

Annual Review 2012/13

CELEBRATING 200 YEARS OF
BRIDGWATER COMMUNITY HOSPITAL
1813 - 2013



Somerset
Partnership

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Somerset
Partnership

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST ANNUAL REVIEW 2012/13

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This is the Somerset Partnership NHS Foundation Trust Annual Review 2012/13. The full Annual Report and Accounts 2012/13 were laid before Parliament on 13 June 2013 and can be found at www.sompar.nhs.uk or by contacting Trust Headquarters.



WELCOME AND INTRODUCTION FROM CHAIRMAN AND CHIEF EXECUTIVE

Welcome to the 2012/13 Annual Report of the Somerset Partnership NHS Foundation Trust in which we reflect on the achievements and challenges of the past twelve months.

The past year has been characterised by the continued delivery of safe, effective and high quality services, the achievement of national targets, very demanding local performance targets and standards, and the delivery of a significant financial surplus to re-invest in Trust services. Over the past twelve months the Trust has also successfully delivered the largest cost improvement programme in its history.

HIGH QUALITY PATIENT CARE

Patient safety is at the heart of everything we do as a Trust. Over the past year we have continued

to focus on ways to further improve the safety of services and the care we provide to our patients.

We also continue to learn from the findings of national reports and reviews and national and local best practice. We are very mindful of the findings that have come from the Francis Inquiry into the Mid Staffordshire NHS Foundation Trust and are working hard to make sure that learning is shared from "Board to Ward" and back again.

“Patient safety is at the heart of everything we do as a Trust,”

Everyone in the organisation has a responsibility to ensure we deliver safe and effective health and social care to our patients and the users of our services.

We work closely with the Care Quality Commission to make sure that compliance actions arising from regulatory visits are promptly dealt with, and that learning is shared across the Trust. We also continue to participate in the Bournemouth University Ward Accreditation programme which seeks to promote the highest standards in patient care. We are proud that Trust services are recognised as amongst the best in the country. The feedback from our patient surveys remains very positive. We value the experiences of our patients, their carers and families and also from our staff. We always encourage people to share those experiences of the care provided so we can learn from them and further improve our services.

‘We are proud that Trust services are recognised as amongst the best in the country,’

We recognise that in exceptional circumstances mistakes are made, in some cases tragically for patients and their families, and that the care and support provided may not have been of the highest standard that we aim to provide. In these circumstances we examine critically and seek to learn from these mistakes, then share that learning across the Trust to ensure that such mistakes are avoided and not repeated in the future.

HOW DID WE DO?

The Trust has maintained strong performance against all key health targets this year – in some cases ranking the Trust amongst the best in the country. We have continued to deliver much more demanding local Commissioning for Quality and Innovation (CQUIN) targets set by the Primary Care Trust. The successful delivery of these targets has seen the Trust receive £3 million as part of its contract to re-invest in patient services.

The Trust has also continued to meet all its Monitor Compliance targets throughout the year and ended 2012/13 with a ‘Green’ governance rating from Monitor.

WHERE DOES YOUR MONEY GO?

Whilst maintaining safe, quality services, the Trust has to continue to meet challenging financial targets. In 2012/13 we delivered an operating financial surplus of £1.4 million. As in previous years, this will be reinvested in the development of Trust services including the continued roll out of RiO - our electronic patient record system - to community health service teams, and the first phase of the development of Chard Community Hospital.

The delivery of the financial surplus and associated cost improvement programmes is not easy, and becomes increasingly more difficult with each passing year. This year we have delivered cost improvements of £4.4 million. This is the most challenging cost improvement programme that the Trust has been required to deliver. This year’s cost improvement programme has been used to meet an increasing number of cost pressures which are no longer funded from our “growth” allocation from the Primary Care Trust including, Agenda for Change increment progression, the payment of Clinical Excellence Awards to consultant medical staff and a reduction in our PCT income, as well as inflation associated with rising costs and prices.

Next year’s financial challenges will be even greater for the Trust. We will continue to try to generate additional income and bring new business into the Trust to offset the need to make savings. We were delighted to be part of the successful national NHS Foundation Trust consortia that retained the Ministry of Defence contract for inpatient beds in 2012/13. We also have successfully attracted new business over the past twelve months

with the Severe Mental Illness Demonstrator site (to increase public access to a range of NICE approved psychological therapies for personality disorders), Self-Management training programme, IAPT Transitional services (improving access to psychological services), Emerging Personality Disorder service and the Knowledge and Understanding framework (KUF South West).

Savings of the magnitude required next year require us to be more flexible in our thinking about how and where we deliver services whilst still ensuring safe services for our patients. Patients and their families tell us that wherever possible their preference is to be treated in their own home rather than in a hospital. As an organisation we will need to make sure our services adapt to the changing needs of our patients, their carers and families rather than relying on traditional models of care.

We continue to support the work being led by the Somerset Clinical Commissioning Group on the review of community health services in Shepton Mallet and their wider review of community health and hospital services across Somerset. We consider the developments at Williton Community Hospital, which demonstrates less reliance on traditional inpatient beds and greater use of the hospital facilities to support day care and ambulatory care, as the way forward for our community hospitals. This approach offers the best guarantee of their future as a resource serving an even greater number of their community.

BUILDING FOR FUTURE SUCCESS

As in previous years we have continued to take advantage of the freedoms that NHS Foundation Trust status brings, by investing in improvements to our buildings and support systems. We have almost completed a major £17.5 million investment in our estate which we commenced after our authorisation in

May 2008. This year saw the completion of the £3 million upgrade of Rydon Ward in Taunton with patients and staff moving into the refurbished ward in April 2012. We have now completed the £1.2 million upgrade and refurbishment of Holford Ward – our Psychiatric Intensive Care Unit in Taunton - and staff and patients moved back to the refurbished ward on 12 April 2013. This year has also seen a £1.3 million investment in our Information Management and Technology Systems as we have extended RiO - our electronic patient record system - to our community health services.

Work has also been completed on the upgrading of the newly named Meadow Ward at Williton Community Hospital, thanks to the generosity of the League of Friends, to develop facilities to provide a range of ambulatory care services. This year has also seen schemes in Crewkerne and Wellington taken forward through the support of the League of Friends. We have also completed the re-provision of our new Dental Treatment Centre in Frome and continue to work to improve all our facilities across the Trust in order to meet privacy and dignity requirements and provide gender sensitive accommodation.

In March 2012 the Department of Health announced £16 million funding for the building of the new Bridgwater Community Hospital. A further £3 million has been provided by NHS Somerset to support the development including the building of an endoscopy unit.

We are delighted that the long held ambition for a new hospital for Bridgwater will be realised. The existing hospital has served the people of Bridgwater since 1813 and we will be celebrating 200 years of service over the next year. It is anticipated that this development, which was started by NHS Somerset, will pass to the Partnership Trust later in 2013/14 and we will be responsible for

ensuring the completion of the new hospital, expected to open in the summer of 2014.

We are also looking forward to beginning work on the phased upgrading of Chard Community Hospital.

PUTTING OUR THANKS ON RECORD

The past twelve months have been characterised by significant improvements and developments to the services we provide. All the achievements showcased in this Annual Review are the result of considerable hard work and commitment from staff at all levels of the Trust: out in the community, in our hospitals and inpatient wards, and in administrative and headquarters functions.

We are pleased, once again, to be able to put on public record our thanks to staff for all their hard work and commitment to providing high quality, safe and responsive services which continue to rate amongst the best in the country. We also acknowledge the contribution of volunteers, hospital Leagues of Friends and staff who work in partner organisations, and the support we receive from users of our services, their families and carers. We were particularly pleased to be one of only three NHS Trusts from across the Country to receive a "Triangle of Care" quality mark from the Carers' Trust at a ceremony in the Houses of Parliament on 29 October 2012 in recognition of our work and commitment in developing close, effective relationships with the carers and families of our patients.

The results of our staff survey for this year show that overall staff engagement and motivation has remained consistent with the previous year. We are particularly encouraged by this result because we were mindful of the increased pressures that are being placed on staff at all levels of the organisation as we seek to continue to

provide the best possible services for our patients but with reduced funding.

We are grateful for the contribution that our Governors have made to the Trust, through Council meetings, working groups, constituency meetings and assisting in delivering the Trust's planning priorities for 2013/14 and future years. A key task that fell to the Council of Governors was the appointment of a new Chairman. Dr Stephen Ladyman joined the Trust as its new Chairman on 1 May 2013. We are delighted with his appointment and feel he will make a major contribution to the success of the Trust over the next few years.

We would also wish to especially put on record our thanks to Jane Barrie, Ian Tipney and other colleagues at NHS Somerset who worked with us in a very positive way over the past seven years.

We are keen to promote the active engagement of the Council of Governors in the work of the Trust, particularly in light of the increased roles and responsibilities they will have under the Health and Social Care Act 2012.

We encourage as many people as possible to become members of the Somerset Partnership NHS Foundation Trust,

We also wish to encourage and promote involvement of the wider membership in the work of the Trust. On 31 March 2013 we had 10,271 members including 4,010 staff members. We encourage as many people as possible to become members of the Somerset Partnership NHS Foundation Trust – if you would like to join you can sign up online at www.sompar.nhs.uk or phone the Membership office on 01278 432 026 and a freepost form will be sent to you.

LOOKING FORWARD

The next few years will present major challenges for the Trust and other NHS organisations in Somerset. The planned changes in roles and responsibilities of NHS organisations have seen the Trust over the past twelve months further develop our links with the Somerset Clinical Commissioning Group, the new GP Federations and the Local Authority as they take on responsibility for commissioning public health services and lead on the work of the new Health and Wellbeing Board for Somerset.

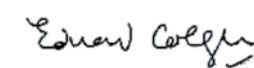
The financial challenges and the move towards more market orientated and competitive health services with "Any Qualified Provider" has seen us developing links with other NHS providers, independent sector providers and with a range of third sector organisations such as Rethink Mental Illness, Somerset Care and Yarlinton Housing. We will continue to build on these relationships to put the Trust in the best possible position to respond to the opportunities that the new commissioning arrangements present.

We believe that the next twelve months not only bring significant challenges but exciting opportunities for the Trust. We have developed our plans to respond to these challenges and believe we can continue to provide safe and effective services of a high standard whilst maintaining a sound financial position in difficult times. We are very mindful of the issues and concerns that these challenges present for staff working across the organisation, and especially for those working directly with patients, their carers and families as they try to make the best decisions for their patients with increasingly limited and reduced resources. We will endeavour to do all we can to support our staff.

As in previous years we look forward to continuing to work with colleagues from all these groups in rising to the challenges and celebrating the achievements of the next twelve months.



Linda Nash
Chairman



Edward Colgan
Chief Executive

HIGH QUALITY CARE

The Trust provides a wide range of community health, mental health and learning disability services, mainly across the area of Somerset which is administered by Somerset County Council, but also to some residents of neighbouring counties. We also provide a number of regional specialist services to patients from across the wider south west of England.

Services are provided to all age ranges, and include inpatient care for physical and mental illness, minor injury units, a wide range of specialist services in both community health and mental health services, and specialist healthcare for adults with learning disabilities. Many of these are delivered from 13 community hospitals and our four principal mental health sites across the county but, as well as seeing people in Trust premises, staff are able to offer appointments in other community venues which may be more easily accessible to patients. Wherever possible the Trust seeks to support people in their own home or as close to their home as possible.

PATIENT SAFETY

Somerset Partnership continues to work hard to deliver excellent, safe care to all people using our services. We use the national Patient Safety Thermometer across our community services, including those provided in patients' homes, and are introducing it to our mental health services. The aim is to reduce harm caused by pressure ulcers, falls, VTE (venous thromboembolism) related incidents and CAUTI (catheter associated urinary tract infections).

Staff are the best source of information about the challenges they face in delivering care to their patients. They are also most often the source of good, innovative solutions. The Trust is actively involved in the South West Quality and Patient Safety Improvement Programme both for community services and mental health services. We also use the Patient Safety Leadership Walkrounds to discuss any potential areas of concern with staff and share good ideas in all our mental health inpatient wards and community hospitals.

The Trust is also committed to an annual Service Quality Improvement Plan (SQIP) process. Plans are developed by individual teams and wards to focus on areas of service and quality improvement in their own particular area. This provides the opportunity for staff at all levels to be involved in meaningful quality improvement, as the topics are suggested, developed and owned by front line staff and teams.

Somerset Partnership is also proud to have led the pressure ulcer prevention work in the South West. The Director of Nursing and Patient Safety wrote the South West Pressure Ulcer Framework which was adopted by the NHS across the South West. Staff have also led in the development of a toolkit, launched in March 2013, for use by patients, carers and staff to help prevent pressure ulcers.

The Trust's commitment to infection prevention and control was demonstrated by the introduction of a three-stage testing procedure with continued training and as a consequence the Trust halved (from 10 to five) the number of Clostridium difficile infections attributable to the Trust in 2012/13. The Trust also managed 17 outbreaks of diarrhoea and vomiting illness and an outbreak of Influenza A over the winter period. It has been more than four years since our last outbreak of Meticillin Resistant Staphylococcus Aureus (MRSA).

The Trust continues to be fully compliant with the EU safer sharps directive; we have organised pilots for various sharps safe devices, for nursing, podiatry and dentistry services and are introducing the devices that have trialled well.

During 2012/13, Trust staff have also worked to reduce the incidence of catheter associated urinary tract infection (CAUTI) by 50%. After a very successful trial at Burnham on Sea, where 96% of unnecessary indwelling urinary catheters were removed, Trust staff are rolling out the initiative Trust-wide.

Chard Minor Injury Unit

Minor injury units are a vital part of the NHS. They treat patients whose injury or illness is not life threatening, allowing A&E departments to concentrate on patients with life-threatening and critical conditions. Across England, MIUs see and treat more than seven million patients every year.

The team at Chard MIU received public recognition for their work when they won a national NHS Heroes award after being nominated by patients. The award celebrates the very best of the NHS and is a tribute to staff and the excellent care they provide.



Chard MIU receives its NHS Heroes award from Linda Nash

CLINICAL EFFECTIVENESS

The Trust is committed to maintaining and improving the quality of patient care it provides across all services. Here are some examples of how we are making sure that we deliver the highest possible standard of care to patients and their carers.

Excellence in Gastroenterology

The pioneering work of our specialist Gastroenterology Clinic specialising in Irritable Bowel Syndrome and Gastrointestinal Allergy, and our clinical lead, Marianne Williams, were recognised at the 2012 Nutrition and Health Live Conference and Expo. The clinic was the winner of the Service /Team of the Year Award, and Marianne, who developed the service, was named Dietician/Nutritionist of the year.



Marianne Williams (centre) receives her Trust recognition award.

Personality Disorder Service - a national demonstrator

The Trust's Personality Disorders service is one of just three sites in England to demonstrate new and innovative ways of supporting people with personality disorder leading to significant improvements in the quality of life for people living with the condition. Personality disorder has only been categorised as a severe mental illness in

recent years. Twenty years ago the condition was not recognised and it is only within the last ten years that many health professionals acknowledged that it is treatable.



Jane Yeandle, Joint Head of Psychological Therapies, with Norman Lamb MP, Care and Support Minister

The services have been chosen for their experience in delivering successful support and treatment. The Trust has been developing its personality disorder service and increasing the number of interventions available to people with a personality disorder over the past five years. We are committed to continuing this work whilst supporting other Trusts to develop services along similar lines.

PATIENT EXPERIENCE

Somerset Partnership values the views of our patients, carers, and service users, and takes very seriously comments and complaints about the services we provide. The Trust welcomes feedback from people who use its services, their families and carers, in order to identify issues and build improvements into Trust policies, processes and procedures.

During 2012/13, Somerset Partnership set up new arrangements for evaluating and reporting patient experience through its Patient and Public Involvement Group. This group comprises Trust managers, governors, voluntary sector representatives and, during 2012/13, representatives from Somerset LINK.

The group considers a variety of forms of feedback on patient experience, including:

- complaints and PALS enquiries
- patient surveys and patient satisfaction surveys
- patient feedback from the Trust's and other websites (e.g. Patient Opinion, NHS Choices)
- patient and public and carer engagement events (e.g. carers groups, Listening Events, Health Forums)
- public consultations
- Council of Governors constituency and other events
- media activity

The Trust has now published a new Patient and Public Involvement Strategy which seeks to embed further the Trust's commitment to involving patients, families and carers in all stages of the development and delivery of our services.

Patient satisfaction rates about the Trust from surveys and other sources remain very high but sometimes we do get things wrong.

During 2012/13 the Trust received a total of:

- 139 complaints
- 1,219 PALS enquiries
- 5,263 formal compliments
- 32 MP enquiries

The numbers reflect a significant increase in all areas from 2011/12 principally due to this being the first full year of the integrated mental and community health service trust.

Of the 139 complaints investigated, 94 (67%) were fully or partially substantiated.

The Trust takes very seriously all complaints received and looks to act on areas of concern identified both in individual investigations and where trends or concerns are suggested about services.

64% of complaints related to nursing, midwifery and health visiting. 56% of all complaints received concerned aspects of clinical treatment. 23% related to communications or staff attitude. Two cases were referred to the Parliamentary and Health Service Ombudsman of which one was not taken forward for investigation and the other remained open at the end of the year.

For all complaints where we find shortcomings, we produce action plans and ensure that learning is shared – not just with the individuals or service involved but across the Trust. We also take direct action where complaints tell us that things need to change.

Two areas of concern in particular were identified during the year which led to further action by the Trust. There were four complaints received regarding care and treatment of young people at Wessex House, the mental health inpatient ward in Bridgwater for young people from across the region. The Trust's review of complaints with incidents and other intelligence, alongside the significant staffing issues and complexity of patients being cared for at Wessex House, helped to inform the decision taken by the Trust with its commissioners, to close the ward temporarily from April 2013 while recruitment and training of staff is undertaken.

During the year, the Trust also identified a trend regarding complaints received about the Minor Injury Unit (MIU) at Frome Community Hospital. The complaints identified issues of clinical practice and concerns about staff attitude. Although

all were rated as 'low' or 'very low' risk in themselves, the trend identified was pursued and led to a detailed investigation of services provided at the MIU which has led to direct action being taken to improve services.

Most complaints or concerns raised through PALS relate to communication between staff and patients, carers, relatives or other professionals. During the year the Trust continued to use patient stories and accounts from complaints to emphasise these areas as part of its learning and development programme for staff. This included a session in the new Ward Sisters Leadership Development Programme developed this year.



Triangle of Care

Somerset Partnership is one of only three trusts in the country to have been awarded the Carers' Trust Triangle of Care Quality kite mark in recognition of our work in supporting carers of people with mental health issues. The Triangle of Care project was set up to help mental health trusts share best practice on how they can include and support carers involved with mental health services.

As a member, we show our commitment to working with the Carers' Trust to support carers. This means that carers and service users will be able to look out for the logo to see that we are committed to improving services for carers.

Care Quality Commission Inspections

The Trust prides itself on being a learning organisation and sees inspections from the Care Quality Commission (CQC) as an opportunity not just to showcase our staff and the excellent care they provide, but a chance to identify any areas for improvement.

This year there were three inspections of Trust services. Between 23 April and 4 May 2012, the CQC and OFSTED conducted a joint inspection of Safeguarding and Looked After Children's Services within Somerset, focusing on safeguarding and the care of looked after children within the local authority. The two-week inspection process comprised a range of methods for gathering information – document reviews, interviews, focus groups, including where possible, children and young people and visits.

The report made eight recommendations to the Somerset health and social care community. These included recommendations that looked after children have access to timely, comprehensive health assessments leading to quality assured health care and that looked after children and care leavers are fully engaged in the development and delivery of the Being Healthy agenda.

Health organisations in Somerset have developed an action plan in response to the recommendations made in the report which has been fully implemented and agreed by the regulators.

On 19 June 2012 the CQC visited Chard Community Hospital as part of its routine schedule of planned reviews.

During the visits, observations were undertaken to assess how people were being cared for and patients were spoken to on the ward, in the outpatients department and in the Minor Injuries Unit. The review looked at

five areas including whether people got safe and appropriate care that meets their needs and supports their rights whether they were protected from abuse, and their human rights were respected; that there were enough staff to keep patients and meet their health and welfare needs.

“They are very respectful of my privacy and treat me the way I like to be treated,”

The findings of the review were published in July 2012 and concluded that Chard Community Hospital was found to be meeting all of the essential standards assessed. The report identified that “people told us that they were always treated properly. They also said ‘staff are very courteous’, ‘they are always very kind and thoughtful’ and ‘they are very respectful of my privacy and treat me the way I like to be treated’. People said that staff were very good at communicating with them both in terms of their treatment and if there were any delays in minor injuries or outpatient clinics. A patient’s family member told us that ‘we are kept well informed about our relative’s treatment and what the doctor has said’.

“We are kept well informed about our relative’s treatment and what the doctor has said,”

On 4 December 2012 the CQC visited St Andrew's Ward, Wells as part of its routine schedule of planned reviews. The inspector reviewed compliance against five areas including whether people are treated with respect, involved in discussions about their care and treatment and able to influence how the service is run; whether people get safe and appropriate care that meets their needs and supports their rights; and whether the service had quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.

“They are very nice and have helped me a lot,”

The final report of the visit was received from the CQC on 7 December 2012. The report indicates that St Andrews Ward was meeting all the essential standards of quality and safety. The report identified that people the inspectors spoke with said “they felt safe on the ward. We observed that staff spoke with people in a friendly and respectful manner. One person said “staff are lovely, they respect privacy and they respect us.” People were very complimentary about the staff on the ward. Comments included “staff are all very kind,” and ‘they are very nice and have helped me a lot.’

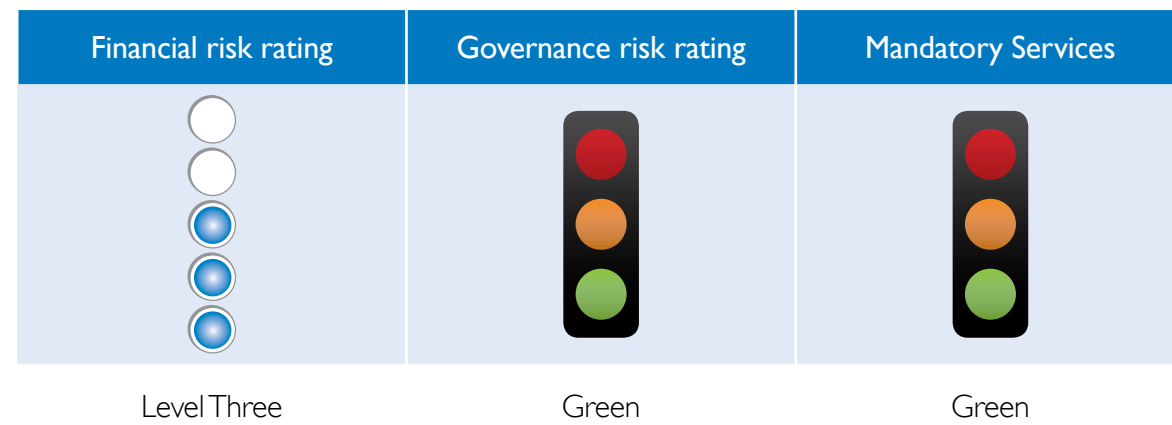
HOW DID WE DO?

MONITOR RATINGS 2012/13

Monitor assesses Foundation Trusts quarterly in respect of their risk status for finance, governance and mandatory services. For financial risk, scores range from one (highest level of risk) to five (lowest level) The Trust's score of three throughout the year was in line with its plan for the year. Governance risk is rated red, amber or green, where green is low risk and red is high risk.

The Trust's ratings for finance, governance and mandatory services were the same for each quarter in 2012/13 and the overall ratings are shown below.

RATINGS 2012/13

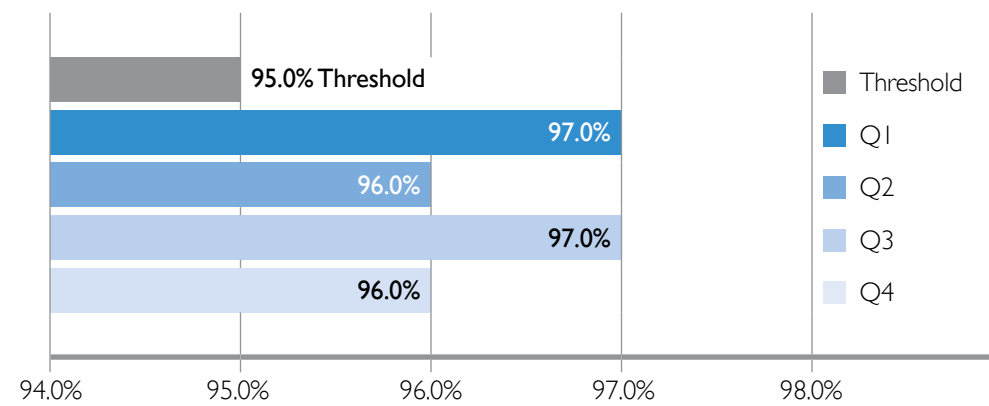


MONITOR COMPLIANCE FRAMEWORK TARGETS

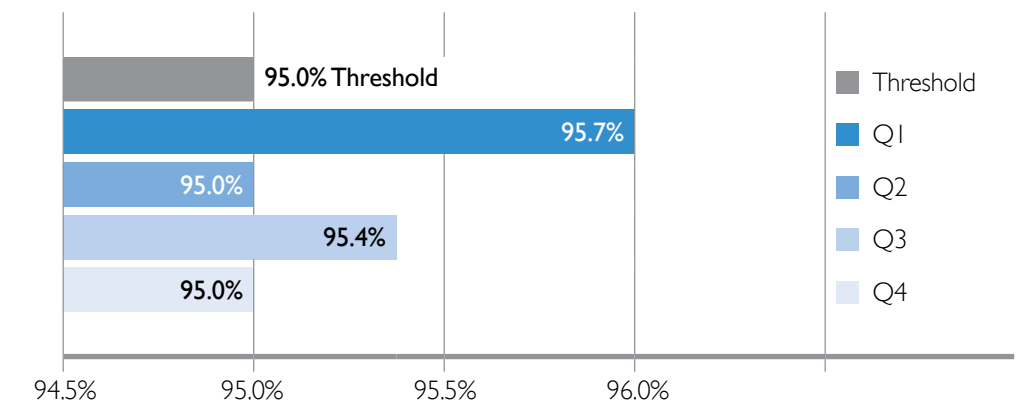
The Trust met, and in the majority of cases routinely exceeded, all Monitor Compliance Framework Targets in 2012/13.

MENTAL HEALTH TARGETS

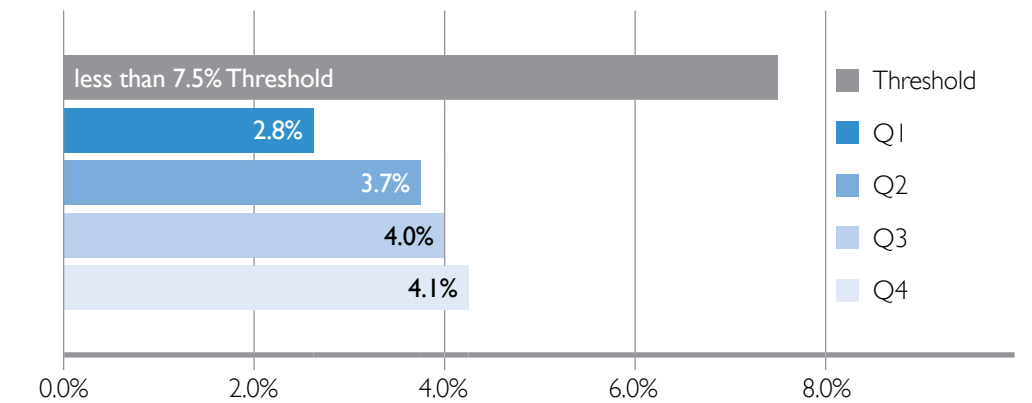
Care Programme Approach - Patients receiving follow-up contact within seven days of discharge



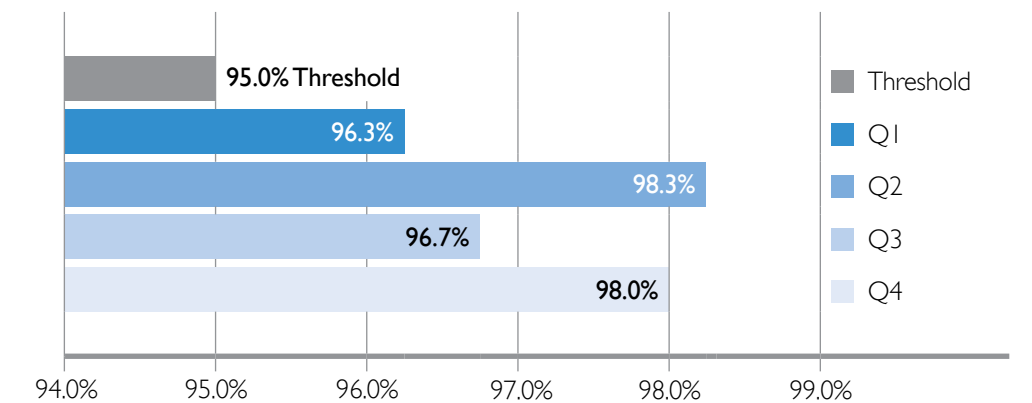
Care Programme Approach – Patients having formal review within 12 months



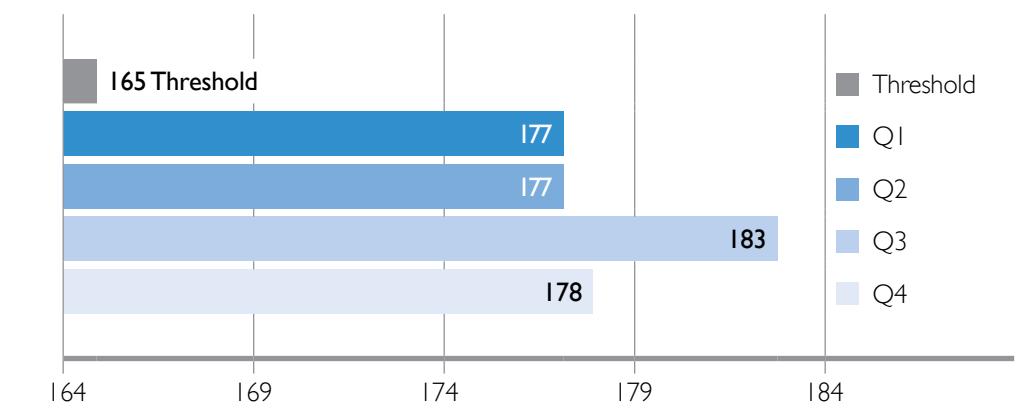
Minimising delayed transfers of care (delays as a percentage of all discharges)



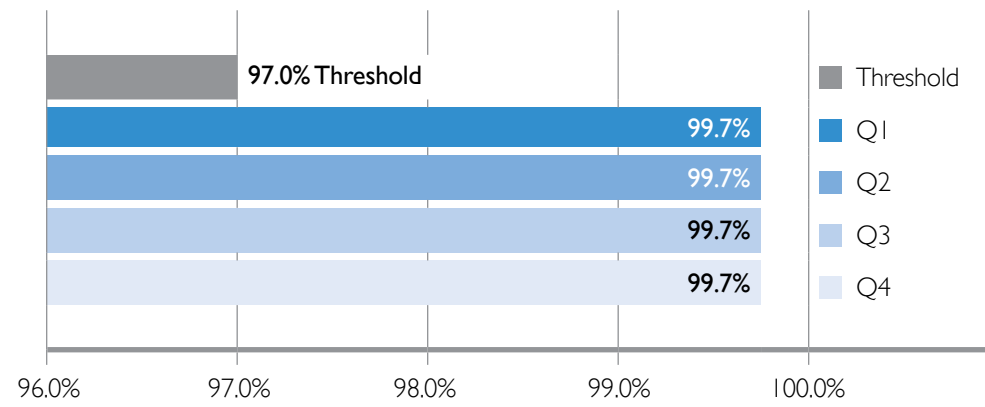
Patients admitted to inpatient services had access to crisis resolution/home treatment teams



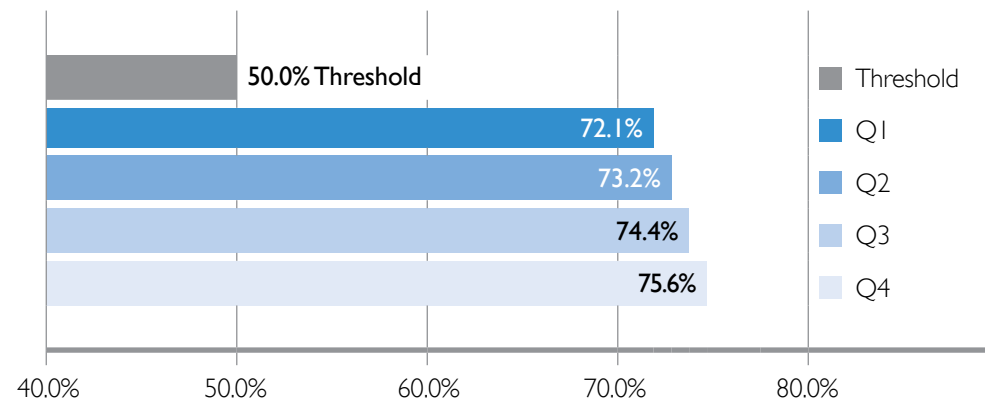
Meeting commitment to serve new psychosis cases by early intervention teams (Current agreement is for a caseload of 174 cases)



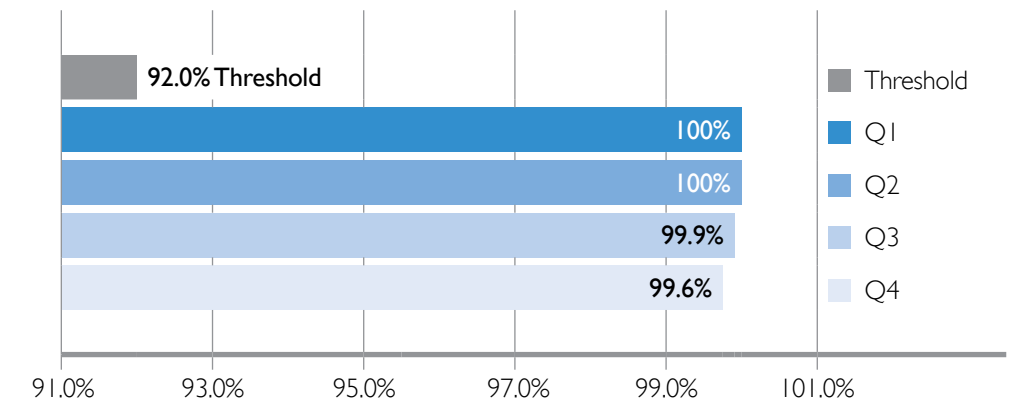
Achieve targets for patient identity data completeness



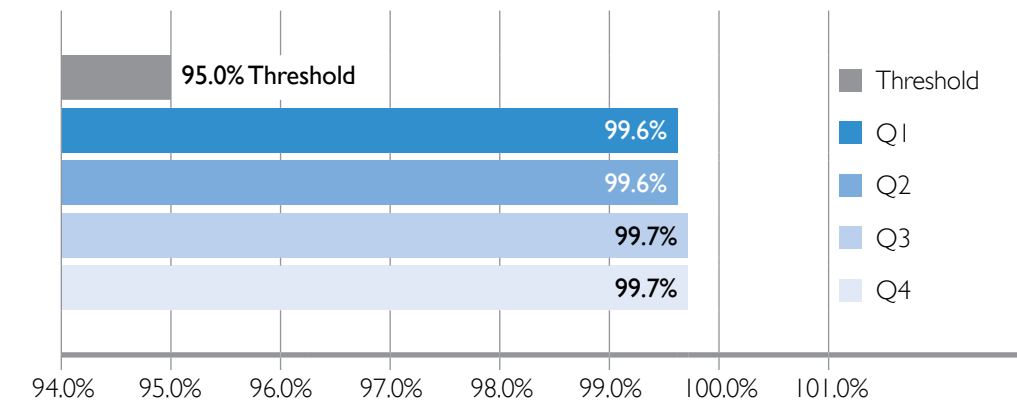
Achieve target for data completeness: outcomes (for patients on Care Plan Approach (CPA))



Referral to treatment waiting times – Incomplete pathways
Threshold 92% of patients inside of 18 weeks

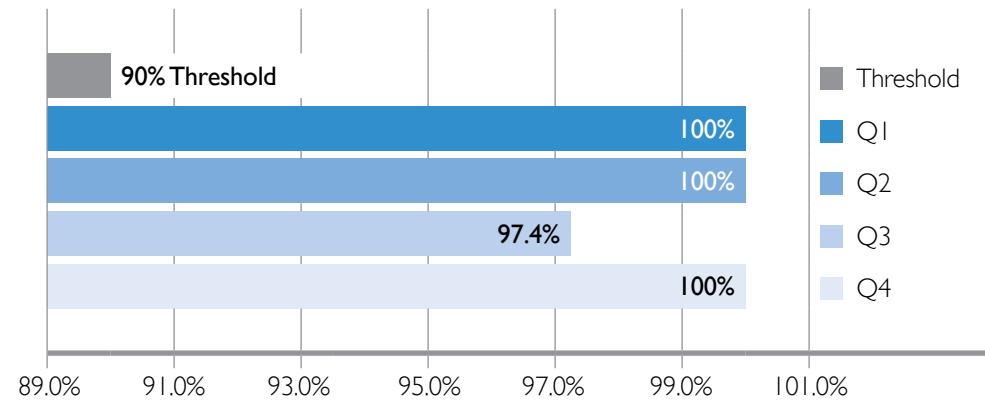


Accident and Emergency maximum waiting time of four hours from arrival to admission / transfer / discharge

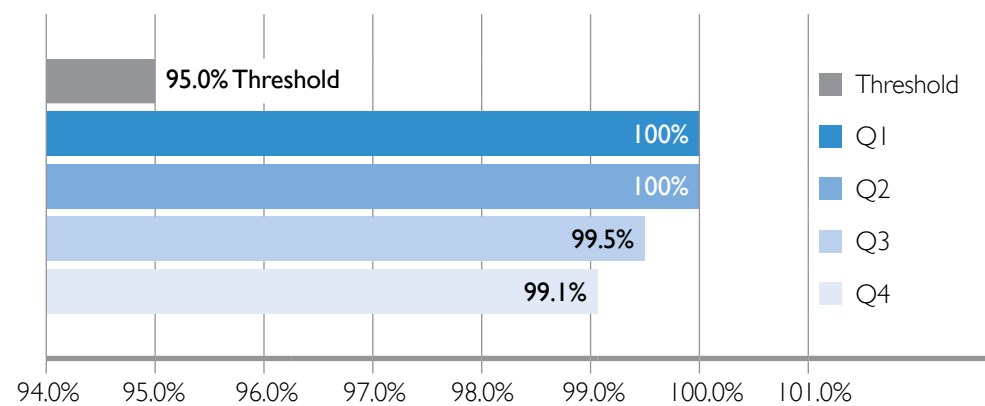


COMMUNITY HEALTH TARGETS

Referral to treatment waiting times – Admitted
Threshold 90% of patients inside of 18 weeks



Referral to treatment waiting times – Non-admitted
Threshold 95% of patients inside of 18 weeks



COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) TARGETS

Somerset Clinical Commissioning Group, the Trust's major commissioner of services, sets annual targets rewarding higher levels of performance under the framework for Commissioning for Quality and Innovation (CQUIN), to improve the quality of services delivered to patients. The achievement of the CQUIN standards generates additional income for the Trust, of up to 2.5%.

The CQUIN areas and standards set for the Trust were all achieved or exceeded during 2012/13. Further information on the Trust's CQUINs can be found on the Trust website: www.sompar.nhs.uk

STAFF SURVEY

Staff engagement has been maintained since last year with a slight rise from 3.65 to 3.69 out of a maximum of 5 for the staff engagement measure. Of the 28 key findings in this year's survey, 14 were either better than average or in the best 20% compared to the national average.

The notable key area of improvement since the previous staff survey was the increase from 86% to 95% of staff saying they have received an appraisal. This represents the highest of all comparator Trusts. The increase in number is matched with improvements in the quality and structure of appraisals with an increase from 35% to 42% of staff reporting well-structured appraisals.

Other areas of good improvement since the previous year were the increase from 58% to 68% of staff saying that they are able to contribute towards improvements at work. Whilst this remains in the lowest 20% compared to other Trusts, it is significant improvement and represents an encouraging cultural improvement in light of the Robert

Francis QC report into events at the Mid Staffordshire NHS Foundation Trust.

Of the 28 key findings in this year's survey, 14 were either better than average or in the best 20% compared to the national average,

Key areas for the Trust to address are work pressure felt by staff; extra hours worked by staff; percentage of staff able to contribute towards improvements at work; and percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver.

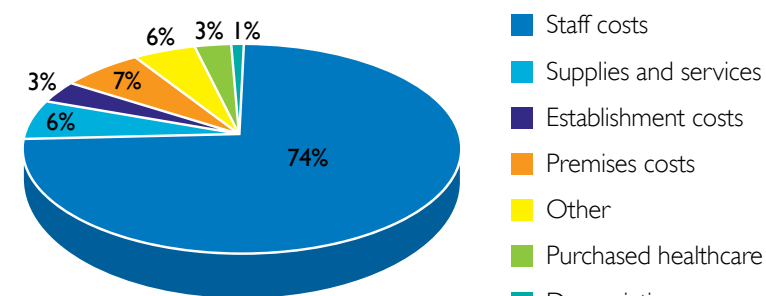
The Trust is committed to building a motivated, competent and resilient workforce who can deliver compassionate care every day. In addressing the areas of the staff survey which require improvement, the Trust is reviewing its Leadership Development Strategy for 2013/14.

The leadership challenge for 2013/14 is to maintain levels of staff engagement during the restructuring of the operational services directorate and helping to reduce the work pressure felt by staff, reduce the 75% of staff working extra hours and increase the 68% of staff who say they feel able to contribute towards improvements at work.

Together, these will enable the most critical improvement of the staff survey which is to increase the number of staff who feel satisfied with the quality of work and patient care they are able to deliver.

WHERE DOES YOUR MONEY GO?

In providing community and mental health services, the Trust spent £147m, of which £109m was for staff costs. This chart shows where that money was spent.



A breakdown of where your money goes

The largest cost for the Trust is for staff who provide patient services.

The chart below illustrates the breakdown of staff groups.

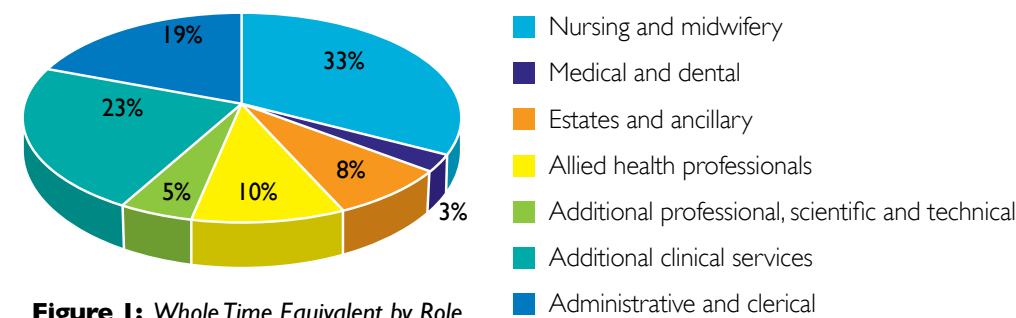


Figure 1: Whole Time Equivalent by Role

Examples of the types of jobs in each staff group are also given.

- Nursing and midwifery staff includes all matrons, sisters and nurses
- Medical and dental staff also includes consultants and dental officers
- Estates and ancillary staff includes hospital catering staff and porters
- Allied health professionals includes occupational therapists, physiotherapists and speech and language therapists
- Additional professional, scientific and technical staff includes psychologists, social workers and pharmacists
- Additional clinical services staff includes counsellors and health care assistants
- Administrative and clerical includes clerical workers, hospital receptionists, HQ staff and Trust Board.

COST IMPROVEMENTS

The Trust undertook a series of joint reviews with the Clinical Commissioning Group of the 2012/13 cost improvement programme. Discussions focused on which schemes would be taken forward and which would not. The CCG made non-recurring funding available for the 2012/13 financial year in respect of those schemes which the Trust had not implemented. Of the revised target of £4.891m the Trust achieved savings of £4.426m. The two organisations continue to work through the recurring implications in developing a financial framework for 2013/14.

BUILDING FOR FUTURE SUCCESS

As in previous years we have continued to take advantage of the freedoms that NHS Foundation Trust status brings, by investing in improvements to our buildings and support systems.

A NEW HOSPITAL FOR BRIDGWATER

Some £16 million has been made available by central government to go towards the cost of the new hospital. The current Bridgwater Hospital on Salmon Parade was built in 1813 and its replacement, after almost 200 years, is the final rebuilding scheme to enable the fulfilment of a commitment by NHS Somerset to replace four of the county's oldest community hospitals.

The hospital will provide the following facilities:

- In-patient ward
- Ambulatory Day Care (Day Treatments)
- Birthing Unit
- Therapies Department
- Minor Injury Unit
- Diagnostic Imaging (X-Ray and Ultrasound)
- Out-patient Department
- Endoscopy unit

Construction work continues to run slightly ahead of schedule and within budget. It is anticipated that services will transfer from the existing hospital at the end of April 2014.



Artist impression of the new Bridgwater Community Hospital



Entrance to refurbished Rydon Ward, Taunton

IMPROVEMENTS TO RYDON WARD, TAUNTON

Rydon Ward is a 30 bed acute mental health ward which reopened in May 2012 after a £3 million refurbishment by Somerset Partnership.

The ward now provides single rooms to patients and higher levels of privacy. Patients now have access to an improved lounge and leisure areas, (including women-only areas) as well as landscaped gardens.

A MOVE FOR MENTAL HEALTH AND COMMUNITY HEALTH SERVICES IN FROME

Our adult and older people's community mental health teams, health visitors and district nurses moved to the new Frome Medical Centre. The move has provided a much better environment for patients, and has further strengthened links with local GPs.



The restyled entrance to the refurbished Holford Ward, Taunton

HOLFORD WARD, TAUNTON

The £1.2 million upgrade and refurbishment of Holford Ward – our Psychiatric Intensive Care Unit in Taunton – is now complete. Staff and patients moved back to the refurbished ward on 12 April 2013.

ELECTRONIC PATIENT RECORDS

This year has also seen a £1.3 million investment in our Information Management and Technology Systems as we have extended our electronic patient record system RiO to our community health services. This will help create a full care record which co-ordinates social care and health services leading to more personalised and joined up individual care.



We have invested £1.3 million in our electronic patient record system.



Linda Nash, Chairman, with winners at the Trust Recognition awards

PUTTING OUR THANKS ON RECORD

STAFF

The contribution of all who work in the Partnership Trust – in community health, mental health and learning disabilities – is greatly appreciated. This has been probably the most challenging year for the Trust and personally demanding for many of our staff as the Trust responds to major financial challenge, increased demand and further expectations whilst seeking to ensure we provide the safest possible care for our patients and continue to deliver high quality services.

RECOGNITION AWARDS

Seven years ago the Trust introduced the annual Recognition Awards to celebrate the contribution that our staff, service users, carers, volunteers and partner organisations make to the successes and achievements of the Trust.

The Trust held this year's Recognition Awards event in Bridgwater on 25 October 2012. The awards recognised the outstanding contribution of individuals and teams across the Trust as well as volunteers and community members who have made a real difference to the patients, carers and communities we serve during the year.

A Recognition Award was also presented at the Annual Award event in October 2012 to Linda Nash, Chairman of the Trust, on behalf of all the staff, patients and carers in recognition of her contribution to the work of the Trust.

In addition awards were given to Sylvia Parsons and Sally Stone in recognition of them both achieving 50 years' service in the NHS and the event was also used to present a Long Service Award to Edward Colgan, Chief Executive, in recognition of his 33 years' service to the NHS.

The Chairman also made a special recognition award to the Bridgwater Community Hospital to mark 200 years of service to the community from 1813 to 2013.

INDIVIDUAL AWARDS

- **Trudy Bower**, Health Care Assistant, West Mendip Hospital
- **Hayley Welsh**, Ward Sister, Minehead Community Hospital
- **Eileen Morris**, Volunteer, Older Adult Team, Foundation House
- **Carol Pritchard**, Memory Services/ Day Services Manager, Mulberry Centre, Burnham-on-Sea
- **Marianne Williams**, Community Dietician
- **Caroline Mead**, User and Carer Development Manager
- **Sue Hales**, Clinical Systems Manager
- **Fiona Robinson**, Musculoskeletal Physiotherapy Manager
- **Sue Jenkins**, Team Attached Volunteer, Older Adult Community Mental Health Team, Glanville House
- **Sarah Huish**, Volunteer and Involvement Lead, Mental Health
- **Sue Taylor**, Acting Matron, Bridgwater Community Hospital

SPECIAL AWARD

- Equality and Diversity Award
- **Rydon Ward signage team**

TEAM AWARDS

- **Prison Healthcare Team**
- **Exmoor Ward and Minor Injuries Unit staff, Minehead Hospital**
- **Mendip Integrated Therapy Service Administration Team**
- **Integrated Paediatric Therapies**
- **Willow Ward staff**
- **LEAP (Life Enrichment Aphasia Project)**

CHAIRMAN'S AWARD

- **Sheila Harvey**, Lead Governor
- **Dick Acworth**, Chair, Carers' Participation Group

ANNUAL CARERS' CONFERENCE

The annual Carers' Conference is an important event in the Somerset Partnership calendar. It is our chance to recognise publicly the work of Somerset's carers and give them a chance to relax, share experiences and meet other carers in the wonderful setting of Dillington House, near Ilminster.



Abigail Carpenter (front right), one of the county's young carers entertained the Conference with a piano recital

This year's Somerset Partnership's Carers Conference was an opportunity for a small sample of Somerset's 58,000 carers to meet socially, listen to guest speakers and participate in a variety of workshops. Carers joined in choir singing, relaxation workshops and "soul walks" in the grounds of Dillington House, Ilminster.

THE BOARD

On 30 April 2013, Linda Nash stood down as Chairman of the Board of Somerset Partnership NHS Foundation Trust after nine years. As Chairman, she oversaw major transformation of services for patients, supported the financial recovery of the organisation as well as the achievement of NHS Foundation Trust status. More recently she saw through the successful integration of Somerset's community health services with the county's mental health services, creating a more integrated service for local communities and more than doubling the size of the organisation. Linda Nash leaves the Trust with an exceptional legacy of achievement.

On 31 May 2012, Ian Vaughan, Non-Executive Director of the Trust, stood down after seven years of service on the Trust Board. We will miss his enthusiasm and commitment to the work of the Trust.

In June 2012, Philip Dolan joined the Trust as a new Non-Executive Director, succeeding Ian Vaughan.

In February 2013, Rod How, Director of Finance and Business Development, left the Trust after ten years' service. In March 2013, Judith Brown, Director of Community Health Services/Deputy Chief Executive, left the Trust after ten years managing operational services in Somerset. Both have taken up roles in new commissioning organisations and we wish them every success.



Top row, left to right: Andre Frullo, Liz Simmons, Rod How, Jane Townson, Judith Newman, Tim Guernsey, Sue Balcombe, Roger Powell.

Bottom row, left to right: Barrie Crow, Chris Mortimore, Diana Rowe, Edward Colgan, Linda Nash, David Wood, Judith Brown, Phil Brice, Philip Dolan.

LOOKING FORWARD

WRAPPING SERVICES AROUND THE PATIENT

Since the merger of community health services with mental health and learning disability services, the Trust has started to create a seamless service for patients that places them at the centre of all that we do. The Trust's vision for the operational delivery of integrated services means creating an holistic service where there are no barriers. Community health and mental health teams become integrated. Managers are responsible for both community and mental health services. Where possible, some services can be located together creating a 'one stop shop' where social care can also sit alongside mental health services in a community health setting.

‘Wrapping services around the patient means creating a health service with the patient at the centre,’

Work to rollout the electronic patient record from mental health into community health services is the first part of this ambition. By creating a full care record which co-ordinates social care and health services the Trust can provide more personalised and joined-up care.

Wrapping services around the patient means creating a health service with the patient at the centre – bringing services to the patient rather than having the patient come separately to each of the services they require.

RESPONDING TO FINDINGS OF THE MID STAFFORDSHIRE PUBLIC INQUIRY

Early in 2013, Robert Francis QC published the findings of the public inquiry into the events at Mid Staffordshire NHS Foundation Trust with 290 recommendations for the NHS and Department of Health. The Trust considered the report in full, including key themes and all recommendations at all levels throughout the organisation.

‘Every staff member – from Board to Ward – knows their responsibility in making sure our services are patient-centred,’

A presentation with the Francis report findings was delivered to all team leaders and managers, and to every front line team in each directorate. Staff were asked to respond to the key themes highlighted in the report and identify key actions for the Trust. The response from staff has been very encouraging.

To make sure that the events that took place at Mid Staffordshire NHS Foundation Trust never happen at the Somerset Partnership an executive level group has been set up to make sure all relevant recommendations from the Francis report are implemented. A second, clinically-driven group is focused on the learning from the report and making sure that every safeguard is in place and every staff member – from Board to Ward – knows their responsibility in making sure our services are patient-centred and staff embrace the “6 Cs” of nursing: Care, Compassion, Competence, Communication, Courage and Commitment.



Time to Change campaign road show

TIME TO CHANGE – ENDING MENTAL HEALTH DISCRIMINATION

The Trust Board has pledged to take action to reduce the stigma of mental illness in support of the national “Time to Change” campaign championed by Mind and Rethink Mental Illness. All staff, Trust Governors and Members are being encouraged to talk to family and friends about mental health problems.

Often the fact that it is difficult to talk about mental health problems can be one of the hardest parts of living with a mental illness. It can lead to the loss of friendships and to the feeling of isolation, which can lead to people not seeking help and therefore recovering more slowly.

Talking about mental health can strengthen friendships, aid recovery, break down stereotypes and take the taboo out of something that affects us all. This is the challenge the Trust will take forward to make sure we can play our part in ending mental health discrimination.

THE GOVERNOR'S VIEW



It has been another interesting and challenging year to be a governor of Somerset Partnership NHS Foundation Trust.

Governors have a range of duties

and responsibilities to perform and we seem to have exercised all of them over the course of the year. We appointed a new Chairman. We also appointed one new Non-Executive Director and re-appointed another two. We reviewed Non-Executive remuneration and held elections for public and patient and carer governor posts. We held constituency meetings, public events and Council meetings and we listened and learned as our new responsibilities under the Health and Social Care Act came into force.

We have also developed more as a 'team' with public, staff and appointed governors – new and old – working together more effectively to get things done and to support and challenge the Trust as it makes difficult decisions.

The new duties from 1 April 2013 will put greater emphasis on governors holding the Trust to account through the Non-Executive Directors and a greater requirement on us in engaging with not just our members but the whole population of Somerset – and beyond – which the Trust serves.

As the Chief Executive and Chairman both say in this review, the Trust and the wider NHS faces great challenges over the next few years in terms of finances and greater competition. This will make the role of the governor even more complex – to be a representative of those who elected or appointed us and the wider community. We will also be supporting

the Trust to make the right decisions about the care we provide and the services we deliver with all the pressures we face. It is a fine line we have to tread but this year we have had really positive involvement with the Board in planning its business and corporate strategy and we look forward to greater input and making sure that the voice of those we represent is heard.

‘We will also be supporting the Trust to make the right decisions about the care we provide and the services we deliver with all the pressures we face,’

Our biggest challenge remains how best we can engage with those people – staff as well as patients, carers and the public. We are now directly involved in the Trust's Patient and Public Involvement Group and we are working hard to develop new ways to communicate with our constituents and other patient and carer representative groups around the county.

We always need more members and we welcome views from everyone who has an interest in community and mental health services in Somerset. There are challenging times ahead and difficult decisions to be made. As governors we have an opportunity to make sure that everyone's views are listened to as part of the future debate.

Sheila Harvey
Lead Governor

A LOOK FORWARD FROM THE NEW CHAIRMAN



Firstly, I would like to place on record a big thank you to my predecessor as Chairman. Linda Nash served as Chairman of the Trust for nine years during which she

supported a major transformation of the Trust and its services. She leaves an organisation that is very much stronger now than when she took over.

I was appointed in December 2012 and took over as Chairman on 1 May 2013. The Chairman is appointed by the Council of Governors, not by the executive team, nor by the Board or the Department of Health. Those Governors who appointed me are themselves appointed by the Trust Members. In other words, I owe my position to Members and it is my job, on their behalf, to make sure the Board is sure that the services the Trust provides are safe and effective, that everyone we look after is treated with respect and compassion and that we remain true to our values.

‘In the years to come we will be asked to do much more with fewer resources,’

There are tough times ahead and we will need to make some changes to address the challenges we face. In the years to come we will be asked to do much more with fewer resources. In addition, on 1 April 2013 new

legislation changed the way the NHS is organised. From now on we must operate in a very different environment and face competition not just from other NHS Trusts and Public Interest Companies but also from the private sector.

‘We must employ good people, give them the training and the resources that they need and make sure they understand the values that we expect them to adhere to,’

I have a simple philosophy – we must employ good people, give them the training and the resources that they need and make sure they understand the values that we expect them to adhere to. There will be mistakes along the way and we must face them and be open and honest when they happen. We must, all of us, be open to challenge as we strive to do better and support each other when we stumble. None of us must accept mediocrity in our work and we must all understand that being open to seeing things we can do better is a sign of strength not weakness.

If we follow this philosophy then, as day follows night, we will deliver a standard of care to be proud of, no matter what challenges we face.

Stephen Ladyman
Chairman

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