for people and the trust was meeting the cultural, spiritual and individual needs of patients.
- The inpatient environments were conducive for mental health care and recovery and the bed management system within inpatient services was effective.
- Services were using evidence based models of treatment and made reference to National Institute for Health and Care Excellence (NICE) guidelines.
- The trust had an increasingly good track record on safety in the previous 12 months. Effective incident, safeguarding and whistleblowing procedures were in place. Staff felt confident to report issues of concern.
- Learning from events was shared across the trust.
- A formal complaints process was in place and well implemented. However, some informal complaints were not routinely captured and recorded.
- There was a commitment to quality improvement and innovation.

The CQC identified 3 areas which the trust must improve in:

- The trust must ensure that practices amounting to seclusion or segregation are recognised and managed within the requirements of the Mental Health Act Code of Practice. *Since the inspection, the Trust has undertaken a full review of the policy and procedure for the use of seclusion in line with the new code of practice. Work on implementation roll out plans is now underway.*
- The trust must take action to reduce restrictive interventions particularly on Fuji ward where the numbers of prone restraints were high. *Since the inspection, a new restrictive practice group has been established in the Trust and work undertaken with Fuji ward to understand the use of restrictive interventions and prone restraints. A benchmarking partner has been found which confirms Fuji was not an outlier compared to a similar service. Following the review of the use of restraint the number has decreased by 74% month on month.*
- The trust must review arrangements for food provision at acute mental health and forensic inpatient services to ensure patients have sufficient choice and receive food of good quality. *Since the inspection, the Trust has developed a new food strategy and regular feedback methods have been put in place. The last audit results were positive in all areas.*

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A detailed action plan to address the "must do" (and "should do") actions identified by the CQC was approved by the Trust Board of Directors in January 2016. Action is being led by a Task and Finish Group chaired by the Chief Executive, with progress being monitored by the Quality Committee on behalf of the Board of Directors. It is anticipated that all actions will be completed by September 2016.

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.

During 2015/16, the following key developments have been made:

- Introduction of an Electronic Dashboard allowing the Trust to display Key Performance Indicators, designed with a drill down facility that allow data quality issues to be clearly identified;
- The undertaking of an increased number of Data Quality Audits by internal audit to continue the focus on data quality in year;
- Full review and update of the Trust's Data Quality Policy & Procedure;
- Presentation of a regular Data Quality Report to the Information Governance Steering Sub Committee;
- Successful submission of the new Children and Younger Persons Dataset (CYDS) focusing on the high level of data quality;
- Continued production of Routine Data Quality Reports available via the Trust's Intranet - these reports highlight missing and out of date data fields;
- Continued improvement of data entered within one working day as the Trust moves closer to 'real' time reporting;
- Presentation of monthly Data Quality monitoring reports covering all services to the Executive Operational Sub-Committee; and
- Routine monitoring of a data quality assurance framework with regular updating when additional assurance is put in place and identification of any gaps still requiring attention.

SEPT submitted records during 2015/16 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 11 (April 2015 to February 2016)*

1) which included the patient's valid NHS Number was:

- ***99.6% for admitted patient care;***
- ***100% for outpatient care; and***
- ***Accident and emergency care – Not applicable***

2) which included the patient's valid General Medical Practice Code was:

- ***99.9% for admitted patient care;***
- ***99.9% for outpatient care; and***
- ***Accident and emergency care – Not applicable***

SEPT's Information Governance Assessment Report overall score for 2015/16 was 75% 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:

- Further roll out of service specific dashboards, including consultant and designated data quality dashboards;
- Submission of additional fields within the MHSDS (Mental Health Services Dataset). 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; and
- Increased number of Data Quality Audits to be undertaken by the Internal Audit function.

2.6 National Mandated Indicators of Quality

A letter from NHS England dated 3rd February 2016 stated that there was no change to the existing reporting and recommended audit arrangements for quality accounts for 2015/16. The National Health Service (Quality Accounts) Regulations 2010 had been previously amended to include changes of 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 SEPT's performance with the national average and also the lowest and highest performers. The information presented for the four mandated indicators has been extracted from nationally specified datasets, and as a result, is only available at a Trust-wide level.

The provision of mental health services in Bedfordshire and Luton transferred to a new provider from 1st April 2015. Historical data (ie up to 31st March 2015) for this service has been retained in this section for comparative purposes and is included within the figures for SEPT. The Trust provided Suffolk Community Health Services until 1st October 2015 and provided Child and Adolescent Mental Health Services (CAMHS) in South Essex until 1st November 2015, at which dates both services transferred to new providers. The figures in this section therefore include these services for the period they were provided by SEPT.

The letter from NHS England dated 3rd February 2016 asked NHS Trusts to consider including in Quality Reports this year the results from the NHS Staff Survey indicators relating to the "percentage of staff experiencing harassment, bullying or abuse from staff" and the "percentage of staff believing their Trust provides equal opportunities for career progression and promotion". The results of these indicators are therefore included at the end of this section.

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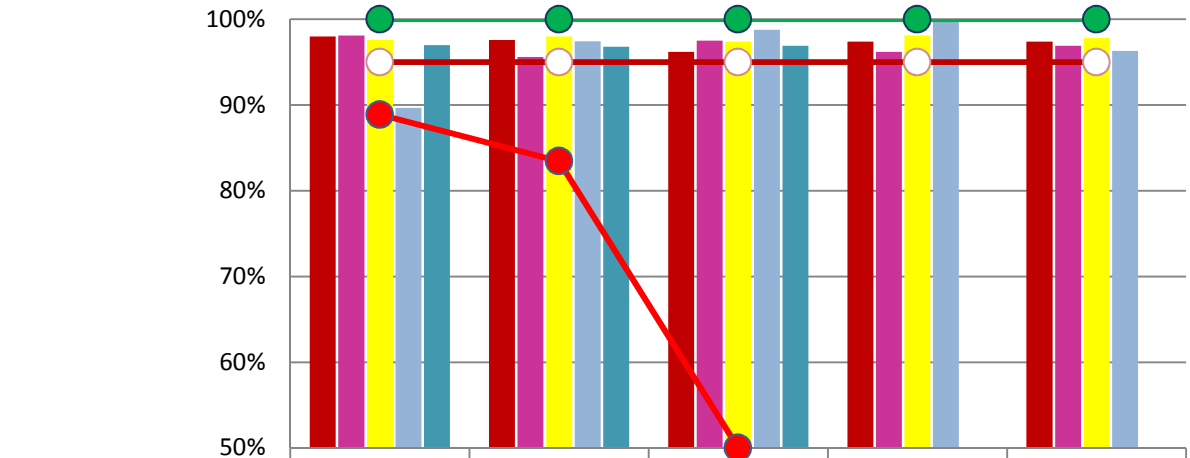
Patients on Care Programme Approach (CPA) followed up within seven days of discharge from psychiatric inpatient stay



	Q1	Q2	Q3	Q4	Outturn
SEPT 2012-13	98.0%	97.6%	96.2%	97.4%	97.4%
SEPT 2013-14	98.1%	95.6%	97.5%	96.2%	96.9%
SEPT 2014-15	97.6%	98.0%	97.4%	98.1%	97.8%
SEPT 2015-16	89.7%	97.4%	98.8%	100.0%	96.3%
All Trusts 2015/16	97.0%	96.8%	96.9%		
Highest Performer	100.0%	100.0%	100.0%	100.0%	100.0%
Lowest Performer	88.9%	83.4%	50.0%		
Target	95.0%	95.0%	95.0%	95.0%	95.0%

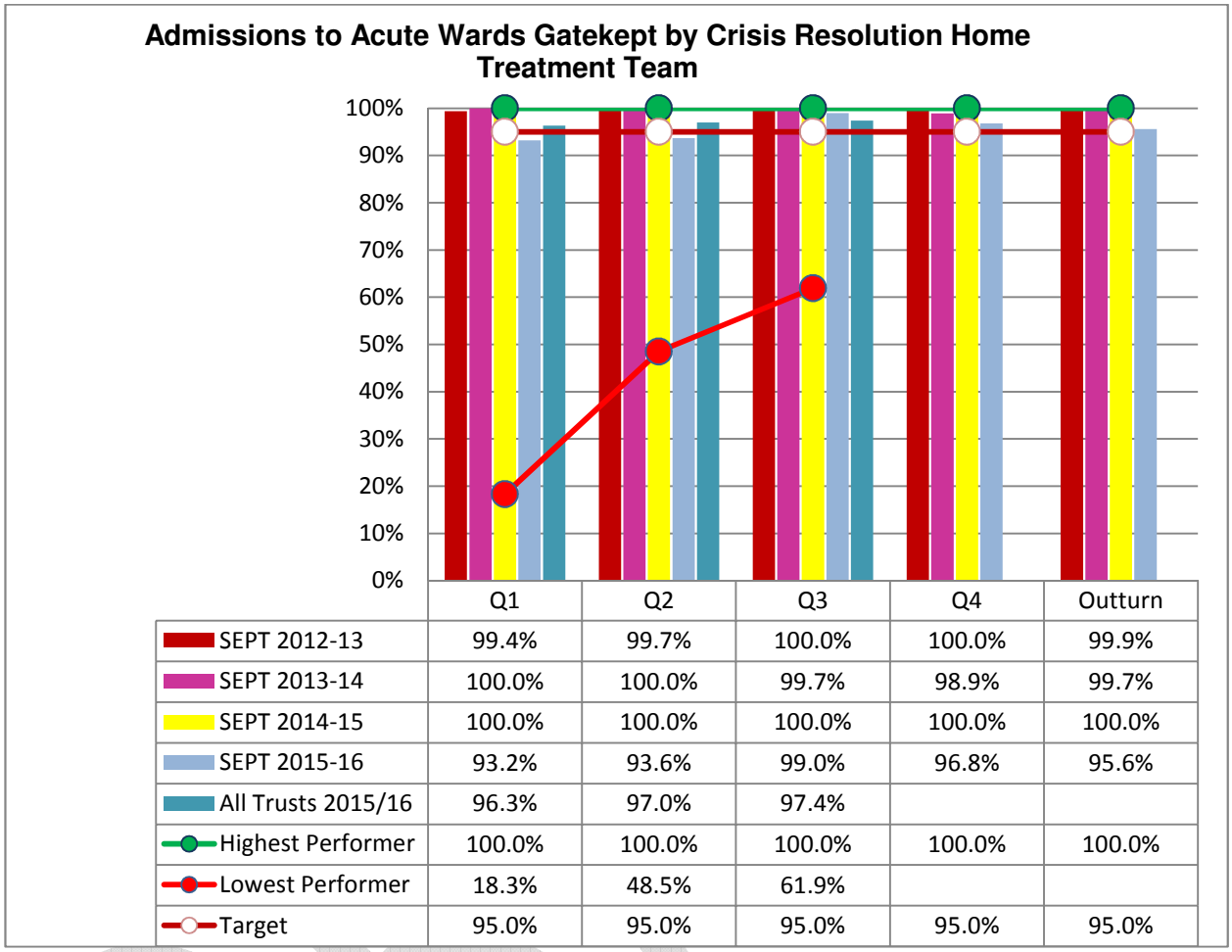
This indicator measures the percentage of patients that were followed up (either face to face or by telephone) within seven days of their discharge from a psychiatric inpatient unit.

In the first quarter the Trust reported 89.7% discharges followed up within 7 days via Unify to the Health and Social Care Information Centre (HSCIC). Full and thorough investigations of each of the breaches were requested and received by senior management. The validated data showed that 94.3% of discharges were followed up within 7 days which was reported to the Board of Directors and MONITOR. Unify records will be updated at the end of the year. Action arising from the investigations has ensured that the 95% target has been achieved in the remaining quarters of 2015/16 and for 2015/16 as a whole.

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 in 2013/14 to monitor the percentage of follow ups that are provided face to face and we are pleased to report that during 2015/16 90% of those patients followed up had 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 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%
SEPT 2014-15	100.0%	100.0%	100.0%	100.0%	100.0%
SEPT 2015-16	93.2%	93.6%	99.0%	96.8%	95.6%
All Trusts 2015/16	96.3%	97.0%	97.4%		
Highest Performer	100.0%	100.0%	100.0%	100.0%	100.0%
Lowest Performer	18.3%	48.5%	61.9%		
Target	95.0%	95.0%	95.0%	95.0%	95.0%

This indicator measures the percentage of adult admissions which are gatekept by a crisis resolution / home treatment team.

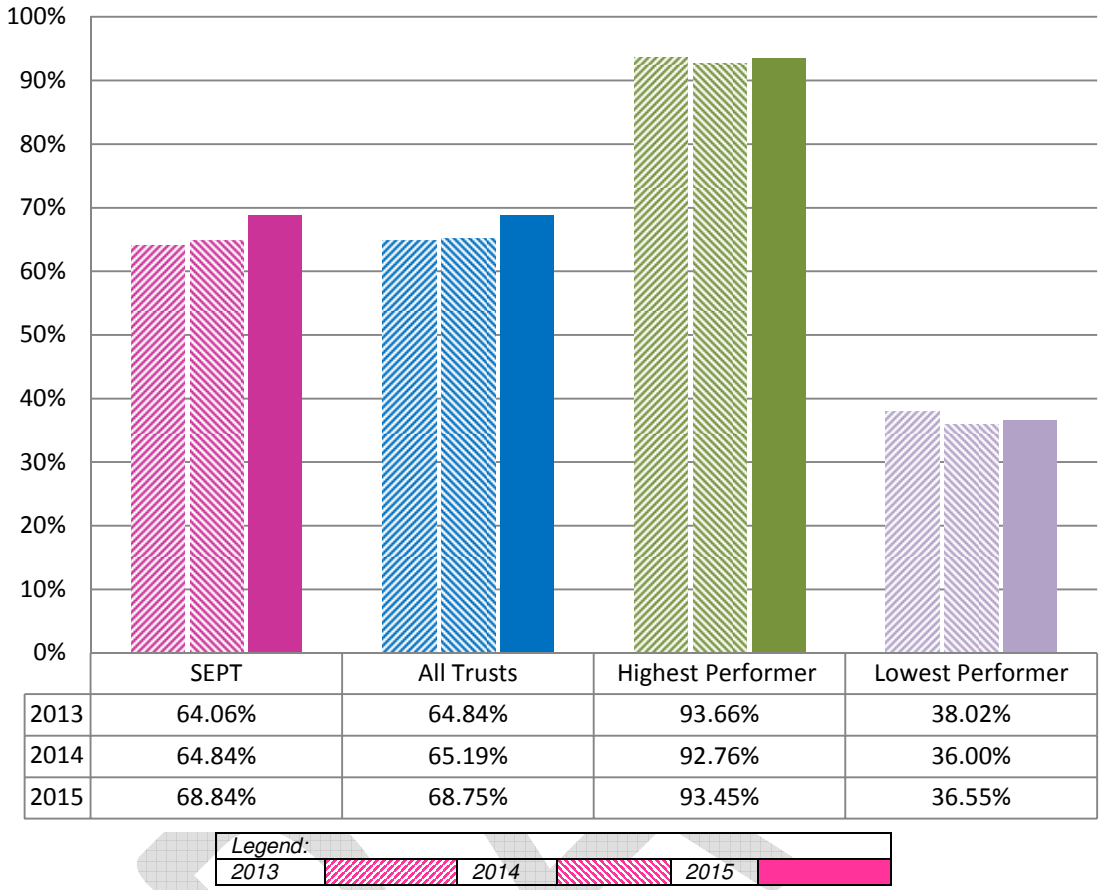
In the second quarter the Trust reported 93.6% of admissions having been gatekept via Unify to the Health and Social Care Information Centre (HSCIC). Full and thorough investigations of each of the breaches were requested and received by senior management. The validated data showed that 95.3% of admissions had been gatekept which was reported to the Board of Directors and MONITOR. Action arising from the investigations has ensured that the target of 95% has been achieved in the remaining quarters of 2015/16 and for 2015/16 as a whole.

In order to improve this percentage and thus the quality of services delivered, 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
2013	64.06%	64.84%	93.66%	38.02%
2014	64.84%	65.19%	92.76%	36.00%
2015	68.84%	68.75%	93.45%	36.55%

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".

This year 1500 Surveys were distributed and 669 were returned giving a return rate of 45%. This is a higher response rate than last year (44%) and remains average for combined mental health / learning disability and community trusts in England.

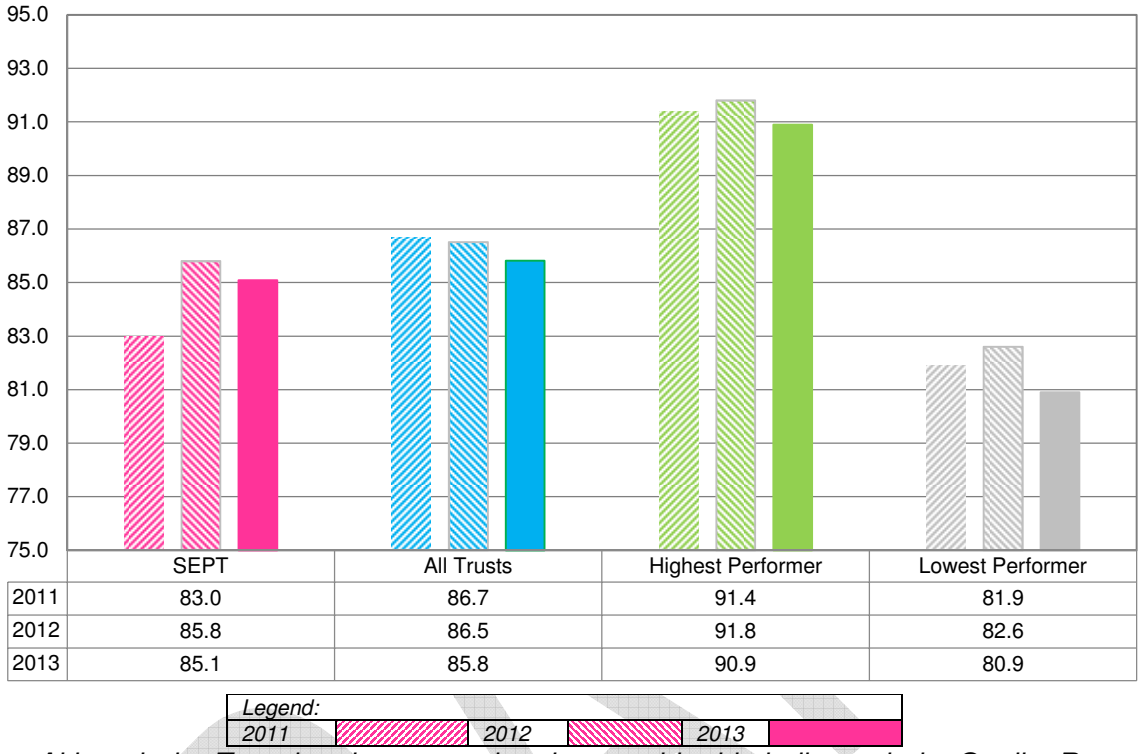
It is pleasing to note that the percentage of staff who stated that they would be happy with the standard of care provided if a friend or relative needed treatment has increased significantly in 2015 from 64.84% to 68.84%.

An action plan to address the results of the staff survey is being implemented in order to ensure that the Trust continues to achieve positive results in this area.

Data Source: National NHS Staff Survey Co-ordination Centre/ NHS Staff Surveys 2013, 2014, & 2015
National Definition applied: Yes

Patient experience of community mental health services

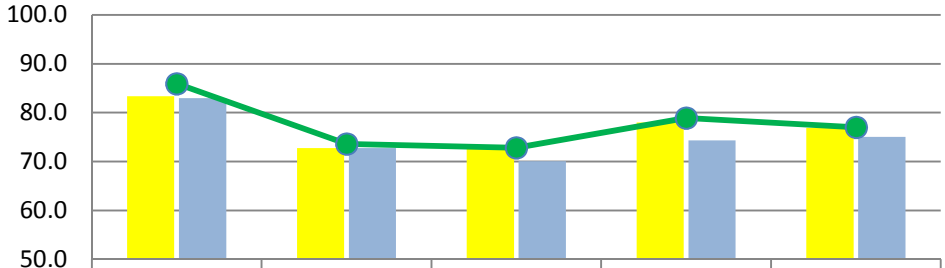
The Trust's 'Patient experience of community mental health services' indicator score reflects patients' experience of contact with a health or social care worker. The score was calculated as a weighted average of the responses to four distinct questions.



	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

Please Note: Although the Trust has been mandated to provide this indicator in its Quality Report, due to a change in the national patient survey questions in 2014, the Health and Social Care Information Centre are no longer able to use the same questions to calculate an overall measure of patient experience for Trusts as they had done in previous years (and as reported above). Therefore, please find following a summary of the key domain results of the Survey for 2014 and 2015 for information. The outcomes of all the community mental health surveys nationally can be found at http://www.cqc.org.uk/content/community-mental-health-survey-2015 .

Patient Experience of community mental health teams - Domain scores



	Access and waiting	Safe, high quality, coordinated care	Better information, more choice	Building closer relationships	Overall
SEPT 2014-15	83.3	72.7	73.3	78.0	76.9
SEPT 2015-16	82.9	72.8	70.0	74.3	75.0
80th percentile for 2015/16	85.9	73.6	72.8	78.9	77.0

The Trust has developed an action plan to address the outcomes of the national Survey, ensuring that targeted action is taken to improve the quality of services. Its implementation is being overseen by the Senior Management Team, led by the Executive Director responsible for Mental Health Services.

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

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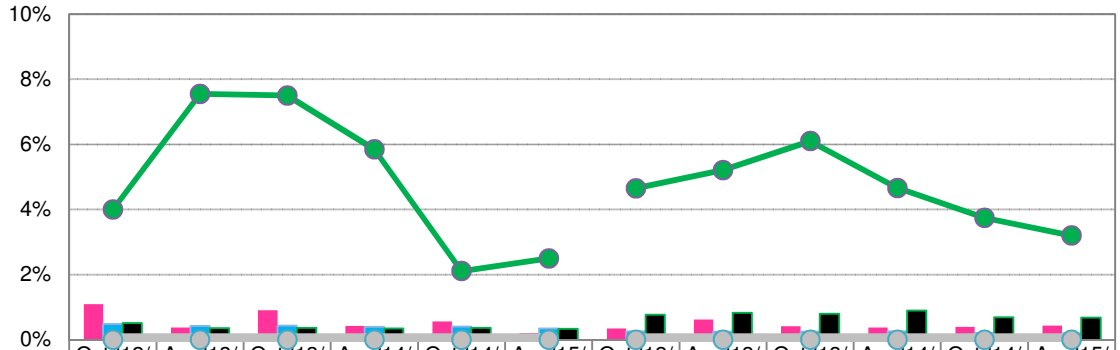
Patient safety incidents and the percentage that resulted in severe harm or death

Reported Dates	1st October 2014 – 31st March 2015			1st April 2015 - 30th September 2015		
Organisation	**All incidents**	**Severe harm**	**Deaths**	**All incidents**	**Severe harm**	**Deaths**
All UK & Wales	852032	3502	1793	871624	3041	1775
SEPT	4754	27	19	3851	8	17

The graphs below shows the percentage of all incidents reported by SEPT to the NRLS that resulted in severe harm and those which resulted in 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					
	Oct-12/ Mar '13	Apr-13/ Sep '13	Oct-13/ Mar '14	Apr-14/ Sep '14	Oct-14/ Mar '15	Apr-15/ Sep '15	Oct-12/ Mar '13	Apr-13/ Sep '13	Oct-13/ Mar '14	Apr-14/ Sep '14	Oct-14/ Mar '15	Apr-15/ Sep '15
SEPT	1.10%	0.38%	0.91%	0.43%	0.57%	0.21%	0.35%	0.62%	0.42%	0.38%	0.40%	0.44%
All Trusts	0.49%	0.43%	0.44%	0.40%	0.41%	0.35%	0.26%	0.25%	0.25%	0.26%	0.21%	0.20%
All Mental Health Trusts	0.52%	0.36%	0.37%	0.35%	0.37%	0.34%	0.77%	0.83%	0.80%	0.90%	0.69%	0.68%
Highest Reported	4.00%	7.55%	7.50%	5.85%	2.11%	2.50%	4.65%	5.21%	6.10%	4.66%	3.74%	3.20%
Lowest Reported	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

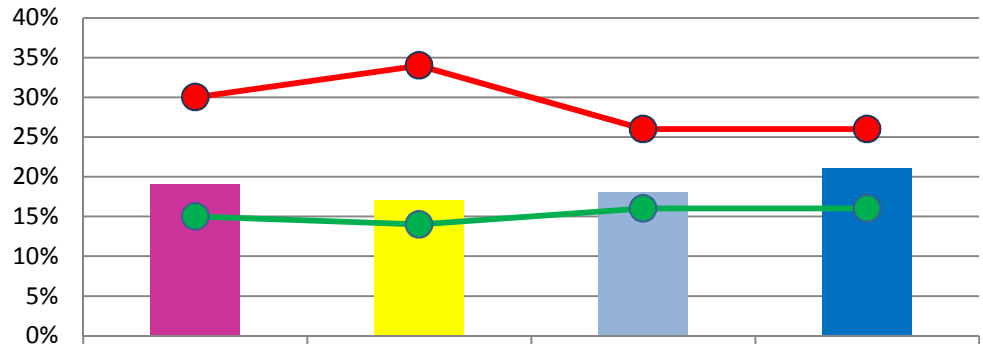
Patient safety data for period 1st April 2015 to 30th September 2015 was published on the 19th April 2016. The national collection of patient safety incident data for period 1st October 2015 to 31st March 2016 is due to be completed by the end of May 2016 and publication of reports is anticipated to be around September 2016. The rate of incidents resulting in severe harm (detailed on the left-hand side of the above table/graph) has been trending downwards overall since the October 2011 - March 2012 period. The figures for the most recent period where national data is available show SEPT's % of severe harm (0.21%) is below the national average for All Trusts (0.35%) for All Mental Health Trusts (0.34%). The rate of incidents reported as resulting in death (detailed on the right-hand side of the above table/graph) is 0.44% for SEPT for the latest reported period. Whilst higher than the national average for All Trusts (0.20%), this is significantly below the national average of All Mental Health Trusts (0.68%) and the highest reported rates of death (3.20%).

Significant work has been and continues to be taken forward across the Trust to reduce harm and details of some of this work are included throughout this report. A number of the quality priorities for the coming year outlined in section 2.2 are specifically intended to reduce incidents resulting in severe harm and death; and work in this area will continue to be monitored closely by the Trust.

Data source: NRLS NPSA Submissions
National Definition applied: Yes

Workforce Race Equality Standard

KF19 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



	2013 SEPT	2014 SEPT	2015 SEPT	All Trusts 2015
% SEPT Score	19.0%	17.0%	18.0%	21.0%
Highest Performer	30.0%	34.0%	26.0%	26.0%
Lowest Performer	15.0%	14.0%	16.0%	16.0%

KF27 Percentage of staff believing that trust provides equal opportunities for career progression or promotion

	2013 SEPT	2014 SEPT	2015 SEPT	All Trusts 2015
% SEPT Score	93.0%	91.0%	92.0%	89.0%
Highest Performer	94.0%	94.0%	92.0%	92.0%
Lowest Performer	72.0%	72.0%	78.0%	78.0%

These indicators are included in the nationally mandated section of the Quality Report for the first time in accordance with the guidance from NHS England for trusts to include these indicators to support the Workforce Race Equality Standard.

The results of both of these indicators for SEPT are positive. The first indicator shows that SEPT staff are experiencing low rates of harassment, bullying and abuse compared to the national average (18% against the national average of 21%). The second indicator shows that a high proportion (92%) of our staff believe the Trust provides equal opportunities for career progression. This is in line with the highest score nationally for this indicator.

An action plan to address the results of the staff survey is being implemented in order to ensure that the Trust continues to achieve positively against workforce indicators.

Data Source: National NHS Staff Survey Co-ordination Centre/ NHS Staff Surveys 2013, 2014, & 2015
National Definition applied: Yes

PART 3:
REVIEW OF OUR QUALITY PERFORMANCE DURING 2015/16

This section of the Quality Report outlines the Trusts performance over the past year in terms of delivering on the quality priorities set out in the Quality Report last year. It also details performance against some key indicators of quality service which have been reported on in previous years. The tables include previous year's results too as this gives an indication of whether the Trust is getting better at quality or if there are areas where action needs to be taken to improve. Where this is the case, we have detailed the actions we intend to take.

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

Section	Content	Page
3.1	Progress against our quality priorities for 2015/16 (which were outlined in our Quality Report 2014/15) – we have included historic and benchmarking data, where this is available, to enable identification of whether performance is improving.	**31**
3.2	Some examples of local service quality improvements and Trust workforce development initiatives delivered during 2015/16.	**43**
3.3	Performance against SEPT Trust wide and service specific quality indicators. • Trust wide quality indicators • Community Health Services quality indicators • Mental Health Services quality indicator	**49** **56** **59**
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.	**61**
3.5	Listening to our patients / service users. This section details some of the work the Trust has undertaken to capture patient experience and use this to help improve the quality of services.	**68**

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

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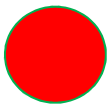
Section 3.1: Progress against the quality priorities we set for 2015/16

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 identified six Quality Priorities for 2015/16. These built on our quality priorities for 2014/15 and linked with the national 'Sign up to Safety' Campaign.

RAG (**R**ed **A**mber **G**reen) ratings have been applied to provide an accessible method of understanding the levels of performance. RAG ratings should be used in conjunction with the actual levels of performance which are also quantified in the charts that follow.



RAG rated **RED** to indicate that performance has not met the target by more than 10%
(Avoidable Falls employs a 20% threshold due to small numbers)

R**A**G rated **AMBER** to indicate that performance has met the target by +/- 10%.
(Avoidable Falls employs a 20% threshold due to small numbers)

RA**G** rated **GREEN** to indicate that performance has exceeded the target by more than 10%.
(Avoidable Falls employs a 20% threshold due to small numbers)

The provision of mental health services in Bedfordshire and Luton were transferred to a new provider from 1st April 2015. Data for these services has been extracted for the purposes of the historical data presented in this section so that it is possible to make meaningful year-on-year comparisons of the data presented.

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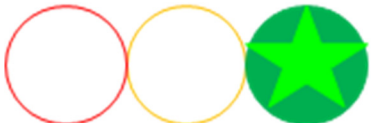
3.1.1 Safety | 3.1.2 Experience | 3.1.3 Effectiveness

Quality priority: To reduce the number of restrictive practices undertaken across the Trust

TARGET: *We said we would have less prone restraints in 2015/16 compared to 2014/15 (312 prone restraints)*	**Data source**: Datix **National Definition applied**: Yes



Why did we set this priority?

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)"* and *"Mental Health Crisis Care: physical restraint in crisis"* in June 2013 by Mind. 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. In 2013/14 we commenced a number of areas of work with significant progress, but this work needed to be sustained to meet our ambition.

We said we would do the following in 2015/16:

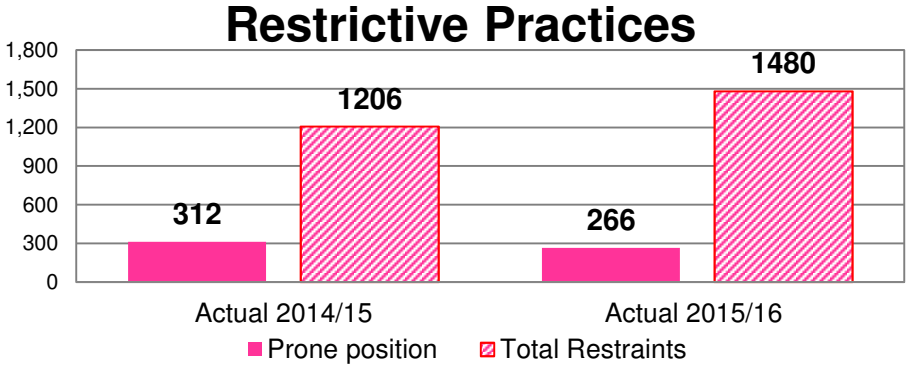
- Be involved in relevant national and local work in reducing restrictive practices; and
- Implement a risk reduction programme for all services where restrictive interventions are used.

During 2015/16, we have implemented a number of actions as follows:

- Continuation of work stream with widening of staff involvement to cover all mental health and learning disability areas;
- Implementation of Risk Reduction Plans for relevant ward areas;
- Review of prevention and management of violence and aggression (PMVA) training;
- Service user involvement and participation in training;
- Post incident analysis with implementation of trigger for external review;
- Review of Policy and Procedure for Seclusion and Long-Term Segregation; and
- Participation in benchmarking working with national restrictive practice sub groups

Has the target been achieved?

The Trust has achieved this target. During 2015/16 the number of prone restraints was 266, which is less than the 312 prone restraints reported in 2014/15 (updated from 309 reported in the 2014/15 Quality Report due to data entry after production of the 2014/15 Quality Report of 3 incidents occurring in 2014/15). The table below also illustrates an increase in total reported restraints which is considered likely to be the result of increased awareness and reporting of restrictive practices due to the focused work in this area. This will continue to be monitored.



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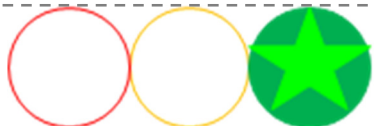
3.1.1 Safety | 3.1.2 Experience | 3.1.3 Effectiveness

Quality priority: To further reduce the number of avoidable grade 3 and 4 Pressure Ulcers acquired in our care.

TARGET: *We said we would have less avoidable grade 3 and 4 pressure ulcers acquired in our care in 2015/16 compared to 2014/15.*

In terms of the baseline, a total of 23 avoidable pressure ulcers were identified following RCAs for 2014/15.

Data source: Datix
National Definition applied: Yes

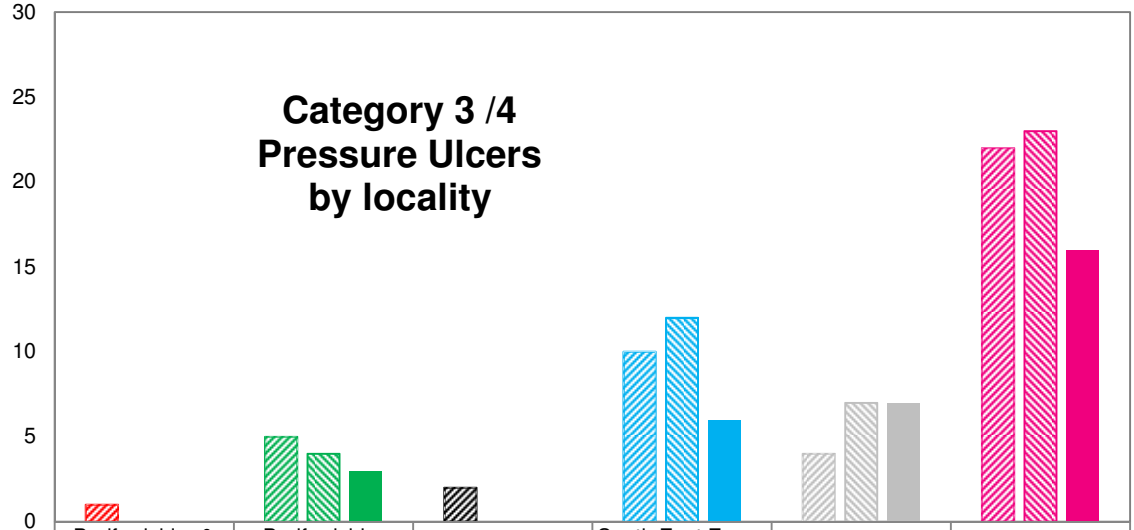


Why did we set this priority?
Avoidable pressure ulcers are seen as a key indicator of the quality of nursing care and preventing them happening will improve all care for vulnerable patients. Within SEPT over the past 3 years, we have had an ambition for 'no avoidable pressure ulcers' and a number of areas of work had been taken forward with significant progress, but this work needed to be sustained to meet our ambition.

We said we would do the following in 2015/16:
- Continue the Skin Matters Group to review pressure ulcers and identify lessons to be learnt;
- Report weekly on category 3 and 4 pressure ulcers acquired in care to Executive Team; and
- Communicate lessons learnt across services through a range of forums including Board to Base and Clinical News communications, Learning Oversight Subcommittee, local Quality Groups and Skin Matters Group.

During 2015/16, we have implemented a number of actions as follows:
- Implementation of mandatory training on pressure ulcers for community nursing staff and targeted Mental Health inpatient areas;
- Development of a pressure ulcer workbook to support staff undertaking the on-line training programme;
- Continuation of Skin Matters groups within each community service;
- On-going face to face training sessions with Tissue Viability Nurses;
- Learning from RCAs undertaken for category 3 and 4 pressure ulcers shared with teams;
- PUFFIN work (Pressure Ulcer and Food First initiative);
- Review of policy and procedures to ensure compliance with NICE Guidance;
- Horizon scanning for developments in best practice and equipment provision;
- Celebrating World Stop the Pressure Day with events held to engage with the public over supporting themselves and relatives to understand the risks and how to avoid pressure ulcer development; and
- Working with pharmacies to supply 'SSKIN matters' advice leaflets with prescriptions.

Has the target been achieved?
The Trust has achieved this target. During 2015/16, the Trust has identified 16 avoidable grade 3 / 4 pressure ulcers, which is 7 fewer than in 2014/15. *Please Note: The Trust also has 115 Root Cause Analyses underway at the end of 2015/16 and there is the potential for some of these to be classified as avoidable grade 3 / 4 pressure ulcers when the investigations are complete.*



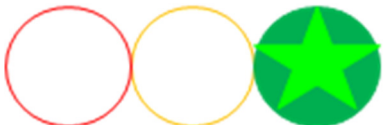
	Bedfordshire & Luton MH	Bedfordshire CHS	South Essex MH	South East Essex CHS	West Essex CHS	SEPT
2013/14	1	5	2	10	4	22
2014/15	0	4	0	12	7	23
2015/16		3	0	6	7	16

3.1.1 Safety 3.1.2 Experience 3.1.3 Effectiveness

Quality priority: Reduction in avoidable falls that result in moderate or severe harm within inpatient areas

TARGET: *We said we would have less avoidable falls that result in moderate or severe harm in 2015/16 compared to 2014/15.*

Data source: DATIX
National Definition applied: Yes

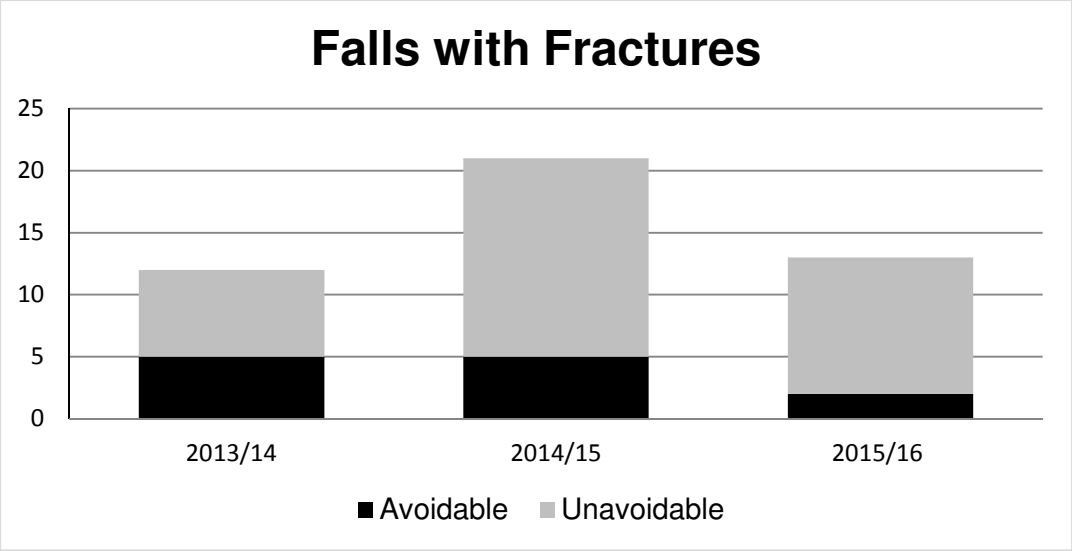


Why did we set this priority?
Falls prevention is a complex issue crossing the boundaries of healthcare, social care, public health and accident prevention. The causes of falls are multifaceted. People aged 65 years and older have the highest risk of falling, with 30% of the population over 65 years 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. Since 2013/14, SEPT had a priority to reduce the level of avoidable falls, and again a number of areas of work had been taken forward with significant progress, but this work needed to be sustained to meet our ambition.

We said we would do the following in 2015/16:
- Continue the Trust wide Falls Group; and
- Undertake risk assessment training and falls awareness within inpatient areas.

During 2015/16, we have implemented a number of actions as follows:
- Development and recruitment to a specialist physiotherapy post specialising in falls prevention and management;
- Training has been rolled out across all older peoples wards and an extensive review of the mandatory falls prevention training to reflect the differing levels of expertise required by differing clinical staff has been undertaken;
- All older people's inpatient and rehabilitation units have been provided with specialist High Low Profiling beds. These beds help prevent harm from falls, particularly for patients at risk of falling out of bed where bed rails must not be used;
- The Trust wide Falls Sub-Group has been re-launched to include wider multi-disciplinary membership and now includes nursing, medical, pharmacy, dietetic and therapy staff (including occupational therapy and physiotherapy). The group now meets on a monthly basis and in addition to looking at strategic falls prevention issues is responsible for scrutiny of the root cause analysis (RCA) of all serious incident falls, ensuring standards are adhered to and ensuring that the learning is disseminated to teams; and
- An audit was undertaken across all older people's inpatient and rehabilitation units looking at compliance with Trust policy, NICE guidance and other patient safety guidance on the prevention and management of falls in hospital. This indicated that there are a number of areas of good practice including:
  - Falls guidance which references NICE recommendations;
  - The Trust Falls Risk Assessment Tool (FRAT) includes recommended multifactorial assessments;
  - There is a trust post falls protocol in place;
  - The Trust wide Falls Group comprises a number of professionals including nursing, therapy, pharmacy and medicine.

Has the target been achieved?
The Trust has achieved this target. During 2015/16 there was a total of 2 avoidable falls (out of a total of 13 falls classified as serious incidents). This is a reduction of three against the total of 5 avoidable falls in 2014/15.



3.1.1 Safety | 3.1.2 Experience | 3.1.3 Effectiveness

Quality priority: To embed system of early detection of deteriorating patient and preventative actions

TARGET: *We said we would establish a baseline for improvement in Modified Early Warning System (MEWS) scores recorded*

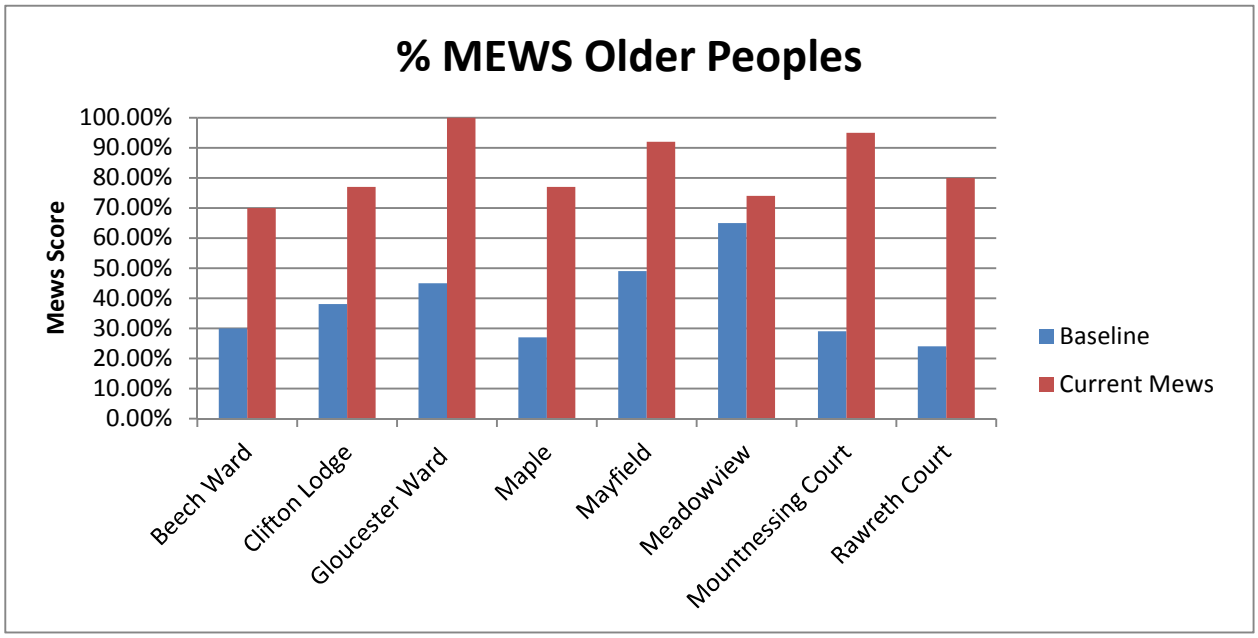
Data source: Audit
National Definition applied: Yes

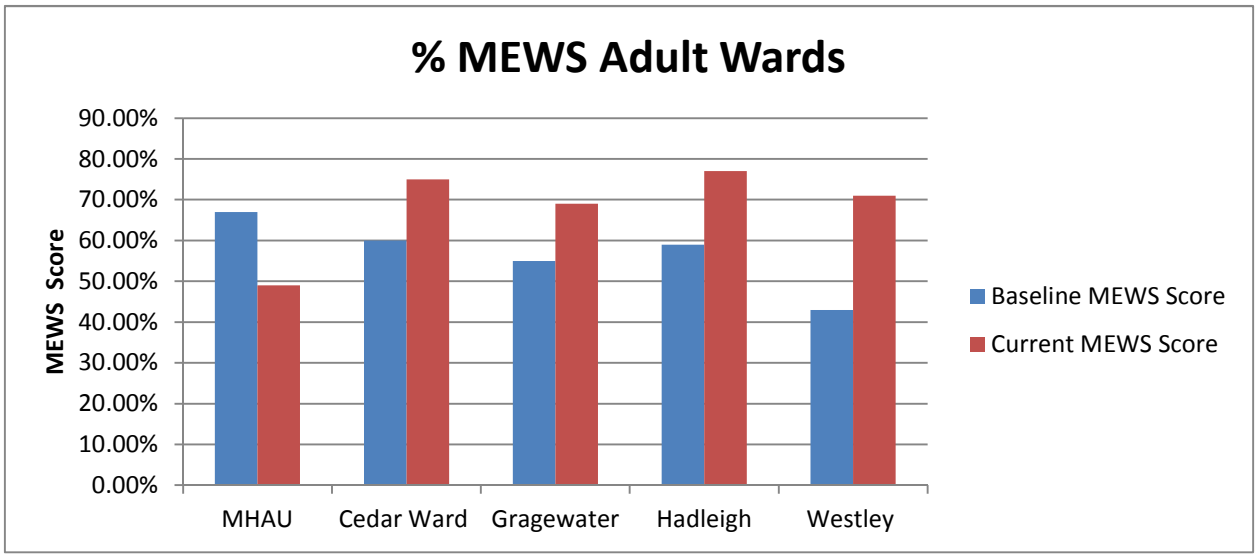
Why did we set this priority?
Physical healthcare assessment is a vital part of the holistic assessment and supports early detection of deteriorating patients. Recent publications have identified issues with early detection of deteriorating patients and the number of avoidable deaths within the NHS. Further to this, within mental health, there is clear evidence that people with serious mental illnesses die, on average, 20 years earlier than the rest of the population. A large proportion of patients who suffer cardio-respiratory arrest in hospital have recognisable changes in routine observations during the preceding twenty-four hours, including changes in vital signs, level of consciousness and oxygenation. Current evidence suggests that early detection, timeliness of response and competency of the staff involved are vital to defining clinical outcomes.

We said we would do the following in 2015/16:
- Roll out training to all inpatient areas to implement MEWS scoring;
- Undertake a regular schedule of audits of a sample of mental health in-patient records to assess whether a MEWS score had been documented if relevant; and
- Implement a review of all inpatient cardio-respiratory arrests in order to identify learning and improve practice.

During 2015/16, we have implemented a number of actions as follows:
- Training on the use of the MEWS, including a basic understanding of vital signs monitoring and its role in detecting patients who are becoming physically unwell has been, and continues to be, rolled out. This is accompanied by guidance on the use of a simple tool to communicate concerns and record accordingly.
- Audit on the use of the MEWS focuses on a number of standards including frequency of vital signs to be undertaken, whether vital signs have been measured within 12 hours of admission and reviewed as a minimum on a weekly basis, whether a MEWS score has been calculated and, if the score is raised, whether this has been escalated appropriately. Other standards within the audit focus on the principles of record keeping including recording dates and times, why vital signs were not recorded at the intended time and whether the MEWS chart has been signed. A total percentage score on compliance with the standards and whether there was appropriate escalation when a patient is deteriorating is then calculated.
- All cardiac arrests are subject to review and scrutiny and the remit of the Resuscitation Group has been extended to include monitoring standards in relation to the early detection of the deteriorating patient.

The graphs below demonstrate baseline findings and use of MEWS from the recent audit on both older peoples and adult wards.





Has the target been achieved?

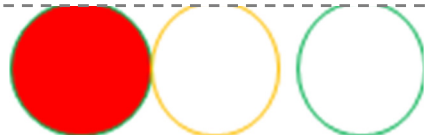
The Trust has achieved this target and has established a baseline of MEWS scores recorded for Older People and Adult wards at 70% during 2015/16. This will form the baseline against which our quality priority for 2016/17 will be measured.

3.1.1 Safety | 3.1.2 Experience | 3.1.3 Effectiveness

Quality priority: Reduction in unexpected deaths (suicides)

TARGET: *We said we would achieve a year on year reduction in the number of suicides across clinical services in 2015/16 compared to 2014/15.*

Data source: DATIX
National Definition applied: Yes

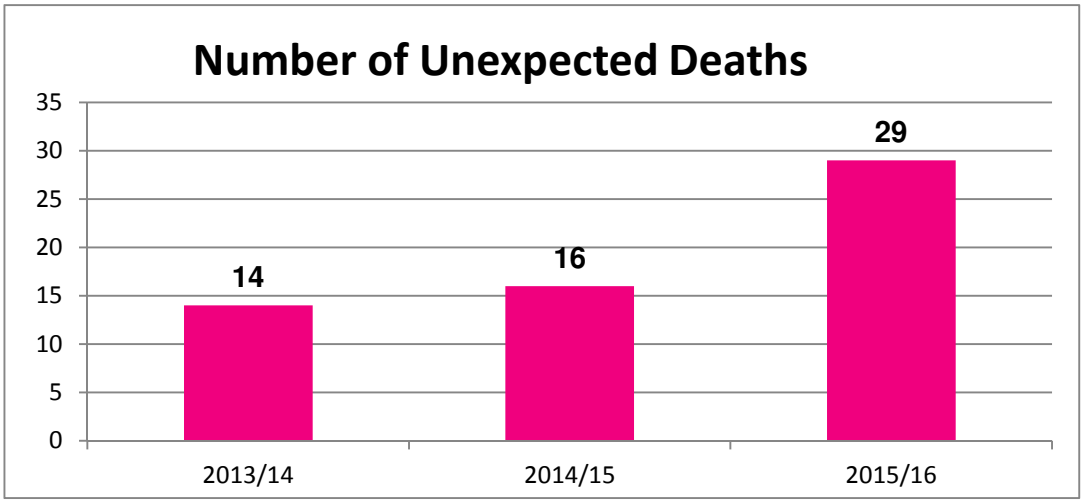


Why did we set this priority?
Around 4,400 people end their own lives in England each year, that is one death every two hours and at least 10 times that number attempt suicide. People with a diagnosed mental health condition are at particular risk and around 90% of suicide victims suffer from a psychiatric disorder at the time of their death, although three-quarters of all people who end their own lives are not in contact with mental health services. When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care will feel the impact.

We said we would do the following in 2015/16:
- Implement a suicide prevention strategy covering learning and recommendations from national strategy;
- Involve family and carers in identifying concerns and key factors in determining risk; and
- Support and take active involvement in any relevant research.

During 2015/16, we have implemented a number of actions as follows:
- Set up Suicide Reduction Working Group;
- Implemented a Suicide Prevention Strategy;
- Reviewed the last 2 years of incidents to identify if there are any identifiable trends in self-harm / suicide behaviours;
- Agreement and commencement of pilot of the use of regular reporting tool such as National Suicide Prevention Tool Kit for mental health services (Inpatients);
- The National Suicide Enquiry Findings (2015) infographic sent to all staff to raise their awareness of the current key findings; and
- Baseline audit of compliance against NICE standards undertaken.

Has the target been achieved?
Unfortunately the Trust has not met this target. During 2014/15, 16 Unexpected Deaths (suicides) were recorded in South Essex Mental Health Services. During 2015/16, 28 Unexpected Deaths (suicides) have been reported within South Essex Mental Health Services and one within Specialist Services.



Significant work is underway to continue progress against this priority. The Trust has commissioned 3 independent reviews to investigate the increased number of deaths. A Working Group is in progress and a more detailed 2 year plan is in draft. A workshop has been held with senior managers and consultants. The areas of work include:-

- Ongoing audit of completed actions plans with feedback to the Learning Oversight Sub Committee – all completed to date;
- Further audits relating to appropriate information sharing, care planning and risk management in progress;
- Linking with other organisations;
- National benchmarking; and
- Learning from National Confidential Inquiries and Southern Health report.

3.1.1 Safety 3.1.2 Experience 3.1.3 Effectiveness

Quality priority: To reduce the number of medication omissions across the Trust and to reduce the number of medication omissions where no reason code is annotated.

TARGET: *We said we would reduce the number of omitted doses within mental health services in 2015/16, compared to 2014/15.*

In addition, we said we would improve the reporting of omitted doses within community health services so that a clear baseline can be established.

Data source: Datix
National Definition applied: Yes

Why did we set this priority?
Care Quality Commission standards require that people who use services will have their medicines at the time they need them, and in a safe way. Between 2005 and 2010 more than 82,000 incidents involving omitted and delayed medicines were reported nationally to the National Reporting and Learning System (NRLS). 'Omitted and delayed medicines' was the most commonly reported category, accounting for nearly 16% of all medication incidents.

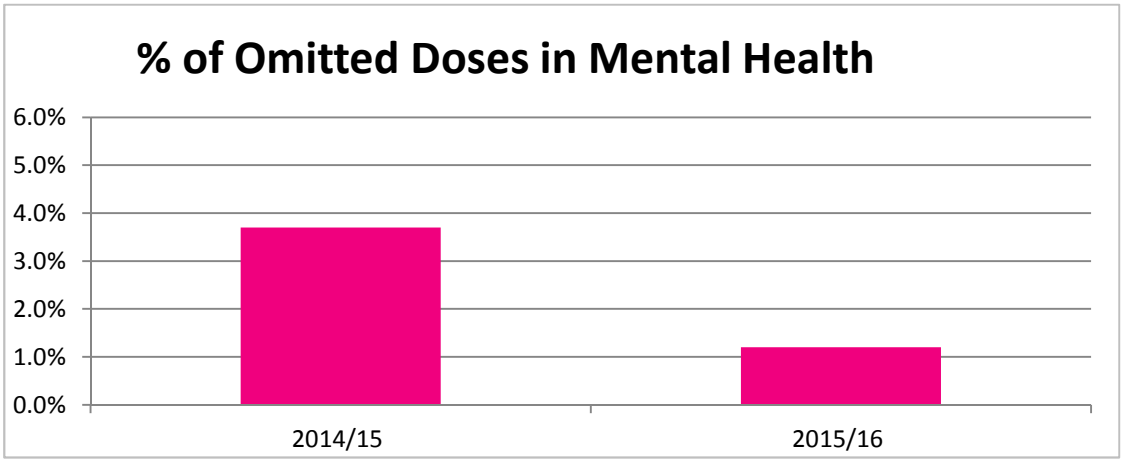
For some medicines such as antibiotics, anticoagulants and insulin, a missed dose can have serious or even fatal consequences. In some conditions it may lead to slower recovery or loss of function.

Doses of medicines may be omitted for a variety of reasons. Causes include:
- a valid clinical reason for not giving the medicine;
- the intention to prescribe a new or regular medicine is not carried through;
- the medicine is not available on the ward / in the patient's home;
- the route of administration is not available (i.e. nil by mouth, IV line tissued);
- the patient is away from the ward or out when visited at home;
- poor communication between or within teams about the patient's needs;
- the patient refuses the medication.

We said we would do the following in 2015/16:
- Establish omitted medicines task and finish group as part of the Sign up for Safety campaign; and
- Review omitted medicines incidents as part of quarterly review of medication-related incidents at Medicines Management Groups.

During 2015/16, we have implemented a number of actions as follows:
- Baseline audits undertaken with monthly review of incident reporting;
- Workshops undertaken with community health services staff;
- Development of 'How to guides' for staff;
- Developing an algorithm on what to do if doses are missed;
- Establishing the primary and secondary drivers for reducing the number of omitted doses which there is no clinically valid reason;
- Continued DATIX reporting and identifying any areas to link with further improvements;
- Improving reporting of omitted doses of medicines which occur within Community Health Services, especially community-based services;
- Developing a mechanism for providing feedback to teams & services on reported incidents;
- Exploring the use of a regular reporting tool, such as the NHS Medication Safety Thermometer to promote ownership at ward/team level;
- Exploring potential training and resources within mental health and learning disabilities services to improve understanding of the risks associated with omitted doses of medication for physical health conditions; and
- Exploring whether advice is needed on how to approach patients who refuse medication.

Has the target been achieved?
The Trust has achieved both targets. In *Mental Health Services*, an audit was undertaken in January 2016 of all inpatient wards. During this audit, 20,837 doses of medication were due to be administered. 1.2% of doses were omitted without a valid clinical reason (including patient refusal) against 3.7% in the baseline audit undertaken in 2014/15.



In *Community Health Services*, the work undertaken to increase reporting has resulted in an increased reporting rate from 2014/15 to 2015/16 as detailed in the table below:

Community Health Service	2014/15	2015/16
Bedfordshire CHS	38	50
South East Essex CHS	6	12
West Essex CHS	17	32
SEPT	**61**	**94**

Work will continue with the services in order to ensure that omitted doses are reported via the Trust's DATIX reporting system.

In addition, an audit of all inpatient wards was undertaken in January 2016 during which 16,109 doses of medication were due to be administered. 0.4% of doses were omitted without a valid clinical reason (including patient refusal). It was pleasing to note that the proportion of omitted doses due to unsigned administration records reduced from 52.9% in 2014 to 12.5% denoting significant improvement in this area. As a result of the above work, it will be possible to establish a baseline against which performance in future years can be measured.

Section 3.2: Examples of local service quality improvements and Trust Workforce Developments during 2015/16

Outlined below are some examples of quality improvements that have been achieved by our services during 2015/16 to provide 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. Due to the diversity and volume of services we provide, we only have room to include very brief details in this report - please do get in touch with us (contact details are at the end of this report) if you would like further details about any of the initiatives listed.

Bedfordshire Community Health Services (Adults)

- Extension of the hours of the **Single Point of Contact (SPOC) service** to cover from 8am - 8pm. This reduces the number of calls taken directly by nursing staff into the evening and at weekends thus freeing up clinician time for patient care.
- Development of the **peer review process** to include Continence services, Community Matrons and Therapy services. Peer review has developed to include qualitative review as well as a documentation audit.
- Development of a local **Medicines Management Implementation Group** to provide information cascade, discussion and review the operational management of a range of medicines management related nursing practices.
- **Strengthened links with local academic partners** and in particular commencement of work with Bedfordshire University reviewing the possibility of providing an apprenticeship qualification for unqualified staff.
- Roll out of **programme of SystmOne (clinical IT system) training** for community nursing teams relating to the navigation of the Holistic Assessment, to ensure there is a wider understanding of the template and its capabilities and consistency of approach of its use.

Bedfordshire Community Health Services (Childrens)

- Implementation of an **integrated 2 year review** – ie delivering two year health reviews in education settings jointly with education staff and parents.
- Total roll out of **Bump, Birth and Beyond antenatal groups** jointly delivered by Children Centre, Midwifery and 0-19 years' service staff across Bedford Borough and Central Bedfordshire.
- Redesign of Clinic offer in Bedford Borough to deliver an **'integrated one stop shop'**.
- Commencement of **integrated post-natal parenting support programme** in central Bedfordshire and **Mums Matter**, a successful pilot of a perinatal mental health support group. The Clinical Commissioning Group are considering roll out across Bedford Borough and Central Bedfordshire.
- Delivery by the 0-19 years' immunisation team of a **successful Flu vaccination programme** in primary schools to year 1 and 2 children, achieving 60% uptake. The success of this has been recognised by NHS England.
- Participation in a research project in collaboration with the University of Hertfordshire by Children's Specialist Nursing, exploring **building resilience in families of Children with complex health needs** using the Family Nurse Partnership principles. Two SEPT staff were nurse researchers in this project.

Bedfordshire Community Health Services (Specialist)

- Purchase and introduction of a **new Pressure Mapping system.** This pressure mapping system enables the service to assess clients' wheelchair cushion needs and tailor their prescription to suit their specific needs. It assists in giving a visual image of their seated posture and potential areas at risk from pressure and shear forces.
- Development of **Systm1 (clinical IT system) reporting** for adult speech and language therapy service to ensure that the service is able to accurately and consistently report on each service specification.
- Development of a **paediatric telephone service** to support rapid access to advice for patients with cow's milk protein allergy.
- Introduction of 2 **non-medical supplementary prescribers** in Podiatry (and training of a further podiatrist in independent non-medical prescribing underway) so that they can roll out antibiotics

prescriptions to community patients, thus reducing the impact on secondary care and treating patients closer to home and more quickly.
- Implementation of **service redesign for Luton and South Bedfordshire Specialist Eye Service** which has introduced an optometrist into the staff team, reducing ophthalmologist time.

Children's Services – South East and West Essex

- The multiagency and multi-professional initiative **100 Day Challenge – Achievement of Rapid Results Through Integrated Working in West Essex** achieved a reduction in inappropriate secondary care activity (A&E and outpatient referrals) at Princess Alexandra Hospital for children aged up to 11 years old registered at two identified Harlow GP practices by reviewing patient use of A & E, restructuring community clinics and additional health promotion activities.
- The West Essex Paediatric Liaison Nurse has set up local practitioner groups aimed at reducing A&E attendances by having a targeted **rolling Health Promotion programme in local clinic settings**.
- A pilot initiative in Southend to **develop Integrated 2 year child development checks** brings together the healthy child development check with that undertaken by Early Years Child Care providers. This provides the opportunity for the parent to have one holistic assessment with both practitioners and where required joint actions and reviews. There are further plans to extend the pilot sites to other bases.
- In September 2015 we underwent an assessment for **Baby Friendly Stage 3 Accreditation for South East Essex,** jointly with Southend Hospital Foundation Trust and were successful.
- The Paediatric Speech and Language Therapy service have **redesigned the referral to treatment pathway and staff rotas,** reducing overall waiting times on average by 5.7 weeks. This has also increased staff morale, service capacity and patient experience scores.

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

- Through robust training packages delivered by the Tissue Viability Specialist Nurses supported by online training there has been a **significant reduction in avoidable pressure ulcers** in 2015-16.
- A **significant reduction in the number of falls reported** and **improved compliance with medication regimes** has been achieved in the Cumberlege Intermediate Care Centre (CICC) through senior nursing and pharmacy input, overseeing the direct provision of clinical care and reviewing systems and processes to ensure that care is of high quality.
- The community stroke team are working with commissioners to extend the **Early Supported Discharge for Stroke** service – if agreed, this service provided jointly by SEPT and Southend Hospital Foundation Trust, will ensure that patients are discharged from hospital earlier with the same level of rehabilitation in their home / place of residence for up to 6 weeks if required. This rehabilitation will be provided 7 days a week, supporting discharge at weekends as a matter of routine.
- On 1st September 2015, the Trust with other partners (eg GPs, pharmacists, social care and voluntary sector), launched a **Care Co-ordination Service** for Castle Point and Rochford residents. This service aims to identify frail elderly patients at risk of decline; and assess and plan appropriate care and support to ensure they remain healthy and independent for as long as possible.
- A **Community Geriatrician** was introduced in August 2015 to work closely with the Single Point of Referral (SPoR), Care Co-ordination, District Nursing and CICC teams across South East Essex to enhance the services with specialist advice. They also take direct referrals from GPs and undertake domiciliary visits as required. Emerging evidence of this role together with the Care Co-ordination Service demonstrates improved outcomes for patient experience as well as clear examples of patients being enabled to be sustained in their own home, avoiding admission to hospital. These schemes are currently pilots which will be subject to detailed evaluation.

South Essex Learning Disability Services

- The Occupational Therapy service has actively developed a close working relationship with the wider Essex Learning Disability service provision, including the complex behaviour team, complex behaviour forum and Allied Health Professional groups to **develop and disseminate good practice Essex wide**.
- The service has developed **fully aligned Multi-Disciplinary Team pathways** for 'health and wellbeing' and 'intensive support' services for people with a learning disability.
- The Intensive Support Team for people with a Learning Disability has been actively working in partnership with the Clinical Commissioning Groups, under the Transforming Care agenda, to **develop**

services which support community care and reduce the need for hospital admission. The transforming care agenda was developed in response to the Winterbourne Review, and has seen a reduction in the number of in-patient beds in South Essex and the development of intensive support pathways of care.

- The Health Facilitation team have been commissioned by NHS England to provide Annual Health Checks for people with a learning disability in South West Essex. This will ensure that people with a learning disability can have access to a **full health check, national screening programmes and receive personal advice on healthy lifestyles**.
- The Learning Disability services have introduced, through workforce and service redesign, **additional outpatient clinics** (equating to approximately 5 additional clinics each week). This has resulted in easier, more flexible access for patients and their carers and a reduction in waiting times.

South Essex Mental Health Services

- The **new model of Community Mental Health Services** has been embedded, incorporating a single point of access "Gateway" for all mental health and learning disability referrals, "first response" services with individuals receiving support for up to 6 months as required and "recovery wellbeing" services for individuals requiring more medium to longer term support for up to 2 years all based on the Recovery Model. This model is providing a speedier response, more effective triage and decision making and preventing admissions to secondary care services unnecessarily. Where secondary care services are necessary, individuals have clear pathways out of these services and a clear fast track route back in if and when required.
- Played a key role in the development of the first **South Essex Recovery College** which is due to come to fruition in April 2016 in South East Essex, building on the Recovery College Pilot undertaken by SEPT and Anglia Ruskin University. It is hoped that arrangements for South West Essex will be implemented shortly thereafter. This will deliver comprehensive peer-led education and training programmes, co-devised and delivered by people with lived experience of mental illness and by mental health professionals from within SEPT and other partner organisations. Three key aims of the Recovery College are to **facilitate hope** ensuring that it is possible for individuals with potential long and short term mental health needs and illness to pursue personal goals and ambitions; **control** by helping people to maintain a sense of control over their lives and supported further by access to personal social care budgets and now health personal budgets which will be further progressed this year in mental health; and **opportunity** by supporting people to build their lives beyond mental illness.
- In conjunction with commissioners, the **Perinatal Mental Health Service offered in South East Essex has been re-designed** and will focus on women with moderate to severe needs. The transformed service will provide an integrated pathway with midwifery, obstetrics and IAPT services to ensure a robust, multidisciplinary approach to effectively identifying women at increased risk of serious perinatal mental health problems and working proactively with them, early detection of women experiencing moderate to severe perinatal mental health problems and providing appropriate timely interventions and treatment to improve outcomes.
- Attainment of **national HTAS (Home Treatment Accreditation Scheme) accreditation** by the Crisis Resolution Home Treatment Teams, ranking 7th overall in the country which is an excellent result for a first time accreditation application. The HTAS standards, developed by the Royal College of Psychiatrists Centre for Quality Improvement, are best practice statements or criteria that contain recommendations about an aspect of home treatment provision which teams should aspire to meet. The HTAS standards and criteria were developed from a literature review and in consultation with stakeholder groups and are updated on a regular basis.
- The Therapy For You team has developed **an innovative new treatment pathway via a mobile app**. This was launched in November 2015 with the intention of improving access by engaging hard to reach groups, or those who traditionally do not access mental health services or those client groups who prefer to use electronic/online communication pathways. It gives convenient 24/7 access to psychoeducational courses addressing common problems such as stress and mood management, sleep, obsessions and compulsions and self-esteem. To date 1100 clients have registered to access this service via our website.

Specialist Mental Health Services

Secure services in Essex, Beds and Luton:

- Participation of all three secure units (Brockfield House, Robin Pinto Unit and Wood Lea Clinic) in the **Royal College of Psychiatrists Peer Review** of secure services. All three units received positive feedback from the review teams and national ratings will be published later this year.
- Brockfield House was shortlisted for the Health Service Journal awards for work to **improve the physical health of service users**, including the CROP project. The service was shortlisted for working to improve the physical health of service users within a secure hospital setting. This included the CRoP project which gives service users the opportunity to become involved in horticulture.
- Vocational services have successfully **supported a number of service users into paid employment or volunteering in the community**, which assists with the recovery process and discharge planning process, and improves the confidence and self-esteem of the individual.
- **Robin Pinto Unit** in Luton has undergone **extensive refurbishment** which has enhanced the security of the low secure unit, improved the environment for service users and staff and will provide an additional two beds.

Child and Adolescent Mental Health Services (Tier 4 in-patients – Poplar Ward):

- The service has made **significant changes to the way in which the service supports young people** - by supporting increasingly complex and challenging young people to remain in Poplar, through having a stable, dynamic staff group, it enables service users and their families to receive care and treatment closer to home.
- The service underwent a **QNIC (Quality Network for In-patient CAMHS) review** and achieved 100% for clinical governance processes and 98% for procedures relating to access, admission and discharge.
- The implementation of the **weekly referrals meeting** has had a significant impact on the way in which the admissions and discharges to the ward are managed, ensuring there was no loss of integration with the community CAMHS when this changed to a different service provider in year. Representatives from the Tier 3 CAMHS crisis team are in attendance to ensure that there is no fragmentation in accessing to, and discharge from, in-patient services.
- The education unit for the service has achieved a **Healthy Schools award** from Public Health England.
- The service has **introduced outcome measures**, both self-reported and professional reported. The service will continue to refine these over the coming year to enable further development of treatment pathways for young people.

West Essex Adult and Older People's Community Health Services

- In August 2015, SEPT launched a **pilot Rapid Response Service** to enhance the Integrated Community Care Team, enabling a two hour response to support the delivery of urgent health and social care in a patient's own home for up to five days. This service helps to maintain a person's independence by enabling them to remain at home rather than being admitted to hospital, a nursing or residential care home. It also supports carers when a crisis may de-stabilise the care and support arrangements in place.
- In conjunction with Essex County Council, SEPT has led work on enhanced integration and co-ordination between all care providers with the aim of achieving **a consistent model of primary care support to care homes across West Essex** and driving a shift to more pro-active care planning to avoid crisis. As a result of a number of initiatives put in place, there has been a year on year reduction sine 2013/14 in both attendances and non-elective admissions from care homes, to Princess Alexandra Hospital.
- During 2015/6, West Essex Clinical Commissioning Group provided additional resource to enable the SEPT community dietetic service to provide **additional specialist dietetic clinics**. These clinics improve the care of patients closer to home and support clinical pathway developments in West Essex. The Specialist Dietetics Gastroenterology Irritable Bowel Syndrome (IBS) pilot clinics supported the launch of the West Essex IBS pathway with the provision of specialist dietetic advice and support to patients with a clinical diagnosis of IBS. The Specialist Dietetic Paediatric Allergy clinics provide timely dietetic advice for babies, children and their families with a diagnosis of non IgE mediated food allergy, in line with best practice.
- A **Respiratory Physiotherapy Outpatient Pilot** ran from July until December 2015, designed to offer patients a better quality of life and the ability to self-manage more effectively. These additional sessions were provided three times per month for 3 hours per session. The pilot results are being reviewed by West Essex Clinical Commissioning Group to see if this service can now be commissioned in 2016/17.

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- Community Hospitals in West Essex became part of the **national Butterfly scheme supporting people with Dementia whilst they are in hospital.** The Butterfly Scheme training, delivered by the founder of the scheme to our Butterfly Champions, gives ward staff the practical skills to care for people with dementia who are ill, as well as supporting carers. All new ward staff receive training as part of their induction to the ward. Feedback from carers, patients and staff has been extremely positive.

South and West Essex Specialist Services – Community Health Services

- The Podiatry service in South East and South West Essex collaborated with the Trust Tissue Viability Service to produce **information/good practice posters and leaflets for diabetic foot care**. This initiative also involved training sessions and advice to staff working in nursing and residential care homes, mental health wards and community teams.
- The Community Occupational Therapy Service in South East Essex undertook **specialist dementia training** to ensure this client group is provided with high quality Occupational Therapy interventions.
- The Adult Speech and Language Therapy Service in South East Essex developed a pathway with the Clinical Commissioning Group for the **provision and management of Assistive Technology Communication Aids (I Pads)** for people with significant long-term communication difficulties.
- The Holly Wheelchair Service in West Essex launched a **wheelchair user group** with planned monthly meetings. This enables valuable feedback on the service and gives an insight into users' needs and preferences. One of the group's priority projects is to establish an information website for wheelchair users in West Essex.

Suffolk Community Health Services (Adults and Children)

In light of the known transfer of the Adult Services provided by SEPT in Suffolk to another provider from 1st October 2015, services focussed from April – September 2015 on ensuring the delivery of safe high quality services during the period of transition and preparing for a safe handover of services to the new provider without impacting on the quality of services to patients and users.

Participation in National Quality Improvement Programmes

In support of our objectives to continually improve the quality of our services, we have participated in the following national quality improvement networks or service accreditation programmes during 2015/16:
Royal College of Psychiatrists:
Inpatient Adult Assessment Unit
Inpatient Adult Acute Wards
Psychiatric Intensive Care Wards
Crisis Resolution Home Treatment Teams
Forensic Mental Health Units
Other:
Baby Friendly Accreditations
Investors in People

Workforce Development

Earlier in this Quality Report, we highlighted the importance of having the right people, with the right skills, in the right roles at the right time for the delivery of our quality aims and priorities. This section therefore details some examples of initiatives that the Trust has undertaken over the past year - these initiatives have been designed to help us to build the workforce of the future and upskill current staff, ensuring that the workforce is trained to the highest standards so that they can provide the safest and best possible care for our patients and users now and into the future.

Progression Pathways - SEPT have supported a number of support staff to undertake Foundation Degree training to progress into Associate Practitioner roles. This route has been used for several years and we have now established a route for staff to progress on to registered nurse training. Essex University offers a flexible nursing pathway which is a work-based learning course over 18 months. We have started our first cohort of students on to this programme. We have 5 students in mental health and 2 students on the newly validated adult nursing course. These staff should qualify in 2017 and will be ready to take on staff nurse posts.

In tandem with this the Trust is looking at developing the **Associate Practitioner** role further. All areas are undertaking a skill-mix review to consider how Associate Practitioners can be developed further within the workforce. Already Associate Practitioners are a valued part of teams working with their registered colleagues to provide particular expertise around aspects of physical and mental healthcare.

The first part of the progression pathway for support staff is the Care Certificate. This was introduced in March 2015 and is a national standard for all staff new to health and/or social care. The Trust offers this to all staff in Bands 1-4, where it is appropriate to their role and we have incorporated it into our induction training. To date over 400 staff have completed and have been awarded their certificate.

Student Education Facilitators (SEF)
Over the past 18 months the student education facilitator role has been introduced to support all staff undertaking clinical training within the Trust. The SEFs are locality based and work within the area visiting teams and students to assist their learning. They do this by delivering short learning sessions, running student forums, creating learning resources and by meeting students to discuss their learning. This has proved invaluable and the feedback on the role has been very positive both from students and from mentors. The facilitators also work to help students, on placement within the Trust, adjust to the clinical learning environment. They organise and run the student inductions.

Teaching Sessions
The Trust has considered how we can improve the learning experience for all of our staff. The Trust covers a geographically dispersed area and travelling to training sessions can be a challenge. We have invested in video conferencing facilities in our training areas to enable staff to attend training remotely. This will enable staff in Bedfordshire to avoid the need to come to Essex for staff induction and other training sessions can be shared across the areas.

Student Placements
The Trust is very committed to training at all levels and is proud to offer a range of innovative placements to pre-registration students. We have opened up placements in our Older Adults Mental Health wards for dual placements for both adult and mental health nursing students. This enables the students from different fields to learn side by side and benefit from the holistic approach to care that this promotes.

Mental Health Buddy Scheme
A Mental Health Buddy scheme has been introduced whereby all second year Mental Health students at Anglia Ruskin University have been partnered with a service user and given the opportunity to undertake structured discussions with them on aspects of care. They have also been given a chance to meet a carer and have similar discussions with them. These schemes have been run on a pilot basis twice and evaluated by the University with very positive results.

E-learning
The Trust continues to develop e-learning and created several new programmes over the past year. In support of a CQUIN, we developed an e-learning programme on dementia training for community staff which met the new Tier 2 standards. This enabled us to train our community staff at an appropriate level and complemented the Tier 1 training already in place. The objective was to ensure that all community staff not only had a greater awareness of dementia but had knowledge of issues around communication, medication etc. Other programmes developed have included Duty of Candour, Falls Prevention and Diabetes Care amongst other topics. All programmes are refreshed on an annual basis to ensure that they reflect current best practice.

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Section 3.3: Overview of the quality of care offered in 2015/16 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 2015/16 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.

The provision of mental health services in Bedfordshire and Luton was transferred to a new provider from 1st April 2015. Historical data (ie up to 31st March 2015) for this service has been retained in this section for comparative purposes and is included within the figures for SEPT. The Trust provided Suffolk Community Health Services until 1st October 2015 and provided Child and Adolescent Mental Health Services (CAMHS) in South Essex until 1st November 2015, at which dates both services transferred to new providers. The figures in this section therefore include these services for the period they were provided by SEPT.

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		2013/14 Outturn	2014/15 Outturn	2015/16 Target	2015/16 Outturn
Mental Health Services	Cases of avoidable C.Difficile	0	0	0	0
	Cases of avoidable MRSA Bacteraemia	0	0	0	0
Community Health Services	Cases of avoidable C.Difficile	0	0	0	0
	Cases of avoidable MRSA Bacteraemia	0	0	0	0

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PATIENT SAFETY

Data source: Safety Thermometer
National Definition applied: Yes

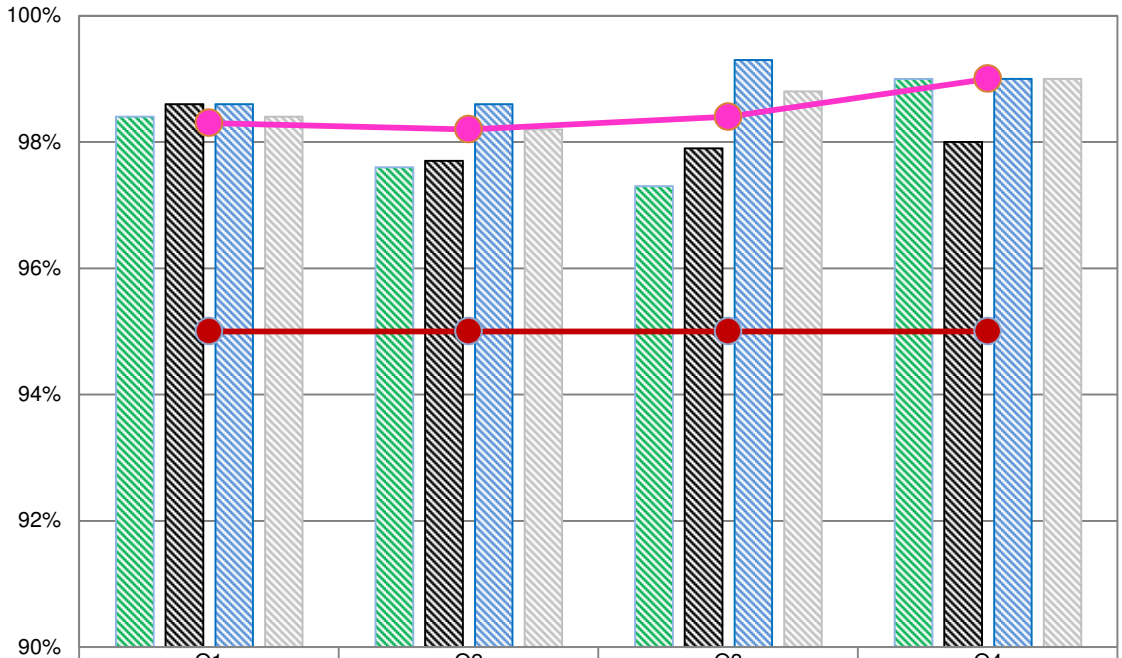
Safety Thermometer (Harm Free Care)

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 2015/16, SEPT successfully achieved above the 95% target. This information is reported to the Trust Board monthly as part of the Quality Report.

SEPT services in Suffolk were not included in the scope of the Safety Thermometer data collection.



	Q1	Q2	Q3	Q4
Bedfordshire CHS	98%	98%	97%	99%
South Essex MH	99%	98%	98%	98%
South East Essex CHS	99%	99%	99%	99%
West Essex CHS	98%	98%	99%	99%
SEPT	98%	98%	98%	99%
Target	95%	95%	95%	95%

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 2015/16 a total of 11 complaints were referred to the Parliamentary & Health Service Ombudsman. This is the same number as in the previous year.

One was partially upheld and the Trust was asked to apologise, provide evidence of the learning taken from this incident and identify actions that have been taken to prevent similar incidents happening again in the future.

Three complaints referred were not upheld.

There are seven active cases with the PHSO: three relating to community health services and four relating to mental health services.

Complaints closed within timescales

The "% of Complaints Resolved within agreed timescales" indicator in the table below is a measure of how well the complaints-handling process is operating. 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. The Trust believes that commitments to complainants should be adhered to and aims for 100% resolution of all complaints within the agreed timescale with the complainant.

Non-Executive Director Reviews

An important part of the complaints process is the independent reviews of closed complaints by the Non-Executive Directors (NEDs). The complaints are selected at random each month. The reviewer will take into consideration the content and presentation of the response, whether they feel the Trust has done all it can to resolve the complaint and if they think anything else could have been done to achieve an appropriate outcome.

During 2015/16, the NEDs reviewed 44 complaint responses. The majority received a good or very good rating for how the investigation was handled and the quality of the response.

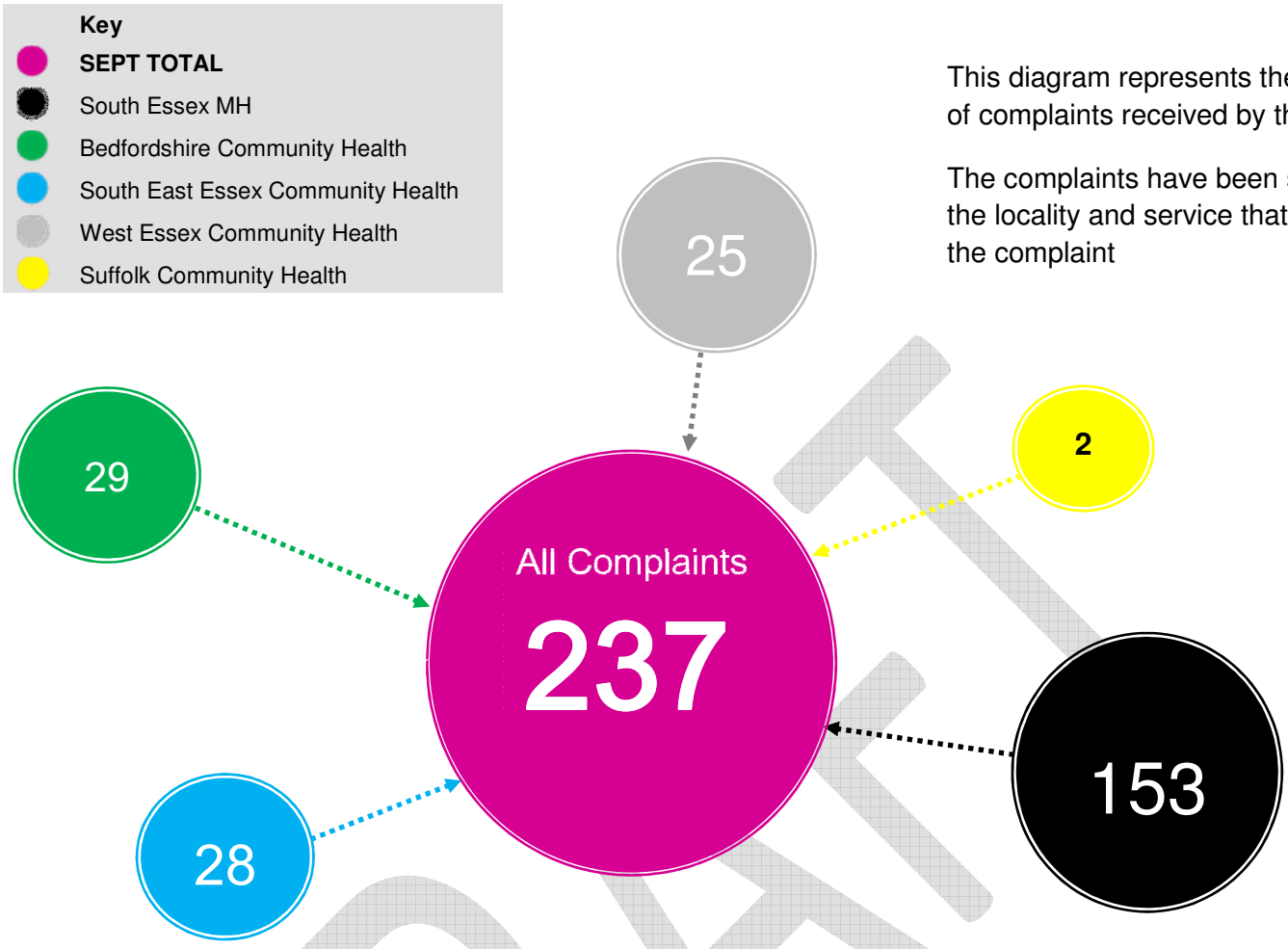
Performance Indicator	2013/14	2014/15 Inc B & L	2014/15 Exc B & L	2015/16
Number of formal complaints received	**389**	**377**	**296**	**237**
Number of complaints closed in period	382	391	302	247
% Resolved within agreed timescale	99%	98%	98%	98%
Complaints upheld/partially upheld	226	248	199	155
Number of complaints withdrawn	7	12	8	5
Open complaints at year end	56	49	36	22

*Please note: The figures stated above (and those reported in the Trust's Annual Complaints Report) do not correspond with the figures submitted by the Trust to the Health and Social Care Information Centre on our national return (K041A). This is because the Trust's internal reporting (and thus the Quality Report / Account and Annual Complaints Report) is based on the complaints **closed** within the period whereas the figures reported to the Health and Social Care Information Centre for national reporting purposes have to be based on the complaints **received** within the period.*

The number of complaints received by the Trust has decreased by 59 since 2014/15, excluding mental health services in Bedfordshire and Luton. The number of open complaints at year end has also decreased significantly from last year; all are on target to close within the agreed timescale.

In addition, the Trust received a total of 942 Patient Advice and Liaison Service queries and 153 locally resolved concerns in 2015/16.

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 2015/2016 were again; dissatisfaction with treatment, staff attitude and communication. The top three themes for the Trust also apply nationally across the spectrum of health services. The table below shows the number of complaints for each of these themes and with 2014/15 figures in brackets for comparison:

Top Three Complaint Themes	Total Number of Complaints Received (2015/16)	Upheld	Partially Upheld	Total Upheld or Partially Upheld
Dissatisfaction with treatment	47 (55)	3 (6)	31 (28)	34 (33)
Staff Attitude	41 (57)	3 (10)	19 (27)	22 (37)
Communication	29 (43)	1 (8)	27 (18)	28 (26)

The complaints that were not "upheld" or "partially upheld" were either: "not upheld", "resolved locally" or "withdrawn"".

The above complaint themes are collective headings, and can consist of:

- Dissatisfaction with treatment can include many aspects of care and treatment; for example, medication, dressings, diagnosis, discharge arrangements, treatment on a ward.
- Staff attitude can often be the complainant's perception of the way they were addressed or treated by staff, either face to face or via the telephone.
- Communication concerns can relate to a breakdown in communication between professionals; or between clinicians and service users. With the latter it is sometimes a misunderstanding of the terminology used to describe what is going to happen next with the complainant's treatment or care plan.

DRAFT

PATIENT EXPERIENCE

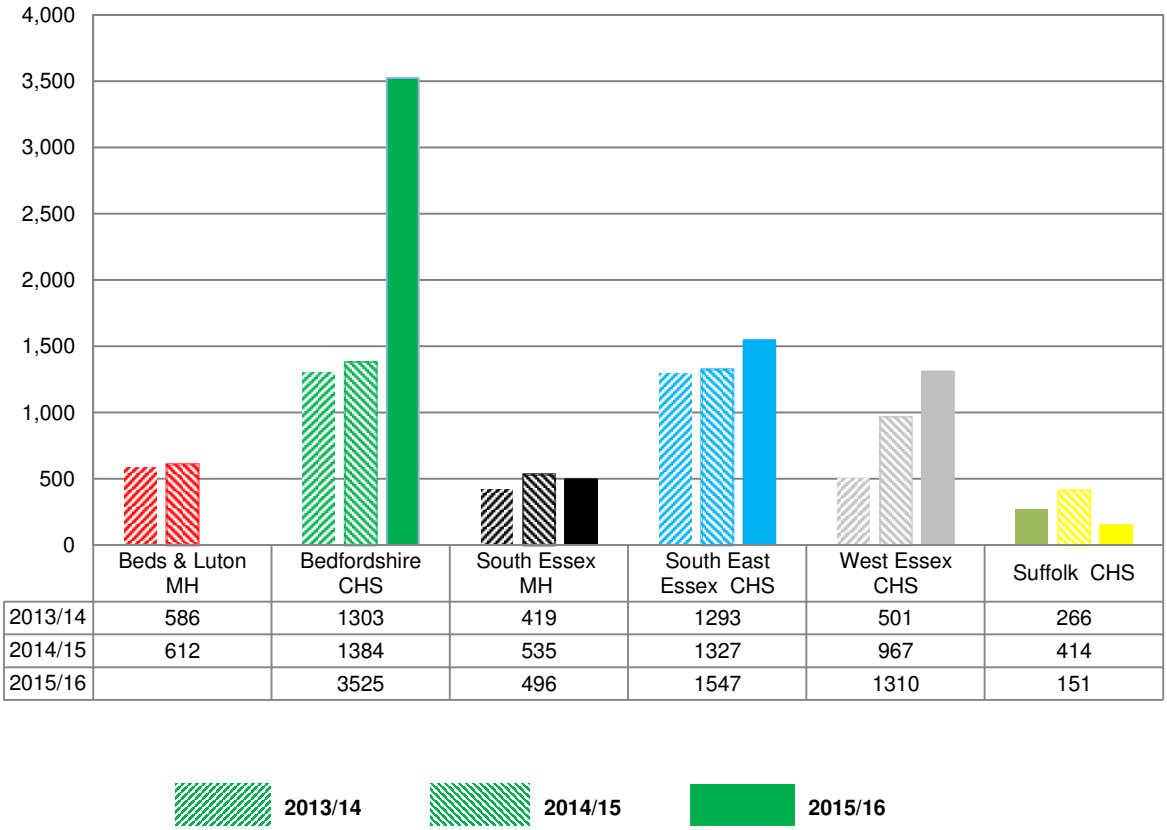
Compliments

Data source: Datix
National Definition applied: N/A

Positive feedback is important to the Trust and 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 published in the Trust publications and reported to the relevant Clinical Commissioning Groups. This year the Trust has received 7029 compliments, which represents an increase of 2402 for the same services in 2014/15.

> *Words cannot express the feeling of gratitude that we feel for you all. You made a very difficult time for my mum much easier.*

Compliments Received	2013/14	2014/15	2015/16
Beds & Luton MH	586	612	N/A
Bedfordshire CHS	1303	1384	3525
South Essex MH	419	535	496
South East Essex CHS	1293	1327	1547
West Essex CHS	501	967	1310
Suffolk CHS	266	414	151
SEPT	**4368**	**5239**	**7029**
SEPT Exc B & L	**3782**	**4627**	

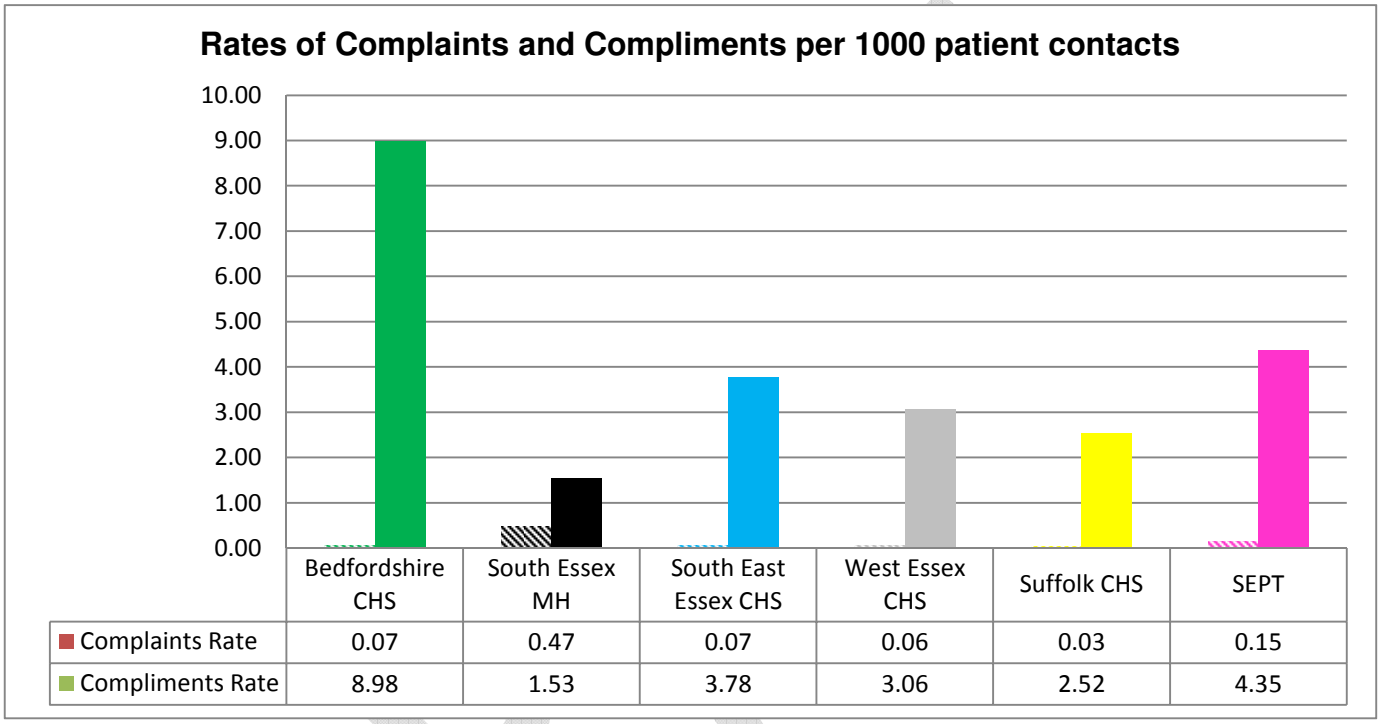


	Beds & Luton MH	Bedfordshire CHS	South Essex MH	South East Essex CHS	West Essex CHS	Suffolk CHS
2013/14	586	1303	419	1293	501	266
2014/15	612	1384	535	1327	967	414
2015/16		3525	496	1547	1310	151

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 significantly greater than the rate of complaints received during 2015/16.



	Bedfordshire CHS	South Essex MH	South East Essex CHS	West Essex CHS	Suffolk CHS	SEPT
Complaints Rate	0.07	0.47	0.07	0.06	0.03	0.15
Compliments Rate	8.98	1.53	3.78	3.06	2.52	4.35

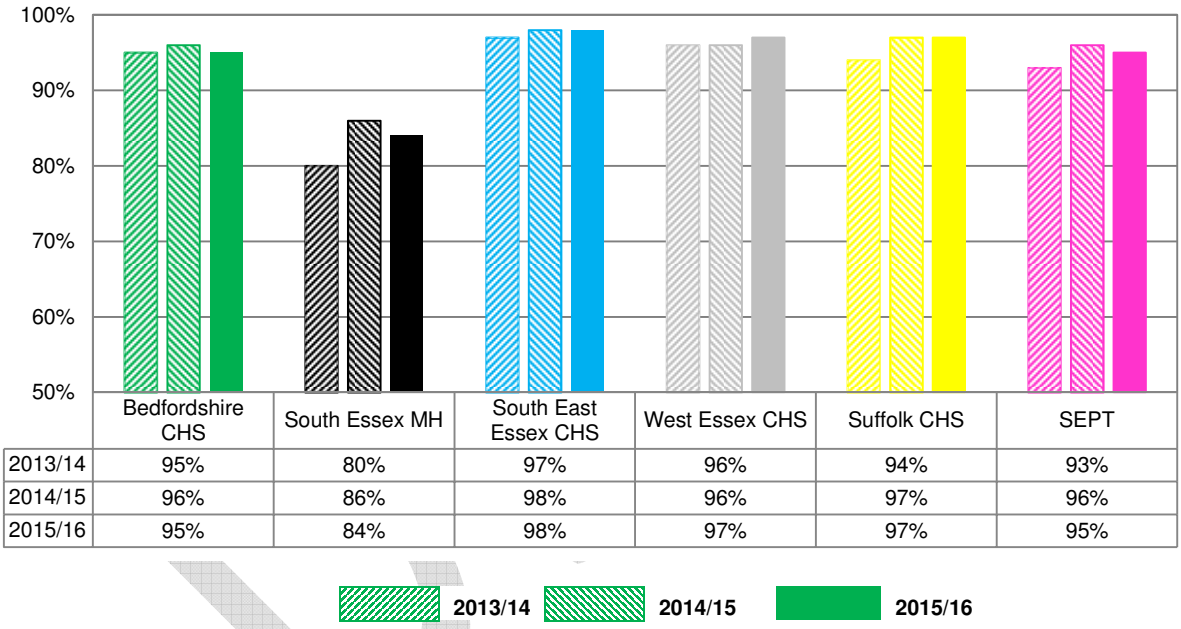
Unified Friends and Family Test

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

This 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 2013/14, the Trust implemented a new unified patient survey. This draws together the national NHS Friends and Family Test (FFT) – detailed below - and a further series of local questions around key areas we identified together with people who use our services (detailed in Section 3.5). The Surveys are sent to all patients who have recently been discharged, either from inpatient services or community caseloads as well as some patients who have chronic long term conditions to ensure they continue to receive a good service. Carers and guardians are also asked to complete the survey for those unable to fill it in themselves. Surveys are coded so that feedback can be provided at team-level; managers and teams receive scores and comments from the Friends and Family Test as well as from the locally agreed questions on areas that matter to our patients.

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



	Bedfordshire CHS	South Essex MH	South East Essex CHS	West Essex CHS	Suffolk CHS	SEPT
2013/14	95%	80%	97%	96%	94%	93%
2014/15	96%	86%	98%	96%	97%	96%
2015/16	95%	84%	98%	97%	97%	95%

Please Note: Since the publication of the 2014/15 Quality Report, NHS England have changed the FFT calculation from scores to percentages. These percentages have been presented in the Quality Report this year and are not comparable to the scores presented last year. Responses for Bedfordshire and Luton Mental Health Services have been removed from the SEPT percentages for 2014/15 and 2013/14 in the table above to enable year on year comparison.

95% of the 11,159 responses to the FFT received from service users in 2015/16 indicated that they would be either "likely" or "very likely" to recommend the Trusts' services in 2015/16. Whilst positive progress has been made since 2013/14, it is disappointing to note that the overall SEPT score has decreased by 1% in 2015/16 from 2014/15. This is the result of a decrease in score in two service areas in 2015/16. Specific focussed actions are being taken to ensure feedback is acted on and to improve performance in those areas.

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 community health services of Bedfordshire, South East Essex, Suffolk and West Essex over the past 12 months and where possible up to the past 36 months.

Breastfeeding

CLINICAL EFFECTIVENESS

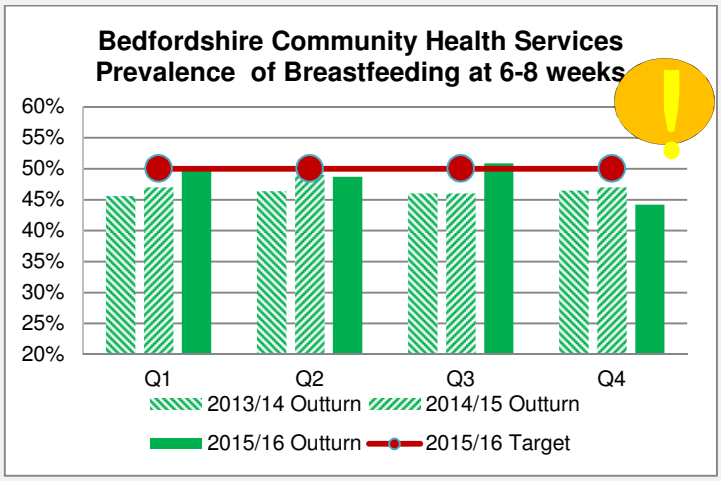
There are two types of breastfeeding measure used within community services. The first is breastfeeding coverage, which is the number of babies aged 6-8 weeks with breastfeeding status recorded. The second is breastfeeding prevalence, which is the number of babies being breastfed at the 6-8 week check

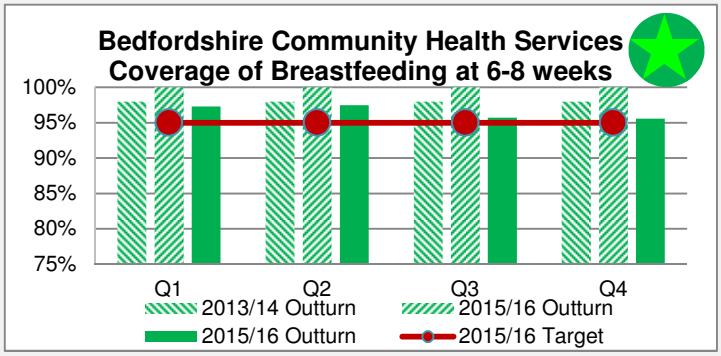
In Bedfordshire Community Health Services (BCHS) during 2015/16 the coverage of breastfeeding has exceeded 95% in every quarter and therefore provided good data quality. As in other previous years breastfeeding prevalence is seasonal and is always highest in quarters 2 and 3. Although this target was not met across the entire year, Bedfordshire reached its highest breastfeeding rate ever of 50% at 6-8 weeks in quarter 2. The service is working on maintaining that high rate through a number of evidence based methods known to support mothers and babies.

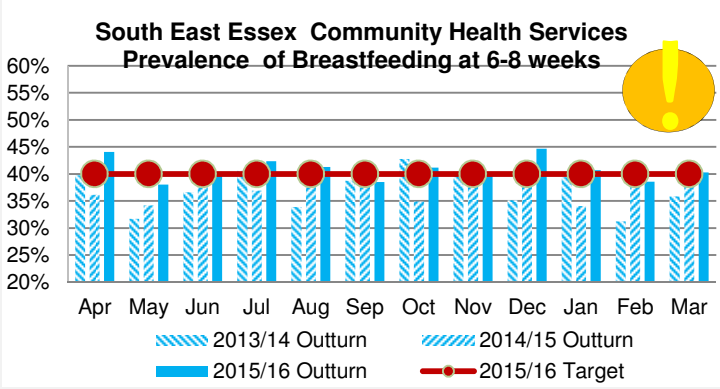
BCHS has been re-accredited as UNICEF Baby Friendly again in 2015 and has been identified as a centre of excellence in the delivery of Antenatal information about breastfeeding. The Baby Friendly team has received 100% positive feedback following analysis of patient experience submitted by families.

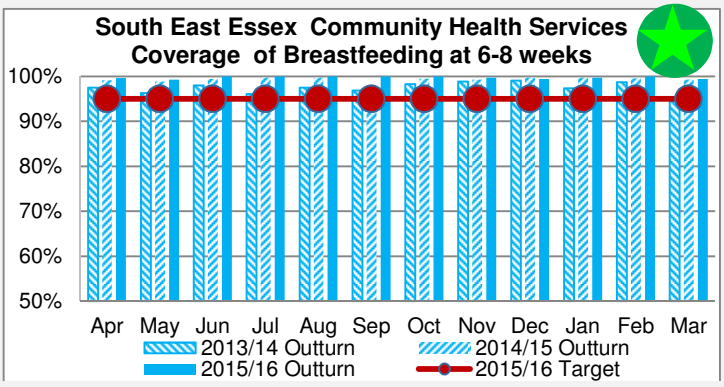
In South East Essex Community Health Services there has been a significant improvement in the 6-8 week breastfeeding rates. The target of 40% prevalence was achieved for 8 months over the past year with 4 months just missing the target by less than 2%. There is a demographic difference between the two Local Authorities with the breastfeeding rate in Southend up to 48.3% with just one month below target at 39.3%. Over the past year the health visitors have worked hard with Southend Hospital to achieve the Level 3 UNICEF Baby Friendly Accreditation, a recognised award which is proven to improve breastfeeding rates.

Data source: SystmOne
National definition applied: Yes









18 Week Referral to Treatment

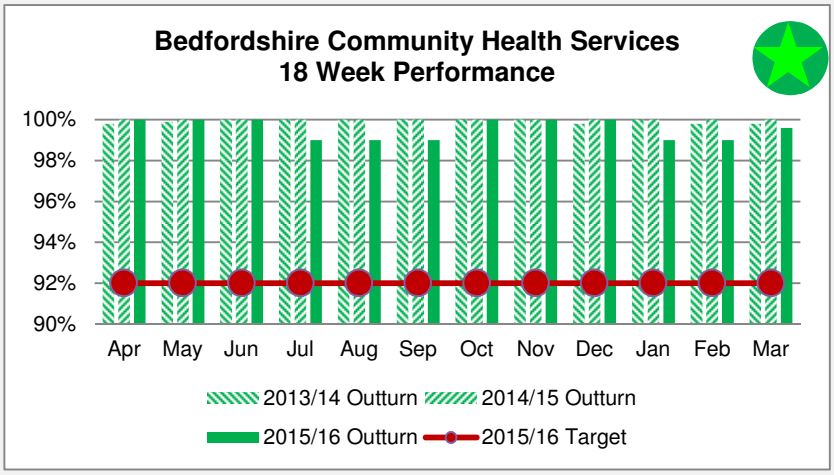
PATIENT EXPERIENCE

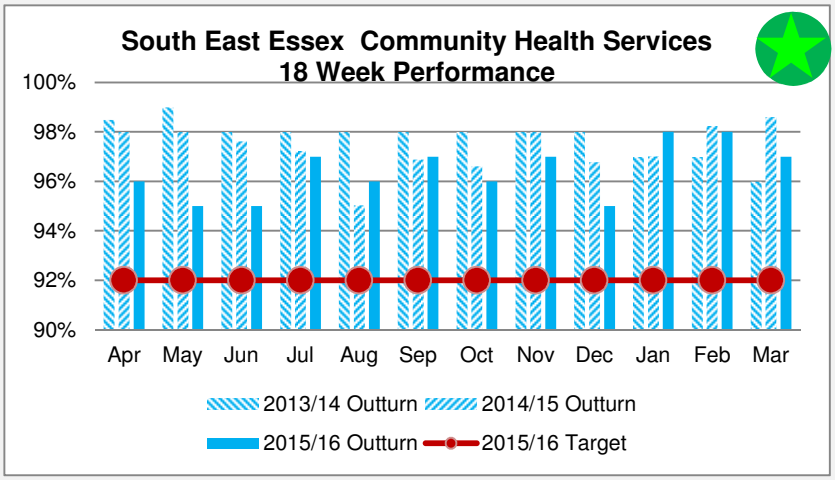
18 week referral to treatment performance measures the length of time in weeks between referral into the service and the end of each month. This is an important measure as it describes the length of time patients are waiting for treatment.

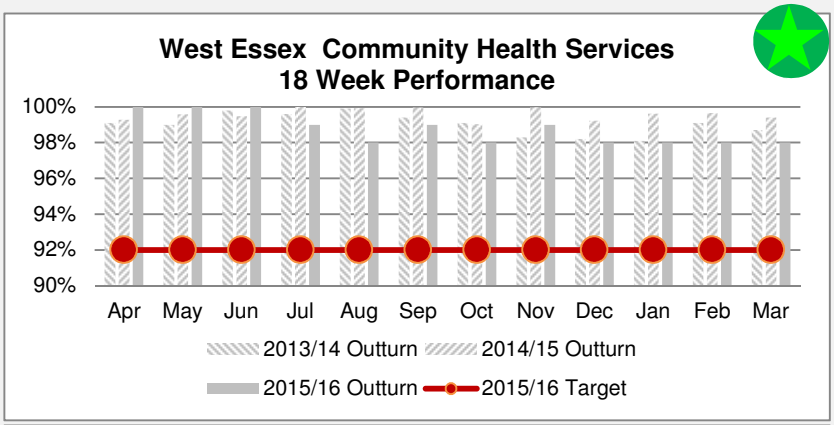
Community Health Services in all four localities consistently achieved the target of 92% every month in 2015/16.

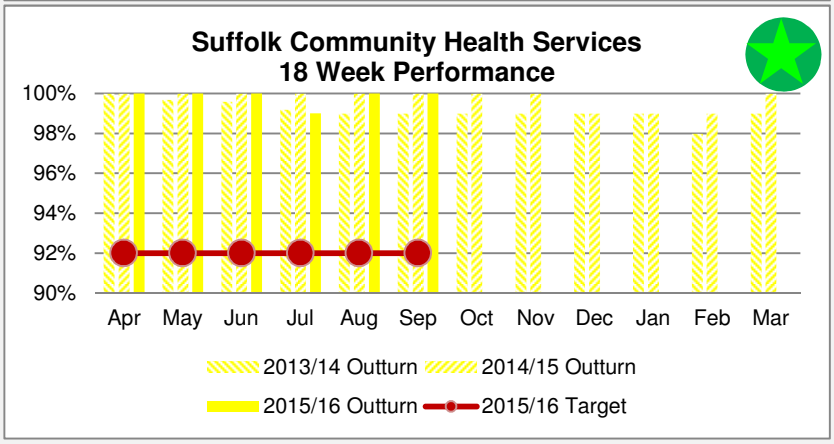
Data source: SystmOne

National definition applied: Yes









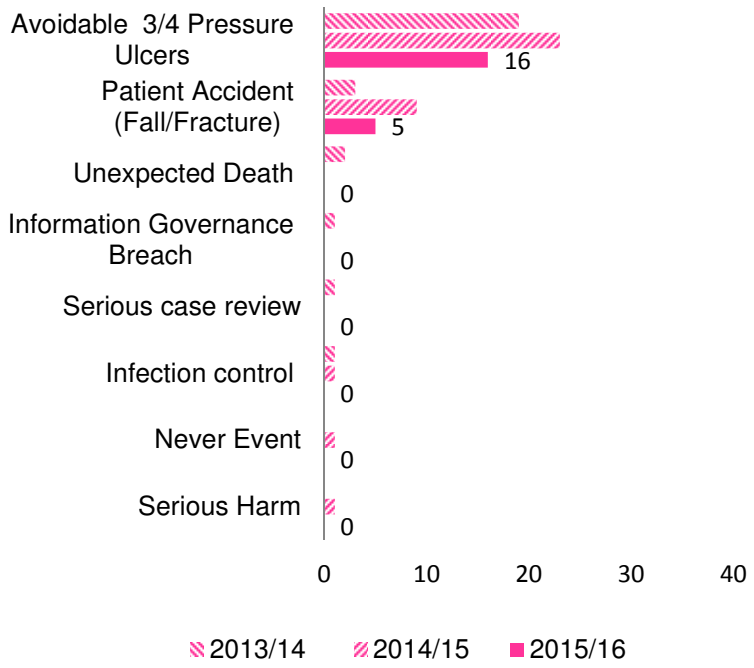
Serious Incidents
PATIENT SAFETY

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.

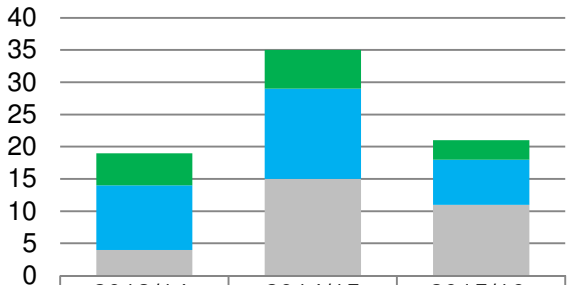
The Trust reported 21 serious incidents in Community Health Services in 2015/16 compared to 35 during 2014/15. Five of these incidents were falls leading to fractures, a decrease (improvement) of 4 on last year. The decreased number of Serious Incidents in the community is a major achievement for the Trust which has been made possible by the widespread implementation and adoption of the principles of our "Sign Up to Safety" campaign.

Please note, the figure of 15 Serious Incidents in West Essex for 2014/15 differs from that published in the 2014/15 Quality Report for that period (14). This is due to the fact that one additional pressure ulcer was found to be "avoidable" (and thus classed as a Serious Incident) following completion of the root cause analysis.

Serious Incidents Occurring in Community Health Services



Serious Incidents by Locality



	2013/14	2014/15	2015/16
Bedfordshire	5	6	3
South East Essex	10	14	7
West Essex	4	15	11
Suffolk	0	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 61 serious incidents (SIs) in Mental Health Services in 2015/16 compared to 67 during the previous year. The previous year total includes 25 SIs in Beds and Luton services, so for comparable purposes SEPT had 42 incidents last year.

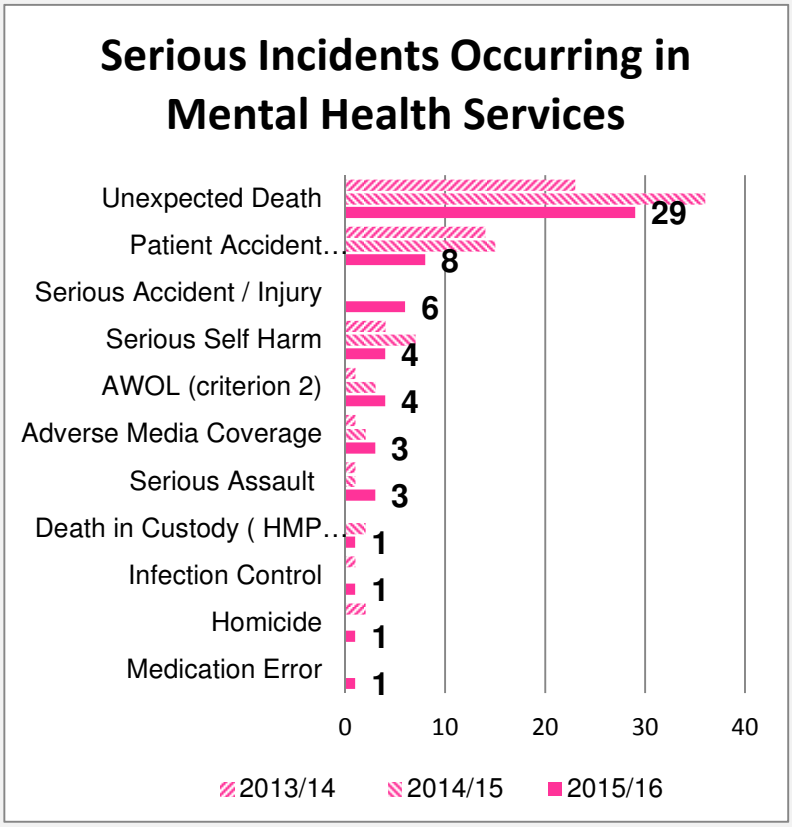
The rise in Serious Incidents across South Essex is accounted for by an increase in the number of unexpected deaths from 16 last year to 28 in Mental Health Services and 1 in Specialist Mental Health Services in 2015/16. The Trust has commissioned and received the results of three independent reviews to investigate the increased number of deaths.

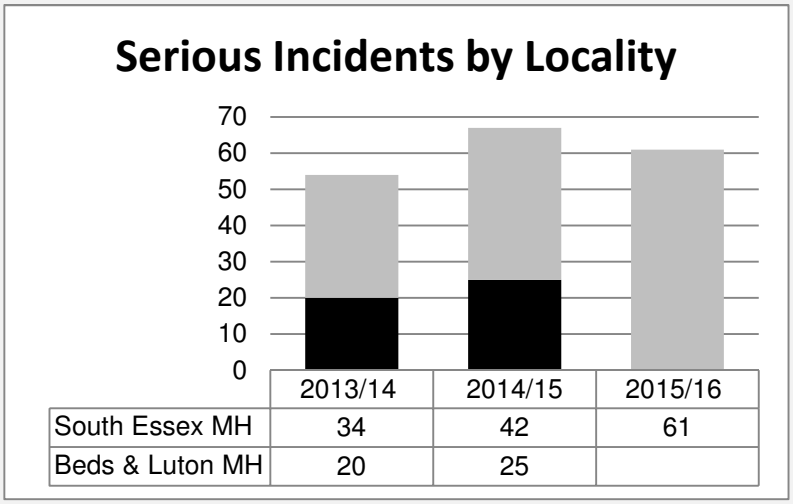
The Trust is committed to achieving an ambition of zero avoidable suicides by 2017 and has prioritised suicide reduction through its sign up to safety campaign. A comprehensive forward looking action plan has been developed to deliver transformational change to how staff assess and plan for safety within services, supported by the plan to commission specific suicide prevention training for all staff, underpinned by a cultural review of the organisations' understanding and attitudes towards suicide prevention.

Two incidents for 2014/15 have been reclassified from Beds and Luton MH to South Essex MH in this 2015/16 Quality Report. This is because the service which recorded the incidents at HMP Bedford have continued to be managed by SEPT despite the transfer of mainstream Beds and Luton MH Services.

Data source: Serious Incident Database

National definition applied: EoE and Midlands definition applied





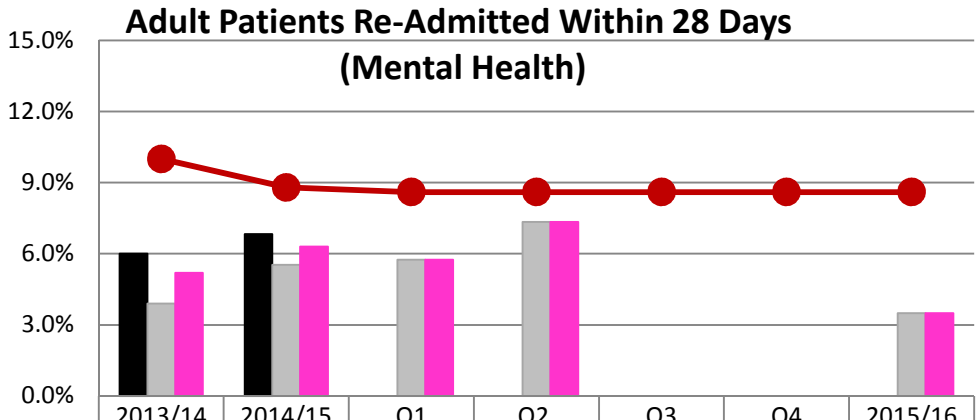
	2013/14	2014/15	2015/16
South Essex MH	34	42	61
Beds & Luton MH	20	25	

Readmissions
CLINICAL EFFECTIVENESS

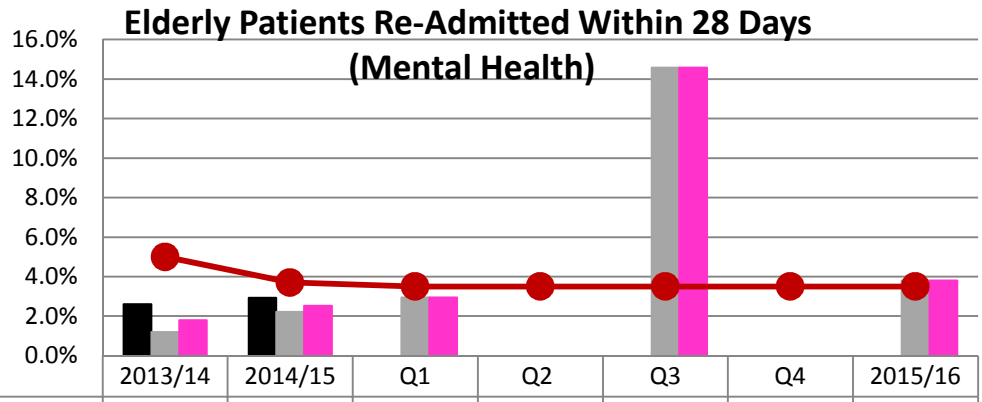
Readmission rates have been used extensively to conduct national reviews into the effective delivery of health services as well as CQC cross-checking arrangements. The number of re-admissions, as well as the % re-admission rate are monitored regularly throughout the organisation. Performance is monitored at ward, speciality and locality level to ensure that any deviation from expected numbers can be quickly located and investigated. The targets for adult and older people re-admission rates are derived from the 2014/15 NHS Benchmarking Club (further information can be found at www.nhsbenchmarking.nhs.uk).

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

Throughout 2015/16 there has been good performance reported for Adults Re-Admitted within 28 days and each quarter's performance has been within target. Elderly Re-admissions breached the target in Q3, when there were 7 patients re-admitted after 48 patients were discharged and as a result performance across the year (3.8%) narrowly exceeds the target (3.5%). In the graphs below, good performance is illustrated by levels of activity below the target line. There were 0 adult re-admissions within 28 days in Q3 and Q4 and there were 0 Elderly re-admissions within 28 days in Q2 and Q4.



	2013/14	2014/15	Q1	Q2	Q3	Q4	2015/16
Beds & Luton MH	6.0%	6.8%					
South Essex MH	3.9%	5.5%	5.7%	7.3%	0.0%	0.0%	3.5%
SEPT	5.2%	6.3%	5.7%	7.3%	0.0%	0.0%	3.5%
Target	10.0%	8.8%	8.6%	8.6%	8.6%	8.6%	8.6%



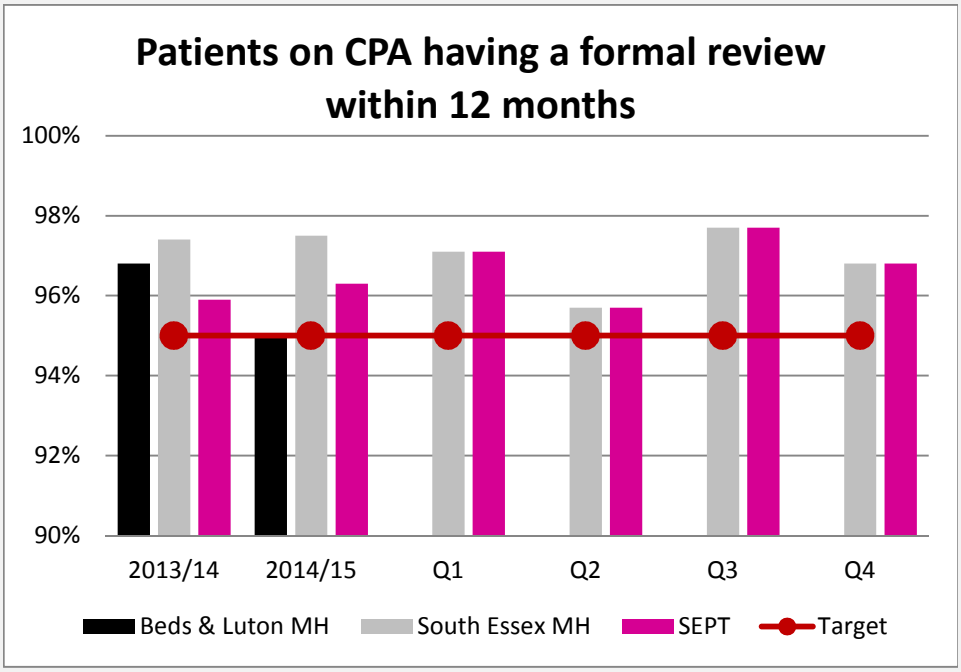
	2013/14	2014/15	Q1	Q2	Q3	Q4	2015/16
Beds & Luton MH	2.6%	2.9%					
South Essex MH	1.2%	2.2%	2.9%	0.0%	14.6%	0.0%	3.8%
SEPT	1.8%	2.5%	2.9%	0.0%	14.6%	0.0%	3.8%
Target	5.0%	3.7%	3.5%	3.5%	3.5%	3.5%	3.5%

Section 3.4: Performance against key national priorities

In this section we have provided an overview of performance in 2015/16 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. SEPT is pleased to report that compliance has been achieved across all indicators reported below throughout 2015/16. Three additional indicators were introduced by MONITOR mid–year (relating to referrals to IAPT services and to the Early Intervention Service) performance against these indicators has been included at the end of this section. Due to the transfer of Suffolk Community Health Services to a new provider from 1st October 2015, data for these services is only included for Q1 and Q2.

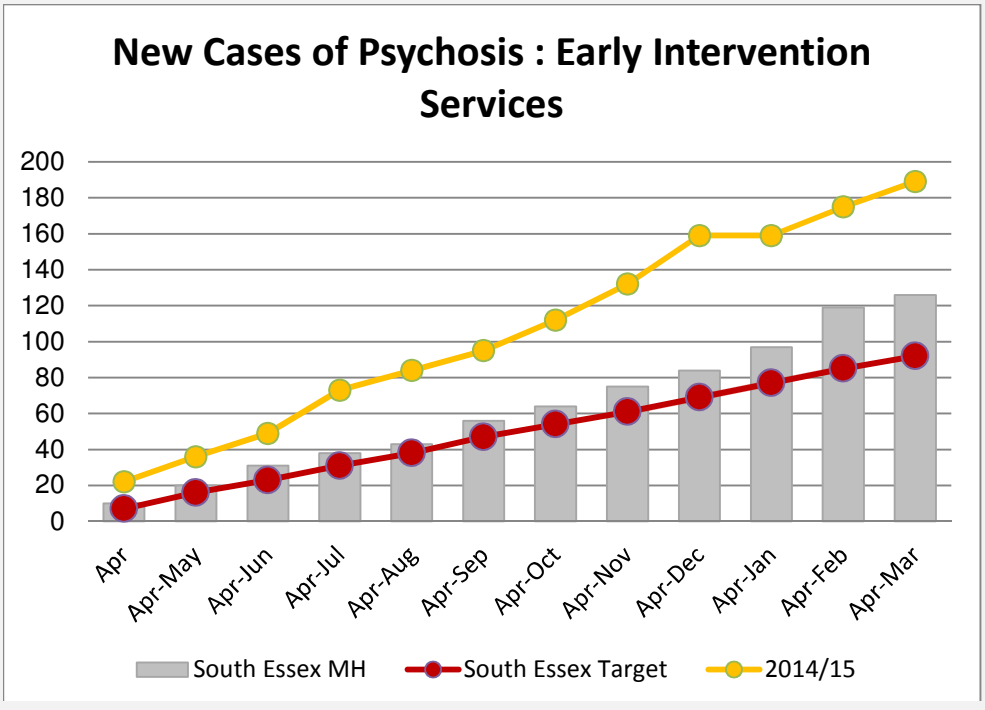
People having a formal review within 12 months

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 throughout 2015/16.



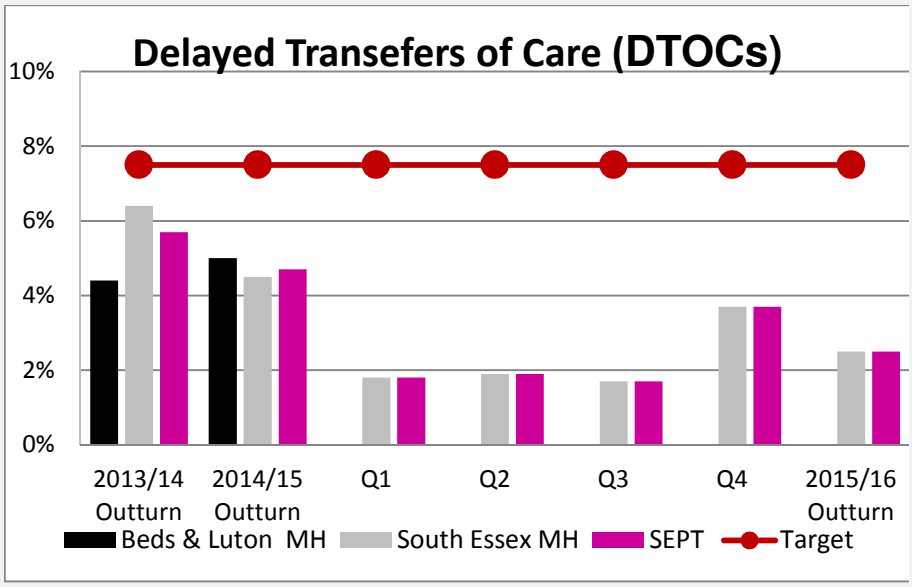
Early Intervention Services: New Psychosis Cases

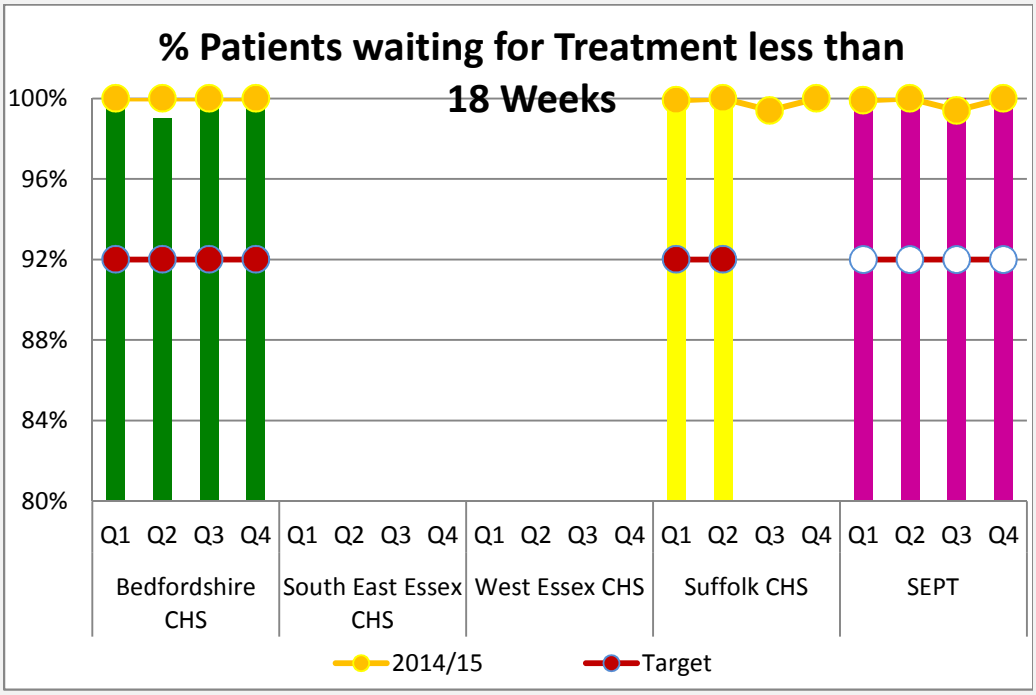
The MONITOR compliance threshold is to achieve 95% of contracted new cases of psychosis. In total SEPT has to achieve 92 new cases of psychosis per year, and this was significantly over achieved in 2015/16 with a total of 126 new cases being identified. The number of new cases is less than in 2014/15 due to the transfer of MH services in Beds and Luton to a new provider.



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% which has been achieved.





The waiting times target of 95% of patients treated within 18 weeks of referral was removed from MONITOR's Risk Assessment Framework in August 2015

Referral to Treatment Waiting Times

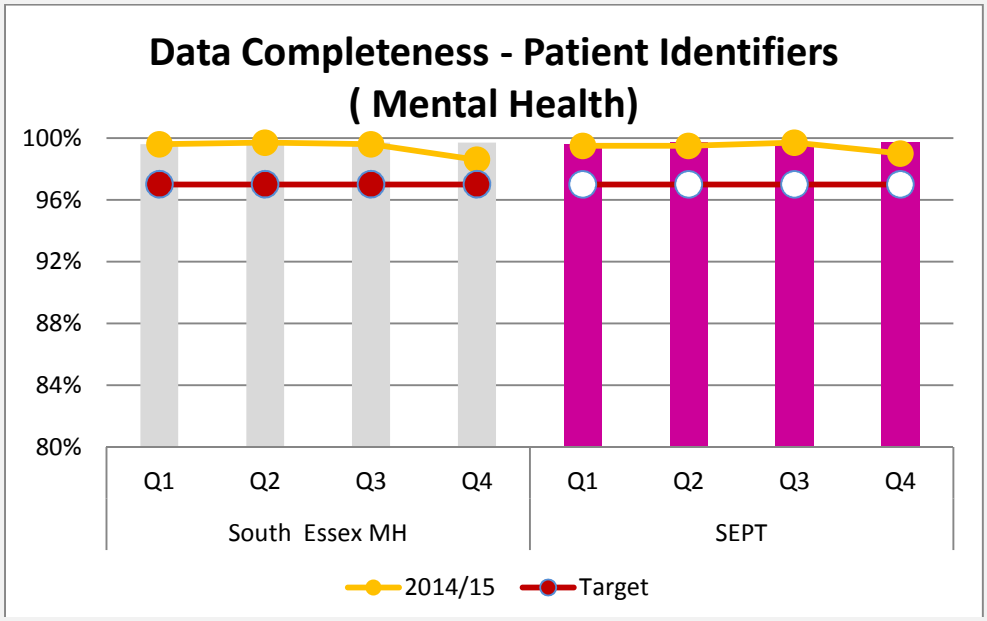
This indicator measures the waiting times for patients waiting for treatment on non-admitted consultant-led pathways. The maximum waiting time is 18 weeks and the target is 92% of those still waiting. This target has been consistently achieved throughout 2015/16.

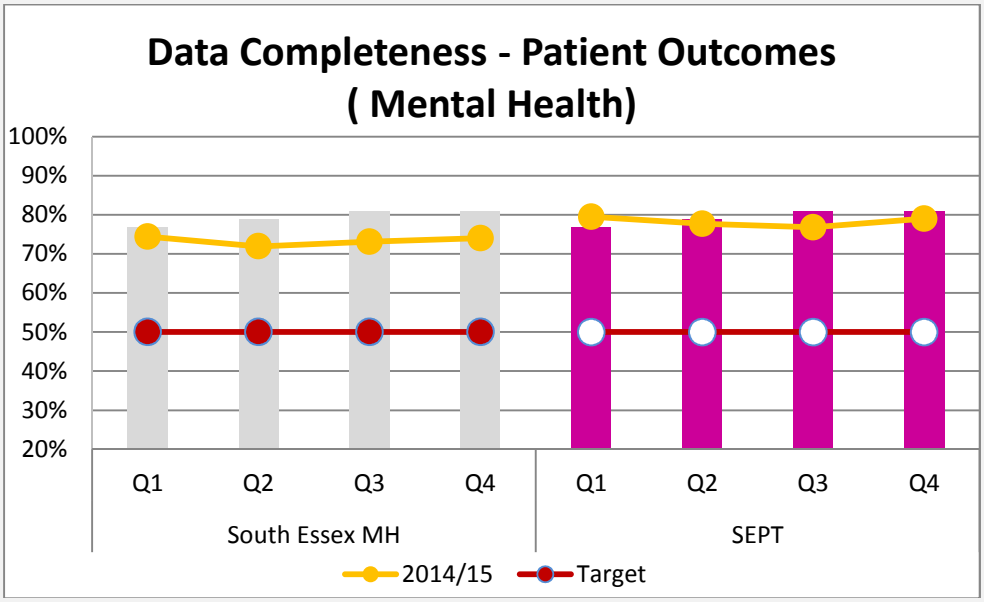
Neither South East Essex nor West Essex have consultant-led services and accordingly these MONITOR indicators do not apply to those localities.

Suffolk services were transferred to a new provider in Q3 and Q4.

Data Completeness: Patient Identifiers

This indicator measures the % completeness of the Mental Health Minimum Dataset for patient identifier data items. The target for 2015/16 is 97% of data items to be completed. This has been achieved consistently.



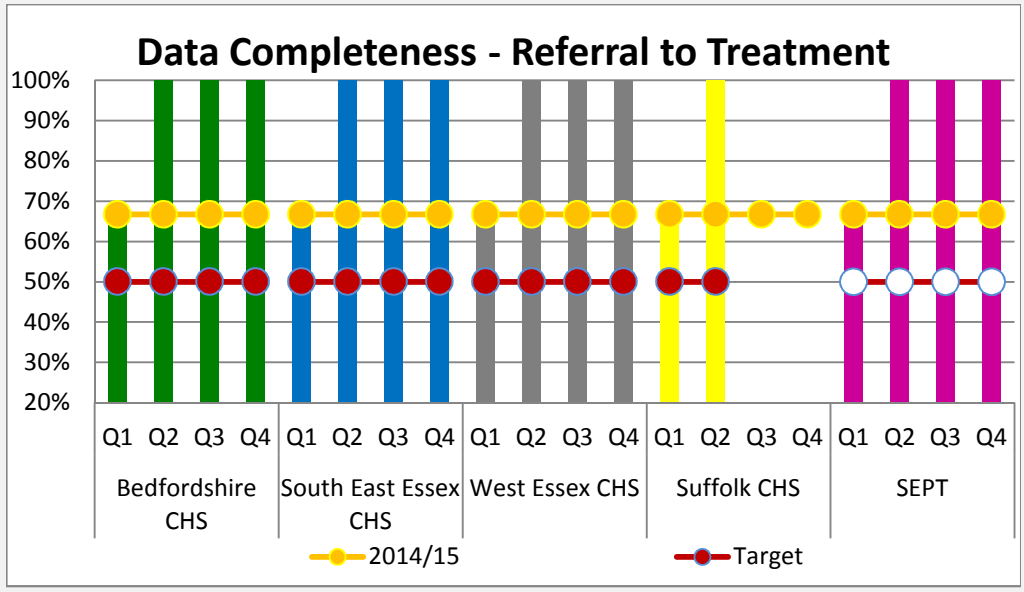


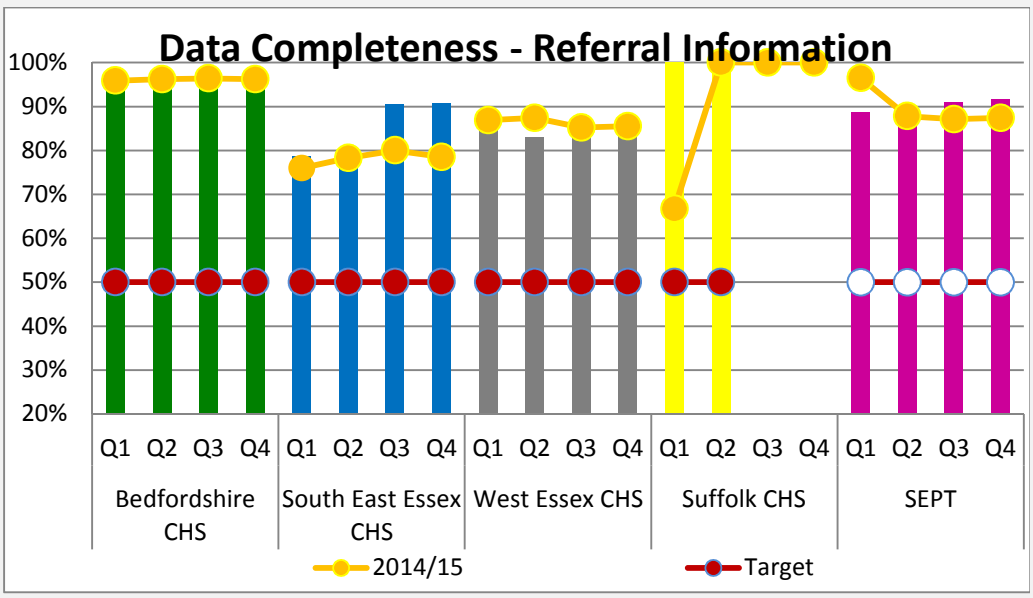
Data Completeness: Patient outcomes

This indicator measures the % completeness of the Mental Health Minimum Dataset for patient outcome data items. Compliance with the target of 50% has been achieved for each data field contributing to this indicator.

Data Completeness - Community Care Referral to Treatment information

Throughout 2015/16 compliance has been maintained above the 50% target in all community health service areas. Suffolk services were transferred to a new provider in Q3 and Q4.



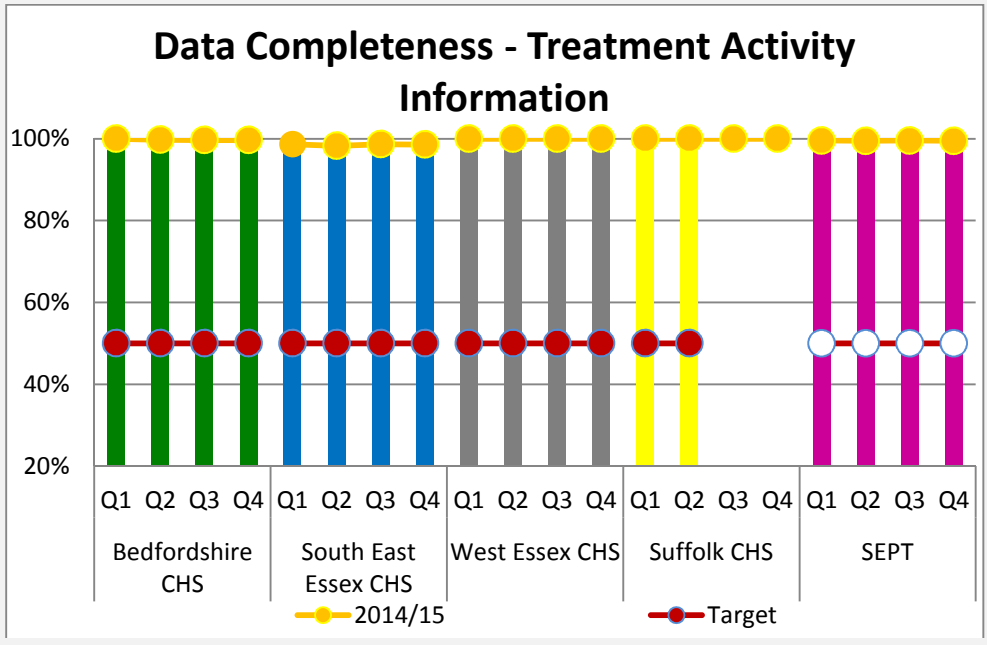


Data Completeness - Community Care Referral Information

Compliance has been maintained above the 50% target throughout 2015/16. Suffolk services were transferred to a new provider in Q3 and Q4.

Data Completeness - Community Treatment Activity information

All community health service areas have maintained compliance with this indicator throughout 2015/16. Suffolk services were transferred to a new provider in Q3 and Q4.



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

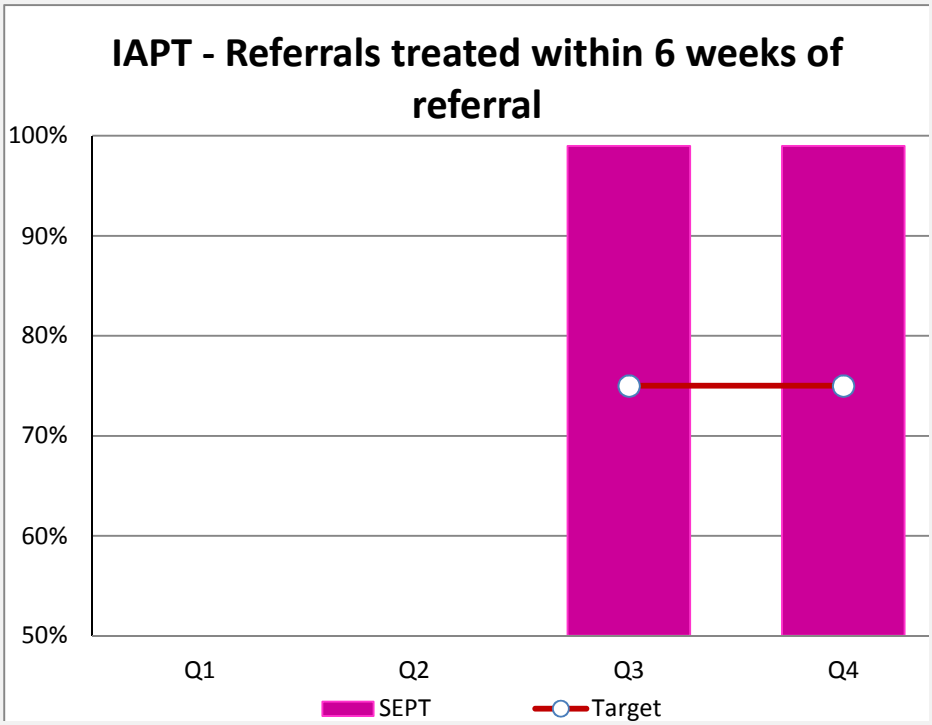
Compliance against all six criteria was achieved in 2013/14 and has been maintained throughout 2014/15 and 2015/16.

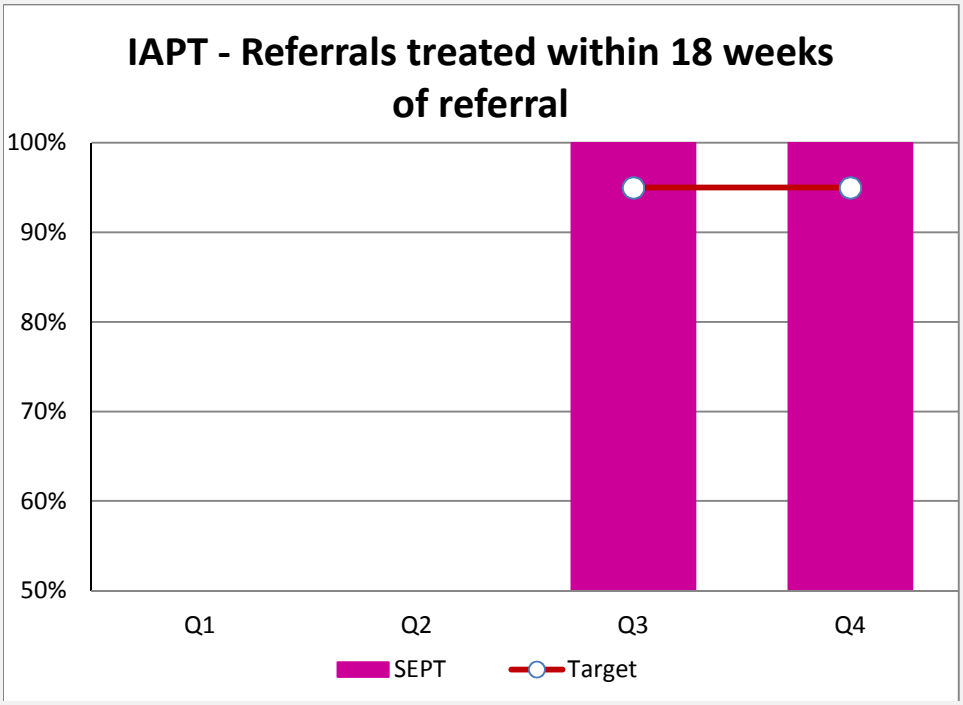
Improving Access to Psychological Services: Referrals treated within 6 weeks and 18 weeks of referral

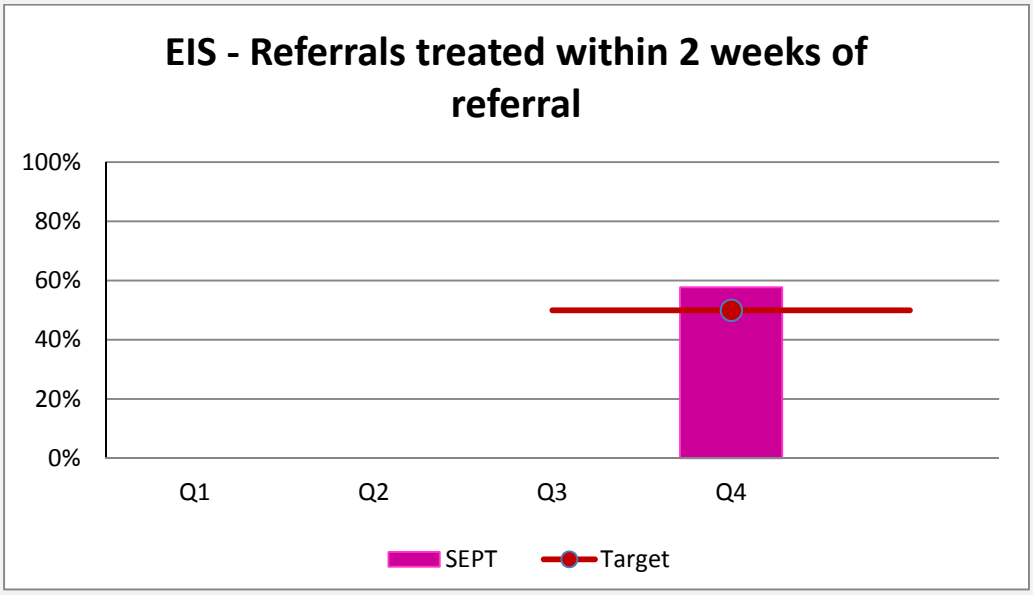
These new indicators have been introduced during 2015/16 to measure the time between referral and treatment by IAPT services. MONITOR began monitoring performance against the targets from Q3 2015/16.

This service is provided by South Essex Mental Health Services.

Compliance with this target has been achieved.







Early Intervention Service: Referrals treated within 2 weeks

This new indicator measures the percentage of EIS referrals treated within 2 weeks. The target of 50% was introduced at Q4 by MONITOR and was achieved.

This indicator measures access only to the service. In 2016/17 this indicator will be enhanced to include compliance with NICE packages of care.

This service is provided by South Essex Mental Health Services.

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Section 3.5: Listening to our patients and service users

Ensuring that we receive and act on feedback from our service users is crucial to maintain the high quality standards we have set ourselves and, over the past year, work has continued to increase the feedback received. This section of our Quality Report outlines some of the ways in which we capture feedback from people who use our services together with some examples of changes we have made and outcomes resulting from that feedback. Information in terms of the results of the Friends and Family Test (FFT) is included in Section 3.3 of this report (local quality indicators).

Patient Survey Feedback

In 2013/14, the Trust implemented a new unified patient survey. This draws together the national NHS Friends and Family Test (FFT) – detailed in section 3.3 - and a further series of local questions around key areas we identified together with people who use our services. The Surveys are sent to all patients who have recently been discharged, either from inpatient services or community caseloads as well as some patients who have chronic long term conditions to ensure they continue to receive a good service. Carers and guardians are also asked to complete the survey for those unable to fill it in themselves.

The Patient Experience Team provides team managers with bi-monthly reports which detail the results from the Patient Surveys for their team. 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.

A total of 11,159 responses were received to the Survey in 2015/16. The results of the answers to the local questions are detailed in the table below (figures denote average score out of 10):

Question	SEPT Overall Scores 2014/15	SEPT Overall Scores 2015/16	Increase / decrease between 2014/15 and 2015/16 scores
To what extent did you feel you were listened to?	9.2	9.3	↑
To what extent did you feel you understood what was said?	9.3	9.4	↑
To what extent were staff kind and caring?	9.5	9.6	↑
To what extent did you have confidence in staff?	9.4	9.5	↑
To what extent were you treated with dignity and respect?	9.5	9.6	↑
To what extent did you feel you were given enough information?	9.2	9.4	↑
How happy were you with the timing of your appointments?	9.2	9.3	↑
How would you rate the food?	7	6.7	↓
To what extent would you say the ward/clinic was comfortable?	8.7	8.8	↑
To what extent would you say the ward/clinic was clean?	9.2	9.3	↑

It is pleasing to note that the average score out of 10 has increased for all questions in 2015/16, compared to 2014/15, with the exception of “How would you rate food?” which has dropped by 0.3.

Food has continued to show the lowest satisfaction rating although responses in this particular category are very low. Following this feedback a Food Task & Finish Group has been set up and a complete audit of the food service, including tasting, was undertaken by the Patient Experience team and Trust Governors. The group was expanded following the CQC visit, which also highlighted food as an issue, to include service users. Further audits have been undertaken and will carry on throughout 2016/17, work has been undertaken

with the food supplier looking at menus as well as identifying possible training needs for staff. The group will carry on its work until further improvements are reflected in the feedback received from service users.

Other Key Patient Experience Engagement Activities

Mystery Shopper Programme: 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. Individual staff receive feedback in supervision sessions with their manager on how their practice has been perceived by patients and carers. The feedback received has a direct impact on patient and carer experience and outcomes, systems and quality. Mystery Shoppers can opt to give feedback via completing questionnaires, email and telephone. 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.

During the year all Mystery shoppers were contacted to ensure they were still happy to be part of the scheme, the questionnaire was also revised to make it more user friendly, agreed by the Patient and Carer Experience Steering Group

Take it to the Top Events: This series of meetings took place across the Trust with the aim 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 were 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 continued to be well attended by service users, carers, staff, SEPT members and local organisations. A specific topic was used for each one – during the year these included:

- carers;
- medication and dementia; and
- podiatry

The feedback from the attendees at these events was considered and a refreshed "Spotlight on SEPT" meeting was arranged to combine the above two events. This included presentations on "safe services – protecting patients and staff" and "SEPTs annual planning meetings". Feedback from this first event is being analysed with the plan that further events of this type will go ahead throughout the year, where Executives, Governors, members and the public come together.

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. During the year further forums in West Essex were set up and the initial feedback is that they have been welcomed by patients, carers and local voluntary organisations.

Service User/Carer Involvement in Interviews: One of the Trust's priorities has been to enable service users and carers to play a meaningful role in recruitment interviews. We continue to train service users/carers in interview skills and they attend interviews wherever possible so 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.

Examples of actions we have taken / outcomes from service user feedback we have received

The following are just a few examples of actions we have taken / outcomes that have been achieved as a result of listening to feedback from our patients, service users and carers:

- Specific changes have been made to the way in which we communicate with our patients and service users in response to direct feedback (eg appointment letter content, answerphone messages etc).
- Information leaflets have been updated to be clearer for service users.
- More staff are introducing themselves in line with the "Hello my name is" campaign.
- Greater involvement of service users in their own care.

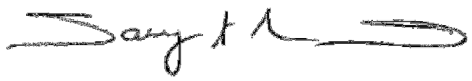
- Service user involvement in staff training has been increased, recognising the importance of the lived experience viewpoint.
- Improvements have been made to clinical areas.
- Communication with and involvement of carers has been improved.
- The number of local forums has been increased in response to difficulties some services users were experiencing in being able to travel to attend these.
- A volunteers video has been developed to encourage more volunteers, following suggestions from service users. As a result, more service users and carers have been taking up volunteering with the Trust.

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 "SEPT on the Spot" meetings and other 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. Details of all these meetings are available on our website www.sept.nhs.uk

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 Mental Health Services / Executive Nurse
SEPT
Trust Head Office
The Lodge
The Chase
Wickford
Essex SS11 7XX
Email: andy.brogan@sept.nhs.uk
Telephone: 01268 739647

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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.

Bedfordshire Clinical Commissioning Group – received {DATE} 2016

To be inserted on receipt.

Ipswich and East Suffolk Clinical Commissioning Group – received {DATE} 2016

To be inserted on receipt.

South Essex Clinical Commissioning Groups (Basildon & Brentwood, Castle Point & Rochford, Southend-on-Sea and Thurrock) – received {DATE} 2016

To be inserted on receipt.

West Essex Clinical Commissioning Group – received {DATE} 2016

To be inserted on receipt.

West Suffolk Clinical Commissioning Group – received {DATE} 2016

To be inserted on receipt.

Bedford Borough Council Adult Services and Health Overview and Scrutiny Committee – received {DATE} 2016

To be inserted on receipt.

Central Bedfordshire Council Health Overview and Scrutiny Committee – received {DATE} 2016

To be inserted on receipt.

Essex County Council Health Overview and Scrutiny Committee – received {DATE} 2016

To be inserted on receipt.

Southend Borough Council Health Overview and Scrutiny Committee – received {DATE} 2016

To be inserted on receipt.

Suffolk Council Health Overview and Scrutiny Committee – received {DATE} 2016

To be inserted on receipt.

Thurrock Council Health Overview and Scrutiny Committee – received {DATE} 2016

To be inserted on receipt

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Healthwatch Bedford Borough – received {DATE} 2016

To be inserted on receipt.

Healthwatch Central Bedfordshire – received {DATE} 2016

To be inserted on receipt.

Healthwatch Essex – received {DATE} 2016

To be inserted on receipt.

Healthwatch Southend – received {DATE} 2016

To be inserted on receipt.

Healthwatch Suffolk – received {DATE} 2016

To be inserted on receipt.

Healthwatch Thurrock – received {DATE} 2016

To be inserted on receipt.

SEPT Council of Governors' Statement on the Quality Report 2015/16 – received {DATE} 2016

To be inserted on receipt.

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ANNEX 2 - Statement of Directors' Responsibilities for 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 2015/16 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2015 to May 2016
    - papers relating to Quality reported to the board over the period April 2015 to May 2016
    - feedback from commissioners dated (received) {DATES TBC}
    - feedback from Governors dated (received) {DATES TBC}
    - feedback from local Healthwatch organisations dated (received) {DATES TBC}
    - feedback from Overview and Scrutiny Committees dated (received) {DATES TBC}
    - the Trust's Complaints Report appertaining to 2015/16 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated *May 2016* and presented to the Board of Directors on *27th May 2016*
    - the 2015 national patient survey published in October 2015 and presented to the Board of Directors on 25th November 2015
    - the 2015 national staff survey published on 23rd February (updated 22nd March) 2016 and presented to the Board of Directors on 30th March 2016
    - the Head of Internal Audit's annual opinion over the trust's control environment dated {DATE TBC}
    - CQC Intelligent Monitoring Reports dated June 2015 and February 2016
- 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 manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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: {DATE} Electronic signature to be inserted on approval (Chairman)

Date: {DATE} Electronic signature to be inserted on approval (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 Report

To be inserted on receipt.

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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
CHS	Community Health Services
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
EIS	Early Intervention Service
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
MEWS	Modified Early Warning System
MHS	Mental Health Services
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
SYSTM1	System One Computerised System
UTI	Urinary Tract Infection
VTE	Venous Thromboembolism – blood clots

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