

Quality Account

2010/11

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Glossary

Term	Abbreviation	Description
Assurance	-	Providing information or evidence to demonstrate that something is working as it should, such as the required level of care or meeting legal requirements.
Care Quality Commission	CQC	The health and social care regulator for England.
Clinical Audit	-	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.
Clinical Coding	-	The translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format.
Clinical Effectiveness	-	The extent to which specific clinical interventions do what they are intended to do.
Clinical Governance	-	A system through which NHS organisations are accountable for continuously improving the quality of their services and ensuring high standards of care.
Clostridium Difficile	C-Diff	A bacterial infection.
Commissioning	-	The process of ensuring that health and care services are provided effectively and meet the needs of the population. Activities include assessing population needs, buying products and services and monitoring the provision of those services.
Commissioning for Quality and Innovation	CQUIN	A payment framework which enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Term	Abbreviation	Description
Community Metrics	-	Measures, usually statistical, used to assess the performance of clinical teams in the community.
Delivering Single Sex Accommodation	DSSA	A public commitment to eliminate mixed-sex accommodation for hospital inpatients.
Department of Health Operating Framework	-	A national document that sets out the priorities of the NHS.
Establishment Management Panel	EMP	A system by which the impact of posts (jobs) within Sussex Community Trust being vacant is assessed by clinical staff at executive level.
Information Governance Toolkit	-	A system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards.
Key Performance Indicators	KPI	Measures, usually statistical, which are used to assess performance against specific goals.
Local Involvement Network	LINK	Local health user groups with the aim of providing everyone in the community – from individuals to voluntary groups - with the chance to say what they think about local health and social care services.
Manchester Patient Safety Assessment Framework	MPSAF	A tool to help NHS organisations and healthcare teams assess their progress in developing a safety culture.
Methicillin-Resistant Staphylococcus Aureus	MRSA	A bacterial infection.
Metrics	-	Measures, usually statistical, used to assess any sort of performance such as financial, quality of care, waiting times etc
National Institute of Clinical Excellence	NICE	An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

Term	Abbreviation	Description
National Patient Safety Agency	NPSA	Lead and contribute to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector.
NHS Brighton and Hove	-	Formerly Brighton and Hove Primary Care Trust.
NHS West Sussex	-	Formerly West Sussex Primary Care Trust.
Parliamentary and Health Service Ombudsman	-	A national service undertaking independent investigations into complaints that a range of public bodies in the UK, including the NHS in England may not have acted properly or fairly or have provided a poor service.
Patient Advice and Liaison Service	PALS	A service providing a contact point for patients, their relatives, carers and friends to ask questions about their local healthcare services.
Primary Care Trust	PCT	A Primary Care Trust is an NHS organisation responsible for improving the health of local people, developing services provided by local GPs and their teams (called primary care) and making sure that other appropriate health services are in place to meet local people's needs.
Productive Series	-	A set of practical tools, such as patient experience surveys, developed by the NHS Institute for Innovations and Improvement, to help NHS services redesign and streamline the way they work.
Productive Ward	-	Ward based element of the Productive Series.
Quality indicators	-	Measures, usually statistical, used to assess the performance of clinical teams.
Quality, Innovation, Productivity and Prevention	QIPP	National NHS programme involving NHS staff, clinicians, patients and the voluntary sector which improves the quality of care the NHS delivers whilst making up to £20 billion of efficiency savings by 2014-15.

Term	Abbreviation	Description
Safer Smarter Nursing	-	A set of activities, led by South East Coast Strategic Health Authority, developed by senior nurse leaders from across the south east coast region working together with universities to improve care and patient experience.
South Downs Health	SDH	NHS Trust covering community health services in Brighton and Hove prior to the formation of Sussex Community NHS Trust.
Sussex Community NHS Trust	SCT	Community NHS Trust covering Brighton, Hove and West Sussex, formed by the integration of West Sussex Health and South Downs Health on 1 st October 2010.
West Sussex Health	WSH	The part of NHS West Sussex that provided (as opposed to commissioned) community health services in West Sussex prior to the formation of Sussex Community NHS Trust.

Part 1 - A Statement on Quality from the Chief Executive

Sussex Community NHS Trust was formed in October 2010. Services and staff from South Downs Health NHS Trust and West Sussex Health (formerly NHS West Sussex community services) were brought together with the shared aim of offering new and improved healthcare services to our communities.

Neither of our predecessor organisations were required to produce a Quality Account, so this is the first document of its type for community healthcare services in our area. Going forward, as we produce subsequent reports, you will be able to monitor our progress over time. Nonetheless, we hope you find our report a valuable presentation of our current performance and aspirations.

The simple definition of a Quality Account is that it is an annual report from a provider of NHS healthcare about the quality of services they deliver. In this report we describe and account for the quality of services we provided for the period April 2010/March 2011. We also set out our quality priorities for April 2011/March 2012.

Our report covers a range of issues and subjects, but in my introduction I would like to highlight three topics as these are often (and rightly) the focus of public scrutiny and media interest:

Healthcare Acquired Infections

Patient safety is a top priority, and one key issue is the number of patients who acquire a healthcare related infection whilst in our care. In 2010/11, just three patients were diagnosed as having an MRSA infection in our bedded units, and no new MRSA cases were recorded from November 2010 until the end of period covered in this Quality Account (31st March 2011). In 2010/11, 18 patients acquired a Clostridium Difficile infection in our bedded units. For more details see page 25 of this Quality Account.

Privacy, Dignity and Respect

Mixed sex accommodation has been eliminated in our units. There may be men and women patients on the same ward, but they will not share the same sleeping area, toilets or bathrooms. Every unit has separate facilities for patients, close to their bed. We only had one incidence of non-compliance in 2010/11. For details see page 34 of this Quality Account.

Clinical Effectiveness: Medication

In 2010/11 we made a commitment to improve the recording of patients' allergy status and increase the naming of the medication when recording drug incidents. With regard to *documenting patients' allergy status* we achieved an increase from 67%, to 90%. With regard to *medication name recorded in the drug field of the medication incident report* we achieved an increase from 48% to 94%. For details see page 37/8 of this Quality Account.

We are committed to continuing to improve in these areas.

As a new Trust, merged from two similar but different organisations, we have faced a number of challenges. Different policies, practices, information reporting and cultures have made informed reporting difficult.

We have illustrated in this report where there has been separate information sources. However we have made significant advances in bringing these issues together so that we are better able to report consistently on our quality measures. Some of these challenges remain for 2011/2012, but we are committed to sustaining and improving quality further.

We have a duty to publish a Quality Account and we welcome this as a valuable opportunity to help raise awareness of our work. In conjunction with our Annual Report, this Quality Account will give you an overview of what we do and the range of our activities and current performance.

In developing our Quality Account our leaders, clinicians and staff have been able to reflect on, and demonstrate, their commitment to continuous, evidence-based quality improvement. We want to be open as well, demonstrating real improvements where we can, and being honest about where we need to improve.

We want our Quality Account to be part of our evolving dialogue with the people we serve about what quality means and about how we must work together to deliver quality across the organisation. In offering you an overview of our approach to quality, we invite your scrutiny, debate, reflection and feedback. In this way, the report reflects the government's commitment to an 'information revolution', in which the provision of clear, accurate, honest information supports patient choice and enables our communities to hold us accountable for what we do.

The Quality Account must be both retrospective and forward looking. It should look back on our previous year's information regarding quality of services, and look forward to our priorities for improvement and how we will achieve and measure these improvements over the coming financial year.

I believe that our first Quality Account does all of this in a meaningful way, and offers a fair, accurate and balanced report on our quality and standards of care. I am pleased therefore, to present it to the communities we serve, and would welcome your feedback on what you read.

Andy Painton
Chief Executive

Part 2(a) Priorities for Improvement in 2011/12

During 2011/12 our priority areas for improvements are:

- The safety of service users, staff and visitors.
- Clinical effectiveness.
- The experience of our service users.

Maximise Safety for Service Users, Staff and Visitors

Safety is a priority for our Trust so that every interaction with patients is as safe as possible and avoidable deaths and harm are minimised. This work will be supported by the Clinical Governance and Patient Safety Committee which is chaired by our Medical Director.

During 2011/12 this group will:

- Support the launch of the revised Risk and Incident Policy, which includes the use of a new information system to ensure more timely and detailed reports on risks and incidents. This will support services in improving patient safety.
- Increase the quality of Serious Incident (SI) reporting so:
 - All SI's are completed within the prescribed timetable.
 - There is a new quarterly report to the Board that focuses on SI's
 - There is an improved system for sharing learning from Serious Incidents.
- Produce and implement a Patient Safety Framework pulling together work on avoidable infections, drug errors, falls, skin breakdown and malnutrition. This will include the development of higher quality handovers and transfers of care and the provision of individual care plans for every service user.
- Implement a governance review programme plan to improve the Trust's performance against the Manchester Patient Safety Assessment Framework (MPSAF) following an external governance review which used the MPSAF as an assessment tool in some of our services. The recommendations arising from the review have been used as a basis for 20 individual improvement projects, each with an Executive Director Lead.

Improving Clinical Effectiveness

Clinical effectiveness is about doing the right thing at the right time for the right service user to achieve the right outcome. To improve clinical effectiveness during 2011/12, we will:

- Introduce new community measurement systems (metrics) to further develop our reporting on quality in services. This work links the Commissioning for Quality and Innovation's (CQUIN), Safer Smarter Nursing and our Key Performance Indicators. Using metrics will give us a baseline to compare quality across all services allowing for continuous quality improvement. Work to define the metrics is ongoing in the following 12 areas:
 - Venous Thromboembolism (VTE)
 - Medication Errors
 - Falls and Fractures
 - Nutrition & Dietetics
 - End of Life Care
 - Pressure Damage
 - Safeguarding Vulnerable Adults
 - Catheter Care/urinary tract infections
 - Care planning/assessment of need
 - Transfers of Care
 - Patient/Carer Experience
 - Staff experience

- Continue in 2011/12, the implementation of the 'Productive Series' developed by NHS Institute for Innovation and Improvement. This involves 72 community based teams and eight leadership teams. The aim of the Productive Series is to improve efficiency, productivity, embedding continuous improvements, and to improve patient safety and patient experience. Results so far have delivered improvements across a range of quality indicators.

Improving the Experience of our Service Users

The experience of our service users is a top priority for the Trust. Service users should drive the design and delivery of our care.

To support our work we have established a 'Patient Experience Steering Group' chaired by the Assistant Director of Governance. Other members of this group include Care Group Representatives, Service User Representatives, Productive Series Leads, Customer Charter Leads, the Head of Marketing, Communication and Intelligence and the Non-Executive Director responsible for patient experience. During 2011/12 the group will:

- Develop a strategy for patient and carer experience, using the involvement of service users and carers and all relevant stakeholders.
- Pilot new ways of gathering patient experience such as the use of social media, focus groups and standardised Trust surveys.
- Collate and evaluate all service experience work and the resulting service improvements across the Trust.

Part 2(a)i Statement of Assurance from the Board of Directors

Background

Sussex Community NHS Trust is the main provider of community healthcare across Brighton and Hove and West Sussex. We employ more than 4,000 staff to provide essential medical, nursing and therapeutic care to over 9,000 people a day. We work with adults, children and families. Our key strategic aims are to:

1. Develop flexible and innovative care based on patient-centred design
2. Improve patient experience and raise the quality of care
3. Sustain and improve our financial strength
4. Become a thriving Foundation Trust supported by excellent staff and public engagement

In broad terms our work covers:

- Community rehabilitation and support - caring for people with complex health needs, and long-term conditions and people nearing the end of life
- Community rapid response - providing assessment and care for service users in need, helping to keep them out of hospital
- Intermediate care, offering short term recovery and rehabilitation in a service user's own home or in one of our inpatient beds, again helping to keep them out of hospital or helping them get well enough to return home
- Integrated discharge - working with service users, carers and with hospital staff to help a service user to return home from a hospital stay as soon as possible
- Health promotion - supporting local people to improve their health and wellbeing.

Our aim is to give people more choice about the care they receive. This means that when they need us, wherever they are, we will meet their needs by delivering services that are safe, effective, compassionate and respectful.

What We Spend

In 2010/11 our budget totalled £189m. This funding came from the Primary Care Trust, NHS West Sussex (£124m) and NHS Brighton and Hove (£65m).

In 2011/12 our budget is £184m. The reduction in funding reflects the transfer of adult neuro-rehabilitation beds to Brighton and Sussex University Hospitals NHS Trust and the reduction in income from the Primary Care Trust, plus the requirement on all NHS Trusts to make efficiency savings, as set out in the Department of Health's Operating Framework for 2011/12, published last year.

Part 2(b) Statements Relating to Quality of NHS Services

Review of Services

During 2010/11 we provided, either directly or in partnership via sub-contracts, 49 NHS services.

All the data available on the quality of care in all these 49 NHS services has been reviewed.

The income generated by the NHS services reviewed in 2010/11 represents 91% per cent of the total income generated from the provision of NHS services by Sussex Community NHS Trust for 2010/11.

Participation in Clinical Audits

During 2010/11, nine national clinical audits covered NHS services that our Trust provides. There were no national confidential enquiries relevant to our services.

During that period the Trust participated in 22% of national clinical audits, of which we were eligible, and three further national audits which were not listed by the National Clinical Audit Advisory Group.

The listed national clinical audits and national confidential enquiries in which we were eligible to participate in during 2010/11 were:

- Childhood epilepsy (RCPH National Childhood Epilepsy Audit)
- Diabetes (National Adult Diabetes Audit)
- Chronic pain (National Pain Audit)
- Parkinson's disease (National Parkinson's Audit)
- COPD (British Thoracic Society/European Audit)
- Adult asthma (British Thoracic Society)
- Bronchiectasis (British Thoracic Society)
- Depression & anxiety (National Audit of Psychological Therapies)
- Falls and non-hip fractures (National Falls & Bone Health Audit)

The national clinical audits we participated in and for which data collection was completed during 2010/11 are listed on the following page, 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.

Category	National audit title	Participation	% Cases submitted
Children	Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	(Data collection not started)
Long term conditions	Diabetes (National Adult Diabetes Audit)	No	N/A
Long term conditions	Chronic pain (National Pain Audit)	No	N/A
Long term conditions	Parkinson's disease (National Parkinson's Audit)	No	N/A
Long term conditions	COPD (British Thoracic Society/European Audit)	No	N/A
Long term conditions	Adult asthma (British Thoracic Society)	No	N/A
Long term conditions	Bronchiectasis (British Thoracic Society)	No	N/A
Psychological conditions	Depression & anxiety (National Audit of Psychological Therapies)	Yes	(Data being analysed)
Trauma	Falls and non-hip fractures (National Falls & Bone Health Audit)	Yes	100% (96)

Sussex Community NHS Trust participated in two other National Audits which did not meet the National Audit Advisory Group's inclusion criteria.

National audit title	Participation	% Cases submitted
Continence	Yes	100% (117)
Depression detection and management of staff on long-term sickness absence. Occupational health practice in the NHS in England.	Yes	100%

The reports of three national clinical audits were reviewed by the provider and Sussex Community Trust intends to take the following actions to improve the quality of healthcare provided

Report 1. Falls and bone health in older people
Working with commissioners to establish a patient care pathway to be explained in the glossary for the secondary prevention of falls and fractures, and to include a Falls Liaison Service (FLS).
Working with commissioners to establish clinics which can perform effective assessments.
Working with commissioners to increase the capacity of falls clinics/service in order to meet the needs of the population of older people.
Improving the provision of local pharmacy expertise in falls prevention and bone health.

Developing pathways for referral and assessment of service users in care homes, as well as providing training in falls prevention management.
Reviewing local therapeutic exercise schemes and promote evidence-based programmes in collaboration with councils.
Reviewing procedures to share clinical information with acute Trusts and develop joint clinical governance for the falls/fracture pathways.
Implementing a screening tool, to be used by all healthcare professionals, whereby older people are routinely asked about falls and fractures.
Ensuring that rates of falls, categorised by severity, are accurately collected, analysed and reported at Board level.
Auditing compliance with falls assessment documentation and introduce fracture/osteoporosis assessment as routine for service users admitted with a fall or a history of falls.
Introducing procedures for routine provision of walking aids within 24 hours, including auditing at ward level.
Minor Injury Units (MIUs) to screen all older people for falls risk by asking about a history of falls in the previous 12 months and assessing for mobility and balance problems (e.g. with the Timed Up and Go Test). Service users identified as being at risk of falls will receive assessment for fracture risk (e.g. with the FRAX tool) and be referred for appropriate falls and/or osteoporosis assessment and treatment.
Ensuring that heart examination (electrocardiogram) recording and analysis, and measurement of lying and standing blood pressures are included as standard in falls assessments.
Taking steps to include older people with dementia in assessments.

Report 2. Continence
The recommendations following the national audit are to be incorporated into a local action plan. These recommendations and action plans are to be incorporated in to the Trusts service re-design project, which will take into account not only the recommendations from the audit, but also recommendations taken internally to improve the service user outcome and standard of care delivered in 2012/13.
Actions to be taken include the following, to ensure that:
Outcomes which measure quality of care and clinical outcomes for continence are adopted as a matter of urgency.
Once a positive response to a case finding question has been received, an assessment for that problem should be offered and organised, as appropriate.
Continence services are part of an integrated service and have a designated lead with responsibility as described in "Good Practice in Continence Services".
All staff are trained appropriately in the management of continence problems and that staff with the requisite skills are available for patients at all times.
Appropriate training courses are accessible and that structured training is taken up by staff.
The environment where assessments for continence care are carried out are fit for purpose, private and hygienic, in line with the privacy and dignity agenda.

:

Report 3. Depression detection and management of staff on long-term sickness absence as part of Occupational health practice in the NHS in England

The Occupational Health department considered the audit results in February 2011 in light of the targets and in comparison with the national results. Where consultations do not meet the standards set in the NICE guidance, Occupational Health professionals are to review their practice in order to make service improvements.

These would involve:

Education and training.

Sharing good practice between service staff and with colleagues throughout the Trust

Using tools to enable improvements, for example algorithms and developing action plans.

Supporting comprehensive documentation of consultations.

Local clinical audit

The reports of 147 local clinical audits undertaken by Sussex Community Trust staff were reviewed by the Trust in 2010-11. We intend to take the following actions to improve the quality of healthcare provided:

Evaluation of the procedure for the “Statement for Special Education Needs”

- Medical Officer to be notified if statements are being issued without medical assessment for Statement for Special Education Needs
- Lead secretary and education department to ensure that spreadsheets for data collection have a standard format.

Audit of integrated referral pathway for a child with severe speech and language difficulties

- Improve Children’s Assessment Framework / audiology / child health record / medicals in the pathway for children with severe speech & language difficulties.

Medicines Policy audit, Community Nursing Service

- Write to GP governance lead, PCT and copy to Community Pharmacist to remind GP’s about correct documentation on prescribing charts
- Update/ remind all staff about not taking verbal orders for controlled drugs
- Reminder to all nurses and team administrators regarding the use of verbal order section on the prescribing chart and ensure one is available for every service user
- To consider having the prescribed medication form printed
- To ensure that all medication documentation includes service users addresses
- To ensure that all errors in recording are crossed through and signed and dated
- The above will be addressed through the Community Nursing Service record keeping workshop and re-audited in 2011/12.

Department of Foot Health notes audit (allergies)

- To discuss results of Foot Health Notes Audit (Allergies) with Foot Health staff with a view to improve practice.

Clinical audit of nutrition, Virtual Ward 1

- Acknowledge and encourage staff to continue good work and continue completing MUST (Malnutrition Universal Screening Tool) and monitoring
- Greater emphasis on the case management approach to care i.e. personalised management of care in order to improve outcomes.

Clinical audit of nutrition, Virtual Ward 2

- Share new results with staff and re-circulate the 3 stage patient notes system
- Ensure staff are aware of the importance of the MUST screening
- Offer re-training if necessary
- Ensure service users/staff have access to scales
- Ensure staff are equipped to measure this using alternative techniques
- Discuss difficulties and why a decrease in results
- Ensure staff are equipped for this procedure
- Ensure correct documentation available for the team to develop plans of care
- Discuss difficulties and why a decrease in results
- Ensure all staff have access to nutritional policy and read it.

Clinical audit of nutrition, Virtual Ward 3

- Report results at team meeting
- Revisit MUST Training on Training Tuesdays
- Identify from audit areas that are not completing nutritional assessment and address reasons at Bay Meeting
- Revisit audit at ward level in 3 months with a target for improvement.

Audit into the use of the Patient Group Directive Checklist, West Sussex Musculoskeletal Service

- Management of the Wards and Hospital, in coordination with Information Governance Manager
- Need to ensure that patient care related information is adequately documented in Medical Records, and there are appropriate arrangements in place to ensure their security.
- Staff should be advised to ensure that the details of patient care related meetings, including date and time, are documented in the Medical Records, where required
- The Medical Records cabinet in the Wards should be moved to a more suitable location, preferably behind the Nursing Station so that access to the cabinet is suitably restricted
- Staff should be advised to ensure that loose pages in medical records are re-filed/secured appropriately

- An audit/review should be undertaken to check Medical safety and security of medical records
- To email the new version of checklist to all musculoskeletal staff working under a PGD in full, and to all administrative leads to ensure that checklist is available as required
- To discuss at Clinical Reference Group and ask all locality representatives to disseminate information to all staff injecting under PGD again; following this up in minutes to all clinical staff within the musculoskeletal service
- To re-audit checklist use between May and July 2011.

Safe use of insulin in primary care: collaborative baseline audit of insulin administration and documentation by community nurse teams

- Urgent action is needed to identify and correct all insulin directions where the word 'unit' is abbreviated or the dose is otherwise unclear
- When insulin is administered by community nursing teams the administration device should be an insulin syringe. The insulin should be available and prescribed as vials. Supplies of insulin syringes must always be available to community nurse teams
- Service users requiring insulin administration more than once a day should be reviewed by the prescriber and community team. Change to a once daily regime should be considered wherever possible to reduce demand on the community team whilst maintaining appropriate glucose control and quality of life
- Organisations should develop policies which define the circumstances where advance preparation of insulin syringes might be necessary. Pre-prepared syringes are effectively unlicensed medicines, so should only be used when all other options have been exhausted
- Directions for community nursing teams to administer insulin should have a standard format which is easily recognised and does not require transcription. Such directions must include the full name of the insulin, the dose to be given (with no abbreviation for the word 'units') and be signed and dated by the prescriber
- Medicines Management Quality and Outcomes Framework (QOF) points could be used to incentivise GPs to review insulin patients managed by community teams and ensure directions to administer insulin meet the required quality standards.

Benchmarking against NICE PH10 Public Health guidance - Smoking Cessation Services

- Offer behavioural counselling, group therapy, pharmacotherapy or a combination of treatments that have been proven to be effective (see the list at the start of section 4)

- Ensure clients receive behavioural support from a person who has had training and supervision that complies with the 'Standard for training in Smoking cessation treatments' or its updates
www.nice.org.uk/page.aspx?o=502591
- Provide tailored advice, counselling and support, particularly to clients from minority ethnic and disadvantaged groups. Provide services in the language chosen by clients, wherever possible
- Ensure the local NHS Stop Smoking Service aims to treat minority ethnic and disadvantaged groups at least in proportion to their representation in the local population of tobacco users.

Balance Exercise Programme Patient Experience Survey: Osteoporosis and Falls Prevention Service

- A more consistent approach to sending out the written information should be adopted by the service
- Introduce a stepping exercise section within the exercise programme to focus on going up and down steps/stairs.

Hypertension audit by prison services

- As now all offenders will have Medical records on System1, a criterion for Hypertensive offenders and those recording high blood pressure readings will be commenced
- This will be set up after discussions with the GP and Clinical Nurse Manager
- Blood pressures will be carried out on all who require them.

Health records audits

- In addition to the above, 135 health records audits were undertaken by services in Sussex Community NHS Trust
- Action plans were developed to address the emerging issues, and common actions included the following:
 - Advise staff to ensure that the following is clearly recorded in the notes:
 - Ethnicity
 - Religion
 - Time of entry in records, and time of visit/call
 - Unique number on each page, along with the patient's name
 - Patient's NHS Number
 - Share audit information/results with staff
 - Provide training to staff on record keeping/management
 - Improve recording of consent.

Participation in Clinical Research

The number of service users receiving NHS services, provided or sub-contracted by Sussex Community NHS Trust in 2010/2011, recruited during that period to participate in research approved by a research ethics committee was 87.

Use of the CQUIN Payment Framework

A proportion of Trust income in 2010/11 was conditional on achieving quality improvement and innovation goals. Goals were agreed between South Downs Health, West Sussex Health and Sussex Community Trust (from 1st October 2010) and any person or body that entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at:

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

Statements from the Care Quality Commission (CQC)

Sussex Community NHS Trust is required to register with the Care Quality Commission and its current registration status is 'registered with no conditions'.

The Care Quality Commission has not taken enforcement action against Sussex NHS Community Trust during the reporting period (1st October 2010 to 31st March 2011).

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Between the 1 October 2010 and 31 March 2011, three Review of Compliance reports were published for Trust locations registered with the CQC. All three locations were subject to unannounced inspections within a CQC Planned Review programme. All three locations inspected were assessed as compliant with all 16 CQC Core Outcomes.

The Trust also undertakes proactive internal 'Assurance Audits' to self-assess its service user, visitor and staff safety, clinical effectiveness and service user experience against the CQC Outcomes, identifying areas for improvement and ensuring follow-up remedial actions are completed.

Data Quality

Sussex Community NHS Trust wants to improve data quality and has initiated the following actions which will continue in the year 2011/12:

- Procurement and implementation of new community and child health system to replace several older systems in use. This will reduce the need for separate spreadsheets, databases and paper records which are currently relied on for recording activity and outcome measures, as current systems cannot be adapted to current information needs
- New Trust-wide business intelligence system to go live, enabling data from multiple sources such as finance, staff records and clinical systems to be reported centrally to managers. The functionality will enable drill-down into detailed records, and interrogation of data quality reports, as well as comparison of data held across multiple systems and benchmarking
- Development of the business intelligence operational group to address data quality issues within source systems
- A unified Performance Intelligence team for the merged Trust, with a dedicated Data Quality Officer
- The integrated Risk Management system, Safeguard, is now in place for the merged Trust - this will enable consistent incident reporting across the Trust, supporting measurement of many of the Key Performance Indicators for quality.

On an ongoing basis “information asset owners” will be required to evidence their information sources to assure the Trust of each system’s data quality. There are also regular audits of key Trust information systems, the recommendations from which will be actioned appropriately.

NHS Number and General Medical Practice Code Validity

We submitted records during 2010/2011 to the Secondary Uses Service (SUS) 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:

- 98.5% for admitted patient care
- 99.8% for outpatient care
- 95.3% for accident and emergency care.

The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:

- 99.9% for admitted patient care
- 99.9% for out patient care
- 100.0% for accident and emergency care.

Data Completeness and Timeliness

Brighton and Hove services are subject to the following standards for data completeness and timeliness as set out in the Data Quality Policy for South Downs Health:

- Inpatient Admission – within 2 hours of admission
- Inpatient Discharge – within 2 hours of discharge
- Outpatient Cancellation – within 4 hours of cancellation
- Outpatient Attendance – within 4 hours of attendance
- Outpatient DNA – within 4 hours of DNA
- Prospective Community Event – within 24 hours of event
- Referral – within 24 hours of receipt
- Retrospective Community Event – within 5 working days of event
- Other event not elsewhere listed – within 24 hours of event.

Information is updated regularly in order for services to monitor their performance; overall performance for 2010/11 shows:

Timeliness	Within Target	Total	%
Referrals	33793	45433	74%
Community Contacts	127212	204479	62%
Outpatient Appointments	61693	63449	97%
Inpatients	940	1148	82%

Completeness	Within Target	Total	%
Outpatient Appointments	60681	63231	96%

Good practice from Brighton and Hove services will be shared with West Sussex services as appropriate.

Information Governance Toolkit Attainment Levels

Sussex Community NHS Trust Information Governance Assessment Report overall score for 2010/11 was 54%, and was rated “Not Satisfactory”, equivalent to the previously used colour definition of ‘Amber’.

Scores for South Downs Health and West Sussex PCT in previous years has been as follows:

	SDH	WSx PCT
2006/7	71%	-
2007/8	83%	64%
2008/9	80%	71%
2009/10	78%	63%

It should be noted that in 2010/11 the toolkit scoring system changed significantly, now requiring every element of each domain to be fully evidenced to score 'satisfactory'. If only one element is missing, the resultant score is immediately 'unsatisfactory, thus affecting the % score.

Clinical Coding Error Rate

Sussex Community NHS Trust was not subject to the Payment by Results clinical coding audit during 2010/2011 by the Audit Commission.

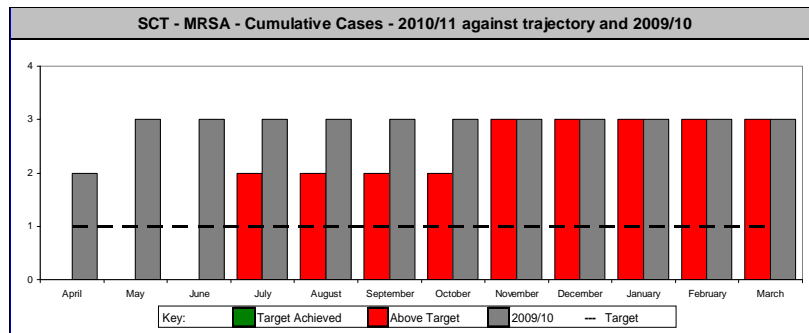
Part 3 – Review of Quality Performance

Service User, Staff and Visitor Safety

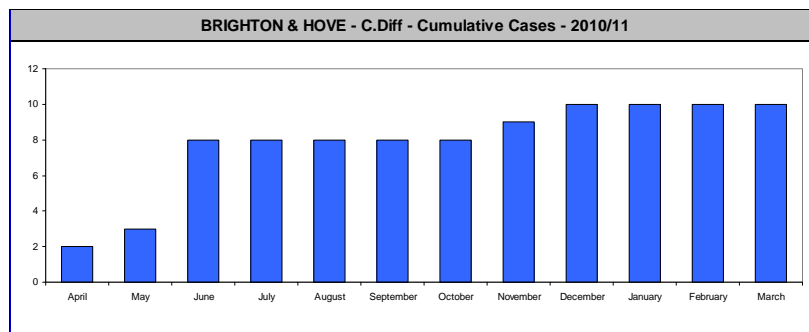
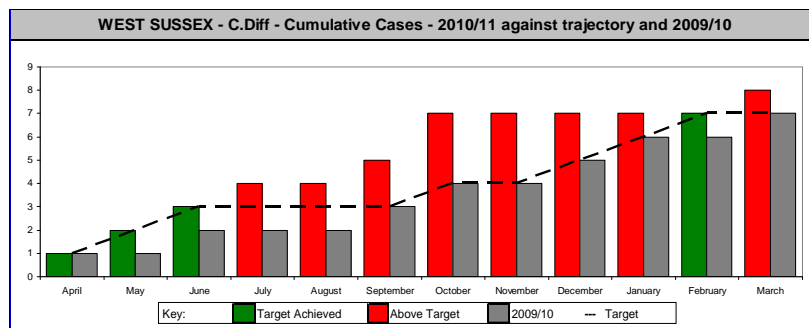
Healthcare Acquired Infections

In 2010/11, three patients were diagnosed as having an MRSA infection in Sussex Community Trust bedded units. However, no new cases were recorded from November 2010 until 31st March 2011.

This data is reported separately for Brighton and Hove and West Sussex areas.



In 2010/11, 18 patients acquired a Clostridium Difficile infection in Sussex Community Trust units.



Serious Incidents and Incident Reporting

Sussex Community Trust has a strict process for ensuring that Serious Incidents (SIs) are acted on promptly and that resulting actions are followed up.

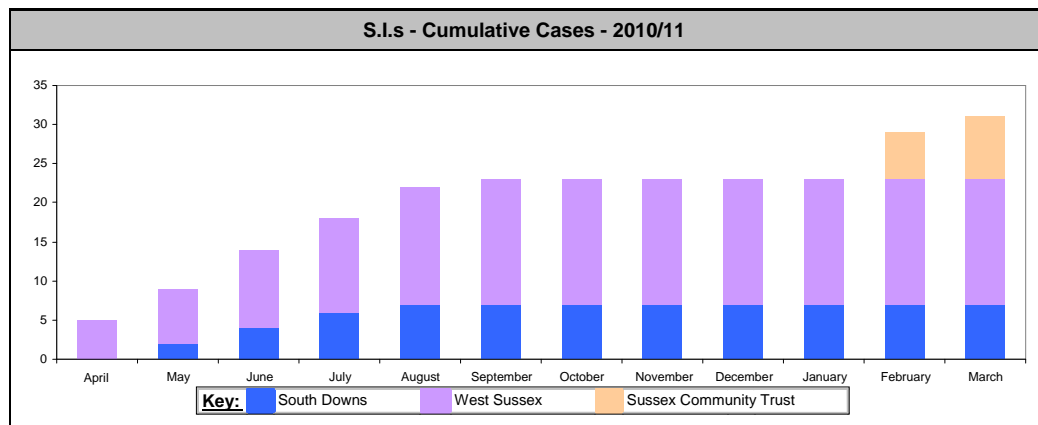
All SI final reports are considered by the Director of Operations / Chief Nurse, the Medical Director, the Assistant Director of Governance and the Risk Manager to identify actions and learning themes.

During 2010/11 the number of new serious incidents reported was 33. During this period the Trust has reported separately as West Sussex Health (18) South Downs Health (8) and Sussex Community Trust in its own right (7).

In response to an internal Clinical Governance Review the Trust has developed new incident reporting and management processes which will enable greater analysis and review of incident and their causes. All incidents are reviewed in relation to their severity. Those which are classed as serious are reviewed using the NPSA Root Cause analysis guidance to ensure that the underlying causative issues are identified. Quarterly reports are prepared, for review by the Board, to ensure that common themes or trends can be addressed.

Sussex Community Trust encourages staff to report incidents openly and honestly in line with our Being Open policy. We have developed training and promotional materials and introduced a new database and online incident reporting system to improve reporting and gives better analysis of trends. The National Patient Safety Agency (NPSA) in their March feedback data report, indicated that the Trust had improved its reporting frequency in relation to similar organisations, although still below the national average.

The following diagram shows the total number of Serious Incidents reported (cumulative figures) during between 1st April 2010 and 31st March 2011.



Falls Prevention

In 2010/11 services carried out work around falls prevention. For example at Bognor War Memorial Hospital in West Sussex an assessment of falls risk is made on admission.

On admission at Bognor all inpatients are assessed and an action plan is prepared for those at risk of falls. For patients at high risk we use appropriate technology to alert us when a patient gets out of bed or off the chair without assistance and we can provide modified low-level beds to prevent injury from falling. For patients at particular risk we employ additional staff to provide one to one support. All falls are recorded as a clinical incident and through the productive ward series.

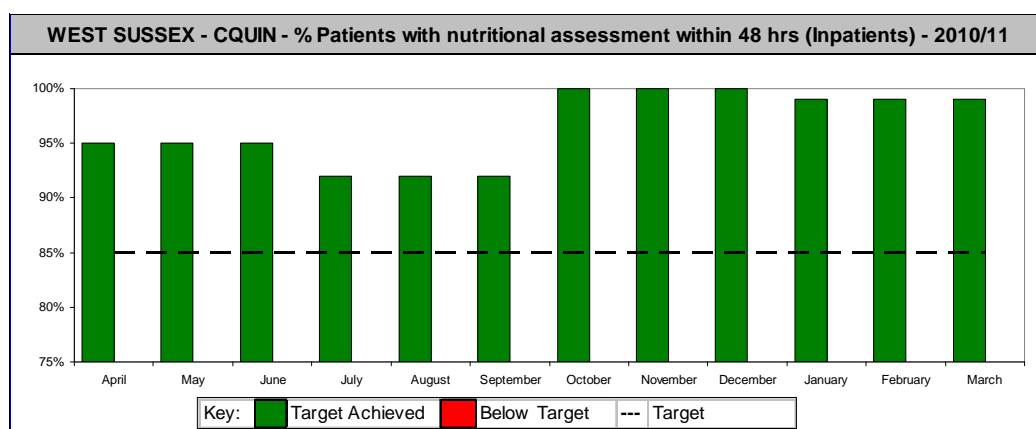
Another example is where the Community Nursing Services across Brighton and Hove and West Sussex have introduced a falls risk assessment tool at initial patient assessment following a positive response to a trigger question.

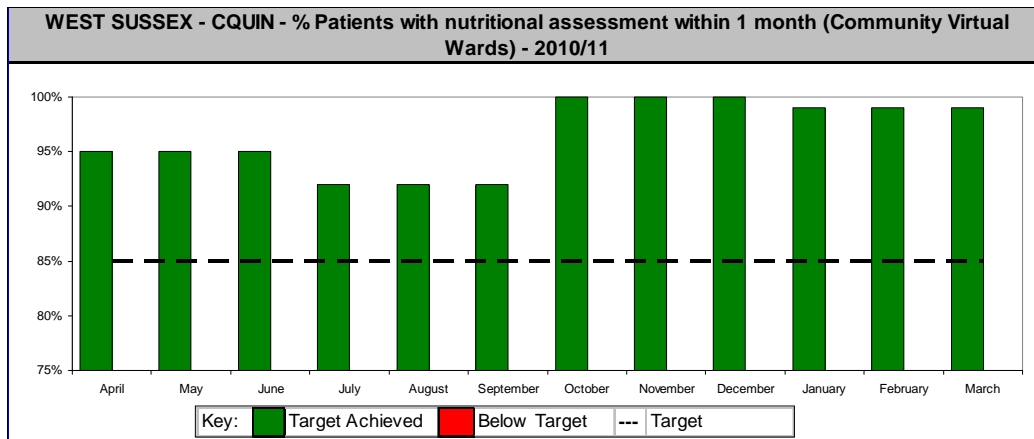
These initiatives will be shared across Sussex Community Trust in order to promote best practice in 2011/12.

Nutrition

All inpatient units are required to undertake a Malnutrition Universal Screening Tool (MUST) assessment on all patients within 48 hours of admission. The MUST tool leads to recommended actions which form part of the individual plan of care.

Sussex Community NHS Trust's compliance with these standards in the West Sussex area improved throughout 2010/11 rising from 95% of admissions with a risk assessment undertaken in 48 hours in June 2010, rising to 99% in March 2011. We have also seen an improvement in the follow up actions to the risk assessment being detailed in a care plan from 91% in June 2010 to 97% in March 2011. Please see below for details.





The Productive Ward Programme is being introduced at all community hospitals in West Sussex, the programme started in January 2010. The Productive Ward focuses on improving ward processes and environments to help nurses and therapists spend more time on patient care thereby improving safety and efficiency.

Units in Sussex Community Trust follow the Productive Ward meals module and patient opinion and experience is sought twice yearly in the form of questionnaires. Work continues to ensure that all bedded units across Brighton and Hove and West Sussex are compliant with these standards and that areas of best practice are identified, shared and implemented.

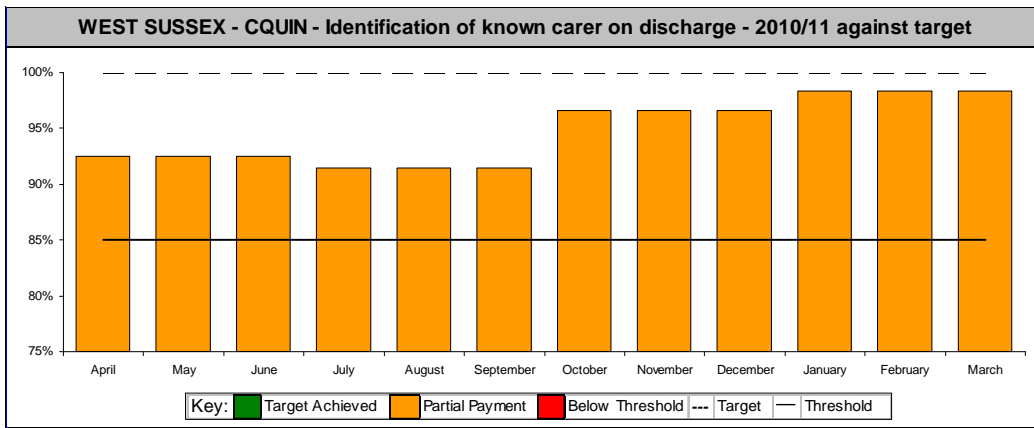
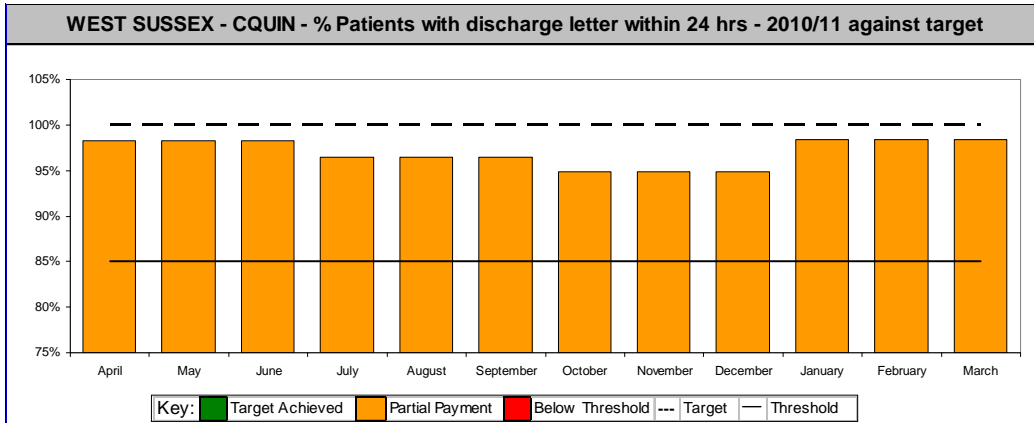
The Productive Community Hospital and Productive Community Services are being rolled out in all Trust services as part of a two year programme.

Discharge Planning

As part of the 2010/11 CQUIN scheme for the West Sussex area the Trust met goals in West Sussex with regard to discharge summary provision and work will continue to ensure that best practice is shared across the new organisation. The targets were:

- CQUIN 6a 100% of patients to have a discharge letter within 24 hours of discharge
- CQUIN 6b 100% of known carers to be identified where patients have a carer

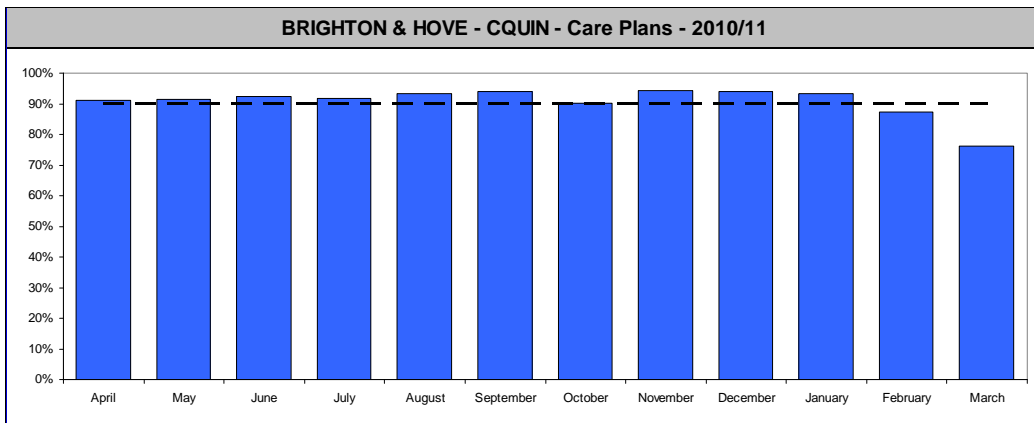
Our final reported position for the year was 97%.



Electronic discharge summaries will be developed as part of the 2011/12 CQUIN scheme across Sussex Community Trust.

Care Plans

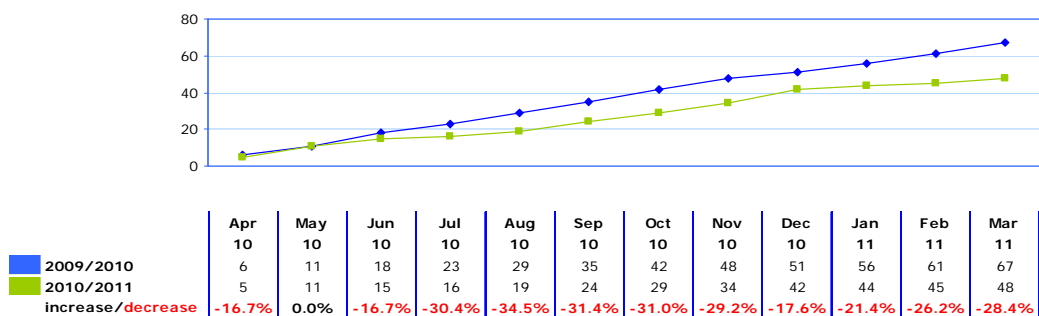
In 2010/11 in the Brighton and Hove area 91% of new referrals to eight services had individual care plans, over and above our target of 90%. In 2011/12 every patient within Brighton and Hove will have an individual care plan for their treatment/care.



Catheter Care

In 2010/11 community teams in Brighton and Hove identified a number of patients who were frequent users of local Accident and Emergency (A&E) departments. Care coordinators produced an emergency care plan for these patients which were shared across NHS organisation in Sussex. The results showed a decrease in A&E attendances and admissions for this group of patients.

Catheter Care - A&E Attendances - Year to Date Cumulative



Medication Information

All staff and services within Sussex Community NHS Trust are committed to ensuring that patients receive enough information about their medicines.

As part of the Productive Ward series in West Sussex some adult inpatient wards have issued questionnaires to patients to assess understanding and information received about their prescribed medication. The number of patients who completed these questionnaires was small so it is difficult to generalise the results.

The result from these questionnaires is reported below as a range. The positive replies varied from each ward and some wards repeated the questionnaire after six months.

Results from the Patient Questionnaires	Result (reported as a range in %)
Patients who reported understanding the reason for taking their medication or who felt they had received enough information about their medication.	Ranged from: 42 – 94%
Patients who reported receiving pain relief when they needed it.	Ranged from: 67 – 100%
Patients who reported that they received enough assistance with taking their medication.	Ranged from: 50 – 100%

Additional work will be carried out in 2011/12 to look at the provision of medication information available to patients.

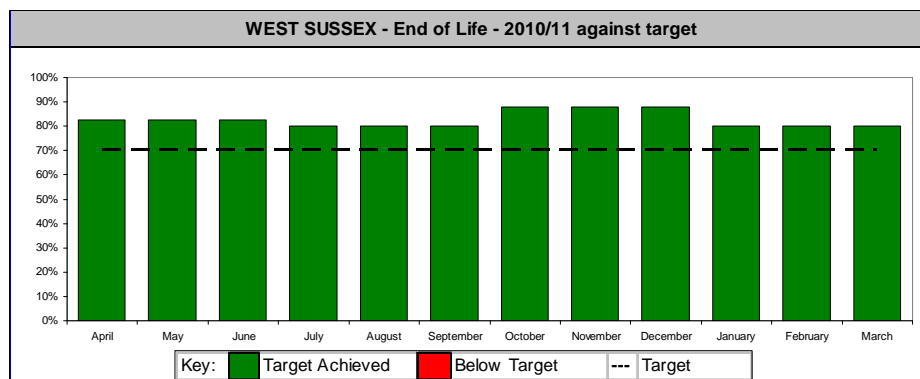
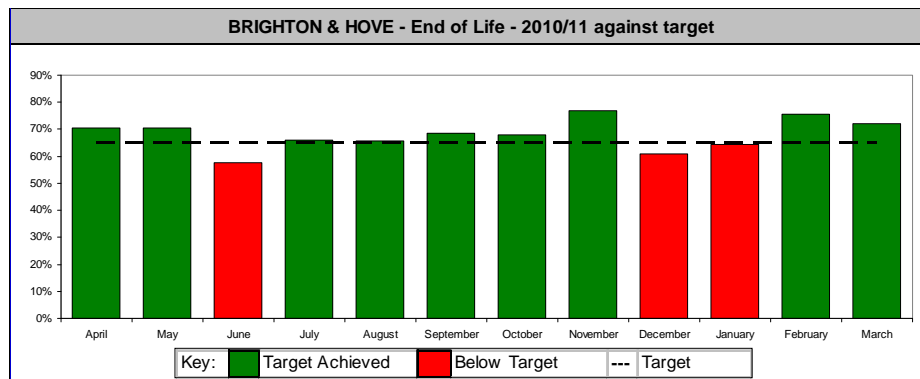
In 2010/11 the Trust strengthened the Medicines Management Team to provide support to various medicines management activities across different clinical services.

All adult inpatient community beds within Sussex Community Trust now receive regular visits by a pharmacist and pharmacy technician.

Service User Experience

Providing a good experience of care was a top priority for 2010/11, and our performance was regularly reviewed by the board.

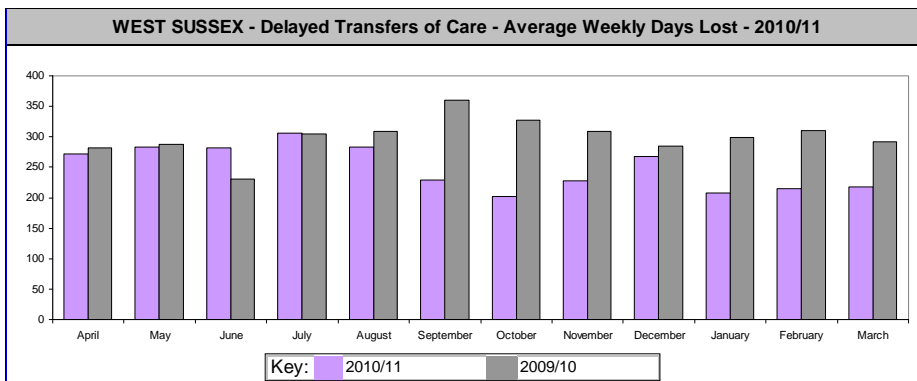
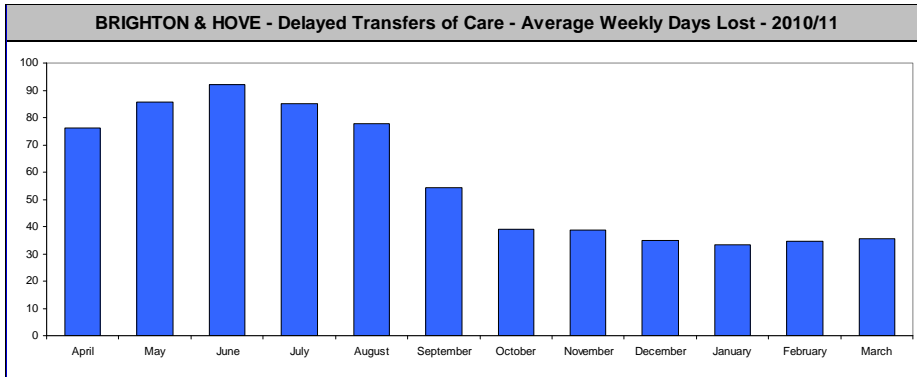
- In both Brighton and Hove and West Sussex we exceeded our targets for the percentage of patients at the end of life that were able to die at the place of their choice.



We did not hit our target for patients whose transfer of care is delayed, either from our own units or to our units from other settings.

However, our performance on delayed transfer of care has improved, thanks in part to the hard work of our demand, capacity and resilience team. This is a continued area of focus and a key objective working with partners.

Due to differing data sources prior to integration the following graphs show data for 2010/11 for Brighton and Hove and both 2009/10 and 2010/11 for West Sussex.



Reduced Staff Sickness and Reduced Use of Agency Staff

These two measures relate to staff. They are included here because the quality of care and outcomes for patients are better when care is provided in a consistent manner. Staff sickness and the use of agency staff can detract from this consistency.

Our people management agenda during 2010 was dominated by the creation of the new Trust. This complex and far reaching change required human resources (HR) management at every level, including work to integrate policies and management practice, managing the legal process of transfer and supporting managers and staff in a changing and changed situation.

We published our strategies for workforce and organisational development in October 2010, aligned our HR teams to the new clinical management structure, and developed a business partner approach to our support for line managers.

We are in a similar position to many Trusts, in that controlling our spend on staffing is vitally important. We have managed our staff complement throughout the year to ensure that we can deliver safe, effective services whilst delivering our financial outturn. We have made sure that managing our establishment has ensured appropriate staffing levels such that patients or services are not at risk. This has been actively managed and risk assessed

through our Establishment Management Programme (EMP). This programme involves clinical executive level scrutiny of the impact if any post is left unfilled.

Staff sickness

The average staff sickness rate fell during the year to 3.59%, just above our target of 3.5%. We take the health and welfare of our staff seriously, and in 2010 brought the whole of our occupational health service back in-house to provide a proactive support service to enable staff to return to health as quickly as possible. We also focused our health and wellbeing efforts on the top 20 hotspots for staff sickness.

In 2011-12 we are planning to introduce an enhanced system where managers can support staff to achieve a speedy recovery and return to work.

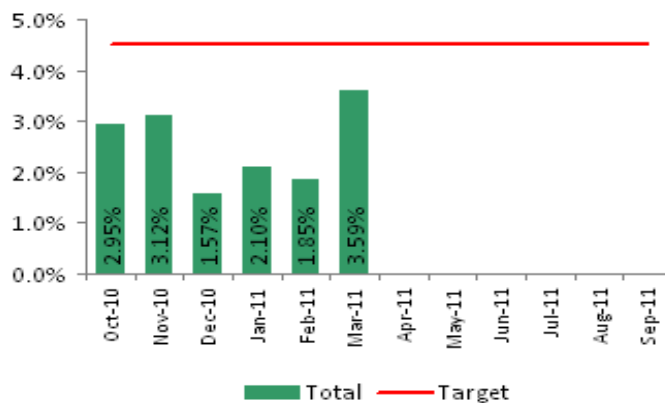
Use of Agency Staff

In 2010/11 we spent 4% of our total paybill on agency staff. We have sought to keep agency spend to a minimum through effective recruitment campaigns, and tackling sickness hotspots. We have signed up to a Strategic Health Authority wide Quality, Innovation, Productivity and Prevention project to drive down agency cost and use through collaboration with other Trusts.

Agency Spend as Percentage of Paybill

This chart displays the Actual Agency spend as a percentage of the Actual Total Paybill across Brighton and Hove and West Sussex.

Target agency spend for 2011/12: <4.5% of total paybill.



2010 Staff Survey

Over 2,000 of our staff responded to the 2010 staff survey - a response rate of 57%. Results were benchmarked over time and against similar organisations. Whilst our ranking showed improvement in some areas, we had lost ground overall since 2009. This is disappointing, though not surprising, given that our integration and the restructure of many services was underway as the survey took place.

Positive feedback showed that our staff are less likely than the NHS average to experience work-related stress or say they intend to leave their jobs, and more likely to say that their role makes a positive difference. The percentage saying they are satisfied with the quality of work and patient care they deliver has increased compared with the 2009 staff survey.

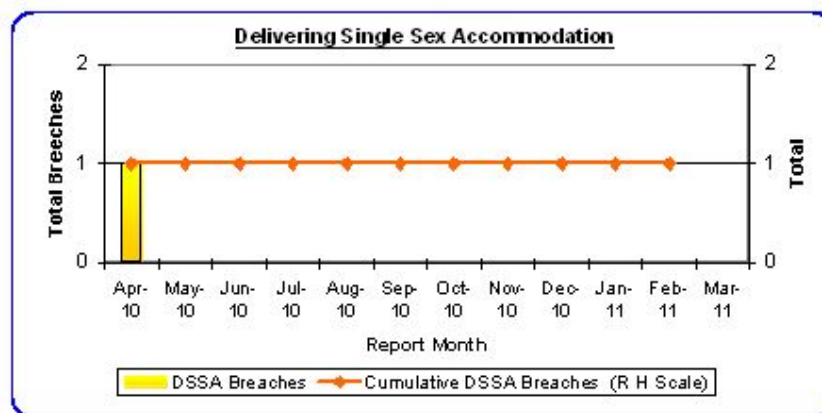
Staff felt that the Trust is not performing well enough in key areas such as appraisals and internal communications. Fewer staff than in 2009 said they felt able to contribute towards improvements at work.

Overall, the results give us a focus and direction in terms of making progress, and steps are already in place to ensure we deliver improvements.

Privacy, Dignity and Respect

Achieving high standards of privacy, dignity and respect is a key priority for Sussex Community Trust. Standards are regularly monitored through the Patient Environment Action Team, the independent Care Quality Commission inspection process and the Commissioning for Quality and Innovation scheme which monitors breaches in single sex accommodation or toilet facilities.

Sussex Community Trust has only had one incidence of non-compliance in 2010/11.



Graph shows number of DSSA breaches in Community Hospitals

Mixed sex accommodation has been eliminated across Brighton and Hove and West Sussex. There may be men and women patients on the same ward, but they will not share the same sleeping area, toilets or bathrooms. Every unit has separate facilities close to their bed.

In 2011/12, as part of the Productive Ward Programme, a monthly patient questionnaire will be introduced to monitor privacy and dignity in those wards currently rolling out the Productive Series. Results submitted so far show continued improvement.

Patient / Carer Database

The Trust has an expanding group of people who support the organisation with a variety of projects and initiatives depending on their interests and expertise. All database members receive regular news updates from the Trust.

Health User Bank

NHS Brighton and Hove has a Health User Bank (HUB) of people who support the NHS in the City. As part of a review of this resource, Sussex Community Trust took part in a HUB member event in 2010 to contribute to discussions about how best to revitalise the HUB. A steering group is now being set up to drive this work forward.

Supporting Patients

A comprehensive survey of the patient support groups and patient engagement activities linked to Sussex Community Trust is in process and the results will be analysed to see where support is needed.

Local Involvement Networks

Sussex Community Trust works closely with Local Involvement Networks (LINks) in Brighton and Hove and West Sussex and both groups regularly attend board meetings.

Patient Experience Surveys and Activity

In a recent survey to scope patient experience activity at Sussex Community Trust, 88 per cent of services who responded have undertaken at least one patient experience activity. These activities range from patient experience trackers, e.g. Dr Foster, Survey Monkey and Net Builder; to paper based questionnaires, patient forums, user groups, and individual patient representatives.

The range of outcomes in response to patient feedback is diverse. All services develop an Action Plan in response to surveys. Examples are the Osteoporosis and Falls Prevention Service in Brighton & Hove who developed a 'patient pack' in response to comments that patients wanted more information regarding their care and clinic times. Times were rescheduled to accommodate patients who have bus passes that can only be used at certain times of the day. Crawley Urgent Treatment Centre is planning to install an electronic messaging board, enabling patients to be kept informed of rapidly changing wait times.

A Patient Experience Steering Group has been formed to provide clarity and guidance to services, ensuring expectations are fully met. In 2011/12 this group will lead in producing a Patient and Carer Experience Strategy.

Patient Advice and Liaison Service (PALS)

The Trust has a PALS team who resolve issues and provide information to the general public. Direct access to the service has recently been improved and feedback from the team is reported directly to services on a monthly basis. The Trust Board is informed of PALS activity across Brighton and Hove and West Sussex via a quarterly report.

Complaints

The Trust is dedicated to responding to complaints swiftly and fairly, in line with our Being Open Policy.

Services are supported in recording and tracking the various actions that have been highlighted throughout the complaint process and this process has improved significantly in 2010/11.

From 2010/2011 Sussex Community Trust received 244 complaints. 38% of these were resolved within the Trust's target completion of 25 working days.

To date, the Parliamentary and Health Service Ombudsman have not pursued an investigation into a complaint previously resolved by the Trust.

Data for complaints received by other Trusts within 2010/2011 is not yet available.

The table below indicates complaints received by our pre-merged Trusts (South Downs Health NHS Trust & West Sussex PCT) in the year 2009/2010 as a comparator.

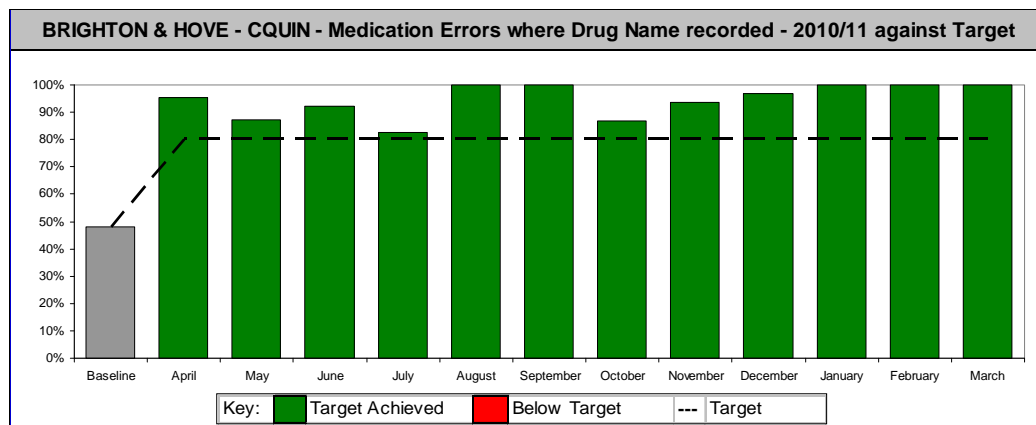
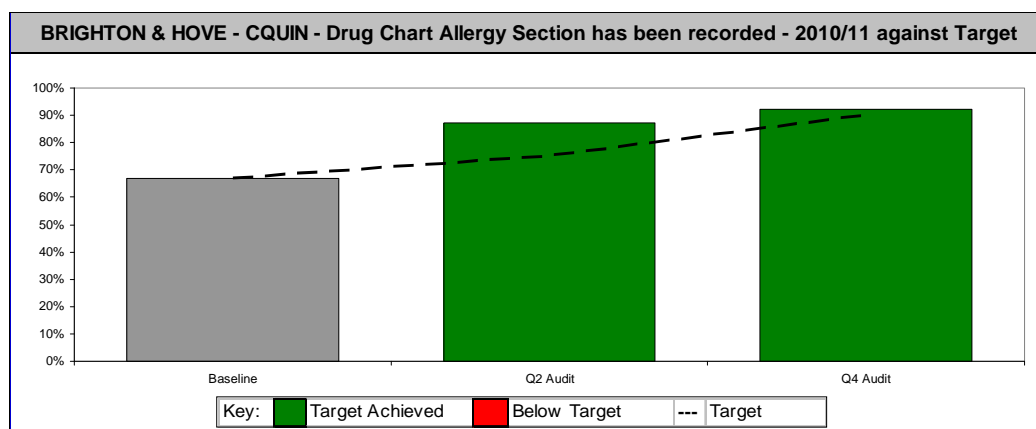
Organisation 2009/10	Number of complaints
South Downs Health	89
West Sussex PCT	229
Surrey And Sussex Healthcare NHS Trust	443
Sussex Partnership NHS Foundation Trust	565
Brighton and Sussex University Hospitals NHS Trust	1227
Brighton and Hove PCT	62
East Sussex Downs and Weald	229
Surrey PCT	316

Clinical Effectiveness

Medication

In 2010/11 Sussex Community Trust made a commitment to improve the recording of patients' allergy status and increase the naming of the medication when recording drug incidents. In the Brighton and Hove and West Sussex Both targets set by commissioners were successfully achieved by March 2011.

	Baseline by March 2010 (based on previous internal audits)	Result: Improvements made by end March 2011.	Target set by commissioners	
Documenting patients' allergy status	67%	90%	90%	Achieved
Medication name recorded in the drug field of the medication incident report	48%	94%	80%	Achieved



Work and audits will be undertaken in 2011/12 to measure improvements across Brighton and Hove and West Sussex to document patients' allergy status for areas where medication is prescribed and administered.

Conclusion

This Quality Account has the following key priorities:

- to publish the quality priorities for 2011/12, and
- to report on quality performance for the year 2010/11.

As set out in our introduction, we want our Quality Account to help us to develop a better understanding of the Trust and of what we do, and to express our commitment to being accountable to the communities we serve.

Our Quality Account must be both retrospective and forward looking, fair, accurate and balanced.

Have we achieved these aims? Please tell us what you think. We want your views on whether our information is presented clearly and accurately, is fairly interpreted, and that the range of services we describe and our priorities for improvement are representative of the work we do.

As we look forward, we know that we will operate in challenging economic circumstances, whilst facing rising expectations for service access and quality, on the part of the government, regulators, patients and carers, commissioners and staff.

Your feedback on our report, and on any aspect of our work, will help us as we address these various challenges.

Please send your comments to:

Email: [Sussex Community Trust.communications@nhs.net](mailto:SussexCommunityTrust.communications@nhs.net)

Phone: 01273 696011 ext. 3112

Minicom: 01273 601518

Who we involved and engaged with during the preparation of this report

The process for the development of our Quality Account 2010/11 has included input from groups and individuals both internal and external to the organisation. The Trust has strong governance arrangements around the production of the report whilst recognising that there are a number of lessons to learn in order to assist the organisation in further improving the process.

Internally the Quality Account was reviewed at an early stage of its development by the Quality and Risk Committee and this included information and explanations around the quality of the source data being used in the account. The Committee raised issues around the verification of the data and this has led to some focused work over the last month in ensuring that the data is robust and has been through governance processes within the organisation.

For these accounts we have reviewed each piece of data to ensure it is from a valid source and has been through a process of internal scrutiny. A portion of the data has also been reviewed by NHS Brighton and Hove and/or NHS West Sussex, the Strategic Health Authority or published by national bodies such as the Care Quality Commission. We recognise that one of the improvements in the process for the 2011/12 Quality Account will be to extend the level of assurance on the data over a longer time period. This was not possible in relation to the 2010/11 account as the timescales and systems to allow this were not in place. In addition, the organisation had integrated on 1st October 2010 and with the Quality Account spanning the full year 2010/11, a portion of the data had to be presented separately for the legacy organisations. The Quality and Risk Committee will monitor the integrity of all future Quality Accounts.

Externally we have worked with both NHS Brighton and Hove and NHS West Sussex who have reviewed the account and put forward suggestions for improvement. These changes have been made to the final draft of the account as follows:

- Inclusion of additional data (Part 2b, additional data has been added throughout this section)
- More detail about how the priorities for 2011/12 will be measured (Part 2a, section on clinical effectiveness expanded)
- More information about how quality has been sustained and improved during the challenging process of integration into a new organisation (included in Part 1 Statement on Quality from the Chief Executive).

Both NHS Brighton and Hove and NHS West Sussex recognised the need to engage stakeholders in setting priorities and the Trust will improve the process for the production of the account to ensure this happens systematically and at an early stage for the 2011/12 account.

NHS Brighton and Hove and NHS West Sussex also carried out an exercise to validate the data against CQUIN information and any discrepancies have been adjusted within the final report. The joint statement from NHS Brighton and Hove and NHS West Sussex is shown in Part 4 of the account.

The Local Involvement Networks for West Sussex and Brighton and Hove have also provided very useful and detailed feedback on the account. We have addressed the issues raised by West Sussex LINKs in the final version of the account by:

- Clarifying the sources of information by indicating clearly where data and/or narrative relate to the West Sussex or Brighton and Hove area
- We agree with West Sussex Link that improvements in the data quality are an important aim for the 2011/12 Quality Account; the planned improvements are listed within the account and as previously stated the Quality and Risk Committee will be maintaining an overview of the production process including the quality of the data
- We have further reviewed the report to remove or explain jargon and have provided a glossary at the back. We recognise that further improvements are needed to improve the language and look forward to working with both LINKs at an early stage in the production of our next account to look at issues around language and format
- We have revised the clinical audit section but have not had room to include how the actions are being taken forward within the Quality Account itself. We will contact West Sussex LINKs separately in order to give them this information.

The changes we have been able to make to the final account on the issues raised by Brighton and Hove LINKs are:

- The Information Governance section has been revised to show previous scores separately for South Downs Health and West Sussex Health
- We agree that supporting staff to report incidents is a key aim for the Trust in the next year and is included in the 'Maximise Safety for Service Users, Staff and Visitors' section under bullet point 4 'Implement a programme plan to improve the Trust's performance against the Manchester Patient Safety Framework'. Although not detailed, one of the project plans focuses on improving incident reporting
- As a result of feedback from both LINKs, we have included a glossary as part of the Quality Account. We would welcome feedback as to whether this has made the document easier to read and understand
- The Quality Account has been revised to make it more readable, again we would welcome input from LINKs on how we can make the 2011/12 account more accessible.

Where we have not answered questions because there is no room to include the information in the account, we will write a letter providing answers to the issues raised. The issues that we will include in a letter to LINKs are:

- More information on clinical audit
- Factors relating to sickness absence
- More detail on the audits highlighted in the letter
- Information about the Care Quality Commission 16 core outcomes
- Feedback requested on Knoll House
- Detail around the hotspots for staff sickness.

The letters from West Sussex and Brighton and Hove LINKs are shown in Part 4 of the account.

The Quality Account has benefited from input from NHS West Sussex, NHS Brighton and Hove, West Sussex LINKs and Brighton and Hove LINKs. We look forward to continued engagement in sustaining and improving quality throughout 2011/12.

Our 2010/11 priorities and indicators have been approved by the Trust Board.

Part 4 – Statements from Local Involvement networks, Overview and Scrutiny Committees and Primary Care Trusts

1. Primary Care Trust



Level Four, Lanchester House
Trafalgar Place
Brighton BN1 4FU

BY EMAIL

Andy Painton
Chief Executive
Sussex Community Trust

amanda.fadero@bhcpct.nhs.uk
tel: (01273) 574 603

22 June 2011

Dear Andy

Review of Sussex Community Trust Quality Accounts

Thank you for sending NHS West Sussex a draft copy of your Quality Account for 2010-2011.

NHS West Sussex has reviewed the Sussex Community Trust Quality Account and can confirm that the Quality Account provides an accurate record of achievement against National and local priorities in 2010/11. The Quality Account is of a narrative nature rather than delivering performance data to demonstrating performance against objectives. The Accounts provide information across the three areas of quality: patient safety, patient experience and clinical effectiveness and highlights an ongoing commitment to the improvement of the quality of care. The document clearly highlights the areas for improvement in 2011/12.

This is the first Quality Account for the merged organisation, there was no requirement for a Quality Account from community providers prior to 2010/11.

In general NHS West Sussex finds that the account meets the national guidance and framework issued by the Department of Health in December 2010.

NHS West Sussex considered that there were areas of strength within the accounts, namely that the Priorities for improvement are clear linked with national and regional initiatives regarding quality with a particular focus on safety and avoidable harm. Setting of baselines and benchmarking is detailed, which given the sector, is appropriate for the first account.

There is detail about how the priorities will be achieved although the accounts would be strengthened by specific improvement aims/measurements being detailed and how progress on achieving the priorities will be reported.

NHS West Sussex and Sussex Community Trust have worked collaboratively to move quality improvement forward.

NHS West Sussex monitors the performance and quality of services through both monthly quality and contractual meetings with the trust and also through receipt of the trust's Quality and Risk committee papers and minutes.

NHS West Sussex considers the five published priorities appropriate for this organisation. These strengthen and support the six quality improvement and innovation goals to be agreed in its 2011/12 CQUIN's targets. These include:

- Enhancing Quality.
- Improve patient experience
- Reduction in level of admissions to secondary care.
- Reduce Length of stay per inpatient unit
- Send Electronic care summaries to GPs and patients.
- Ensure care plans are formulated with patients using MI approach.

This document highlights the progress the trust has made in moving forward its quality agenda and has identified how it will continue to monitor its progress in these areas. It has also set out its plans for further improvement during 2011/12. NHS West Sussex recognises the challenges faced by the merging organisation in sustaining quality and improving it through the transition and will be working collaboratively to develop Sussex Community Trusts capacity in quality improvement.

Kind regards



Amanda Fadero
Chief Executive, Sussex PCT Cluster

2. West Sussex LINK



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Parbrook House
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Billingshurst
RH14 9EY

0300 111 0102

westsussexlink@makesachange.org.uk

www.makesachange.org.uk

Ceri Davies
Assistant Director of Governance
Sussex Community NHS Trust
A2, Brighton General Hospital
Elm Grove, Brighton

16th June 2011

Dear Ceri,

Thank you for inviting the West Sussex LINK to provide a statement on the 2010/11 Quality Accounts for Sussex Community NHS Trust.

The statement below is provided by the members of the West Sussex LINK Stewardship Group nominated as representatives for liaison activity between the West Sussex LINK and Sussex Community NHS Trust:

“None of the previous community health organisations had to produce a Quality Account so this is the first ever for components of this new Trust. Sussex Community NHS Trust was formed in October 2010 by the joining together of West Sussex Health (part of NHS West Sussex) with South Downs Health (centered on Brighton).

This has caused problems in the presentation of data and recording of activities, making it difficult to follow. In the document, data tends to refer to the year 2010/11 but often no differentiation is made pre/post the coming together of the two organisations. Confusion over the source of information

must be avoided. Data quality improvement is a necessary and useful aim, and vital for a successful organisation.

Also, some of the language is not friendly towards members of the public and NHS jargon occurs frequently. It's good to see the invitation for people to comment on the report but is an "overview of evolving dialogue about community metrics and quality indicators" understandable or meaningful? It is doubtful that patients assisted in the writing of the report and such jargon will put off many lay people from commenting.

However, the aims and priorities written into the report are entirely laudable and are focused on improving safety, the treatment and welfare of patients, raising standards, and achieving financial stability.

The new Trust is gaining a reputation for its openness and patient-centered developments. The Board Meetings show a frankness and willingness to foster these stated goals and also reveal the problems the Trust has had since October, such as accounting for staffing checks and building maintenance contracts, which were both beyond its control. Such transparency is welcome and somewhat unusual in the NHS, and is applauded by the West Sussex LINK. Time, and the new Sussex-wide PCT Cluster, should eventually solve these merger problems.

Some Trust staff have been through three major restructures in the past few years and the relatively low staff sickness rate and staff survey results are better than expected in the circumstances. It is hoped the planned reduction in use of agency staff is effective as patient treatment will become more consistent and focused.

The new Trust has developed a Diversity and Equalities Board to embrace and integrate both of the former organisations' staffing policies, embed the new Human Rights and Equalities legislation, and ensure staff and patients are aware of them and benefit from them. It is to be hoped the extensive training courses planned will accomplish this.

The statements relating to clinical audits, Care Quality Commission visits and the review of the Trust's Quality performance show that overall, with a few exceptions, there is a commendable general improvement in services in what has been a large-scale and difficult integration of staff, ways of working, and estates into the new Trust.

The local clinical audit has a list of worthy goals but some of the terminology used does not make it clear what actions will be taken and it would therefore be useful to see more specifics about how these aims will be achieved and realised.

West Sussex LINK is pleased to see the desire and intention to engage patients more closely in the organisation of the Trust. The recent formation of a Patient Experience Steering Group is a good start and it is hoped that in the current year there will be an increase in opportunities for patients to become

more involved in the development of the Trust and its wide ranging services.”

In accordance with the Department of Health Guidance on Quality Accounts, we hope you will be able to include these comments verbatim in Sussex Community NHS Trust’s Quality Account 2010/11.

Yours sincerely,

A handwritten signature in black ink that reads "Vicki King". The signature is written in a cursive style with a large, looped 'V' and a long, sweeping tail on the 'g'.

Dr Vicki King, Chair, West Sussex LINK Stewardship Group

3. Brighton and Hove LINK

The Sussex Community Trust Quality Account 2010-2011. Brighton and Hove LINK Response



The Brighton & Hove LINK welcomes the opportunity to comment on the Quality Account 2010-11 for the Sussex Community Health Trust.

This Trust is filing its first Quality Account, as it is the first year that Community health Trusts have come under its remit.

The Sussex Community Health Trust has only been in place since last October, with the merging of two health Trusts. These were the South Downs NHS Health Trust and the West Sussex Health Trust the Brighton and Hove LINK can only comment on the activities of the Trust in the unitary area of the City of Brighton and Hove.

Safety for Service users, staff and visitors.

The LINK notices that the Trust takes this seriously, and has devolved new ways to monitor Patient and Staff and Visitors safety. There was a review into this which made 20 recommendations; alas these are not in the report. There is a new patient and user group to feed back patient experiences and the group has feedback from the LINK on its engagement of the public.

Participation in Clinical Audits.

The LINK notices that the Trust has only participated in 22% of all the audits it could have participated in. The LINK realises that the Trust is new and been active from last October. We just wondered if the two previous health Trusts engaged in any audits before the merger and had these been taken into account? This is not made clear in the report.

Falls and bone health in older people.

The LINK is pleased to see that the Trust is investigating new pathways to help older people in the community who have falls, at home or in the nursing homes the use of using all healthcare professionals in finding older people who regularly have falls and monitor them and make sure the appropriate treatment is in place as soon as possible.

Management of staff on long term sickness absence.

The LINK asks what the long term sickness absence can be attributed to. The LINK understands that this problem will have over-reaching side effects not only with the cost and training factors but also the overall cost to temporary staff and needs to be resolved.

Local Clinical Audit.

The LINK recognises that the new Trust, has now got a large rural area in its remit, but we notice that on AUDIT 3, the Brighton & Hove LINK considered

this to not be the case in the city of Brighton & Hove, but may will be under consideration in the regard to the West Sussex LINK.

The LINK realise that in the Audit 5 that the Trust has only one establishment in which it has patients. That is Knoll House. The LINK would like to see that the nutrition report submitted to the Brighton & Hove Health and Overview Scurrility Committee will be implemented in the only in- patient establishment.

The LINK is not happy with the wording in Audit 8. That patient information is adequately documented in medical records.
Patient information should be record correctly and updated regularly and placed on electric and hard copy notes of the patient.

The LINK in Audit 9, wish to understand that the changing to a once daily regime should be considered where possible to reduce demand on the community teams whilst maintaining appropriate glucose control and quality of life to insulin patients.
Is this a way in which it helps the Trust achieve cost cutting efficiency saving.
Is it a national policy? Is it a Brighton & Hove NHS new policy on diabetics?
Why is it being done?

Audit 10.

The Brighton and Hove LINK would like to know if the smoking cessation service is cost effective, and achieves a good result of it services. This has not been placed as good or poor.

Statement from the Care Quality Commission.

The Trust states that it has had three unannounced inspections since it was formed. It states that the Trust was compliant to all 16 core outcomes.
The LINK would like to know what these outcomes are. If a member of the public reads this they have no idea what it means.

Information Governance Toolkit Attainment Levels.

The LINK would like to know who supplied the figures for these levels.
The Trust only came into existence in October last year. So how did it get these figures? Are they the combined figures of the old two Trusts? Are just the Old South Downs NHS Trust? Are they the Figures of the West Sussex Trust? It is not clear how come to these figures.

Serious incidents and incident reporting.

The LINK would like to know how the Trust will improve in the coming year its staff reporting incidents. Why is the reporting below the national average?
Are staff apprehensive about reporting incidents? This needs to be looked in to as soon as possible.

Nutrition.

The Trust has only one establishment in which patients reside in the City of Brighton & Hove This is Knoll House. The LINK would like an undertaking that the Trust does provide hand wipes for hand cleaning before meals, or the patient has the chance to wash hands before eating. That there are protected

times for patient meals. That the Trust provides help to these who need help to eat and drink food, chose food, and clean up after meal times. This was highlighted in the Brighton & Hove LINK's report presented to the Health Overview and Scrutiny Committee (HOSC) and all Trust approved it recommendation. It does not cover this in the Trust report. A copy of the nutrition report is enclosed.

Reduced Staff Sickness and Reduced use of Agency Staff.

The Trust stated that they will focus on the top 20 hot spots of staff sickness. The Trust does not state what they are. Any member of the public would not understand what this means and understand it.

Use of Agency Staff. There is not glossary of abbreviations to let the public know what a (QUIPP) is.

Conclusion.

The Sussex Community Health Trust, have produced their first Quality Accounts. The LINK found them hard to read and follow. The Accounts seemed to be very hard for the general public to read, as the Trust seemed to assume the reader understands who the Trust is and how it runs and may not be able to understand some of the phrasing in the Accounts. Some of the figures shown left the reader guessing where the figures come from, and as the Trust had only been in existence since October 2010 where did they get figures for five years?

The LINK understands that this has been a very complicated year with the merger of the Trust's and that it has had to restructure itself to provide the right service to the areas it servers.

The Brighton & Hove LINK wish them well in the coming year, and that they achieve the high standards that they want to attain to the public of West Sussex and Brighton & Hove.