



**Quality Account 2017/18  
(incorporating our priorities  
for quality improvement in  
2018/19)**

# Part One

## Statement of Quality from Sue Harriman, Chief Executive

Thank you for taking the time to read our Quality Account.

Each year all providers of NHS healthcare services are required to produce an annual Quality Account for publication. We welcome the opportunity to share how we performed during 2017/18, as well as the opportunity to reflect on the areas for further improvement. I hope that you find this report a useful guide to our performance and achievements in quality, safety and patient experience over the past year, and our plans and priorities for the year ahead.

### Why we exist - 'The Solent Story'

At Solent NHS Trust we all share an ambitious vision to make a difference by keeping more people healthy, safe and independent in, or close to, their own homes.

People, values and culture drive us. The best people, doing their best work, in pursuit of our vision. People dedicated to giving great care to our service users, and great value to our partners.

We aspire to be the partner of choice for other service providers. With them we will reach even more people, and care for them through even more stages of their lives. Ultimately it is the people we care for who will tell us if we are successful and who will help shape our future care.

We know our vision is ambitious, but we have excellent foundations. Our priorities are what we do all of the time, they are how we:

#### Deliver great care

- Involving service users in shaping care and always learning from their experiences
- Working closely with partners to join up care
- Treating people with respect, giving equal emphasis to physical and mental health
- Ensuring we provide quality services, which are safe and effective

#### Make Solent a great place to work

- Supporting people to look after their health and wellbeing
- Improving the workplace by listening to ideas and acting on feedback
- Developing leaders to support and empower people in making a difference

#### Deliver the best value for money

- Spending money wisely and by working with partners
- Involving people in decisions about spending money
- Enabling services to have more time to provide care

To us, **Great Care** means care that is safe, joined up, simple and easy to access, and based on the best available evidence.

We talk about **Great Care** in the context of:

- Patient Safety
- Patient Experience
- Clinical Effectiveness

Providing **Great Care** is at the heart of everything we do.

It's the most important thing to us and to our patients, and as part of the NHS family, the quality of the care we provide reflects on the whole of the NHS, so it's vital we get it right.

Because we have many aspects of quality to share with you, we have provided signposts/hyperlinks to more detailed information.

### Great Care in Action



#### Sally Griffin - Children's Asthma Nurse, Southampton

*"I make a difference by supporting children and their families in all aspects of asthma management through offering advice, support and education.*

*Empowering children and young people to manage their condition safely, aims to reduce hospital admissions, promote better quality of life, and produce better health outcomes.*

*In addition to carrying out home visits and telephone support, I use social media to communicate relevant public health advice and health tips to service users, which keeps children and young people engaged, and informed, about the safe management of their condition".*

I am proud to be the Chief Executive of a Trust that puts quality at the centre of everything we do. We have a team of dedicated and committed staff, who each make a difference and strive to deliver consistently great care.

Sue Harriman

Chief Executive Officer

## Statement from our Chief Medical Officer and Chief Nurse

Developing, delivering, and maintaining strong and effective, high quality services is the core priority for Solent NHS Trust. We are continually reviewing and improving our systems and processes to ensure that the quality of our services is at the heart of what we do every day, and how we do it.

We are committed to providing care that is safe, effective and efficient. It is important that service users, patients and their families have a positive experience of our services, and can clearly see the ways in which we strive, year on year, to improve what we offer. As such, we continue to gather feedback using the Friends and Family Test (FFT) which asks patients and users of our services, as well as our people, to tell us to what extent they would recommend our services to their friends and families.

Our Quality Improvement (QI) programme continues to grow in strength and impact, aiming to support all who work with us (patients and colleagues) to develop the skills and confidence to identify, deliver and sustain improvements across our services. Our QI programme has been extended this year to include a 'Foundation Level' one day training to provide an introduction to Quality Improvement methodology, as well as bespoke QI sessions within Trust leadership and development programmes.

A core part of the programme is the involvement of patients, service users and families in identifying what could be improved, and in delivery and testing of changes. This is part of the Foundation training and of the core programme.

Looking ahead, we will maintain our focus on the quality of care, safety and the wellbeing of people who use our services and our staff. This remains our highest priority. The purpose of this Quality Account is to confirm this pledge and to hold our organisation to account to deliver these standards across all those services we directly provide and in those services where we work in partnership with others.



Dan Meron

**Chief Medical Officer**



Jackie Ardley

**Chief Nurse**

# Part Two: Priorities for Improvement and statement of assurance from the Board

## 2.1 Quality Themes and Priorities

### Quality Themes

Our quality themes next year are linked with our strategic corporate aims, and focused on the integration of these into a continuously- monitored improvement loop. Each statement is both stand-alone and concomitant. They can inter-weave to create a sustainable dynamic framework of co-operative working, with outcomes of a truly shared vision and measurable parameters of improvement.

#### Theme 1: Involving People

In order to continue to deliver great care, we will further-develop a community engagement framework, which is inclusive of patients, people who live within our communities and our local organisations and stakeholders.

In 2018/19 we will:

- Embed a sustainable community engagement framework, which is inclusive of patients, people who live in our communities, local partner organisations and external stakeholders.
- This will incorporate the use of assistive technology to successfully access “hard to reach” groups such as the frail, elderly and housebound.
- We will seek out and work with patient groups such as MH patients and their families, used as subject-experts to ensure we meet their highly specific needs to make our environments as safe as possible for them. This will be in part evidenced by the accurate and contemporaneous ligature risk assessment in our inpatient wards. We will also be able to demonstrate learning from their experiences, and from the very precise knowledge they can be enabled to share with us.
- We will increase our engagement with our local Healthwatch groups, to ensure they are aware of our most up to date quality work. A measurable outcome will be held within records of these meetings and their opportunity to feedback real-time quality comments to further improve our relationship and functional work dynamic with our partners.

#### Theme 2: Ensuring Safe Care

To ensure we provide quality services which are safe and effective, we will further embed quality improvement. Our key safety message will be that, “It is everyone’s business,” and this will be embedded from Induction, and evidenced through supervision, one to one conversations and annual appraisals.

In 2018/19 we will:

- Launch the Research and Improvement Academy. By using different learning approaches, our staff will be able to access high quality, research-led learning over the 24 hour period, at home or at work. The safety of care will improve as a direct result of staff working within an active safety culture, where the everyday norm is looking for improvement.

- Roll out the QI Leaders programme. This is aimed at all staff, both clinical and non clinical .
- Ensure safety is a parameter integrated and evidenced through documented one to one supervision conversations and pre-set personal outcomes for learning.

### Theme 3: Learning and Improving

We continue to strengthen our reputation as a learning organisation, delivering real and measureable change that makes a difference to people we care for and treat. These changes are made as a result of collating and actively utilising lessons from positive and negative events and from feedback.

In 2018/19 we will:

- Utilise the Learning from Deaths and serious incidents panels to learn, implement and disseminate positive change
- Launch a change and improvement data base
- Develop a toolkit for learning from excellence
- Evidence the improvements as a result of learning and change

### Theme 4: Sharing excellence

Our organisation has several areas of outstanding practice, excellent multidisciplinary teamwork and quality improvement facilitators.

In 2018/19 we will:

- Continue to present at local or national conferences on subjects of interest and expertise
- Work with system partners to ensure they are fully briefed on our most up to date improvement work
- Work towards identifying all people with cognitive disability accessing any of our services and provide appropriate adjustments to their care plans
- Replicating outstanding success factors from the cognitive disability service across other service lines

### Theme 5: Supporting vulnerable people

We will continue to help vulnerable people in our communities live safer lives.

In 2018/19 we will:

- Further embed Mental Capacity Act (MCA) and Safeguarding training across our services
- Develop our capabilities in the application of the MCA and safeguarding principles
- Ensure senior managers and the Executive attend MHA -specific training to use as a senior information resource for staff

### Theme 6: Looking after each other

In order to ensure Solent remains a great place to work, we will continue to develop and support our people.

In 2018/19 we will continue to promote wellbeing in the workplace:

- By promoting equality and diversity initiatives
- Supporting openness about mental health challenges

- Developing our apprentices and reviewing their planned progression
- Increase mindfulness course availability
- Running bespoke information and training session to specific work groups
- Creating internal and external opportunities for professional and personal development; this will sometimes involve working with system partners to identify unique opportunities for individuals to explore latent talents. We also use talent management identification for accelerated career progress
- Rewarding excellence in our people, by the use of nominations for national award schemes, monthly internal awards for colleague/team/manager of the month, and an “Outstanding contribution” award. We also hold larger Annual Award celebrations.

## 2.2 Statements of assurance from the Board

### Contracts

We have a total of 99 contracts that are related to healthcare and of these, 52 related to where we purchase health services.

We have reviewed all the data available to us on the quality of care in these contracts. The income generated by these contracts represents 100% of the total income generated from the provision of these relevant health services by the Organisation for 2017/18.

### Participation in local and national clinical audits and national confidential enquiries

#### National Clinical Audits

During 2017/18, we participated in 11 out of 12 national clinical audits and national confidential enquiries, covering health services that we provide. The audits and enquiries that we were eligible to participate in during 2017 /18 are included in Appendix A, together with the number of cases submitted to each audit or enquiry.

National audit reports are distributed on publication to the relevant service line and local audit leads along with a summary of recommendations and an action tracker to measure compliance. National audit reports are also highlighted at the Trust learning and improvement group to promote cross-service learning for improvement.

#### Local Clinical Audits and Service Evaluations

109 local audit and service evaluation project reports have been completed and reviewed during the 2017/18 financial year. These projects are determined by each service, based on their priorities, and are as a result of patient and staff feedback, business plans, complaints investigations, serious and high risk incident investigations, as a means of measuring compliance with NICE guidance and as a baseline measure for Quality Improvement projects.

Audit plans and actions are reviewed at service line audit groups with key learning and improvements shared at the Trust learning and improvement group. Audit and evaluation action planning for improvement is also increasingly

integrated into the Trust Quality Improvement programme. Specific training on audit and evaluation is also provided.

Examples of some of the improvement outcomes achieved and actions planned as a result of local audits and service evaluations are detailed in the tables below:

Audit title	Improvement as a result of audit
Re-audit of Nutrition and Hydration for in patients (Royal South Hants).	An improvement was demonstrated to achieve 100% compliance with standards in comparison to 76% in the previous quarter.
Re-audit of pelvic inflammatory disease care in sexual health services.	Improvements were shown in comparison to the 2015 audit in exclusion of pregnancy (from 45% to 72%), correct antibiotics given (from 57% to 98%) and attendance for treatment of partners (from 1% to 16%).
Re-audit of Patient Group Directive (PGD) compliance in sexual health.	Documentation of expiry date and batch numbers of medication improved from 21% errors in 2016 to 6.7% errors in 2017 re-audit.
Re-audit of recording parental consent in specialist dental.	Compliance with the standard increased from 44% in the previous audit to 65%.
Re-audit in Mental Health services of short-term risk assessment of a self-harm episode on or during admission (NICE NG16).	Compliance with the NICE criteria was 100% from previously less than 8% in the original audit conducted in 2014.
Re-audit in Child and Family of CAMHS "was not brought" (WNB) children.	This re-audit demonstrated an improvement in attendance rates for appointments at Southampton CAMHS since September 2016, from 13% WNB to 7.9%. The most marked change was in initial assessments, from 47% WNB in 2016 to 5.6% in 2017.
Re-audit in Primary Care services of retinal screening of diabetic patients registered at Solent GP.	The percentage of patients who had documentation of retinal screening had improved since the initial audit from 71% to 76%.
Re-audit of pressure ulcers comparison with NICE guidance.	June 2017 compliance with standards was 94-100% except use of at risk care plan (88%). Re-audit in August 2017 shows similar high scores and increase use of care plans to 100%.
Re-audit of triage and prioritisation of referrals into adult speech and language therapy (east).	A previous audit highlighted that receipt of referrals was slow and the use of triage and prioritization was limited as was use of the single point of access (SPA). The re-audit shows significant improvement in all areas measured with the majority now achieving 100% compliance. The average time from sending to triage of referrals had reduced from 8 to 3 days.
Re-audit of Podiatry use of PGD (Patient Group Directions) for provision of antibiotic therapy.	Comparing 2016/17 to 2015/16 audit results there have been significant improvements. Appropriate provision increased from 63% to 100%. Adherence to treatment increased by between 16% for antibiotics and 28% for Doxycycline to reach 100%. In all cases where antibiotics have been provided, signs of clinical infection have been well documented
Re-audit of antibiotic prescribing in Solent Special Care Dental Service.	Antibiotic training in staff meetings has resulted in an improvement in record keeping and compliance. 100% compliance with standards indicated that appropriate antibiotics are being selected and dose regimes are correct. Very few antibiotics were prescribed in the audit period by the dental service which suggests that appropriate surgical management of dental infections is being carried out.
Re-audit of completion of discharge summaries for adult inpatient services (West).	Both inpatient wards demonstrated an overall improvement in compliance percentage. Fanshawe scored 94% in quarter 1 and 100% in quarter 3. Lower Brambles scored 94% in quarter 1 and 99.7% in quarter 3.



Audit/Evaluation title	Example actions planned as a result of audits and evaluations
Evaluation of parental satisfaction with autism assessment pathway (LD services).	Parents were concerned about waiting time and uncertainty of process for feedback. A feedback clinic has been set up to address this.
Evaluation of 'ADAPT' Pain Management Programmes (PMP).	Maintain on-going review of the PMP working with the local IAPT service and pain clinic; review how the initial screening service dovetails with subsequent assessments of suitability for PMP or 1:1 self-management; look into the longevity of giving patients pre-group preparation sessions. Reduce the number of sessions for PMP to 10 from the current 12; change from 1 month and 9 month follow-ups, to just one follow-up at 6 months.
Evaluation of clinical discussions regarding Domestic Violence (DV) (Health Visiting).	Provide further training to explore the nature of DV conversations (for disclosure and public health information) and how to enable effective early intervention to improve outcomes and safe discussions around DV; change of electronic records to incorporate healthy relationships, discussion questions and DV on every template; review individual staff record keeping and provide feedback regarding conversations about DV, interventions offered and the outcome evident; review current practice guidance to update insert that is attached to each Parent Held Record.
Evaluation of paediatric saturation probes in GP Surgeries within Portsmouth COAST catchment (NICE Clinical Knowledge Summary).	The majority (76%) of GP surgeries had at least one paediatric oxygen saturation probe; 82 % did not have paediatric saturation probes available in all consultation rooms; 72% felt that this was a problem. Some surgeries have indicated that they will change practice. Audit findings were sent to GPs to encourage them to invest in sufficient paediatric probes.
Impact of the introduction of CAMHS East Crisis Role.	Introduce another clinician to increase the amount of children and young people offered duty appointments and risk reviews; develop an urgent distress tolerance group to ensure they receive fast, effective treatment to manage their emotions and mental state.
Re-audit of Infection Prevention and Control (multi-service).	Staff training provided to highlight issues around use of hand moisturiser; hand hygiene; waste knowledge.
Routine sexual history consultation of patients presenting with a new diagnosis of sexually transmitted infection at the Royal South Hants Hospital.	Create a patient information collection tool to use with the current sexual history tool, to simplify partner notification and risk assessment and for use with the geospatial mapping software to highlight locations where there is a cluster of STIs to target health promotion; create posters for staff rooms to remind clinicians to follow the BASHH guidelines; present audit findings at monthly staff meeting.
Risk assessment for self-harm (longer term management) (NICE CG 133) in adult mental health.	Raise awareness of the importance of maintaining compliance with standards by presenting the audit at Solent's 2017 Research & Improvement Conference; set up psycho-education in coping strategies for self-harm patients on Orchards ward.
Re-audit of "Was Not Brought" children to CAMHS.	Develop a reminder service (text message) as clinicians who carried out telephone reminders had low WNB rates. Educate staff on completing appointments on electronic records; introduce pro-forma text on records to assist with the process of recording outcome / reason for WNB.
Prescriptions of Tramadol or Pregabalin with antidepressant drugs in a pain service outpatient clinic (NICE-CSK Analgesia).	Develop a process to ensure concomitant use of SSRI, SNRI and TCA and Tramadol are always included in GP correspondence; create a patient information leaflet & process; recommend to GPs that they repeat the GAD score to consider appropriate treatment; create a service standard to document if patient reports euphoria/internet buying, add record alerts to warn of concomitant use of these medications as risk factors for addiction.
Audit of Pressure Ulcers (2017-18 Quarter 3) (NICE CG 179 / QS 89) Southampton.	Introduce measures to reduce pressure ulcers by: (i) Roll out of Intentional rounding to all localities once new community nursing structure is embedded, (ii) Consideration of extension of Purpose-T pilot to community teams (Purpose-T = Pressure Ulcer Risk Primary Or Secondary Evaluation Tool); Launch updated "TIMES" wound assessment tool on records.

Audit/Evaluation title	Example actions planned as a result of audits and evaluations
Audit of Family Nurse's use of Ages and Stages Questionnaires (ASQ) and Family Nurse Partnership (FNP) tools with evaluation of training needs.	Meet with nurses to provide them with the FNP guidelines and a quick start guide provided to use whilst administering ASQs; order the most up to date ASQ 3rd edition resources; arrange for NHS Digital to amend FNP Information System cut-off scores, to reflect those shown on paper assessments; establish an ASQ Pathway to ensure consistent use.
Re-audit of triage and prioritisation of referrals into adult speech and language therapy (east).	Form a centralised triage team and process to ensure that referrals are triaged equitably across the three general caseload areas. Develop a tool for demand and capacity.
Completion of diabetic foot assessment tools by GP's and nurses (Podiatry).	Attend meeting between podiatry and the nursing team to discuss findings and get feedback about DFA forms from nurses; a new DFA is now available online which may increase accuracy and completeness of forms.
Re-audit of retinal screening of diabetic patients registered at Solent GP.	Set up a batch report to ensure texts are sent to all patients who have not had retinal screening, on a six monthly basis (and check the rate of screening six monthly to ensure uptake does not drop below 75%).
Re-audit of Nutrition and Hydration for in patients (Royal South Hants).	Feedback audit results to staff with discussion around critical completion times; a mitigating circumstances box was entered onto electronic records for staff to record the reason why a MUST assessment wasn't completed, inform senior staff that they need to monitor compliance; remind staff that a care plan is needed for a MUST score of 1 or more.
Response time to safeguarding team advice line, since introduction of Lync system.	Undertake customer satisfaction evaluation; share information with the Adult Safeguarding Lead Nurse that data collecting tool should include the service that had contacted the team to make the data collection more streamlined.
Re-audit of Dental Recall Interval (NICE CG 19) (2017-18).	Share results with all staff via "Newsbites", discuss in locality meetings, discuss in general anaesthetic clinic meeting; seek clarification as to whether NICE tab used for audit data collection and the new compulsory field could be combined.

## Research

In 2017/18, 2310 patients, receiving relevant Solent health services, were recruited and participated in research ethics committee approved research programmes.

The Trust continues to be the highest recruiter of participants in research for Care Trusts in England and further information on research activity can be found within our Research and Improvement Annual Report annexed to the Quality Account and at <http://www.academy.solent.nhs.uk/>.

## Commissioning for Quality and Innovation

A proportion of our income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between ourselves and our Commissioners through the Commissioning for Quality and Innovation payment framework.

Service Line	Scheme	Achievement			
		Q1	Q2	Q3	Q4
Portsmouth Care Group	#1 – Improving Staff Health and Wellbeing				G
Southampton Care Group	#1 – Improving Staff Health and Wellbeing				G
Adult Mental Health	#3 – Improving Physical Health for people with Severe Mental Illness	G	G	G	G
Adult Mental Health	#4 - Improving services for people with Mental Health needs who present to A&E	G	G	G	G
Childrens East	#5 – Transitions out of Children and Young People’s Mental Health Services (CYPMH)	G	G		A*
Childrens West	#5 – Transitions out of Children and Young People’s Mental Health Services (CYPMH)	G	G		G
Adults Portsmouth	#8b – Supporting proactive and safe discharges - Community		G		G
Adults Southampton	#8b – Supporting proactive and safe discharges - Community		G		A*
Portsmouth Care Group	#9 – Preventing ill health by risky behaviours – alcohol and tobacco	G			
Primary Care	#9 – Preventing ill health by risky behaviours – alcohol and tobacco	G			
Adults Portsmouth	#10 – Improving of Wounds Assessment		G		G
Adults Southampton	#10 – Improving of Wounds Assessment		G		G
Adults Portsmouth	#11 – Personalised Care and Support Planning		G	G	G
Adults Southampton	#11 – Personalised Care and Support Planning		G	G	G
Sexual Health Services	#1.1 – Activation System for Patients with Long Term Conditions (LTCs)				R**

\*final CQUIN figures will not be available until beginning of June

\*\*It should be noted that the evidence to support the achievement of the Activation System for Patients with Long Term Conditions (LTCs) by Sexual Health Services was outside the contractual timeframe

## Flu Vaccinations

This year we were set a target of vaccinating 70% of front line staff against the Flu. This was a significant challenge to us as the previous year we achieved 54%. Our Occupational Health Team initiated a number of new approaches including the introduction of peer vaccinators within service lines, incentive schemes/competitions to encourage uptake and a proactive communication strategy. This has had a significant effect and by the end of the year we vaccinated 71% of our front line staff and over 2300 staff in total.

## Care Quality Commission (CQC)

We are required to register with the Care Quality Commission (CQC). Our current registration status is “registered without conditions”; we are therefore licenced to provide services. The Care Quality Commissioner has not taken any enforcement action against us during 2017/18.

The CQC registers and licences us as a provider of care services as long as we meet the fundamental standards of quality and safety. The CQC revisited a number of services in 2017/18. As we reported in last year’s Quality Account, there were a number of services rated ‘Inadequate’, and it was these services that were re-inspected:

### Children and Young Peoples Service were revisited by CQC in October

The Inspectors noted substantial improvements in the service delivered through the specialist schools we inspected on this occasion, and evidenced through the pre-inspection presentation.

They re-rated the service ‘Requires Improvement’ from ‘Inadequate’ as the Service had:

- Medicines management processes, although showing improvements, were not yet fully embedded for safe practice
- Records were, in the main, stored correctly but not consistently and some contained out of date information

They also commented on the highly personalised care, record keeping and process assurance at one of the schools, and that the services had completed the actions we required it to take following the inspection in June 2016.

### Child and Adolescence Mental Health Services were revisited in May

The Inspectors rated the services ‘Good’ from ‘Requires Improvement’ as the Service had:

- Completed the actions we required it to take following the inspection in June 2016
- Staff understood how to assess and manage the risk to young people
- Staff completed care plans to support the safe and effective care of young people on their caseload
- Staff demonstrated empathy, kindness and caring when working with young people.
- Staff actively encouraged young people and their carers to be engaged in making plans of care and to provide feedback on the service they received.

### Substance Misuse Service was also visited in May

The Inspectors rated the service ‘Good’ from ‘Requires Improvement’ as the Service had addressed the issues identified following the June 2016 inspection. This included:

- Putting protocols in place for those who regularly did not attend appointments or disengaged from the service.
- There was clear and visible leadership and oversight across both services.
- Managers ensured staff attended mandatory training and received supervision and appraisals.

- Local and senior managers worked together to ensure the staff were supported in their roles to achieve positive outcomes.

The CQC have also carried out a number of unannounced visits to our Mental Health Wards and we have taken actions to address any issues they found which have included:

- Ensuring we promote, review and oversee patient collaboration with staff regarding its reducing restrictive interventions programme
- Ensuring that patient care plans are patient specific, reviewed and updated regularly, contain patient views, and that patients are given copies,
- Ensure that there is evidence regarding the approved/responsible clinicians' assessment of the patients' capacity to consent or otherwise

We welcomed a specific visit to our new Kite ward by the CQC Registration Team to ensure that the facilities were suitable for the patient cohort we look after there. More news about the new Kite Ward can be found on page 45 We also participated in two systematic reviews by CQC Teams. The first was a review of services for looked after children and safeguarding in Portsmouth in June. This included our Sexual Health, Mental Health and Community services. In March this year, we participated with colleagues in a Local System Review in Hampshire, to enable the CQC to have a better understanding of the pressures and challenges across the Hampshire system and identify any areas for improvement needed in health and social care services. The review focused on services for people over 65 and whether people using local services are provided with safe, timely and high quality care.

Our ratings posters can be found at:

<http://www.cqc.org.uk/provider/R1C/posters>

## Information Governance

**Information Governance Toolkit attainment** - the organisation has completed an annual Information Governance Toolkit Assessment achieving 97 percent compliance. Further information about the IG Toolkit can be found [www.igt.hscic.gov.uk](http://www.igt.hscic.gov.uk)

**Freedom of Information (FOI) Requests** – the number of FOI requests received within a financial year was 294. This remains consistent when compared to the number of requests received the previous year (2016/17).

This year we have achieved 91.9 percent compliance with the 20 working day response target, which is an increase in compliance when compared to 2016/17's compliance level of 87.1%. At this time, 9 requests are not currently due and have therefore been excluded from these figures.

We made significant changes to the way in which we process FOI requests in quarter three and four of this financial year and identified a dedicated resource to process these requests; this has improved compliance, which in these quarters rose to 99.3 percent.

**Subject Access Requests (SARs)** – the number of subject access requests received within a financial year has increased by 18 percent when compared to the number of requests received the previous year (2016/17).

This year we achieved 87 percent compliance with the mandated 40 day response target, with 67 percent of requests being responded to within the best practice timeframe of 21 days. Compliance has increased when compared to 2016/17's compliance level of 83 percent. At this time, 49 requests are not currently due and have therefore been excluded from these figures.

We also made significant changes to the way in which we process SAR requests in quarter three and four of this financial year and identified a dedicated resource to process these requests. This has improved compliance, which in these quarters rose to 95.5 percent compliance with the mandated 40 day response target, with 77 percent of requests being responded to within the best practice timeframe of 21 days.

## **Payment by Results (PbR)**

The Trust was not subject to a PbR clinical coding audit during 2017/18.

## **Clinical Coding**

Clinical coding is the translation of written medical terminology into alphanumeric codes. Each code from a source document is assigned the appropriate codes that represent the complete picture of a patient spell in hospital. This is in accordance with the NHS Data Dictionary and World Health Organisation standards set out in the Clinical Coding Instruction Manual - International Classification of Diseases version 10.

Clinical Coding is important for local and national monitoring of incidences of diseases and in acute Trusts it is used in the development of reference costing for contractual purposes. We are responsible for providing accurate, complete and timely coded clinical information to support commissioning, local information requirements and the information required for the Commissioning Data Set (CDS) and central returns.

Each year the coding process is audited by an external accredited auditor. We have achieved a top level three rating for the last three years. The audit examines the quality and completeness of clinical information available for coding as well as the completeness and accuracy of the coding itself.

## **Data Quality**

During 2017/18, a new Data Quality Team was established to assist our services in the validation and improvement of their patient data. After the transition of our clinical record system in recent years, a high number of data quality legacy issues were created. Many of these issues have been resolved to date but work is still required in a number of areas to improve our data quality.

The first focus of the team was to validate patients who were being reported as waiting over 52 weeks for their first appointment for all services to ensure that there was clear oversight of the waiting list position across the Trust. Between October and December 2017, the team managed to reduce the number of incorrect waiters by over 3000 and have implemented monthly processes with services to help maintain a good standard of data quality in this area and to further reduce the existing data quality issues.

Data Quality Report															NHS Solent NHS Trust	
52 Week Waiters by Service Line																
Service Line	Week Commencing															
	02/10/2017	09/10/2017	16/10/2017	23/10/2017	30/10/2017	06/11/2017	13/11/2017	20/11/2017	27/11/2017	04/12/2017	11/12/2017	18/12/2017	25/12/2017	01/01/2018	08/01/2018	
Adults Southampton	644	638	629	371	339	261	188	155	141	129	72	44	30	19	7	
Primary Care	643	512	510	298	73	34	66	66	55	25	27	25	17	15	11	
West Child & Family	1082	789	779	736	710	654	594	399	277	271	262	144	70	70	63	
Adults Portsmouth	217	207	206	122	113	64	55	47	48	38	30	12	12	7	7	
Mental Health	121	148	147	133	135	136	135	136	67	66	49	22	10	9	0	
East Child & Family	806	743	741	677	653	542	542	535	334	321	98	102	48	45	34	
Special Care Dental	5	5	3	3	0	TBC	TBC	0	4	0	0	0	0	0	0	
<b>Grand Total</b>	<b>3518</b>	<b>3042</b>	<b>3015</b>	<b>2340</b>	<b>2023</b>	<b>1731</b>	<b>1500</b>	<b>1338</b>	<b>926</b>	<b>850</b>	<b>538</b>	<b>349</b>	<b>187</b>	<b>165</b>	<b>122</b>	

The second part of the waiting list validation project for the Data Quality Team was to work with our services again to validate any patient reported to have been waiting between 18-51 weeks for their first appointment. Again, really good progress has been made by reducing the number reported by over half in Quarter 4 2017/18. Work will continue to reduce these further and validation will commence on all other waits during 2018/19.

Data Quality Report													NHS Solent NHS Trust	
18 - 52 Week Waiters by Service Line														
Service Line	Data correct as of													
	31/01/2018	01/02/2018	01/03/2018	02/04/2018	01/05/2018	01/06/2018	02/07/2018	01/08/2018	09/09/2018	01/10/2018	01/11/2018	09/12/2018		
Adults Southampton	724	635	455	464	-	-	-	-	-	-	-	-		
Primary Care	356	359	326	274	-	-	-	-	-	-	-	-		
West Child & Family	493	140	110	136	-	-	-	-	-	-	-	-		
Adults Portsmouth	287	270	169	126	-	-	-	-	-	-	-	-		
Mental Health	170	153	146	138	-	-	-	-	-	-	-	-		
East Child & Family	665	200	161	125	-	-	-	-	-	-	-	-		
Sexual Health	20	10	4	7	-	-	-	-	-	-	-	-		
<b>Grand Total</b>	<b>2715</b>	<b>1767</b>	<b>1371</b>	<b>1270</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>		

## Learning from Deaths

Recognising the importance of the National Quality Boards Learning from Deaths report, we implemented a Mortality Policy in July of this year. This has provided regular reports to our Assurance Committee and to our Board both in Public and Private.

We also acknowledged the importance of involving the bereaved family and our Policy describes:

- How we will support people who have been bereaved by a death at the Trust, and also how those people should expect to be informed about and involved in any further action taken to review and/or investigate the death.
- It also describes how the Trust supports staff that may be affected by the death of someone in the Trust's care.
- It sets out how the Trust will seek to learn from the care provided to patients who die, as part of its work to continually improve the quality of care it provides to all its patients.

This policy has been reviewed and amended following the publication of the NHS Improvement Framework which was published to help standardise and improve how Trusts identify, report, investigate and learn from deaths. This has become the Learning from Deaths Policy which can be found at

<http://www.solent.nhs.uk/page.asp?fldArea=1&fldMenu=12&fldSubMenu=5&fldKey=592>

Our Policy includes:

The trust's case record review process, including the method used, how the scope of deaths for potential review is determined and how deaths are selected for review.

How the trust responds to the death of someone with a learning disability or severe mental health needs, of an infant or child, or a stillbirth or maternal death.

How the trust decides which deaths – whether reviewed or not – require an investigation under the Serious Incident framework.

How the trust engages with bereaved families and carers, including how they are supported by the trust and involved in investigations where relevant.

We have also recognised the importance of completing a case record review, where clinicians review individual case notes to determine whether there were any problems in the care provided to a patient or if in any way the death was due to a problem in care. If problems are identified, we then use our Serious Investigation or High Risk criteria to complete an investigation. In order to ensure a systematic approach to these reviews, we have adapted the Royal College of Physician's National Mortality Case Record Review methodology. This will commence and be reported on from April 2018.



The Board has received regular reports and the aggregated report produced at the end of the year is detailed below



If you require a separate copy of the above image please contact us at [communications@solent.nhs.uk](mailto:communications@solent.nhs.uk)

The Learning from Deaths Policy demonstrates how we identify lessons and make changes following a patient’s death. In this context, ‘learning’ means taking effective, sustainable action to address key issues associated with problems in care.

These lessons have included:

Lesson Identified	Action Taken
Delegation and accountability- systems and process are not in place to guide decision making in relation to delegating care to a non-registered colleague.	We developed a Standard Operating Procedure (SOP) to support staff and to improve understanding
Need to keep the patient and family view in mind when writing reports	We changed the reporting template and way in which we present information in SI/HRI reports to ensure that it is easily understood
Positive learning: The most recent resuscitation in adult mental health services was managed well with the patients airway managed well including using non-rebreathe bag and mask	
Patient did not receive the appropriate or timely care following a fall	The service has implementing a falls 'toolbox' which will include an accessible checklist for Adult Mental Health (AMH) wards.

Information on what to do if the patient felt they were getting worse was not available	We are working to provide easy to understand advice to patients and record what has been provided in the patients records
There needs to be clear guidance and support to teams who provide end of life care in settings where this is not normally provided	The End of Life framework will ensure that we develop a resource package to provide information, support and supervision to teams to enhance end of life care in these environments
There is not a clear process for triggering a VTE Reassessment on AMH wards	The AMH teams will agree what point in a patient’s journey will trigger review for Venous Thromboembolism (VTE) assessments. A template/proforma supported by a SOP will be assessed through an audit later in the year.
Positive Learning :Patients in community inpatient rehab wards benefit from seeing the same consultants through the pathways of care	

The Policy ensures that Board and Non-Executive Director responsibilities are met and ensure that the Organisation:

- learns from problems in healthcare identified by reviews or investigations as part of a wider process that links different sources of information to provide a comprehensive picture of their care.
- Providing visible and effective leadership to support their staff to improve what they do.

## 2.3 Reporting against Core Indicators

### Department of Health Mandatory Quality Indicators

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

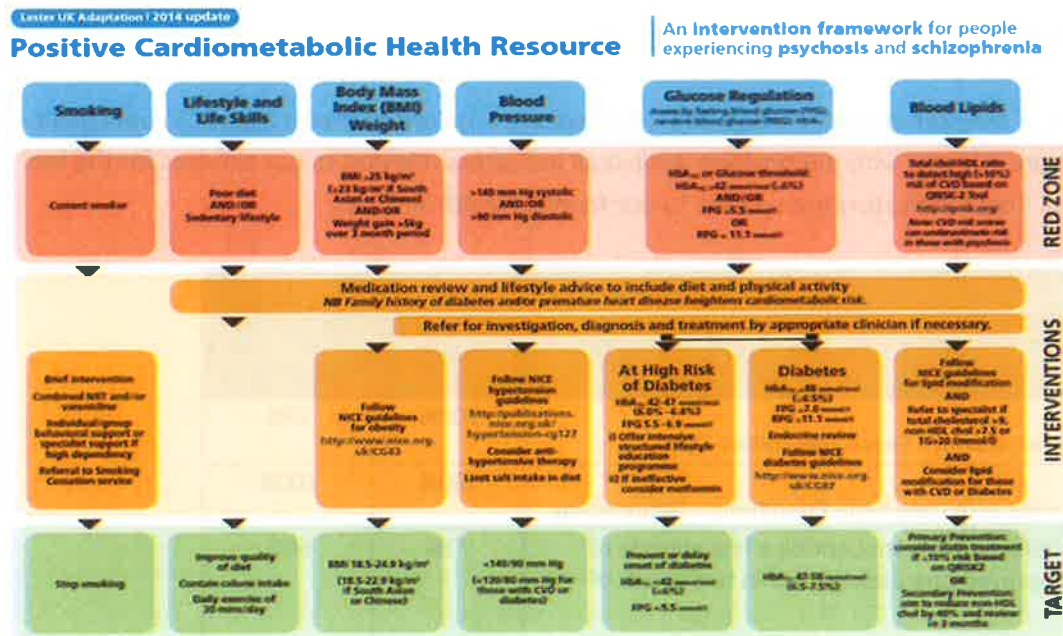
Indicator	2016-17	2017-18
Preventing People from Dying Prematurely - Seven Day Follow-Up	100%	99%
Enhancing Quality of Life for People with Long-term Conditions – Gatekeeping	100%	100%
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	77%	64%
Improving access to psychological therapies (IAPT):		
a) proportion of people completing treatment who move to recovery (from IAPT dataset)	53%	58.6%
b) waiting time to begin treatment (from IAPT minimum dataset)	99.5%	99.8%
i. within 6 weeks of referral		
ii. within 18 weeks of referral	100%	100%
Care programme approach (CPA) follow-up: proportion of discharges from hospital followed up within seven days	98%	99%

### Cardio-metabolic assessment

The Physical Healthcare Matron is the lead who ensures that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the service areas:

- a) Inpatient wards
- b) Early intervention in psychosis services
- c) Community mental health services (people on care programme approach)

Staff are trained to assess physical healthcare and use the following tool:



If you require a separate copy of the above image please contact us at [communications@solent.nhs.uk](mailto:communications@solent.nhs.uk)

### Admission of Young People into Adult Mental Health Wards

During the year, we admitted 2 young people into our adult wards. Both were over 16 and were with us for less than 3 days. In each case we reported the admissions as a Serious Incident and completed an investigation. Neither young person came to any harm as a result of the admission and were well cared for by CAMHS specialists whilst an inpatient.

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

The Health and Social Care Information Centre (HSCIC) provides patient experience indicator data for the annual national Community Mental Health (CMH) Survey. The CQC does not provide a single overall rating for each Trust for this survey, as it assesses a number of different aspects of people’s care and results vary across the questions and sections.

In the patient survey report published by the Care Quality Commission (CQC), the results are presented as standardised scores on a scale of 0 to 10. The higher the score for each question, the better the Trust is performing. As can be seen from the table below, we have been rated as ‘about the same’ as most other Trusts in the survey by the CQC.

We consider that this data is as described as this Care Quality Commission (CQC) national survey was developed and

coordinated by the Picker Institute Europe, a charity specialising in the measurement of people's experiences of care.

The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

The full survey is published at:

<http://www.cqc.org.uk/provider/R1C/survey/6#undefined>

## Friends and Family Test (FFT)

### Patient FFT

	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
17/18	95.89%	1.46%	18506	14127	3617	367	131	139	125
16/17	95.79%	1.65%	15335	11711	2978	264	96	157	129
15/16	94.95%	2.17%	13927	10474	2749	263	116	186	139

Positive feedback received from carers and service users has continued to grow and improve over the last 3 years, with an increase in the proportion of respondents who would be 'extremely likely/likely' to recommend Solent services to Friends & Family. The proportion who responded they would be 'unlikely/extremely unlikely' to recommend has also improved year on year (target is a low score on this measure).

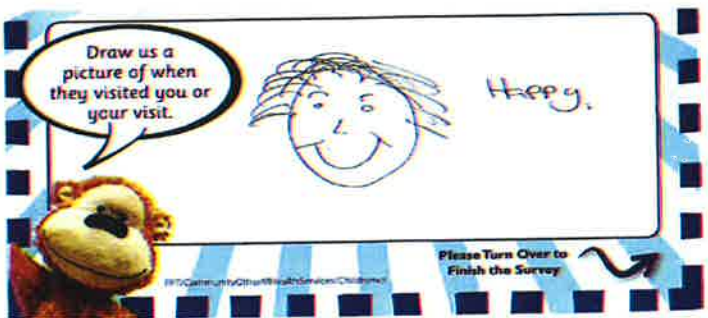
During 2017/18, additional methods for providing feedback via the Friends and Family test have been introduced, including email in settings where this is appropriate, and monkey survey for children and young people. This has resulted in an encouraging increase in the response rate overall. The number of free text comments has also increased from 12243 (during 2015/16) to 20818 (during 2017/18). These comments provide us with the insight to know what we do well and where we need to make improvements based on patient feedback. Comments related to 'caring and professional staff' and 'feeling listened to' are recurring themes.



Examples of 'YOU SAID - WE DID' learning and actions:

You said .....	We did.....
Can never get appointments, change the way they accept calls.	The surgery is working hard to release more capacity and have reviewed the impact on the growing surgery list. This is an ongoing project and will keep the patients informed via the PPG Group
The process is timely and very frustrating, I feel it's a shame that it feels like a postcode lottery for different services and care that can be provided. The staff despite these pressures has been fantastic & we cannot fault their commitment.	The service is currently undergoing a transformation plan which aims to reduce the wait times for assessment and therapy. We are actively implementing wait list initiatives to reduce wait times and looking at staffing levels to help reduce wait times.

Feedback from children using Monkey Wellbeing:



**What we have learnt...**

1. It is important to agree clear expectations with patients about their care.
2. 'Same day appointment' works better than 'waiting to be seen' in Sexual Health.
3. On-going need for customer care training in some settings.

## Staff Survey

For the second year running, we improved upon our NHS Staff Survey results, and when benchmarked with other Trusts, our scores are higher than average. Listening into Action, who rank Trusts based on 32 key findings around culture and leadership, ranked us as the best performing mental health, learning disability and community Trust and highlighted that we are demonstrating a positive trend in our results year on year.

A total of 1876 people took part in this survey. This is a response rate of 56% which is above average for combined mental health and community trusts in England (45%), and compares with a response rate of 55% in the 2016 survey.

Compared to last year, we saw a significant improvement on 12 individual question scores and a worsening of scores on only 2 questions. Out of 22 NHS key findings across comparable trusts, we scored better than average on 15 and none worse than average. Our results show that we have maintained the positive levels of engagement achieved in 2016/ 17 through the continuation of our Great Place to Work Programme and focus on improving the 'Top 3': Learning & Development, Effective Leadership and Genuine Involvement.

The opportunity in the year ahead will be to firmly embed our purpose at the heart of our strategy through our narrative, 'The Solent Story'. Engaging people from the bottom up in sharing their stories of how they make a difference in keeping more people independent, safe and well in the community.

You can read more about our staff survey results within our Annual Report.



## Part Three: Other information

### Achievements in 2017/18

We identified a number of priorities which are detailed below, however Services were involved in many other quality initiatives.

**Priority 1:** We will implement the Trust's professional frameworks so that our nurses and allied health professionals (AHPs) continue to deliver great care.

We will do this by: publishing a career framework and strategies by December 2017

We met this priority by delivering a number of actions for both nurses and AHPs:

- Our Nursing Conference in May launched the nursing strategy and we established Professional Advisory Groups
- Task and Finish Groups met and took action to progress each of the strategic commitments
- Launched a Career framework

This priority was met and we will develop it further as part of our business as usual and are now considering the development of a multi-disciplinary clinical strategy During the year

- We have delivered leadership and management development programmes for band 6 & 7 nurses across our community nursing and MH teams in Southampton and Portsmouth. Within this programme we have included sessions on professional responsibility and accountability linked to the code of practice and also covered professionalism. This strengthens supervision and support to clinical staff and therefore impacts on the quality of care received by patients
- We have developed a range of competencies and have a system for assessment, for example we have retrained support workers on administration of insulin in the community and all have been reassessed as competent to undertake this delegated task
- We currently have two trainee ANPs within our mental health services which are new developments and contribute to enhanced patient care
- We have introduced ANP roles in primary care in Southampton which enables us to triage patients and ensure they are seen by the most appropriate person and we also have ANPs undertaking home visits thereby ensuring more complex patients get seen sooner and their care appropriately managed. We are also offering training posts for nurses who wish to be practice nurses
- We have a pilot running in Southampton where patients who meet criteria re fast tracked to physiotherapy rather than taking a GP appointment. This frees up appointments for people who need to see the GP
- We have 8 support workers just embarking on the Nursing Associate programme
- We have developed Band 4 positions within AMH to support career development for this group of staff and to be in a state of readiness for progression to the degree nurse apprenticeships

**Priority 2:** We will deliver the Quality Improvement Programme to enhance patient experience and make a difference to people's health and wellbeing.

We will do this by: having 2 groups of staff completing the programme and publishing newsletters and programme outcomes every quarter

Quality Improvement Programme (QIP) has become embedded within the Organisation and we are now on Cohort 5. We have recruited both clinical and corporate teams to make a difference in a number of areas including:

This has been met and the Solent Quality Improvement (QI) Programme has been established to equip our staff with the confidence and skills to deliver improvements in their areas, and to be able to demonstrate how these have made a difference.

Those on the programme are encouraged to work with patients to identify and deliver improvement.

The programme has the following elements:

- A graduated programme of skills development (see below)
- A series of add-on masterclasses
- Bespoke facilitation and support to deliver Quality Improvement projects
- Support in placing the patient voice at the heart of improvement

Further information is available about the number of clinical teams that have participated, what changes have been put in place as a consequence of the QI programme, how it has improved the quality of care is detailed in our Research and Improvement: 2017-18 Annual Report which can be found as an appendix to the Quality Account.

<http://www.academy.solent.nhs.uk/improvement/>

**Priority 3:** We will continue to improve our services by using the learning from incidents, complaints and feedback.

We will do this by: launching an Organisational Learning Framework by September 2017

The delivery of this priority has been reframed to ensure that lessons are identified and learning is disseminated throughout the organisation. Clear actions and learning points are identified at the end of

- The Serious Incident Panel.
- The Learning from Death Panel (which was launched in July 2017) and the
- Complaints Scrutiny Panel

We also record what changes we would expect to see in Services and by when. Examples of learning from Serious Incidents can be found at page 33

The Organisation has invested in an electronic recording system which will capture these details, which will be in place from April 18

The Organisation is exploring all avenues of communication to share the learning; this includes newsletters, presentations, Solet and the normal Service Line governance processes.

Priority 4: We will implement the Trust's competency assessment framework to support our staff to consistently deliver safe and effective care.

We will do this by: developing a Trust library of competencies for Nursing and AHP workforce by July 2017

This priority was met by delivering the following

- We established a core framework of job descriptions across all bandings
- We developed a Trust library of competencies for Nursing and AHP workforce
- to date we have finalised a Band 5, 6 and 7 JD

With regard to competencies they cover a range of areas including:

- nutrition and hydration competency
- Insulin administration for support workers
- Competencies for band 3 support workers
- Competencies for staff in sexual health

The competencies are based on best evidence and so should lead to consistency of quality and standard of care delivered and thereby impact on improved outcomes for patients?

With the implementation of SolNet, these competencies can be published on this intranet to make them more accessible to all staff.

Priority 5: We will have a consistent approach to involving people in the development of our services.

We will do this by: launching our volunteer strategy and web site for volunteers by December 2017

This priority has been met by delivering the following:

- We launched our volunteer strategy and actively recruited volunteers.
- We developed and issued protocols to our services for the recruitment and deployment of volunteers

We launched the Volunteers website: [http://www.solent.nhs.uk/page\\_sa.asp?fldKey=815](http://www.solent.nhs.uk/page_sa.asp?fldKey=815)

We currently have 105 volunteers (that includes the League of Friends in Portsmouth) with a further five currently going through the process. We currently have volunteers helping with the following roles.

- Meet & Greet volunteers (this includes gaining FFT and feedback)
- Memory Café volunteers
- Gardener – Snowdon Ward
- Front of house volunteer (Jubilee House)
- Befriender (Snowdon ward)
- Drinks volunteer (Jubilee House)
- HIV Peer support
- Pain Team Peer support
- Health Club Volunteer
- Trolley Service (League of Friends)
- Shop at St Marys (League of Friends)

The main service lines who have volunteers are Adults Southampton, Sexual Health Service and Adults Portsmouth. We will continue with this priority as business as usual next year by developing a community engagement strategy which we will launch in Q1 2018/19

## Patient Experience Indicators

### Complaints

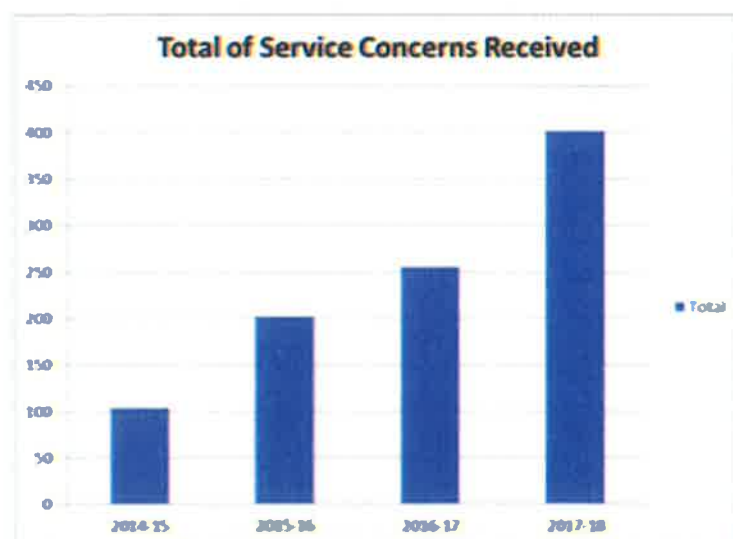
The approach to complaints handling in the Trust is based on the principles published by the Parliamentary and Health Service Ombudsman (PHSO). Their principles outline the approach the PHSO believe public bodies should adopt when delivering good administration and customer service, and how to respond when things go wrong. They underpin their assessment of performance, vision of good complaint handling and our approach to putting things right.

These are:

- getting it right
- being customer focused
- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

Training is provided on a regular basis to staff to ensure that anyone making a complaint is supported; receives honest, timely communication; and is clear about the actions we are going to take next as a result of our learning from complaints. The Trust encourages the staff closest to the people receiving our services to, wherever possible and with the service user's consent, deal with concerns and problems at the local level, aiming to ensure that issues are resolved wherever possible at the earliest stage possible and in a way that is responsive to the service user's needs and circumstances.

Timely intervention can prevent an escalation of the issues raised and achieve a more satisfactory outcome for all concerned. However, if the complaint is initially dealt with as a service concern<sup>1</sup>, it does not prevent the complaint being escalated formally should the patient remain dissatisfied with the initial outcome.



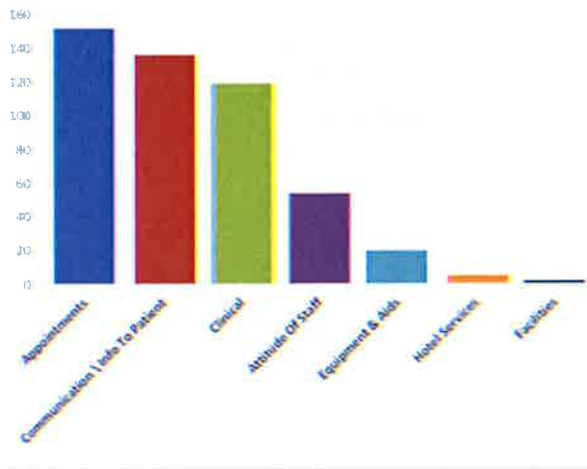
### Number of Service Concerns received by Year

This chart shows that the number of service concerns received has increased year on year which, with the ongoing emphasis on resolving issues as early as possible as service concerns and preventing escalation to the formal complaints process, is an encouraging trajectory. Services are required to report all service concerns to the PALS and Complaints team so that there is a corporate overview to identify themes and ensure appropriate escalation and adherence to the Trust policy and procedures for managing complaints and concerns.

<sup>1</sup> We define service concerns as matters that can be resolved locally. A complaint follows a formal investigation process in order to gain resolution.

By placing an emphasis on resolving issues as they arise at the local level by the staff closest to the person receiving the service, we have seen a gradual reduction in the number of formal complaints received. Local resolution meetings are offered as part of both the complaints and service concern resolution processes and a Quality Improvement project is currently in progress working with people who have experienced these meetings to identify learning and improvements.

During 2017/18 there was a reduction in the number of people making contact with our Patient Advice and Liaison Service (PALS) for advice, signposting and general queries. We received 590 contacts compared to 682 in 2016/17.

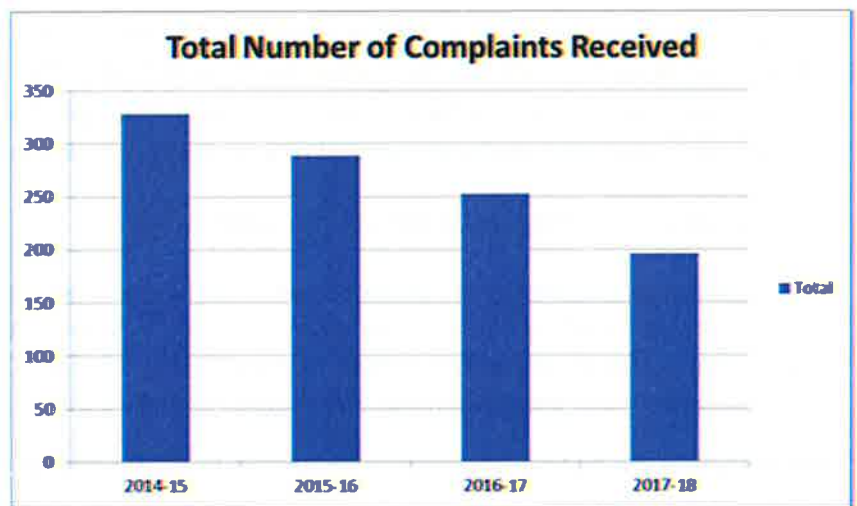


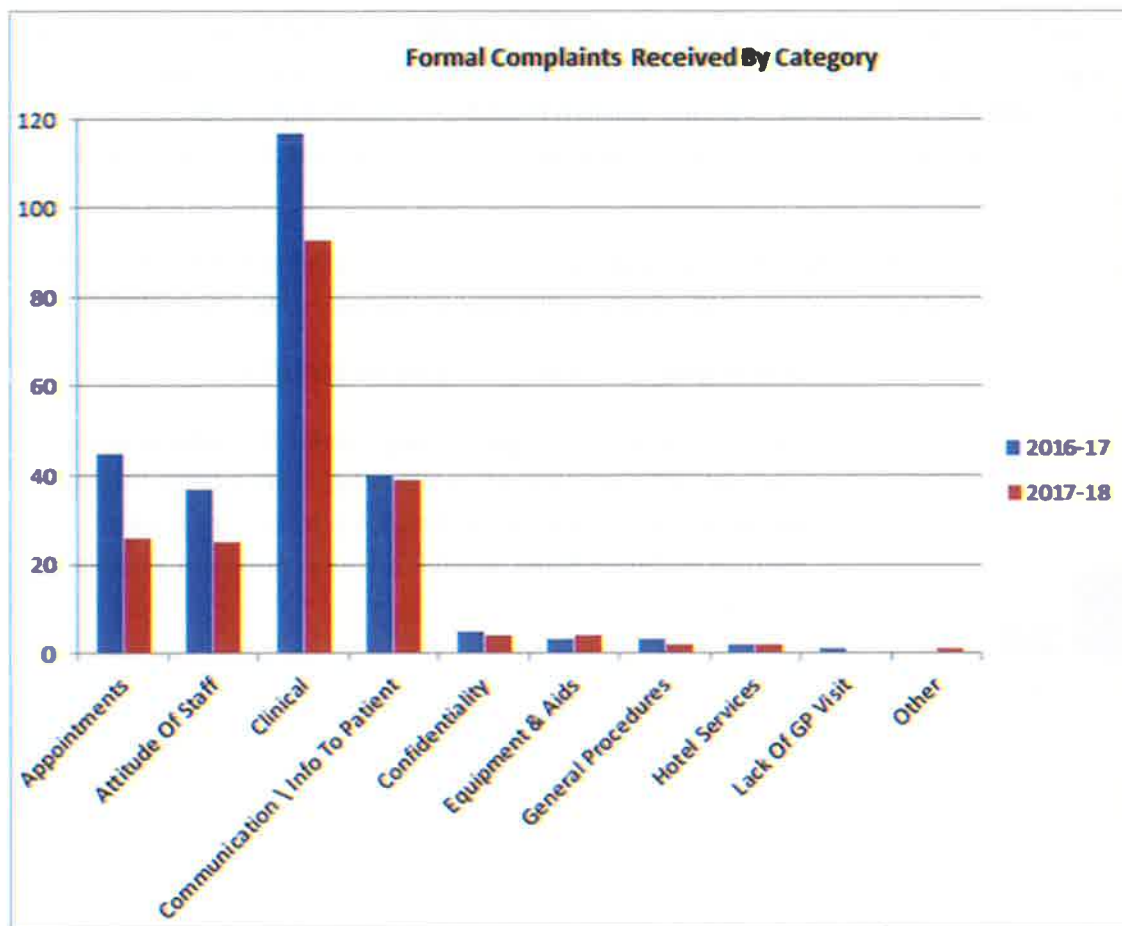
**Service level concerns by category for 2017/18**

This chart shows the range of categories for the service concerns received with appointments and communication being the most prevalent issues resolved via the service concern process in contrast to clinical issues which is the most prevalent complaint category.

**Number of Complaints Received**

As detailed above under service concern numbers, there has been a year on year reduction in the number of complaints in contrast to the increase in service concerns. This is the desired outcome with increased emphasis on resolving issues raised early to improve patient experience. Our Trust Board receives regular monthly reports and updates on the number, themes and learning from complaints and a member of the Executive team personally reviews each complaint response. In addition our quarterly Patient Experience Report, which includes details of complaints received and the associated learning and outcomes, is made available to the public via our website.





As an organisation we strive to embed and sustain the changes made as a result of complaints and concerns to enable long term improvement. Changes and outcomes are monitored within the services concerned and, to ensure learning across service lines, are shared at our quarterly complaints scrutiny panel. This was introduced to drive quality improvement and act as a mechanism for Trust-wide learning. This panel is chaired by one of our Non-executive directors and our Chief Nurse with members including a Healthwatch colleague (the consumer champion for health and social care) and senior clinical representatives from each of our service lines.

Some examples of learning shared through the panel include:

- Ensuring that patients' are provided with adequate amounts of medication, upon discharge from wards to home, to hopefully minimise the effects of what can already be a stressful situation
- When a formal complaint has been de-escalated to a Service Concern the Executive team should still be made aware of the outcome so that they are kept fully aware of the complaints resolution process.

Clinical issues is the highest category for complaints in 2017/8 and we will be carrying out a deep dive in 2018/9 to looking at the range of themes within this category and cross organizational learning.

## Patient Led Assessment of the Care Environment (PLACE)

We had the highest scores for the South of England in the category registered for all of the assessment areas and improved on the scores achieved in 2016. However, this does not mean we cannot improve further.

### National Overview

	Solent Score	National Score
Cleanliness	99%	98%
Food Score	98%	90%
Organisation Food Score	98%	88%
Ward Food	98%	90%
Privacy, Dignity and Wellbeing	91%	84%
Condition, Appearance and maintenance of buildings	97%	94%
Dementia	92%	77%
Disability	93%	83%

### In Summary for our Organisation

- All our wards improved in one area or another from last year
- We want to improve in the areas of Privacy, Dignity and Wellbeing , Dementia and Disability
- All locations continue to monitor and review action plans following the visits in 2017 and progress will be monitored

### Future Plans

Looking forwards, the Trust will continue to improve/maintain high standards in all assessment areas to the benefit of patients and maintain its position as one of the highest achievers in the assessment areas for the PLACE inspections.

We will be looking to:

- Identify how we can further improve dementia awareness in all locations including
  - what learning can be identified from areas that achieve higher scores;
  - Involvement of patients and service users.
  - Reflecting on the dementia awareness improvements that have been implemented since the visit which should lead to an improvement in the scores in the planned 2018 inspection.
- Improve the Privacy, Dignity and Wellbeing and Disability scores on the wards at the Royal South Hants.
- Improve the condition, appearance and maintenance of buildings-in areas where Solent are not the landlord. This is a challenge and we will continue to support services to challenge the landlord regarding the general appearance and up keep of buildings that our patients are seen in.

### Same Sex Accommodation Requirements

There have been no reported breaches during this year.

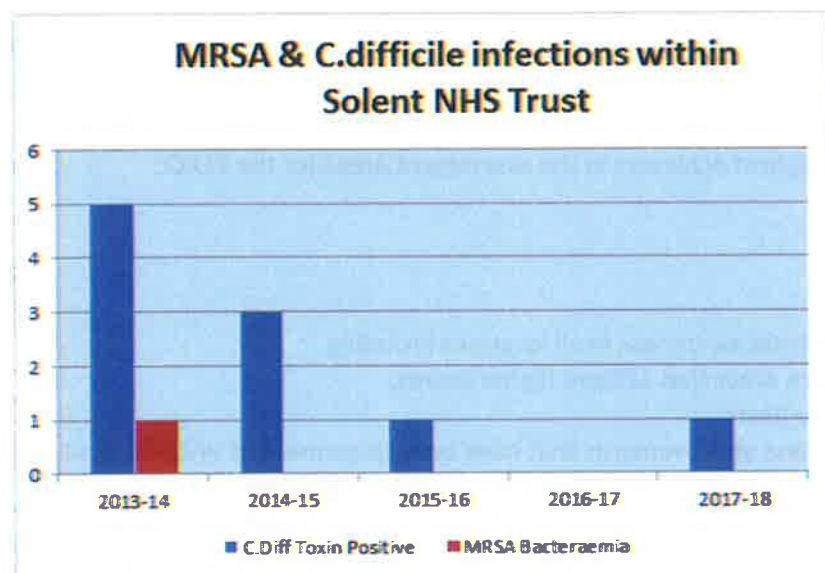
### Avoidable Healthcare Associated Infections (HCAI's)

We continue to be committed to a zero tolerance approach to any avoidable Healthcare Associated Infections (HCAI's). Through a variety of forums and processes, we are able to ensure that all aspects of infection prevention and control remain embedded in practice.

As a community organisation, we are not given reduction targets for HCAI but if and when they occur, each case will undergo careful scrutiny to ensure that any lapses in care are addressed and actions put in place and monitored. There was one case of a MRSA bacteraemia across multiple providers this year, that including Solent NHS Trust, which was attributed to the CCG and one case of Clostridium Difficile (C.difficile) that was fully investigated and actions for learning shared. We have taken part in the investigation and any learning from this event will be embedded within in our Organisation. The prominent learning was the common theme of communication. The MRSA case was particularly complex as it involved multiple providers from different areas of the country. Therefore actions are focused on how we can be more efficient at sharing key information across the health economy. We are looking internally at improving electronic systems and creating templates specific for infection.

With regards the C. difficile case we provided in-house training on obtaining good quality samples and how it is the clinicians responsibility to follow up any test results they have requested. In addition to this our current organisational work on NEWS and deteriorating patient aims to assist in the follow up actions of both cases.

There have been no ward closures due to any outbreaks of infection during the year.





## Patient Safety Indicators

### Reducing Patient Harm

#### What it means in Practice

We have continued to invest in ensuring there is a culture of reporting incidents and issues within the Organisation, and we use an electronic system to capture and report incidents from all areas. We have improved our reporting culture and we have developed Serious Incident Panels to ensure that staff feel able to learn from mistakes.

Incident Reporting Trends - April 2016 to December 2017



### Serious Incidents (SI)

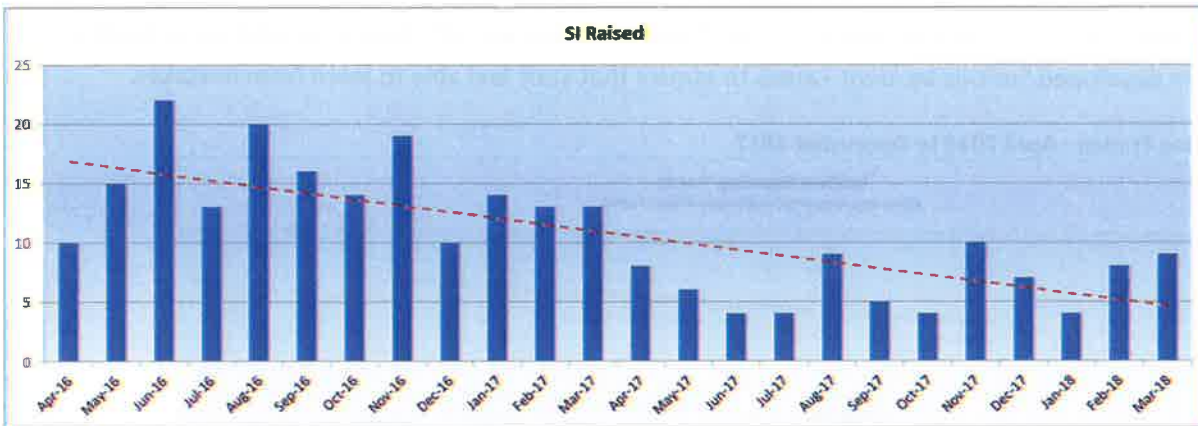
A total of 78 Serious Incidents, all were subject to a full investigation and were heard at the Trust SI panel which is held monthly. The lessons learnt from each SI are shared with the service line and commissioners. These have included:

Lessons identified	Action taken
Documentation needs to be complete, accurate and contemporaneous	This has also been highlighted in several reports and challenges noted regarding the collation of evidence as recording has not always been completed effectively. The importance and professional responsibility of all staff to ensure that patient records are accurately maintained and updated has been re-iterated to staff and within Service lines.
Staff must ensure that they adhere to policy and procedures either local or national (or both)	Services have taken an action to ensure that staff are aware where to access SOPs/policies/ national guidance and the importance of following as per service guidance. The implementation of our new Intranet has provided a place where all clinical teams and services can store documents and where staff can easily access them
Ensuring that patient wishes in regard to Do Not Resuscitate (DNR) are recorded correctly.	The importance of discussing, documenting and highlighting the DNR status of a patient and communication with the teams who are providing care to that patient to avoid unnecessary and distressing attempts at resuscitation has been reiterated to services
Care plan management is paramount when organising care and visits	Staff have been reminded that they should ensure that appropriate care plans are created to support the safe delivery of care and to ensure that subsequent visits are plotted according to the need identified from the care plan(s). They check that the electronic record is maintained as an up to date and accurate reflection of care provided

Importance of ensuring that staff have attended training regarding tissue viability and have signed competencies, including the understanding that a TIME assessment is completed on the patient's first visit

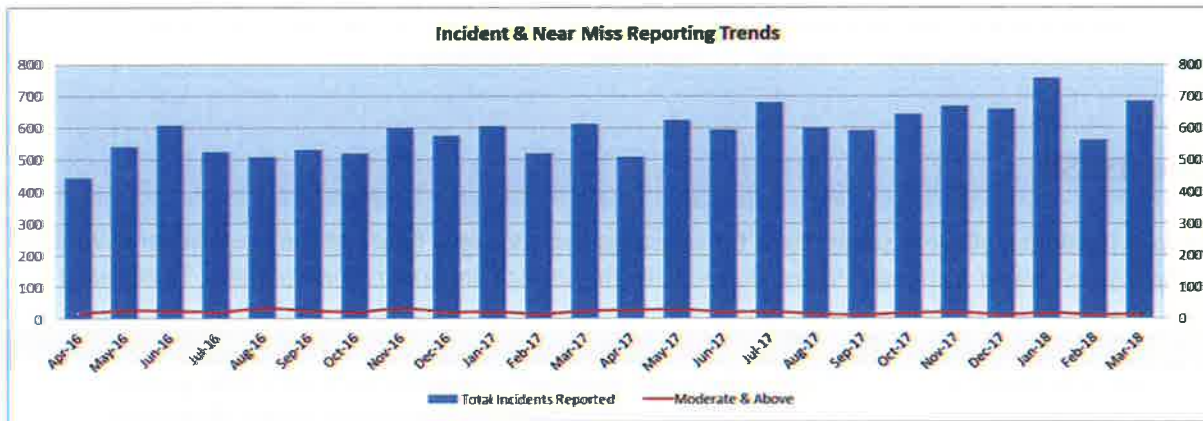
Staff have been reminded that the specialist Tissue Viability Teams can be contacted to review new PU's and support in the grading of Pressure Ulcers, and that value of a photograph of the wound is an effective way of monitoring improvement or deterioration (with patient consent).

Number of SI raised per month

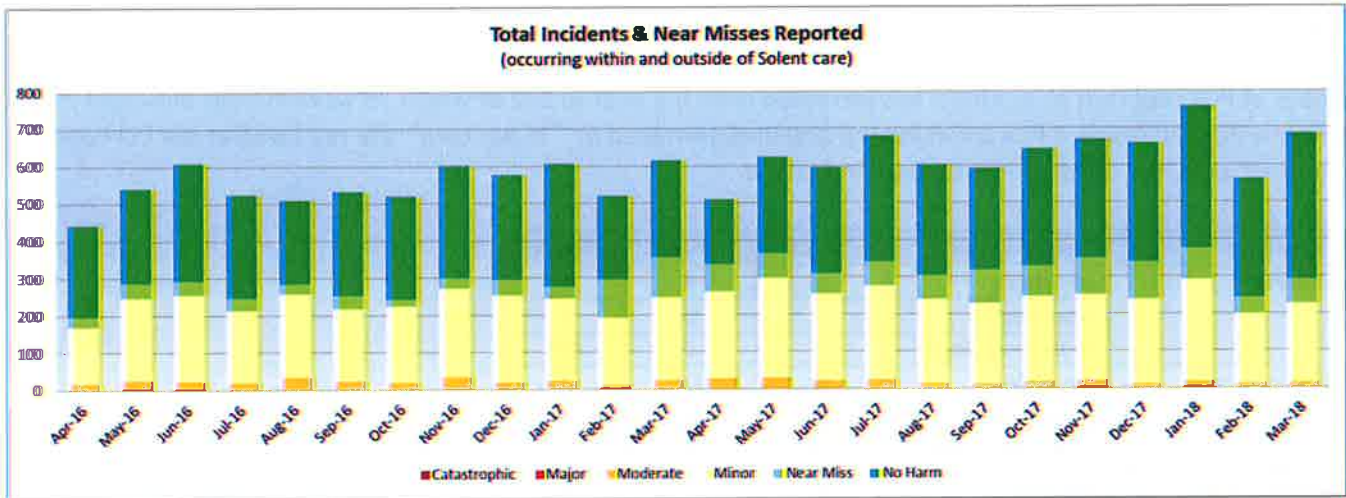


There have been no incidents that have resulted in the death of a patient.

Incident and Near Miss Impacts



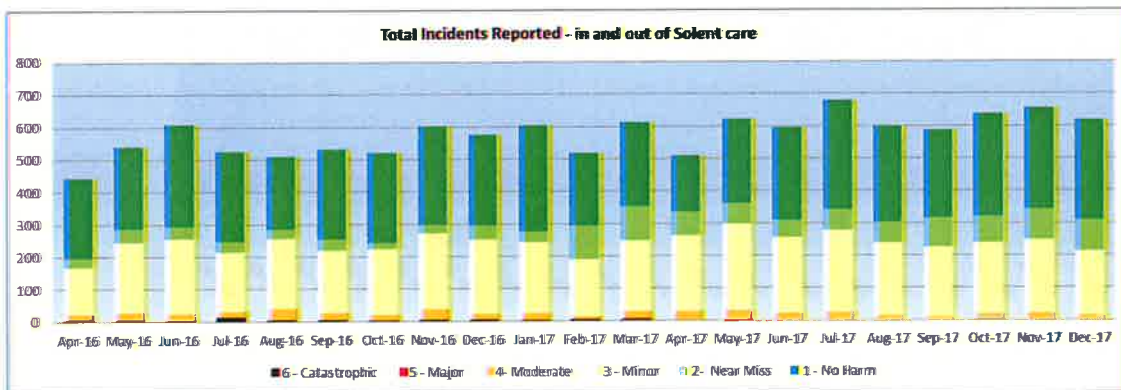
The increase in the number of incidents reported as moderate and above can be attributed to the consistent validation of incidents following the reintroduction of incident reporting training for staff.



**Reduction in Harm**

Reporting levels are showing a steady increase since April 16. The number of moderate incidents reported this quarter has decreased and the number of no harm incident has increased, this indicates a positive and open reporting culture.

**Total number of Incidents reported April 2016 to December 2017**



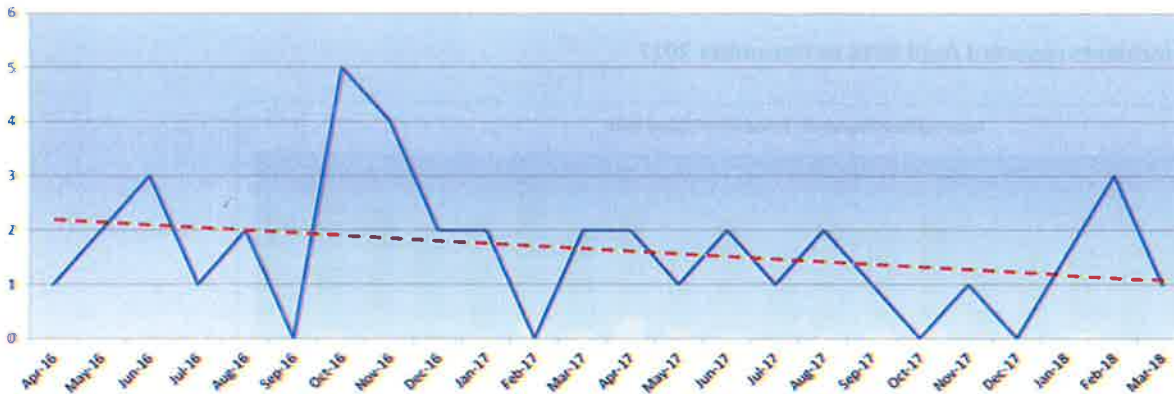
Pressure Ulcers (PUs)

The number of PUs reported as incidents has increased over the year to 242 of which 79 were initially indicated as being Grade 4 PUs. All Grade 4 PUs are validated and undetermined or “in our care” are reviewed at the PU Panel. The number of validated Grade 4 PUs is identified below.

Service Line	Pressure Ulcer	16-17	17-18*	Trend
Mental Health	Avoidable	2	0	↓
	Unavoidable	1	0	↓
	To Be Determined	0	0	N/A
Adults Portsmouth	Avoidable	22	14	↓
	Unavoidable	31	7	↓
	To Be Determined	0	7	N/A
Adults Southampton	Avoidable	9	4	↓
	Unavoidable	39	4	↓
	To Be Determined	0	0	N/A

\* new process introduced – only undetermined or avoidable PU go to panel

Portsmouth Services - Avoidable Pressure Ulcers  
(Date raised)



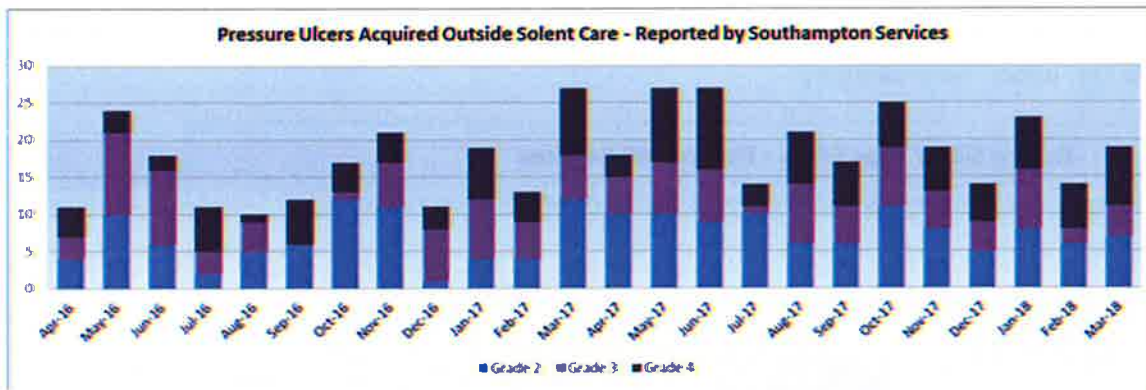
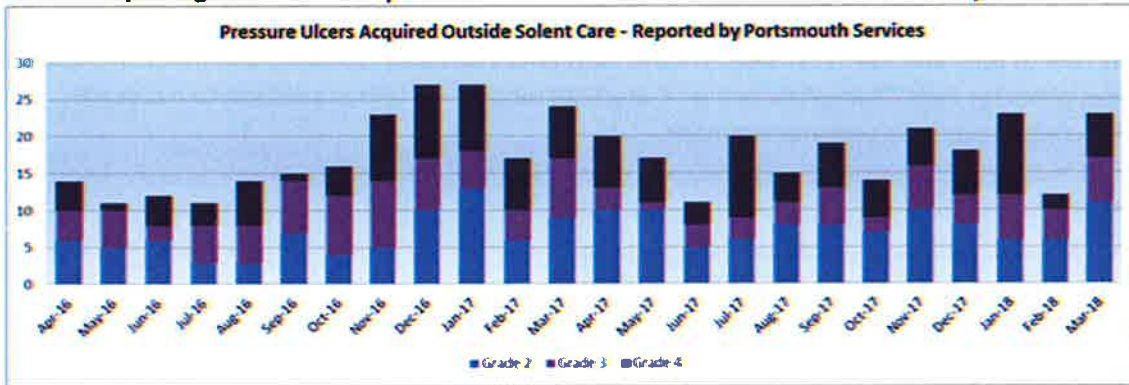
\*It should be noted that the 'spike' in Oct 16 was due to a backlog of incidents being reported

The majority of pressure ulcers “out of our care” occur while the patient is in hospital or a care home. The Trust is working with Fareham and Gosport CCG to plan how to triangulate data for the pressure ulcers that have occurred out of the Trust’s care and how to improve outcomes for patients.

Reporting Trends - Pressure Ulcers acquired outside Solent care

By Grade	16-17	17-18	Trend
Grade 2	154	191	↑
Grade 3	133	110	↓
Grade 4	118	150	↑
<b>Total reported</b>	<b>405</b>	<b>451</b>	<b>↑</b>

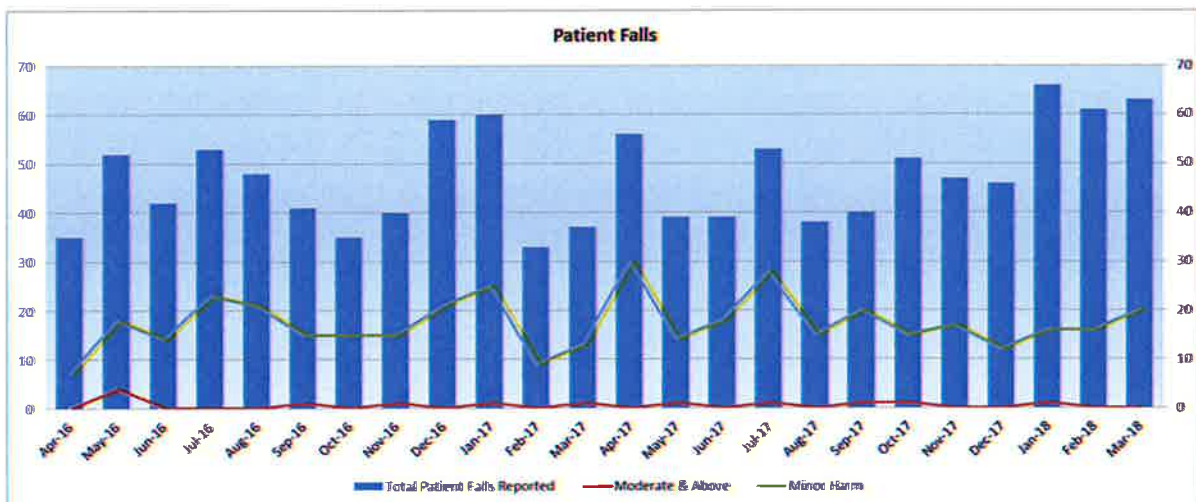
**Reporting Trends - PU acquired outside Solent care – Portsmouth & Southampton**



**Falls graded minor or above**

Adults Portsmouth, Adult Mental Health and Adults Southampton, continue to report the greatest number of patient falls. Moderate incidents remain low and minor incidents are on the decline.

**Number of patient falls, per month April 2016 to December 2017**



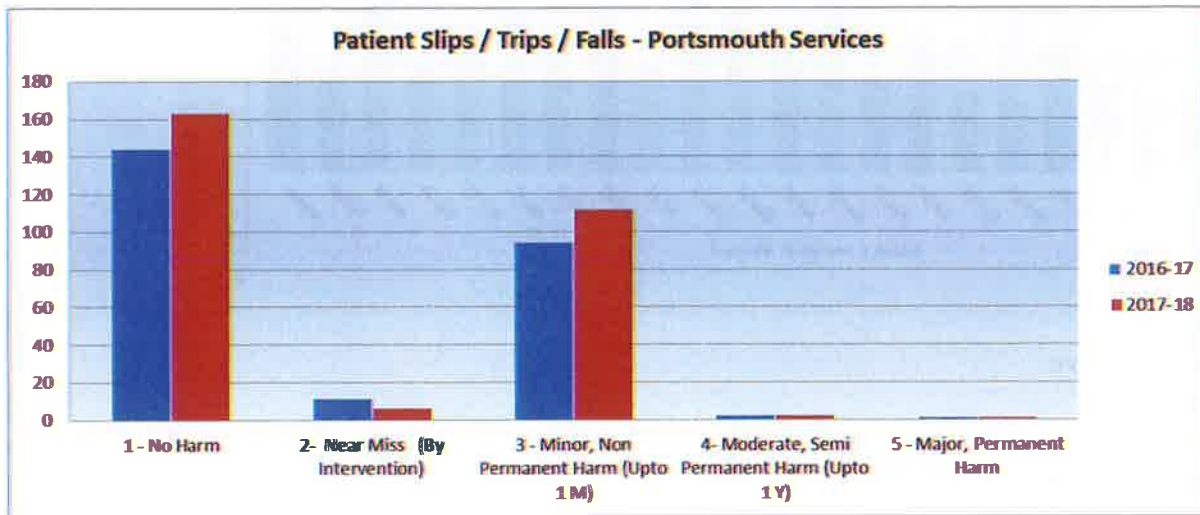
Falls reduction

A Falls Thematic Lead is now in post and the Trust Slips, Trips & Falls policy has been updated and made available for staff. This policy includes plans for Falls Champions and an E-learning module on falls in addition to a cascade training model for staff in falls prevention and management.

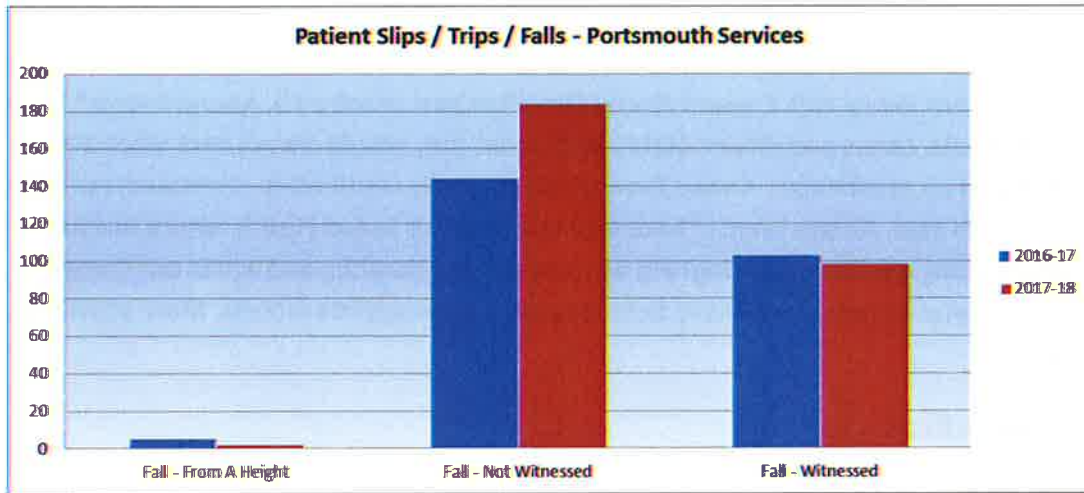
Patient falls resulting in harm

	16-17	17-18	Change	Trend
Portsmouth	97	115	19%	↑
Southampton	106	111	5%	↑

Further review of the Portsmouth data has shown a reduction in the number of 'No harm' or 'Near miss', however there has been a rise in the 'minor' harm category.

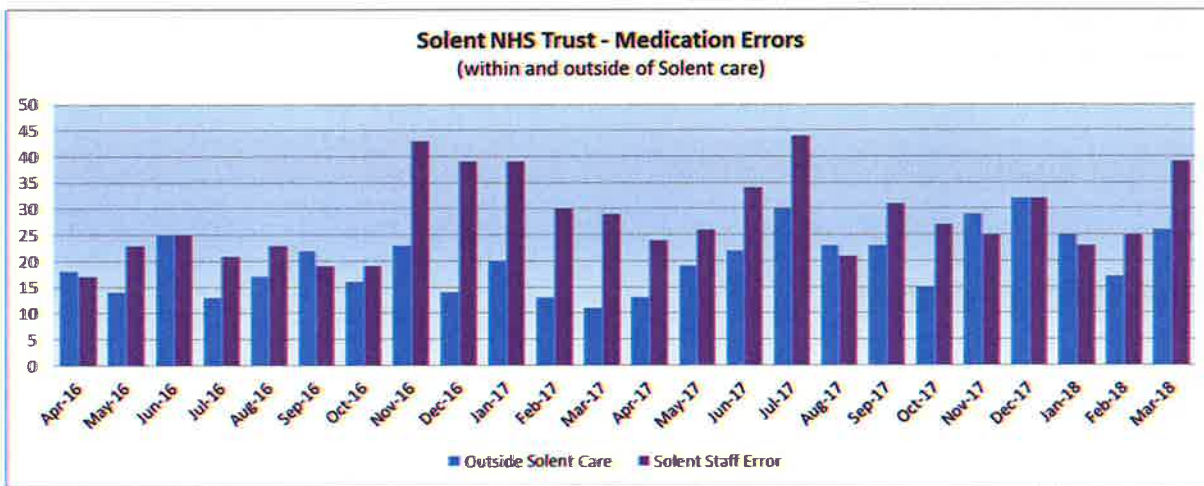


Further analysis shows that the increase in minor / non- permanent harm relates to an increase in the reporting of unwitnessed falls.

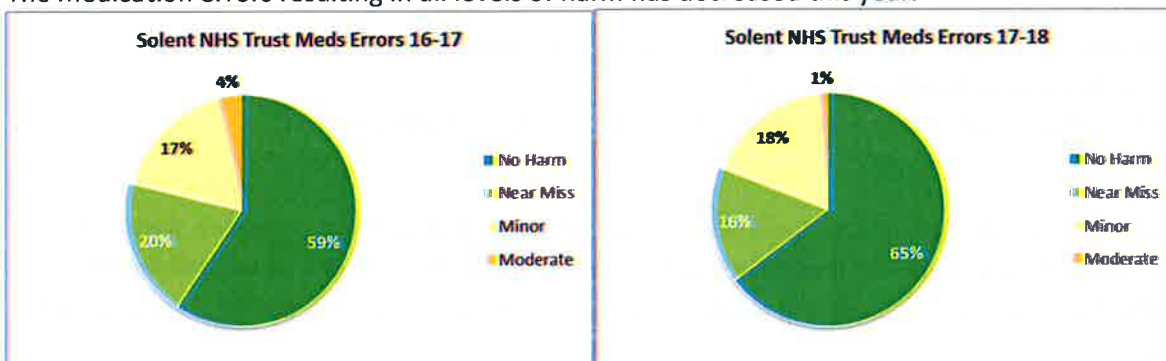


Medication incidents resulting in minor or above harm

There has been a slight increase in medication errors in Solent care; however the majority continue to be reported as no harm.



The medication errors resulting in all levels of harm has decreased this year.



## Always Events®

In January 2018, Solent NHS Trust joined NHS England Always Event® as part of cohort 5. Always Events® focus on the experiences that our patients, carers and service users identify that they should always have when accessing our services. As emphasis is placed on experiences, Always Events® are generally relationship orientated, rather than related to clinical processes. To date, Always Events® have taken place in our Sexual Health service to explore the experience of adults with learning disabilities getting help with sex and relationship; and within our Complaints services to explore the experience of people who have been through the complaints process. More activity is planned throughout the year.

## Clinical Effectiveness Indicators

We have already reported on our clinical effective indicators which were:

- The implementation of the Trust's professional frameworks so that our nurses and allied health professionals (AHPs) continue to deliver great care.
- The delivery of the Quality Improvement Programme to enhance patient experience and make a difference to people's health and wellbeing.
- Implementation of the Trust's competency assessment framework to support our staff to consistently deliver safe and effective care.

## Spot light on other Quality Improvements

### Spot light on other Quality Iniaitives

#### Accessible Information (AI)

The impact of the compliance of the Accessible Information Standard (AIS) supports our Trust values - 'Everyone counts' and 'Respectful' of people with communication and information needs. Across the Trust, the increase in the availability of AI has:

- Improved patient and carer experience illustrated in feedback and plaudits.
- Increased concordance with treatment and care plans.
- Provided person-centered care for people with communication and information needs.

We have also have improved the provision of Easy Read resources produced in line with the corporate standards, and co-produced accessible self-help resources for CAMHS and LD. It is hoped that there will be multiple impacts including improved patient satisfaction and improved productivity. Our external engagement continues to promote our national reputation.



Our stepwise approach to the implementation of the AIS is supported through the on-going commitment for Trust-wide leadership and dedicated assistant time.

More staff are discussing communication and information needs with their patients and recording the outcome – System One data reports illustrate that in 2016/17 there were an average 31 screens completed per month. In 2017/18 the average to date is 146, and there has been a steady increase throughout the year. Findings from the AI screening illustrated that Easy Read was the second highest format of information requested by patients in 2017/18 (needing information verbally was the most common). Funding for a part-time accessible Information assistant and the up-skilling of staff has meant that Easy Read resources have been produced in-house, which is a cost effective and sustainable model.

Trust-wide AI audit:

The survey received 494 responses therefore the findings are representative of 16% of the total workforce across the service lines.

- 61% of the respondents are aware of the AIS requirements.
- 61% of the respondents are routinely screening patients' communication and information.
- 49% of staff who use informal methods to identify patients' communication and information needs do so through conversation.
- 87% of the respondents reported that they were able to meet the communication and information needs of their patients.

Until all staff have access to electronic screening and are routinely completing the screen with patients and carers who access our services, information and communication needs will remain potentially hidden. Promotion of a consistent approach to the conversation that safeguards against limiting the options that should be made available to someone remains an on-going objective. The roll out of electronic screening on all electronic patient record systems will hopefully improve compliance.

## Falls

We have a number of Thematic Leads that work across all service lines and across both cities. The prevention of falls continues to be a priority for us and our thematic lead is working with many services to reduce the occurrence and impact of falls, especially in our frail and elderly patient groups who are the most vulnerable. This year, we have updated and re-written the Prevention and management of Patient Slips, Trips and Falls Policy and commenced Trust-wide Inpatients' staff falls meetings with matrons and champions.

Our training has also been focussed on the management of patients post-fall and bespoke face to face falls training. We are also developing a Screening tool for community staff in Portsmouth which signposts staff as to correct referral processes for falls risk assessment and links to the Multifactorial Falls Risk Assessment

## End of Life

An End of Life Trust Wide Audit was completed and collated data collected in relation to the decision making and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and reviewed the Trust wide audit. The audit raised awareness of the importance of decision-making documentation and observing patients' wishes in relation to DNACPR. The results from the audit have formulated an action plan around training

The development of the end of life policy and strategy will provide all professionals, who work in Solent NHS Trust who have a responsibility for providing end of life care, with support to provide the best care to patients and those important to them at the end of their lives.

## Recovery & Peer Workers

Previously there has been an identified need for additional peer workers and in order to address this we have:

- Promoted the Peer Volunteer procedure within the Volunteer Policy
- Developed the Peer Volunteer Role descriptions & Peer Worker (paid) role to ensure progression pathway
- Developed the recruitment process
- Developed the framework for a Peer Volunteer training package

The thematic lead has promoted and raised awareness within and external to Trust about the nuances and value of coproduction as a means to engaging with people who use services. A replacement of Patient Reported Outcome Measure in Adult Mental Health Services has also been implemented.

## Homeless Healthcare

During 2017, it was the 25th Anniversary of the commencement of the Homeless Healthcare Service within Southampton City. The team has evolved over the years however what remains at its core is the commitment to support the vulnerable service users who may experience discrimination and inequality in their lives due to their current situation.

The Homeless Healthcare Service works in partnership with local charity, Two Saints, as well as Southern Health Foundation Trust who support the mental health provision for the service. The team are also supported by Health Visitors. In partnership, the services aim to provide healthcare, with onward referrals to secondary services, support with accommodation, encouragement and guidance to support service users to find employment.

In conjunction with the above teams, a celebration event was held in July with previous members of staff and supporters of the service as well as past and current service users invited to attend. A major supporter of the service, Laurie McMenemy (former Southampton FC Manager), was in attendance and gave a rousing speech; he also spoke to service users who were keen to have their shirts signed by Laurie. Whilst the event was a celebration, it was widely acknowledged that the challenges faced by the homeless were still as current today as they were 25 years go. Solent NHS Trust staff supported a Christmas campaign for the Homeless, with shoe boxes being filled by members of staff with items such as toiletries, gloves, socks and food not only for the service users but for those who have pets-especially dogs. In excess of a 100 boxes were donated and this was much appreciated.

The Homeless Healthcare Team also participated in 2017 / 2018 the Solent NHS Trust Quality Improvement Programme in order to utilise improvement methodology to increase the conversion of referrals to secondary care for the Homeless. This is traditionally an area of challenge and the programme helped to identify areas for improvement in the pathway.

### Primary Care Services

We host three GP Surgeries based throughout the Southampton City. The GP Surgeries functioned as individual surgeries each with their own ways of working and had no shared functionality although the operational and professional leadership was shared across the three. Recognising the benefits of extending the sharing of staff and processes, the surgeries merged from April 2017. Whilst the official merging was completed and patients informed within April 2017, work continues to merge the processes and standardising ways of working.

The Solent GP Surgery has developed a “back office” to ensure that documentation, reports and results are actioned from secondary services as well as internal communications. There are plans for this to be extended and this will, in turn, support the Reception Staff to be released to concentrate on patient facing activities.

The Surgery also continues to develop its workforce and has developed a trainee Advanced Nurse Practitioner programme and will develop a similar programme for Practice Nurses.

The GPs within the Surgery are also keen to develop their ability to support “trainee” Registrar GP capacity acknowledging that GPs are challenging to recruit.

Whilst the merger has been positive, there continues to be work on-going throughout the coming months to further embed the single surgery identity.

### Sexual Health Services

Staff identified there was an increasing number of men who have sex with men disclosing that they participated in chemsex (chemicals to enhance sexually intercourse). They identified that the service was not meeting the needs of this population so set up a QI project to address this.

The project aim was to:

- Decrease harm from chemsex
- Support staff within sexual health teams to ask appropriate questions about chemsex as part of the sexual history
- Provide brief interventions to reduce risk

Outcome:

- Questions added to the sexual history in the integrated service and the online testing service to identify men that use chemsex
- Training provided to staff on new assessment questions
- Pathway put in place for at risk patients to be referred to the health advisor for brief intervention to reduce risks

## Adult Services in Portsmouth

The Portsmouth Enhanced Care Home Team Pilot is a service developed collaboratively with Solent NHS Trust (Solent), Portsmouth Primary Care Alliance (PPCA), Portsmouth Clinical Commissioning Group (PCCG) and Portsmouth City Council (PCC). The pilot service is provided jointly by Solent and PPCA and Portsmouth City Council PCC Medicines Management Team.

The pilot was based upon the seven core elements for success within the NHS Framework for Enhanced Health in Care Homes:

1. Enhanced primary care support
2. Multi-disciplinary team (MDT) support including coordinated health and social care
3. Reablement and rehabilitation
4. High quality end-of-life care and dementia care
5. Joined up commissioning and collaboration between health and social care
6. Workforce development
7. Data, IT and technology

The service was designed to improve the quality of life for individuals and improve the care and support they receive whilst living in one of the Portsmouth Care Homes. The following outcomes were designed to be monitored throughout the pilot implementation:

- A reduction in urgent care resources utilised by the Care Homes receiving the Medical Model of Care
- A reduction in urgent care resources utilised by the Care Homes receiving the Clinical Model of Care
- Releasing capacity within Primary Care
- All residents to have a Care Plan in place and an Advance Care Plan where appropriate
- A reduction in the number of patients on oral medications and a reduction in the prescribing costs
- Increased satisfaction of residents and their carers within the services
- To provide equitable access for all residents in Care Homes to community Services and NHS Primary Care Survives.

The new model started to be delivered in 7 homes in Portsmouth in July 2017. Two of the seven homes are receiving a fully integrated model with increased GP support. Five homes are receiving enhanced nurse led support.

Early analysis of data showing differences in the pilot homes in the year before implementation and the first six months of implementation shows a 32% reduction in 999 calls in the pilot homes and a 26% reduction in conveyances. Homes that were not included in the pilot showed a 90% increase in 999 calls and a 60% increase in conveyances.

The project has also shown a saving of £8, 121 in medicines for the pilot homes as a result of medicines review.

A business case is being written to roll out the model to all 27 Portsmouth Homes.

## Adult Services in Southampton

### Kite Unit

After many months of consultation, engagement and planning, we are delighted that the 10 bedded Kite Unit, previously situated on the St James' Hospital site in Portsmouth has now moved to its new home at the Western Community Hospital in Southampton. The unit provides specialist neuropsychiatric and neuro behavioral rehabilitation services for patients across the health economy.

Although care delivery in Portsmouth was excellent, the previous building was no longer fit for purpose with ligature risks, inhibited lines of sight, and a dated environment with limited space for treatment intervention and limited provision for female patients. Our new unit has been purpose built to address all of the issues mentioned above and we now have an environment that strikes the right balance between being calming and stimulating to aid patient rehabilitation.

Internally we now have a fully equipped patient kitchen and a laundry room where patients are encouraged to be as independent as possible. There are designated spaces for therapeutic interventions and a small gymnasium. Patients have good connection to outdoor spaces and the unit is light and airy with careful design features for signage and use of colour incorporated. These factors have known positive benefits in terms of reducing medication and challenging behavior.

Staff too are benefitting from co-location with colleagues, having an area where they can take much needed breaks and also, from a safety perspective, have access to newly designed door controls and alarm systems for emergency use.

The successful relocation has already demonstrated positive benefits for patients, their families and staff and we look forward to building on these over the coming year.

### Children and Families Services

Our Child and Family Teams are currently working with young people in Portsmouth and Southampton to look at how services are currently delivered and how we can together shape the future of the service for children, young people and families in the delivery of care. The meetings sparked a wealth of discussion and debate between professionals and young people about preferences for NHS provision and their opinions as to what is essential to young people's lives. The young people brought a lot of questions and plenty of their own experiences and perspectives of our services to the meetings.

Following on from the inspiring meeting with the 'Solent Young Shapers,' 7 young people are helping the service review their environment that children and young people are seen in by completing the '15 Steps Challenge'. The information gained from these visits to service delivery sites will be used to redesign the environments and also link into the Always Events. This is a national programme that the Child and Family service have engaged with to develop consistent ways to meet the individual needs of patients to make sure that care is patient centred and delivered in partnership with them and their families.

Children and Family teams have also been running a digital innovation project in the 0-19 School Nursing and Health

Visiting service. As part of this project, engagement with parents, young people and the public has been a central theme; listening to feedback and using this to drive improvement. We engaged with 83 parents and 91 young people during this process; their feedback included how they wanted the service to communicate with them, digital options which they wanted available to give choice, what they did and did not like in website design and content, what they thought of virtual face to face contact and how they wanted to provide feedback to us. Based on this feedback, we designed a new website, built a bespoke SMS Text service for clinical advice and queries, promoted apps which are reliable with features to help parents and young people, created new feedback mechanisms and commenced live interaction sessions through the website which are advertised on social media.

## Mental Health

In Adult Mental Health in-patient wards, we have developed the psychological skills and knowledge of our staff. A series of psychological skills workshops were delivered to staff by our psychology team. The topics covered in these workshops were:

- Essential counselling and validation skills
- Anxiety Management
- Dialectical Behavioural (DBT) skills
- Motivational Interviewing
- Behavioural activation and problem solving.

Feedback from staff has been extremely positive with increased staff knowledge and confidence in using psychological tools. Staff have told us that they are using the interventions taught to better support service users in our care.

Due to the success of this, we are continuing this programme of workshops into the coming year, with 90% of Adult Mental health inpatient staff (bands 2-6) either already completed a set of workshops or booked to attend one.

## Special Care Dental Services

National Guidelines, Public Health and Domiciliary Dental Teams have long identified that oral care for patients in Rest/Care homes is not comparable to other settings. Staff turnover in domicillary settings is rapid and there is no existing organised training. Originally commissioned in 2013, this quality project was re-commissioned in 2017. The Oral Health Promotion team based in the Eastern Locality are leading with this pilot study that aims to be rolled out to the whole of Portsmouth

Aims of the Project:

- This project aims to 'train the trainer' so that staff trained can cascade their knowledge to their colleagues.
- This meets the challenge of limited NHS resources educating many carers in various Rest/Care homes across the city.
- A pilot study in one Rest Home to be undertaken, then adaptations made before larger scale training. This includes auditing care plans and gathering other information.

## Outcomes of the Project:

- An 'oral assessment' tool has been developed. There is an existing 'Australian' tool that is used in the community setting. This is found to be too complicated and the new tool will have more visual guidance.
- A 'train the trainer' book has been written to support 'face to face' training. This encompasses
  - what is expected for good oral care according to national guidance;
  - other medical conditions that poor dental health can cause;
  - causes of tooth decay;
  - good tooth brushing; denture care; problems and causes in soft tissues/tongue and
  - how alcohol and smoking affect oral health.

## **Annex 1:**

**Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees**



## Healthwatch Southampton Comments on Solent NHS trust Quality Account 2017/18

Healthwatch Southampton welcomes the opportunity to make formal comment on the draft of Solent NHS Trust Quality Account 2017/18 as it applies to the services provided by the Trust in Southampton. This includes in-patient care at the Western and Royal South Hants hospitals as well as GP practice surgeries and several outpatient clinics and community services.

The Quality themes and priorities section is clear and are welcomed, but given the importance of these priorities we would have wished to see a little clearer narrative rather than the bulleted statements and we would have liked them to be put in context by referring to progress made in meeting the priorities for improvement set out for 2017/18 in last year's quality account. As it is, these are given Part 3 Other Information

The decision by the CQC to improve the rating of CAMHS is of course welcomed however our information is that the waiting time to access this service is long and we would hope to see this improve in the coming year. We are also concerned that there are no beds for children with mental health issues in Southampton in which means that young people may be admitted to an adult ward. \*\*

We understand the importance of accurate clinical coding and it is pleasing that the Trust has achieved level three rating.

The friends and family test is rather a blunt tool but nevertheless it is good that the rating for the Trust has continued to show improvement. Similarly, it is good that the staff survey results also show an improvement in rating.

It is good to see that the trust achieved many of the priorities set last year. Launch of the website and the recruitment of volunteers is a good initiative and these volunteers can make a big difference to the patient experience.

Handling complaints is important, and it is quite right that the trust is emphasising the need to resolve the concern at the earliest opportunity and at a local level; the fact that this approach has resulted in fewer formal complaints show the value of the approach. This is reinforced by the creation of the complaints scrutiny panel with Healthwatch as a member. However, we note that there is almost no reduction in the formal complaints associated with communication / information to patients and this is a cause of concern.

Healthwatch Southampton has been involved for several years in the PLACE process in Southampton. We are not surprised that the Trust scored so highly, and this reflects our observation. We will continue to play our part in these assessments and are pleased that they are taken as a positive learning opportunity. We are particularly pleased that special mention has been made in improving the condition, appearance, and maintenance of buildings where Solent is not the property owner.

It is very important for all trusts to take the Accessible Information Standard seriously and it is pleasing to read that by doing so it has increased the patient experience resulting in improved feedback. Healthwatch Southampton continues to pursue this cause and will assist where we can. Similarly, we continue to receive comments from the public about the lack of clarity surrounding DNACPR and we will work with Solent NHS trust to improve communication on this subject.

We were delighted to be invited to the 25th anniversary of the Homeless healthcare project within Southampton

City. This is a great, caring, project supporting the most vulnerable people and we wish those associated with the project well in the future.

Now that the three primary care practices run by Solent are co-ordinated, we are surprised that there is no mention of a Patient Participation Group either in the quality account or in their website and we would encourage them to develop their PPG. Healthwatch Southampton have started a PPG network that is beginning to show good results in getting patient involvement in primary care.

The description of the new Kite unit at the Western hospital suggests it is good facility. It is not clear if this facility has an increased number of beds from the one it replaced in Portsmouth. We look forward to including it in our list of venues to visit as part of the PLACE process.

We look forward to continuing an effective relationship with the Trust and will do what we can to help the trust achieve its objectives.

Harry F Dymond MBE  
Chairman Healthwatch Southampton

Steve Beale  
Healthwatch Southampton

*\*\* We are working with our system partners and in particular Southern Health NHS Foundation Trust to ensure Southampton's citizens are able to access CAMHS services, including beds locally, in a timely manner. Solent NHS Trust does not provide bed based CAMHS services.*



## Healthwatch Hampshire response to Solent NHS Trust Quality Account

As the independent voice for patients, Healthwatch Hampshire is committed to ensuring local people are involved in the improvement and development of health and social care services.

Each year, we are asked to comment on seven Quality Accounts from NHS Trusts. In the past, we have allocated scarce time to read drafts and give guidance on how they could be improved to make them meaningful for the public.

We recognise that this process is imposed on Trusts. However, as the format has largely continued to remain inaccessible to the public, we have concluded that it is not a process that benefits patients or family and friend carers unless the format is changed. So we will no longer comment on Quality Accounts individually.

This will release time for us to use our resources to challenge the system with integrity, so we can create more opportunities for local people and communities to co-producing service change. For example, this year, we are again running our ['Community Cash Fund'](#) to offer local organisation and charities the opportunity to carry out projects that help people to stay well both now and in the future. We are currently accepting applications until the end of May.

If you have not already done so, we would ask you to look at the guidance on involvement from Wessex Voices ([www.wessexvoices.org.uk](http://www.wessexvoices.org.uk)) which aims to make sure local people are involved in designing and commissioning health services. Five Local Healthwatch alongside NHS England (Wessex) have produced a Wessex Voices toolkit to support patient and public involvement in commissioning. You can use this to ensure that your quality processes are in line with patients' views, and with the guidance from NICE ([www.nice.org.uk/guidance/ng44](http://www.nice.org.uk/guidance/ng44)) and Healthwatch England. ([www.healthwatch.co.uk/reports/5-things-communities-should-expect-setting-involved](http://www.healthwatch.co.uk/reports/5-things-communities-should-expect-setting-involved))

If we can help you in planning co-design and participation in future activities, we'd be pleased to hear from you. We will continue to provide feedback to the Trust through a variety of channels to improve the quality, experience and safety of its patients.

Thank you for inviting us to comment

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11 May 2018

Sue Harriman  
Chief Executive  
Solent NHS Trust  
Highpoint  
Bursledon Road  
Southampton  
SO19 8BR

Dear Sue

**Solent NHS Trust Quality Account 2017/18**

Southampton Clinical Commissioning Group (CCG) is pleased to comment on Solent NHS Trust's Quality Account for 2017/18; for the services that they commission. The CCG has continued to work with the Trust over the past year in monitoring the quality of care provided to the local population of Southampton and identifying areas for improvement.

The account reports that achievement has been made against four out of the five 2017/18 priorities, with priority three, improving services by using the learning from incidents, complaints and feedback, being reframed for continue into 2018-19. The Quality Account provides details of how the priorities have been met and outlines how priority three will be taken forward in 2018-19.

Solent's 2018/19 priorities have been set under headings of six key themes including involving people, safer lives and spreading excellence. However the Quality Account does not include key milestones or measureable key performance indicators for each of the priorities, which makes it difficult to understand exactly what the priorities are trying to achieve and how the Trust will know it has been successful. It is noted that the priorities do cover areas that will support improvements where there have been recent key concerns.

It is positive to note the Trust's participation in national clinical audits and confidential enquiries by being involved in 11 out of 12 they were eligible for. There were also 109 local audit and service evaluation projects completed with the report providing some clear examples of learning and improvements made.

The Trust also demonstrated a positive performance against the Commissioning for Quality and Innovation schemes (CQUIN), including a significant improvement with the influenza vaccination rates for front line staff.

The CCG notes the improvements seen in the Care Quality Commission ratings in 2017/18 for both Child and Adolescent Mental Health Services and the Substance Misuse Service, which is a move in the right direction.

The Quality Account includes required adherence to the new requirements around learning from deaths. The Quality Account regulations also require Solent to report performance against a specific set of core indicators; these are included, although some of the 2017/18 performance data is not yet available in the draft report, so we are unable to comment further on this.

It is positive to note the Patient Led Assessment of the Care Environment (PLACE) results which were all scored above 90% and the Trust's continued commitment to further improve in the areas of Privacy, Dignity and Wellbeing, Dementia and Disability.

Patient falls resulting in harm increased in 2017/18 compared to the previous year. There is now a Falls Thematic Lead in post and the Trust Slips, Trips & Falls policy has been updated and made available for staff. The CCG is pleased this is a continued priority and looks forward to seeing improvements over the coming year.

In terms of patient and staff feedback, the Trust has continued to improve the Friends and Family Test percentage of patients that would recommend Solent. The Trust should also be proud of the continued improvements in the staff survey responses, with a significant improvement in 12 questions and being ranked as the best performing mental health, learning disability and community trust.

The Trust should be congratulated on the continued development of the Homeless Healthcare service which is now in its 25<sup>th</sup> year. This service demonstrates positive partnership working and the CCG is keen to see Solent's community services continue to engage with the wider local health and social care system to drive improvements for all patients across Southampton City. To support the Trust's overarching theme of "involving people", for community development it will be key for Solent to work alongside others in the many initiatives already underway.

The Quality Account meets the minimum national requirements, although the CCG would like to have seen some further narrative regarding how the Trust is working to improve the quality of services. The Quality Account refers to services being involved in many other quality initiatives, but these are not discussed within the report.

The Quality Account would also be strengthened through the inclusion of patient stories and this is something the CCG would like to see in future reports.

Overall Southampton CCG, are satisfied with the Quality Account for 2017/18 and as previously stated is keen to see the detailed measures behind the priorities for 2018/19 so that next year's Quality Account can provide more robust metrics to demonstrate how priorities have been achieved against the measures identified.

The CCG looks forward to continue working closely with Solent NHS Trust over the coming year to further improve the quality of service for the people of Southampton.

Yours sincerely



**John Richards**  
**Chief Officer**  
**Southampton CCG**

CC: Stephanie Ramsey – Director of Quality and Integration / Chief Nurse  
Carol Alstrom – Associate Director of Quality / Deputy Chief Nurse



**Portsmouth**  
Clinical Commissioning Group

CCG Headquarters  
4<sup>th</sup> Floor  
1 Guildhall Square  
Portsmouth PO1 2GJ

Tel: 023 9289 9500

18 May 2018

**PRIVATE & CONFIDENTIAL**

Sue Harriman  
Chief Executive  
Solent NHS Trust  
By Email

Dear Sue,

**NHS Portsmouth Clinical Commissioning Group (Response in 17/18 Quality accounts)**

NHS Portsmouth CCG supports the Trust in its publication of the 2017/18 Quality Account. Having reviewed the mandatory detail of the report, we are satisfied that the Quality Account incorporates the mandated elements required, based on available data.

The CCG welcomes the six quality themes identified for 2018/19 linked to the Trusts strategic aims which includes this year the development of a learning framework, and the replication of the excellent elements from the outstanding LD service across the organisation as part of its 'Spreading excellence' theme. A recent visit to the LD service by Commissioners support the CCGs decision to rate as outstanding with clear evidence that the service user is the absolute focus of what they do and a team which is cohesive, motivated and innovative.

During 2017 the Trust was re-inspected by the CQC as a result of three service lines receiving an overall rating of 'inadequate' in 2016. The CCG are pleased to acknowledge the positive outcomes of the robust action plan put into place to address these issues and that the re-inspection resulted in two services being rated 'good' and the third inadequate to 'requires improvement'.

Achievement of identified priorities for 2017/18 have been noted in particular to the Quality Improvement Programme (QIP) which commissioners have been both invited to the organisations celebration of completed programmes and also to partake in a QIP alongside the Home Oxygen Team and the implementation of an Organisational Learning framework which is ongoing.

During the Portsmouth CQC CLAS inspection inspectors identified some good practice across Solent Services. Solent NHS Trust engaged well with the inspection and took on board and addressed the recommendations from the inspection.

The CCG recognises the ongoing work to embed the Patient safety agenda into practice across all its services and the continuing improvement in the management of its risk and incidents. There is continued progress with the quality and timeliness of investigations. This includes the additional assurance provided by representation at the CCG SI panel. The Trust has a robust review process for Learning from Deaths and the CCG welcomes the proactive and innovative approach; one which commissioners are openly invited to attend.

The CCG notes the progress made with IG toolkit assessment and is delighted with 97% compliance. It is evident that the learning from SI is being embedded across the organisation following a 'cluster' of IG SIs.

The CCG welcome the organisations PLACE outcomes and its accolation of highest score in its assessment areas in the South of England. This is also evident when commissioners visit sites as part of our assurance visits.

The Trust continues to engage positively and proactively with the CCG. The changes to joint management processes between both organisations have also seen a reduction in duplication of work and data submissions working towards a much more efficient way of working and both organisations will develop this further in the coming year.

Overall, NHS Portsmouth CCG is content with the Quality Account and look forward to working with Solent in the coming year.

Yours sincerely



Dr Linda Collie  
Clinical Leader and Chief Clinical Officer, NHS Portsmouth CCG

**Councillor Sarah Bogle**  
C/O Mark Pimie, Democratic Services  
Southampton City Council  
Civic Centre  
Southampton SO14 7LY



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Date: 14 May 2018

Sue Harriman  
Chief Executive  
Solent NHS Trust  
Highpoint  
Bursledon Road  
Southampton  
SO19 8BR

Dear Sue,

**Solent NHS Trust Quality Account 2017/18**

The Southampton Health Overview and Scrutiny Panel welcomes the opportunity to comment on the Solent NHS Trust Quality Account for 2017/18.

The Panel were pleased to see positive progress reported against a number of priorities set for 2017/18, including delivering the Quality Improvement Programme to enhance patient experience and make a difference to people's health and wellbeing.

The Panel welcomes the findings following the re-inspection by the Care Quality Commission of Child and Adolescent Mental Health Services and Substance Misuse Services in 2017/18. Having both services now rated as 'Good' from 'Requires Improvement' represents a positive development and reflects well on the Trust.

Progress continues to be made in terms of patient and staff feedback. The Trust has once again improved the Friends and Family Test percentage of patients that would recommend Solent. The Panel were also informed at the meeting that the Trust is now the best performing mental health, learning disability and community trust with regards to staff survey results. This is a significant achievement and the Trust should be applauded for the work that they have undertaken actively encouraging employer engagement and supporting staff development.

The Southampton HOSP look forward to working closely with Solent NHS Trust over the coming year to ensure that progression is maintained and that the quality of services continues to improve.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Sarah Bogle'.

Clr Sarah Bogle  
Chair of the Health Overview and Scrutiny Panel  
Southampton City Council



## Annex 2: Board confirmation of Quality Account preparation

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.

NHS Improvement 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 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:

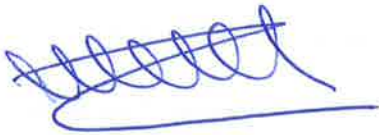
- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2017 to 17<sup>th</sup> April 2018
  - papers relating to quality reported to the board over the period April 2017 to 17<sup>th</sup> April 2018
  - feedback from commissioners dated 11<sup>th</sup> May 2017
  - feedback from local Healthwatch organisations received on 4<sup>th</sup> May 2018 and 11<sup>th</sup> May 2018
  - feedback from Overview and Scrutiny Committee dated 14<sup>th</sup> May 2018
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, as shared with the Board on 31<sup>st</sup> July 2018
  - the latest national staff survey – as reported to the 26<sup>th</sup> March 2018 Board
  - the Head of Internal Audit's annual opinion of the trust's control environment – as reported to the 24<sup>th</sup> May 2018 Audit & Risk Committee
  - CQC inspection report dated 30<sup>th</sup> November 2017
- The Quality Report presents a balanced picture of the trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

and

- the Quality Report has been prepared in accordance with NHS Improvement'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

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke at the bottom.

Deputy Chairman (on behalf of the Chairman)

Date: 29 May 2018

## Appendix A - National Clinical Audits and Confidential Enquiries

National Clinical Audits & Confidential Enquiries that Solent NHS Trust was eligible to participate in during 2017-18 are as follows:	Solent participated?	Number of cases submitted to each audit or enquiry as a percentage of the number required (or just number if percentage not applicable)
<b>National Audits</b>		
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation ORGANISATIONAL Audit	Yes	Adults Portsmouth & Adults Southampton submitted as required
National Chronic Obstructive Pulmonary Disease (COPD) Pulmonary Rehabilitation CLINICAL Audit	Yes	Adults Portsmouth (21 cases) Adults Southampton (52 cases)
Prescribing Observatory for Mental Health Quality Improvement Programme: 17a - Use of depot / Long-acting antipsychotic injections for relapse prevention	Yes	Mental Health (10 cases)
Prescribing Observatory for Mental Health Quality Improvement Programme: 15b - Prescribing valproate for bipolar disorder	Yes	Mental Health (15 cases)
National Clinical Audit of Psychosis (NCAP) (NICE CG 178)	Yes	92 / 100 (92%)
Physiotherapy Hip Fracture Sprint Audit (PHFSA)	Yes	Clinical audit: 5 cases Home rehab 2 cases Next Step Facilities audit: East - Spinnaker Ward West - Royal South Hants
NHS Bench-marking network: "National audit of Intermediate Care" (NAIC)	Yes	Adults Portsmouth – two teams submitted as required
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Stroke ESD Team - 149 cases Stroke 6 month Reviews - 129 cases (Most recent official figures available for August 2016 – July 2017)
National Diabetes Audit - Adults: National Footcare Audit	No	Data collection using electronic records was not possible during the audit period. This has now been set up for 2018/19.
<b>National Confidential Enquiries</b>		
NCISH: The assessment of risk and safety in mental health services	Yes	Survey completed
Child Health: Chronic Neurodisability Clinical Review	Yes	1 / 1 Clinical case note questionnaire completed
Child Health: Young People's Mental Health Clinical Review	Yes	2 / 3 Clinical case note questionnaires completed

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## Appendix B – Research and Improvement: 2017-18 Annual Report

