



Quality is never an accident; it is always the result of intelligent effort'

John Ruskin

Quality Accountant

2010-11

Statement On Quality From The Chief Executive

I am delighted to be presenting the first Quality Account for SEPT following the acquisition of the former Bedfordshire and Luton Partnership NHS Trust (BLPT) on 1 April 2010 as it gives me the opportunity to shout about the excellent services that are being delivered by all areas of our bigger and better Trust.

But first I'd like to explain a bit about what 'quality' means within the NHS. To take it back to a basic level everyone who uses the NHS expects to receive care of the highest standard or quality. Lord Darzi in his publication 'High Quality Care for All – the Next Stage Review (June 2008) defined quality as having three components; patient safety; clinical effectiveness and patient experience and the review aimed to ensure that quality is central to the NHS agenda and the business of Clinician's, Managers and Boards via greater public accountability, transparency and reporting on quality.

To ensure that SEPT achieves this consistent high quality the Board of Directors has put in place systems and processes which are in line with Monitor's principles of 'quality governance'. Monitor have stated that 'quality governance is the combination of structures and processes at and below board level to lead on trust-wide quality performance including;

- ▶ ensuring required standards are achieved;
- ▶ investigating and taking action on sub-standard performance;
- ▶ planning and driving continuous improvement;
- ▶ identifying, sharing and ensuring delivery of best-practice; and
- ▶ identifying and managing risks to quality of care'

It is my hope that when you have finished reading through this Quality Account you will be able to see the importance SEPT places on ensuring the highest standards of care, as identified by our service users, staff and stakeholders are delivered and that we report openly and honestly about this.

Throughout 2010/11 SEPT continued to provide services across the new wide geographical area for people who have mental ill health and learning difficulties, via support by community based teams and in-patient services when necessary. SEPT is a NHS Foundation Trust and this means that we have a Board of Governors made up from elected members of our Trust as well as a Board of Directors led by our Chair Lorraine Cabel, who are instrumental in defining the direction of travel for our business, ensuring we are delivering services we are commissioned to provide to the standard we all aspire to, and critically holding myself and my executive team to account for the commitments we make on quality and finances.

To support this rigorous appraisal process SEPT report on progress with goals we have set ourselves through monthly reports to the Board of Directors. This allows us to ensure we keep our eyes on the ball and can take swift action to address any areas that are not improving as expected.

This Quality Account is prepared as part of a statutory expectation for NHS Trusts and will focus on the quality aspects of our services, reviewing the progress we made with our commitments for 2010/11 and identifying the quality priorities we will be implementing during

2011/12. However, in SEPT we see this as an opportunity to share in an open and honest way what is going well, what is achieving less than we aim for and what we are planning to do about this with the people who use our services, our commissioners and regulatory bodies such as Monitor and the Care Quality Commission.

I must say I am quite overwhelmed by the achievements that have occurred in this first year of 'new' SEPT especially given that transition can be a difficult time, when we might have expected to find some problems. However, this has not at all been my experience of the last year. True to our pledge to learn from the best, whether this was in SEPT or the former BLPT, we were gifted with a golden opportunity to learn from each other's systems and practices to ensure that services in all area of the Trust deliver very high quality services and we took this. I believe I can confidently say SEPT is still well ahead of the majority of mental health and learning disability trusts in the quality and safety of our services.

So much quality improvement has occurred in the last year that I do not have the space here to talk about them all but examples of highlights in 2010/11 that I am particularly proud of include:

- ▶ Learning Disability in-patient service in South Essex re-accreditation of Practice Development Unit status
- ▶ Accreditation of Practice Development Unit for Taylor Centre community mental health services in South Essex. The service were aiming to achieve the first level, level 1, but the accreditation panel were so impressed with what they found that they awarded them level 2 straight away



- ▶ Completion of stage 1 of the agreed transformation plans for Bedfordshire and Luton, in particular the opening of the newly refurbished inpatient premises in Robin Pinto, for adult service users, and Calnwood Court, for older adult service users. Stage two of the transformation plan is already underway and will result in equally excellent premises for services in Bedford
- ▶ Entry from Beech Ward in Luton at The International Dementia Excellence Awards October 2010 under the category The Pleasure of Eating. This category was for people who felt they had made a difference to people with dementia in relation to any aspect of eating, and Beech's innovation of setting up a weekly 'restaurant' for inpatient service users to be invited out to lunch was very well received
- ▶ The Productive Mental Health Ward service development programme, which focuses upon improving the efficiency of ward / team processes thus releasing time for direct care with service-users, is now fully established in the Bedfordshire and Luton in-patient services. This programme has more recently commenced at two wards in South Essex and it is planned to further extend the programme within South Essex during 2011-12. The Productive Community Team programme has recently commenced at one of the Bedfordshire CMHTs, and other teams will be considering this programme during 2011-12.
- ▶ We have also improved our processes related to Serious Incidents and therefore our ability to provide assurance to our commissioners and regulators that thorough investigations take place and the Trust learns from such events.

Areas I am less happy about include the 2010 national mental health community service user survey results. These were rather disappointing, as although we saw some improvements, overall the results were average and SEPT does not accept only being average – we want to be the best – always! We have therefore identified a wide range of areas that need to be improved and work is underway to achieve this. We also did not achieve as much as we wanted in relation to provision of support to carers, this too will form part of our priority programme of work in 2011/12.

I am very proud of every member of staff and they clearly are happy working in the Trust because the 2011 national survey of staff saw superb staff satisfaction survey results for SEPT. In a period when the merger with BLPT and the changes this brought to staff experiences might have resulted in a poorer than usual results, what has actually been found is that in SEPT results in 28 of the 38 key areas were in the top 20% performance of all mental health trusts in the country. This was an improvement from 2010, and indicating that staff are happier than ever to work in SEPT. Examples of positive findings include 70% of staff involved reported that they felt there were good opportunities to develop their potential at work Vs 45% national average and 79% of involved staff felt they were able to contribute towards improvement at work Vs 67% national average.

Key to this I believe is the satisfaction our staff receive from being able to deliver the services they feel passionate about and for which they joined the NHS. SEPT has a very clear vision and values about putting our service users in the centre of all that we do starting with

our staff recruitment process where we involve service users and focus on customer involvement and satisfaction, and continuing throughout working life in this Trust. I have always believed that SEPT recruits and retains the best staff in the business and am proud to be able to say that this is the same whether they work in Essex, Bedfordshire or Luton.

The quality and commitment of our staff is becoming increasingly important following the election of the new government and the tough financial targets they have imposed, particularly as SEPT will not accept a reduction in quality of services in order to achieve a reduction in costs. Andrew Lansley, Secretary of State for Health, has said on record that his focus is to deliver better results by putting patients at the heart of everything the NHS does, by continuously improving outcomes for our patients and by empowering clinicians to deliver those improvements. I am proud to say the SEPT is completely aligned with these goals, we always have been and we always will be in the future.

The Trust has an open and transparent approach to ensuring compliance with the CQC Essential Standards of Quality and Safety. In addition to internal spot checks a programme of Governor and Local Involvement Networks (LINKs) involvement has been developed to ensure that Governors and LINKs are involved in considering compliance with the Trust. Workshops have been held with Governors and LINKs in both South Essex and Bedfordshire and Luton and a programme of visits to different wards and community teams was agreed.

To date 21 visits to different Trust services have been undertaken where LINKs and Governors had the opportunity to meet with service users, carers and staff. At these visits the LINKs and Governors considered compliance against all of the essential standards of quality and safety by reviewing the environments and interviewing staff, service users and carers. To date findings of these visits have been very positive and more visits are planned for the future. I can't say enough how delighted I am to be working so closely with LINKs in Southend, Thurrock, Essex and Bedford Borough and Central Bedfordshire and would like to thank everyone involved for their valuable contribution.

Statement of Accuracy

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

A handwritten signature in black ink that reads "Patrick Geoghegan". The signature is written in a cursive style with a large initial 'P'.

Dr Patrick Geoghegan OBE



Priorities for improvement and statements of assurance from the Board

Progress with achieving the quality improvement priorities that were identified for 2010/11 is provided in Section 3.1 later in this report.

SEPT is responsible for delivering specialist mental health and social care services, specialist learning disability services, child and adolescent mental health services and forensic mental health services in Bedfordshire and Luton and Essex. Our priorities for improvement are aimed at continually improving the quality of service provided in both geographical areas. We are proud of the resource we put into ensuring we listen to users of our services, their carer's, our commissioners and educational establishments and believe this shows that we take what people have to say about us very seriously. We believe that the efforts we put into hearing what people have to say, positive and negative about SEPT results in improvement goals owned by staff and our public membership

As in previous years the priorities and drivers for quality improvement in 2011/12 have been developed as a result of:

1. working with commissioners of mental health and learning disability services in Bedfordshire, Essex and Luton to identify action required to meet their expectations of a high quality service provider;
2. listening to the views of staff who attended 6 internal service planning events where the drivers affecting the Trust in the coming year were considered; objectives developed and areas in which the quality of services can be improved identified;
3. consultation at two stakeholder planning events held in south Essex and in Bedfordshire and Luton. These events involved a wide range of partners and stakeholders who considered the issues that affect the experience, effectiveness and safety of mental health and learning disability services and then prioritised those that meant most to them.
4. asking our public Foundation Trust members in Bedfordshire, Essex and Luton to identify the most important areas for action that they wanted us to take forward at 7 public member meetings;
5. dialogue with our social care partners to ensure that our priorities are consistent with those of each Local Authority with whom we work;
6. using feedback received from our meetings with LINks members;
7. considering performance against national targets and priorities and identifying what action is required to ensure that services meet and where possible, exceed these;
8. making sure we are constantly taking action to deliver the rights and pledges contained in the NHS Constitution.
9. Board development session discussions about quality.

As a result of reviewing the outcomes from the various consultation streams, the Board of Directors has identified 5 priorities for improvement. These will be monitored on a monthly basis by the Executive Operational Committee (sub-committee of the Board of Directors) and the Board of Directors will be informed of any slippage against agreed targets on a monthly basis and receive a detailed report on a quarterly basis.

Priorities for improvement in 2011/12

Priority	Rationale
Support provided to carers (Service User experience)	The role of carers and the support provided to them remains as the most consistent feedback theme obtained from all stakeholders. Improvement in this area is a key priority for our local authority partners in Bedfordshire and Luton particularly.
Recovery focussed services (Effectiveness of service)	The focus of mental health care and treatment needs to be changed to one that is based on recovery principles. Stakeholders identified that supporting people to manage their own mental health was a priority. Recovery is identified as a health commissioner priority and has been identified as a CQUIN (Commissioning for Quality and Innovation) priority in both Bedfordshire and Luton and south Essex for 2011/12.
Physical health (Effectiveness of service)	As a result of analysis of serious incident trends and as a result of feedback from staff and stakeholders, further action is required to ensure that physical healthcare of our patients is considered integral to the care and treatment package provided.
Risk assessment Safety (Service user safety)	The quality of clinical risk assessment and formulation has been identified as a potential trend associated with serious incidents; it is an integral part of the care planning process in which service users should be fully involved and was identified by staff as an area where further improvement is required.
Service user involvement in care and decision making (Service user experience)	Patient experience in community mental health services has been an on-going cause for concern for the Trust. Stakeholders have identified this as their priority for the past two years.

	Target	2010/11 baseline performance
	<p>Increase the number of carers who receive a service as a result of having a carers assessment.</p> <p>This will be measured via activity data collection on a monthly basis.</p>	<p>Bedford Borough: 172 Central Bedfordshire: 100 Luton: 127 Essex: 572 Southend: 658 Thurrock: 300</p>
	<p>Evidence the effective implementation of recovery planning using the Recovery Star outcome measurement tool. A stretch target of 30% of adults on CPA completing 1 recovery tool and 15% of adults on CPA completing 2 recovery tools has been identified as the CQUIN target.</p> <p>Routine systems for collecting this information as part of activity data collection will be implemented.</p>	<p>There are no measurement systems in place currently.</p>
	<p>95% of in-patients will have a physical health assessment within 24 hours of admission (measured via activity data collection).</p> <p>The quality of the physical health assessments undertaken will improve (measured by quarterly random audits of care records against agreed policy)</p>	<p>There are no routine and consistent systems in place to monitor this area of activity. Baseline performance will be identified during quarter 1.</p>
	<p>100% of service users will have a current risk profile and active risk management plan in place (measured by quarterly random audits of care records)</p>	<p>There are no routine and consistent systems in place to monitor this area of activity. Baseline performance will be identified during quarter 1.</p>
	<p>Year on year increase in satisfaction expressed by service users relating to their involvement in care and decision making.</p>	<p>The results of the national community mental health service user survey will be published in June 2011. We will use this to identify the baseline and monitor improvement via local surveys in year prior to national survey result publication in June 2012.</p>

2.2 Statements of assurance from the Board

2.2.1 Review of services

In this section of the Quality Account SEPT will review information about the Trust that we have used to be sure we had improving, high quality service delivery during the period from April 2010 to March 2011. Much of this is regularly collected data, presented to the Board in the form of monthly Performance reports, but other data comes from our participation in National and local clinical audits, and the actions that arise from this to improve services.

During April 2010 to March 2011 SEPT provided and/ or sub-contracted 46 NHS services.

SEPT has reviewed all the data available to them on the quality of care in 46 of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents 96 per cent of the total income generated from the provision of NHS services by SEPT for April 2010 to March 2011.

2.2.2 Participation in clinical audits

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change (NICE 2005). Robust programmes of national and local clinical audit that result in clear actions being implemented to improve services is a key method of ensuring high quality and ever improving services. SEPT has very robust programme development and processes to monitor all aspects of clinical audit. NB: in relation to the context of clinical audit the term 'clinical' refers to all types of health professionals involved in supporting SEPT service users, including nurses, psychologists, social workers and allied health professionals such as occupational and physical therapists. All of our clinical audits are undertaken by these 'clinical' staff in the 'clinical' services they deliver.

During 2010/11, 10 national clinical audits and one national confidential enquiry covered NHS services that SEPT provides.

During that period SEPT participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SEPT was eligible to participate in during 2010/11 are as follows:"

- ▶ Falls and non-hip fractures (National Falls & Bone Health Audit)
- ▶ Depression & Anxiety (National Audit of Psychological Therapies)
- ▶ National Audit of Schizophrenia – (Pilot audit)
- ▶ POMH 2e Reaudit – Screening for metabolic side effects of antipsychotic drugs
- ▶ POMH 6b Reaudit – Assessment of side effects of depot antipsychotic medication
- ▶ POMH 7b Reaudit – Monitoring of patients prescribed lithium
- ▶ POMH 8b Reaudit – Medicines reconciliation
- ▶ POMH 9b reaudit – Use of antipsychotic medicine in people with a learning disability
- ▶ POMH 10a Baseline Audit – Use of antipsychotic medicine in CAMHs
- ▶ POMH 11a Baseline Audit – Prescribing antipsychotics for people with dementia
- ▶ National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

The national clinical audits and national confidential enquiries that SEPT participated in during 2010/11 are as follows:

- ▶ Falls and non-hip fractures (National Falls & Bone Health Audit)
- ▶ Depression & Anxiety (National Audit of Psychological Therapies)
- ▶ National Audit of Schizophrenia – (Pilot audit)
- ▶ POMH 2e Reaudit – Screening for metabolic side effects of antipsychotic drugs
- ▶ POMH 6b Reaudit – Assessment of side effects of depot antipsychotic medication
- ▶ POMH 7b Reaudit – Monitoring of patients prescribed lithium
- ▶ POMH 8b Reaudit – Medicines reconciliation
- ▶ POMH 9b reaudit – Use of antipsychotic medicine in people with a learning disability
- ▶ POMH 10a Baseline Audit – Use of antipsychotic medicine in CAMHs
- ▶ POMH 11a Baseline Audit – Prescribing antipsychotics for people with dementia
- ▶ National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

The national clinical audits and national confidential enquiries that SEPT participated in, and for which data collection was completed during 2010/11 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

NB: The Department of Health identified 54 National Clinical Audits that met their inclusion criteria, these covered many services that SEPT do not deliver, such as renal disease, cancer and elective procedures. In order to provide the most relevant data within this report and not lengthy tables with information of little value SEPT has identified only those national audits identified under the heading of 'Psychological conditions' and the single national audit under the heading of 'Trauma' that was felt to be relevant to Trust services.

Audit	Participation	% Cases Submitted
Psychological conditions		
Depression & Anxiety (National Audit of Psychological Therapies)	Yes	100%
National Audit of Schizophrenia – Pilot audit	Yes	18%. NB: SEPT one of only 6 Trusts nationwide to participate in this pilot
Prescribing in mental Health services (POMH)	Yes – all POMHs audits	Individual audit details below
POMH 2e Reaudit – Screening for metabolic side effects of antipsychotic drugs	Yes	100%
POMH 6b Reaudit – Assessment of side effects of depot antipsychotic medication	Yes	100%
POMH 7b Reaudit – Monitoring of patients prescribed lithium	Yes	100%
POMH 8b Reaudit – Medicines reconciliation	Yes	100%
POMH 9b reaudit – Use of antipsychotic medicine in people with a learning disability	Yes	100%
POMH 10a Baseline Audit – Use of antipsychotic medicine in CAMHs	Yes	100%
POMH 11a Baseline Audit – Prescribing antipsychotics for people with dementia	Yes	100%
Trauma		
Falls and non-hip fractures (National Falls & Bone Health Audit)	Yes	N/A NB: SEPT only able to participate in the Organisational element of the audit so no cases.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	100% of homicide responses 91% of suicide responses

The reports of seven national clinical audits were reviewed by the provider in 2010/11 and SEPT intends to take the following actions to improve the quality of healthcare provided



Priorities for improvement in 2011/12

Audit Topic	Explanation of what the audit was examining and what the general aims were
<p>POMH 1e Reaudit. Prescribing high dose and combined antipsychotics on adult acute and psychiatric intensive care wards</p>	<p>The audit programmes developed by the Prescribing Observatory for Mental Health (POMH) seek to ensure that the practice of clinicians in areas being reviewed is aligned with best evidence based practice.</p> <p>The aim of audit 1e was to measure the prescribing of antipsychotic medications against the following standards in Trust adult acute and psychiatric intensive care wards and compare these with national findings:</p> <p>Audit Standard 1: The dose of an individual antipsychotic should be within its SPC/BNF limits</p> <p>Audit Standard 2: Individuals should receive only one anti-psychotic at a time</p> <p>Audit Standard 3: First (typical) and second generation (atypical) drugs should not be prescribed concurrently</p>
<p>POMH 2e Reaudit. Screening for metabolic side effects of antipsychotic drugs in Assertive Outreach Teams</p>	<p>The metabolic syndrome is a cluster of features (hypertension, central obesity, glucose intolerance/insulin resistance, dyslipidaemia) that is predictive of both type-2 diabetes and cardiovascular disease. Such features are prevalent in people with psychotic disorder who are receiving antipsychotic medication. The precise relationship between antipsychotic drugs, glucose homeostasis, obesity and the metabolic syndrome remains uncertain, but it is clear that people with schizophrenia treated with antipsychotic medication have a high rate of the features of metabolic syndrome, of the syndrome itself and of premature death.</p> <p>The aim of this audit was improve the health of patients in the care of Assertive Outreach Teams through the monitoring of compliance with annual screening for metabolic side effects of antipsychotic drugs</p>
<p>POMH 5c Quarterly audit. Benchmarking the prescribing of high dose and combination antipsychotics on adult acute and psychiatric intensive care wards</p>	<p>This was a quarterly benchmarking audit where the aim was to help mental health services improve prescribing practice in relation to high dose and combination antipsychotics for patients in adult acute and psychiatric intensive care wards.</p> <p>The standards being reviewed in this process were the same as for audit POMH 1e discussed above</p>

Actions to improve the quality of healthcare provided

In order to further improve prescribing levels to within BNF limits wherever possible plan is to be agreed on improving clinical recommendations and compliance to the standards

PRN (as required) medications to be reviewed every 7 days in line with Trust policy, and cancelled where appropriate

Medical staff to be mindful of impact of regular antipsychotic prescriptions when prescribing PRN antipsychotics

Pharmacists to carry out spot checks on use of PRN antipsychotics

To participate in reaudit 1f in 2011/12 in order to evidence improvements. Data collection to take place February 2012

To raise awareness with all AOT staff of the need for best practice with regards to screening and recording the test result/measurement for all 4 aspects of metabolic syndrome.

Trust to participate in reaudit 2f scheduled for data collection in July 2012 (so will be included in 2012/13 forward Priority Clinical Audit Programme)

In order to further improve prescribing levels to within BNF limits wherever possible a plan is to be agreed on improving clinical recommendations and compliance to the standards

PRN medications to be reviewed every 7 days in line with Trust policy, and cancelled where appropriate

Medical staff to be mindful of impact of regular antipsychotic prescriptions when prescribing PRN antipsychotics

Pharmacists to carry out spot checks on use of PRN antipsychotics

Programme participation in POMH audit to take place if scheduled by POMH, currently this agenda will be picked up under the reaudit of 1f above.

Priorities for improvement in 2011/12

Audit Topic	Explanation of what the audit was examining and what the general aims were
<p>POMH 6b Reaudit. Assessment of side effects of depot antipsychotic medication</p>	<p>Side effects can have a negative effect on patients' social and personal functioning, and may have implications for patients' long-term physical health e.g. weight gain leading to diabetes and cardiovascular disease. Patients experiencing adverse side effects may choose to discontinue or reduce their treatment, which will increase their risk of relapse and hospitalisation.</p> <p>This audit reviewed the practice of Trust clinicians and national results in relation to the care of people on depot medication for the following standards:</p> <p>1: Antipsychotic side effects should be 'monitored routinely and regularly' (NICE 2002). 2: 'People receiving depot preparations should be maintained under regular clinical review, particularly in relation to the risks and benefits of the drug regimen' (NICE 2002). 3: The side effects associated with antipsychotic drugs should be 'assessed using standardised methods and validated rating scales' (Clinical Standards Board for Scotland (2001)).</p>
<p>POMH 7b Re-audit. Monitoring of patients prescribed lithium</p>	<p>Lithium is licensed for the treatment of bipolar affective disorder and depression. It is used in three situations – the acute treatment of mania, prophylaxis in bipolar disorder and to augment antidepressants in treatment refractory recurrent depression. Common side-effects include an upset stomach, fine tremor, polydipsia (thirst), polyuria (passing more urine than usual, weight gain and hypothyroidism (underactive thyroid)).</p> <p>Lithium has a narrow therapeutic range and there is a small margin between an effective dose and a toxic one.</p> <p>Lithium is not metabolised by the liver and is almost wholly excreted in the urine. Any changes in kidney (renal) function, fluid balance (such as dehydration) or electrolyte levels (such as a low level of sodium in the blood -hyponatraemia), can potentially lead to lithium accumulation which in turn can lead to renal damage and toxicity. All patients who receive treatment with lithium should have their renal function (electrolytes and creatinine/e-GFR) checked regularly.</p> <p>The aim of this audit process is to ensure the mental and physical health of patients prescribed lithium in the care of SEPT Adult and Older Persons Community Teams through the monitoring of compliance with baseline and annual monitoring measurements and tests indicated as best practice.</p>

Actions to improve the quality of healthcare provided

A list is developed and maintained in every team identifying every service user on depot medications

Every service user on depot medication has physical health checks carried out annually and recorded in the service user records. Physical health checks will include a physical examination, weight, height, BMI, extra pyramidal side effects and sexual side effects

The Trust will participate in the reaudit, 6c, which will take place in spring 2011 as part of the POMH programme and identified on the Trust's Priority Clinical Audit Forward Programme for 2011/12

Ensure Lithium Database is being utilised to flag pending tests and inform clinical teams proactively

Ensure distribution of Lithium Booklet and monitoring diary to all service users on Lithium

Ensure Topic 7c re-audit is included in Trust-wide Priority Clinical Audit Programme for 2011-12 as identified by POMH Forward Programme for June 2011

Priorities for improvement in 2011/12

Audit Topic	Explanation of what the audit was examining and what the general aims were
POMH 8b Reaudit. Medicines reconciliation	<p>In Clinical practice the aim of medicines reconciliation is that there is no unintentional discrepancy between medication prescribed prior to admission and medication prescribed at the point of admission to hospital.</p> <p>The aim of this audit was to ensure medicines reconciliation occurs appropriately and in a timely way in the Sept Adult Acute, Elderly Acute and Forensic Inpatient Ward</p>
POMH 10a Baseline Audit. Use of antipsychotic medicine in CAMHS	<p>Antipsychotics are prescribed by the vast majority of child and adolescent psychiatrists in the UK and a significant proportion of community paediatricians. The indications and most common uses of antipsychotics in children and adolescents include challenging behaviour/aggression in autism and conduct disorder, psychosis, and tics/Tourette's syndrome. However, there is a growing awareness of the adverse-effect profiles of different drugs and greater sensitivity to these effects in children and adolescents</p> <p>The aim of this audit was to ensure the mental and physical health of children and adolescents in the care of CAMHS Teams through the monitoring of side effects of antipsychotic drugs</p>

The reports of 52 local clinical audits were reviewed by SEPT in 2010/11 and SEPT intends to take the following actions to improve the quality of healthcare provided.

The 52 local clinical audits reported during the year breaks down as follows:

- ▶ 32 Local clinical audits were reported within the 2010/11 Forward Priority Clinical Audit Programme (plus an additional 7 national audits)
- ▶ 14 Local clinical audit projects were reported for South Essex services during 2010/11
- ▶ 16 Local clinical audits were reported for Bedfordshire and Luton services during 2010/11

A review of the range of local clinical audits shows:

- ▶ The Trust engages with reaudit at local as well as national levels
- ▶ There is a local focus on delivering the expectations of bodies such as NICE, the Care Quality Commission (CQC) and other regulatory and accreditation providers
- ▶ Local clinical audits are conducted to support and inform the development of new Trust services
- ▶ Local clinical audits are conducted to ensure service user safety and to enhance their experiences of Trust services

Actions to improve the quality of healthcare provided

Ensure that a statement referring to the patient's adherence to documented medications is recorded and ensure that the significance of the issue is raised during the induction programmes of doctors / included in the induction packs.

To participate in any re-audit of Topic 8, if identified in the POMH-UK Forward Audit programme. (Currently not identified before January 2013)

The findings of this report be shared with the Child and Adolescent Psychiatrists of the 6 CAMHS Essex and 4 CAMHS Beds and Luton Teams included in this audit and disseminated through them to other relevant clinical staff to ensure appropriate monitoring of service users prescribed antipsychotics.

The Project Leads to share audit results with their individual CAMHS Medical teams, set standards to improve practice in the areas of identified risk and inform CAMHS Clinical Governance committee (or PDG) of actions agreed

Ensure audit topic 10b is identified within the Trusts Priority Clinical Audit Programme for 2011-12

Brief examples of the actions taken to improve services as an outcome of local clinical audits include:

Patient Safety audits

The Trust participates in a number of audits related to patient safety, for example the Trustwide audit of Risk assessment and care planning carried out in Community Mental Health Teams in Essex, Bedfordshire and Luton, which found very high levels of compliance with the expectation that service users would have current risk assessment and care or risk management plans related to any identified risks in place.

Service user experience audits

Many audits in the past year have investigated service user experience, especially related to their and their carer's involvement in their care planning, such as the Care Programme Approach (CPA) audits for every relevant Trust service and the Service User satisfactions surveys for discrete services. This is a high priority agenda for the Trust and every effort is made to support carers and service users to know what services are available for them. Actions to improve these services include; Out of Hours contact details to be added to the contact numbers on the new Day Resource Centre Booklet (Day Resource Service User Evaluation); Care coordinators to ensure that the main carer has been identified and contact made, record details on CPA1 (South Beds CMHT, Older People Service CPA audit).

Service redesign audits

Clinical audits have also informed the development of new services in the Trust, and evaluated whether expectations of services are being appropriately delivered. Examples of these are the Comparative audit of Recovery-Oriented Practice on Cedar and Willow Wards in South Essex (brief details shown in following pages) and the Audit of Transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services which resulted in actions such as; The Transition Protocol is re-evaluated by the author in the light of this audit's findings particularly in relation to single service referrals and non-CPA cases and any necessary amendments made and CAMHS and POWA professionals to work together to signpost young people who have low level support needs to other adult community support services. Examples of Clinical Audits reported in SEPT during 2010/11, one national and two local, are shown on the following pages.

Example of a National clinical audit reported in SEPT in 2010/11

POMH 2e Reaudit of Screening for metabolic side effects of antipsychotic drugs for patients under the care of Assertive Outreach Teams (AOT's)

Bedfordshire and Luton AOT's participated in this audit process in April 2009 and April 2010. Comparing results from these two audits the findings include:

- ▶ Increased proportion of patients having blood pressure recorded (65% to 68%). In comparison the Total National Sample (TNS) only increased from 41% to 42%
- ▶ Increased proportion of patients having BMI/other obesity measure recorded (57% to 66%). In comparison the TNS only increased from 33% to 39%.
- ▶ Decreased proportion of patients having blood glucose measurement documented (57% to 52%). In comparison the TNS remained constant at 38%, so Trust services are still ahead of this
- ▶ Decreased proportion of patients having blood lipids measurement documented (59% to 52%). In comparison TNS improved from 34% to 35% but again Trust services are still ahead of this
- ▶ All 3 Teams demonstrated a proportion of 4% or lower when compared to the TNS (28%) for proportion of patients with no evidence of screening. This is a positive finding and shows 96% of our service users had been screened
- ▶ Combined results showed 70% of patients that smoked had a record of cessation help documented in 2010. This compared to the TNS of 62.5%, again a positive finding for the Trust

Summary: This audit shows evidence of improvement in service delivery from baseline to reaudit in the Bedfordshire and Luton AOTs although some standards had slipped a little. However, scores were generally better for the Bedfordshire and Luton AOT's than the Total National Sample (TNS) and most areas audited ranked the Trust 3rd out of 29 for this re-audit. A further reaudit (POMH 2f) is programmed for 2012/13 and Trust services will participate

Example of a local clinical audit in South Essex

Comparative audit of Recovery-Oriented Practice on Cedar and Willow Wards

Introduction

Following an audit of recovery oriented practice carried out on Boleyn Ward during 2007, the South Essex Service User Research Group (SE-SURG) was asked to repeat the audit on the new Cedar Ward, which replaced Boleyn with the opening of Rochford Hospital, and to carry out a further audit on Willow Ward.

One element of the audit was based on measures included in the DREEM (Developing Recovery Enhancing Environment Measure), i.e. The Elements of Recovery and Recovery Enhancing Services (ERRES) measure. The version used asks service users to rate their services on 18 dimensions known to be key factors in enhancing recovery, such as spirituality, relationships, general health and managing mental health. The audit found:

- ▶ Areas of excellence: Cedar achieved this for 3/18 dimensions and Willow 4/18
- ▶ Areas of good practice: Cedar achieved this for 12/18 dimensions and Willow 6/18
- ▶ Areas with most room for improvement: Cedar 3/18 and Willow 8/18 dimensions

Summary: The audit results were largely very positive on both wards which was recognised in the audit reports and recommendations developed for each ward to improve where necessary.

Example of a local clinical audit in Bedfordshire and Luton

Key Performance Indicators/Essence of Care progress report from April to August 2010. Older People Mental Health Services (OPMH) Bedfordshire and Luton

In order to keep an up-to-date view of services the Directorate of Older Peoples Mental Health (OPMH) conduct KPI/ Essence of Care audits on a regular basis. This is the 9th opportunity to look at each of the indicators in Essence of Care and key service level findings were:

- ▶ Continence 96.6% compliance in August 2010 Vs 95.6% in April
- ▶ Personal care/hygiene: 96.6% compliance in August Vs 99.2% in April
- ▶ Nutrition: 96.05% compliance in August Vs 98.9% in April
- ▶ Pressure ulcers: 89.1% compliance in August Vs 95.6% in April
- ▶ Communication: 97.5% compliance in August Vs 95.4% in April
- ▶ Record keeping: 100% compliance at both time points
- ▶ Self care and safety: 96.3% compliance in August Vs 98.5% in April
- ▶ Privacy and dignity: 97.3% in August Vs 96.2% in April

Summary: This regular reaudit process ensures that OPMH inpatient services are consistently delivering the highest levels of patient care across a wide range of areas. Areas of concern, even at this very high compliance level, are clearly identified in the audit report. It is anticipated that this process will be extended to other teams from 2011.

2.2.3 Research

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

The number of patients receiving NHS services provided or sub-contracted by South Essex Partnership Trust in April 2010 – March 2011 that were recruited during that period to participate in research approved by a research ethics committee was four hundred and twenty seven (427).



2.2.4 Goals agreed with commissioners for 2010/11

The CQUIN (Commissioning for Quality and Innovation) payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of commissioner-provider discussions. It is an important lever, supplementing Quality Accounts to ensure that local quality improvement priorities are discussed and agreed at board level within – and between – organisations. It makes the provider's income dependent on locally agreed quality and innovation goals (1.5% on top of actual outturn value in 2010/11).

The CQUIN goals are expected to be stretch targets to improve quality of service in areas of particular interest to individual PCT's. The payment for CQUIN goals is non-recurring, only being agreed for a single year and if not achieved payment in part or whole may be withheld by the PCT's. Activities undertaken during 2010/11 for which SEPT received additional payment under the CQUIN remit include:

- ▶ HoNOSPbR – as noted in section 3.1 the development of Payment by Results (PbR) is a national requirement which has the potential to radically change the way mental health services are commissioned and provided in the future. This achievement enables commissioners and providers to understand the outcomes experienced by patients receiving mental health services and to improve the quality of services. SEPT achieved a level of 74% of its service users being placed into one of the 21 'clusters' under HoNOSPbR during 2010/11 which raised an additional ££118,240 for the Trust

- ▶ Medicine Management in Secure Services – this goal was developed to ensure that robust processes were in place in relation to the management of medication in all Trust secure services, adult mental health as well as learning difficulties. The project showed excellent levels of compliance with PCT and Board expectations and resulted in CQUIN payment of £71,864
- ▶ A target was set that 98% of crisis referrals from GP's received a first contact and initial screening by the Crisis Resolution and Home Treatment service within 4 hours of receipt of referral. SEPT regularly achieved 100% for this target across 2010/11 for which the Trust was paid an additional £84,341

A proportion of SEPT's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between SEPT and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

In 2010/11 commissioners identified that £2,238,894 was conditional on achieving quality improvement and innovation goals. SEPT received £1,738,894 as a result of achieving agreed goals. It should be noted however, that NHS South West Essex withdrew £500,000 CQUIN funding in year as part of its financial turnaround plan. This meant that some quality improvement schemes were not taken forward but SEPT did wherever possible continue to make identified quality improvements. All other quality improvement goals agreed were achieved.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at <http://sept.nhs.uk/corporate/reports.aspx>

2.2.5 What others say about the provider

The Care Quality Commission (CQC) has the remit for carrying out investigations and reviews into quality aspects of services delivered in the NHS. This can form part of a regular two-yearly review process, or special investigations or reviews. As part of this regular process a 2 year review of compliance was undertaken in February/March 2011 which included submission of Provider Compliance Assessment tools, requesting comments from stakeholders and unannounced spot check visits to different Trust locations.

SEPT is eagerly awaiting the outcome of this regular review from the CQC and taking forward any improvement actions identified as an outcome of the audit, however anecdotal comments at the time of the review were overall very positive in all areas. The CQC assessors praised the excellent patient environments and found patient areas to be clean and inviting. They found that staff were helpful, welcoming and courteous.

SEPT is required to register with the Care Quality Commission and its current registration status is registered without conditions. SEPT has NO compliance conditions on registration.

The Care Quality Commission has not taken enforcement action against SEPT during 2010/11

SEPT has not participated in special reviews or investigations by the Care Quality Commission.

2.2.6 Data quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. It also underpins effective commissioning of services. Improving data quality, which includes the quality of ethnicity and other equality data, will improve patient care and improve value for money. SEPT has invested significant resources in collecting, reporting and utilising data to make decisions about where we are doing well and where further improvement might be needed.

SEPT regularly uses data to inform the Board and senior committees of progress with quality indicators and is always seeking ways of ensuring this data is robust. An example of this is the Audit Commission independent review of the data used to report performance against the quality indicators contained in the 2009/10 Quality Account, which resulted in them making only 2 minor recommendations for improvements. However, whilst this was very reassuring SEPT does not rest on our laurels and we have identified significant further investment in upgrading of existing IT systems to continue to improve data quality and information that aids decision making.

SEPT has a number of organisational values, including to deliver high quality integrated services, to provide person centred care and to ensure excellent performance and efficiency and to support these values has embarked upon a programme of work to modernise the management of corporate and clinical information within SEPT. A

number of specific areas were identified where improvements would enhance care and improve SEPT's overall efficiency and safety record, these include:

- ▶ Management Dashboards to facilitate real time views of current performance along with sophisticated trend analysis. This will provide a single aggregated view over many disparate systems located within SEPT.
- ▶ Clinical Workbench to provide Clinicians with clinical records, both textual and scanned images, on demand so that clinical decisions can be made from accurate, real time data.
- ▶ Capturing data in a more efficient way to provide higher quality through the use of electronic forms, known as eForms, and would enable SEPT to benefit from reduced overheads of data entry.
- ▶ Conversion of paper based patient records into an electronic format to improve accessibility for Clinicians and other SEPT staff and the wider care community.
- ▶ Sharing data to enable SEPT to provide important clinical and management data with other organisations, such as Local Authorities, Primary Care Trusts and General Practitioners.

The patient NHS number is the key identifier for patient records. The National Patient Safety Agency (NPSA) is concerned about the numbers of patient misidentification incidents reported nationally and therefore improving the quality of NHS number data has a direct impact on improving clinical safety.

NHS Number and General Medical Practice Code Validity:

SEPT submitted records during April 2010 to March 2011 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

– which included the patient's valid NHS number was:

99.8% for admitted patient care;
100% for outpatient care; and

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

99.5% for admitted patient care;
100% for outpatient care; and

Information Governance Toolkit attainment levels

The Information Quality and Records Management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation.

SEPT Information Governance Assessment Report overall score for 1 April 2010 to 31 March 2011 was 68% and was graded SATISFACTORY

Actions to improve data quality

SEPT will be taking the following actions to improve data quality

- ▶ Daily Validation of missing or inaccurate data fields on Information system
- ▶ Routine Data Quality Reports sent to clinical staff
- ▶ Monthly Data Quality Group Meetings
- ▶ Monthly monitoring of Data Quality at Board Level

Clinical coding error rate

SEPT was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission (because Payment By Results is not applicable to mental health service contracts)

Review of quality performance during 2010/11

3.1 Performance against quality improvement priorities for 2010/11 identified in 2009/10 Quality Report/ Account

SEPT set out ambitious plans for improving quality during 2010/11 in the areas identified by stakeholders as their priorities. Good progress was made overall.

Improving patient safety

Goal	Target	2009/10 (baseline)	2010/11 performance
Increase the number of referrals to CRHT screened within 4 hours and increase in activity in pathway during year	98% in south Essex 95% in Bedfordshire and Luton	SE 95% B&L 76%	SE 100% B&L 98%
Increase the number of patients discharged from hospital in Bedfordshire and Luton who receive a face to face follow up	85%	50%	93%
Action will be taken to monitor patients' perception of feeling safe whilst an in-patient and to address issues identified	Actions taken to improve perception of safety.	88% patients felt safe in Essex 89% of patients felt safe in Bedfordshire and Luton	84% Essex 85% B&L England Average in 2010 survey 85%

NB: Green indicates goal achieved fully; amber that the target has mainly been met; red that the target has not achieved its aim

	Narrative
	<p>This goal was developed to make sure that there is a clear pathway for people in mental health crisis and a rapid response to referrals. The goal has been fully achieved at the end of the year.</p>
	<p>Ensuring patients discharged from inpatient care receive a quick follow up reduces risk of harm and social exclusion and improves the continuity of care. Whilst services meet the national target for following up patients this goal increased the proportion of follow-ups conducted face to face rather than by telephone.</p>
	<p>We have looked at a range of actions to improve patient's perceptions of feeling safe on our wards. During the year, we have ensured the high visibility of Senior Sister and qualified staff and hand held devices have been installed on acute wards enable 'real-time' feedback to be sent to the ward manager and senior management team. Additional actions improved handover and further development of DSSA practice.</p>

Improving patient experience

Goal	Target	2009/10 (baseline)	2010/11 performance	
Action will be taken to improve patient involvement in care and decision making	Improvement on baseline	52% (National Patient Survey results 2009/10)	69%	
Increase the number of carers of people with mental ill health who receive a carers assessment.	Achieve or exceed 35% across the Trust	33%	34%	
Take action to improve the quality of carers assessments.	Improvement on baseline across the Trust	43% felt staff understood the needs of carers	42%	
		58% said staff had spoken to them about their own health and wellbeing needs.	40%	
Increase the provision of carer education/ support programmes and the numbers of carers who participate in them	450 to receive training	406 carers attended carer education and training in 2009/10 and 11 trained to deliver training	819 carers attended carer education and training sessions	
	15 carers trained as trainers		15 Carers were trained as trainers	

	Narrative
	<p>This goal was set to increase the involvement of service users in care and decision making. During 2010/11 we introduced local "Point of Use" surveys across the organisation. The level of performance reflects the Excellent / Good responses received to Question 12 of the survey during January to March 2011.</p>
	<p>Carers play a vital role in supporting professionals and service users and helping to support them was identified as an area for further improvement. During 2010/11 we improved the provision of assessments to carers from the baseline position.</p>
	<p>The Trust conducts an annual survey of carers experiences and the responses have been collated to provide the performance levels reported. However, as the degree of improvement across the Trust is not as great as desired this quality initiative has been identified as a continuing priority and will form one of the priorities for improvement for 2011/12, as shown in section 2.1 above.</p>
	<p>This goal was developed to ensure that more carers receive support and development and have opportunities to share their, and learn from others' experiences. As with all other improvement priorities this was a 'stretch' target for the Trust and we have delivered carer education and training to over twice the numbers of carers hoped for. This should mean our carers feel better informed and more able support the person they care for.</p>

Improving service effectiveness

Goal	Target	2009/10 (baseline)	2010/11 performance	
Increase the number of urgent referrals to community mental health services to be assessed within 24 hours	98% Essex 95% Bedford and Luton	SE 95% B&L Data not available	SE 100%	
Increase the number of routine referrals to community mental health services assessed within 14 days in Essex and 28 days in Bedfordshire and Luton	98% Essex (14 days) 95% Bedford and Luton (28 days)	SE 95% B&L 30%	SE 99% B&L 97%	
Increase the number of patients treated within 18 weeks of referral to all services in Bedfordshire and Luton and 16 weeks in Essex	95% within 16 weeks Essex 90% within 18 weeks Bedford and Luton	SE 95% within 18 weeks B&L Data not available	SE 98% B&L 99%	
Outcome assessment using HONOS PbR will be undertaken for all patients	80%	0%	74%	

Rationale

This goal was set to ensure that patients are assessed urgently if they have an urgent clinical need. Although no data was available to report the position in Bedfordshire and Luton, the Trust can confirm that the target was achieved in south Essex.

Unfortunately, in Bedfordshire and Luton there had not been any systems in place to measure this before the integration with SEPT. Plans had been made to develop and implement these systems during 2010/11 however other priority work has meant this has not been done. It will be work undertaken during 2010/11.

The reduction in the waiting time between referral and assessment for routine referrals enables patients and referrers to have confidence that the care pathway is working effectively and efficiently and patients will be seen quickly.

The differences in time expectations are because in SEPT pre integration with BLPT the expectation had been assessment within 28 days, therefore the stretch target for Essex services was to reduce this length of time to 14 days.

BLPT did not have a defined timeframe and so the stretch target for services in Bedfordshire and Luton was 28 days. Having achieved this during 2010/11 services in Bedfordshire and Luton will now be expected to work to the same assessment timeframe as Essex services.

This goal was developed to reduce the waiting time from referral to the start of treatment because this is regarded as central to the effective provision of care and has consistently been identified as one of the top priorities by patients.

The Trust has successfully achieved the planned reductions in referral to treatment waiting time thereby supporting improvements in patient access, management of care pathways and reducing waiting lists reducing appointment cancellations, and improving appropriate discharge.

The goal of 16 weeks in Essex was agreed as a stretch target as services were already achieving the 18 week target. Services in B&L had not been subject to any monitoring previously and therefore the national target was applied.

The development of Payment by Results (PbR) is a national requirement which has the potential to radically change the way mental health services are commissioned and provided in the future. This achievement enables commissioners and providers to understand the outcomes experienced by patients receiving mental health services and to improve the quality of services.

3.2 Overview of the quality of care offered in 2010/11 against selected indicators

Comparative indicators/metrics are not as well developed in mental health as they are in other parts of the NHS which makes it difficult to present information which enables readers to compare SEPTs performance with that of other providers. In addition it is not possible to compare SEPT's performance over time as a result of the acquisition of the former BLPT with effect from 1 April 2010. Performance for the new combined entity, covering services provided in Bedfordshire, Essex and Luton, is now presented for the first time. These indicators were identified as being most relevant to 'new' SEPT following numerous planning events involving our staff, service users and carers, stakeholder and governors.

The majority of indicators that are able to be monitored and reported consistently in all providers of mental health and learning disabilities services are identified as key compliance targets by Monitor (regulator of NHSFTs). These are provided in section 3.3 below. SEPT is keen to see further national indicators developed so that SEPT can assess performance and service quality not just over time locally but in comparison with a cohort of similar trusts. SEPT is working with the Eastern Region Public Health Observatory (ERPHO) and other local providers of services like ours to identify a set of indicators that will enable this in future.

The indicators identified here are those where there is a nationally identified benchmark or target. Some of these were identified by ERPHO and included in the first Quality Profiles for mental health published in September 2010. All data is derived from the Trust's data collection systems and governed by standard national definitions.

NB: Green indicates goal achieved fully; amber that the target has mainly been met; red that the target has not achieved its aim

Patient Safety

Quality indicator	
Hospital acquired infections: Number of cases of C.Difficile Number of cases of MRSA	
Adverse incidents (NB this excludes Serious Incidents which follow a separate reporting process)	
% patients discharged with a named care coordinator	
Service effectiveness	
Psychiatric readmissions to hospital within 28 days of discharge	
Assaults on staff (by patients)	
2010 staff survey: staff recommendation of the trust as a place to work or receive treatment	

	Target/ Benchmark	2010/11 performance Bedfordshire/ Luton	2010/11 performance Essex	2010/11 performance SEPT overall
	0 0	0 0	0 0	0 0
	19 per 1000 bed days NB: it is generally accepted that high numbers of reporting incidents, with low levels of impact / seriousness is evidence of good practice	21 per 1000 bed days	12 per 1000 bed days	15 per 1000 bed days
	100%	98%	100%	99%
	Adults <= 6% Older people <=2%	6.7% Jan – Dec 2010 0.4% Jan- Dec 2010	6.8% Jan- Dec 2010 1.8% Jan – Dec 2010	6.8% Jan – Dec 2010 1.3% Jan – Dec 2010
	191.7 per 1000 staff (mental health trusts)	163.1 per 1000 staff	93 per 1000 staff	128.0 per 1000 staff
	2.49 (score calculated as average across all mental health trusts)	n/a	n/a	3.84 (score achieved top 20% performance)

Patient Experience

Quality indicator	Target/ Benchmark	2010/11 performance Bedfordshire/ Luton	2010/11 performance Essex	2010/11 performance SEPT overall
2010 in-patient survey result: How clean was the hospital room or ward that you were in?	54% "very clean" (average score of participating mental health trusts)	73% "very clean"	79% "very clean"	76% "very clean"
2010 in-patient survey result: overall how would you rate the care you received during your recent stay in hospital?	19% "excellent" (average score of participating mental health trusts)	24% "excellent"	32% "excellent"	28% "excellent"
% complaints responded to within agreed timescales	100%	99%	99%	99%

3.3 Performance against key national priorities

Performance against the relevant indicators and performance thresholds set out in Appendix B of Monitors Compliance Framework for 2010/11 is shown below. As identified previously, performance for the new combined entity, covering services provided in Bedfordshire, Essex and Luton, is presented for the first time and therefore historic data has not been provided. The indicators shown reflect those that Monitor require SEPT to comply with and these are subject to change annually. It should also be noted that the Care Quality Commission no longer identify indicators, so it is not possible to report under this heading as for last year.

Indicator	Target 2010/11	Trust Actual 2010/11
% patients discharged from hospital who received follow up contact within 7 days	> = 95%	95%
Proportion of people having a formal review within 12 months	> = 95%	97%
% of adult acute admissions gate-kept by Crisis Resolution and Home Treatment Team	> = 90%	98%
Commitment to serve new cases of psychosis by the early intervention teams	148 new cases	188 new cases
Data completeness (8 patient identifiers)	> = 99%	99%
Data completeness (3 patient outcomes)	>50%	81%
Delayed transfers of care (excluding due to social care issues)	< 7.5%	1.2%
Access to healthcare for people with a learning disability	6 requirements fully met	6 requirements fully met

What SEPT stakeholders say about us

SEPT try to take every opportunity for our service users and stakeholders to be able to talk with us, for example via Local Public Members Meetings, monthly Board meetings and 'Take it to the Top' where local meetings are arranged for interested parties to meet and talk with the Chief Executive or our Chair. We also have the annual stakeholder planning events where stakeholders such as service users, carers and commissioners, meet senior Trust managers and staff to review what has gone well and less well over the past 12 months, and to help identify what areas of our services we should take a greater focus on improving in the next year. Some of the positive comments about SEPT made at the stakeholder planning events this February 2011 include:

- ▶ "Very thought provoking event – as a service user myself it is good to know what SEPT is doing to improve the services and how SEPT is putting service users first"
- ▶ "This is the first SEPT planning event I have attended. I am incredibly impressed with the energy and the vision of the Trust, The patient centred approach is first class and other in the public sector could learn a great deal from SEPT."
- ▶ "Very good – great to get together with partners for thinking session."

Our stakeholders also feel confident enough to challenge us, which our Board is reassured to know. Comments such as those that follow will be heard and acted on, and the Board is entirely confident that the proof will be in the eating and local public members meetings, Board Meetings and other opportunities we have to talk with our service users and stakeholders will benefit from the open and honest dialogue between us and our stakeholders following such comments:

- ▶ "Need to follow up to see how many objectives have been achieved and that we have been listened too."
- ▶ "Interesting event with some really good discussion and ideas – reserve judgement on the success of the event until I see some change and improvements."
- ▶ "Main message to go away with is effective partnerships and much greater integration of professionals to ensure the future efficiencies and improved service delivery is achievable."

We have a system for service users to complain about our services when they feel they are not up to expectations and any such complaint is rigorously followed up.

We also ask for compliments, and our internal staff publication 'Trust Today' has a compliment of the week so that our staff knows how much our service users appreciate them. Examples of compliments received recently include:

- ▶ *"Thank you for showing me kindness and consideration at my time of need."*
- ▶ *"I have been locked up for the 1st time, at age 43 and was struggling to cope and thinking of killing myself. I was referred to the Prison In-Reach team, where I met 2 gentleman called J and J. They spoke to me and referred me to the Healthcare unit, they spoke to me on a level I understood and made me see there was some positive light at the end of the tunnel. They are true Hero's and a credit to their service. I hope one day to be able to help someone as they have inspired me to help others. P.S tell J to change his football team!"*

Closing statements from our Chief Executive

As I mentioned in my opening sentence I am delighted to be presenting this year's Quality Account and proud of its content. I believe I have given an honest flavour of quality in the Trust in all its aspects, those we are happy with and those that we feel we want to make improvements on. Key to the success of our Trust is the willing involvement of people who use our services and those who care for them, stakeholders such as LINKs who help us to shape our services to meet local needs and the understanding of our commissioners about the services that need to be funded, and of course our superb staff who deliver such excellent services.

2011/12 is going to be another challenging year with finances being every stretched and with the likely merger with three community provider trusts, two in Essex and one in Bedfordshire to be integrated into SEPT later in 2011. However, I am confident we will step up to all challenges and opportunities this allows us and this time next year I will be writing to tell you about all the good things that have happened and are happening in our extended trust.

This Quality Account is an annual reporting requirement with a number of mandated statements which have to be included just as they are however I hope I have given information in an open and useful way. As this report is an annual requirement I would be delighted to receive any ideas as to how this could be made more interesting or useful for future years, and sincerely ask that if you have any ideas you contact me (Insert contact details).

To finish, I would just say that information on progress with quality goals we sign up to are regularly reported at our Board Meetings which I would encourage all interested parties to attend. We also report on more locally focused issues at our Public Members meetings where again I would encourage people to come and talk to staff and managers responsible for care in their area. You will be made very welcome, I promise!



Annex 1 Statements from primary care trusts, LINKs and HOSCs

The following organisations were invited to provide a statement that would be included in our Quality Account

PCT's

- ▶ NHS Bedfordshire/NHS Luton
- ▶ NHS South West Essex/NHS South East Essex

HOSCs (Health Overview and Scrutiny Committees)

- ▶ Bedford Borough Council
- ▶ Central Bedfordshire
- ▶ Luton Borough Council
- ▶ Essex County Council
- ▶ Southend Borough Council
- ▶ Thurrock Borough Council

LINKs

- ▶ Essex and Southend LINKs
- ▶ Thurrock LINKs
- ▶ Bedford LINKs
- ▶ Bedfordshire LINKs
- ▶ Luton LINKs

NHS South West Essex

NHS South West Essex (NHS SWE) as the lead Commissioner for South Essex Partnership University NHS Foundation Trust (SEPT), welcomes the opportunity to comment on the Trust's second annual Quality Account for the NHS services provided to patients during the reporting period 2010/11.

To NHS SWE knowledge, the information contained in the Account is accurate and reflects a true and balanced account of the quality of the provision of services.

NHS SWE meets quarterly with the Trust to review all areas of patient safety, experience and clinical effectiveness and is working with the Trust to provide evidence at these meetings of the Trusts ongoing improvements in quality to assure NHS SWE in its role of the commissioner and its accountability for the monitoring of quality in the services it is commissioning.

NHS SWE notes the Chief Executive comments regarding the positive feedback from staff in the staff survey through a period of transition and recognises that this is an achievement with the intense work that was undertaken in relation to structures and the bringing together of services.

The Quality Account for 2010/2011, as with the previous Quality Account for 2009/2010 has shown excellent involvement of staff and stakeholders in identifying the priorities for 2011/2012 and the PCT commends this process of 'Stakeholder Planning Events.'

SEPT has noted that they provide forty six NHS services and the

PCT can confirm that they regularly report on their progress and improvement against goals and targets within these services through the formal contract monitoring meetings.

The Quality Account clearly demonstrates the achievements made in 2010/11 in relation to SEPT's performance against priorities but does recognise that more work is required to improve the experience of patients receiving care in the community. The Trust has recognised that this is a key area for development and NHS SWE will work in partnership with the trust to monitor the work that is underway to improve this.

NHS SWE has been working closely with SEPT on serious incidents to strengthen the reporting process and to ensure a culture of continuous learning is developed across the organisation. As commissioners we recognise that the analysis and reviews of serious incidents has fed into the five priority areas of the Quality Account and the Account would benefit from further elaboration on the achievements and challenges faced in embedding the learning from incidents and investigations.

In 2010/11 NHS SWE agreed specific areas for quality improvement schemes with SEPT, this was through the quality schedule and CQUIN scheme. SEPT has worked hard and through the Account has demonstrated improvements in key areas.

NHS SWE is pleased to note SEPT's performance against their key national priorities where all the targets have been met and in some instances exceeded.

SEPT's staff continue to show a collaborative approach to producing evidence and assurance for the quality of services provided at the regular quality monitoring meetings undertaken with NHS SWE.

This includes the positive approach to clinical audit at both a national and local level and NHS SWE will monitor the progress on actions taken following the audits through the Contract Quality meetings. NHS SWE welcomes the continuous monitoring of standards of care through audit which will enable the Trust to recognise areas of concern and take action to proactively improve services in the best interests of patient safety and experience.

The areas of priority for 2011/12 identified by SEPT demonstrate a commitment to improving support provided to carers, recovery focused services, physical health, risk assessment and service user involvement in care and decision making.

Whilst there is a positive approach to support provided to carers, consideration should be given to placing greater emphasis on staff training to demonstrate they understand the needs of carers and that they are communicated with fully in relation to their own health and wellbeing needs.

The direct feedback quotes from patients and stakeholders in the Accounts are noted and welcomed and consideration could be given to including quotes from staff.

It would be useful to understand how the Trust is intending to gain feedback on the experience of the harder to reach groups who receive services from the Trust.

NHS SWE would welcome reference to the challenge for health service providers to recognise vulnerable adults and children through their contact with patients.

NHS SWE will be seeking reassurance that statutory, national and local Child Safeguarding procedures are in place, subject to audit and that the Trust is fully represented on local safeguarding boards and committees.

NHS SWE will also wish to support the Trust in monitoring its compliance with the statutory requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards to ensure that vulnerable adults are supported in making decisions related to their care and treatment.

The Quality Account gives a good reflection of the Trust's achievements for 2010/2011 and the Trust has been clear where they believe there is room for improvement.

NHS SWE is fully supportive of all the priorities identified by the Trust in taking forward the patient safety and experience and clinical effectiveness agenda and looks forward to working in partnership with the Trust.

NHS Bedfordshire

NHS Bedfordshire is the lead commissioner Mental Health and Learning Disabilities services provided by South Essex Partnership University NHS Trust within Bedfordshire and Luton. NHS Luton as associate commissioners have proved comment for this statement. NHS Bedfordshire therefore has a duty under the National Health Service Act 2006, to confirm that this Quality Account contains accurate and relevant information in relation to the NHS services provided in 2010-2011.

NHS Bedfordshire is pleased that South Essex Partnership University NHS Trust continues to be registered with the Care Quality Commission.

The trust is to be congratulated for their achievement of gaining an entry into the International Dementia Excellence Awards for Beach Ward and also the implementation of the Productive Mental Health Ward Programme in Bedfordshire and Luton in-patient wards.

Reasonable steps have been taken to ensure the data has been checked for accuracy against data supplied by the trust throughout the year, regular reviews and monitoring of data is part of the contractual quality monitoring systems.

The Trust has worked hard to improve the quality of services, and the various initiatives that have been introduced to improve the quality of services are encouraging.

The Trust has had regular clinical quality review meetings with the commissioners where progress against an agreed quality schedule is monitored.

The Trust's management of serious incidents has improved with good reporting and improved quality of root cause analysis of Serious Incidents (SIs).

NHS Bedfordshire supports the priority improvement areas identified for 2011/12. The priority factors address the important issues pertinent to South Essex Partnership University NHS Trust in Bedfordshire and reflect local requirements.

NHS Bedfordshire can confirm that the Quality Account provided for 2011/12 contains accurate information and reflects the quality of current service provision. The account contains the challenges for continued improvement and monitoring of effective patient outcomes which NHS Bedfordshire will continue to review.

SEPT Board of Governor's Statement on the Quality Account

The draft Quality Account for 2010/11 was first shared with Governors at a Governor's Board meeting on Thursday 28th April 2011. Governors were invited to review the document and feedback comments individually to the Company Secretary or to attend one of two meetings arranged one in Essex on 10th May and one in Luton on 13th May to discuss the contents and draft a response to the Board on which the statement below is based.

SEPT Governors have appreciated the keenness of the Trust Board to engage with them in all processes related to quality in the Trust. We have been invited to attend the Trust Stakeholder events, alongside members of staff, training establishments such as the University of Bedfordshire and senior staff from Local Authorities, where much of the day was spent considering the quality improvement priorities for the coming year. The list of 5 priorities for 2011/12 feels familiar from discussions we had there. We also wish to express our appreciation for the regular updating of progress with improvement goals via reports in Board and Governor's meetings where there has always been a very visible presence of Executive Directors willing and able to answer questions raised by us and other attendees.

A number of Governors were involved in interviewing potential Non-Executive Directors for Bedfordshire and Luton which was a new experience for us that we found to be very useful and informative. We believe that it is essential to the success of SEPT that the Trust has strong leadership at all levels. Patrick as Chief Executive, Lorraine our Chair and the Board are great exemplars of this but the Trust has also provided training for us governors to be able to contribute as fully as possible by understanding what is being presented to us and encouraging our leadership to challenge, which is always accepted with a positive attitude in both directions.

Governors particularly want to highlight the value we place on the encouragement of the Board to involve us in raising awareness and improving the quality of Trust services in a very 'hands on' way by visiting Trust premises and being able to openly scrutinise the services we found being delivered. In Bedfordshire and Luton in particular this has meant we have been able to see the improvement to the inpatient facilities in Luton which now provide light and welcoming wards and garden areas which we feel must have a positive effect the wellbeing of the people using these areas, service users and carers especially but it must also be heartening for staff to work in these beautiful working environments.

We feel that the Quality Account is an open and honest commentary on what has occurred in the last year. Patrick's statement that he would share what he felt to be good and not so good was followed through on, but in fact some governors thought that he had rather 'undersold' the good work that has been done and have asked for some additional positive comments to be included in the document. We have also asked for some explanations about the improvement tables, which look familiar but which we felt could have a bit more detail.

Although we understand that within the Quality Account there are statutory statements that have to be made there are some elements that were rather difficult to digest and these too we feel have been openly discussed, but a number of us have made requests for more detailed explanations to suit non-professional readers which we hope the Trust will be able to action this year, or if not to take into consideration for next year.

SEPT Governors look forward to working with the Board and SEPT staff to improve quality in the Trust even further during 2011/12 and would like to thank the Board for the opportunity to comment on this Quality Account.

Bedford LINK

SEPT is to be congratulated for the extent of its contributions to research and investigations into the mental health provision of patients. It is felt that some targets already identified will need careful attention during year 2011/12 - these being:-

Page 5 - Physical health assessments - these should be very wide ranging and include comprehensive blood testing together with notes of the whole range of the patient's symptoms - both physical and mental.

Page 19 - Carers' assessments are vital but must be followed up by appropriate support.

Page 22 - Patient Experience Quality Indicator - a score of 24% "excellent" seems low. Hopefully we will see a detailed survey of Patient Experience taking place in the near future, especially in view of the Government's emphasis on this factor.

Bedford LINK is pleased to have the opportunity to engage with SEPT in the comments on this Quality Account (QA) Report.

However in order to contribute in a meaningful manner in the future, it is to be hoped that SEPT will engage in a developmental approach to its next QA Report and that this will spread over a period of some months, prior to the report being drafted.

Bedfordshire LINK

Bedfordshire LINK is pleased to review the Quality Account for SEPT who we feel have made great steps forward to improve the mental health provision in Bedfordshire and Luton since acquiring the Trust in April 2010.

The Quality Account is written in a very open way, and we believe is a fair assessment of the development and progress of SEPT since taking over the provision of services. The opening statement from the Chief Executive, again, comes across as very open and warm, and we feel there has been a real effort by SEPT to involve stakeholders in improving the delivery of mental health services. It is evident from the documentation that the Trust values the input from the lay representatives; the comments from stakeholders and services users on page 23 is very heartening.

We have welcomed the quarterly meetings with the Chief Executive of SEPT to raise issues as they arise, the public events and stakeholder meetings the Trust has run across the county and generally the feeling of being included when decisions which will affect the communities we serve as a LINK are being made. This involvement is a very important aspect to the LINK as we have often found that consultations often mean seeing and hearing about plans but not being listened to.

We have been involved in the recent consultations relating to the transformation of the in-patient bed provision for mental health and made a response to the consultation. It is hoped that the new facilities will replicate what the Trust achieved with the developments at Weller Wing - Keats Ward and Townsend Court,

that thought is given to accessibility of the provision in Bedford and Luton for Central Bedfordshire residents. In terms of recovery and social inclusion of services users, members are keen to see how the interaction between the Trust and the GPs unfolds. Mental health illness happens at any time, often GPs are the first port of call and many lack the training and experience of dealing with mental health issues.

In respect of the above, the LINK has met with SEPT to undertake joint visits to some of the mental health bases and also to talk to the Community Mental Health teams to see if these facilities are CQC compliant. We have worked with the Trust to develop the reporting tool and it now incorporates the LINK enter and view reporting content.

Recently some members have had the opportunity to visit the new facilities which will replace Townsend Court and Poplars Ward in Houghton Regis, and have been very impressed with the thought the SEPT team have given to the service user environment and activities for the service user, but most encouraging of all has been to note that the Trust has used the funds prudently and retained items that were sound and could be reused.

We note the five priority areas identified by the Trust for improvement and certainly will be interested to see how the Recovery Star initiative which focuses on people managing their own mental health works in the long-term and how it helps people improve their recovery. We agree it is important to give people the ability to manage their own recovery, but it is also important to note when things are going wrong or where they have regressed for some

reason, therefore risk assessments and routine monitoring is essential. In conclusion, we feel encouraged by SEPT's Quality Account, and congratulate the Chief Executive and staff for their hard work and determination to improve mental health provision for the communities in Bedfordshire and Luton.

Luton LINK

This response is from Luton LINK and does not necessarily reflect the views of Central Bedfordshire LINK (Bedfordshire LINK) or Bedford Borough (Bedford LINK) as each of these three LINKs which represent the 'Bedfordshire community' present with a number of variables, which without doubt influence and determine the type and the extent of the service provided.

Luton LINK would like to thank SEPT for providing Luton LINK with the opportunity to formally respond to the DRAFT Quality Accounts before publication.

Overall Presentation

The structure and format could have been more 'user friendly' as the purpose of Quality Accounts is to provide the community with a transparent account of the process and outcomes of a quality service which is both cost effective, clinically safe and meets the needs of the users of the service. A 'jargon buster' or glossary of terms used would be an extremely useful addition to this report as the majority of mental health service users are unfamiliar with medical terminology, managerial 'jargon' and frequently used abbreviations. Graphs and visual diagrams would have improved the presentation from a public perspective.

Priorities for Improvement

The identification of the FIVE key priorities must be commended as a manageable number and stated targets achievable. It would enhance transparency for the public to be given the criteria in which the Board determined these priorities.

Support for Carers

More detail required on the collection of activity data and information on where this data will be stored. Baseline performance should include a comparative analysis on the current position.

Physical Health

The rationale could have included data from Luton Borough Council's Joint Strategic Needs Assessment (JSNA), as this data clearly identifies trends in health status amongst identified ethnic and at risk groups.

Risk Assessment

The rationale could have identified that when establishing a baseline performance in this area it will be compatibility with the Boards current Clinical and Corporate Governance structures.

Service User involvement in care and decision making

Luton LINK commends the Trust for clearly identifying this as a priority area which requires urgent improvement. Once the results of the national survey are published Luton LINK would value the opportunity to be directly involved in participating in local survey implementation.

Clinical Audits

An operational definition of 'Clinical' would be useful for the users and carers of mental health services as the data produced in the reports places emphasis medical intervention.

Local Clinical Audits in Luton

Fully endorse the continued improvement and monitoring of key performance indicators of care in Older Mental Health Services.

Data Quality

The term 'quality of ethnicity' is too ambiguous and should identify the method of consultation with 'ethnic minorities on setting quality indicators.

The electronic storage of patient records should include a statement on who will have access to this confidential data.

Actions to improve Quality Data

More specific detail required on the actions to be taken following the monitoring process.

Performance against quality improvement priorities

Carers Assessment: The baseline requires a more robust method of assessing carers needs which should be in consultation with the carer and supportive significant others.

Increase in the provision of carer education/support. More detail required on how the numbers were reached, i.e. 'How many Carers are currently registered' and information on where these programmes are going to be delivered.

Referrals: Explanation of why Bedfordshire and Luton treated within 18 weeks and 16 weeks in Essex.

Summary and Recommendations:

1. Request that Luton LINK have an input in the compilation of the Quality Accounts for 2011/12.
2. The format of this Report needs to be available in other languages as requested.
3. The presentation of this report needs to be more 'user friendly' with an attached glossary of terms and abbreviation explained.
4. The Report should include population statistics and comparative data which reflect the specific health needs across all the communities in which SEPT is responsible for providing a mental health care service.

Luton LINK would like to formally thank all the staff of SEPT for promoting a positive working partnership between LINK members and the Trust over the past year.

This has enabled Luton LINK to formally address issues/ concerns expressed by the Users/Carers of Mental Health Services communicating an informed response to the public.

The success of the Joint Mental Health Event held in Luton, in January 2011 exemplifies a positive outcome for both SEPT, Luton LINK and the Luton Community on meaningful Public Engagement.

Essex and Southend LINK

The SE Essex locality of the Essex and SouthendLINK has considered the SEPT Quality Account 2010/2011.

Members have attempted to judge the performance of SEPT in SE Essex from the experiences and outcomes of patients and their carers where appropriate.

We have experienced difficulty in getting a wide range of experiences because of the need for providers of health services to protect patient confidentiality. Notwithstanding, members have been able to get a limited number of patient and carer experiences which enabled us to comment on the Quality Account.

Residents who have used Community Psychiatric Nurses (CPN) have praised the quality of the services provided by SEPT and the positive outcomes for patients and carers resulting from the use of these services. However, some residents criticised the difficulty of accessing CPN services.

Carers, who have not experienced CPN services, have complained to members that they are not adequately involved in the care of their loved ones. Carers feel excluded, and consider that the patient outcome is poorer caused by the lack of their involvement.

People with mental health conditions and carers who approach General Practitioners (GPs) for help report that many GPs signpost them to SEPT immediately without exploring what can be achieved by community services, both NHS, local government and voluntary. Many GPs are unaware of the services provided by SEPT. To help

overcome these problems, we suggest that SEPT should provide a brief and simple directory of services and additionally provide a GP telephone help line. Further we suggest that SEPT considers ways and means of involving GPs in mental health issues.

Members have performed arranged visits to the acute unit at Basildon viewing all the wards and the assessment unit. They report that they were impressed by the environment provided and the commitment of the staff. Further visits to other facilities are planned.

We are aware from time to time of unsatisfactory experiences of users of SEPT secondary care services. The evidence we have for this problem is from a limited number of carers, most of whom are both unwilling and afraid to pursue problems with ward management or other SEPT management. We are aware that SEPT management makes great efforts to get reliable patient and carer experience. There do seem to be problems of getting the necessary input to effect an improvement service delivery.

A member has reviewed the out-of hours service. The service was not considered fit for purpose. We are pleased to note that all local care services are working together to make a dramatic improvement of the out-of-hours service.

We are pleased to note that SEPT will be responsible for the provision of NHS community services in SE Essex. We look forward to patients and carers receiving a seamless service as a direct result to replace the present arrangements, and patients and carers will report improved outcomes as a result of this management change.

HJC 200511

SEPT Response To LINKs Statements

The Trust is very grateful that a number of LINKs have responded in such detail and would like to thank those that have responded, there is much in the content that we will look to implement.

We are disappointed with some of the comments made as we had felt that the regular meetings we had with LINKs were working well in enabling information sharing and assurance in both directions. However, we will put in arrangements to further improve communication going forward.

Annex 2

Statement of Directors responsibilities in respect of the quality report (to be finalised as part of external assurance process)

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:


- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- 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 2010 to June 2011
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - Feedback from the commissioners dated May 2011
 - Feedback from governors dated 13 June 2011
 - Feedback from LINks dated 20 May 2011, 23 May 2011, 27 May 2011
 - The national patient survey June 2010
 - The national staff survey March 2011
 - The Head of Internal Audit's annual opinion over the trust's control environment dated 13 June 2011
 - CQC quality and risk profiles dated March 2011

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

NB: sign and date in any colour ink except black



Chair

Date 13 June 2011



Chief Executive

Date 13 June 2011

Annex 3

Independent Assurance Report to the Board of Governors of South Essex Partnership University NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Board of Governors of South Essex Partnership University NHS Foundation Trust to perform an independent assurance engagement in respect of the content of South Essex Partnership University NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:

- Board Minutes for the period April 2010 to April 2011;
- papers relating to quality reported to the Board over the period April 2010 to April 2011;
- feedback from the Commissioners dated May 2011;
- feedback from Governors dated April 2011;
- feedback from LINKS dated May 2011;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2011 national patient survey;
- the 2011 national staff survey;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2011;
- Care Quality Commission quality and risk profiles.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Board of Governors of South Essex Partnership University NHS Foundation Trust as a body, to assist the Board of Governors in reporting South Essex Partnership University NHS Foundation Trust's quality agenda, performance and activities. I permit the

disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Board of Governors to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Board of Governors as a body and South Essex Partnership University NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). My limited assurance procedures included:

- making enquiries of management;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents including board reports, feedback from stakeholders, national surveys and the Head of Internal Audit Opinion.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Rob Murray

Officer of the Audit Commission

3rd Floor, Eastbrook, Shaftesbury Road, Cambridge, CB2 8BF

17 June 2011

