

Quality Account 2009/10

Statement on Quality from the Chief Executive

The core purpose of Surrey and Borders Partnership NHS Foundation Trust is to deliver excellent and responsive assessment, treatment and care, focused on the needs and contributions of individuals.

2009/10 has been another year of change and challenge for the Trust in which we have continued to develop as an organisation in our second year as a Foundation Trust and fifth since we were formed.

Our journey to date has been one requiring close attention to building capacity and capability throughout the organisation and investment in developing our systems and processes to create the environment needed to deliver quality service effectiveness, safety and experience for people who use our services and carers.

Our focus for the coming year is on being a high quality provider focused on excellence in all that we do and ensuring our staff are well developed and enabled to deliver a clear focus on providing high quality services.

Our Quality Improvement Plan for 2009/10 set priorities for improving our work programmes in the key areas of measuring and reporting on quality, and in providing assessment, treatment and care which is safe, personal and effective. These were developed through discussions with individual members of staff, people who use services and carers.

Our year began with the Care Quality Commission making a number of recommendations for improving adult mental health inpatient services and two of our learning disability care homes. We were pleased that the Commission was satisfied with the action plans we developed to address the requirements they identified and our ability to implement them without further intervention from themselves. Throughout the year our progress has been closely monitored by the Trust Board and by NHS Surrey.

The Commission returned to assess our progress in May 2010 and we have received verbal feedback that we have now addressed all of the recommendations they made. Additionally, we have received positive responses from independent stakeholders on the improvements already evidenced in the services concerned.

We have been particularly pleased by the many successful initiatives that our staff have developed in the past year, including:

- The focus on well structured supervision and appraisal for all our staff to ensure they are supported to deliver quality services and to realise their potential within the Trust. This improvement is evidenced through the feedback received as part of the 2009 staff survey with 85 per cent of staff receiving an appraisal in the past 12 months, which is the highest of all NHS organisations in the South East Coast region

- Our internal quality audit system, Periodic Service Review, has now been running in services for 18 months. The tool identifies standards expected of all services for local managers to work towards. It now enables us to identify our best performing and most improved services as well as identify areas where more support is needed. It has been adapted to reflect the new Care Quality Commission standards and outcomes and the electronic Periodic Service Review tool is being rolled out in 2010
- The development of medicines information leaflets for people who use services and carers, which were published in the autumn, to address concerns raised through our patient surveys in 2008/09 about the lack of information for people in this area
- The delivery of all national core targets for Mental Health and Learning Disabilities Trusts
- The introduction of a programme of Board walk arounds in services

The rigour of our self assessment provided the basis for our self declaration for Registration for 1 April 2010. As a result we have achieved Registration with the Care Quality Commission with two conditions. The conditions reflect concerns that we have, as yet, not been able to sufficiently evidence the quality of our care planning with people who use services and consent for people with whom we work under the Mental Health Act. We are confident we have now addressed these conditions and will be applying to have the conditions lifted before the end of June 2010.

In 2009/10 our overall performance on quality reflected that progress continues to be made to improve the experience of people who use services and our staff and our ability to evidence an improvement in the outcomes of our assessment, treatment and care. However it also shows that this progress has not been consistently achieved and is not fully evidenced across all our services. Further concentrated work is needed to focus on the areas of continued concern and to deliver the quality we aspire to for all and this will be the focus for the Board in 2010/11.

The Board has invested its focus and development over the last year in particular on developing its leadership of the next stage of the Trust's strategic direction and ensuring our definition and monitoring mechanisms of our service quality are right. As a result of this work the Board has defined quality within the Trust as consisting of Safety, Outcomes, Experience and Value for Money. How our staff are led, managed and supported is a key strategic focus for the Board in this work.

The Quality Account provides, to the best of my knowledge, an accurate description of the quality of the services provided by Surrey and Borders Partnership NHS Foundation Trust in 2009/10.

Signed:



Fiona Edwards
Chief Executive

Quality Improvement Priorities for 2009/10

The information below outlines the Trust's quality improvement priorities for 2009/10 and the progress made against these:

1 Enhance our capacity to provide psychological therapies consistent with NICE guidance

The Trust has run a range of training courses in Cognitive Behavioural Therapy to develop all our staff's competencies and provide NICE compliant treatment for more people across all care and age groups. Treatment protocols have also been put in place for Cognitive Behavioural Therapy. Additional activities include:

- Family therapy team supporting all teams to increase access to family interventions
- Dialectical Behaviour Therapy and Mentalisation Treatment available Trust-wide for people with personality disorders
- Developed NICE compliant treatment protocols for a range of conditions and further adapted these for older people and people with learning disabilities
- Focused our in-house continual professional development programme for specialist therapies on ensuring staff know and implement the protocols
- Developing care packages and care pathways to ensure that treatment planning and decision making is NICE compliant

2 Develop the competencies and capability of staff in care planning and clinical risk assessment through a team based programme of training

The Trust has put in place a comprehensive and vigorous training package for Care Programme Approach (CPA) and clinical risk assessment. At the end of the reporting year the Trust was able to evidence that approximately 88 per cent of all relevant staff had received this training. The Trust is now aiming for 100 per cent completion by July 2010.

3 Ensure all clinical teams obtain routine feedback of the experience and satisfaction of people who use services and carers

The Trust launched experience tracker surveys for carers and people who use services on 1 October 2009. The two surveys ask carers and those users of services receiving care in 24 hour services what their experiences have been. This new initiative will be ongoing and regularly reviewed and updated. At present these are paper based surveys with a plan to launch web based versions in the very near future. The information gained from the surveys will be used to share good practice and identify areas for improvement. Further surveys are being developed for our other services. This includes a community survey and a range of surveys for learning disabilities services.

4 Support the involvement of people who use services and carers through effective implementation of standards for involving people

Standards for Involving People folders and online manuals have been issued to all Operational Teams during the last year. In addition to reviewing the extent to which teams and individual staff are actively promoting involvement in the course of their work, the Standards have also been recognised as a useful tool to help support and evidence involvement as part of the Trust's compliance against Care Quality Commission outcomes with regard to the involvement of people using services.

The implementation of the Standards for Involving People is being monitored through the Trust's Periodic Service Review tool to identify progress with implementation, areas of good practice and to encourage widespread adoption.

5 Implement a risk stratification or 'zoning' system across community teams to ensure each team member has a clear approach to managing high-risk clients

The use of zoning for community teams has been discussed with clinical leaders and implementation at other NHS Trusts explored and is highlighted as an action for taking forward. The Trust has undertaken a number of additional activities during the year to ensure a clear approach is adopted to managing high risk clients.

- The Trust's risk assessment tool has been amended to ensure long term risk is considered more fully in drawing up current risk management plans. This tool has been incorporated into the new single electronic patient record system, RiO
- The Trust has put in place a comprehensive and vigorous training package for Care Programme Approach (CPA) and clinical risk assessment. At the end of the reporting year the Trust was able to evidence that approximately 88 per cent of all relevant staff had received this training. The Trust is now aiming for 100 per cent completion by July 2010
- Care records are being used within supervision to improve the quality of information and clinical formulation
- Risk management panels have been reviewed for consistency of approach. Terms of reference for risk management panels in the east and west of the Trust are being aligned
- Variances in perceived risk thresholds across the community teams have been addressed within two workshops for staff during 2009

Quality Improvement Priorities for 2010/11

During 2009/10 the Trust participated in the Foundation Trust regulators' Board Leadership for Quality programme to support its strategic focus on quality improvements. As a result of this work the Board has set ambitious targets for the next three to five years and has defined its critical components for quality as Safety, Outcomes, Experience and Value for money.

The Trust has set the following clinical quality improvement priorities for 2010/11:

Experience

- Improve the Trust's performance within national service user survey to the next quartile for overall satisfaction
- Improve the Trust's performance within the national staff survey to the next quartile for overall satisfaction
- All services to achieve an 85 per cent threshold in the Vision and Values section of the Trust's internal auditing tool, the Periodic Service Review

Outcomes

- Introduce Health of the Nation Outcome Scales (HoNOS) reporting as a clinical outcome measure to monitor recovery progress for people who use services
- Reduce staff sickness absence to 4 per cent
- Achieve 90 per cent validation for all patient records in the electronic patient record system, RiO

Safety

- Maintain the Trust's top level performance on staff appraisal and supervision within the national staff survey
- Ensure Trust reporting of incidents to the National Patient Safety Authority aligns with the national benchmark for Mental Health Trusts
- Ensure 95 per cent of patients admitted under the Mental Health Act are assessed for their capacity to give consent to treatment on admission and that the assessments are recorded within the patients' records

In addition to these priorities, the Board will monitor the quality of the Trust's services against a number of Key Performance Indicators, including the frequency and trends of Serious Untoward Incidents and the timely investigation, identification and implementation of lessons to be learnt as a result.

These targets have been developed by the Board building on our learning through the year in talking with people who use services, carers, commissioners, our clinical leaders, staff and other stakeholders and regulators. They have also been identified through our existing performance monitoring results, including national surveys. Our progress against these targets will be reported to The Board throughout the year by the Director of Quality & Performance (Nurse Director). These targets are core to The Trust's Annual Plan and as such will form part of our quarterly performance reporting to Monitor on it's delivery.

We will support the achievement of this by our continuing focus on the importance of managing people well through appraisal and supervision; identifying and developing staff, particularly our local leaders, to reach their full potential within the organisation.

These targets will form our Balance Scorecard for 2010/11. Our progress on delivering these will be reported to the Board in public and to our Council of Governors throughout the year. At the end of the year we will publish this progress in our Quality Account 2011/12.

Statements of Assurance from the Board

Review of Services

During 2009/10 Surrey and Borders Partnership NHS Foundation Trust provided 194 services.

Surrey and Borders Partnership NHS Foundation Trust has reviewed all the data available to us on the quality of care in 194 of these services.

The income generated by the services reviewed in 2009/10 represents 100 per cent of the total income generated from the provision of services by Surrey and Borders Partnership NHS Foundation Trust for 2009/10.

Participation in Clinical Audits and National Confidential Enquiries

During 2009/10 eight national clinical audits and one national confidential enquiry covered NHS services that Surrey and Borders Partnership NHS Foundation Trust provides.

During 2009/10 Surrey and Borders Partnership NHS Foundation Trust participated in 75 per cent of national clinical audits and 100 per cent of 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 Surrey and Borders Partnership NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:

National Clinical Audits

- Mental Health Community Survey 2009/10
- National Inpatient Survey 2009/10
- Prevention of Suicide Audit
- National Count Me in Ethnicity Census for England and Wales
- Infection Control - The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections
- Best Practice in mental health services for people with a learning disability
- Privacy and Dignity Audit
- National Health Promotion in Hospitals Audit

National Confidential Enquiries

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

The national clinical audits and national confidential enquiries that Surrey and Borders Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2009/10, 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.

National Clinical Audits	Number of Cases Submitted	% of Registered Cases
Mental Health Community Survey 2009/10	242	29
National Inpatient Survey 2009/10	97	27
National Count Me in Ethnicity Census for England and Wales 2010	442	100
Infection Control	77	Not applicable
Privacy and Dignity Audit	21	Not applicable
National Health Promotion in Hospitals Audit	120	100

National Confidential Enquiries	Number of Cases Submitted	% of Registered Cases
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	29	85 (Jan-Mar 2010)

The reports of six national clinical audits were reviewed by the provider in 2009/10 and Surrey and Borders Partnership NHS Foundation Trust. All clinical audits carried out within the Trust have recommendations, which are implemented through detailed action plans. These are monitored through various governance committees to ensure the Trust delivers quality services. A summary of the key actions is detailed below:

Mental Health Community Survey 2009/10

- People who use services informed in writing of the name of their care co-ordinator within five working days
- Comprehensive staff training on the Care Programme Approach with a target to achieve 100 per cent of staff trained by July 2010
- Medicines training to improve staff knowledge and to ensure the possible side effects are explained to individuals
- Renewed publicity for the Crisis Helpline to ensure people who use services are aware of the helpline details

National Inpatient Survey 2009/10

- Launch of the Crisis Helpline
- Review of the inpatient nursing resource to look at ways of enhancing patient care
- Review of ward rounds has been undertaken to maximise opportunities for patients to meet with psychiatrists to improve communications
- Medications management policy has been updated to involve people in managing their medicines
- Medicines management leaflets folder created to make information leaflets more readily accessible for people who use services
- All patients are followed up within seven days of discharge and this is monitored through the Care Programme Approach

Infection Control

- Implement use of hand held audit system to generate reports from audits to demonstrate improvements
- Member of the Infection Control Team to participate in pre-PEAT assessments (Patient Environment Assessment Team)
- Raise staff awareness of, and ensure compliance with, dress code

Privacy and Dignity

- All qualified staff to promote positive attitude and behaviour through role modelling and information sharing – teaching and supporting learning
- All staff to be aware of all individual care plans
- All team members to be made aware of the access to translators in the Trust and to use appropriate communication with clients taking account of their individual needs
- Equality and Diversity training for all staff to be ongoing
- Information Governance to form part of the agenda for monthly staff meetings
- Essence of Care to be a higher priority
- Introduce positive recruitment to reflect the needs of the service ie increase the ratio of male to female carers

The reports of 58 local clinical audits were reviewed by the provider in 2009/10 and Surrey and Borders Partnership NHS Foundation Trust. A number of recommendations have been borne out of the results of the audits, which are implemented through detailed action plans. These are monitored through various governance committees to ensure the Trust delivers quality services.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub contracted by Surrey and Borders Partnership NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee was 98.

Use of the Commissioning for Quality and Innovation Payment Framework

Surrey and Borders Partnership NHS Foundation Trust income in 2009/10 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because this was not defined as a requirement by the Trust's commissioners.

The Trust is currently discussing with NHS Surrey the CQUIN programme for 2010/11 as part of its contract negotiations.

Registration with the Care Quality Commission

Surrey and Borders Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered. Surrey and Borders Partnership NHS Foundation Trust has the following conditions on registration:

Regulation 9, Care and Welfare of People Who Use Services

- The registered person must ensure that all the people who use services have up to date care plans in place by 1 July 2010
- The registered person must ensure that all relevant staff employed by the Trust have received training in the assessment of risk and recording of the assessment of risk by 1 July 2010

Regulation 18, Consent to Care and Treatment

- The registered person must ensure that, by 1 July 2010, all the people detained under the Mental Health Act who use services have their discussions about consent to treatment, the assessment of their capacity to consent and the outcome of their consent to treatment procedure under Section 58 Mental Health Act 1983 documented in accordance with the Act and the Code of Practice

The Care Quality Commission has not taken enforcement action against Surrey and Borders Partnership NHS Foundation Trust during 2009/10.

Surrey and Borders Partnership NHS Foundation Trust is not subject to periodic review by the Care Quality Commission at the time of reporting.

Surrey and Borders Partnership NHS Foundation Trust had not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Quality of Data

Surrey and Borders Partnership NHS Foundation Trust submitted records during 2009/10 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: 95 per cent for admitted patient care; and 97 per cent for outpatient care. This data covers seven months of the reporting year
- Which included the patient's valid General Practitioner Registration Code was: 97 per cent for admitted patient care; and 97 per cent for outpatient care. This data covers four months of the reporting year.

Surrey and Borders Partnership NHS Foundation Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was:

Corporate Information Assurance 50% (Amber)
 Clinical Information Assurance 76% (Green)
 Secondary Use Assurance 73% (Green)

Surrey and Borders Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the recording by the Audit Commission.

Other Information

Overview of Quality Performance Against Trust Indicators in 2009/10

In the reporting year the Board brought together its performance monitoring against national targets with its agreed safety indicators to form a Quality Service Performance Report. This follows a balanced scorecard framework based on the Trust's vision and values.

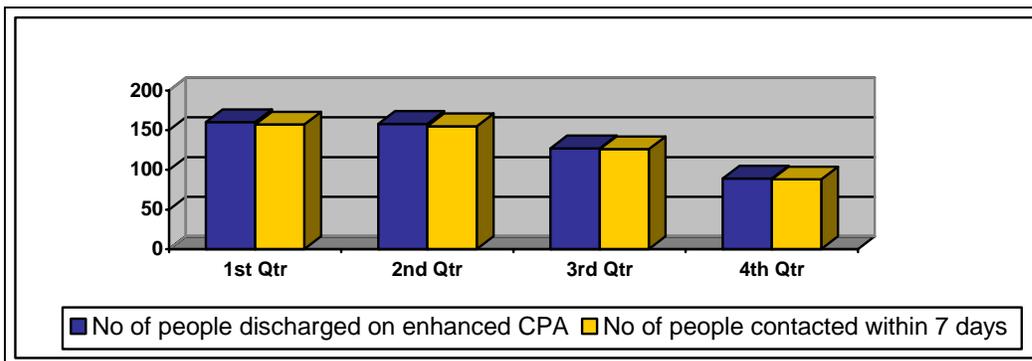
The Board's agreed indicators were informed through discussions with staff, people who use services, carers, commissioners and other stakeholders and formed part of the Quality Improvement Plan.

Details of the Trust's performance against its key indicators are provided below.

Patient Safety

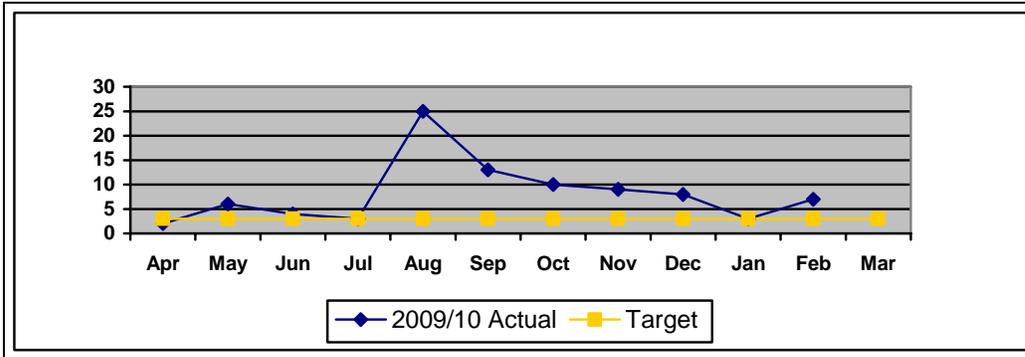
Care Programme Approach Follow Up

Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number of people on enhanced Care Programme Approach who were seen/contacted within 7 days of discharge from hospital	95%	Achieved	Achieved



Absent Without Leave

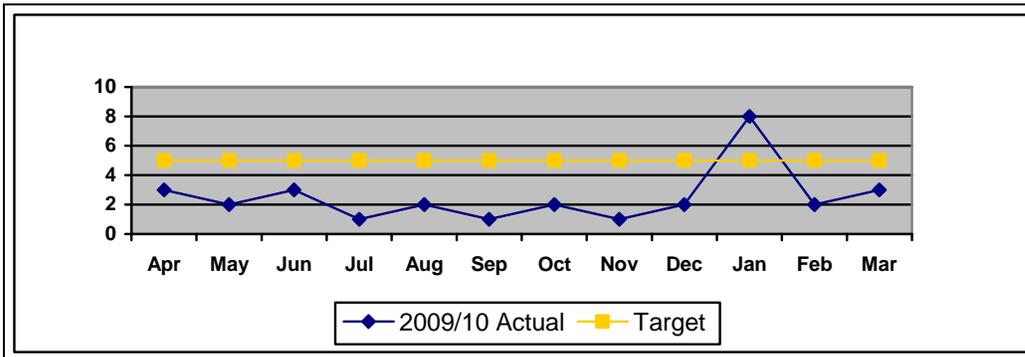
Performance Indicator	Standard	2009/10 Actual
Number of people who are absent without leave from inpatient services	Less than 3 per month	Not achieved



The number of people who were absent without leave reduced significantly by the end of the year. Most involved people returning late from section 17 leave.

Serious Untoward Incidents

Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number of serious untoward incidents	Less than 5 per month	Achieved	Achieved



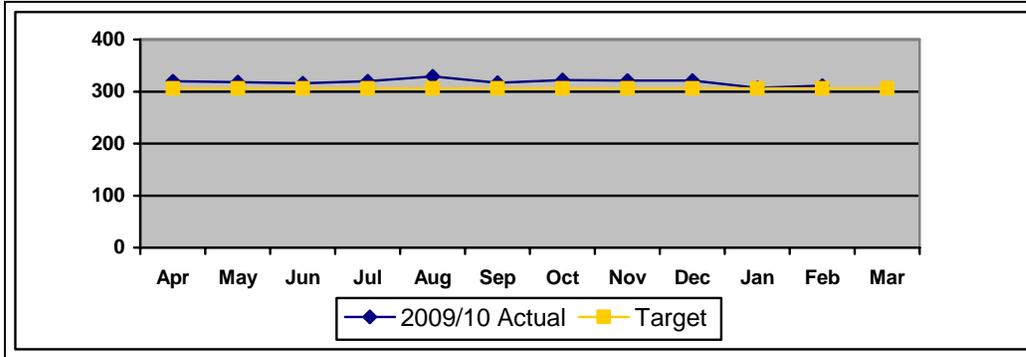
Clinical Effectiveness

People with Drug Problems in Effective Treatment

Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number of people with drug problems in effective treatment	106%	Achieved	Achieved

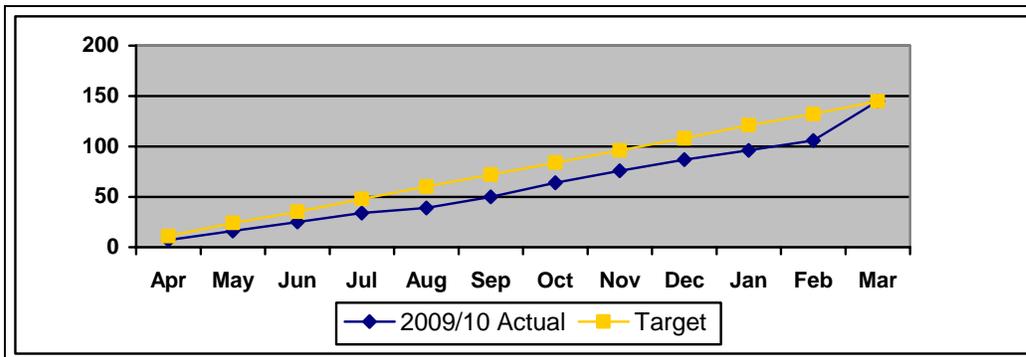
Assertive Outreach

Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number of people receiving Assertive Outreach Services	306 per month	Achieved	Achieved



Early Intervention in Psychosis

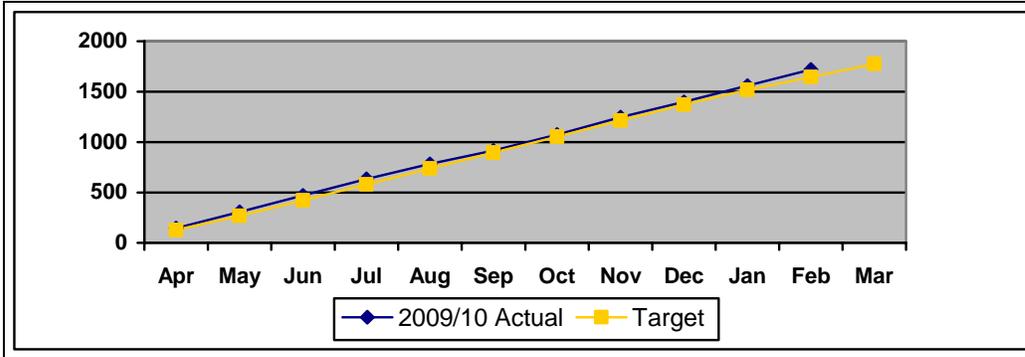
Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number new cases referred to the Early Intervention in Psychosis Services	145 per year	Not achieved	Achieved



Although the number of new cases referred to the service was slightly lower than the required standard during the year, the year end target of 145 referrals was achieved.

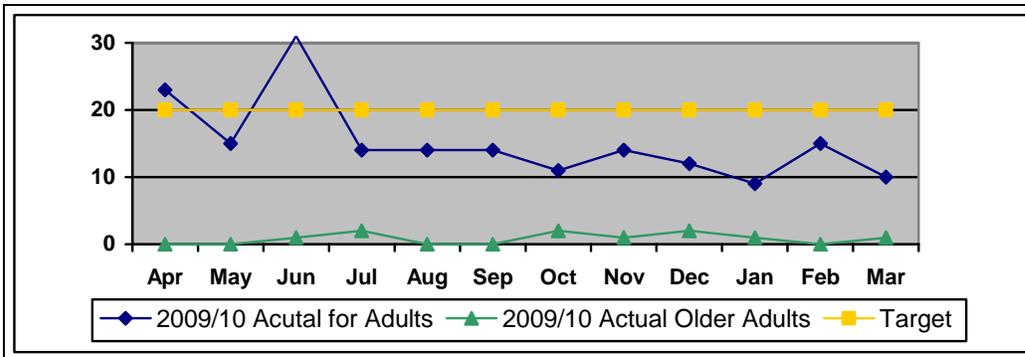
Home Treatment Team Activity

Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number of home treatment episodes	1,777 per year	Achieved	Achieved



Readmissions

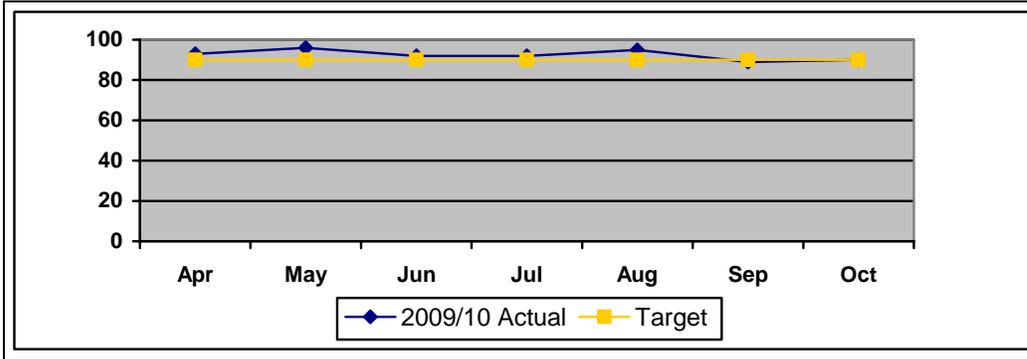
Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number of people readmitted within 28 days of discharge	Less than 20 per month	Achieved	Achieved



Patient Experience

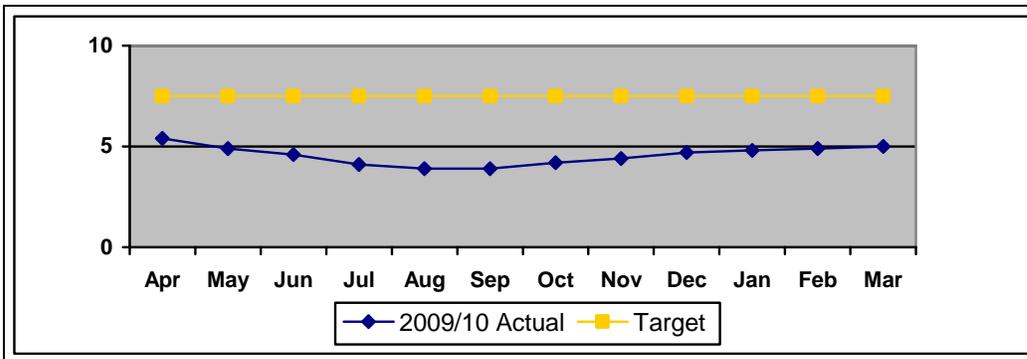
Care Plans

Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number of patients with copies of their own care plan	90%	Achieved	Achieved

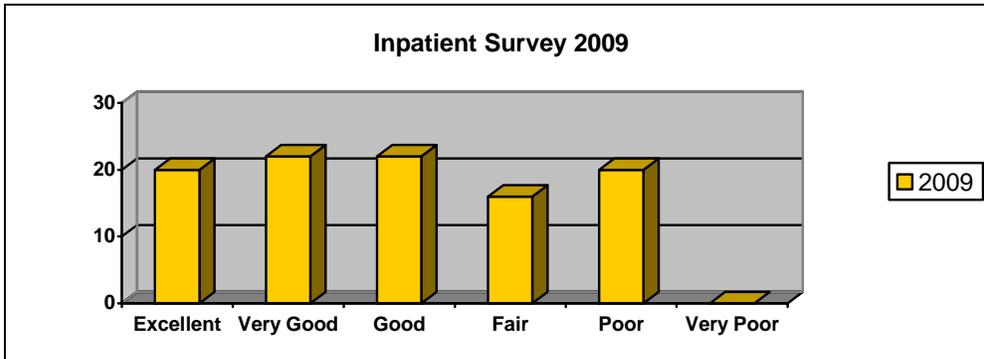


Delayed Transfers

Performance Indicator	Standard	2008/09 Actual	2009/10 Actual
Number of patients whose transfer of care was delayed	7.5% per month	Achieved	Achieved

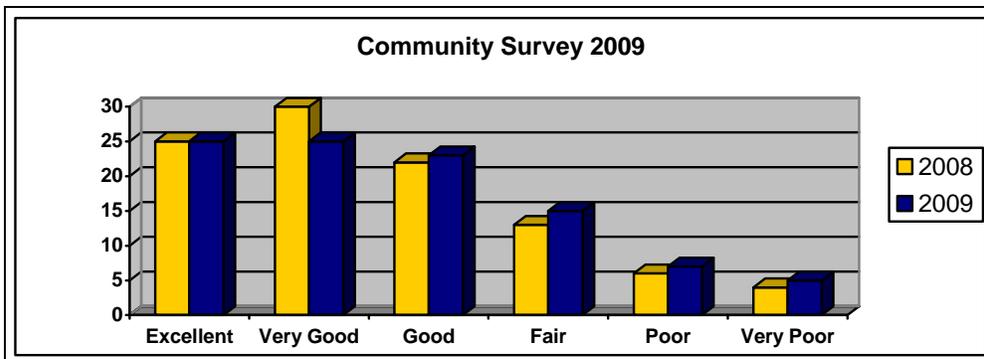


Service User Experience



In the 2009 national inpatient service user survey, 65 per cent of people using the Trust's inpatient services rated their care as excellent, very good or good. The Trust had already implemented a number of improvements at the time the findings were published including the launch of the Crisis Helpline. The findings also underline the importance of pressing ahead with our plans to develop assessment and treatment hospital services across Surrey and North East Hampshire.

An action plan has been developed to address the specific issues arising from the survey, in particular: the Trust is undertaking a review of the inpatient nursing resource to look at ways of enhancing patient care; a review of ward rounds has been undertaken to maximise opportunities for patients to meet with psychiatrists to improve communications; the medications management policy has been updated to involve people in managing their medicines; and all patients are followed up within seven days of discharge and this is monitored through the Care Programme Approach.



In 2009 the Trust undertook the community service user survey although this was not a national requirement. The results showed that 73 per cent of people using the Trust's community services rated their care as excellent, very good or good which is comparable with results from the 2008 survey.

However, a number of areas were identified where the Trust needs to improve its performance and measures have been put in place to address these issues. These include: people who use services being informed in writing of the name of their care co-ordinator within five working days; comprehensive staff training on the Care Programme Approach with a target to achieve 100 per cent of staff trained by July 2010; medicines training to improve staff knowledge and to ensure the possible side effects are explained to individuals; and renewed publicity for the Crisis Helpline to ensure people who use services are aware of the helpline details.

The action plans from these two surveys are monitored through the Trust's governance committees.

Overview of Quality Performance Against National Priorities in 2009/10

Quality Rating

The Trust was assessed as providing "good" quality of care by the Care Quality Commission in 2008/9.

	2008/09	2007/08	2006/07	2005/06
Quality of Services				
Quality of Financial Management				

In June 2009 the Care Quality Commission undertook an inspection of four core standards. The four standards they focused on were:

- C1a Safety
- C7a & c Clinical and corporate governance
- C7e Diversity
- C11a Recruitment and training

As a result of the inspection the Care Quality Commission 'qualified' core standards 7e and 11a. This outcome resulted in an 'almost met' assessment for core standards in 2008/9.

National Core Standards

2009/10 is a transitional year between the previous system of the annual health check in 2008/09 and the new systems of registration and periodic review. As a consequence of this transition the Trust was required to make a mid year declaration on the extent to which we have met the core standards between 1 April 2009 and 31 October 2009 as shown below.

Standard	Description	Status
Safety		
C1A	Healthcare Organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Met
C1B	Healthcare Organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Met
C2	Healthcare Organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	Met
C3	Healthcare organisations protect patients by following NICE Interventional Procedures guidance	Met
C4A	Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection (HAI) to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA	Met
C4B	Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised	Met
C4C	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed	Met
C4D	Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure medicines are handled safely and securely	Met
C4E	Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment	Met
Clinical Cost and Effectiveness		
C5A	Healthcare Organisations ensure that they conform to NICE technology appraisals and, where it is available, take in to account nationally agreed guidance when planning and delivering treatment and care	Met
C5B	Healthcare Organisations ensure that clinical care and treatment are carried out under supervision and leadership	Met
C5C	Healthcare Organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work	Met
C5D	Healthcare Organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services	Met
C6	Healthcare Organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met	Met
Governance		
C7A	Healthcare organisations apply sound principles of sound clinical and corporate governance	Met
C7B	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	Met
C7C	Healthcare organisations undertake systematic risk assessment and risk management (including compliance with the controls assurance standards)	Met
C7D	Healthcare organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources	Met
C7E	Healthcare organisations challenge discrimination, promote equality and respect human rights	Significant Lapse
C8A	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services	Met

Standard	Description	Status
Governance continued		
C8B	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	Met
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required	Met
C10A	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	Met
C10B	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice	Met
C11A	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake	Met
C11B	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes	Lack of assurance
C11C	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives	Met
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Met
Patient Focus		
C13A	Healthcare organisations have systems in place to ensure staff treat patients, their relatives and carers with dignity and respect	Met
C13B	Healthcare organisations have systems in place to ensure appropriate consent is obtained when required for all contacts with patients and for the use of any confidential patient information.	Significant lapse
C13C	Healthcare organisations have systems in place to ensure staff treat information confidentially, except where authorised by legislation to the contrary	Met
C14A	Healthcare organisations have systems in place to ensure that patients, relatives and carers have suitable and accessible information about access to and clear access to procedures to register formal complaints and feedback on the quality of services	Met
C14B	Healthcare organisations have systems in place to ensure that patients, relatives and carers are not discriminated against when complaints are made	Met
C14C	Healthcare organisations are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery	Met
C15A	Where food is provided, healthcare organisations have systems in place to ensure patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Met
C15B	Where food is provided, healthcare organisations have systems in place to ensure patients' individual nutritional, personal and clinical dietary requirements are met including any necessary help with feeding and access to food 24 hours a day	Met
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care	Met
Accessible and Responsive Care		
C17	Views of patients, their carers and others are taken in to account in designing, planning, delivering and improving healthcare services	Met
C18	Healthcare organisations enable all members of the population to assess services equally and offer choice in access to services and treatment equitably	Met

Standard	Description	Status
Care Environment and Amenities		
C20A	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.	Significant lapse
C20B	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality	Met
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Met
Public Health		
C22A	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations	Met
C22B	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Met
C22C	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships	Met
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the NSFs and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	Met
C24	Healthcare organisations protect the public by having a planned, prepared and, where appropriate, practised response to incidents and emergency situations which could affect the provision of normal services	Met

As the table shows, the Trust reported significant lapses for in the following areas:

- Healthcare organisations challenge discrimination, promote equality and respect human rights
- Healthcare organisations have systems in place to ensure appropriate consent is obtained when required for all contacts with patients and for the use of any confidential patient information
- Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation

And a 'lack of assurance' for 1 standard:

- Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes

The risks associated with these lapses had been rectified before the 31 March 2010.

There were no serious untoward incidents concerning data loss or confidentiality breach during the reporting year.

Annex to the Quality Account

The Quality Account has been designed and written following discussions throughout the year regarding the quality of our services with our Board, the clinical teams and key stakeholders. These include the Forum of Carers and people who Use Services (FoCUS), our Foundation Trust Governors, NHS Surrey and the Care Quality Commission.

NHS Surrey has had the opportunity to review this account prior to publication and has provided the following statement:

SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST QUALITY ACCOUNTS 2009/10

Response by the Commissioning Primary Care Trust

The commissioning PCT has reviewed the Surrey and Borders Partnership NHS Foundation Trust Quality Account document for 2009 – 2010 and believes that this provides a fair reflection of the work of the Trust and includes the mandatory elements required. NHS Surrey acknowledges the Trust's priorities and will work with the Trust to develop these further in line with the CQUIN programme for the coming year.

We have reviewed the data presented and agree this gives an overall account of services provided and data related to national targets. NHS Surrey will work with the Trust to stretch their safety indicators.

We continue to work with the Trust to ensure that data is reported in a timely manner, is accurate at all levels and remains a key priority.

The account identifies progress in relation to:

- Responding to the results of the in-patient and community survey, implementing a comprehensive action plan.
- Addressing the concerns raised by the CQC in relation to two Learning Disability homes by improving capabilities of staff.

We will continue to work with Surrey and Borders Partnership NHS Foundation Trust to raise the profile for quality improvement.

June 2010

Surrey LINK and the Surrey Health Scrutiny Committee and Hampshire Health Overview and Scrutiny Committee have been invited to comment on this report and their comments will be published subsequently.

Surrey and Borders Partnership 
NHS Foundation Trust

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