

2018-19 Quality Account

*‘Proud of Our Continuing
Improvement Journey’*





Humber Teaching
NHS Foundation Trust

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If you require any further information about the Quality Account please contact the Trust Communications Team on HNF-TR.communications@nhs.net

Part One: Introduction to the Quality Account and Humber Teaching NHS Foundation Trust

Welcome and Introduction to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account. All providers of NHS care are required to produce an annual Quality Account showcasing the work undertaken during the year to continuously improve the quality of our services based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the fantastic work that our staff, patients and carers have undertaken together throughout 2018-19.

This document is divided into three sections:

Part One: Provides an overview of Humber Teaching NHS Foundation Trust and shares with you a celebration of our successes over 2018-19. We also include a statement from our Chief Executive, Michele Moran and Chair Sharon Mays. The section concludes with Ian's story, a personal reflection of one patient's experience of electroconvulsive therapy (ECT).

Part Two: Outlines the progress we have made during 2018-19 in relation to the quality priorities we set in our last Quality Account. We also share the priorities we have set for the coming year (2019-20) that have been agreed with our patients, carers, staff and stakeholders. This section then goes on to share our performance against a number of mandatory performance indicators identified by NHS Improvement.

Part Three: In this section we report on key national indicators from the Single Oversight Framework (SOF) and will also share performance in relation to other indicators monitored by the Board and not already reported in Parts 2 or 3 of the Quality Account.

In this section we will share with you the comments we have received in relation to the Quality Account from our Commissioners, Healthwatch and our external auditors. This section also contains a glossary of terms used within the document.

The purpose of Quality Accounts is to enable:

- Patients and their carers to make better informed choices
- Boards of providers to focus on quality improvement
- The public to hold providers to account for the quality of NHS Healthcare services they provide

Humber Teaching NHS Foundation Trust at a glance...



Rated **Good** by the Care Quality Commission

We employ approximately 2,500 substantive staff



We are investing in our staff through our Proud Programme

We provide a broad range of community and inpatient mental health services, community services, children's services, learning disability services, primary care services, healthy lifestyle support and addictions services.



We serve a local population of approximately 700,000 people.

What our patients and carers say...

"Listened to all of us, gave my child time, excellent."

"The staff are very professional and offered support to our daughter and to us the parents."



We are Caring, Learning and Growing

What our staff say...

I am encouraged by the shift in emphasis away from a target driven approach to a focus on quality and clinical leadership.

Good training opportunities and investment in staff. In my team I feel very valued.



We were highly commended in the 2018 Patient Safety Awards

About the Trust



Humber Teaching NHS Foundation Trust

Humber Teaching NHS Foundation Trust provides a broad range of community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

We also provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield.

The Trust's private limited company Humber Primary Care Limited was established in November 2017 to enable us to hold the General Medical Services (GMS) contract for Peeler House Surgery in Hessle and in June 2018 we added Princes Medical Centre in Hull.

We now hold a total of seven GP practice contracts registered to provide care with the Care Quality Commission (CQC). These are a mixture of GMS, Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts across Hull, Hessle, Cottingham, Market Weighton and Bridlington.



We employ approximately 2500 substantive staff working across over 70 sites covering a large geographical area encompassing Hull, Malton, Ryedale, Scarborough, the East Riding of Yorkshire and Whitby.

We have approximately 16,000 members who we encourage to get involved, have their say, elect governors and make a difference to how local healthcare services are provided. The views of Trust members are represented by our Council of Governors. We have 22 governors made up of public governors, service user and carer governors, nominated governors and staff governors. More than half of the Council of Governors is elected by local people. Nominated governors include representatives of local partnership organisations.

We also have more than 120 volunteers who are passionate about working in our services and are available to help patients, staff and visitors. Our volunteers are dedicated and caring members of the community who give their time and skills freely to support us. Their work can make a huge difference to our patients' experience while improving their own health and wellbeing. Our volunteers complement the work of our staff and provide practical support to our patients, their families and carers.

Our Values



These values shape the behaviour of our staff and are the foundation of our determination to:

- ✓ Foster a culture in which safe, high-quality care is tailored to each person's needs and which guarantees their dignity and respect;
- ✓ Achieve excellent results for people and communities;
- ✓ Improve expertise while stimulating innovation, raising morale and supporting good decision-making;
- ✓ Unify and focus our services on early intervention, recovery and rehabilitation;
- ✓ Engage with and listen to our patients, carers, families and partners so they can help shape the development and delivery of our healthcare;
- ✓ Work with accountability, integrity and honesty; and
- ✓ Nurture close and productive working relationships with other providers and our partners.

Our Vision

We aim to be a leading provider of integrated health services, recognised for the care compassion and commitment of our staff and known as a great employer and a valued partner.

Our Strategic Goals



**Innovating
quality and
patient safety**



**Enhancing
prevention,
wellbeing and
recovery**



**Developing an
effective and
empowered
workforce**



**Promoting
people,
communities and
social values**



**Fostering
integration,
partnerships
and alliances**



**Maximising an
efficient and
sustainable
organisation**

**For further information on our strategic goals, please see
Annex 4.**

Our Development and Success Highlights for 2018-19

2018



- ✓ Our new Trust name went live on 1 April with us becoming Humber Teaching NHS Foundation Trust (previous name Humber NHS Foundation Trust)– a change that demonstrates the importance of our focus on research and development, learning and teaching.
- ✓ We launched our Friends and Family Test (FFT) live dashboard that provides information for staff at team level on the number of people who would recommend our services to friends and family if they needed similar care or treatment.



- ✓ Our £80 million contract to provide adult community services in Scarborough and Ryedale began with over 5,000 patients and 200 staff members transferred to our Trust. The new contract saw us take responsibility for providing adult community services in Scarborough and Ryedale.
- ✓ We launched the NHS Improvement 'Just Culture toolkit' at our Learning the Lessons Conference. The Just Culture Tool provides a guide for managers to ensure that staff involved in patient safety incidents are supported in a consistent, constructive and fair way, to encourage a culture of transparency, openness and learning thereby promoting a patient safety culture.
- ✓ Our commitment to research continued this year when in May we hosted our second research conference which saw national and international experts deliver presentations on various research topics to a sold out audience.



- ✓ We launched our Service User and Carer Experience Strategy which puts our service users and carers at the heart of everything we do.
- ✓ Humber Teaching NHS Foundation Trust became one of the first Trusts in the North East to provide free Wi-Fi for patients.



- ✓ HSJ Patient Safety Award Judges commended the Trust in the Changing Culture category following its work to reduce restrictive interventions on patients cared for by its inpatient mental health and learning disability teams.
- ✓ The HSJ judges highly commended the Trust's 'Patient Safety Team of the Year' in response to its efforts to reduce restrictive interventions and incidents of suicide and self-harm
- ✓ Construction of a new multi-million pound mental health inpatient unit for young people from Hull, the East Riding and North and North-East Lincolnshire commenced.



- ✓ Maister Lodge, a unit for older people experiencing mental health problems, reopened over the summer following a £500,000 refurbishment and now provides updated spaces to promote health, wellbeing and independence. With the help of volunteers and Health Stars, our charity, a dementia-friendly garden was also created providing a therapeutic outside environment with sensory details to enhance patient experience.
- ✓ Hallgate Surgery and The Chestnuts Surgery, both in Cottingham, in the top 10 best surgeries for the region according to an NHS England national patient survey.



- ✓ Maggie Bean, Primary Care Matron for the Trust, announced as one of five finalists in the Community Nurse of the Year Award category at the 2018 General Practice Awards.
- ✓ The Social Mediation and Self-Help (SMASH) service announced as a finalist at the Health Service Journal (HSJ) Awards in the category of 'Innovation in Mental Health'.
- ✓ Following a very successful pilot, social prescribing was rolled out across all GP practices within the East Riding of Yorkshire.



- ✓ We were delighted to secure part of a £23 million NHS England grant to deliver perinatal mental health services across Hull, East Riding, North Lincolnshire, North East Lincolnshire, Scarborough and Ryedale and York. The new services commenced on 1 October 2018.



- ✓ We became one of the first 13 trusts in the UK to receive a share of £78 million to support electronic prescribing and medicines administration (ePMA). The Trust secured £300,000 of funding for ePMA following a successful bid and interview process with NHS England and NHS Improvement which will help improve patient safety.
- ✓ We opened a lecture theatre at our headquarter site in Willerby to provide an educational space following feedback from staff to support our teaching status. Our opening event was our second Learning the Lessons Event of the Year.
- ✓ We launched our Quality Improvement Approach 2018-2020 to promote a consistent approach to continuously improving our services and the quality of care and outcomes for our patients.



- ✓ Humber Teaching NHS Foundation Trust was one of the first five NHS trusts in England to use the new National Record Locator Service (NRLS). The service enables paramedics and mental health nurses to find out whether the patient they are treating has a mental health crisis plan to help inform their treatment.
- ✓ Alison Walker, Community Cardiac Specialist Nurse, was nominated by a patient to receive a 'You're Simply Marvellous' award by The Pumping Marvellous Foundation. The award acknowledged the value that Alison and other healthcare professionals bring to the treatment of heart failure patients throughout the UK.

2019



- ✓ We held our 'Building our Priorities' event with patients, service users, carers, commissioners and third sector organisations to agree our 2019-20 Quality Account Priorities.
- ✓ 17 January, a meeting was held with the Trust governors to agree the local indicator for the Quality Account. The indicator they chose was clinical supervision.



- ✓ The Trust joined thousands of other groups, schools and members of the public in having conversations about mental health on Time to Talk Day (7 February)
- ✓ The CQC undertook its 'Well Led' inspection of the Trust 12-14 February.



- ✓ In line with the Trust's health and wellbeing agenda we are pleased to have launched #PROUD, our organisational development programme this year. As part of the programme we will look at how we can help staff to be happier at work, which is something that we are passionate about.
- ✓ Humber Teaching NHS Foundation Trust's Frequent Attenders Service was shortlisted as a finalist for a Specialist Service Award in the 2019 HSJ Value Awards.

1.1 Chief Executive's Statement

It gives me great pleasure to once again introduce the annual Quality Account and share with you our achievements, challenges and successes over the past year and identify areas for continued improvement.

In February 2019 we were again inspected by the CQC, which involved unannounced inspections of our services, interviews with staff, patients and carers and examination of information in relation to our performance. I am pleased to report that we retained our rating of 'Good' overall, however, despite improvements across a number of services we remained rated 'requires improvement' for the Safe domain. Further quality improvements are underway to build on the progress we have made and address the areas which continue to impact on our rating within the Safe domain.

The vision driving our work is to be a multi-specialty healthcare and teaching provider committed to caring, learning and growing. We are an organisation that learns from our mistakes, responds to constructive feedback about quality and safety, and ensures our patients and carers are at the centre of everything we do.

Our plan for delivering high quality services is ambitious, and builds on the significant work that we achieved during 2018-19. We have continued to move forward at pace and our CQC inspection and overall rating of 'Good' is testament to the hard work and collective effort of all our staff and partners. We know there is more work to do and we want to continue on our journey to improve our reputation to be a leading provider of multi-speciality health care provision. The following provides a summary of our achievements and challenges over the last year.

In line with the national picture, recruitment and retention of medical and clinical staff remains a high priority area for the Trust. Within the Trust, the challenge is recruiting to future vacancies which will arise as a result of an ageing workforce, with retirement accounting for the highest reason for employees leaving the nursing profession and the potential for the Trust to lose over 200 qualified nurses over the next five years due to age retirement. The Trust continues to utilise the "retire and return" scheme to ensure that experienced staff are retained within the organisation. We have invested in our preceptorship programme for newly-qualified clinicians to ensure that they are attracted to working for the Trust, are supported, developed and feel valued. The Trust continues to support the development of new roles to support our services, including the new role of Nursing Associate, and following a pilot in 2017-18 the Trust has expanded this further in the 2018-19 academic year. The Trust is working with local schools and colleges to promote roles within the Trust and the wider NHS through career events and the Trust has a successful work experience scheme in place for sixth form students wishing to pursue a career in medicine.

Over the last 12 months our Mental Health Response Service has seen a significant increase in demand for non-emergency responses, which has resulted in staffing resource pressures and longer than expected call response times. We have responded by increasing the staffing resource available and are continuing to work with the commissioners to implement further solutions. Despite this pressure, I am really pleased that the Mental Health Response Service has achieved the target of 100% in three out of the four quarters in ensuring the people requiring admission have been supported to receive the least restrictive care and support, ensuring local admission if required.

Reducing waiting lists are a priority area for the Trust. The Trust's Waiting List and Waiting Times Policy ensures that patients are contacted regularly whilst they are on a waiting list to mitigate the risks associated with waiting. Our ambition is that all of our lists are reduced and compliant with national requirements. The position is monitored through care group performance mechanisms and overseen by the Operational Delivery group. The Quality Committee and Trust Board also monitor and seek assurance in relation to waiting list performance.

The Quality Account showcases further examples of quality improvements achieved across all of our services during 2018-19. I am immensely proud of everything we have achieved in the last year and this is testament to the hard work and dedication of our staff. As we look ahead to the coming year it is important to recognise the financial challenges that we, like many trusts, will continue to experience. However, with our commitment to achieving both efficiencies and quality improvements through our quality improvement approach, we are confident that we can meet our financial targets and continue to

provide high quality services. We look forward to another year and building on our success and keeping quality at the heart of everything we do.

To the best of my knowledge, the information contained in this Quality Account is accurate.



A handwritten signature in blue ink that reads "Michele Moran".

Michele Moran
Chief Executive
Humber Teaching NHS Foundation Trust

1.2 A Patient Story

In this section we are privileged to share with you the story of Ian who has been a patient of our Trust since his medical discharge from the armed forces in 2006. During the last 12 years, Ian has received care from our Community Mental Health Team and has had number of admissions to our in-patient services.

Over the course of his treatment Ian has received electroconvulsive therapy (ECT), a treatment that has in recent years received some negative press, due to memory side effects and historical practices. However, ECT is recommended by the National Institute for Health and Care Excellence (NICE) for the treatment of severe depressive illness, schizophrenia, catatonia and mania. An electric current is passed briefly through the brain, via electrodes applied to the scalp, to induce generalised seizure activity. The individual receiving treatment is placed under general anaesthetic and muscle relaxants are given to prevent body spasms.

Ian has expressed a wish to share his experience of ECT with others. He has attended the Trust Board to personally tell his story, which was described as powerful and moving by the Board. Each Board meeting begins with a patient, staff or carer story. Here is Ian's story.

Ian's Story

I had received (ECT) before in the mid-2000s whilst still serving in the armed forces so I was aware of the benefits of the treatment, but also the disadvantages, such as memory loss and the painful physical side effects. My ECT treatment through Humber Teaching NHS Foundation Trust began in 2017 after two back-to-back fortnight admissions to the Avondale Unit and a subsequent return to Mill View Court, when my post-traumatic stress disorder and resultant anxieties/despair flared up. Thankfully, the facility's resident psychiatrist who was looking after me and with input from my regular consultant, along with my Community Psychiatric Nurse (CPN) recommended that I should receive ECT once again. I was very unwell and this was the best decision they could have made for me.

Being given the ability during my admission to have a voice, to discuss and mutually decide what I wanted out of my treatment, I feel was a step towards giving me the enhanced wellbeing and improved inner-peace I enjoy today. Even when I was too unwell to make decisions by myself, I always felt safe and supported on all the inpatient units and in the care of staff. I was never forced to do anything and I was respected for whatever I did or decided. All the staff at Avondale, Mill View Court and the ECT team has been absolutely amazing from admission to discharge and I can't thank them enough. They have my utmost respect.



I would like to let other people who might be facing the same treatment know that ECT is nothing to be afraid of. I understand, respect and empathise with those who are due to receive the therapy feeling apprehensive and anxious but I can assure you it really can improve your life and mood almost infinitely. I would strongly advise those facing the possibility of ECT to go to seek the advice and support of the professionals with any questions about the treatment, and if they are in a position to do so, make the decision which is best for them. The treatment does have side effects, but, in my opinion, they are so worth the improvement on your outlook of the future. That is what I would like to portray to anybody who might be nervous when faced with a treatment like ECT.

The message I would like to give all staff on all wards is thank you, from the bottom of my heart, for showing me understanding, respect, empathy and for making me feel welcome and cared for. I really felt extremely looked after every time I walked onto the ECT suite. Absolutely everybody was courteous, approachable and professional and I felt so supported on every single visit. Looking back now, it saved my life and I can't emphasise that enough. The best way I can describe the whole experience was *like a hug without the physical touch*.

Part Two: Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

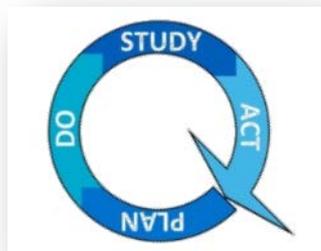
In part two of our Quality Account we outline our planned quality improvement priorities for 2019-20 and provide a series of statements of assurance from the Board on mandated items, as outlined in the 'Detailed requirements for quality reports 2019-20' (<https://improvement.nhs.uk>).

In this section we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2017-18 Quality Account.

2.2 Our Approach to Quality Improvement and Quality Governance

Quality Improvement

Our executive lead for quality improvement is the medical director. In 2018, following a number of consultation events with patients, carers and staff, we launched our Quality Improvement (QI) strategy. Our QI approach is based on the principle of our staff continuously trying to improve how they work and the quality of care and outcomes for our patients. This requires a systematic approach based on iterative change, continuous testing and measurement, and the empowerment of frontline teams. The fundamental principle of our QI approach is an understanding that those closest to complex quality problems (frontline teams, patients and carers) are often best placed to find the solutions to them.



We encourage an approach whereby service user involvement is considered central to our work, and over time, co-production of service developments and improvement with service users will become a cultural norm. We understand developing the culture of continuous quality improvement will take time, effort and persistence. To support

the development of a culture of continuous quality improvement we are investing in the QI capability of our staff and volunteers. As a result we have supported six people to attend the NHS Improvement, Quality, and Service Improvement and Redesign (QSIR) Programme. The group includes two members of the Projects and Innovation team, a ward manager, a pharmacy technician and two volunteers. Several Trust staff members have expressed an interest in being part of a second cohort.

Each care group within the organisation produces a Quality Improvement Plan (QIP) annually and the delivery of these is overseen by the Quality Committee. The QIPs support our quality priorities which will be further developed during 2019-20.

Quality Governance

The Board ensures robust quality governance through the Quality Committee; a subcommittee of the Board. The Quality Committee is chaired by a non-executive, meets five times per year, and its purpose is to:

- Oversee and support quality improvement to support the journey of taking the Trust to becoming a 'high-performing organisation' that delivers excellence in patient care.
- Assure the Trust Board that appropriate processes are in place to give confidence that:
 - Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks.
 - Ensure performance in relation to information governance and research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.

Each care group has established quality governance arrangements in place to address the key elements of quality and safety. They report directly to the corporate Quality and Patient Safety (QPaS) group which in turn reports to the Quality Committee. Each care group is required to provide assurance to the Quality Committee against its QIPs.

The Trust has embedded a range of QI approaches to support effective quality governance and improvement. These are as follows:

- Perfect Ward App - this is an iPad-enabled, in the moment audit tool that clinicians use to audit their practice and care environment. Results are immediate ensuring any improvements required can be taken immediately.
- Electronic Risk Registers – this approach ensures teams capture, manage and escalate risks.
- Staff Training and Development opportunities supported by our Learning Centre and an in-house skills laboratory.
- Leadership and organisational learning and sharing events and newsletter.
- A range of approaches to gather patient, service user and carer real-time feedback and engagement.
- The use of an app-based tool (HealthAssure) to support the dissemination of evidence-based practice and the delivery of clinical audits.



2.3 Looking Back: Review of the Quality Priorities in 2018-19

As part of our 2017-18 Quality Account, following consultation with our stakeholders, the Board of Directors agreed three quality priorities to be addressed via the Quality Account during 2018-19. These are shown below. In this section we outline the progress that we have made during 2018-19 in delivering the priorities.

<p>Priority 1 Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 2 Enhancing prevention, wellbeing and recovery</p> <p> Strategic Goal 5 Fostering integration, partnerships and alliances</p>
<p>Priority 2 Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 3 Developing an effective and empowered workforce</p>
<p>Priority 3 Embed best available evidence in practice utilising patient reported and clinical reported outcome measures (PROMS, CROMS) Enhancing prevention, wellbeing and recovery</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 2 Maximising an efficient and sustainable organisation</p> <p> Strategic Goal 6 Enhancing prevention, wellbeing and recovery</p>

Priority One: Ensure we have meaningful conversations with patients and carers to develop therapeutic relationships and engagement in service delivery.

Why this was important



Meaningful conversations are fundamental to the delivery of excellence in health care. Unless we listen and engage we cannot be certain that we are meeting the needs of the communities we serve. A genuine culture of involvement will enable the Trust to learn and grow in line with our values.

In order to be meaningful, engagement needs to be genuine, not tokenistic, and needs to ensure that all members of the community have an equal opportunity to be heard.

In line with the principles of the Triangle of Care, staff need to feel empowered to involve patients and carers in decisions about care and to feel supported to listen to feedback both positive and negative. Likewise, patients' carers and families need to trust that their views are heard and respected. Without a culture of genuine openness to involve and learn the Trust will not reach its aspiration to be an outstanding provider of health care.

What we said we would do in 2018-19

We said we would...

- Always ask you who you want us to share your information with
- Ensure that our methods of engagement are accessible and adapted to meet the needs of our community, using a range of communication methods
- Ensure our staff are empowered to involve you
- Always involve you in the planning of your care

What we did

An action planning workshop took place on 5 June 2018 with patients, carers, service users, staff and partner organisations to identify the key actions required to deliver this priority, which is aligned to the Patient and Carer Experience Strategy (2018-2023).

At this workshop the following milestones were agreed for 2018-19:

- Staff will always ask who the patient or service user would like their information to be shared with
- Staff will always involve patients and service users in the care planning process
- Where a patient or service user relies on someone to support them with their daily activities staff will always identify and involve them in the care planning, upon consent

A number of actions together with leads, planned start and finish dates and measurements have been allocated against each of the milestones above.

A carer's report has been created to identify by care group/team:

- Number of patients on caseload
- Number of patients with an identified carer
- Number of carers who have been offered a carer's assessment
- Number of carers with a carer's assessment accepted

Further work is planned to create a carer's dashboard to include the information above. This will provide teams and managers with assurance that carers are being identified and are being offered a carer's assessment where required. It will also highlight which teams are not identifying carers and offering carer's assessments.

The Trust recognises the importance of carers receiving support and is introducing the Relative Stress Scale Tool to support clinicians and carers to identify if a carer is in stress as early as possible and indicate where support and/or intervention is required. This tool is already used in our Older People's Mental Health teams.

Patients and service users are now routinely asked 'who would you like your information to be shared with?' and this is captured within the 'Information Sharing Decision Record' on our electronic patient record, Lorenzo.

The Trust introduced Family Inclusive Care Co-ordination training and this helps to support staff in care planning and positive engagement.

The Trust now has five forums to give patients, service users, carers, staff and partner organisations the opportunity to attend regular meetings to provide a voice and get involved in Trust activities. Equality and Diversity is the golden thread woven throughout our Patient and Carer Experience Strategy and to this end, hard to reach groups and individuals with a protected characteristic are invited to our forums, which include:

- Patient and Carer Experience Forum – patients, service users and carers, Hull and East Riding
- Staff Champions of Patient Experience forum – staff, Hull and East Riding service areas
- Widening Participation forum – partner organisations, Hull and East Riding
- Patient and Carer Experience forum – patients, carers, staff, partner organisations, Scarborough and Ryedale
- Patient and Carer Experience forum – patients, carers, staff, partner organisations, Whitby



The Trust launched the BrowseAloud tool onto our website in 2018. BrowseAloud is a web tool which helps individuals who have print disabilities such as dyslexia, low literacy, mild visual impairment and for people who speak English as a second language. Our website can be translated into 99 languages and read aloud in 40 of the most commonly-spoken languages in the world. Individuals can convert any of our web content into an audio file and listen to it

offline. Distractions on the page can also be removed allowing individuals to focus on the most important text.

Priority Two: Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services

Why this was important:

Quality Improvement is about making health care safe, effective, timely, patient-centred, efficient and equitable. As a Trust we continually strive to improve and learn.

As a Trust we collect a wide range of information to enable us to continuously assess the quality and safety of our services. Our regulators, the CQC and our commissioners also identify areas of good practice and areas we can improve upon. A quality improvement approach helps to develop a culture of openness to change through the involvement of staff, patients and carers to achieve systematic sustainable change.

What we said we would do in 2018-19

We said we would...

- Develop a leadership style that encourages new ideas and develops a culture of continual quality improvement underpinned by developing our approach to quality improvement
- Develop the skills of our staff in relation to quality improvement and the use of technology
- Embed a culture of asking ourselves “what have we done that has made a difference to our patients and carers?” by utilising feedback from patients and carers in our clinical staff appraisal process
- Develop a meaningful and effective approach to learning from incidents, compliments, complaints and feedback with our staff, patients and carers
- Reduce harm to our patients through taking action to reduce the incidence of pressure ulcers acquired in our care
- Enhance our focus on patient safety incidents by supporting our staff to identify, report and learn from patient safety incidents

What we did

Quality Improvement

A Quality Improvement (QI) Strategy has been developed and launched across the Trust through a range of formal and informal forums. The plan on a page on the next page shows the key actions that we are undertaking to implement the strategy. Daily ‘tweets’ from our QI Twitter account (@Humber_QI) have created an enthusiasm for QI among our staff with increasing numbers of staff, patients and carers following our Twitter account.



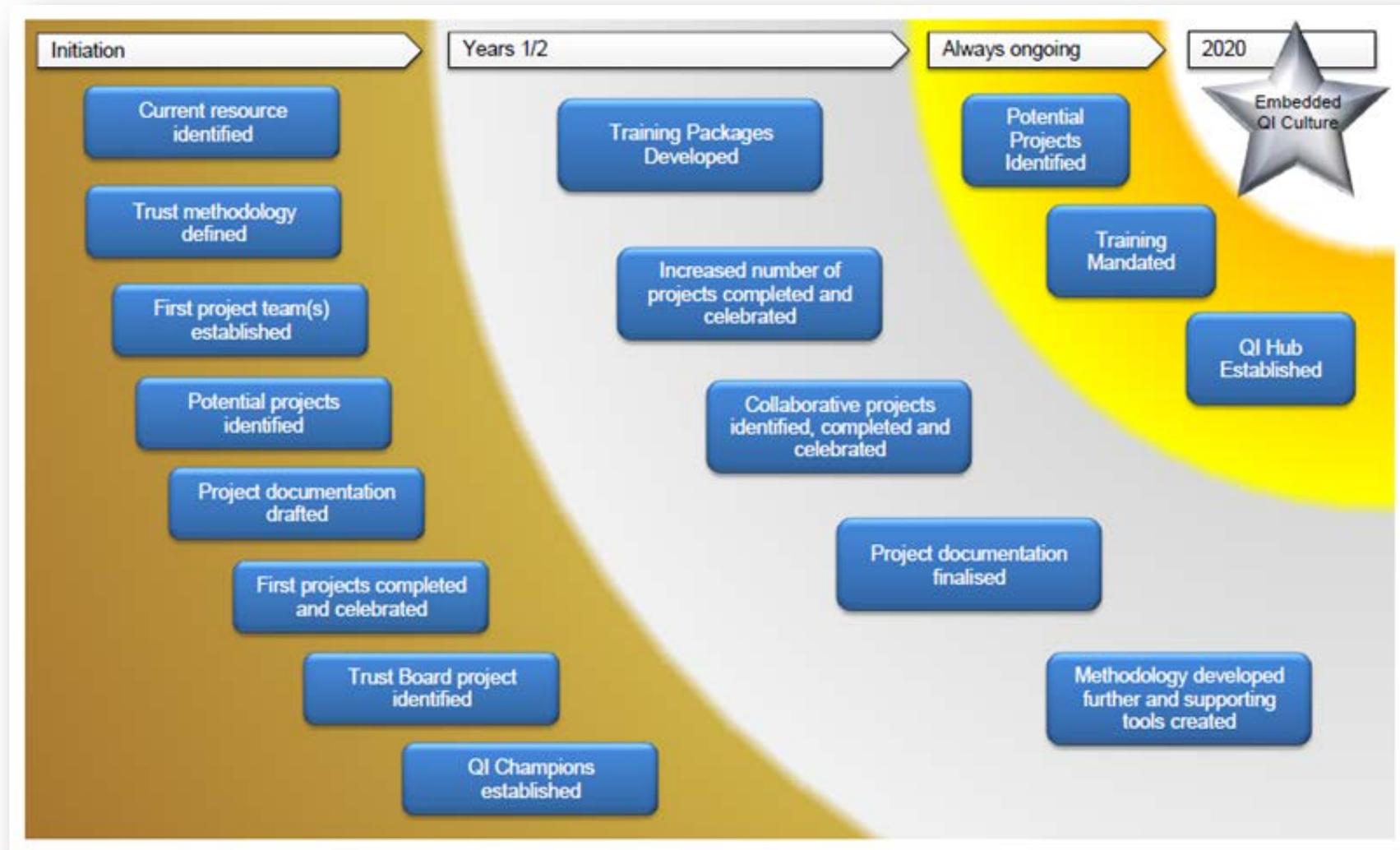
Engagement in QI has been positive from staff at all levels of the organisation, resulting in twelve improvement initiatives being registered so far with the QI team and the number is continuing to grow. In order to register a project staff complete a simple charter and example of which is shown to the left. A few examples of ongoing QI initiatives are: improving sexual safety of staff and patients within inpatient mental health services, ‘Carers for Carers’, the forum for carers of patients with behavioural and psychological symptoms of dementia (BPSD), physical health pathway between the Trust and the acute hospital and the Humber Centre clinical model redesign.

Throughout 2018-19 the Trust has accessed support from the Quality Academy in the implementation of safety huddles in a number of teams. A safety huddle is a short multidisciplinary briefing, held at a predictable time and place focused on the patients most at risk.

Six members of staff are members of the Health Foundation – Q Community and the Trust has supported three staff and two patients to attend formal quality improvement training together. This demonstrates our commitment to ensuring co-produced quality improvements between staff and patients.

Each care group has developed a QIP which sets out the key areas for quality improvement that our clinicians and operational managers are committed to delivering.

Our Quality Improvement Approach Plan on a Page



Use of Patient Feedback in Appraisals

In April 2018 the Trust launched a new 'live' data dashboard (example shown below) showing the results of the FFT surveys received from patients and carers. The information shows how we are performing at organisation, care group and team level and includes; number of survey forms received, percentage of people who would recommend our services, by month, breakdown of positive, neutral, negative and don't know responses and random selection of feedback comments including; main reason for recommending/or not, what we do well and what we could do better. Teams are analysing their data and discussing in team meetings to share best practice and identify actions to make improvements where negative feedback is received.



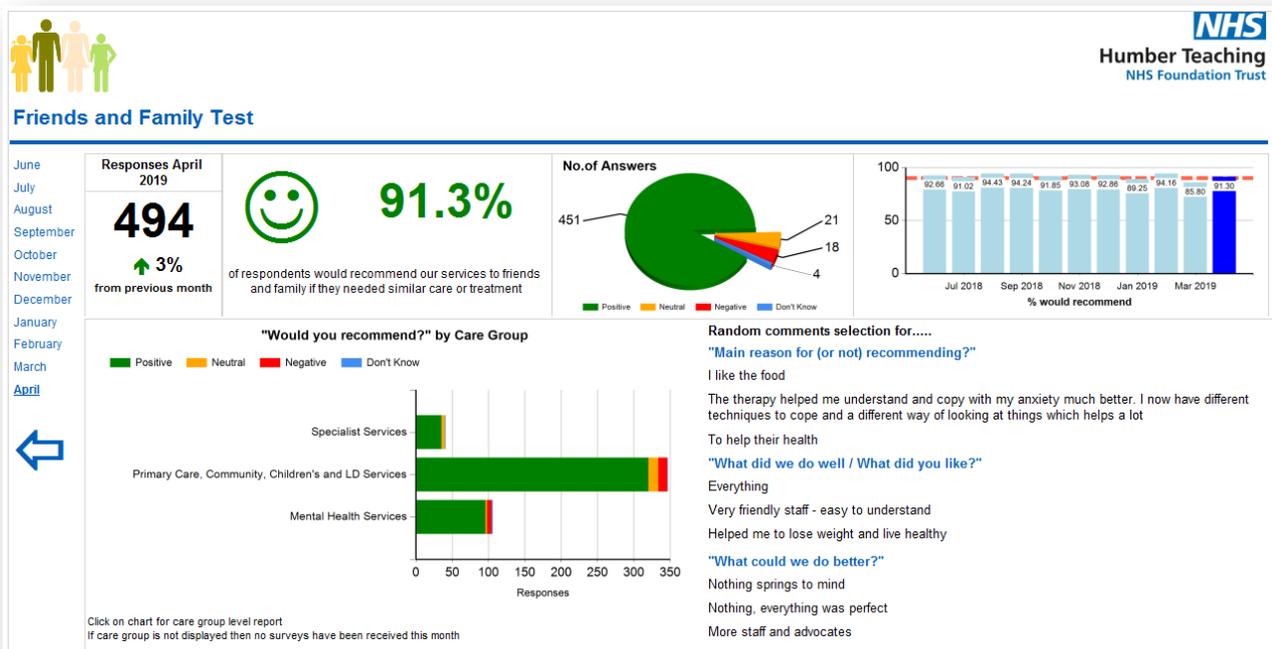
Friends and Family Test

It is expected that the dashboard will be reviewed in team meetings, supervision and appraisals. Use of the dashboard is being monitored and areas where the dashboard is less frequently accessed are being targeted. The use of patient experience data in appraisals and supervision is gathering momentum; however, further work is required to embed this as routine practice in all supervision and appraisals. Therefore this will be an action that is carried forward to 2019-20.

"Absolutely everybody was courteous, approachable and professional, I felt so supported on every single visit. Looking back now, it saved my life and I can't emphasise that enough. The best way I can describe the whole experience was like a hug without the physical touch."

Patient Story

Friends and Family Dashboard Example Screenshot



Overall performance in the Friends and Family test consistently about the Trust target of 90% with performance in March 2019 indicating that 98.1% of patients would recommend the Trust to friends and family.



Patient Safety

In order to provide Trust-wide oversight of patient safety incidents on a daily basis, a daily corporate safety huddle was introduced in February 2018. The daily safety huddle is attended by a range of professionals and managers, e.g. safeguarding, matrons, care group directors, consultant psychiatrists, pharmacy etc. The huddle reviews all incidents reported within the previous 24 hours (or 72 hours following the weekend). The review of all levels of incidents ensures that potential emerging risks are identified and addressed, preventing escalation to more serious incidents. Dependent upon the incident, the huddle may commission a detailed incident report from the team where the incident occurred, for completion within 72 hours. This enables immediate actions to prevent further incidents to be identified and implemented and the required level of further investigation to be agreed.



Our approach to the monitoring of pressure ulcer incidents was further strengthened in 2018 with the daily organisational wide safety huddle initially reviewing reported incidents of pressure ulcers and requesting 72-hour reports. The Pressure Ulcer Review and Learning (PURL) forum was increased to fortnightly from monthly and has oversight of all pressure ulcer incidents and associated 72-hour reports commissioned by the daily safety huddle. The pressure ulcer policy was also refreshed in line with the new guidance produced by NHS Improvement.

Priority Three: Embed best available evidence in practice utilising patient reported and clinician reported outcome measures (PROMS, CROMS)



Why this was important:

It is important that we measure outcomes to determine whether the care we deliver is effective. There are a range of outcome measures available. Patient reported outcome measures (PROMS) capture a person's perception of their health and clinician reported outcome measures (CROMS) capture the clinician's perception. On an individual level these measures help us to detect

improvements or worsening of symptoms and direct the choice of appropriate treatment. At a Trust level the use of outcome measure helps us to determine how effective our services are.

By developing and implementing standardised, evidence based metrics that incorporate National Institute for Health and Care Excellence (NICE) standards there should be more effective and comprehensive assessment of the care provided to patients to inform improvement in services and ensure equity of access to high quality care.

We said we would...

- Implement the NICE guidance informed depression pathway across our Adult Mental Health Services
- Roll out PROMS and CROMS across identified services within Adult Mental Health
- Evaluate the effectiveness of our services using the agreed outcome measures

What we did



In collaboration with patients, service users and carers a tool called ReQoL (Recovering Quality of Life www.reqol.org) was agreed as a PROM for adult mental health. ReQoL was developed by a scientific group led from the University of Sheffield and funded by the Department of Health and Social Care Policy Research Programme in England for free use in the NHS. It is used to assess the quality of life for people with different mental health conditions. The ReQoL tool is

short and simple to use and is suitable for a range of mental health conditions from common mental health disorders to more severe ones. The tool has been built into our electronic patient record, Lorenzo, and all Community Mental Health Team (CMHT) staff have been trained in its completion. Patient leaflets in relation to ReQoL have been finalised and the tool was launched in February 2019.

The PHQ-9 (Patient Health Questionnaire) and CORE (Clinical Outcomes in Routine Evaluation) have also been agreed for use across primary care and secondary mental health services within the depression pathway. The PHQ-9 is a patient questionnaire used to monitor the severity of depression and response to treatment. The CORE is where client is asked to respond to 34 questions about how they have been feeling over the last week, using a five-point scale ranging from 'not at all' to 'most or all of the time'. The 34 items of the measure cover four dimensions:

- Subjective wellbeing
- Problems/symptoms
- Life functioning
- Risk/harm

The responses are designed to be averaged by the practitioner to produce a mean score to indicate the level of current psychological global distress (from 'healthy' to 'severe'). The questionnaire is repeated after the last session of treatment; comparison of the pre- and post-therapy scores offers a measure of 'outcome' (i.e. whether or not the client's level of distress has changed, and by how much).

The adult mental health care group is working with Business Intelligence to develop a clinical dashboard to enable practitioners to use the ReQoL results therapeutically. In addition, the data from the dashboard will be available for the Board to assess effectiveness of our services.

Introducing outcome measures requires time to train staff and embed the tools in practice; therefore it is proposed that this priority rolls over to the 2019-20 Quality Account priorities.

2.4 Looking Forward: Our Quality Priorities for 2019-20

In January 2019, we held a 'Building our Priorities' workshop with patients, service users, carers, third sector organisations, commissioners and staff. During this workshop we presented our progress in relation to the 2018-19 priorities; asked attendees to consider what further actions they would like to see during 2019-20 in order to build on the successes and enquired whether there were any additional priorities they wished to suggest. There was an overwhelming consensus that while we had delivered the majority of the actions that we aimed to deliver during 2018-19, the priorities remained relevant and further actions could be taken in 2019-20 to build on the progress made to date. Therefore, all three priorities remained with a set of new actions aimed to build on the progress already made. The quality priorities were presented to the Board in February 2019 and they agreed the proposed actions, and requested an additional priority be added in relation to physical health care. These are outlined below.

<p>Priority 1 Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 2 Enhancing prevention, wellbeing and recovery</p> <p> Strategic Goal 5 Fostering integration, partnerships and alliances</p>
<p>Priority 2 Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 3 Developing an effective and empowered workforce</p>
<p>Priority 3 Embed best available evidence in practice utilising patient reported and clinical reported outcome measures (PROMS, CROMS) Enhancing prevention, wellbeing and recovery</p>	<p> Strategic Goal 1 Innovating quality and patient safety</p> <p> Strategic Goal 2 Maximising an efficient and sustainable organisation</p> <p> Strategic Goal 6 Enhancing prevention, wellbeing and recovery</p>

<p style="text-align: center;">Priority 4</p> <p style="text-align: center;">Ensure physical health screening is routinely undertaken across all secondary mental health services</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p>Strategic Goal 1</p> <p>Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p>Strategic Goal 3</p> <p>Developing an effective and empowered workforce</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Strategic Goal 6</p> <p>Enhancing prevention, wellbeing and recovery</p> </div> </div> </div>
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Priority One: Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery.

The importance of this priority is outlined in section 2.1. Discussion at the ‘Building our priorities’ workshop identified further actions that we as a Trust could take particularly in relation to carers.

What we will do in 2019-20:

We will:

- Develop clear guidance for staff in relation to carer and family involvement in care
- Actively support carers groups
- Involve patients and carers in assessments of the quality of care – for example peer review process and the development/review of the live dashboard
- Involve patients, service users and carers routinely in service redesign
- Capture and share patient success stories wider than those already shared with the Board, to offer hope to others and also raise staff morale
- Explore further ways to capture feedback from patients, service users, carers and staff
- Strengthen the involvement of faith leaders in the delivery of care and support to patients, carers and families
- Provide greater access to faith rooms
- Strengthen the staff understanding of sexuality related needs

How will we know we are making a difference?

- Clear guidance will be co-produced with patients, service users and carers to enable staff to appropriately involve family members and carers in care delivery.
- There will be evidence of patient, service user and carer involvement in annual peer reviews conducted across all our services. Peer reviews are a way of providing a supportive review of services, to promote reflection, learning, growth and adhere to the highest standards of care.
- Evidence of the involvement of patients, service users and carers in quality improvement initiatives and service redesign.
- Patient, service user and carer stories to be embedded in the Learning the Lessons twice-yearly events.
- Greater emphasis on spirituality and faith to be seen in care plans, evidenced through care plan audits.
- Sexuality issues to be the focus of a learning the Lessons event and a regular feature of the Quality Newsletter.

Priority Two: Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services.

The Trust launched its QI Strategy in 2018 and is rapidly building a core group of staff and patients with the skills required to lead quality improvement across the Trust. At the Building our Priorities workshop it was felt that this priority remained pivotal in ensuring the Trust's journey to achieving outstanding in future CQC inspections. Therefore, a range of actions were agreed for 2019-20. These are outlined below:

What we will do in 2019-20:

We will:

- Continue to embed a leadership style that encourages new ideas and develops a culture of continual quality improvement
- Continue to develop the skills of our staff in relation to quality improvement and the use of technology
- Continue to embed a culture of asking ourselves "what have we done that has made a difference to our patients and carers?" by utilising feedback from patients and carers in our clinical staff appraisal process
- To develop and launch a live dashboard to enable teams to triangulate learning from incidents, complaints, compliments and FFT
- To embed team level processes for using experience and incident data to improve service delivery.
- Involve patients, service users and carers in quality improvement initiatives
- Involve patients and carers in the thinking around developing innovative solutions to staffing pressures – peer support etc.
- To continue to embed a safety culture through the launch of the patient safety strategy

How will we know we are making a difference?

- We will refresh and launch the Patient Safety Strategy during Quarter 1 (June 2019)
- We will continue to increase the number of staff trained in improvement methodology
- Our appraisal process will include 360 degree feedback from colleagues, patients and carers
- An integrated live patient safety and experience dashboard will be developed, piloted and launched by the end of Quarter 3 (December 2019)
- Evidence of new roles within the professional strategy action plan, developed through consultation with staff, patients, service users and carers.

Priority 3: Embed best available evidence in practice utilising patient reported and clinician reported outcome measures (PROMS, CROMS)

As discussed in section 2.3 the adult mental health services have introduced the Recovering Quality of Life (ReQoL), PHQ-9 and CORE as patient reported outcome measures. The ReQoL was launched in February 2019, and a dashboard is under development to enable teams to utilise outcome data therapeutically. During the Building our Priorities workshop, the carers who attended felt that the development of carer related outcome measures was a key priority alongside the further development of PROMS and CROMS. The actions agreed for 2019-20 are outlined below:

We will:

- Continue to develop and roll out PROMS and CROMS across services
- Develop carer related outcome measures for mental health services
- Develop and implement a process for utilising outcome measures in assessing the effectiveness of services

How will we know we are making a difference?

- We will develop, pilot and launch a live patient experience dashboard that incorporates ReQoL data by the end of Q3 (December 2019)
- An agreed suite of outcome measures across all services and an associated implementation plan by the end of Q3 (December 2019)
- An agreed and implemented carer outcome measure by the end of Q4 (March 2020)

Priority 4: Ensure physical health screening is routinely undertaken across all secondary mental health services (New for 2019-20)

Why is this important?



Physical health and mental health have traditionally been viewed separately however, there is strong evidence that people experiencing serious mental health issues are at an increased risk of physical health conditions, such as diabetes and cardiovascular disease. Sadly, people with severe mental illness are particularly at risk and research has shown that they die on average 15-20 years earlier than the general population. At Humber Teaching NHS Foundation Trust we have an excellent track record of physical health screening within our community health teams, however our Board is committed to further improving our approach to

physical health care. Therefore, we have agreed that physical health screening should be a priority area for all mental health services in 2019-20. The actions we have agreed for 2019-20 are outlined below:

We will:

- Ensure all service users are offered physical health screening within the community mental health teams and the opportunity to discuss physical health needs as part of their care plan
- Increase access to health improvement interventions in order to improve physical health and well being
- Develop a fully integrated primary health care system to improve the health of our patients within our forensic mental health unit

How will we know we are making a difference?

- We will demonstrate that physical health screening is taking place and care plans reflect physical health needs through our monthly record keeping audits by the end of Q2 (September 2019).
- We will develop the Primary Health Care standard operating procedures for our Forensic Mental Health Services by the end of Q2 (September 2019).

How we monitor our progress in relation to the delivery of the quality priorities

The delivery of our quality priorities is monitored through our Quality and Patient Safety Group and Quality Committee. An assurance report is presented to each Quality Committee (a subcommittee of the Board), detailing the progress made, delivery against agreed milestones and impact.

2.5 Statements of Assurance from the Trust

In this section of the Quality Account, the Trust is required to provide statements of assurance in relation to a number of key performance indicators which are as follows:

- Services and sub-contracts provided by the Trust
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and Dentists in Training
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC) registration
- Data quality and coding
- Information Governance
- Learning from deaths

Review of Services provided or sub-contracted by Humber Teaching NHS Foundation Trust

Humber Teaching NHS Foundation Trust held a number of contracts for the services delivered by the Trust and for services delivered for the Trust by other providers.

During 2018-19, Humber Teaching NHS Foundation Trust provided 123 and subcontracted 57 relevant health services.

The most significant contracts agreed were as follows:

- NHS East Riding of Yorkshire Clinical Commissioning Group – Mental Health, Learning Disability, Primary Care and Community Services
- NHS Hull Clinical Commissioning Group – Mental Health, Learning Disability, Primary Care and Community Services
- NHS Vale of York Clinical Commissioning Group – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Primary Care Services and School Age Vaccination and Immunisation Services
- Hull Local Authority – Mental Health and Learning Disability Service, Substance Misuse Services
- ER Local Authority – Mental Health and Learning Disability Services, Substance Misuse Services, Community Services and Integrated Public Health Nursing Services
- NHS Hambleton, Richmond and Whitby Clinical Commissioning Group – Whitby Community Services
- NHS Scarborough & Ryedale Clinical Commissioning Group – Community Services

Humber Teaching NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services. The Quality Committee has received and reviewed an assurance report in relation to the monitoring systems that are in place to ensure that subcontracted services are safe, effective and delivered to the quality standards that we expect. The Quality Committee is assured that the monitoring processes in place are robust.

The income generated by the relevant health services reviewed in 2018-19 represents 96.91% of the total income generated from the provision of relevant health services by Humber NHS Foundation Trust for 2018-19.

Freedom to Speak Up

Following the Mid-Staffordshire Inquiry, Sir Robert Francis published a report in 2015 that highlighted the importance of cultures that embrace transparency and support raising concerns to improve patient safety. This report provided recommendations for NHS Trusts, supported by the National Guardian's Office and is now included in the NHS Contract which is monitored by the Care Quality Commission (CQC). The CQC assess a Trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question.

Consistent and strong leadership and a developing culture that places less emphasis on blame when things go wrong and more importance on transparency and learning from mistakes will help to support our strategy.

Our Vision

We will all work together to provide an open and transparent culture across our Trust to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

Our Values

Our Freedom to Speak Up Strategy supports our Trust Strategy (2018-23) and is underpinned by our core Trust values, "Caring, Learning and Growing".

Our Strategy

We have prioritised the following actions to deliver our vision.

- Ensure that all staff are aware of their obligations as advocated by Freedom to Speak Up.
- Provide regular and diverse communication to ensure that everyone is aware of how they can speak up
- Ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively
- Ensure monitoring and evaluation of the number and nature of concerns is timely and supported by appropriate governance
- Ensure that key learning related to concerns is articulated to all in an open and transparent manner, while respecting confidentiality
- Ensure feedback is obtained concerning staff's speak up experience to enable continuous improvement
- Provide regular monitoring and review of policies relating to speaking up
- Ensure we fully meet and can evidence the expectations outlined in the National Guardian's Office and NHS Improvement self-review tool
- Regularly review the national case reviews to ensure that any recommendations and learning are implemented, where appropriate

Policy and Procedure

In April 2018 the Trust launched the refreshed Freedom to Speak Up: Raising Concerns (Whistleblowing) Procedure which is easily accessible to all staff via the intranet and clearly outlines the Freedom to Speak up processes, who to contact and what to expect.

Freedom to Speak Up roles in our Trust

It is the responsibility of the Trust Board of Directors to engender an open culture which invites and encourages both positive and negative feedback from all who use and work within our services. This feedback is used to inform future strategies to support our continual learning and improvement. Every member of our staff has a role to support a freedom to speak up culture. The following roles have specific responsibilities in relation to speaking up:

- Our Chief Executive, Michele Moran, is the executive director responsible for Freedom to Speak Up
- One of our non-executive directors, Peter Baren, is the senior independent director responsible for Freedom to Speak Up
- We have a Freedom to Speak Up Guardian, Alison Flack and a Deputy Freedom to Speak up Guardian, Helen Young.

How we monitor and measure our progress

We use the following information to monitor our achievement against the strategy:

- Annual staff survey results with particular emphasis to the key areas of question focused on staff reporting concerns and feeling that they are treated fairly
- Grievances
- Exit interviews
- Retention figures
- Feedback on issues raised through the Freedom to Speak Up Guardian
- Bullying and harassment reports
- Serious incidents
- Issues raised to the Care Quality Commission
- Incident reporting
- National benchmarking data from the National Guardian's Office

How progress against our strategy is reported

A Freedom to Speak Up biannual report is presented to the Trust Board by the Freedom to Speak Up Guardian and the executive lead for raising concerns. It includes qualitative and quantitative information and other information that enable the Trust Board to fully engage with speak up to understand the issues that have been identified and received assurance about the actions being taken.

The information includes the number and type of cases being dealt with through the Guardian, an analysis of the trends, including whether the number has increased or decreased. It also includes information of any instances where people who have spoken out may have suffered detriment and recommendations for improvements.

How we will know we have made a difference

The indicators that will demonstrate we have made a difference in achieving our vision are as follows:

- Improvement in staff survey responses in targeted speak up questions
- Speak up concerns have satisfactory outcomes
- Positive feedback is received from staff who speak up
- Patient complaints and concerns reduce due to proactive intervention prompted by staff speaking up early

This strategy will be reviewed in March 2020.

Annual report on rota gaps and vacancies: Doctors and Dentists in Training

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) requires the Trust to produce an annual report on rota gaps and vacancies. The annual report was presented to the Trust Board in October 2018 by the Guardian of Safe Working. The report highlighted that while over the past year the Trust has experienced a reduction in the number of vacancies within the medical trainee workforce we continue to have proportionally high numbers of less-than-full-time trainees. This leads to the use of bank and agency doctors to cover on-call gaps, although the use of agency doctors is low. The actions being taking to address these gaps are as follows:

- Vacancies – there are a number of threads to the recruitment drive for psychiatry including the pay premia of the new contract, support roles of physician’s assistants and advanced nurse practitioners and the Medical training Initiative Scheme (MTI) as per the Medical Workforce Strategy. As a result vacancies have reduced over the past year to a single core trainee
- Rota design – We continue to monitor working patterns to ensure further changes that are required can be implemented

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2018-19

All trusts have a duty to plan for, and respond to, major, critical and business continuity incidents whilst maintaining services to patients. In order to provide assurance that it has this duty, the Trust has reviewed itself against NHS England’s core standards for Emergency Preparedness, Resilience and Response and rated itself as ‘substantially’ compliant in 2018. The Trust’s overall assurance rating has been signed off by the Executive Management Team, the Trust Board and shared with the Local Health Resilience Partnership.

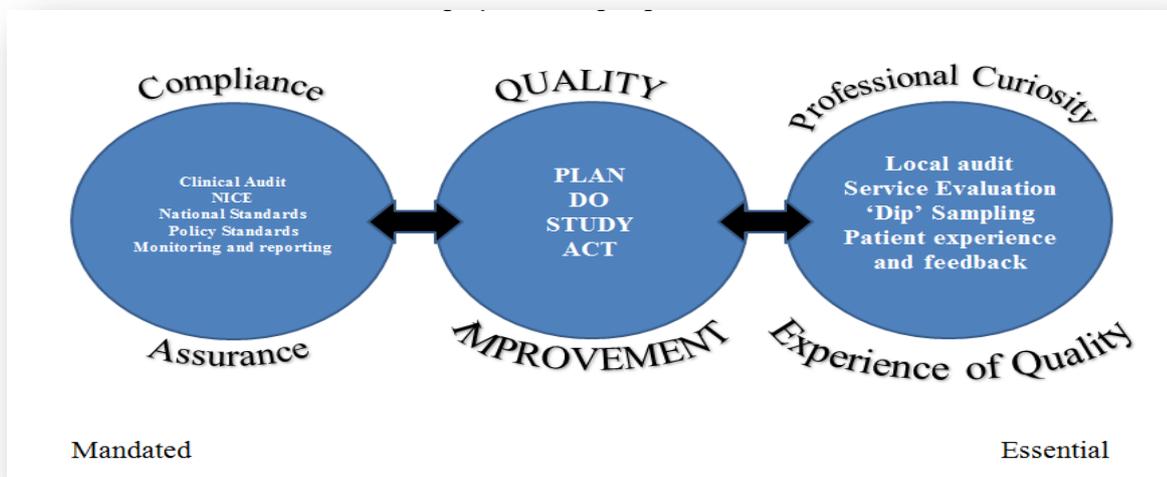
Improving Care through Clinical Audit

Clinical audit enables the Trust Board to determine whether the care we are providing is in line with recognised standards. We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) quality standards and Care Quality Commission (CQC), Key Lines of Enquiries (2015). We also audit themes emerging from serious incidents, adverse events and recorded complaints to fully inform our programme of clinical audit.

The services across the Trust are all aligned to a Clinical Network. Each clinical network aims to have 3-5 audits ongoing at any time and also contribute to national and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

Proposals for new audits and service evaluations are reviewed by the clinical network and priority and relevance agreed. The NICE and Clinical Audit Review Group (NCAR) provides oversight and tracking of agreed audit and other improvement activity with six monthly reporting to the Quality and Patient Safety Group and thereafter the Quality Committee. This includes reporting and review of actions arising from completed audits.

Clinical audits form part of our approach to Quality Improvement and this is shown through the diagram below:



Audits Undertaken During 2018-19

During 2018-19 eight national clinical audits and one national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides. During that period Humber Teaching NHS Foundation Trust participated in 87.5% (7 of 8) of national clinical audits and 100% (1 of 1) of national confidential enquiries of the national clinical audits and national confidential inquiries in which it was eligible to participate in. The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death. All mental health trusts across the UK provide data to the confidential inquiry, which enables themes and trends to be investigated on a national level.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2018-19 are as follows:

Eligible National Clinical Audits 2018-19
National Audit of Anxiety and Depression
National Audit of Care at the End of Life (NACEL)
National Audit of Intermediate Care (NAIC)
National Clinical Audit of Psychosis: EIP Spotlight Audit
POMH Topic 16b Rapid Tranquilisation
POMH Topic 18a Prescribing Clozapine
POMH Topic 6d: Side Effects of Depot Antipsychotics
POMH Topic 7f: Monitoring of Patients Prescribed Lithium

Eligible National Confidential Inquiries 2018-19
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2018-19 are as follows:

Eligible National Clinical Audits 2018-19
National Audit of Anxiety and Depression
National Audit of Intermediate Care (NAIC)
National Clinical Audit of Psychosis: EIP Spotlight Audit
POMH Topic 16b Rapid Tranquilisation
POMH Topic 18a Prescribing Clozapine
POMH Topic 6d: Side Effects of Depot Antipsychotics
POMH Topic 7f: Monitoring of Patients Prescribed Lithium

Eligible National Confidential Enquiries 2018-19
Suicide, Homicide & Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2018-19 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 2018-19	Cases Required	Cases Submitted	%
National Audit of Anxiety and Depression	88	85	98%
National Audit of Intermediate Care (NAIC)	As this was a benchmarking audit the data submitted did not relate to a specific number of cases. Various metrics were extracted from the clinical system as the number of admissions.	N/A	N/A

National Clinical Audits 2018-19	Cases Required	Cases Submitted	%
National Clinical Audit of Psychosis: EIP Spotlight Audit		88	N/A
POMH Topic 15b: Prescribing valproate for bipolar disorder	No minimum requirement	29	N/A
POMH Topic 16b Rapid Tranquilisation	No minimum requirement	60	N/A
POMH Topic 18a Prescribing Clozapine	No minimum requirement	21	N/A
POMH Topic 6d: Side Effects of Depot Antipsychotics	No minimum requirement	73	N/A
POMH Topic 7f: Monitoring of Patients Prescribed Lithium	No minimum requirement	18	N/A

National Confidential Enquiries (2018-19)	Cases Required	Cases Submitted	%
Suicide, Homicide & Sudden Unexplained Death	N/A	5	N/A

The reports of five national clinical audits were reviewed by the provider in 2018-19 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audits 2018-19	Actions
National Audit of Anxiety and Depression	Awaiting report.
National Audit of Intermediate Care (NAIC)	Work to be undertaken to ensure that the recording of work undertaken to prevent admission is consistent and accurate. Work will also be undertaken to streamline referral processes for intermediate care.
National Clinical Audit of Psychosis: Early Intervention in Psychosis (EIP) Spotlight Audit	Awaiting report.
POMH Topic 15b: Prescribing valproate for bipolar disorder	Initiation and Annual Risk Assessment Form, Valproate Risks in Pregnancy to be reviewed every twelve months and will be available to access via Lorenzo (electronic clinical record); it will be used as a tool to assist audit of compliance with the alert.
POMH Topic 16b Rapid Tranquilisation	Performance in 2017 was much better and followed intensive training. The findings will be widely shared across the Trust and emphasis will continue be placed on training and monitoring by the clinical pharmacists.
POMH Topic 18a Prescribing Clozapine	Reminder to staff that they must ensure patients and/or carers are informed of both the potential benefits and potential risks of clozapine before treatment is initiated. The Trust will consider how their profile compares to the national picture to maximise learning.
POMH Topic 6d: Side Effects of Depot Antipsychotics	Awaiting Report
POMH Topic 7f: Monitoring of Patients Prescribed Lithium	Awaiting Report

The reports of 18 local clinical audits were reviewed by the provider in 2018-19 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2018-19	Actions - summary
CQUIN audit of Lorenzo (electronic patient) Records	Email documentation functionality enabled in Lorenzo (electronic patient record) to ensure electronic communication with the patient's GP practice.
Prescriber reviews for patients on opioid maintenance treatment	Quality Improvement initiatives implemented to Improve attendance at appointments.
Inpatient experience in learning disability services	Training sessions for the patients and staff to be undertaken to bring more awareness about safe and unsafe environments on the unit. The unit are also implementing debrief sessions for the patients after major or serious incident on the unit with the help of psychologists or nursing colleagues.
Evaluation of New ADHD Follow up Clinic At West End (Service Evaluation)	Technology solutions to be explored for reducing the number of missed appointments.
NICE CG146 Osteoporosis	The practice is reviewing the feasibility of establishing a read code formulary to ensure correct read coding of the medical records.
Prescription medication and opioid substitution treatment (Service Evaluation)	A review being undertaken to identify interventions that can reduce the co-prescription of these types of medications.
Weight Monitoring in Psychiatric Inpatients (Westlands)	Changes made to systems and processes in relation to weight monitoring.
NICE CG128 Autistic spectrum disorder in under 19s	Risk assessments should be included and reference made within reports.
NICE CG142 Autism spectrum disorder in adults: diagnosis and management	To develop post-diagnostic services which includes care plan based on autism assessment and risk assessment.
NICE CG90 Depression in Adults: recognition and management	Services are implementing the pathway for depression and embedding the stepped care model.
NICE NG97 Dementia: assessment, management and support for people living with dementia and their carers	In conjunction with Dove House Hospice, the Older People's Service is currently undertaking an 'End of Life Project' to include training staff in advanced care planning. The Patient and Carer Experience Team will support the identification of carers willing to support with training.
MH20 Prescription Benzodiazepine in Westlands inpatients unit	Reminder sent to prescribers issued in relation prescribing guidelines for benzodiazepine.
Physical Healthcare of patients on the Psychiatric Intensive Care Unit (PICU)	Physical Examination and Physical Health Review is now included on the Patient Information at a Glance Board on the Psychiatric Intensive Care Unit (PICU) to remind medics when assessment has not been completed.
NICE CG185 Bipolar disorder: assessment & management	The pathway for Crisis referral between primary care and the Mental Health Response Service (MHRS) is being reviewed. The quality of information provided to GPs on discharge has been strengthened.
Re-audit/Quality improvement interventions in prescriber reviews for patients on Opioid maintenance treatment	Initiatives implemented to tackle non-attendance at prescriber reviews and contingencies for those patients who do not attend.
Disease-modifying antirheumatic drugs (DMARD) audit – Primary Care	A list of DMARDs with the recommended monitoring to be written to ensure consistency across all Humber GP surgeries.
Wound care audit	Processes reviewed to ensure that pressure ulcer risk assessment is embedded routine practice.

Research and Innovation

As a teaching Trust we recognise the importance of investing in research; enabling our staff to learn and grow and our community to participate in healthcare improvement. We are committed to working with key local, national and international experts, to increase opportunities for our community to take part in studies. Our growth and delivery of research in the Trust contributes to the wider evidence base for better health, increased opportunities for our community to shape services and improvements in the quality of our care locally.

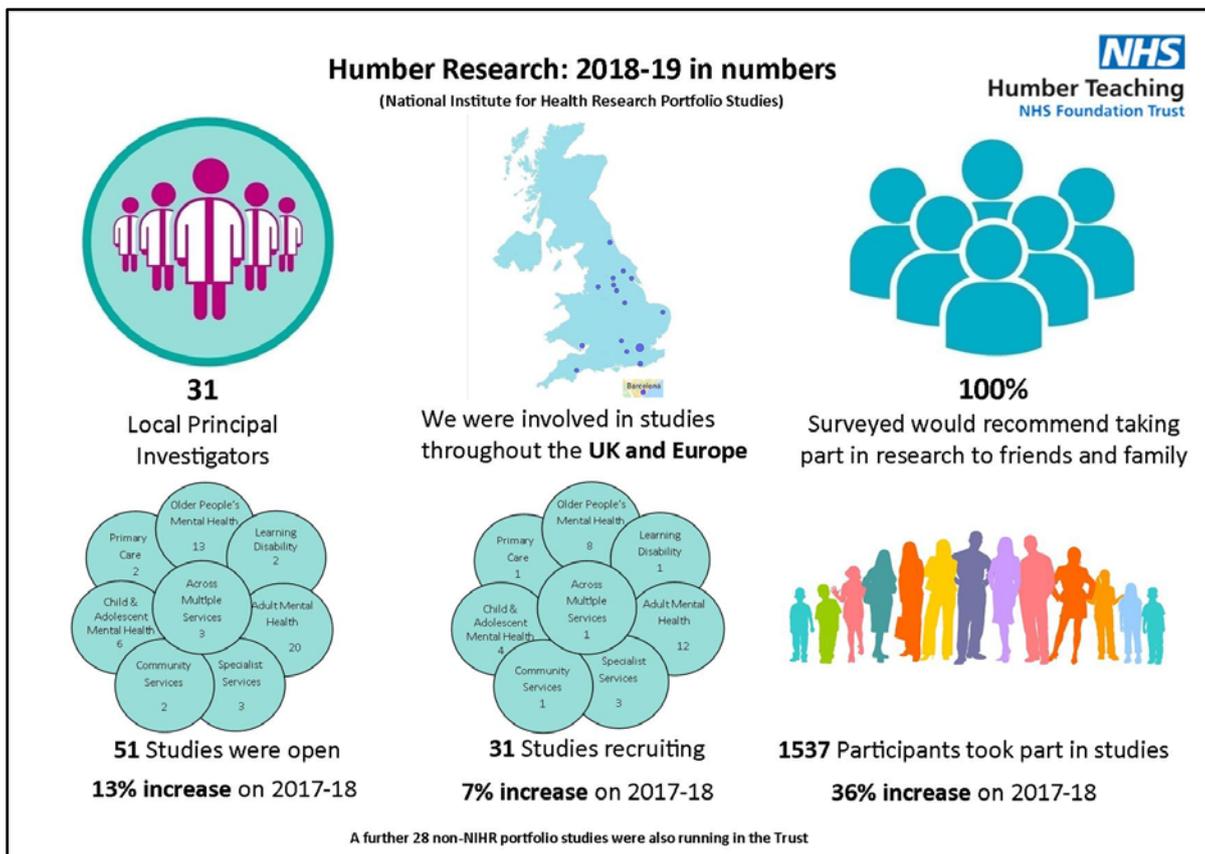
We are immensely proud of our year on year increase in research activity. Based on the size of the population the Trust covers it recruits a significantly larger proportion of people into National Institute for Health Research (NIHR) Portfolio studies than many other trusts across the country which provide similar services. National research activity league tables published July 2018 by the NIHR, listed the Trust in the top 40% of mental health trusts for 2017-18, (www.nihr.ac.uk/nihrleaguetable). Of the 54 listed we were 21st for number of studies and also 21st for number of participants recruited. In terms of percentage change from 2016-17 to 2017-18 the Trust was 9th (21% increase) for studies and 14th (40% increase) for recruitment, which indicates our continuing growth and increased opportunities to impact on future healthcare for our community.

For me, someone diagnosed with young onset dementia, a condition with no cure and few age appropriate services, research gave me the hope I so desperately needed. The wonderfully smiley team at Humber know how to make people feel valued, know how to make people feel special, often at a time of turmoil as they try and make sense of the new world that has appeared. We all need hope and research gives us hope.

Patient Research Ambassador/Research Participant

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2018-19 that were recruited during that period to participate in research approved by a research ethics committee was 1,822.

1,537 patients were recruited to NIHR Portfolio studies and 285 were recruited to local studies. In total, there were 51 Portfolio studies and 28 (non-Portfolio) local studies running in the Trust in 2018-19. The Trust exceeded its target of 660 for recruitment to Portfolio studies in 2018-19 by more than double and for the fifth year running has increased the numbers of Portfolio studies taking place in the Trust and the numbers recruited into them. It was also the first NHS site to open, the first to recruit and the first to reach its recruitment target on a number of national Portfolio studies. Patients accessing Trust services are offered a breadth of research opportunities spanning numerous health conditions and many types of study design; approximately a quarter of Portfolio studies involved the evaluation of novel treatment interventions. See below summary infographic for 2018-19.



In 2018-19 the Trust continued to provide core funding for a small number of key research posts, demonstrating its commitment to grow research, provide increased opportunities for patients to take part in good quality research studies and contribute to the national evidence base for future healthcare delivery.

As the Trust is a partner organisation in the Yorkshire and Humber NIHR Clinical Research Network (CRN), an additional £297k of CRN funding was provided specifically to support the delivery of NIHR Portfolio studies in 2018-19, with a further £20k for specialty leads with Trust contracts, one for dementia and the other for mental health, to champion research across Yorkshire and Humber. A small amount of additional CRN funding was also provided in year to the research team for their role in training other researchers across Yorkshire and Humber, for increasing capacity to support research across the Trust patch and for the Chief Executive in her role as CRN Partnership Group Chair. In addition the Trust received £20k Research Capability Funding from the Department of Health and Social Care, which has been used to support a small number of clinicians working with academic colleagues to develop grant applications with the potential of bringing new research to the Trust for the future. Additional study-specific funding from universities was also secured.

We have a research strategy for 2017-19 'Reaching out with Innovation and Ambition', with seven aspirational objectives. Excellent progress has been made against these in the two years since its launch and a refresh will take place in 2019.

Objectives of Research Strategy 2017-19

1. Embed research as core business
2. Increase participation in research
3. Maximise research income
4. Develop new partnerships for applied research
5. Increase capacity and capability for research
6. Strive for excellence in the quality, safety and governance of research
7. Translate research into practice

Public and Patient Involvement in Research

It is important for research to have patient and public involvement (PPI) and throughout 2018-19 there have been many examples of how the Trust has achieved this, including:

- 1) Recovery College workshops on 'Living with dementia and things you can do to help (through research)' included a person living with dementia facilitating the workshop with the assistant director of research and development.



- 2) The Trust's Patient Research Ambassador (PRA), someone living with dementia, has helped promote research. For example, they have presented at numerous staff induction days and at a local Principal Investigator development workshop, promoted 'Join Dementia Research' as a way for more patients and their supporters to get involved in research, been an active member of the Trust's Research and Development Group, written the foreword for our research newsletter, reviewed various research leaflets and opened our 2018 research conference. Two more PRAs have also now volunteered to help.
- 3) A Trust volunteer, with experience as a carer, helped promote an intervention study via community groups and the media. She also participated in the video for the Annual Members' Meeting and was shortlisted for the Trust's Volunteer of the Year award.
- 4) The PPI group, established to inform a potential external research grant application, presented at the Trust's 2018 research conference.
- 5) Research participants shared their experiences in a celebration video at the 2018 research conference and at the Trust Board.
- 6) Patients and carers were consulted about potential research ideas, co-producing research projects and included as co-applicants on research grant applications.
- 7) Research participants were asked about their experience of being involved in research via an annual Patient Research Experience Survey.

"Your friendly professional input is second to none. The light is back on with hope and stresslessness, with the project bringing new friendships, in helping to live instead of dreading the future. We are now making new memories and enjoying life... With friends at the touch of a button and help of all kinds, life is worth living after all. The grey cells are working hard... Thank you for being you."

Extract from a letter received from a research participant

The service is absolutely fantastic; we never, ever thought he would be able to walk with a dog in the street, and in the park. He has walked to school for the first time in two years.

Parent of child in phobia intervention study

Our Annual Research Conference

Following the Trust's inaugural conference in 2017, our second research conference in May 2018 provided another opportunity to celebrate the Trust's contribution to research and to raise awareness locally. This was a huge success, with all 150 places snapped up within weeks, an increase from the previous year, and at least 20 organisations represented. Guest speakers included, amongst others, Professor Alistair Burns, National Clinical Director for Mental Health in Older People NHSE/NHSI, Professor Simon Gilbody, Director of the Mental health and Addictions Research Group at the University of York, Professor Joanne Reeve, Director of Research Academy of Primary Care at the University of Hull and Andrea Nelson, Professor of Clinical Nursing at the University of Leeds. The conference was filmed by ITV Calendar News, including interviews with various presenters, and was subsequently aired by ITV on various news programmes across the country.



Professor Alistair Burns

A selection of comments from the conference feedback

What an amazing group of people to be around, truly inspiring words from everyone involved.

I am new to the organisation and am delighted how active Humber is with research.

Thank you! An inspiring event to see/hear a local commitment to doing things differently.

Celebrating some of our Research Successes

During 2018-19 new innovative healthcare interventions have continued to be evaluated as part of research in the Trust. For example, one is testing memory aids for people with early dementia and their supporters, another individual cognitive stimulation therapy for people with learning disabilities and one evaluating interventions to improve adherence with medication for relapse prevention in alcohol dependence.



NETWORK NEWS November 2018

Humber Successes

Congratulations to the research team at Humber Teaching NHS Foundation Trust who were the first site nationally to meet their recruitment target for DESCANT, a randomised control trial exploring whether providing access to advice on improving everyday memory and the use of memory aids has a beneficial impact on the health and well-being of people with dementia and their carers.

They also exceeded their target and were the highest recruiting site to the study 'Exploring the contribution of the social work role in CMHTs for working age adults: Service user priorities'.

Both studies were sponsored by the University of Manchester.

During 2018-19 research continued to be promoted within the Trust and out in the community, including via social media, at public events, through libraries, community groups, voluntary organisations and via local media. A quarterly research newsletter has been circulated within and outside of the Trust and is available on the Trust's website. The research team has also promoted the NIHR's 'I Am Research' campaign and 'giving the gift of research' as part of NHS70. A number of research papers including authors from within the Trust have been published in 2018-19, a list of which is included on the Trust's website. These add to the pool of evidence that will contribute to the enhancement of healthcare in the future.

In May 2018 one of the Trust's clinical psychologists received the national Dementia Research Leader award from the Alzheimer's Society for 'outstanding contribution to early career dementia research'. Alongside their clinical and academic roles, this award-winning clinician is also UK Chief Investigator for a European Horizon 2020-funded trial of a digital platform for people living with dementia which aims to enable people to live well in the community for as long as possible, and for which the Trust is the sole NHS site representing the UK. Another example of the increasing national and international reputation we are developing for supporting innovative research.

When it comes to dementia care research, Humber has always had a fantastic record. I've been fortunate enough to be involved with it since I first started working for the Trust as a trainee, and I am continuing it today. Research in this field is critical, not just because it can improve day-to-day life, but also because it can bring hope to those living with – or, indeed, caring for those living with – dementia. It's such a great honour to win. The Alzheimer's Society is a world leader in dementia research and I'm delighted that it recognised the importance of research looking to support people to live well, alongside biomedical research into looking for a cure for dementia. It's just great to see the work of our region in dementia care being acknowledged.

Clinical Psychologist/Award Winner, Humber Teaching NHS Foundation Trust

A lead specialist nurse with the Trust's Perinatal Mental Health Liaison Team was one of only 40 clinicians across the country to be accepted onto the pre-doctoral NIHR/Health Education England Fellowship in 2018. This prestigious award will fund 50% of their time to further develop research skills

and contribute to high-calibre research with the University of Hull in this crucial area. Research shows that 10-20% of women are affected by perinatal mental health conditions. This fellowship is another example of the positive collaboration between the Trust and our academic partners.

Most studies in the Trust are national NIHR Portfolio research, contributing to the larger national and international jigsaw of evidence which in future may lead to, for example, new NICE guidance, more appropriate patient/clinical outcome measures and new genetic discoveries to inform treatment and/or prevention. In 2018-19 we officially adopted the ReQoL patient-reported outcome measure across many of our mental health services. This was developed via national research, led by the University of Sheffield and funded by the Department of Health Policy Research Programme, for which the Trust was a research site and directly involved service users. This measure places service users at the heart of their recovery and can be used as a practical aid for clinicians, is suitable for clinical sessions to review progress and guide conversation that is beneficial to the service user; a prime example of implementing research that benefits our patients.



Commissioning for Quality and Innovation (CQUINs)

CQUIN is an annual scheme where commissioners and providers agree on which areas need more focus for improvement and payments are made for evidencing those improvements. The scheme is refreshed every 12 months and each scheme may be different from preceding years.

A proportion of Humber Teaching NHS Foundation Trust income in 2018-19 was conditional on achieving quality improvement and innovation goals agreed between Humber Teaching NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Agreed CQUIN Goals for 2018-19

The agreed goals for 2018-19 are shown in the table below. It is important to note that the achievements indicated are indicative only based on the Trust's own self-assessment as final feedback from our commissioners is not expected until June/July 2019. Further details of the agreed goals for 2018-19 and for the following 12-month period are available electronically at www.humber.nhs.uk/about-our-trust/cquin-scheme-201819.htm

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
Health and Wellbeing – Improvement of health and wellbeing of NHS Staff	Improving the Trust's performance on three key questions in the annual staff survey: <ul style="list-style-type: none"> Does the organisation take positive action on health and wellbeing? In the last 12 months have you experienced a musculoskeletal problem as a result of work related activities? During the last 12 months have you felt unwell as a result of work related stress? 	<ul style="list-style-type: none"> East Riding/Hull Mental Health Services Scarborough and Ryedale Community Services Whitby Community Services 	Partially achieved The staff well-being and engagement group identified and promoted schemes to improve staff well-being. Unfortunately despite this there was no improvement in the Trust's scores on the 3 CQUIN related survey questions.
Health and Wellbeing – Healthy food for NHS staff, visitor and patients	Reduction in sales of sugar-sweetened beverages sold in the Trust's food outlets to below 10% by volume. Reduction in sales of confectionery items greater than 250 kCal to below 20% of items sold	<ul style="list-style-type: none"> East Riding/Hull Mental Health Services 	Fully achieved
Health and Wellbeing – Healthy food for NHS staff, visitor and patients	Reduction in salt, sugar, fat and sugar sweetened beverages in all food contracts for the Trust's food outlets	<ul style="list-style-type: none"> Whitby Community Services 	Fully achieved
Health and Wellbeing - Improving the uptake of flu vaccinations for frontline staff	Flu vaccine target of 75% for frontline clinical staff	<ul style="list-style-type: none"> East Riding/Hull Mental Health Services Scarborough and Ryedale Community Services 	Partially achieved The Trust achieved an overall vaccination uptake of 71.6% in the 2018-19 flu season. This is a significant improvement over 2017-18 (61.2%) and 2016-17 (32.8%).
Health and Wellbeing – Improving the uptake of flu vaccinations for frontline staff	Flu vaccine target of 70% for frontline clinical staff	<ul style="list-style-type: none"> Whitby Community Services 	Reason as above
Physical Health – Cardio-metabolic assessment and treatment for patients with psychoses	Physical health checks and interventions for all patients with a diagnosis of psychosis. Additional 10% reduction in the number of early intervention patients who smoke and no more than 35% of early intervention patients should gain more than 7% weight in the first year of taking anti-psychotic medication.	<ul style="list-style-type: none"> East Riding/Hull Mental Health Services 	Fully achieved
Physical Health – Collaboration with primary care clinicians	Improve communication and establish closer working between primary and secondary care regarding physical health for patients with serious mental illness	<ul style="list-style-type: none"> East Riding/Hull Mental Health Services 	Fully achieved

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
Improving services for people with mental health needs who present to A&E	Mental health and acute care providers to work with other partners (primary care, police, social care) to meet patients mental health needs more effectively and reduce mental health related attendances at A&E	<ul style="list-style-type: none"> East Riding/Hull Mental Health Services 	Fully achieved
Transition out of Children and Young People's Mental Health services	Improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health services	<ul style="list-style-type: none"> East Riding/Hull Mental Health Services 	Fully achieved
Preventing ill health by risky behaviours – alcohol and tobacco	Adult patients in mental health inpatient services are screened for, and offered appropriate interventions to reduce alcohol and tobacco use	<ul style="list-style-type: none"> East Riding/Hull Mental Health Services 	Fully achieved
Recovery College	Year 3 of this CQUIN sees ongoing implementation of Recovery College strategy and the use of evaluation and assessment tools developed in Year 1. There will continue to be ongoing engagement and collaboration of service users and staff within the set-up and development of the Recovery College and the co-production of both the course prospectus and courses.	<ul style="list-style-type: none"> Forensic secure services 	Fully achieved
Adult Secure Mental Health Service Review	As part of the Adult Secure Mental Health Service Review (MHSR) new service specifications for low and medium secure services have been published which describe new arrangements that need to be put in place for providing Access Assessments, and the delivery of Forensic Outreach and Liaison Services (FOLS). This CQUIN aims to support the implementation of the MHSR through key developments in relation to Transition and Partnership Working to enhance service user experience, develop greater integration of the forensic pathway particularly at points of transition, and promote partnership working between specialist and non-specialist mental health providers.	<ul style="list-style-type: none"> Forensic secure services 	Fully achieved
Promoting equality and reducing health inequalities in school delivered Vaccination and Immunisation services in the East Riding	During Year 2 of this CQUIN the service will action the work required to meet the key deliverables identified in the Health Inequalities Impact Assessment action plan developed during Year 1	<ul style="list-style-type: none"> NHS England – Immunisation and Nursing 	Fully achieved

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
Community Services Data Set	Develop and quality assure a dataset of community services activity	<ul style="list-style-type: none"> Scarborough and Ryedale Community Services 	Fully achieved
Supporting safe and proactive discharge	Increase the proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within seven days	<ul style="list-style-type: none"> Scarborough and Ryedale Community Services Whitby Community Services 	Fully achieved
Improving the assessment of wounds	Increase the number of chronic wounds that receive a full assessment within four weeks	<ul style="list-style-type: none"> Scarborough and Ryedale Community Services Whitby Community Services 	Fully achieved
Personalised care and support planning	Provide personalised care to community patients with long term conditions enabling them to pro-actively manage their illness	<ul style="list-style-type: none"> Scarborough and Ryedale Community Services Whitby Community Services 	Partially achieved It has proved challenging to identify and maintain a suitable cohort to evidence the CQUIN due to the model of care, as patients with long term conditions do not remain as active patients once their condition is stabilised so the opportunity to take repeat scores at a long enough interval is limited.
Preventing ill health by risky behaviours – alcohol and tobacco	Adult patients attending the Minor Injuries Unit (MIU) are screened for, and offered appropriate interventions to reduce alcohol and tobacco use	<ul style="list-style-type: none"> Whitby Community Services 	Partially achieved The MIU has experienced staffing challenges during 2018-19 and the use of temporary staff to cover has impacted on the delivery of this scheme.

Income from CQUIN

The income achieved from CQUINs in 2017-18 and available income for 2018-19 is shown in the table below. The income achieved for 2018-19 will not be available until after the publication of the Quality Account.

	2017-18 £ available	2017-18 £ achieved	2018-19 £ available
Risk Reserve	325780	325780	374420
STP engagement	325780	325780	374420
CCG CQUINs	977339	940050	1123261
NHS England CQUINs	320414	320414	320259
Total	1949313	1912024	2192361

Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered to provide services. The Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against the Trust during 2018-19.

Humber Teaching NHS Foundation Trust has participated in a special review of restraint, seclusion and segregation thematic review by the Care Quality Commission relating to the following areas during 2018-19. The review is part of a national review with the findings not yet published.

An announced scheduled 'well-led' inspection was carried out by the CQC in 2019, from 12 to 14 February 2019. This was preceded by a number of unannounced inspections across eight core services and substance misuse services. The final report was received in May 2019.

Overall, the Trust was rated as Good. The CQC rated the effective, caring and well-led domains as good. The safe domain was rated as requires improvement, which is unchanged from the previous 2017 inspection. However, our mental health inpatient units and the Mental Health Response Service both improved their ratings in the safe domain from requires improvement to good, which is testament to the hard work of our staff since our last inspection.

Our Rating from the 2019 Inspection



Are services



'Feedback we received from patients was positive. Friends and Family Test results were consistently positive.'

Outstanding Practice

Areas of outstanding practice were identified within in acute wards for adults of working age and psychiatric intensive care services, child and adolescent mental health services and Trust-wide. Examples of these are as follows:



- The Trust launched a friends and family test live data dashboard in April 2018 which showed the results of the friends and family test surveys received. The information showed how the trust was performing at organisation, care group and team level. This live link was available via the trusts internet page and patients, carers and staff could access this immediately. In February 2019 the live link showed that 216 people had responded to the survey and that 94% of them would recommend their services to friends and family if they needed similar care or treatment.
- The Trust had developed a bereavement package for deaths that occurred because of physical ailments. As part of that bereavement package the charity Health Stars paid for bereavement cards to be printed. Patients and carers developed the messages inside the card. The bereavement package included a card, advice on how to deal with bereavement for the carers, a card from the clinician who dealt with the loved one, links to funeral homes.
- Staff on Westlands had developed a toolkit for use with patients at risk of suicide and self-harm. They were in the process of providing training for staff on other wards.
- The Trust had reduced their out of area transfers for acute admissions by redesigning the acute pathway including adding five beds, supported by developments of the crisis pad, step down beds and clinical decisions unit.
- The Social Mediation and Self-Help (SMASH) programme is a group-based programme which takes referrals from schools. They work with young people aged 10-16 years who may be at risk of developing mental health problems, this is a unique collaboration between Humber Teaching Foundation Trust and the SMASH programme which worked with a wide range of partners across health, social care, communities, education, young people and families. The programme has received national recognition from Thrive, Royal College of Psychiatrists and Young Minds. The programme is a finalist in the HSJ Innovation in Mental Health Award.
- Although referrals to the children and adolescent mental health services continue to rise, consistent with the national picture, the programme has delivered an accessible early intervention programme which has begun to reduce the numbers requiring access to specialist treatment.

Staff treated children and young people with compassion, kindness, respected their privacy and dignity and understood individual needs. They actively involved them and their families and carers in care decisions.

Areas for Improvement

The CQC identified 13 actions at the Trust **must** take in order to comply with legal obligations. The actions included the following themes:

- Ensuring good standards of record keeping are maintained, i.e. records are accurate, risk assessments completed, care plans are personalised, holistic, reflect all the identified needs of patients and are regularly reviewed.
- Ensuring that the waiting lists for treatment for children and young people to meet national guidance.
- Ensuring that staff act in line with the Mental Capacity Act and code and practice in assessing capacity, making best interest decisions and allowing patients to make unwise decisions.
- Ensuring that staff complete consent to treatment records for all detained patients.
- Ensuring that nursing and medical reviews for patients in seclusion take place and are documented within required timescales.
- Ensuring that patients in seclusion must have individualised personal emergency evacuation plans in place.
- Ensuring that systems to report record and resolve maintenance issues in the service are in place that repairs to essential services are completed in a timely manner.
- Ensuring staff on the wards feel supported, valued and that they are consulted appropriately on service developments.
- Ensuring that systems and processes designed to monitor and improve services are implemented consistently and that staff are clear in relation to what is expected of them.
- Ensuring regular audits are conducted to assess, monitor and improve the quality and safety of services.
- Ensuring there are appropriate systems in place to monitor actions from incident investigations and share learning from incidents amongst the staff team.
- Ensuring all staff receive supervision and appraisals.
- Ensuring there are sufficient skilled and competent staff to safely meet the needs of patients.

In addition to the areas identified above that the Trust **must** improve, the CQC identified a number of areas that the Trust **should** take action to address. At the time of finalising the Quality Account, a comprehensive improvement plan is being developed to address the concerns raised via 'must do' and 'should do' actions detailed in the final inspection report. The 'should do and must do' improvement plans will be monitored by the Trust Board through the Quality Committee and overseen corporately via our monthly Quality and Regulations Group which reports directly to the Executive Management Team and the Quality and Patient Safety (QPAS) Group. The QPAS Group reports directly to the Quality Committee.

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records April 2018 – March 2019 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:

- 100% for admitted patient care;
- 100% for outpatient care; and
- 98.1% for accident and emergency care.

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

- 100% for admitted patient care;
- 100% for outpatient care; and
- 97.4% for accident and emergency care.

Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018-19.

Actions to Improve Data Quality

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:

- Target relevant teams where ethnicity recording is on or below the national average to update the ethnicity field in the electronic patient record to enrich future reports and data sets that require this data item
- Target the relevant teams where NHS number recording is on or below the national average to update NHS number recording in the electronic patient record
- Monitor improvement in ethnicity and NHS number recording through the Data Quality Group and IG Group
- Benchmark existing and new items reported in NHS Digital's DQMI (Data Quality Maturity Index) reports for all centrally submitted data sets

Information Governance

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records. IG provides a framework in which the Trust is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

The Trust takes its responsibilities regarding information governance seriously and has invested in a team of specialists led by the Data Protection Officer.

The way in which the Trust measures its performance is via the Data Security and Protection (DSP) Toolkit. The DSP Toolkit is a performance tool produced by the Department of Health and Social Care (DHSC), which draws together the legal rules and guidance referred to above as a set of requirements. The Toolkit is based on the National Data Guardian Standards.

In the current version there are 40 assertions and 100 mandatory evidence items relevant to this Trust. For each assertion, the status can be "met" or "not met". The Trust must ensure that all mandatory assertions are "met" for a "Standards Met" DSP Toolkit. If any of the assertions are "not met", the Trust will receive a "Standards not met" DSP toolkit. The DSP Toolkit was audited and as standards met with no required actions.

Humber Teaching NHS Foundation Trust's Information Governance Assessment Report overall score for 2018-19 was 100% and was graded as Standards Met.

A 'standards met' score in the toolkit is important to patients as it demonstrates that the Trust has safe and secure processes in place to protect the sensitive personal information that we process. It demonstrates that our staff have completed training in areas such as confidentiality and information security. It also shows the Trust carries out its legal duties under the Data Protection Act 1998 and Freedom of Information Act 2000.

Information Governance Developments

Key areas of development in the year 2018-19 have been:

1) Updated Data Protection Legislation

The General Data Protection Regulation and the Data Protection Act 2018 came into force on 25 May 2018. The IG Team has worked to GDPR Action Plan to ensure compliance with the new legislation. The compliance with the plan has been monitored by the Trust's IG Group and progress reported to the Audit Committee.

In summary, actions completed include:

- Data Protection Officer assigned for the Trust (Head of Information Governance and Legal Services)
- Communications to staff on key data protection changes.
- IG Training updated to incorporate the changes in the legislation.
- All IG policies and procedures reviewed and updated.
- Record of Processing Activities completed for key information assets including documented lawful basis for processing.
- Privacy notices updated for patients, staff and members, including an easy read version.
- IG incident process update to ensure compliance with 72-hour notification requirements.

2) Spot Check Audits

To provide assurance that information governance practices are compliant with Trust policy, legal and regulatory requirements and are embedded in the Trust culture, a programme of random 'spot check' audits are conducted throughout the Trust. This ensures that information governance policies, processes and operational activities are effective on the ground and compliant with DSP Toolkit requirements and CQC outcomes 2 and 21. If this is not the case, corrective action is recommended by the IG Team. The results of these audits confirm that IG practices are well established and are compliant with Trust policy, legal and regulatory requirements.

3) Information Assets

The Trust reviews its information assets regularly. Its key information assets have been identified and approved by the IG Group. Each key asset has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register.

The Information Asset Register is reviewed and updated each quarter. The Register is then approved by the IG Group.

4) New Systems/Data Protection Impact Assessment (DPIA)

When new services begin, new information processing systems are introduced or there are significant changes to existing information processing involving personal confidential information, the Trust ensures that it remains compliant with legislation and NHS requirements. This process is a mandated requirement on the DSP Toolkit and the new data protection legislation.

The DPIA process has been reviewed and updated this year to ensure it complies with the new legislation. The process provides a robust assessment ensuring that privacy concerns have been considered and actioned to safeguard the security and confidentiality of personal confidential information, whilst supporting innovation in patient care.

5) Information Sharing Agreements

This good work has continued in 2018-19 with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- Mental Health and Housing Pilot 2018
- Social Prescribing Service working with primary care for East Riding patients
- Integrated Health Child Programme with East Riding of Yorkshire Council

- Transfer of patient care from York Teaching Hospital NHS Trust (Scarborough and Ryedale patients)
- Drug Related Death Reviews for residents in East Riding of Yorkshire
- Perinatal Mental Health Service across Hull, East Riding, North and North East Lincolnshire
- Verifying Delayed Transfers of Care with the Local Authority
- Transfer of patient care from East Riding of Yorkshire Council (Autism Spectrum Conditions Service)
- Out of hours GP cover in Whitby
- Sharing of Child and Adolescent Mental Health (CAMHS) information to support young people at Oakfield School
- Transfer of care from Scarborough and Ryedale CCG for Continuing Health Care patients
- Information sharing agreement to support Continuing Health Care Decision Support Tool and provide information to the Funding Panels
- Working with Healios (an information technology company) for Autism Spectrum Conditions assessments
- Improving Access Services for East Riding GPs

6) Policies

Lawful and correct treatment of personal data is important. During 2018-19 a number of IG Policies were reviewed, they include:

- Caldicott and Data Protection Policy
- Confidentiality Code of Conduct
- Information Governance Policy
- Electronic Communications and Internet Acceptable Use Procedure
- Lorenzo Alerts Procedure

All policies and procedures are included on the IG Work Plan when due for review. The IG Work Plan is standing agenda item for the IG Group.

Freedom of Information (FOI)

The Trust supports the principle that openness and not secrecy should be the norm in public life and wants to create a climate of openness. The Freedom of Information Act 2000 provides individuals with a general right to access all types of recorded information by public authorities. The right is subject to certain exemptions. The aim of the Act is to promote openness and accountability within the public sector.

The Trust responded to 390 requests for information under the Freedom of Information Act, this is a rise of 8.6% from the previous year. Eighty-eight requests (22.5%) were not answered within the statutory 20-day timescale due to delays in the information being supplied and a delay in the authorisation process. This is a reduction of 40% when compared with the previous year.

Learning from Deaths

Humber Teaching NHS Foundation Trust is committed to embedding a culture of continuous learning. Throughout 2018-19 we have continued to strengthen our approach to learning from deaths. All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a weekday basis these are reviewed in a daily patient safety huddle held in the Patient Safety department. The huddle is attended by a range of professionals which include, safeguarding, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria shown below:

Mazars LLP

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy organisation. Mazars was commissioned by NHS England to review the deaths of people with a learning disability or mental health issues. The criteria they introduced for categorising deaths is as follows:

- **Expected natural death – (EN1)** A death that occurred in an expected time frame
- **Expected natural death – (EN2)** A death that was expected but was not expected to happen in the timeframe
- **Expected unnatural death – (EU)** A death that was expected but not from the cause expected, or timescale
- **Unexpected natural death – (UN1)** Any unexpected death from a natural cause e.g. a sudden cardiac condition or stroke
- **Unexpected natural death – (UN2)** An unexpected death from a natural cause but that did not need to have resulted in death
- **Unexpected unnatural death – (UU)** An unexpected death from unnatural causes e.g. suicide, homicide, abuse, neglect.

In addition to the Mazars LLP criteria we have also built into Datix mandatory indicators (known as red flags) for mortality reviews developed by the Royal College of Psychiatrists. Patient deaths which meet the red flag indicators listed below are considered for mortality review where they are not subject to a serious incident (SI) investigation, significant event analysis (SEA) or Learning from Learning Disabilities (LeDeR) review.

Royal College of Psychiatry Mortality Review Red Flags

- All patients where family, carers, or staff have raised concerns about the care provided
- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within the six months prior to their death
- All patients who were an inpatient in a mental health unit at the time of death or who had been discharged from inpatient care within the last month
- All patients who were under a Crisis Resolution and Home Treatment Team (or equivalent) at the time of death

An initial Incident Review report is completed within 72 hours for deaths deemed by the Daily Patient Safety Huddle as potentially meeting the criteria for an SI, SEA or mortality review. All Datix reports related to deaths are reviewed in the weekly Clinical Risk Management group (CRMG) along with all Initial Incident Review reports. Incidents meeting the SI threshold are declared by either the Director of Nursing or Medical Director and SEAs or mortality reviews are commissioned by the CRMG.

The Trust continues to work closely with other trusts and organisations through the Regional Mortality Steering Group to develop the approach to learning from deaths that do not meet the serious incident threshold. The Mortality Steering Group, chaired by the medical director, oversees the process and the dissemination of learning.

A bimonthly Quality Newsletter has been introduced and alongside a twice-yearly Learning the Lessons Conference, is one of the vehicles by which learning from deaths is disseminated across the organisation.

During 2018-19, 390 of Humber Teaching NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 72 in the first quarter
- 83 in the second quarter

- 129 in the third quarter
- 106 in the fourth quarter.

Of the total number of deaths 85.4% were from natural causes. The remaining deaths are reviewed through the daily safety huddle to determine whether an initial incident review conducted with 72 hours is required. This initial review is used to determine whether a further case record review or investigation is required.

By 31 March 2019, eight case record reviews and 38 investigations have been carried out in relation to 46 of the deaths included above. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 12 in the first quarter
- 10 in the second quarter
- 14 the third quarter
- 10 in the fourth quarter.

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter
- 0 representing 0% for the second quarter
- 0 representing 0% for the third quarter
- 0 representing 0% for the fourth quarter.

These numbers have been determined using the structured judgement methodology and root cause analysis methods.

The following learning, whilst not causal, has been collated from the investigations above:

- Services to ensure that all patients have appropriate and current care plans, risk assessments, risk and relapse plans in place, in line with policy and procedural standards.
- To ensure that health care assistants are aware that they can initiate lifesaving interventions using a defibrillator.
- Visits need to be appropriately supervised in the Forensic service to reduce the risk of illicit substances being passed to patients with a risk of substance misuse.
- Education with referrers to Mental Health Response Service regarding appropriate pathways and the service available may reduce the number of inappropriate referrals.
- Where there are safeguarding issues there should be timely discussion with social care, and the principles of “Think Family” adhered to.
- Follow up of patients’ needs to be in line with standard operating procedures.

The actions which the Trust has taken in the reporting period, and those proposed to take following the reporting period, in consequence of the Trust’s learning are as follows:

- Refresh the record keeping audit templates across the Trust, to ensure the quality of care plans, risk assessments is in line with best practice and policy.
- Ensure basic life support training is clear regarding health care assistants use of defibrillators.
- To review the visit policy for the Forensic Mental Health Service.
- Refresh of the referral process for Mental Health Response to ensure greater clarity of pathways available.
- Ensure ‘think Family’ is embedded in safeguarding training.

The impact of the actions outlined above is as follows:

- Improved standards of record keeping.
- Increased knowledge and awareness of substance misuse issues, particularly the novel psychoactive substances such as Spice.

- Improved security and safety procedures in relation to visits.
- Strengthened triage processes in mental health response.

Deaths in 2017-18

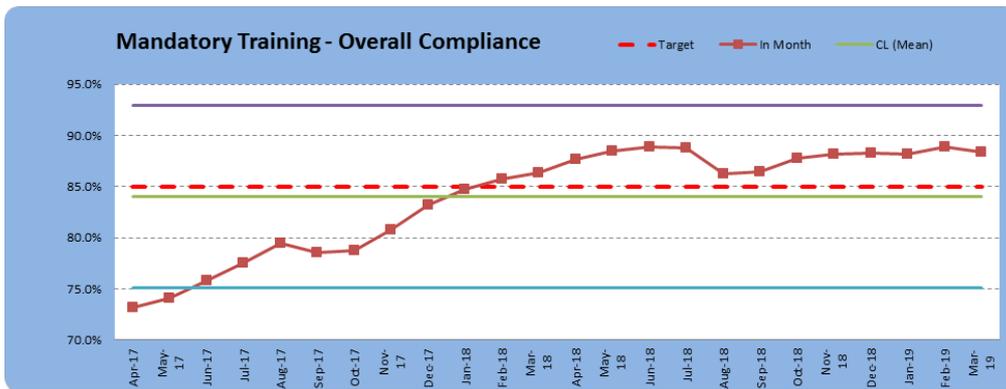
Three case record reviews and 12 investigations completed after 31 March 2018 which related to deaths which took place in 2017-18 before the start of the reporting period.

None representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement methodology and root cause analysis methods.

None representing 0% of the patient deaths during 2017-2018 are judged to be more likely than not to have been due to problems in the care provided to the patient.

How We Measure Performance

During 2018-19 the Trust reviewed its performance reporting of key strategic performance indicators to the Board. Statistical Process Control (SPC) charts for a smaller number of key indicators, mapped against each of the Trust's strategic goals, were introduced in the monthly Integrated Board Report (IBR). The use of SPC charts allows key performance data to be analysed over a period of time to establish trends in performance. Upper and lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (common cause variation) or require further investigation/understanding (special cause variation). As can be seen in the example below the SPC chart is able to provide the Board with assurance that improvements in mandatory training compliance are sustained with an upwards trend. For a trend to be identified there must be seven data points demonstrating the trend.



Internal Performance Reporting

Our internal reporting is divided into three levels:

Level 1:

Monthly SPC charts via the IBR to the Trust Board and monthly dashboards to the Operational Delivery Group (ODG) via the Integrated Quality and Performance Tracker (IQPT).

Level 2:

Monthly care group and service line reports via a dashboard to the operational care groups and their directors.

Level 3:

Monthly performance reports at team level to directors, service managers and team leaders.

External Reporting

We report externally to our Commissioners via:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The BI Hub was formed during 2017-18 to provide a more joined-up working approach which improves fluidity and enhances cohesiveness.

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise.
- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail.
- Manage people and processes to improve decisions, be more effective, enhance performance, and steer the organisation in the right direction.

Meetings are held regularly with commissioners, Board members, care group directors, service managers and with team leaders and their teams.

Internal and external audits are undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

Performance Indicator returns (PIs)

Single Oversight Framework (SOF) and Care Quality Commission (CQC) indicators are reported in the IBR and in care group dashboards. Key Performance Indicators (KPIs) that are failing to either meet a target or are showing a continued downward trajectory require an update by the relevant executive director. Actions are agreed that would support the development of services and make improvements that will enable the Trust to meet its contractual obligations.

Benchmarking

Each year the Trust participates in the national benchmarking data collections projects, this consists of Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Child and Adolescent Mental Health Services), Corporate Services and Perinatal to name a few.

The benchmarking projects allow for comprehensive benchmarking of activity, finance, workforce and quality metrics. Service quality, safety and outcomes against the rest of the NHS can be explored within the toolkit. This is the largest set of physical and mental health intelligence available in the NHS, including a dataset of over 5,000 indicators provided by each statutory provider in England and Wales and a number of large independent sector providers.

The Trust utilises a number of outputs from the data collection, such as:

- Access to the benchmarking toolkit, allowing you to compare your service nationally across several thousand metrics
- A high level bespoke report tailored to our organisation, outlining key messages and metrics
- The opportunity to attend the various conference to hear from national speakers and member good practice sites

The findings are shared with the respective care groups for their consideration and action. Any identical indicators in the Trusts IBR and IQPT will also include national benchmarking results for a direct comparison where possible.

2.6 Mandatory Quality Indicators

In this section we report against a national core set of quality indicators was jointly proposed by the Department of Health and Social Care and Monitor for inclusion in trusts' Quality Accounts from 2012-13. Further information about these indicators can be found on the HSCIC website www.hscic.gov.uk.

Seven-Day Follow Up

This indicator relates to the percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period.

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care under the CPA should be contacted by a mental health professional within seven days of discharge, as the first seven days following discharge presents the highest risk for completed suicide. The Trust has set a local performance standards which require that all patients discharged from hospital should be seen face to face within seven days of their discharge. However, phone contact is acceptable where face to face is not geographically viable, acceptable to the person, or safe for the practitioner to carry out.

Our aim is to ensure everyone discharged under the CPA process from a mental health inpatient unit is followed up within seven days. Our goal is to ensure at least 95% of all patients are contacted within seven days of discharge each quarter. Exceptions to the national target are:

- People who die within seven days of discharge
- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment

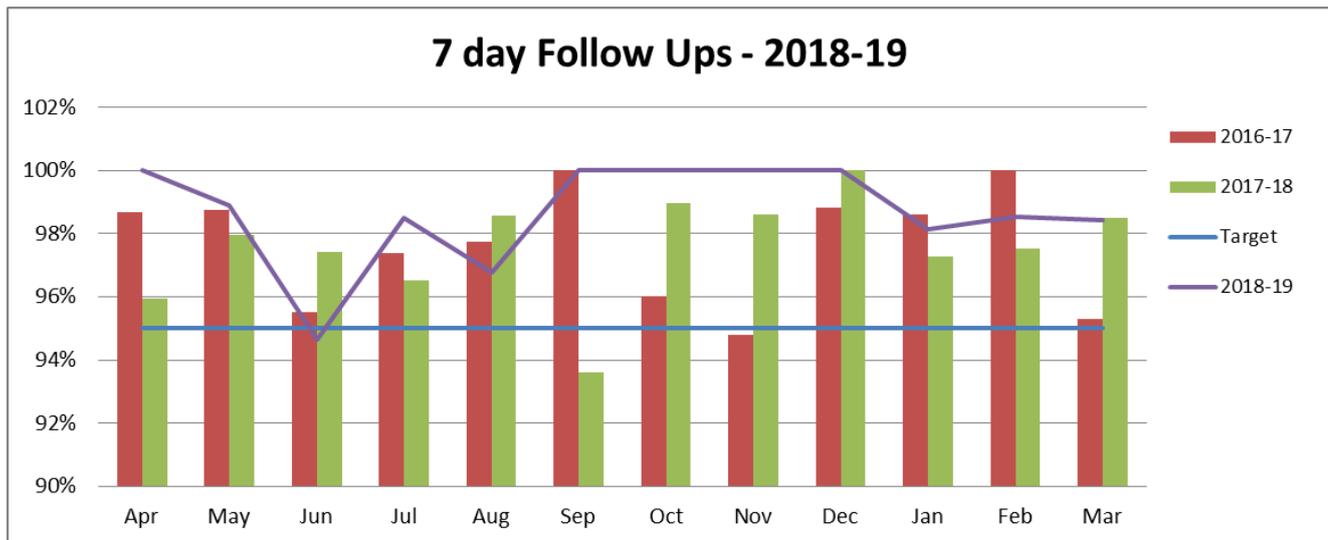
Summary of Progress

By the end of 2018-19, 10 patients were not seen within the seven-day follow up period. This is a significant improvement on the same period last year. Each follow up breach is reported as an adverse incident, reviewed within the Care Group and reported to the weekly corporate Clinical Risk Management Group (CRMG), chaired by the deputy director of nursing. All incidents are investigated and reported via the Trust's incident reporting system. Appropriate actions and resolutions are sought for individual cases.

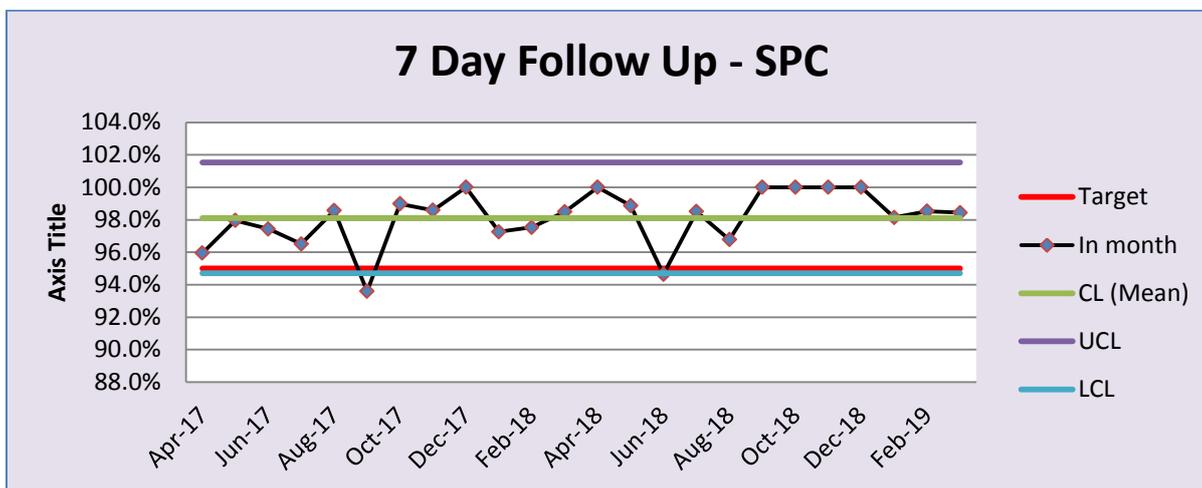
The Trust has retained an average 98.7% compliance rate for the year. This equates to 780 patients seen out of the 790 discharges. The number of discharges has also increased compared to 2017-18 when 895 out of 917 (97.6%) discharges were followed up.

Statistical Process Control (SPC) charts are now being developed to show the standard deviation over 24 months. The chart for seven-day follow up percentage achievement is shown below.

Graph



Statistical Process Control charts are now being developed to show the standard deviation over 24 months. The chart for seven-day follow up percentage achievement is shown below:



On two instances the results slipped below the lower control limit (LCL) in September 2017 and June 2018.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is closely monitored on a daily basis. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Integrated Board Report. It is also reported to clinical directors and team leaders at individual team level.
- It is also reported externally to our commissioners on a monthly basis and to the Department of Health and Social Care on a quarterly basis via the Mental Health Provider Commission return.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a seven-day follow up contact. The Trust

care group directors and service managers also receive a regular potential breach report which identifies those patients who are at risk of not being seen within timescale.

- This key performance indicator is a Trust-wide zero event. All breaches are highlighted in the integrated Board report.
- A daily timescales report is now available to support the monitoring of follow ups carried out within one to three days and also includes patients not on the Care Programme Approach. This is part of a CQUIN which will be reported in the Integrated Board Report from Q3 2019-20.

The table below benchmarks the Trust's achievements against the national average submitted to the Department of Health and Social Care. Figures may differ on occasion due to timing of submission and refresh of data.

Indicator	NHS Outcomes Framework Domain	Health and Social Care Information Centre Performance Data (2017-2018)				
			Q1	Q2	Q3	Q4
Percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period	1 Preventing people from dying prematurely	Humber	98.3%	98.4%	100%	98.4%
		National average	95.8%	95.7%	95.5%	95.8%
	National best score	100%	100%	100%	100%	
	National worst score	73.4%	83.0%	81.6%	83.5%	
	2. Enhancing quality of life for people with long-term conditions					

Gatekeeping

A mental health inpatient admission is said to have been gate-kept if the patient has been assessed by one of the Trust's Crisis Teams (Mental Health Response Service, Crisis Intervention Team for Older People or CAMHS Crisis Intervention Team). The Mental Health Liaison Service also provides a crisis assessment for patients who have presented in A&E. Gatekeeping is seen as achieved if a Crisis team was involved in the decision making process within 48 hours prior to the admission.

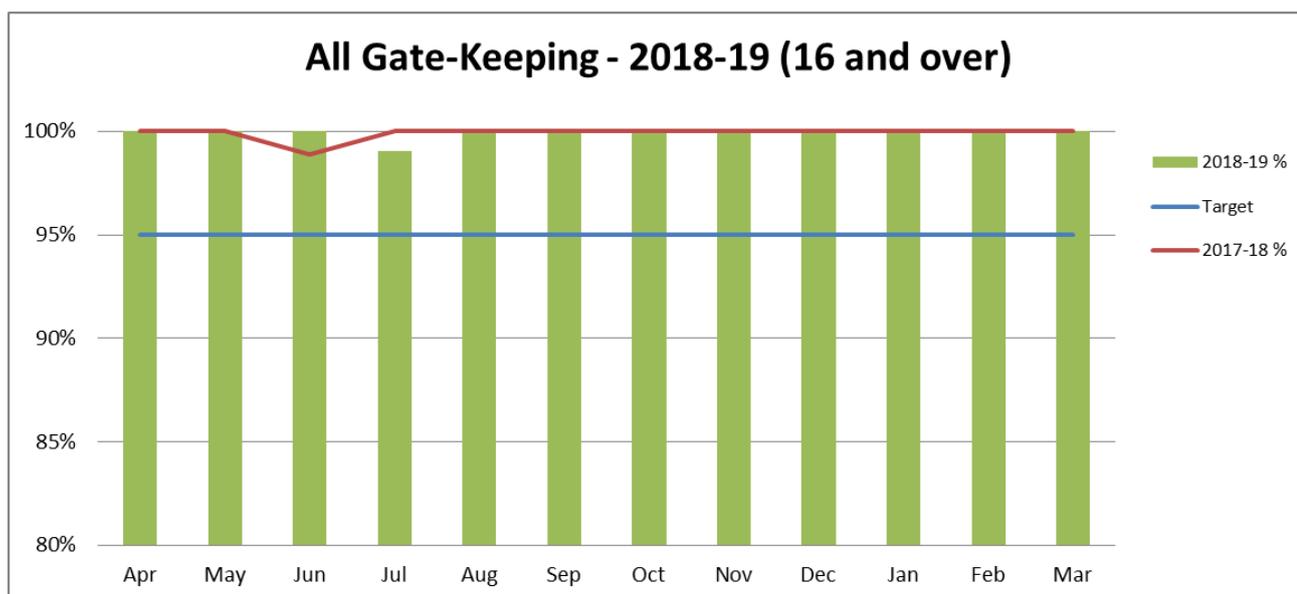
Every referral for admission is assessed to ensure the most appropriate method of care is provided. Only when a patient's care and treatment cannot be best met in their own home is an admission made.

Summary of Progress

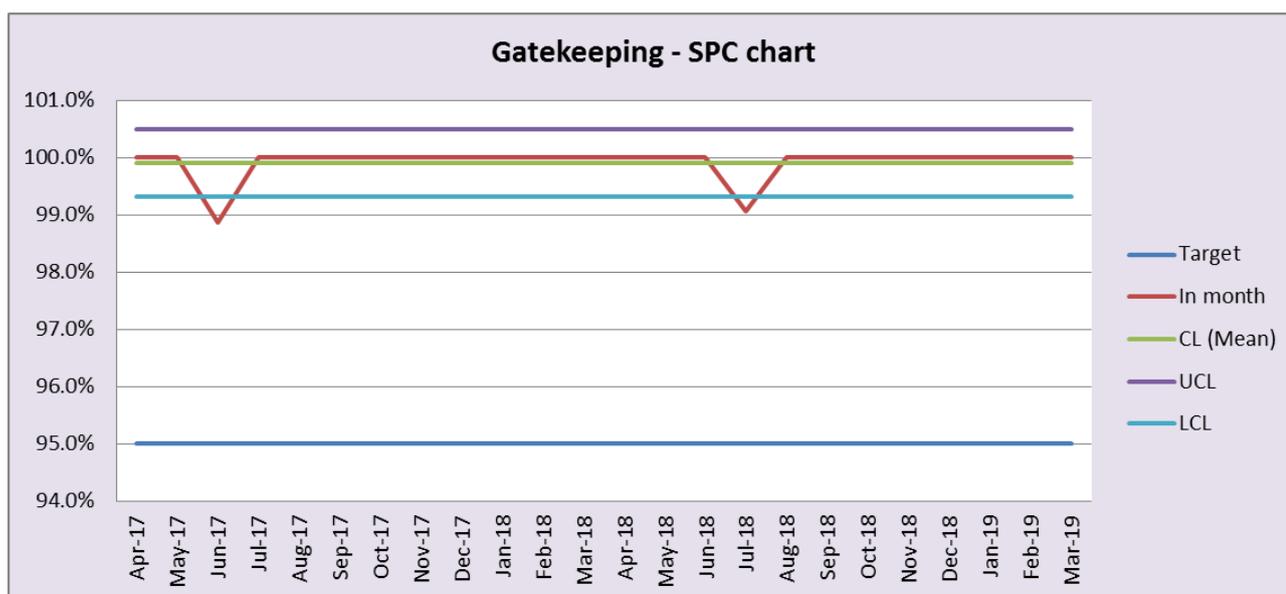
As per Single Oversight Framework (SOF) guidelines, all patients are gate-kept prior to admission other than those recalled on a Community Treatment Order. During 2018-19 there were a total of 1109 admissions. All except one of these admissions being gate-kept giving a compliance rate of 99.9% for the year to date (see graph).

The data below does not include admissions to the Trust's Learning Disability or Forensic units and does not include transfers in from other mental health hospital wards.

Graph



Statistical Process Control charts are now being developed to show the standard deviation over 24 months. The chart for gatekeeping percentage achievement is shown below.



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- All gatekeeping is recorded on the Trust's patient administration system (Lorenzo) and is adopted across both Hull and East Riding.
- Patients aged 16 and over are reported to the Trust Board as per Single Oversight Framework and NHS Improvement guidelines.
- Gatekeeping is monitored weekly to ensure consistency and accuracy of data and is subject to regular refresh.
- A gatekeeping form is completed for all patients seen by the Mental Health Response Service team and scanned onto Lorenzo.

Humber Teaching NHS Foundation Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

The table below benchmarks the Trust's achievements against the national average based on all patients aged over 16.

Indicator	NHS Outcomes Framework Domain	Health and Social Care Information Centre Performance Data (2017-2018)				
			Q1	Q2	Q3	Q4
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	2. Enhancing quality of life for people with long-term conditions	Humber	100%	99.6%	100%	100%
		National average	98.1%	98.4%	97.8%	98.1%
		National best score	100%	100%	100%	100%
		National worst score	85.1%	81.4%	78.8%	88.2%

Emergency Readmissions

Mental Health

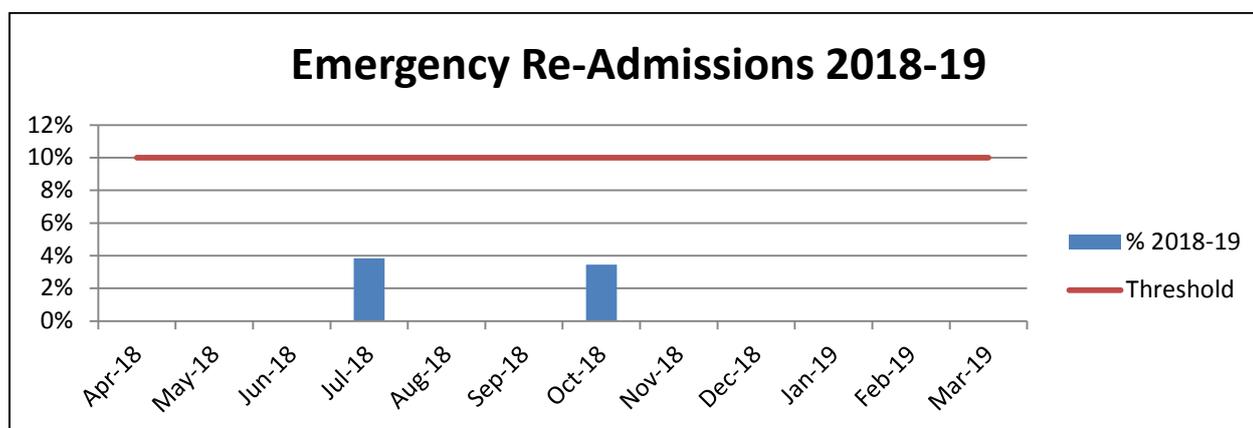
The Trust no longer monitors emergency readmissions where patients have been readmitted within 30 days of discharge.

Community Hospitals

The Trust has two community hospital sites, Whitby Community Hospital and Malton Community Hospital. As there is no national framework for readmissions in community hospitals, our Commissioners have derived their own monitoring metrics. In Whitby, we are required to capture emergency readmissions and in Malton we are required to monitor cases 'stepped up' from the ward to the acute hospital.

Whitby

For the full financial year 2018-19, there were 299 discharges at Whitby. Of these, there were two patients who were an unplanned readmission within 30 days of their previous discharge, which equates to 0.7% of all discharges. The calculation is based on the number of non-planned (i.e. emergency) readmissions within the period divided by the number of discharges within the same period.



Malton Community Hospital – Fitzwilliam Ward

Fitzwilliam Ward at Malton hospital was transferred to Humber Teaching NHS Foundation Trust in May 2018; therefore we do not have a full year of data in relation to Fitzwilliam Ward.

As can be seen from the table below the number of patient's stepped back up to the acute hospital has reduced over the course of 2018-19. This is both due to the quality of care delivery and ensuring that the patients are appropriate for admission to a community hospital.

Number of Patients Stepped up to the acute hospital from Malton Community Hospital

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number stepped up to the acute hospital	-	12	11	6	4	5	4	5	3	3	4	2

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- A community bed provides short-term (usually no longer than three weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute level care.
- Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step down approach to the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds within community hospitals, has been shown nationwide to deliver beneficial outcomes for patients.

Humber Teaching NHS Foundation Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

The mental health indicator was removed for 2018-19 due to the fact that there is no national validated metric available.

Percentage of Staff who would recommend the Trust as a Provider of Care to their Family or Friends

From April 2014, NHS England introduced the Staff Friends and Family Test (SFFT) in all NHS trusts providing acute, community, ambulance and mental health services in England. NHS England's vision for the SFFT is that all staff should have the opportunity to feed back their views on their organisation at least once per year. The SFFT was developed by NHS England and a working group made up of representatives from provider trusts, staff side representatives and NHS Employers. Draft guidance was circulated across the NHS in December 2013 and views were sought from academic experts working in the field of staff engagement.

Research has shown a relationship between staff engagement and individual and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally.

The surveys are carried out on a quarterly basis and the same key questions are asked each time:

- Q1: How likely are you to recommend the Trust to friends and family if they needed care or treatment?
- Q2: How likely are you to recommend the Trust to friends and family as a place to work?

There is an opportunity for trusts to choose to ask an additional seven questions which alongside the overall questions above, help to give a more reflective engagement score. Again these questions are consistent in each survey:

- I look forward to going to work
- I am enthusiastic about my job
- Time passes quickly when I am at work
- There are frequent opportunities for me to show initiative in my role
- I am able to make suggestions to improve the work of my team/department
- I am able to make improvements happen in my area of work
- Care of patients/service users is my organisation's top priority

The surveys are all completed online. Once the full responses are received, the Trust has until the 20th of the month after the quarter end to upload the results to the NHS England national figures.

A copy of the verbatim comments is also provided which gives real insight into the specific views of staff.

The below table shows the key metrics for 2018-19 in addition it shows the figures for responses in Quarter 4; however, it doesn't show the percentages as this report is currently being finalised by the provider of the survey.

At A Glance Key Metrics

Quarter	Live Dates	Invited to partake	Target Area	Responses	% Response	Overall Engagement Score	% of staff likely to recommend as a place of care	% of staff unlikely to recommend as a place of care	% of staff likely to recommend as a place to work	% of staff unlikely to recommend as a place to work
1	21/06/18 to 18/07/18	3222	All staff	554	17	3.68	68.6	10.2	51.8	28.6
2	06/09/18 to 30/09/18	850	Mental Health, Primary Care, Specialist	198	23	3.53	61.1	15.7	43.4	34.2
3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2018 is live									
4	Jan to March TBC	TBC	Children's, Corporate, Community, Learning Disabilities	294	TBC	TBC	TBC	TBC	TBC	TBC

	1 Extremely Likely	2 Likely	3 Neither likely nor unlikely	4 Unlikely	5 Extremely unlikely	6 Don't Know	7 No Response	Total
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	56	147	50	22	7	8	4	294
How likely are you to recommend this organisation to friends and family as a place to work?	47	103	63	39	34	2	6	294

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust believes that it can achieve a much higher response rate to the SFFT in the coming years due to an increased focus and clearer communication around the actions taken in response to the surveys. Going forward there are now nine engagement questions within the National Staff Survey therefore these nine will be added to the SFFT each quarter to provide the organisation with a 'pulse check' in terms of staff engagement. These results will be clearly communicated to the care groups and departments to enable key objectives to be set.

Staff members at Humber are proud of what they do and the experience that they give our patients and this is why the percentage of staff who would recommend the Trust as a place of care is higher than the percentage that would recommend as a place to work. Staff members do work in difficult circumstances with little resources and the Trust does struggle to recruit key roles, however, this is something that we are now focused on to ensure that we can make Humber a great place to work.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

-
- Adding the nine engagement questions to the SFFT to ensure that the survey acts as a pulse check for staff engagement
- Ensuring that the results and actions from them are clearly communicated to ensure that staff see the benefit of providing a response and the impact it can have
- Ensuring that each staff member is asked to complete a SFFT survey once in the year to ensure that they don't feel that they are filling in too many surveys
- On the launch of future surveys, there are clear communications, FAQs and time provided to make it as easy as possible for staff to complete the surveys
- In addition to this work going forward the Trust has carried out an in depth analysis of the National Staff Survey results and a number of initiatives have been put in place such as:
 - Relaunch of the Health, Wellbeing and Engagement group with a specific remit to make improvements and accountability to the Workforce Committee
 - Introduction of a Workforce Committee which supports workforce initiatives to achieve their objectives by holding them to account
 - Introduction of the PROUD programme which is a programme of organisational development specifically looking at developing leaders across the trust and supporting key areas of staff with organisational development interventions
 - Clear, visual communication of the results to enable staff members across the board to see what impact their voice, via the surveys is having across the organisation
 - A clear approach to ensure that care groups and departments 'own' their results by encouraging discussion, focus groups and actions that will see changes owned and embedded
 - Launch of a new appraisal policy which will support staff to reach their full potential
 - Targeted recruitment campaigns, calendar of events



The NHS Community Mental Health Users Survey

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). The Trust was pleased that the percentage response rate was 32% and higher than the national average of 28%. The results demonstrate that whilst there are always opportunities to learn and improve, the services we provide are consistent in delivering high quality evidence-based quality care.

Section Descriptor	Score 2018 (Compared with other Trusts)
Health and social care workers	Same
Organising care	Same
Planning care	Same
Reviewing care	Same
Changes in who people see	Same
Crisis care	Same
Treatments	Same
Support and wellbeing	Same
Overall views of care and services	Same
Overall experience	Same

The Trust's overall score was 'About the Same' as other Trusts. However, the results showed that the Trust was 'better', compared to others at ensuring formal meetings take place within a 12-month period between someone from NHS mental health services and service users to discuss their care.

The Trust is one of only three in the country where the patient's experience care is 'better than expected'. The Trust recognises the challenge to build on and maintain these improvements and the care group led by the Clinical Care Group Director are addressing areas for continued improvement through their Quality Improvement Plans (QIPs).

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

The data is collected nationally from a randomly selected sample; therefore the Trust does not introduce any selection bias into the sample selection. We are therefore confident that the sample is as reflective of our patient population as possible.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

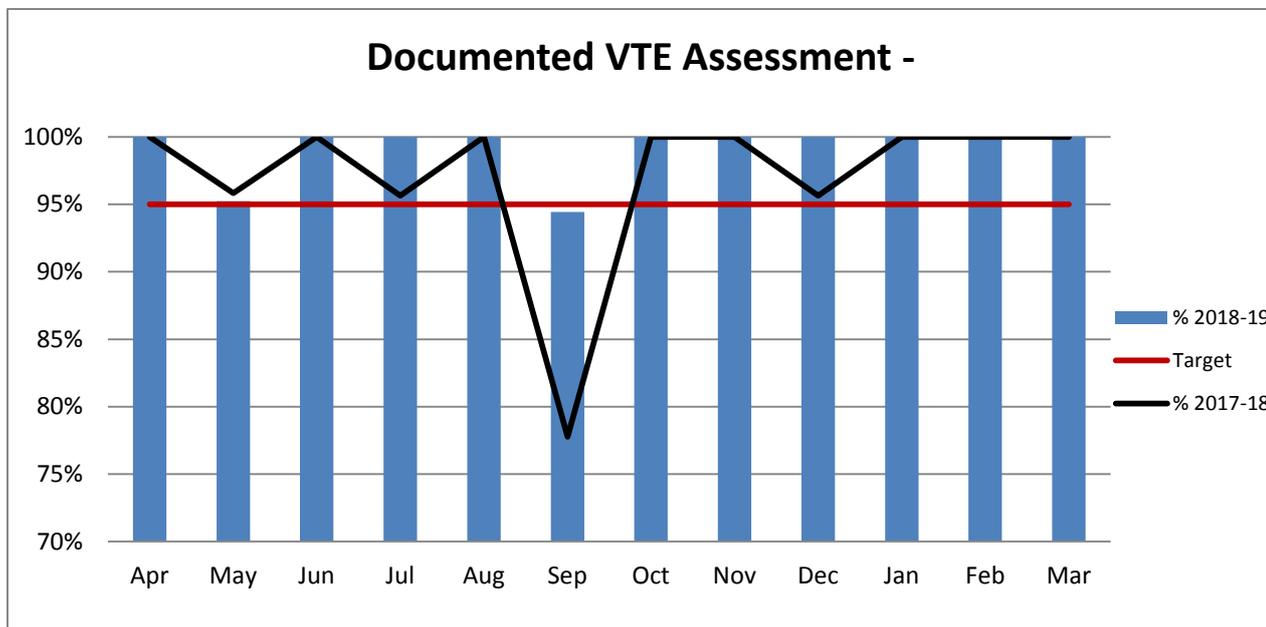
- When the survey is being undertaken we will continue to encourage our service users to take part.
- We are currently revising our philosophy and frame work for delivering the Care Programme Approach (CPA) across the care group and included in CMHT review.
- A training package for staff regarding the understanding of CPA and administrating CPA in a family inclusive way is in development and is expected to be delivered within 2019-20.
- We are undertaking a redesign of our community mental health services to enable greater integration with primary care to meet the physical health needs of our service users through good shared care protocols.
- It is anticipated that this work will be reflected within the national plan for community mental health services when it is released by NHSE in 2019-20.
- We have strengthened the role of patient and carer experience champions within all our CMHTs and we continue to receive excellent feedback via our Friends and Family Test.
- We have launched the ReQoL patient-reported outcome measure and we are currently developing a dashboard to enable clinicians and service users to be able to vitalise progress within their journey to recovery.
- Always Events have been developed and implemented in the early intervention service in relation to discharge planning, which is positively impacting on patient experience.

Venous Thromboembolism (VTE) Risk Assessments

This relates to the percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.

The data for this metric is gathered monthly by the National Safety Thermometer (NST). The NST is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm-free' care on a single, nominated day per month.

We record, if appropriate, for every patient a member of staff visits, on one day a month, whether the patient has a documented risk assessment for VTE.



Humber Teaching NHS Foundation Trust has taken the following actions to improve the quality of its service:

VTE data can now be captured via Datix, an electronic incident reporting and reporting system. Every member of staff within the organisation has access to Datix to report incidents and there is a strong culture of high incident (low harm/no harm) reporting across the Trust, indicating that staff are confident in its use. Moving to monitoring VTE events through Datix will ensure that all incidents are captured and monitored through the daily safety huddles. Any emerging trends will be quickly identified. This will commence on 1 May 2019.

The National Safety Thermometer data is now checked by a registered clinician for quality and accuracy.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this % and so the quality of its service by:

- Asking health care professionals to capture all incidents of VTE via Datix will ensure continued focus on monitoring VTE assessments above the 95% target.
- Further work will be undertaken this year to understand the drop in VTE performance.

Healthcare Associated Infections

Healthcare associated infections (HCAI) remain one of the major causes of patient harm and although nationally there continues to be a reduction in the number of patients developing serious infections such as Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* in health care settings, the rates of other HCAI have risen due to an emergence of resistant organisms. It is therefore vital that the reduction of HCAI remains a high priority on the patient safety agenda within the Trust and indeed in any other NHS organisation.

The Trust has a proven track record of performing well against the contractually agreed targets for HCAI and this year has been no exception. Our performance against agreed key performance indicators are outlined below.

Clostridium difficile Infection (CDI) Measure

The target on this nationally set key performance indicator is currently:

- Not to exceed four cases within the Trust's Hull and East Riding of Yorkshire inpatient units (Hull and East Riding of Yorkshire Clinical Commissioning Group CCG).
- Not to exceed four cases for Whitby Community Hospital inpatient unit (Hambleton, Richmondshire and Whitby CCG).
- No target is set for Malton Hospital (based on the patient GP Practice the Vale of York CCG or the Scarborough and Ryedale CCG are to be notified by the IPC team within 48 hours of notification).

Summary of Progress

During 2018-19, it is noted there have been two CDI cases apportioned to the Trust. This position remains unchanged compared to the same period last year, where two cases were reported.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- A *Clostridium difficile* infection (prevention and management) policy is available on the Trust Intranet for all staff. It is expected that staff manage any suspected cases as per Trust policy.
- The diagnosis of CDI is based upon the presence of the *Clostridium difficile* toxin. In some instances people are referred to as being a *Clostridium difficile* carrier as they have the *Clostridium difficile* bacteria present within their gut but no toxin production.

Only CDI cases where the sample is obtained after four days from admission are included in the quality data reporting. Any cases that occur prior to this are not deemed attributable to the Trust.

When the laboratories detect *Clostridium difficile* toxin in a Trust faecal sample, there is a notification process in place to ensure both the clinical area and infection prevention and control team are informed.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service:

- Identifying any areas of learning using root cause analysis and whether the case of CDI could have been avoided.
- All completed root cause analysis reports are presented to the applicable Clinical Commissioning Group Health Care Associated Infection review Group.
- Ensuring antibiotics were prescribed and administered in accordance with the respective locally agreed antibiotic guidelines.
- Increase the opportunities to work collaboratively across the health economy to prevent and control CDIs.
- Identifying and eliminating (where applicable) any potential risks of cross contamination and other possible risk factors.
- Provision of staff educational workshops with specific focus, i.e. *Clostridium difficile*.
- The applicable Care Group Clinical Governance Network for Trust apportioned cases monitoring the actions identified from the investigation.

Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia Measure

For the financial year 2018-19, Quarter 1 to Quarter 3, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

Escherichia coli (E.coli) Bacteraemia

For the financial year 2018-19 it is noted there have been zero *E.coli* Bacteraemia cases apportioned to the Trust.

Patient Safety Incidents

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety. Within these figures, the national median rate for incident reporting from their last six-monthly report, which was published in March 2019, was 48.80 per 1,000 bed days. Humber Teaching NHS Foundation Trust's reporting rate was 77.03 incidents per 1,000 bed days which puts the Trust in the upper quartile; the highest number of incidents per 1,000 bed days was 114.29. In terms of reported level of harm presented in the last NRLS six-monthly report, 71.7% of the Trust's reported patient safety incidents resulted in no harm and 23.6% of the total incidents resulted in low harm.

	Total Incidents 2017-18	Total Incidents 2018-19	Severe/ Death 2017-18	Severe/ Death 2018-19	Serious Incidents 2017-18	Serious Incidents 2018-19
1 April-30 June	1,184	1,178	15	10	10	5
1 July-30 September	1,208	1,098	10	10	5	4
1 October-31 December	1,067	1,518	6	15	6	10
1 January-31 March	1,052	1,677	11	17	4	6
Totals	4511	5471	42	52	25	25

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

All incidents are reviewed in a daily patient safety huddle held within the risk team. Within this meeting the severity rating and category of each incident is reviewed to ensure it is correct. Our reporting of low/no harm incidents indicates a healthy open reporting culture within the Trust.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service:

The risk department provides Datix training to all new staff and targeted teams. Where incidents are incorrectly categorised or the severity is not accurately recorded feedback is given to the reporter to enable them to understand why this is the case.

We have introduced a feedback mechanism in Datix to ensure that staff receive feedback from reported incidents which encourages reporting as they can see the purpose.

We have implemented the 'Just Culture tool' launched by NHSI in March 2018. This ensures that staff are supported to report and be open about incidents. This is supporting and embedding a culture of openness and learning within the Trust.

Part Three: Other information on Quality Performance 2018-19

In this section we report on key national indicators from the Single Oversight Framework (SOF). This section will also share performance in relation to other indicators monitored by the Board and not already reported in Parts 2 or 3 of the Quality Account.

In this section we will also share some highlights of our successes throughout 2018-19 and the comments received from our stakeholders.

3.1 Key National Indicators

There are three domains which the Key National Priorities fall under that the Trust has reported on in Part 3. This is explained in the table below (please note that some of these indicators have already been included in Part Two of the report; where this is the case, reference is made to Part Two).

The Three Domains for Key National Indicators

Domain	Indicator
Patient Safety	Immunisation Rate for Human Papillomavirus (HPV)
	Seven day follow up (Part Two)
	Clostridium Difficile (Part Two)
	Admissions of Under 18s to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care
	Percentage of Patients Seen for Treatment within 14 Days of Referral
	Gatekeeping (Part Two)
	Percentage of Children Measured for Height/Weight in Reception
	Cardio-metabolic Assessments
Patient Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability
	Attrition (Drop-Off) Rate of Breastfeeding Prevalence between Ten Days and Six Weeks
	Four-hour waits – MIU
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral

Immunisation Rate for Human Papilloma Virus (HPV)

Immunisation against Human Papillomavirus (HPV) highlights an area of national and international concern to end the transmission of preventable life-threatening infectious diseases. Vaccines prevent infectious disease and can dramatically reduce disease and complications in early childhood, as well as mortality rates.

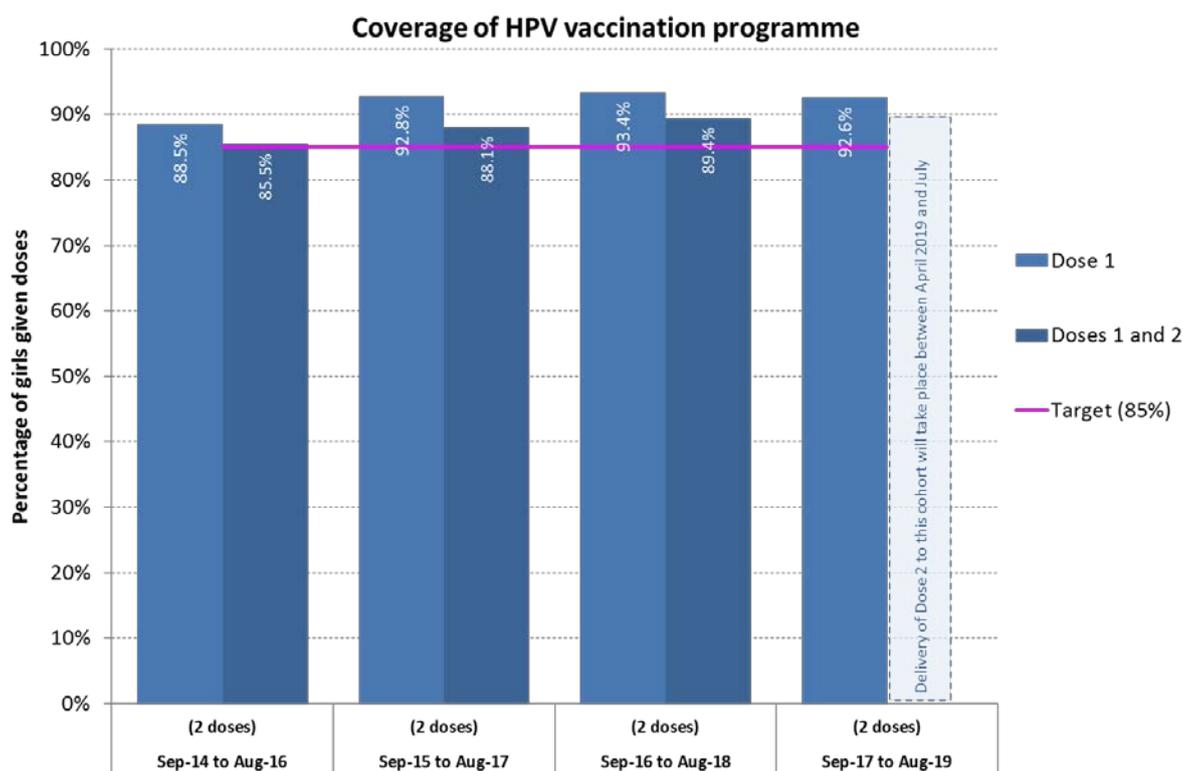
The HPV vaccine is delivered in two separate doses. Delivery of the two doses should have a gap of at least six months between doses to be most effective, and to fit this around the academic school year and deliver it efficiently it is delivered across two academic years, twelve months apart. We deliver dose one to Year 8 pupils and dose two to Year 9 pupils during the same visit.

Due to the difference between the financial year we are describing in this report (April 2018 to March 2019) and the academic year that dictates the delivery timings of the vaccination doses (September to July), we are reporting on vaccinations completed between April 2018 and August 2018, in the 2017-18 academic year.

Between April 2018 and August 2018 the Trust delivered the second dose of the HPV immunisation to 89.4% of girls in Year 9 in East Riding Schools, against a target of 85%.

Between April 2018 and July 2018 the Trust also delivered the first dose of the HPV immunisation to 92.6% of girls in Year 8. This allows a drop-out rate of 7.6% between dose one and dose two to achieve the target of 85% of this cohort receiving both doses by the end of August 2019.

Graph



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

High levels of vaccination coverage have been achieved by ensuring excellent data management to support delivery and follow-up through accurate recording and close monitoring of performance information.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this % and so the quality of its service by:

- implementing a strong 'cold chain' to manage vaccines safely and effectively;
- developing close working relationships with schools and
- proactively following up pupils who have missed their vaccination at the main delivery session.

Mental Health Delayed Transfers of Care (DToC)

This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed with the number of occupied bed days (OBDs). In accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

Summary of Progress

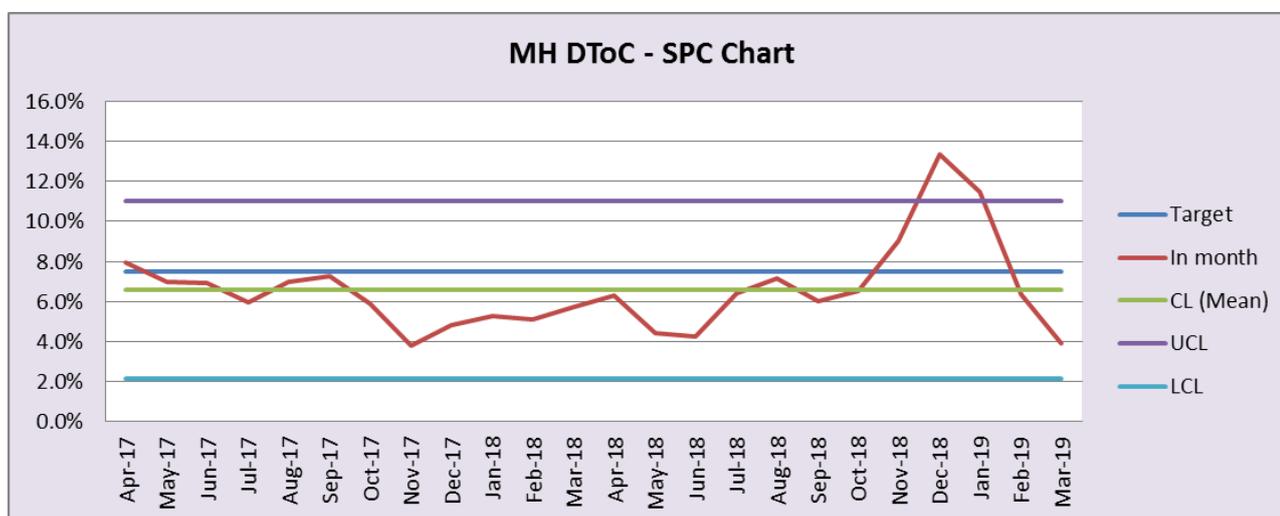
For 2018-19, the Trust reported a percentage of 7.01% delayed transfers which although an increase on last year is still within the measure. Quarter 3 showed a significant increase in delays (see graph below), predominantly in Older People's services. However, this significantly improved in Quarter 4 across all services.

The number of occupied bed days (OBDs) is reported through the Trust's patient administration system (Lorenzo). The number of patients affected and the number of days delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.

Delayed Transfers of Care are also reported to NHSI. This return (SitReps) provides a count of all patients (community hospitals, learning disabilities and mental health) who were delayed during the month. It does not compare against OBDs.

A project group is making continuing to facilitate progress to moving to electronic reporting for Community Hospitals.

Statistical Process Control charts (SPCs) have been introduced to show the standard deviation over 24 months. The chart for DToC percentage achievement is show below:



The table below highlights the number of occupied bed days and the number of patients delayed days per month for the current year.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Occupied bed days	4645	4598	4368	4745	4741	4605	4705	4130	4021	4423	3832	4256
Days delayed	292	202	185	304	340	276	307	372	537	508	243	165

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

Both the CQC and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this % and so the quality of its service by:

- Holding weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.
- Delayed Transfer of Care within mental health are routinely raised at a fortnightly patient flow and escalation meeting which is attended by Kingston Upon Hull City Council and East Riding of Yorkshire Council and both CCGs. Equally all other delays are raised via the daily system-wide meetings.
- Monthly validation of patients undertaken with North Yorkshire County Council for patients delayed in our Primary Care settings in support of our submission to NHS Improvement.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.
- Validation meetings to cross-reference electronic recording and reporting.
- Weekly and monthly automated reports to senior clinical leads identifying current patient delays.
- Project team set up to review the process and adopt within community hospital wards.
- Commissioning of step-down beds to provide alternatives for those delayed as a result of housing need.

Improving Access to Psychological Therapies (IAPT)

Percentage of Patients Seen For Treatment within Six and Eighteen Weeks of Referral

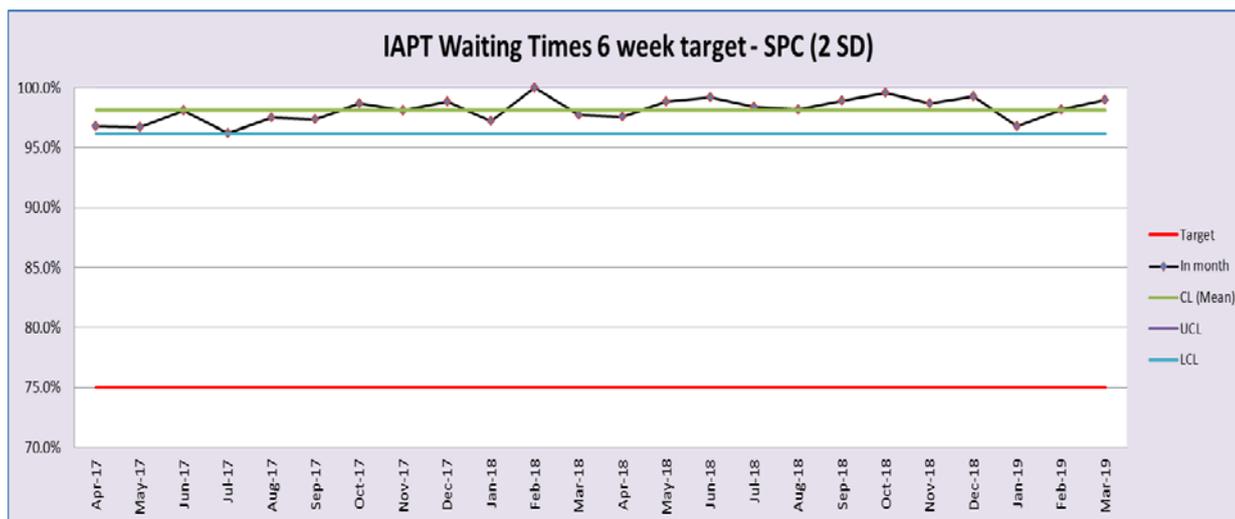
IAPT Access Times/Goal

The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

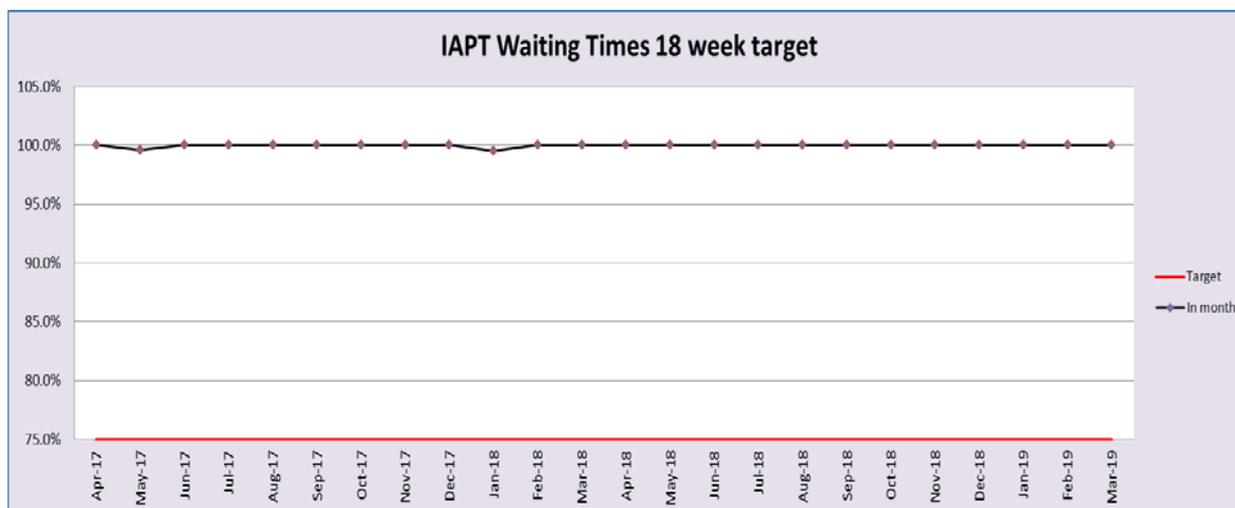
Summary of progress

The IAPT team has been measured against this standard for the East Riding catchment area throughout 2018-19. Both the six- and 18-week targets have been achieved each month throughout the year.

Graph (Six-Week Target)



Graph (18 Week Target)



*Lower and Control Limits are also between 99-100% so not included in the chart.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly reporting from the Trust's PCMIS (Patient Case Management Information System) system

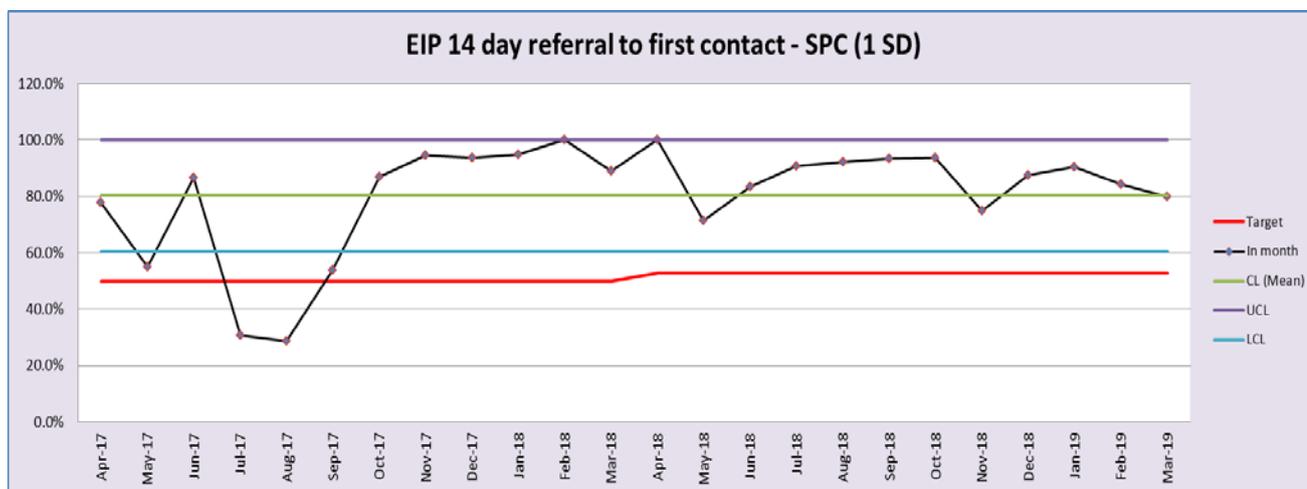
Humber Teaching NHS Foundation Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016 NHS England introduced a series of standards for Early Intervention for Psychosis (EIP) teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for EIP services requires that more than 50% of people experiencing first episode psychosis or at-risk (of psychosis) mental state will be treated with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-64.

Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the aged range of 14-64. The year to date performance of 87.4% is greater than the nationally mandated target of 50%. This represents an improvement on the Trust performance in 2017-18 which was 74.4%.



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Fortnightly reporting from the Trust Lorenzo electronic clinical record system
- Weekly multidisciplinary meeting for feedback on assessments in progress
- Daily morning meeting where referrals are discussed and allocated.

Humber Teaching NHS Foundation Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

Percentage of Children Measured for Height/Weight in Reception



Good nutrition is essential for the healthy development of children, with long-term effects on health for the whole of a person's life. Collecting data about childhood obesity and under-nourishment provides parents with important health information about their children. Health service commissioners at both local and national level need the information to make decisions about the services required now and in the future. The Trust is commissioned to deliver the National Child Measurement Programme (NCMP) in East Riding Schools by East Riding of Yorkshire Council.

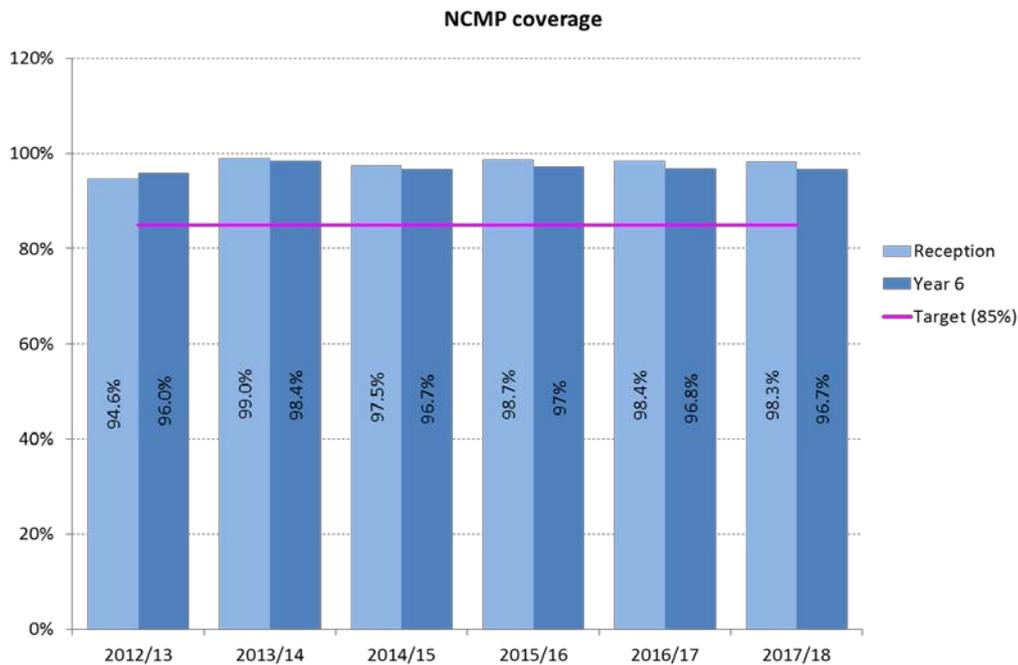
This is a nationally-mandated indicator with a target of 85% coverage. Every school child is measured for height and weight in Reception (ages 5-6 years old), and again in Year 6 (ages 10-11 years old). In the East Riding this is done by school nurses, between February and May.

The data is used to calculate the Body Mass Index (BMI) for each child. Parents receive a letter explaining their child's BMI to raise awareness of the health risks for over or under weight children. The data is also used for Public Health planning.

Summary of progress

In 2018 nurses from the Integrated Public Health Nursing Service recorded the height and weight for 98.3% of children in Reception and 96.7% of children in Year 6. The children in the academic year September 2018 to July 2019 will be measured between March 2019 and May 2019 and shown in the 2019-20 Quality Report and Accounts.

Graph



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- The target is to measure and weigh at least 85% of children in Reception (ages 5-6 years old), and again in Year 6 (ages 10-11 years old). The NCMP programme is recorded against the record of each child individually on SystmOne (our electronic clinical record system) and compared with a master list of all eligible children. We are therefore able to accurately identify the overall percentage coverage.

The 2018-19 planned programme commences in March 2019 and will finish in May 2019. Any children missed in the first rollout will be identified from the master list. They will be weighed and measured during catch-up sessions, as school nurses visit the schools regularly. We expect coverage to reach similar levels to last year, well above target.

Humber Teaching NHS Foundation Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

Cardio-metabolic Assessment and Treatment for People with Psychosis

The Trust should ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- Inpatient wards
- EIP
- Community mental health services (CPA clients)

People with severe mental illness (SMI) are at increased risk of poor physical health, and their life expectancy is reduced by an average of 15-20 years mainly due to preventable physical illness. Two-thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months.

Physical health assessments for patients with SMI is a CQUIN in 2018-19. Patients with SMI for the purpose of this CQUIN are all patients with psychosis, including schizophrenia, in all types of CCG-commissioned inpatient units and community settings.

CQUIN performance for community and inpatient services is measured by the National Clinical Audit of Psychosis. This will be completed and submitted by 15 March 2019. EIP performance is measured by the EIP Self-assessment Audit which was completed in November 2018. Results for both audits will be published mid-2019.

The following figures are a snapshot of the current position at 31 December 2018 (note the cohort included here will not be the same as the cohort selected for the audits).

Service	Target	% of patients with complete electronic HIP
Inpatient	90%	88.0%
Community (non-EIP)	75%	84.0%
Early Intervention Psychosis	90%	90.0%

Throughout the CQUIN performance has been monitored based on completion rates of Health Improvement Profile (HIP) forms. Data is recorded and reported from the Trust's Lorenzo patient administration system and is governed by the definitions in the national CQUIN guidance.

Humber Teaching NHS Foundation Trust considers that these data are as described for the following reasons:

- They are based on direct analysis of the submissions made for the respective audits. All of which have been completed

Humber Teaching NHS Foundation Trust has taken the following actions to improve this % and so the quality of its service by:

- Developing the electronic record so the assessment can be entered directly into the system and support the teams in using the new form
- Online reports detailing the current state for each team have been published
- Weekly updates highlighting areas for improvement are emailed to team leaders and responsible assistant directors
- The CQUIN monitoring team attends regular Operations Team meetings to discuss and rectify any issues with data collection and/or reporting
- The Trust has participated in all national audits required by the CQUIN and will carefully consider any actions that result from the audit findings

Admissions of Young People under the age of 18 to Adult Facilities

Inpatient Child and Adolescent Mental Health Services (CAMHS) delivers tertiary-level care and treatment to young people aged up to 18 with severe and/or complex mental disorders, associated with significant impairment and/or significant risk to themselves or others such that their needs cannot be safely and adequately met by community CAMHS. This includes young people with mild learning disability and Autism Spectrum Disorders who do not require Inpatient CAMHS Learning Disability Services. There is currently no provision within the Trust for CAMHS mental health inpatient service.

In the event that a young person needs an immediate admission for their safety or that of others, it is acknowledged that a CAMHS inpatient unit is the preferred environment for a person under age 18. There are occasions, however, when a CAMHS bed is not available.

There are some 17 year olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises. However, even in these circumstances there is still an obligation to ensure that safeguards are in place for an under 18 year old in line with their status as a minor.

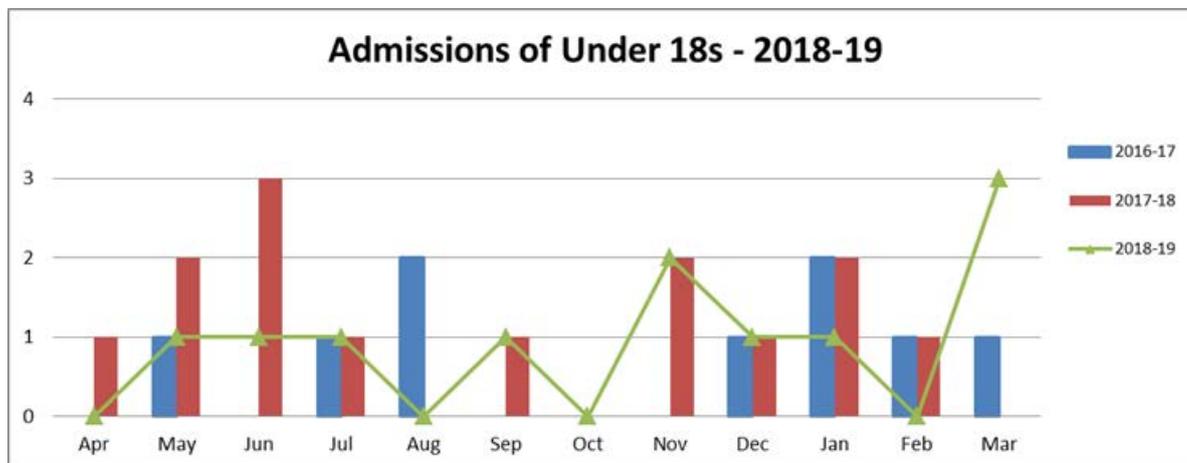
The revised Code of Practice (2015) states if a young person is admitted in crisis it should be for the briefest time possible.

Summary of progress

There is no national target set for this indicator but the Trust considers this to be a zero event with the aim of having no admissions of children into adult wards except in exceptional circumstances. The national parameters review patients admitted who are under 16. The Trust internally extended the reporting criteria to under 18s.

For the year 2018-19 there were 11 admissions of under 18s, an improvement on last year. There was only one patient aged under 16 and they only remained on the unit for 12 hours before being transferred to a more suitable environment. The average length a child remains on an adult ward is less than seven days.

Graph



Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

Currently CAMHS inpatient beds are commissioned by NHS England and there is a very clear protocol for any CAMHS services needing to access those beds. It is nationally accepted that there is a current shortage of beds. Young people are admitted to adult wards due to the lack of accessible and available CAMHS-specific beds.

The Trust has two designated wards to accept emergency admissions for children when appropriate placements are not available: Westlands for female patients and Mill View Court for male patients.

Each admission is reported and feedback received from the admitting unit with regard to the mitigating circumstances surrounding each occurrence.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

The Trust has been commissioned by NHS England to provide a 13-bedded CAMHS inpatient unit, this will comprise of four PICU beds and nine general adolescent beds. NHS England has specifically commissioned this number of beds based on an audit of the regional usage. The new service will support young people from Hull, East Yorkshire, North and North East Lincolnshire. The unit will be a state of the art new build and will be located on Walker Street in Hull. The new service will offer a shift from the traditional approach to CAMHS inpatient provision to one



that supports the ongoing transformation of Young people's Mental Health services locally, where access to community services is key.

As part of the local transformation of young people's mental health services, the Trust launched a short-term pilot supported by Sustainability and Transformation Plan (STP) Funding to open a safe space for young people experiencing a mental health crisis. This allowed young people to step out of their crisis to a safe place where they were supported by experienced clinicians to develop new coping strategies. This project closed on 31 March due to very low uptake of the facility.

The new inpatient service will enhance current provision and will reduce the need for lengthy out of area admissions, keeping young people close to the systems of support that aid recovery.

Out of Area Placements



Definitions

Out of Area Placement – this is when a patient with assessed acute mental health needs who requires non-specialised inpatient care (CCG-commissioned), is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

- are not run by the patient's home mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS or Independent Sector Provider (ISP);
- are not intended to admit people living in the catchment of the person's local community mental health team (CMHT);
- are located in a place where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning.

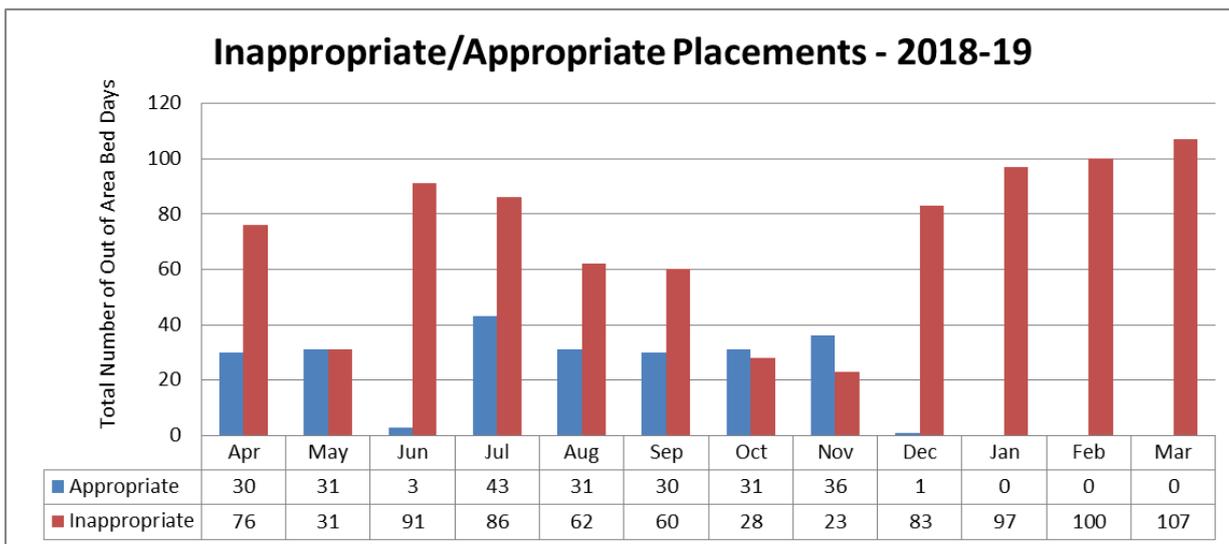
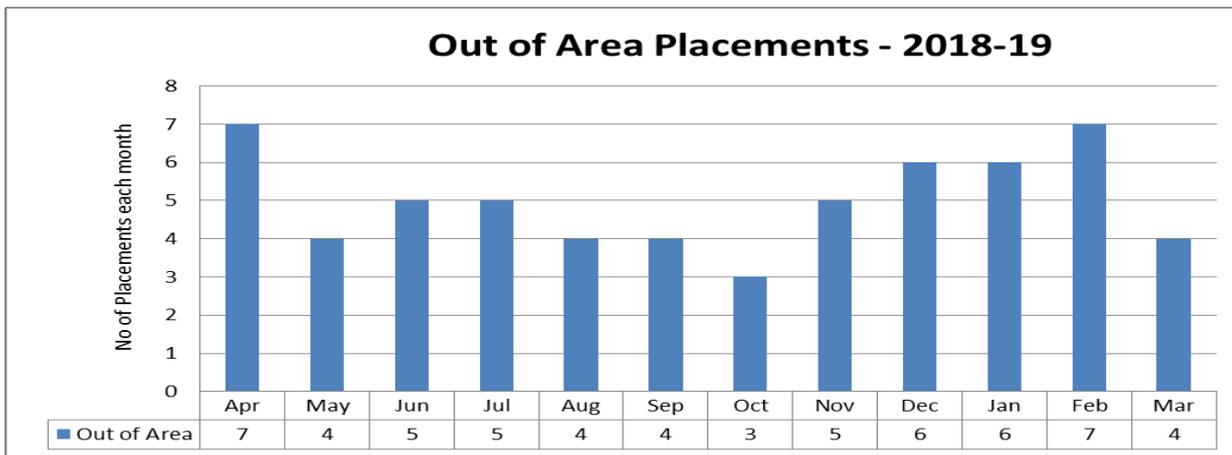
Summary for 2018-19

For 2018-19, the results of Out of Area Placements are documented in the Integrated Board Report (IBR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. It is the Trust's intention that there will be zero inappropriate out of area placements by 2020. There were a total of 29 patients who were admitted to an out of area placement during the year.

Progress

Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. Work continues to look at regional bed management and reduce the need for service users to go far from home when admitted out of their locality area. The closer someone is to their home Trust, the more beneficial this is for family and enable on-going care needs to be met.

This indicator has been audited by the Trust's external auditors Deloitte.



The monthly table below shows the number of patients who were in an out of area placement and also the number of new placements started.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Out of Area	7	4	5	5	4	4	3	5	6	6	7	4
Placements Started (in month)	4	2	3	2	1	1	1	3	6	2	4	0

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Total number of out of area placements and new placements within each month
- Split of inappropriate and appropriate placements. Inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards.
- There are no interim percentage targets set and the results are based on the number of placements and days out of area
- The local community mental health team is the Trust catchment area (Hull, East Riding and North Yorkshire)
- 2018-19 data validated by external auditors

Humber Teaching NHS Foundation Trust has taken the following actions to improve this outcome and the quality of its service by:

- Extending the crisis pad hours
- Recommissioning of the crisis pad service for a further 12 months
- Commissioning of five step-down beds within MIND accommodation to support earlier discharge when housing needs may create a delay around discharge.
- Creation of a new bed management team to support the management of capacity
- Showing in the Integrated Board Report the split between working age, Psychiatric Intensive Care Unit and older people placement for 2018-19
- Validation and escalation process to be initiated with care group directors on a monthly basis
- Twice-daily bed state reporting
- Weekly inpatient system meeting to support flow

CAMHS Eating Disorders

This indicator relates to the percentage of children and young people with an eating disorder seen for treatment within target timescales

Children and Young People's Eating Disorders Aim/Goal

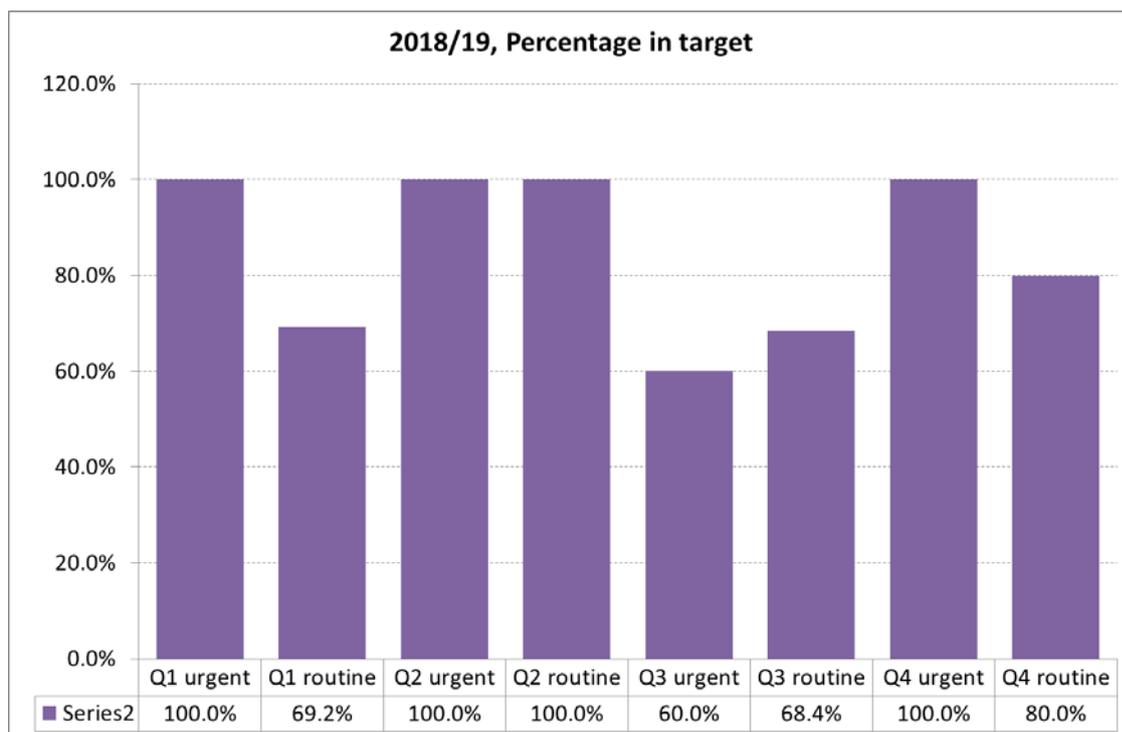
From April 2016 NHS England introduced a requirement for all CAMHS providers to provide a dedicated Eating Disorder Team. National access time targets for children and young people with an eating disorder (CYP ED). The indicators look at the number of children and young people who have accessed, or are waiting for treatment following a routine or urgent referral for a suspected eating disorder. Eating disorders present both an immediate risk to life and long-term health risks due to the pressure placed on internal organs by a severely restricted diet. For this reason the access time targets for CYP ED are tighter than most other mental health conditions.

Children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care.

Summary of progress

The Trust has a dedicated team in place covering the Hull and East Riding 0-19 population. This team became operational in October 2016.

Graph



As at 31 March 2019, 17 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 15 (88.2%) did so within one week of referral. Urgent referrals are prioritised and the service investigates each breach of this target; we can confirm that the breaches were due to circumstances beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. All breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As at 31st March 2019, 64 children and young people started treatment following a routine referral for a suspected eating disorder, of which 51 (79.7%) did so within four weeks of referral. Where the first contact happened later than four weeks this was due to reasons beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. Again, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

Numbers of referrals are small compared with other pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and require more intensive/frequent intervention than other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge as even a five or six more referrals than usual places a much greater demand on the team. The rate of referral has increased each year since we started to monitor it.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Weekly reporting from the Trust Lorenzo (electronic patient record) system
- Weekly team meeting for caseload management
- Daily morning meeting where referrals are discussed and allocated

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service by:

Close monitoring of referral numbers and access times and recruitment to vacancies.

Percentage of patients seen and discharged/transferred within four hours for Minor Injuries Units

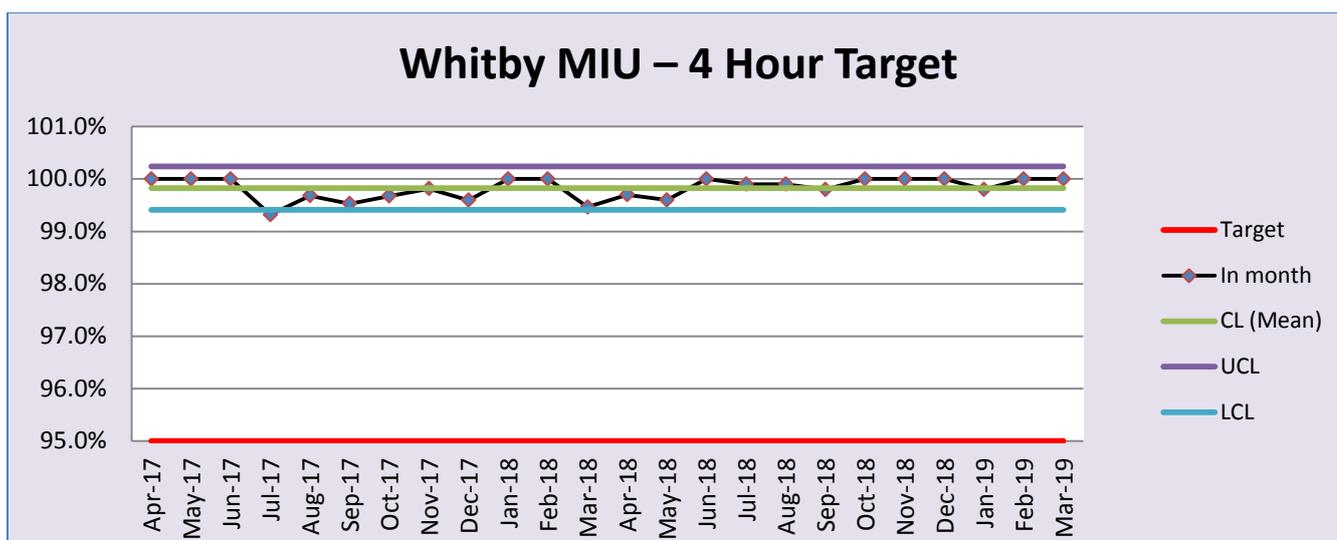
The national target for other Accident and Emergency departments including Urgent Care Centres/ Minor Injury Units is for at least 95% of patients attending to have a total time in the service less than four hours from arrival to discharge or transfer.

Underlying of the four-hour target is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the reporting, the service has to have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one Minor Injuries Unit (MIU) in Whitby. The MIU has seen 9,212 patients in the year (an average of nearly 200 patients a week).

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred or discharged within four hours of their arrival. We can report an achievement of 99.9% for April 2018 to March 2019 at Whitby MIU. Data is sourced via the SystemOne patient administration system.

Statistical Process Control charts are now being developed to show the standard deviation over 24 months. The chart for MIU achievement is shown below:



Attrition (Drop-Off) Rate of Breastfeeding Prevalence between Ten Days and Six Weeks

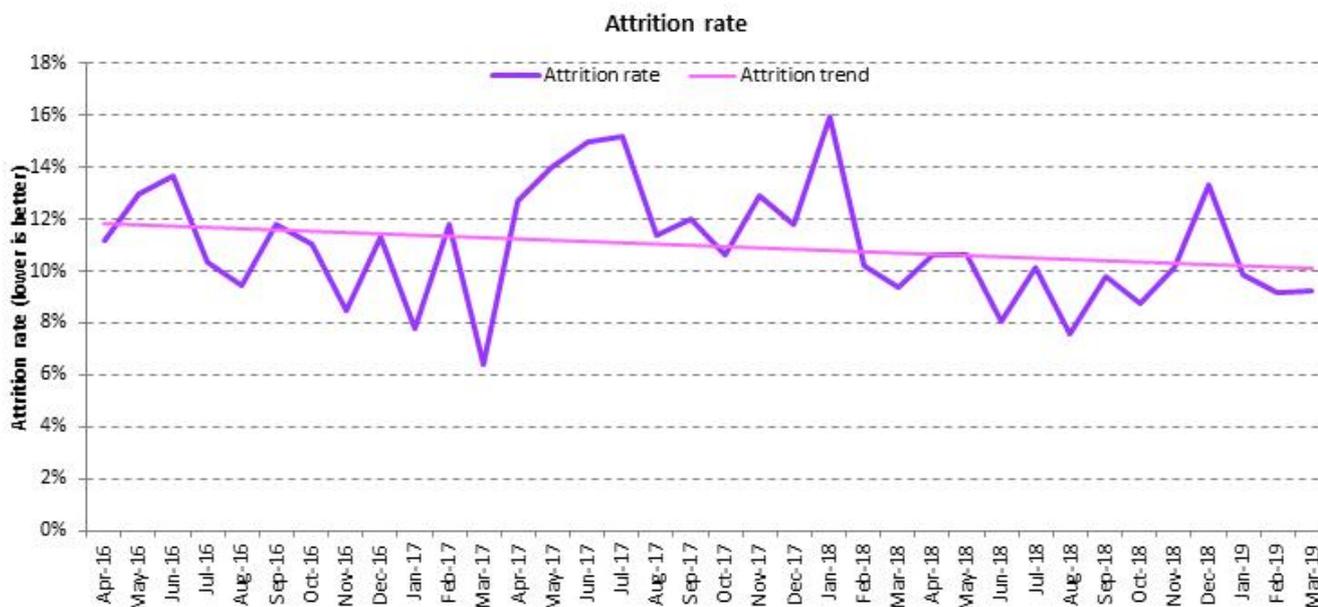
There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and longer-term. Breast milk is the best form of nutrition for infants and exclusive breastfeeding is recommended for the first six months of an infant's life.

The key indicator for measuring our performance on supporting breastfeeding is the attrition rate (mothers stopping breastfeeding). Comparing the breastfeeding status of each child at 10 days and six weeks is the most meaningful way to measure how effective the health visitors are at supporting mothers who are breastfeeding to continue doing so in the early weeks of the baby's life.

The attrition rate fluctuates considerably from month to month, but comparing longer periods gives a more useful indication of progress. A lower attrition rate indicates good performance, as it indicates that a greater proportion of the mothers who were breastfeeding at ten days have been supported to

continue breastfeeding until at least six weeks. The graph below illustrates that the long-term trend shows a clear reduction (improvement) in the attrition rate.

Graph



The average attrition rate for 2018-19 was 9.8%, compared with 12.7% in 2017-18, an improvement of 2.9%.

The proportion of babies who are breastfed at 10 days increased (improved) to 55.8% in 2016-17, 56.3% in 2017-18 and has further increased to 57.4% in 2018-19. The proportion of babies who are breastfed at six weeks was 43% in 2014-15 and 2015-16, increased (improved) to 44.7% in 2016-17, dropped back to 43% in 2017-18 and has increased to 47.6% in 2018-19. The attrition rate reduced (improved) from 11.85% in 2014-15 to 11.7% in 2015-16, improved again in 2016-17 to 11.1%, increased (deteriorated) to 12.7% in 2017-18, and has improved (reduced) to 9.8% in 2018-19.

The Trust's Children Services Management Team is committed to and very supportive of the UNICEF BFI and is proud to have achieved Level 3 of the UNICEF BFI accreditation scheme in 2015 and maintained Level 3 accreditation in 2016, 2017 and 2018.

The Trust continues to work closely with Children's Centres to increase the amount of antenatal (pre-birth) contact pregnant women receive to help them make informed and healthy choices about breastfeeding.

During 2016-17 commissioners funded a pilot scheme to promote earlier contact by health visitors in order to further reduce (improve) the breastfeeding attrition rate and this was embedded in the new contract from April 2017. Health visitors are obtaining permission to contact mothers by text (or other means if there is no text option) to offer earlier support for infant feeding.

3.2 Performance in Relation to other Indicators Monitored by the Board

In this section we share other key performance indicators monitored by the Board that have not already been mentioned within the mandated indicators included in this account.

Clinical Supervision

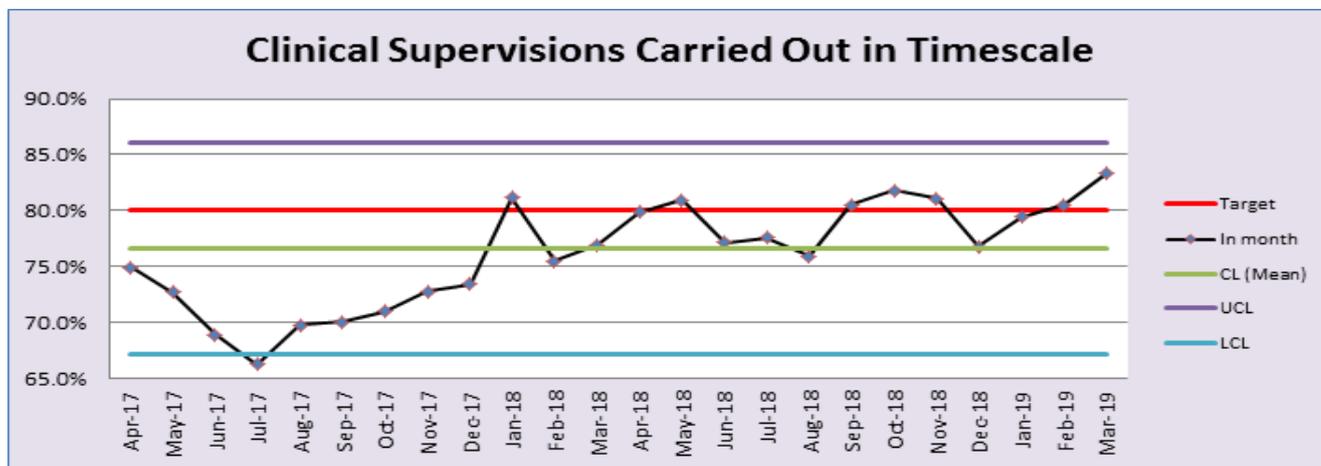


Clinical supervision is essential to the delivery of safe and effective care as it provides a safe environment for clinicians to actively engage with each other to reflect on their clinical practice and improve standards of care. The process of supervision facilitates the individual to develop knowledge and competence and link theory and research to practice.

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. This can be on a one-to-one basis or within a professional group or forum. Individual teams are required to achieve compliance with a target of 80% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. An audit of compliance with these standards is undertaken monthly across the whole organisation. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The dashboard below shows clinical supervision compliance across the three care groups (Adult and Older People's Mental Health Care Group (AOPMH), Primary Care, Community, Learning Disability and Children's Care Group (PCCLD) and Specialist Care Group).

Supervision Compliance by Care Group 1 April 2017-31 March 2019

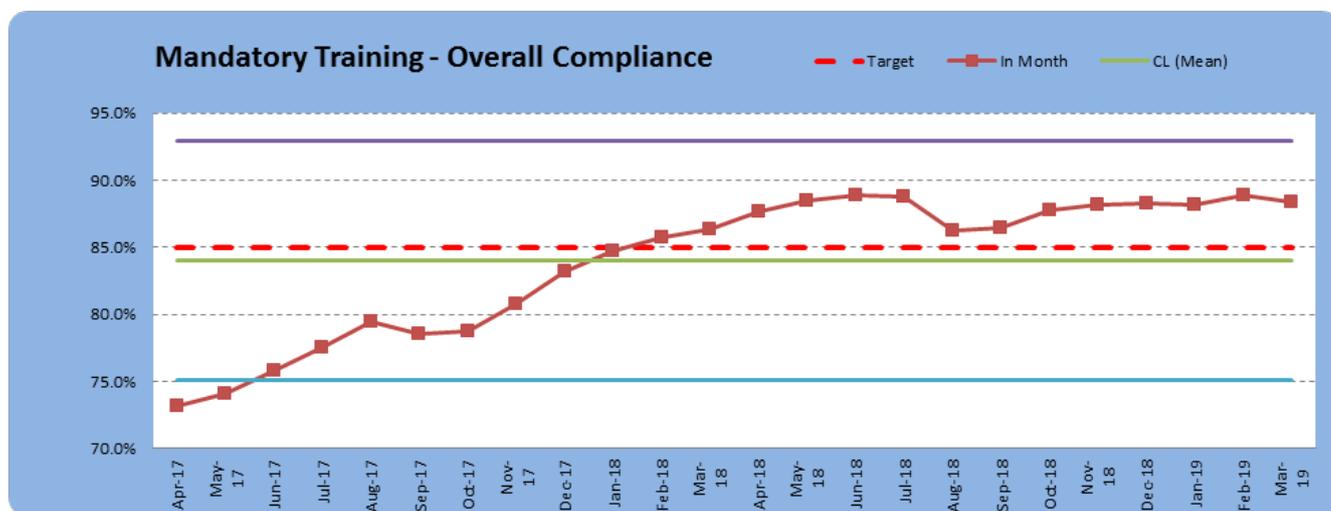


As can be seen from the dashboard specialist services has consistently achieved compliance above the 80% target, however, the AOPMH care group has not achieved compliance in eight out of 12 months. The PCCLD care group did not achieve compliance in three out of the 12 months. Overall Trust compliance was achieved in six out of 12 months.

The reasons behind non-compliance with supervision standards are explored by each care group and action taken to address areas of concern. Factors impacting on supervision compliance are complex; however, staffing levels can impact on the ability of staff to access supervision. Therefore, we monitor supervision compliance as one of the metrics within our safer staffing dashboard. This enables the Board to see when staffing is impacting on supervision compliance and take the appropriate action. The governors of Humber Teaching NHS Foundation Trust chose clinical supervision as the local indicator for the Quality Account.

Statutory and Mandatory Training Compliance

The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a fortnightly mandatory training compliance report which enables managers to target areas of lower or reducing compliance. These reports were introduced in early 2018 and as can be seen the performance across the Trust has steadily improved and been maintained at above the 85% target compliance for the Trust.



Complaints and Patient Advice and Liaison Service (PALS)

All complaints data is sourced from Datix. The Complaints and PALS Department records and responds to complaints, concerns, comments and compliments received from all areas of the Trust. The Trust ensures that all potential complainants have the option to have their concerns dealt with informally via the PALS service or formally via the NHS Complaints Procedure. Offering both services through one department allows the Trust to monitor all concerns raised, whether formally or informally, to see if there are any trends and to provide a consistent approach for patients, carers and the public.



Formal complaints

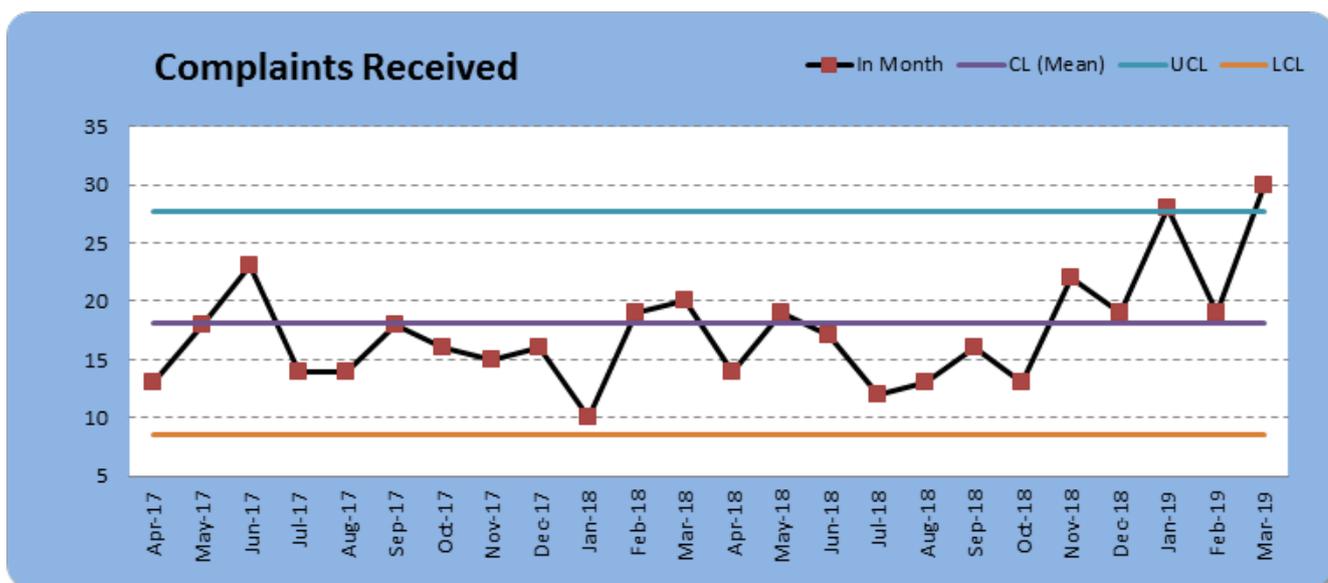
For the period 1 April 2018 to 31 March 2019, the Trust received 221 forward complaints which compares to 192 for 2017-18 and 238 for 2016-17.

Each complaint is treated individually, as although the issues raised may be similar to others, the circumstances are often different for the individual concerned. The Trust aims to respond to formal complaints within 30, 40 or 60 working days, dependent on the complexity and number of issues raised. If the timescale cannot be achieved, the complainant is informed of when they may expect their response.

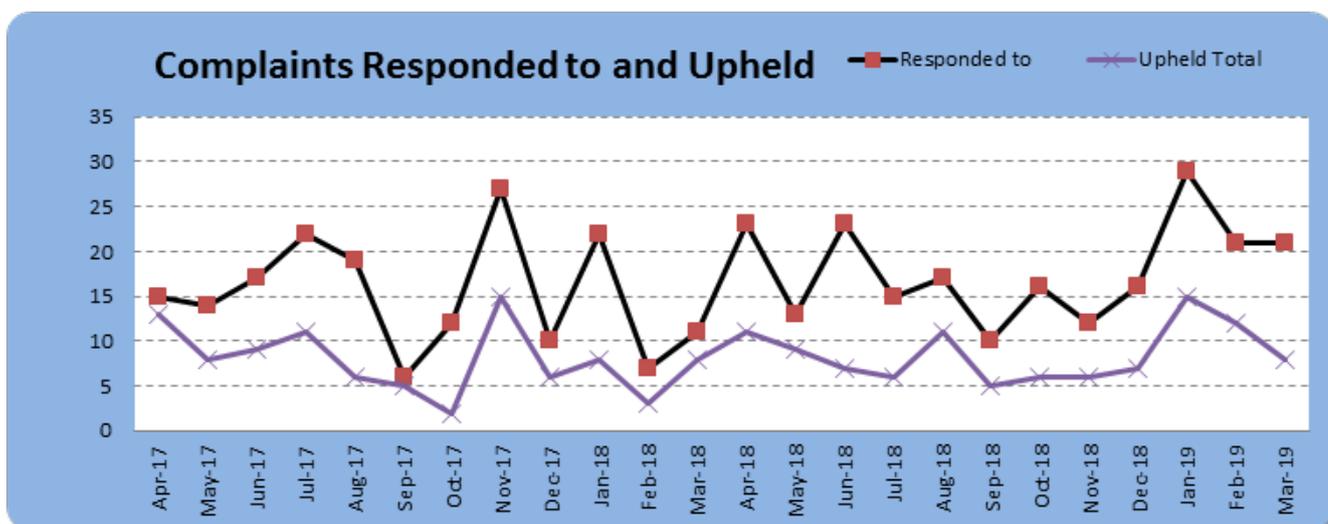
It is important to note that not all formal complaints are the result of a Trust failing or poor service. For example, a complainant may not be happy with the service provided because they consider their needs are different to what the Trust has assessed them as needing. At the outset of each complaint staff try to determine the complainant's desired outcome from making the complaint, however it is not always possible to give people what they seek.

For the period 1 April 2018 to 31 March 2019 the Trust responded to 218 formal complaints which compares to 185 for 2017-18 and 234 for 2016-17.

Graph 1



Graph 2



The primary subjects for these complaints are as follows:

Primary Complaint Subject	Number
Patient care	46
Appointments	33
Values and behaviours of staff	31
Communication	29
Admissions/discharge	19
Trust admin/policies/procedures	17
Clinical treatment	11
Prescribing	10
Access to treatment or drugs	8
Facilities	5
Privacy and dignity	3
Other	3
Staff numbers	2
All aspects of restraint	1

Of the 218 responded to in 2018-19, one complainant with (two formal complaints) and a further complainant took their cases to the Parliamentary and Health Service Ombudsman; these cases were closed with no further action for the Trust.

Four further cases which were responded to during 2017-18 were also considered by the Ombudsman during this year; all were closed with no further action for the Trust.

The following are some examples of actions/learning from complaints responded to between 1 April 2018 and 31 March 2019.

- Adult Mental Health Community – Daily referrals and allocations meeting with Mental Health Response Service/mental health clinical decisions unit to ensure communication and decision making is improved from multi-disciplinary perspective for requests for community mental health team involvement.
- Adult Mental Health, Inpatient – Charge nurse to address the care plan compliance and assertive supportive engagement processes with disengaging inpatient service users.
- Health Visiting – No further one-year checks will be done in a shared room as the mother's maternal mental health should be assessed and the routine enquiry asked.
- GP practice – Ensure administration staff are aware how to amend templates to suit the circumstances of the patient.
- Emotional Wellbeing Service – All administration staff now have access to email account; this is to be checked on a daily basis and to ensure there is no duplication, the emails are actioned and colour coded when completed.
- Older People's Mental Health, Community – To ensure that when multiple services are involved in a patient's care the patient and/or relative/carer are always informed of the person/team that will maintain communication with them, i.e. a lead practitioner identified.
- Learning Disability, Community – To develop a contract between the patient, their family and the Trust regarding levels of communication to ensure each party is clear on what can be shared and with whom.

The actions for complaints are monitored by the Complaints department and for each action, and confirmation and evidence is requested from the lead person identified for that action that the action has been completed by the specified time. An action plan tracker to cover all actions identified from formal complaints is currently being developed.

Patient Advice and Liaison Service (PALS)

For the period 1 April 2018 to 31 March 2019, the Trust responded to 465 PALS contacts which compares to 431 for the previous year.

Of the 465 contacts, 174 were referrals to other Trusts/agencies and therefore there were 291 concerns, queries or comments for this Trust.

Priorities for 2018-19

To continue to manage and respond to complaints, concerns, comments and compliments for all our services. To ensure that staff aim to resolve issues as they arise as close to the delivery of the service as possible, however, if a formal complaint is raised, to ensure staff are aware of the importance of a professional, open, honest and informative response to patients and carers when they raise a concern or complaint.

In addition, investigating manager training is being delivered to ensure more staff are available to undertake formal complaint investigations.

Below are examples of a few of the compliments which have been received:

“Thank you for helping me. I am very grateful and hope you can get me fully better to my usual self and happy again – worth living life. Thank you so much for what you have done.”

Adult Mental Health, Inpatient

Following a community alcohol detoxification the client commented that the member of staff had been great; she feels like a new person and is really thankful to the service.

Addictions

“Extremely likely to recommend. Booked by phone, admin staff really helpful, brilliant. All problems dealt with by clinician, seen by the nurse – overall – brilliant.”

GP surgery

“You have listened and heard my difficulties and provided me with options when I didn’t think I had any. Your empathic approach enabled me to be open and honest about what was going on in my head without judging me.”

Mental Health Response Service

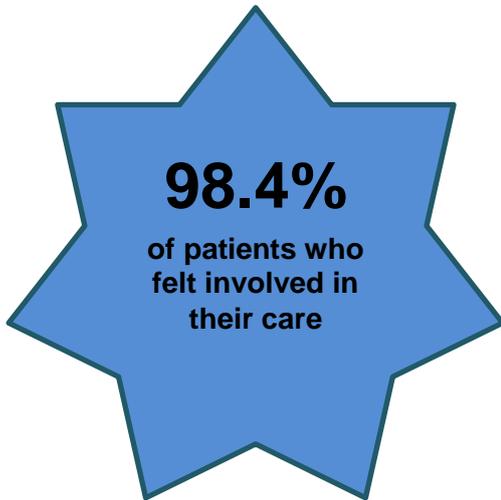
“Thank you so much for your kind, intelligent and compassionately humorous Occupational Therapy with me over the past year – inspirational and invaluable.”

Occupational Therapy

Thank you card from deceased patient’s relative thanking the team for all the care and attention shown and that the patient appreciated everything and was very grateful to all the nurses.

Community Hospital

Patient and Carer Experience



Our patients, service users, carers and communities are at the centre of everything we do. There is no better and more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

During 2018 the Trust produced a refreshed Patient and Carer Experience strategy (2018-2023) which is a five-year plan to further build on the work we have been doing with our patients, service users and carers since our initial strategy, which was produced in 2016. Our strategy plan on a page is shown on the next page.

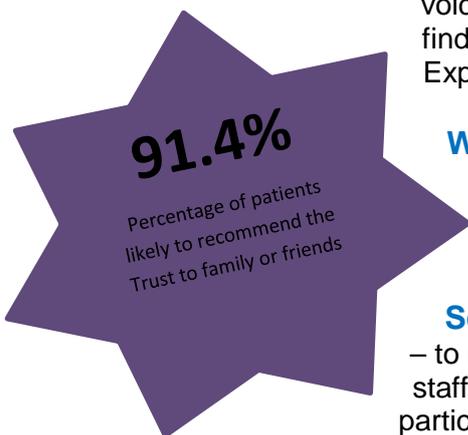
We are continuing to actively engage and involve patients, service users and carers in Trust business and are actively listening and acting on the information we hear. This strategy not only promotes working together better but sets out how we will do this to ensure maximum involvement and engagement.

Forums

Four forums have been created to give our patients, carers and staff a voice and the chance to be involved in Trust business. These are:

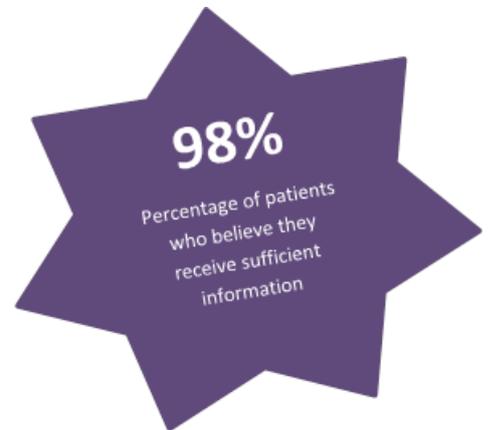
Hull and East Riding Patient and Carer Experience Forum (PaCE) – Our patients and their carers are invited to attend this forum to provide them with a public voice by bringing lived experiences and individual perspectives. We also have representatives from patient and carer support groups on the forum.

Hull and East Riding Staff Champions of Patient Experience (SCoPE) – Staff (Champions) attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan.



Whitby and District Patient and Carer Experience Forum – to raise awareness of patient and carer experience through patient, carer, staff, statutory and voluntary organisation participation by ensuring all have a voice.

Scarborough and Ryedale Patient and Carer Experience Forum – to raise awareness of patient and carer experience through patient, carer, staff, statutory and voluntary organisation participation by ensuring all have a voice.



Patient and Carer Stories

We are committed to learning from patient, service user and carer experiences and listening to people's stories is one way to help achieve this. Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved or best practice shared. Every month the Board receives a patient story or briefing to help contextualise its decision making.





Patient and Carer Experience Strategy 2018–2023



We would like to involve you on this journey to achieve our goals. For further information please contact The Patient Experience Team on
 E: hnf-tr.patientandcarerexperience@nhs.net T: 01482 389167 | www.humber.nhs.uk | HumberNHSFT

Bereavement Survey

In line with the Care Quality Commission (CQC) Key Line of Enquiry (KLOE) C3.2 (“Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?”) a bereavement package has been developed to support the bereaved. The package has been developed to capture the quality of care and support from our services and focuses on adults only. We have introduced a phased approach including, community services teams in Pocklington and Whitby, Whitby Community Hospital, Scarborough and Ryedale Community Services and our seven GP practices. The bereavement package includes:

- A bereavement card (designed by our Recovery College students)
- A bereavement booklet (bespoke to the service) detailing help and support available in the local area

Clinicians can play a pivotal role in providing care to bereaved individuals. They ask the following question when visiting the bereaved and populate a template with the response:

“Would you have liked any further support with regards to your bereavement?”

Certification of Compliance with Requirements Regarding Access to Healthcare for People with a Learning Disability

Based on recommendations set out in *Healthcare for All* (DH, 2008), NHS Foundation Trust Boards are required at the annual plan stage and in each quarter, to certify that their Trust meets the six criteria for meeting the needs of people with a learning disability. These criteria are shown in the table below.

Summary of Progress

This key indicator is monitored closely at the monthly Trust board meetings via the Integrated Board Report.

	Q3	Q4	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Activity	met	met	met			met			met			
Target/Plan	met	met	met			met			met			met
Variance to plan												
Question	CQC Questions											
1	Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?											
2	Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?: a) Treatment, b) complaints procedures and c) appointments											
3	Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning Disabilities?											
4	Does the NHS foundation trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?											
5	Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?											
6	Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?											

The Trust can confirm that each of the six criteria have been achieved for Quarter 1n to Quarter 4 for 2018-19.

Working with Adult and Children's Safeguarding Boards

The Humber safeguarding service works alongside the safeguarding children and adult boards throughout all of the statutory processes. This process identifies learning for Humber (and other agencies) and Humber safeguarding is a key part in multi-agency working, developing policies, training and protocols together.



The Humber safeguarding service is a key contributor to the new Vulnerable Adult Risk Management (VARM) processes in Hull, East Riding and North Yorkshire via strategic work groups. Humber adopted the VARM processes ahead of the new partnership working arrangements and is currently being asked to contribute to the new VARM processes being developed in all three local authorities using their recent experience.

Prevent is about safeguarding people and communities from the threat of terrorism and is moving to local authority responsibility. This is a key area for Humber and we have been cited as a very positive contributor to the complex Prevent cases involving mental health patients. Humber safeguarding attends all key Prevent meetings and provides complex information for high risk cases.

Self-neglect has been another key area of multi-agency working and we have shared our newly-developed training materials with Hull Safeguarding Adult Review (SAR) panel to identify Humber safeguarding actions and progress on this issue. Humber safeguarding is developing a new self-neglect policy in conjunction with partners to reflect the growing focus on self-neglect. Local authority feedback has been very positive and Humber is regarded as moving forward with new developments in this area.

The Humber safeguarding service is part of the ongoing multi-agency review of safeguarding referral threshold agreements and advisory processes.

Early Help and Hidden Harm (EHASH) are part of the statutory subgroups processes. Humber safeguarding has contributed to the development of new procedures and processes. Humber safeguarding sits on the EHASH management subgroups, has a presence in EHASH and is working with partners on issues including Voice of the Child and Domestic Abuse.

The Humber safeguarding service is currently undertaking a multi-agency audit in Making Safeguarding Personal (MSP) with Hull and East Riding. This is to understand and analyse the involvement of the adult at risk, reflecting their views and outcomes, and is part of the Hull Adult Safeguarding Board business plan.

Humber will be facilitating a multi-agency working group to review the forthcoming changes for Mental Capacity Act and Deprivation of Liberty Safeguards (MCA DoLS) and significant changes to Liberty Protection Safeguards under the new forthcoming legislation. This will have significant changes and impact on Humber services with responsibility for the new process falling more on Humber Teaching NHS Foundation Trust. The multi-agency working will help ensure a smooth facilitation of the change process.

Action plans are devised and shared within the panels that reflect all of the required learning objectives. These are also governed within the safeguarding forum so assurances can be provided regarding completion. The safeguarding team is involved in all related Serious Case Review (SCR), Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) and Learning Lessons Review (LLR) meetings and is part of the multi-agency review process throughout. The safeguarding team attends relevant subgroups and is involved in strategic work throughout all three local authorities.

Humber is firmly embedded in the SAR processes in Hull and East Riding, Humber has only recently (in the last twelve months) been involved on the Hull SAR panel but the feedback has been that the health contribution has been invaluable with a number of key actions and improvements identified as a result.



The Safeguarding Children Boards are changing to a partnership working model, our attendance at subgroups remains the same and there is health representation at the new partnership groups. This change came about following the Working Together statutory guidance 2018 and the Wood Report 2017. The purpose is to strengthen and have equal roles for all partners (health, police and local authority). Humber remains part of the new partnership processes throughout the statutory procedures.

Learning from SCR, SAR, DHR, and LLR is shared via:

- Monthly development sessions – operational and managers levels
- Training
- Supervision
- Newsletters
- Five-minute focus bulletins
- Safeguarding working lunches
- Six-monthly Lessons Learned conferences
- SCR/SAR tables with themes and trends identified in the quarterly reports disseminated to staff
- Specific planned work shop sessions in clinical areas affected which inform, train and develop staff knowledge
- Safeguarding Forum
- MDT (multi-disciplinary team)
- Clinical governance groups
- Clinical workshops

Some of the lessons learned over the last year have been identified via the statutory processes and include:

Mental Health Act, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)

The Mental Health legislation Committee meets quarterly to undertake its delegated function on behalf of the Trust Board in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The Committee achieved its objectives for 2018-19 and delivered the functions delegated by the Board.

It has been identified that although training compliance is not an issue, staff sometimes lack awareness of MCA in practice. MCA training compliance has improved, the MCA policy has been updated and Humber safeguarding has been conducting Trust-wide MCA reviews to identify areas of practice requiring improvement. Bespoke MCA training sessions are delivered to areas where issues are identified.

Early Help, Hidden Harm and Neglect

Development sessions have reflected these themes and raised awareness with staff: a themed newsletter on neglect has been distributed as well as a five-minute focus on neglect. The safeguarding children's policy is being updated to reflect more clearly the need for focus and awareness on these areas. Supervision guidance has been developed for all staff for safeguarding and the supervision links with children services has been strengthened. These issues are all addressed in the new integrated level three safeguarding training.

Self-neglect

Humber safeguarding has developed and delivered self-neglect training: which is now on the electronic training system and available to all staff. Self-neglect has been a theme for development sessions and practice notes and five-minute focus updates have been circulated. Humber safeguarding is currently developing a new self-neglect policy to give further guidance to staff. Humber safeguarding is part of the self-neglect strategy group in East Riding and North Yorkshire.

Domestic Abuse/Think Family

Domestic abuse has been an issue in several Serious Incident (SI) reports and has identified the need for staff to be aware of the impact of domestic abuse. Humber safeguarding has developed a domestic abuse policy reflecting national practice and has raised awareness with staff via a series of events which included a safeguarding week with a focus on domestic abuse through a series of roadshows.

Voice of the Child

This is a theme from a recent LLR which included issues of recognising domestic abuse and the safety of the family as a whole. The Voice of The Child is a continuing theme in training, supervision, level three, development sessions and newsletters.

Sexual Abuse/Patient Safety

This has been identified in both internal and external statutory processes as an issue on inpatient areas. Humber safeguarding has contributed to the new sexual safety training and is part of the sexual safety strategic group. This will be further identified in policy and/or Standard Operating Procedure guidance for staff. This issue is also reflected in the level three safeguarding training.

Our Charity – Health Stars

Health Stars works in partnership with the Humber Teaching NHS Foundation Trust to enhance the community and mental health services provided to over 800,000 people living in our service area.

At Health Stars, we're very proud of our NHS and we work hard to improve services, through investment in specialist equipment, training and environments.



As a local charity, we rely on the support of businesses, community groups and the generosity of our friends and neighbours. Generous donations and wonderful fundraising efforts help us improve services for patients and their loved one who are looked after by the amazing staff who work for Humber Teaching NHS Foundation Trust.



During the past 12 months not only have we raised over £260,000 to help enhance the new CAMHS inpatient unit currently being built in Hull, but we have supported colleagues and projects from all corners of the Trust including community services at Whitby and Scarborough, inpatients at Malton Hospital, school nurses and health visitors in Goole and Beverley and Mental Health Services in Driffield, as well as supporting GP practices and primary care services.

The projects range from enhanced garden spaces and allotments to games and sport equipment for in patients. Health Stars has funded therapy sessions and new technologies, new state of the art medical equipment and inclusion and accessibility tools such as BrowseAloud.

We promote the development of exceptional healthcare, which goes above and beyond NHS core services, through the investment in people; environments; resources; training and research.



Celebrating Success

In this section we are proud to share with you some of our successes.

The inspiring and innovative work our staff do across the Trust every day to improve the lives of our patients and service users was celebrated at our annual Staff Awards on 6 December 2018 at Willerby Manor Hotel.

This year, we had 14 categories in which staff could nominate themselves or a colleague.

Our staff awards winners were:



Outstanding Team of the Year

Integrated Specialist Public Health Nursing Service (below)



Team of the Year – Mental Health Services

Maister Lodge

Team of the Year – Primary Care, Community, Children's and Learning Disabilities Services

Health Trainers

Team of the Year – Specialist Services

Health Hub

Team of the Year – Corporate Services – sponsored by Yorkshire and Humber Academic Health Science Network

Research and Development Team

Mentor of the Year – sponsored by Alessandro Caruso Architects

Dr Mark Hancock (right)



Outstanding Care Award

Ellie Godfrey (below)



Health Stars Sparkle Award

Dave Rainforth and Lisa Elvidge

Inspiration Award – sponsored by S. Voase Builders Ltd.

Dr Stella Morris

Chief Executive's Rising Star Award

Laura Harrison

Patient and Carer Experience Award – sponsored by Hempsons Solicitors

Ian Graves (right)

Volunteer Award – sponsored by Biffa Waste Services

Jayne Machray and Terri-Ann Whitney

Apprentice of the Year – sponsored by Capsticks

Kirsty Hamm



Chairman's Award

Mandy Dawley (left)

This year our event was sponsored by NHS Shared Business Services, Yorkshire and Humber Academic Health Science Network, Alessandro Caruso Architects, S. Voase Builders Ltd., Hempsons Solicitors, Biffa Waste Services and Capsticks.

National success

Humber celebrated having two surgeries in the region's top 10 after results of patient survey were revealed

The Trust was celebrating over the summer after two of our GPs were listed in the Top 10 for Hull and East Yorkshire. Hallgate Surgery and Chestnuts Surgery, both in Cottingham, were hailed among the best of the best after receiving positive feedback.

The annual poll compiled by NHS England questions over one million people covering more than 7,000 practices across the country. Patients were asked various questions ranging from how easy it is to get an appointment, if opening times are convenient, to whether they trust their GP.

It was fantastic news to receive such positive feedback from our patients and rewards all of our Trust staff who have worked incredibly hard since our first acquisition to make Primary Care a success.

Trust Nurse recognised for marvellous quality of care by UK charity

One of our specialist nurses, Alison Walker, Community Cardiac Specialist Nurse, was nominated by a patient to receive a 'You're Simply Marvellous' award and was honoured with a national award for her outstanding work.

The work was recognised by The Pumping Marvellous Foundation, with the award acknowledging the value that healthcare professionals bring to the treatment of heart failure patients throughout the UK. The foundation recognises the importance patients and their families can work with and operate as a team with their healthcare professional.



Trust service nominated for prestigious HSJ accolade

The Social Mediation and Self-Help (SMASH) service was nominated for a Health Service Journal (HSJ) award for its innovative and creative approach to helping young people learn about social, emotional and behavioural self-management skills.

The programme brings together health, social care, education, communities and families together in a unique partnership which delivers outstanding outcomes through evidence based group work, one-to-ones and family outreach sessions.

The HSJ Awards are one of the largest celebrations of healthcare excellence in the world, recognising and promoting the finest achievements in the NHS, and showcasing them to the service's most influential leaders. We are delighted with our nominations and successes this year.



Trust “highly commended” in two categories at the HSJ Patient Safety awards

The Trust was honoured in the Changing Culture and Patient Safety Team of the Year sections at the HSJ Patient Safety Awards 2018. The Trust's two honours follow its shortlisting in the 'Changing Culture' category in 2017.

Now in their tenth year, the awards recognise individuals, teams and organisations which have gone above and beyond in their commitment to deliver consistently safe care.

Chief Executive Michele Moran said she was “delighted” the Trust had not only gone one better in this year's awards but picked up a second ‘highly commended’ accolade in another category.

“Gaining these accolades is a testament to our staff's hard work, dedication and determination to deliver outstanding patient care,” she said. “These honours, which are highly respected throughout the healthcare sector, show that our efforts are beginning to pay off. We are not, however, complacent and will continue to do our best to deliver the improvements to patient safety that our patients, carers and commissioners deserve and expect.”

Judges commended the Trust in the Changing Culture category following its work to reduce restrictive interventions on patients cared for by its inpatient mental health and learning disability teams.

The judges highly commended the Trust's 'Patient Safety Team of the Year' in response to its efforts to reduce restrictive interventions and incidents of suicide and self-harm.

Giving Voice Awards ceremony

Every year the Royal College of Speech and Language Therapists recognises members of the profession and others who have been outstanding in their contribution to helping those with communication difficulties. Towards the end of last year, Trust Speech and Language Therapists Ruth Edwards and Siobhan Ward were recipients of the Giving Voice award in recognition of their City of Culture project 'Hear in Hull' which produced an animation called 'My Stammering Tap'.

The judges were particularly impressed by the response the animation received from children, parents and other therapists, who now use it as a therapy tool.

The success continued with news that the film was also selected for the Leeds International Film Festival having been nominated for the Yorkshire short film award.

Specialist Nurse celebrates acceptance onto prestigious national research programme

Claire Marshall, Specialist Nurse and Clinical Lead with the Perinatal Mental Health Liaison Team at the Trust, will contribute to high-calibre research at the University of Hull as part of the Health Education England and National Institute for Health Research (NIHR) Integrated Clinical Academic Programme. Research shows that between 10-20% of women are affected by perinatal mental health conditions – mental health problems that arise during pregnancy and up to one year after childbirth – and it was fantastic to have a member of our staff contributing to such important work.

Specialist Team shortlisted for the HSJ Value Awards

In March our Psychological Medicine Department was shortlisted for a specialist service award for the Frequent Attenders Service in Hull. The service works with primary care and community teams to help prevent A&E attendances by frequent attenders and people with medically unexplained symptoms.

Trust clinical psychologist wins top research award

Dr Emma Wolverson (right), Clinical Psychologist, won the Alzheimer's Society's Dementia Research Leader Award for 'outstanding contribution to early career dementia research'.

Dr Wolverson was granted the award by a judging panel of scientific researchers and volunteers who considered her research achievements and originality, commitment to supporting others and hopes for improving the lives of people with dementia.



Humber Teaching NHS Foundation Trust received £300,000 to fund new electronic prescribing system across the region

The Trust are one of the first 13 trusts in the UK to receive a share of £78 million to support electronic prescribing and medicines administration (ePMA). The Trust secured £300,000 of funding for ePMA following a successful bid and interview process with NHS England and NHS Improvement.

Seeking to improve patient safety, the new electronic systems will help trusts move away from handwritten prescriptions, reducing potentially deadly medication errors by up to 50% when compared with the old paper systems and helping to build up a complete electronic record.



Quoted in the government's announcement, Andrew Davies, Director of Hospital Pharmacy, NHS Improvement said: "There is evidence that electronic prescribing and medicines administration systems will improve safety for patients, reducing the risk of harm and ensuring high quality efficient patient care which is as safe as possible. I'm delighted so many trusts have submitted successful bids to accelerate the introduction of these systems to provide safer, better quality patient care".

Clinical psychologist one of only nine Mental Health Ambassadors to support English Athletics' latest sports campaign

Dr Nicola Green, Consultant Clinical Psychologist for the Trust, has been awarded the role as part of the RunandTalk programme, a shared initiative to get people talking and moving, between England Athletics and the charity Mind. The campaign aims to encourage people to get out to have a jog and a chat with family, friends and work colleagues to mark various mental health awareness days throughout the year.



Nicola, who works in the Child and Adolescent Mental Health Service, supports and trains a large number of mental health champions who help people get running for the benefit of their physical and mental health. Having been an active member of local fitness club Fitmums & Friends, Nicola has long recognised the importance of supporting members' mental health, she said, "As a club, we have

developed our support to members over time after recognising how much people benefit from exercise and the social aspect of being part of the group brings. We started with a small pot of funding a few years ago offering support to women with post-natal depression but quickly realised that there were many members benefitting from the group ethos who were struggling with mental wellbeing issues such as bereavement, retirement, recovering from illness, unemployment, anxiety, stress, depression

and many more. We recognised that offering someone a helping hand to walk through the door and be supported to access exercise can be life changing”.

Fitmums & Friends is a charity affiliated to England Athletics and offers friendly, sociable and supportive running and walking clubs across Hull and East Yorkshire. Led by volunteers who are passionate about supporting communities to become more active, the club offers support to people of all abilities from complete beginners to people who are regularly active.

Nicola said: “It is so powerful to hear from people how life changing getting out and accessing exercise has been for them in their journey towards recovery. I am passionate about the fact that we all have mental health as well as physical health and positive mental health is not something we just have, it’s something you do – just like good physical health is. We are good at knowing what to do to maintain our physical health but we are less good at knowing what we should do to maintain positive mental health. The five ways to wellbeing (connect, learn, exercise, be mindful, give to others) are really easy to remember and we are getting better at talking about mental health in general – we need to keep supporting this message. That’s what supporting mental health through exercise is for me!”



For more information about the #RunandTalk campaign, please visit www.englandathletics.org/athletics-and-running/our-programmes/runandtalk

Trust nurse shortlisted for national award

Maggie Bean (right), Primary Care Matron for the Trust, was shortlisted as a finalist in the Community Nurse of the Year Award category of the 2018 General Practice Awards.



The prestigious national award celebrates the vital contribution practice community nurses make to primary care.

Trust first to use new digital service which links paramedics to shared patient care records



NHS Digital has launched a new service allowing emergency medical personnel to pull information from shared care records when called to a mental health patient in distress and the Trust is one of the first five NHS trusts in England to use the new National Record Locator Service (NRLS).

The service enables paramedics and mental health nurses to find out whether the patient they are treating has a mental health crisis plan, by a means of helping inform their treatment. Medical responders can then make an informed decision on whether the patient should be transported to a more appropriate care setting than A&E such as community-based care indicated in their crisis plan. It is hoped the service will improve the treatment of mental health patients by directing them to more appropriate care setting when possible. It is also anticipated to improve the safety of patients and staff and reduce duplicate costs within A&E departments and mental health services.

The next phase of development will see integration expanded to other Local Health and Care Record Exemplars ahead of an NHS-wide roll-out.

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Hull City Council Health and Wellbeing Overview and Scrutiny Commission welcomes the production of the Trust's 2018-19 Quality Account. In doing so the Commission notes the progress made against last year's priorities and supports the four priorities identified for 2019-20, with a view to strengthening service delivery and improving patient care.

East Riding Health and Wellbeing Overview and Scrutiny Commission

Unable to provide a response due to local elections.

Healthwatch East Riding of Yorkshire

Healthwatch welcomes these quality accounts by the Trust and acknowledge their priority to make sure service user involvement and patient voice is a big part developing and enhancing services. Healthwatch understands that using the information and experience of the people who have travelled through a patient pathway will only create a more transparent and positive culture. Healthwatch endorses the work of the trust and would like to say how please we are with current progress.

Healthwatch North Yorkshire

Humber Teaching NHS Foundation Trust has recently expanded delivery of services in North Yorkshire. It is welcome that they have made positive steps to engage with the community in Scarborough, Ryedale and Whitby and we have worked closely with them as they have looked to create new forums to increase public engagement. One area we would look to for improvements is on the performance monitoring of services within North Yorkshire. As a large predominantly mental health trust the data the board monitors appears to be almost entirely mental health related. It is difficult to get a sense of how services in North Yorkshire are being monitored and for the public to have oversight of this.

Scarborough and Ryedale CCG

Scarborough and Ryedale CCG is pleased to provide comments on Humber Teaching NHS Foundation Trust 2018-19 Quality Account.

Throughout the account there is clear evidence of partnership working via the Humber Coast and Vale STP and integration with health and social care partners. The culture of patient safety, learning from incidents and provision of high quality patient centred care is threaded throughout the report and the engagement of patients and carers is pleasing to see.

The commencement of the contracts for perinatal mental health and the adult community services within Scarborough and Ryedale are of particular significance to Scarborough and Ryedale CCG and the achievement of the successful transfer of patients and staff within this year is recognised. We look forward to further expansion of the community services contract in 2019-20 and the continuation of responsive partnership working.

The recognition of workforce challenges is valued and as part of the Trust's health and well-being agenda the introduction of #PROUD is demonstrating the Trust vision and values of supporting and developing its staff, which should assist with recruitment and retention.

The innovative developments to support different models of care and service delivery, within the constraints of resources are commended.

Scarborough and Ryedale CCG would like to commend the work of Humber Teaching NHS Foundation Trust in 2018-19. We can confirm that the CCG is satisfied with the accuracy of this Quality Account. The CCG look forward to working collaboratively with the Trust in 2019-20.

Hambleton Richmondshire and Whitby CCG

The CCG welcomes the opportunity to provide feedback on the Quality Accounts for Humber Teaching NHS Foundation Trust 2018-19. In so far as we are able to comment on the services commissioned HRW CCG feel this account is representative and provides a comprehensive overview.

And

From a data quality perspective:

- The numbers with completed NHS number/GP practice are very high
- Excellent results in the clinical coding audit

From a reporting and performance perspective:

- The reports provided for performance and narrative are very thorough and show good results against many of the national targets, although the DToC figures are increasing in 2018-19, and inappropriate out of area placements have shown a significant peak in December 2018.

Overall an in depth report with a lot of detail and information contained within it.

Hull CCG and East Riding CCG – Joint Response

NHS East Riding of Yorkshire Clinical Commissioning Group and NHS Hull Clinical Commissioning Group are pleased to be given the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2018-19. The Quality Account provides Commissioners with a useful overview of the progress that has been made by the trust and the challenges that the Trust has encountered during 2019/20.

The Commissioners are aware that the Trust underwent a Well Led inspection from the Care Quality Commission in February 2019 and hope that the results when they are published will continue to show the improvements that the Trust has made in its commitment to deliver high quality, safe patient care.

The Trust continued to be a strong advocate for research, development, learning and teaching in 2018-19. This has been reflected in the change of name of the trust. The Trust's continued drive to take on some innovative research programmes to improve patient outcomes. The commissioners welcome the way in which the trust has asked service users to become ambassadors of research so increasing the awareness to other service users of the potential of research and then increasing the number of volunteers on their programmes. By opening a new lecture theatre at Trust headquarters and continuing with its programme of annual research conferences the Trust continues to show its commitment to research.

Commissioners recognise that the Trust continues to face challenges within the Mental Health Response Service over the longer than expected call response times. This is despite increasing the number of staff available to answer enquiries. Both CCGs continue to support investment in additional beds in inpatient units and funding the continuation of the Crisis Pad Sanctuary in Hull this will help improve mental health urgent care services.

The Quality Accounts reflect the progress that has been made towards the quality priorities that were identified in 2018-19 by the Trust showing that many of the actions identified were achieved. We acknowledge that the Trust recognises that the priorities remained relevant and further actions could be taken to improve the quality of care for service users. Commissioners welcome the addition of the further priority that has been identified: which is to ensure that physical health screening is routinely undertaken across all secondary mental health services, which when combined with the other priorities

continues to show the commitment that the Trust is giving to continuously improving the quality of the services it provides.

Commissioners acknowledge the Trust's Service User and Carer Experience Strategy which puts service users at the heart of everything the Trust undertakes. The workshop "Building our Priorities" held in January 2019 with patients, service users, carers, third sector organisations, commissioners and staff demonstrated the value that the Trust places on staff, patients and partners enabling wider involvement to agree its Quality Account priorities for 2019-20.

Commissioners recognise the Trust's strong clinical audit programme, both nationally and locally and the actions taken to improve quality standards, patient outcomes, learning materials, training and development. The recent launch of the Quality Improvement (QI) Strategy is noted especially plans to recruit and train patients as part of the programme. We look forward to seeing the outcomes in the 2020-21 Quality Accounts.

Commissioners recognise the work that has been undertaken to improve the seven day follow up of patients who have been discharged from inpatient care.

Recruitment and retention is a challenge for the Trust in both medical and clinical roles reflecting the difficulties experienced by the NHS nationally. Commissioners note the work that is being undertaken to try and improve this. This includes the adoption of the new Nursing Associate roles; however we would have hoped to see a more detailed plan within the accounts to show how the Trust intends to manage this. Commissioners acknowledge the challenges for recruitment within the speech and language service and will support the trust at looking alternative models for service delivery.

The Trust has also demonstrated to Commissioners the Friends and Family Test (FFT) dashboard which provides live FFT data on the number of patients who would recommend the service to friends and family if they needed similar care and treatment. Commissioners note the dashboard is to be embedded into routine supervision and staff appraisal. Commissioners also welcome the success that the Trust has had being one of only three trusts in the country, with patient's experience being rated as "better than expected" in the NHS community mental health users survey. We also acknowledge the higher than average response rate for the Trust.

The CCG's welcome the re-opening of Maister Lodge (a unit for older people experiencing mental health problems) in the summer of 2018 following refurbishment.

The commissioners recognise the joint working that the Trust has participated in with the local Safeguarding Boards and the Safeguarding Teams within the Local Authorities. We recognise that the Trust has acknowledged some areas that required improvement within safeguarding

Commissioners welcome the decision by NHS England to commission a 13-bedded Child and Adolescent Mental Health (CAMHS) inpatient unit locally. This will mean that young people in the local area will be able to be treated closer to home thus improving their recovery journey as it allows them to be close to the vital support of their families and friends.

Hull Commissioners appreciate the challenges within the Autism service and will be working closely with the trust to ensure the service responds to the needs of service users and their carers.

The commissioners note the success that the Trust has had with national awards in 2018-19 with a number of staff being either nominated or winning national awards. We were pleased to see the announcement of the Trust being awarded Highly Commended in two categories "Changing Culture" and "Patient Safety Team of the Year" at the Health Service Journal Awards 2018.

Overall, the Quality Account is well presented and the information included in the report provides a balanced view of the Trust's performance. The report shows the success that the Trust has had this year and identifies where the actions that it needs to take to improve the quality of patient care further.

Finally, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber Teaching NHS Foundation Trust and that the data and information contained in the report is accurate.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of each CCG area in order to improve patient outcomes.



Jane Hawkard
Chief Officer
NHS East Riding of Yorkshire Clinical Commissioning Group



Emma Latimer
Chief Officer
NHS Hull Clinical Commissioning Group

Annex 2: Statement of Directors' Responsibilities for the Quality Report

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

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

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

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2018 to March 2019
 - papers relating to quality reported to the board over the period April 2018 to March 2019
 - feedback from commissioners dated 10 May 2019
 - feedback from governors dated 23 April 2019
 - feedback from local Healthwatch organisations dated 10 May 2019
 - feedback from overview and scrutiny committee dated 8 May 2019
 - summative data from the Trust's quarterly complaints report to provide annual data relating to complaints received within the Trust. The annual complaints report published under regulation of the Local Authority Social Services and NHS Complaints Regulations 2009 will be submitted to the September Board
 - the national patient survey 2018
 - the national staff survey 2018
 - the Head of Internal Audit's annual opinion of the trust's control environment dated April 2019
 - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

22 May 2019..........Chairman

22 May 2019..........Chief Executive

Annex 3: Independent auditors report to the Council of Governors of Humber Teaching NHS Foundation Trust on the Quality Account

Independent auditor's report to the council of governors of Humber Teaching NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Humber Teaching NHS Foundation Trust to perform an independent assurance engagement in respect of Humber Teaching NHS Foundation Trust's quality report for the year ended 31 March 2019 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Humber Teaching NHS Foundation Trust as a body, to assist the council of governors in reporting Humber Teaching NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and Humber Teaching NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral; and
- inappropriate out-of-area placements for adult mental health services.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in the Statement of Directors' Responsibilities for the Quality Account; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to March 2019;
- papers relating to quality reported to the board over the period April 2018 to March 2019;
- feedback from Commissioners, dated 10 May 2019;
- feedback from governors, dated 23 April 2019;
- feedback from local Healthwatch organisations, dated 10 May 2019;
- feedback from Overview and Scrutiny Committee, dated 08 May 2019;
- summative data from the Trust's quarterly complaints report to provide annual data relating to complaints received within the Trust. The annual complaints report published under regulation of the Local Authority Social Services and NHS Complaints Regulations 2009 will be submitted to the July Board
- the national patient survey 2018;
- the national staff survey 2018;
- Care Quality Commission inspection report, dated 14 May 2019; and
- the Head of Internal Audit's annual opinion over the trust's control environment, dated April 2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

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

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Humber Teaching NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in Statement of Directors' Responsibilities for the Quality Account; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP

Deloitte LLP
Newcastle
24 May 2019

Annex 4: Our Strategic Goals

Innovating quality and patient safety

We will:

- Deliver high-quality, responsive care by strengthening our patient safety culture;
- Demonstrate that we listen, respond and learn;
- Achieve excellent clinical practice and services;
- Capitalise on our research and development;
- Exceed CQC and other regulatory requirements.

We will demonstrate we have achieved our goal by:

- An 'outstanding' CQC rating;
- Timely access to safe services delivered by excellent clinical staff;
- National recognition for best practice through specialist research and benchmarking.

Enhancing prevention, wellbeing and recovery

We will:

- Ensure patients, carers and families play a key role in the planning and delivery of our services;
- Empower people to work with us so they can manage their own health and social care needs;
- Deliver responsive care that improves health and reduces health inequalities;
- Develop an ambitious prevention and recovery strategy.

We will demonstrate we have achieved our goal by:

- Pioneering innovation that promotes access, patient/carers engagement, empowerment, self-management and peer support;
- A zero suicide death rate in our inpatient services;
- A jointly managed transformation of services based on people's needs;
- Nationally recognised leadership demonstrated across all health and social care pathways.

Fostering integration, partnership and alliances

We will:

- Be a leader in delivering Sustainability and Transformation Partnership plans;
- Foster innovation to develop new health and social care service delivery models;
- Strive to maximise our research-based approach through education and teaching initiatives;
- Build trusted alliances with voluntary, statutory/non-statutory agencies and the private sector.

We will demonstrate we have achieved our goal by:

- System-wide solutions to long-term problems with our partners;
- Recognition of the Trust as a world-class specialist education and teaching provider;
- Joint ventures that enhance our ability to deliver excellent services.

Developing an effective and empowered workforce

We will:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

We will demonstrate we have achieved our goal by:

- Teams built around their members and which deliver services tailored to individual needs;
- Staff who are nationally recognised as excellent leaders;
- Motivated staff influencing decision-making and delivering change.

Maximising an efficient and sustainable organisation

We will:

- Be a flexible organisation that responds positively to business opportunities;
- Be a leading provider of integrated services;
- Exceed requirements set by NHS Improvement regarding financial sustainability;
- Build state-of-the-art care facilities.

We will demonstrate we have achieved our goal by:

- Business growth that exceeds £30 million;
- A physically and financially efficient business built on sound integrated models of care.

Promoting people, communities and social values

We will:

- Apply the principles outlined in the Social Value Act (2013);
- Ensure our human resource priorities and services have a measurable social impact;
- Improve recruitment and apprenticeship schemes and promote career opportunities;
- 'Make every contact count' via an integrated approach designed to make communities healthier.

We will demonstrate we have achieved our goal by:

- A robust social values policy implemented across the organisation;
- Social impact measures as core performance measures for all services;
- A clear demonstration of the social impact return on investment for apprenticeship schemes;
- Reduced demand for services.

Annex 5: Glossary and Further Information

136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety
BIA – Best Interests Assessor	Best Interests Assessors are responsible for ascertaining that the person is 18 or older. They are solely responsible for assessing whether there are any lawful decision-makers who object to what is proposed. If qualified also as Approved Mental Health Professionals, they are able to carry out an eligibility assessment, to decide whether a person's rights should be protected by the use of the MHA or the MCA, via the Safeguards.
BMI – Body Mass Index	A measure of body fat based on height and weight.
C. Diff – <i>Clostridium difficile</i>	A type of bacterial infection affecting the digestive system.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient's care and can be personalised and standardised.
CCG – Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
CROMS – Clinical Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the clinical perspective.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
<i>E. coli</i> – <i>Escherichia coli</i>	<i>Escherichia coli</i> (abbreviated as <i>E. coli</i>) are bacteria found in the environment, foods, and intestines of people and animals. <i>E. coli</i> are a

	large and diverse group of bacteria.
EDGE	Clinical Research Management System
FACE – Functional Analysis of Care Environments	The FACE risk profile is part of the toolkits for calculating risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.
Lorenzo	An electronic health record for patient records.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Midweek Mail	A communication email sent weekly to Humber Teaching NHS Foundation Trust.
MRSA – Methicillin-resistant <i>Staphylococcus aureus</i>	A bacterial infection, resistant to a number of antibiotics.
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments,

	devices and procedures, involving patients and the public in all our work.
NPSA – National Patient Safety Agency	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
PALS – Patient Advice and Liaison Service	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
Perfect Ward	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
QOF – Quality Outcome Framework	Part of the General Medical Services contract for general practices and was introduced on 1 st April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
SEA – Significant Event Analysis	A qualitative method of clinical audit which highlights and reviews events in a non-threatening meaningful way; involving a range of people to review the issues, to gain a collective understanding of what happened, why it happened and identify areas for learning and or areas for change or improvement to reduce the likelihood or prevent recurrence.
SitRep – Situation Report	A report on the current situation to inform of any issues within services at that time.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.
STP – Sustainability and Transformation Partnerships	The purpose of Sustainability and Transformation Partnerships is to help ensure health and social care services in England are built around the needs of local populations.
SystemOne	An electronic health record for patient records.