



Humber Teaching
NHS Foundation Trust

Quality Account

Humber Teaching NHS Foundation Trust

2021/22



**Caring, Learning
& Growing Together**

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If you require any further information about the Quality Account, please contact the Trust Communications Team via email hnf-tr.communications@nhs.net



Part One: Welcome 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 completed together throughout 2021/22 together with some of the challenges we face.

This document is divided into three sections:

Part One: Provides an overview of Humber Teaching NHS Foundation Trust and a welcome from our Chief Executive, Michele Moran.

This section then includes a patient story and concludes by sharing with you a celebration of our successes over 2021/22.

Part Two: Outlines the progress we have made during 2021/22, in relation to the quality priorities set in our last Quality Account. We also share the priorities we have set for the coming year (2022/23), which have been agreed with our patients, carers, staff, and stakeholders.

This section then goes on to share our performance against several mandatory performance indicators identified by NHS Improvement.

Part Three: Includes a report on key national indicators from the Single Oversight Framework (SOF) and shares performance, in relation to other indicators monitored by the Board.

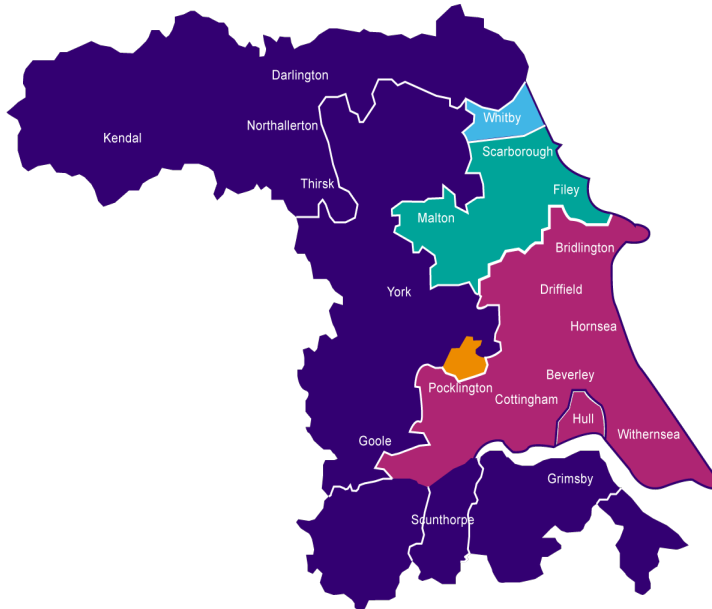
We also share with you the comments we received in relation to the Quality Account from our Commissioners and other key stakeholders. This section concludes with a glossary of terms used within the document.

The purpose of Quality Accounts is to enable:

- Patients and 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

About the Trust

We are a leading provider of integrated health care services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. Our wide range of health and social care services are delivered to a population of 765,000 people of all ages across an area of over 4,700 square kilometres.



We employ approximately 2,800 staff working across 79 sites within our five geographical areas.

Our staff provide community and therapy services, primary care services, community and inpatient mental health, CAMHS and learning disability services. They also deliver healthy lifestyle support and addictions services.

We also provide Peri natal mental health services and 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. Inspire, our Children and Adolescent Mental Health inpatient unit serves the young people of Hull, East Yorkshire and North-East Lincolnshire.

We have a dedicated Research and Development team who work to ensure our involvement in both national and global medical research, which, in turn, improves the health and wellbeing of the people we serve, our services and helps improve the care and treatment of people worldwide.

We also have just over 15,000 Trust members which is comprised of public and staff members who we encourage to get involved, have their say, and elect governors. The views of Trust members are represented by our Council of Governors. We have 25 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.

Over 120 dedicated volunteers working across our services give their time and skills freely to support us and our patients and services user. They work alongside our staff to provide practical support to our patients, their families and carers and make a huge difference to our patients' experience.

As a teaching Trust, we work closely with our major academic partners, Hull York Medical School and The University of Hull and Coventry University, nurturing a workforce of tomorrow's doctors, nurses and allied health professionals.

Our Values

Caring for people while ensuring they are always at the heart of everything we do.

Learning and using proven research as a basis for delivering safe, effective, integrated care.

Growing our reputation as a provider of high-quality services and being a great place to work.

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 valued partner.

Our Strategic Goals



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

1.1 Chief Executive's Statement

It gives me great pleasure to introduce our annual Quality Account, sharing with you our achievements and celebrations over the past year, as well as the challenges and the areas we have identified to support our continued improvement journey.

It has been another proud year for the Trust as we continue to face the challenges presented to NHS services by the Covid-19 pandemic. Despite ongoing regulations and changes to services, our teams have continued to inspire us in the ways they have stepped up with great resilience, consistently delivering the high-quality patient care that we pride ourselves on.

While we are incredibly proud of this year's achievements, we continue on our journey to be recognised as a Trust that continuously works to improve and deliver outstanding services to the communities we serve.

At the beginning of the year, in March 2021, a feeling of relief flooded through our workforce as we were nearing our second Covid-19 jabs and were almost fully vaccinated. This was a proud moment, as we escalated our very own vaccination programme at pace, at our Trust Headquarters in Willerby.

Shortly thereafter, our vaccination site became a Hospital Hub, meaning that it could be utilised by Harthill PCN, to help protect healthcare workers across the region and roll out to the communities we serve. We are immensely proud to say that, as of April 2022, we have delivered over 50,000 vaccinations at our site, including for those aged 12 – 15 years of age. This achievement would not have been possible without our brilliant vaccinators, pharmacy team, volunteers and management staff.

Throughout the journey of Covid-19, we are immensely proud of our achievements, not only with regards to vaccinations, but also in our overall clinical response. Putting patient and staff safety at the heart of all the decisions made, and continuing all service delivery against unimaginable odds, albeit in new ways that presented a learning curve for us all.

When it comes to staff, our health and wellbeing initiatives have gone from strength to strength throughout the past year. Ensuring every member of our workforce has felt valued was of utmost importance. It was vital that we made a difference to how they felt, as they came into work each day and provided care to our service users, their families and carers during trying times.

I am of the belief that our staff are our greatest asset, which is why not only their health and safety is important to the Trust, but equally their mental health and wellbeing. As a direct response to the events of the past years, we have enhanced our staff offering, including extending access to the Shiny Mind app, increasing emotional support services, all of which are outlined on our Health and Wellbeing Hub, which keeps staff up to date in an easily accessible way on our intranet.

Despite the challenges Covid-19 has continued to present to our services, we are proud to have consistently made developments and improvements, which are highlighted in this report.

Recruitment and retention of professionally registered staff, particularly Nurses, Psychiatrists and General Practitioners, remains an area of challenge for the Trust which mirrors the national picture. As part of our recruitment efforts, we continued to strengthen our Humbelievable recruitment campaign, which aims to show our local communities why our Trust is a great place to work, and also targets those living further afield, to shine a light on our unique geographical patch, advertising key staff benefits, such as staff discounts and relocation packages. 2021 saw us welcoming our first international nurses who are proving to be a real asset to our nursing workforce. The latest campaign within recruitment has been our New Year, New Job initiative, which attracted more than 400,000 interactions on social media and received compliments from those coming to interview.

In May 2021, we were proud to launch our Whitby Hospital Appeal fundraising campaign, led by our Trust charity, Health Stars. As part of this campaign, we set the goal to fundraise to 'add the extra sparkle' to the new community hospital, including for project developments such as the dementia friendly garden on site.

As we moved into the summer months, we saw our popular Health Trainers Fisherman project extended to Scarborough, following a successful pilot on the Holderness Coast. This project is a service for fishermen and their families to access health and wellbeing support from our Your Health Lifestyle and Prevention Team.

We were proud to receive a lot of attention at annual healthcare awards shows around this time, including two Health and Care Award wins, two Design in Mental Health Award wins, a HPMA Excellence in People award, a Royal Society for Public Health Award shortlist, and one HSJ Patient Safety Award from four that were shortlisted.

In September 2021, I was delighted to welcome our new Trust Chair, Caroline Flint, to the Trust Board for an initial term of office of three years, succeeding former Chair, Sharon Mays, who left the Trust following two successful terms of office.

During the course of the year, a well-led review of Governance was undertaken as required in NHS Improvement guidance 'development reviews of leadership and governance using the well-led framework'. The review commenced in November 2021, with the draft report received in April 2022. I was pleased to find the review findings were very positive and demonstrated strong improvements since the previous 2017 external review.

As we moved later in the year, we were proud to formally open the new Whitby Tower Block, which includes a new Urgent Treatment Centre, our Memorial Ward and much more. This milestone is a fantastic investment in our communities as the refurbishment brings the local hospital into the new age, with modern equipment and facilities which will be fit for purpose for years to come.

We also celebrated the launch of the Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative, a partnership between a range of NHS, Independent Sector and Social Enterprise care providers, with our Trust taking the role as Lead Provider for commissioning services.

In April 2022, we received our Staff Survey data. More people than ever within our organisation came forward to tell us what they like about working for our Trust, and where we can improve. This year, 75% of colleagues told us that the people they work with show appreciation towards one another, 80% stated that they feel secure raising concerns when necessary, and 58% said they feel the Trust is committed to helping them balance work and home life.

This Quality Account showcases examples of quality improvements achieved across all our divisions and services throughout 2021/22.

I continue to be astounded by the resilience and commitment our staff show every day, and it is not lost on me that everything we have achieved in the last year is as a direct result of their efforts. Our dedication to providing high quality care across the region remains strong and I am proud to take this opportunity to send a thank you to every member of our teams. You really are Humbelievable. Thank you for all that you continue to do for our Trust.

As we move ahead into the next financial year, I look forward to exploring how we can continue to challenge ourselves, to improve and evolve over time in line with our values and strategy. I have no doubt that our workforce will continue to excel, providing high standards of care to the communities we serve and truly making a difference to people's lives.

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



Michele Moran
Chief Executive
Humber Teaching NHS Foundation Trust

1.2 Patient Story

In this section, we are honoured to share with you a patient story from Hayley about her experience with our services. The story expresses how Hayley feels that her daughter saved her life.

If Hayley had not been pregnant, she would not have accessed the support she received from the Trust's Perinatal Mental Health Services. Hayley was signposted to the service by her midwife. Four years following her initial referral and treatment from the Trust's Specialist Psychotherapy Services also, Hayley now feels that she is living the life she always wanted to live.

We feel privileged to hear Hayley's story and the positive impact our services have made.

Learning about Hayley's story complemented our efforts on [World Patient Safety Day 2021](#), celebrated every year on 17th September, as the annual theme was 'safe maternal and new born care' and the campaign was therefore developed with our perinatal mental health services in mind.

Please note: the patient story has been added exactly as written and consented by the service user.

Hayley's Story

Moving On

I'm Hayley and I'm going to share with you a little bit about my experience of mental health problems and the support I have received.

I have experienced mental health problems from around the age of 12 or 13. I grew up in an old caravan, which probably at one time was a lovely holiday home, but when I was growing up in the 80's and 90's it was a rotten wooden caravan with drips and holes everywhere. At times there were mushrooms growing all over the bathroom, wet floors, mould and it was absolutely freezing cold.

As well as my environment not being very good, I didn't feel loved. Even though we all lived together, I felt very much on my own and I hardly ever spoke to my parents. There were lots of arguments and I didn't want to add to them so I learned not to ask for help and to be self-sufficient.

I used to wish that someone would adopt me or that I was adopted and that I would eventually find my real parents. I grieved for my parents my whole life, even though they were there I've never had the relationship I wanted with them. I became more and more anxious and unsure of myself as I got older. I didn't have what I needed emotionally or physically to grow into a secure, fully functioning adult and my perception of my self was affected. In my adult relationships I still struggle

to believe that people like me, or care about me, I tend to think that everybody thinks I'm useless and I overcompensate for that through people pleasing.

It was after my first child that my mental health got worse. At that time, I didn't know anything about mental health or have any language to describe my experiences. I found it difficult to understand what was wrong with me and put it into words to get help. I knew I had obsessions and it was sometimes hard to do day to day things because my mind was too busy thinking about those. I also had health anxiety, every time I heard anything about symptoms of an illness, I thought I had it. My moods were up and down, I was either on top of the world or feeling like I couldn't get up out of bed. I would cry for hours and it was hard to stand up. It wasn't just feeling happy or sad, I would also feel a sense of high self-esteem, like I could do amazing things. Then my mood would change and I had no self-esteem at all and I had a life that all of a sudden didn't match the shy useless person I had become – managing that was difficult.

Looking back, I desperately needed help. When I did go to the GP, I didn't feel that they understood what I was going through. Because I looked OK, I don't think they realised the extent of my problems. Because I saw a different doctor each time, they didn't pick up on the number of appointments I was having.

I was referred scans and x-rays and I believed I had MS, brain tumours, Lupus and went to A&E thinking I was having a heart attack. I couldn't stop talking and worrying about symptoms. I was experiencing lots of physical symptoms from the anxiety and then confusing these with other illnesses. I was lucky as I met somebody who saw past my problems and really cared about me. We went back to the doctors together and the first service I accessed was CBT for health anxiety through what was the Emotional Wellbeing Service. The service helped me to correct my thinking patterns around illness and symptoms and gave me an understanding and language around mental health which was helpful.

I married my now husband and we were blessed with our youngest daughter – I say that because I do feel that she has saved my life. During my pregnancy I struggled with my children and mine and their mental health, we as a family had really hit crisis point. I still did my absolute best I could as a mum, but I would drop the children at school and then would lie on the sofa all day staring into nothingness, drowning in my own loneliness. I convinced myself that it would be best for everyone if I wasn't around anymore, I had started to behave in ways that demonstrated the emotional pain I was in and I think this was really my cry for help.

I had a routine appointment with the midwife and there was a section in the green booklet about mental health and just one simple question was what started the ball rolling and I was referred to the Perinatal Mental Health Service. The nurse saw me every week or two weeks and she was the biggest support. Claire was there on the end of the phone when I needed her, she understood what I was going through and she genuinely did care. Sometimes I could feel at crisis point and just speaking to somebody who understood what I was going through and could give a piece of their time without being angry or too busy was enough to keep me going. I lived for those appointments.

After an appointment with a Psychiatrist, I was referred to the Specialist Psychotherapy Service. This service is life changing. I am so thankful, and I feel incredibly lucky to have received support through this service. They validated who I am and provided regular support over a long period of time. After weekly appointments and with the help of my therapist, I feel that I am now seeing the person that I was supposed to be. I am learning to accept and manage my feelings, even positive feelings of happiness, love and success which can feel uncomfortable and hard to bear when depression has been the normal and comfortable place for so long.

Early in my therapy, I shared my story to support developments within the Perinatal service – which then led to paid work on a Perinatal Engagement Project two days per week. A year on I became a Patient and Carer Experience Co-ordinator. I have set up a staff lived experience group to support other staff who have lived experience to get involved in the co-production of our services

and to provide each other with peer support. It is the lived experience that I have which gives me the drive to improve patient experience.

I am still under the Specialist Psychotherapy Service and there are times when I still struggle but I've come a long way. For me, moving on means accepting that my mental health is probably always something that I will have to battle with but thankfully because of the help I've had, 99% of that time I'm winning the fight.

Patient and Carer Experience

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

We aim to involve patients, carers and the public in everything from what services we provide to how they are delivered and how we can improve them in the future. We provide opportunities for patients, carers and families to share their experiences and tell their stories.

You can find out more about our Patient and Carer Experience team and the work that they do and how you can get involved, [here](#).

Our Development and Success Highlights for 2021-2022

2021	
April	<ul style="list-style-type: none"> ✓ Jo Kent, Suicide Prevention Lead for the Trust, awarded High Sheriff Award for work in Suicide Prevention. This is a special thank you to those who go above and beyond in the local community.
May	<ul style="list-style-type: none"> ✓ Dietetics team host first virtual Milk Ladder sessions, for parents whose child has a cow's milk protein allergy. Allowing parents to discuss concerns and learn more about their baby's feeding during the pandemic, when access to other services may still have been limited. ✓ Whitby Hospital Appeal fundraising campaign launched to fund extra sparkle at the local hospital, including a dementia friendly garden.
June	<ul style="list-style-type: none"> ✓ The Health Trainers Fisherman project is extended to Scarborough, following a successful pilot on the Holderness Coast, from Bridlington to Withernsea. The project is a service for fishermen and their families to seek health and wellbeing support from the Your Health Lifestyle and Prevention team. ✓ New Associate Non-Executive Director, Mr Hanif Malik OBE, appointed to the Trust Board. ✓ New podcast series 'Kooth's Booths' explores the connection between sexuality, gender identity and mental health with young people in Hull, to support and empower local LGBTQ+ communities. ✓ Trust wins two Health and Care Awards. The Health Improvement Award for the Smoking in Pregnancy project, led by our Your Health service, and the Volunteer of the Year award, for our volunteer Soraya Hutchinson.
July	<ul style="list-style-type: none"> ✓ Trust celebrates NHS 73rd Birthday by sending a small token of thanks to all our Humblebelievable staff members. We also encouraged services to 'wear blue to say thank you' and supported the NHS Big Tea fundraising campaign. ✓ Whitby Hospital Project Group invites artists to apply for unique community opportunity, to create high quality, innovative and thought-provoking public art pieces for inclusion in the new build. ✓ Trust wins an HSJ Patient Safety Award from four shortlisted across our teams, including Sensory Processing, Pharmacy, Learning Disabilities and Addictions services. ✓ GP Connect launched to enhance the information clinical and care staff can access regarding service users, using connectivity generated by the Yorkshire and Humber Care Record. ✓ New 'front door' for mental health support in Hull and the East Riding launched, in collaboration with charity Hull and East Yorkshire Mind. ✓ Chief Information Officer, Lee Rickles, becomes a Fellow of BCS, in recognition of his leadership within digital health. ✓ Whitby Hospital Minor Injuries Unit changes to an Urgent Treatment Centre, to allow for the treatment of minor illnesses. ✓ Inspire inpatient service is nominated for 3 Design in Mental Health Awards and goes on to win two of these.
August	<ul style="list-style-type: none"> ✓ Trust collaborates with Wyke Sixth Form College in Hull, to launch T Level in Health. This allows students to access vital work experience in healthcare settings, as part of their further education course. ✓ Your Health Prevention and Lifestyle service shortlisted for the Royal Society for Public Health's Health and Wellbeing Award.

September

- ✓ New Chair, Caroline Flint, appointed to Trust Board.
- ✓ Trust Annual Members' Meeting occurs virtually for the second time, making the event more accessible to the public during the pandemic.
- ✓ Practice Education Team shortlisted for Student Nursing Times Award for Student Placement of the Year.
- ✓ Trust secures funding to help tackle climate change, from the Department of Business, Energy and Industrial Strategy (BEIS) as part of phase 2 of the Public Sector Decarbonisation Scheme.

October

- ✓ Humber Recovery and Wellbeing College launches campaign to encourage more NHS staff to register for free on the platform, to support them and empower them to seek support and learn new skills.
- ✓ Celebrating the launch of the Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative.
- ✓ NHS mental health job coaches help thousands find work during the pandemic, thanks to the NHS Long Term Plan.
- ✓ The Trust marks 10 years of supporting East Riding residents to go Smokefree with our Your Health service.
- ✓ Trust wins HPMA Excellence in People Award in HR Analytics, as a result of our Workforce Scorecard and Insight Report Approach.
- ✓ Whitby Tower Block renovation completes and opens to the public with a celebratory ribbon cutting occasion.

November

- ✓ Humber, Coast and Vale health and care partners unite to further support vulnerable children and young people with their emotional wellbeing, with the Youth Justice Framework for Integrated Care.
- ✓ 5th Annual Research Conference takes place with a blended approach of both virtual and in person attendance, with speakers joining from across the UK.
- ✓ Inspire inpatient service wins Building Better Healthcare Award.
- ✓ Trust chosen as one of three nationally to pilot NHSX Digital Programme for mental health services.
- ✓ Whitby Hospital Appeal's Buy a Brick fundraising campaign launches to the public, allowing individuals to have their own piece of the new hospital.
- ✓ Trust launches Health Trainer service for NHS staff and volunteers, giving people the opportunity to seek guidance and support to improve their overall health and wellbeing.

December

- ✓ Hull Mental Health Support Teams gain recognition at Hull Golden Apple Awards for its work to provide support to children, young people, parents and education staff in local schools and colleges.
- ✓ Trust launches 'New Year, New Job' recruitment campaign to encourage those looking for a new opportunity to consider a role in the NHS.

2022

January

- ✓ Free online mental health and emotional wellbeing support service re-launched to support people across the Humber, Coast and Vale region. Free to access for all residents over 18, including NHS staff.
- ✓ Hull and East Yorkshire Mind shortlisted for HSJ Partnership Award for work with local NHS services.
- ✓ SMASH team launch Trees4Life Project, which helps local schools plant 100s of new trees on their sites. Engaging with young people to support their mental health in nature initiatives.
- ✓ Medical Education Team receives outstanding feedback from Health Education England around postgraduate medical training provision.

February

- ✓ Trust launches Time to Talk Day campaign, to encourage both NHS staff and the general public to speak up and seek support for their mental health and wellbeing.
- ✓ East Yorkshire Breastfeeding Promotion Initiative launches new support webpage and logo alongside the Breastfeeding Bridlington project, to promote positive messages about breastfeeding in public.
- ✓ Trust welcomes new Non-Executive Director, Mr Stuart McKinnon-Evans.
- ✓ Trust invites public engagement in the development of their new Trust Strategy to ensure positive co-production in the local region.
- ✓ Medical Education Team receives outstanding feedback from partner Hull York Medical School and medical students on placement at the Trust.

March

- ✓ Patient and Carer Experience team launches training programme in partnership with the Humber Recovery and Wellbeing College to show people the different opportunities in the NHS.
- ✓ Trust begins Non-Executive Director recruitment campaign for 2022.
- ✓ Trust launches Safer Sleep Week campaign in partnership with local services across Hull and the East Riding, to reduce risk of SIDS.
- ✓ Social Work Week celebrated by introducing the public to our Humbelievable social workers across a variety of mental health services.

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 2022/23 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' from [NHSI](#).

In this section, we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2020/21 Quality Account.

Our Approach to Quality Improvement and Quality Governance

Quality Improvement

Our Executive Lead for Quality Improvement (QI) is the Medical Director.



Our QI approach is based on the principle that our staff, patients and carers are best placed to identify and undertake continuous small change activities to improve the quality of care and outcomes for our patients. The Model for Improvement is our preferred methodology as it offers a systematic approach based on iterative change, continuous testing and measurement, and the empowerment of frontline teams.

Co-production with our patients and carers is central to our approach and, to achieve this, the QI Team works closely with representatives from our patients and carer groups, the Patient Experience team, and the Patient Safety teams. In 2021, our co-produced Quality Improvement Strategy was approved by the Trust Board and includes our QI Purpose, which was created with our patients and carers, and outlines our priorities for 2021-2026. The QI Charter includes a question to further prompt the inclusion of patients and carers as part of the delivery of QI projects.

We continue to recognise that developing a culture of continuous Quality Improvement takes time, effort and persistence. To support the development of a culture of continuous QI, we are investing in the QI capability of our staff and volunteers. In response to the Covid-19 pandemic, we reviewed and re-launched our four tier Quality Improvement training programme, which enabled the provision of training to be delivered via e-learning or within a virtual classroom. We will recommence some face-to-face delivery during 2022-23.



Despite the continuing impact of the Covid-19 pandemic, during the year of April 2021 to March 2022, over two hundred training places were provided to staff.

Each Clinical Division within the organisation produces a Quality Improvement Plan (QIP) annually and the delivery of these is overseen by the Quality Committee.

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 six times per year, and its purpose is to:

- Oversee and support quality improvement to support the journey of the Trust 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 research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks

Each clinical division has established Quality Governance arrangements to address the key elements of quality and safety. These are outlined in divisional Standard Operating Procedures (SOPs). Divisional Clinical Networks report directly to the corporate Quality and Patient Safety (QPAS) group which in turn reports to the Quality Committee. Each clinical division is required to provide assurance to the Quality Committee against its quality improvement plans.

To support our quality agenda further, the Council of Governors sub-group, the Workforce, Quality and Mental Health Legislation group has brought an increased understanding of the connections between quality and workforce. This group has extended invitations to the Governance team to facilitate comprehensive discussions, which has allowed the group to influence the quality improvement work of the organisation. The group reviews the Board Assurance Reports for Finance, Audit and Quality, providing feedback where appropriate to the Council of Governors and the management team of the Trust.

The Trust has embedded a range of Quality Improvement approaches to support effective Quality Governance. These are as follows:

- My Assurance – an iPad-enabled tool that clinicians use to audit their practice and care environment. Results are immediate, ensuring any improvements required can be actioned instantly.
- Team Level DATIX Dashboards – enable teams to review patient safety incidents in 'real time'.
- Electronic Risk Registers – ensures teams capture, manage and escalate risks appropriately.
- Staff Training and Development Opportunities – an in-house skills laboratory with support from our Learning Centre.
- Quality Improvement Skills Development – skill sharing, and development sessions delivered by our QI Lead.
- Leadership and Organisational Learning – group events and regular newsletter to keep people connected.
- Health Assure – to support the dissemination of evidence-based practice, the delivery of clinical audits, management of policies and patient safety alerts.

In addition to this, we have a range of approaches to gather patient, service user and carer real-time feedback and engagement, use an electronic platform for clinical audits, and have Clinical Audit interaction sessions planned for June 2022.

Looking Back: Review of the Quality Priorities in 2021/22

At the meeting in November 2021, the Quality Committee reviewed progress against the Board-approved Quality Priorities identified in the 2020/21 Quality Account.

The priorities were developed in collaboration with a range of stakeholders. The Trust Board approved the Quality Committee proposal that, due to the transformational nature of the priorities and with progress being impacted upon due to the pandemic, the priorities would be kept the same for the 2021/22 financial year but with an added 'stretch'.

The delivery of the four quality priorities agreed in the 2021/22 Quality Accounts have progressed extremely well across all four priorities and positive impacts are already being achieved.

These workstream are now well established and it is anticipated, due to the transitional aspects of the four priorities, further progression and improvements will continue as processes embed into routine practice resulting in continued positive quality improvement.

Priority	Strategic Goal
<p>Priority 1</p> <p>To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p> <p> Fostering integration, partnerships, and alliances</p>
<p>Priority 2</p> <p>Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p>
<p>Priority 3</p> <p>Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p> <p> Maximizing an efficient and sustainable organisation</p>

<p>Priority 4</p> <p>Ensure teams have access to patient safety data and we can demonstrate improvements based on the data</p>	 Innovating quality and patient safety  Developing an effective and empowered workforce  Maximizing an efficient and sustainable organisation
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Priority One: To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process

Why this was important

The involvement of patients, service users and carers in the recruitment and selection process benefits both patients and the Trust; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high-quality services. Whilst qualifications, experiences, knowledge, and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

What we said we would do in 2020/21

We said we would...

- Ensure staff are familiar with the framework for involving patients, service users and carers in the recruitment process and the case for change
- Actively recruit patients, service users and carers to join a recruitment network
- Develop a co-produced training package for patients, service users, carers and staff to support them through the process
- Deliver the training package through a variety of different mediums e.g., online training presentation, virtual training sessions, face to face training sessions and using the Recovery College platform wherever possible
- Commence a roll-out of said support across service areas

What we did

The Panel Volunteer training module has been completed and is currently being uploaded to the Patient and Carer Experience Training Programme on the Recovery College platform. To align with the launch of the Patient and Carer Experience Training Programme, the Trust will begin to go out to recruitment to build a Panel Volunteer network. This will be phase one and will include existing patients, service users and carers who already participate in the recruitment process, as well as new individuals who are or have either received services or care for somebody in receipt of our services. An information leaflet has been developed to provide Panel Volunteers with information on how and where they can get involved in recruitment this will support a robust consent process.

The Panel Volunteer initiative launched on 1 March 2022, meaning all staff can access the Panel Volunteer database on the Trust intranet, including contact details of Panel Volunteers and their preferred services to participate in the recruitment process.

The Patient and Carer Experience Training Programme also launched on the 1 March 2022 and is where the Panel Volunteer training is one of eight modules available to complete on the Recovery College Platform. A robust governance process has been developed, including a library of resources and information available on the Trust intranet to support staff with the Panel Volunteer process including a variety of forms and templates. Regular communications will continue to all staff over the forthcoming weeks to encourage them to invite Panel Volunteers to support the interview process, together with regular communications to patients, service users and carers marketing the Panel Volunteer opportunity.

Priority Two: Each division will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps

Why this was important

The National Institute for Health and Care Excellence (NICE) issues a range of guidance and standards on current best practice related to health technologies, clinical management of specific conditions and the safety and efficacy of interventions and procedures for a wide range of health issues. Where these are relevant to services and care delivered by our Trust, it is imperative that we understand if we are meeting the recommended standards and where we have gaps in compliance, we are taking measures to ensure that we are taking action to improve our compliance and the safety and effectiveness of the care we provide.

What we said we would do in 2020/21

We said we would

- Each division will review and report the applicability and compliance of published NICE guidance using HealthAssure
- Each division will review progress via re audit for the identified prioritised NICE guidance/ Quality Standards
- Each division will update local action plans to address the gaps in compliance and report progress/exceptions via Audit and Effectiveness Group and Quality and Patient Safety Group

What we did

Work has been undertaken with Health Assure to refine reporting and allow us to provide reports at both organisation and divisional levels, showing the position against published guidance in terms of applicability and levels of compliance.

The applicability reviews are now undertaken centrally by the Clinical Audit team, with relevant guidance shared with the Clinical Networks Group for review, along with a compliance review form.

Guidance deemed as applicable, which is not allocated for a baseline assessment by the networks, is added to the unallocated tab. Each network is asked to complete a compliance review form to enable them to assess the guidance, in terms of risk and clinical priority. All clinical networks have adopted this new process, except for primary care, who are currently not reviewing the compliance review forms.

The NICE Implementation Policy (N-026) acknowledged the primary care network does not have capacity to undertake baseline assessments on the majority of its applicable guidance. The primary care clinical network group will ensure applicable guidance is disseminated to relevant clinicians. This will be tagged on HealthAssure as 'Applicable shared for information'.

An additional Clinical Audit Facilitator commenced in post in January 2022, specifically to support the four divisions with assessing applicability and compliance with new and updated NICE guidance. The additional Clinical Audit Facilitator has made links with the regional NICE representative and is to present a proposal, outlining how the divisions will be supported in the coming financial year.

The compliance review forms commenced in April 2021, which enables the division to identify their potential priorities and gaps.

Our Clinical Audit team is working closely with each division to review any NICE publications using the form in Clinical Network Groups, that is then recorded in the minutes and in MyAssurance. The network will assess if this is a priority area to review and whether they will conduct a full baseline assessment.

All Clinical Network Groups discuss and review the NICE Compliance Review Forms at their Clinical Network group meetings and the Clinical audit Facilitator updates HealthAssure during the meetings where baseline assessments have been completed.

The compliance review form works on a traffic light system. The Clinical Audit Facilitator is working with the software supplier Allocate, to enable this information to be included on the NICE report to show what is deemed high, med, low priority/risk to each service area.

Local action plans are reviewed and updated to address the gaps in compliance. Progress and exception reporting is then discussed on the NICE Guidance six monthly and annual report reporting, through the Audit & Effectiveness Group and Quality and Patient Safety Group.

Priority Three: Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency.

Why this was important

We have skilled staff delivering a range of clinical interventions across a variety of services. This includes the effective delegation of some clinical tasks to unregistered staff and specialised areas of practice, that require specific skills and competencies.

It is vital that we train our staff and ensure they are competent to deliver these clinical interventions effectively and safely. This can be done in several ways including written instruction, demonstration, simulation, observed and supervised practice. Once an individual is competent in a particular clinical skill, it's important to ensure that this is reviewed regularly and that they remain competent, especially where the skill may not be used frequently or if best evidence is evolving.

What we said we would do in 2020/21

We said we would

- Confirm existing skills that are being utilised across the services at a team and practitioner level
- Confirm new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills
- Publish an inventory of skills with baseline training and assessment requirements, frequency, and ongoing means of reviewing and refreshing competency
- Benchmark teams and practitioners in terms of compliance with required competencies and develop local action plans to address any gaps

What we did

A clinical skills directory has been developed which is published on the staff intranet. This is a database of clinical skills, which training is available, how they are delivered, assessed and if there are competencies available.

Areas for development have been identified and prioritised for both core and role specific areas. The core competencies are now available to record on ESR. All pilot sites have completed this and are able to monitor compliance.

Ongoing compliance will be monitored through ESR reports sent monthly to Managers, and a report is currently being developed to run alongside Level 3 Performance Reports, which will capture the competency compliance data. This is expected to be implemented in April 2022.

Priority Four: Ensure teams have access to patient safety data and we can demonstrate improvements based on the data

Why this was important

In order to continuously improve the quality and safety of the care we deliver; it is important that teams have access to and understand their own incident data. By actively using this data, teams will be able to identify themes and trends (both positive and negative) and identify ways in which they can improve safety and the overall patient experience.

What we said we would do in 2020/21

We said we would

- Review DATIX training package and develop online e-learning package in conjunction with Trust Learning Services
- Utilise divisional level dashboards at operational and clinical network meetings
- Fully embed use of the dashboard at service level to ensure benefits are being fully embraced and effective learning and development actions are being undertaken
- Training for divisions to enable them to improve their knowledge of how to use data to identify themes and trends and improve care
- Further bespoke dashboards developed such as Mortality and to support current forums such as the Clinical Risk Management Group and Operational Delivery Group
- Co-produce a training package and ensure staff have access to quality improvement methodology to enable them to undertake quality improvement informed by the data.

What we did

An updated training package has been developed for monthly MS Teams training sessions and is available to all Trust staff, for both incident reporting and incident investigation. Use of the

dashboard module and using the system for monitoring themes and trends is covered as part of the updated training package. Training dates are planned up to December 2022.

Divisional dashboards are live on the DATIX system and have been made available in divisional clinical networks and Operational Delivery Groups.

Dashboards are live within the DATIX system at service level. Training around the use of dashboards will continue to be provided as part of the monthly DATIX training modules, for the monitoring of patient safety data.

Bespoke dashboards have been developed upon request and are now in use.

Training for QI through NHS improvement and Cathryn Hart. There are no plans for co-produced training session for staff under the new strategy as the training offer is already there.

An example in respect of demonstrating improvements based on the data, can be found in our Annual Zero Events Report for 2022, which are derived from patient safety information. One of the Trust's Zero Events for 2022, 'no category 3 or above pressure ulcers were acquired in our care' By analysing data over a three-year period we were able to gain assurance of improvements made and evidence that no category 4 pressure ulcers were acquired in our care during 2021/22. This assurance has allowed us to step this zero event down and continue monitoring through routine governance processes.

Looking Forward: Our Quality Priorities for 2022/23

Priority One: In line with national directives, move away from a root cause analysis approach to investigating serious incidents which can inadvertently lead to individual/team blame and therefore a poor patient safety culture to one of reviewing the systems within which staff work which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability".

Our first quality priority for 2022-23 aligns with the national priority for patient safety. The priority will be led by the Trust's two patient safety specialists.

What we will do in 2022/23

We will

- In line with national requirements, we will ensure the organisation is prepared and staff are equipped to commence roll out of the Patient Safety Incident Response Framework as set out by NHS England.

Priority Two: To work towards ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care.

Our second priority for 2022-23 has been identified following audit information received in relation to adherence to national end of life standards. Whilst good care was found there are areas where we need to improve compliance with the national standards. Consultation on the work required has been undertaken with our clinical staff and in our Trusts Family Bereavement working group which consists of patients, carers and service users. This priority aligns to national workstreams and to our Patient Safety Strategy and will strengthen the Trust compliance with CQC's end of life key line of enquiry requirements. The priority will be led by our newly appointed End of Life Professional Lead supported by the Trusts End of Life group.

What we will do in 2022/23

We will

- Promote and embed a proactive approach to end of life care planning
- Develop an empowered workforce who are equipped with the clinical skills to recognise when patients are approaching end of life
- Further develop the work of the Family Bereavement Working Group to provide a safe place for clinical and corporate staff and families to work together to enhance the approach to supporting the end-of-life pathway

Priority Three: To increase service user involvement in our patient safety priorities and associated work incorporating a strengthened approach to involving families and carers strengthening our approaches to 'Think Family'.

Our third priority for 2022-23 has been identified following review of incidents and survey findings and aims to strengthen service user/family involvement and carer involvement in the shaping and delivery of our patient safety priorities. We have undertaken wide consultation with our patient and carer experience groups, staff and with our governors' regarding this priority all of whom are supportive of this direction of travel. This priority also meets the requirements of both the national and trust patient safety strategy priorities.

This priority will be led by the Head of Patient and Carer Experience and Engagement working with our Patient Safety Specialists.

What we will do in 2022/23

We will

- Implement the framework for involving patients in patient safety as set out by NHS England.
- Ensure patients/service users/carers and families are proactively involved in identifying our patient safety priorities and the refresh of our Patient Safety Strategy.

Priority Four: To ensure all our staff feel supported and confident in saying that caring for patients is our main priority as an organisation

Our fourth priority has been identified following receipt of our 2021 staff survey results which showed that 73.8% of staff felt care of patients/service users was the organisations top priority. This is below the NHS average of 78.5%. This priority will be led by the Deputy Director of Nursing supported by the Executive Management Team.

What we will do in 2022/23

We will

- Understand what our staff say about how able they feel to prioritise caring for patients through surveys and listening sessions including the peer review process/professional forums and clinical visits by the executive.
- To establish enablers and barriers to prioritising caring with staff and develop local and Trust wide plans to support staff to prioritise their caring role

2.2 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
- Progress made in 2021 in bolstering staff in adult and older adult CMHT services following additional investment from local CCGs baseline funding
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research and Innovations
- 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 Subcontracted by Humber Teaching NHS Foundation Trust

During 2021/22, Humber Teaching NHS Foundation Trust provided or subcontracted 95 relevant health services.

Working with our commissioners and providers, our Trust leads on the provision of a range of services delivered either directly by the Trust or on behalf of the Trust by our subcontractors.

During 2021/22, the usual contracting arrangements between commissioning bodies and NHS Trusts continued to be suspended to enable a focussed response of NHS resource to the Covid-19 pandemic.

The most significant services provided during 2021/22 were as follows:

- NHS East Riding of Yorkshire CCG – Mental Health, Learning Disability, Primary Care and Therapy Services
- NHS Hull CCG – Mental Health, Learning Disability, Primary Care and Therapy Services
- NHS North Yorkshire CCG – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Children's and Adolescent Inpatient Mental Health Services. Primary Care Services

Humber Teaching NHS Foundation Trust has reviewed all data available to them on the quality of care in 95 of these relevant health services.

The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by Humber Teaching NHS Foundation Trust for 2021/22.

Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on 'staff who speak up' (including whistle blowers).

Ahead of such legislation, NHS Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment.

Response

Working in partnership with the Trust Board, staff members and staff governors; we have developed a Freedom to Speak Up Strategy (2019 - 2022) which is supported by the Freedom to Speak Up Policy and Procedure.

Our vision is to 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.

The Trust's Executive Lead for Freedom to Speak Up (FTSU) is Michele Moran, Chief Executive, and Peter Baren, Non-Executive. The Freedom to Speak Up Guardian is Alison Flack, Transformation Director for Humber Coast and Vale, and the Deputy Freedom to Speak Up Guardian is Nikki Titchener. The Guardians have completed the National Guardians Office (NGO) training and participate in the regional networking meetings.

There are several ways in which staff can contact the Guardians to raise their concerns, including using the confidential speak up email address and direct phone contact. Staff can also use the Guardians NHS email addresses. In addition, the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details.

The Guardians regularly visit Trust staff bases and team meetings and speak to staff directly, both formally and informally to explain the role of the Guardian and respond to any issues that are raised. Staff are kept updated on a regular basis regarding the role of the Guardian and the learning from individual cases via the Trust's internal communication processes.

An annual Speak Up report is presented to the Trust Board, and this includes details of the number of staff who have spoken up, details of the concerns and learning and actions taken. The Trust Board also holds development sessions to measure progress against the NHSE/I FTSU Board self-assessment, and regular updates are provided to the Trust's Workforce and Organisational Development sub-committee of the Trust Board.

Throughout the FTSU process, staff who have raised concerns are kept informed about the progress of the concerns they have raised and are also offered, if appropriate, a confidential meeting with an Executive Director of the Trust. When the concerns have been investigated, feedback is offered and provided to the staff member. On occasion, it is difficult to provide feedback on any actions the Trust has taken, for example, if the concern was raised anonymously or if it concerns another member of staff. Generally, however, the investigator assigned by the Guardian will meet with the staff member who raised the concern and provide feedback on what action has been taken.

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) require the Trust to produce an annual report on rota gaps and vacancies.

This Quarterly Report on Safe Working Hours for Doctors in Training includes up to March 2021. The report highlighted that the Junior Doctor workforce was working to a full complement and that there were no vacancies, nor were there any major issues with safe working hours identified.

The recommendations were as follows:

- On-going regular Junior Doctor training sessions for on-call scenarios to help manage emergency working better through liaison between guardian and medical education.
- Peer support for on-call work to be officially recognised as reflective space and training provided regarding reflective working culture, through medical psychotherapy and medical education.
- Ongoing roll out of mentor and buddy program to support Junior Doctors with training and working practices through medical education

The 2016 Terms and Conditions mandate the provision of adequate rest facilities or alternative arrangements for safe travel home. Property is to be purchased to ensure reasonable rest facilities are available and fit for purpose. The property manager is reviewing potential sites with a further view of incorporating potential future rooms in the new mental health in patient facility. This is important for both patient safety as well as staff morale.

Staffing in Adult and Older Adult Community Mental Health Services

Progress made in 2021/22 regarding bolstering staffing in adult and older adult community mental health services, following additional investment from local Clinical Commissioning Groups' baseline funding.

Our Trust was one of the 12 National Early Implementor Sites (EIS) for Community Mental Health Transformation, established to test new models of place-based community mental health provision.

This concluded on the 31st of March 2021 and is now superseded by the national roll-out, which will continue until the end of 2023/24. The Trust is presently undertaking an evaluation of the EIS, which will be reported in 2022/23.

As an EIS, we have experienced a 'head start' in terms of the national roll-out, with further developments planned over the next 3 years across Hull and the East Riding of Yorkshire.

The Community Mental Health Transformation is an expansion of community-based provision and has added Senior Mental Health Practitioners from varied professional backgrounds, Mental Health Nurses, and Social Workers, alongside new posts of Community Mental Health Pharmacists and Technicians, Mental Health Wellbeing Coaches, Peer Support Workers and Trainee/Associate Nurses. All roles working in partnership with primary care, Community Mental Health Teams, and other community-based services, with a shared goal to improve access to mental health support.

Developments in 2021/22 included

- Improved access to SMI Annual Health checks and treatment delivered in Primary Care
- Access to medication reviews in the community and facilitation of access to medication
- Increased access to psychological therapies

- Access to a Mental Health and Wellbeing Coaches, a hybrid role that takes elements of both the Health Trainer and Social Prescriber roles, to better focus on service user needs by addressing mental health, general health, wellbeing, and inclusivity
- Access to support from a Peer Support Worker
- A new front door with the ability for GPs to directly book triage slots, meaning that the service user can be booked while at the GP surgery at a convenient time for triage by the newly formed Triage and Assessment Team
- Embedding our service for people with a Personality Disorder and for those being rehabilitated back into their community
- All our developments have continued to be co-produced with our service users

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2021/22

All NHS Trusts have a duty to plan for and respond to major, critical and business continuity incidents whilst maintaining services to patients. Each year, Trusts are asked to assess overall whether they are 'full', 'substantial', 'partial' or 'non-compliant' with the EPRR core standards and the additional deep dive element which underpins this duty.

As a result of the events in 2020, the assurance process cycle did not receive its tri-annual review and, as a consequence, not all the standards were felt by the national team to reflect current best practice and are under review. Therefore, the number of standards for the 2021-22 year was reduced from 54 down to 36 and the deep dive standards reduced from 8 to 7.

Our overall position for this year has therefore been determined as **substantially compliant** with us meeting the criteria of between 89-99% compliance with the core standards. Our total compliance figure is, out of 36 core standards we have complied with 33, therefore we stand at 91.7%.

The Trust continues to improve care and service safety, resilience, and response through a programme of training, testing, and learning from incidents internally, through networks and partners.

The Trust's overall assurance rating has been signed off by the Trust Board.

Improving Care through Clinical Audit

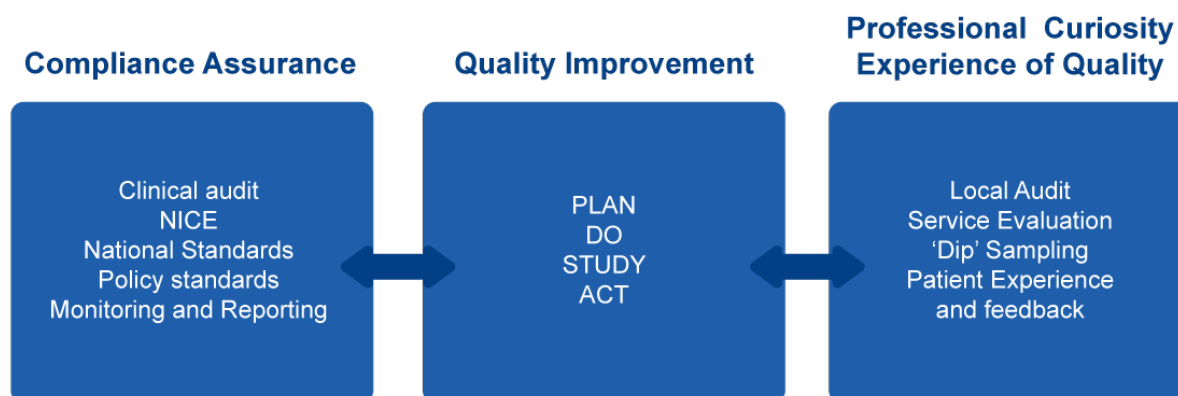
Clinical Audit enables the Trust Board, our service users, and our regulators to determine whether the care we are providing is in line with recognised standards.

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.

Following a revision of our Clinical Audit Policy, each division is now expected to complete a minimum of 5 audits across the financial year 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 Divisional Clinical Governance group and priority and relevance agreed. The Audit and Effectiveness group 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 2021/22

During 2021/22, 13 national clinical audits and 1 national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides.

During the same period, Humber Teaching NHS Foundation Trust participated in 92% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national 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 Quality Committee were given an overview of the findings from the 2021 Confidential Inquiry in February 2022 and these findings continue to inform our patient safety programme.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2021/22 are as follows:

Eligible National Clinical Audits 2021/22
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation aspect
National Audit of Cardiac Rehabilitation (NACR)
National Audit of Care at the End of Life (NACEL)
National Audit of Dementia
National Clinical Audit Cardiovascular Disease Prevention (part of the NCAPOP)
National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis Audit
National Clinical Audit of Psychosis (NCAP)/Physical Health & Employment Spotlight
National Diabetes Audit
National Falls & Fragility Audit (FFAP)
Physical Health in Mental Health Hospitals (NCEPOD)
Topic 14c Alcohol detoxification (POMH)
Topic 19b: Prescribing for depression in adult mental health services (POMH)
Transition from child to adult health services (NCEPOD)

Eligible National Confidential Inquiries 2021/22

Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2021/22 are as follows:

National Clinical Audits 2021/22

National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation aspect
National Audit of Cardiac Rehabilitation (NACR)
National Audit of Dementia
National Clinical Audit Cardiovascular Disease Prevention (NCAPOP)
National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis Audit
National Clinical Audit of Psychosis (NCAP)/Physical Health & Employment Spotlight
National Diabetes Audit
National Falls & Fragility Audit (FFAP)
Physical Health in Mental Health Hospitals (NCEPOD)
Topic 14c Alcohol detoxification (POMH)
Topic 19b: Prescribing for depression in adult mental health services (POMH)
Transition from child to adult health services (NCEPOD)

Eligible National Confidential Enquiries 2021/22

Suicide, Homicide and 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 2021/22, 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 2021/22	Cases Required	Cases Submitted	%
Topic 19b: Prescribing for depression in adult mental health services (POMH)	No minimum requirement	Not known	N/A
Topic 14c: Alcohol detoxification (POMH)	No minimum requirement	63	N/A
National Asthma and COPD Audit Programme (NACAP) – Pulmonary rehabilitation aspect	No minimum requirement	Data in Q4	N/A
National Clinical Audit of Psychosis (NCAP)/Physical Health and Employment Spotlight Audit	100	100 cases	100%
National Falls & Fragility Audit (FFAP)	1	1 organisational questionnaire	100%
National Diabetes Audit	No minimum requirement	Data extracted by NHS Digital	N/A
Physical Health in Mental Health Hospitals (NCEPOD)	No minimum requirement	14 case notes 1 organisational questionnaire 6 ward questionnaires	100%

National Clinical Audits 2021/22	Cases Required	Cases Submitted	%
National Audit of Dementia	No minimum requirement	50 cases	N/A
Transition from child to adult health services (NCEPOD)	No minimum requirement	Data submission still in progress	N/A
National Clinical Audit Cardiovascular Disease Prevention	No minimum requirement	Data extracted by NHS Digital	N/A
National Audit of Cardiac Rehabilitation (NACR)	7 KPIs measured	Continuous data submission 7 KPIs met	N/A
National Clinical Audit of Psychosis (NCAP) 2021/22 - Early Intervention in Psychosis	100	100 cases	100%

National Confidential Enquiries (2021/22)	Cases Required	Cases Submitted	%
Suicide, Homicide & Sudden Unexplained Death	N/A	20	N/A

The reports of 7 national clinical audits were reviewed by the provider in 2021/22 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

For those national clinical audits which have not had the report published in 2021-22, Humber Teaching NHS Foundation Trust can provide the following updates to improve the quality of healthcare provided:

National Clinical Audits 2021/22	Actions
Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services	Report received and reviewed by Drug and Therapeutic Group May 2021. Action arising: new electronic form to be devised for Lorenzo to create a list of all patients currently prescribed Valproate by Trust prescribers.
Topic 18b: The use of clozapine	Report received August 2021. Presented to Drug and Therapeutic Group November 2021. Report shared with relevant clinical networks for learning/action. It has also been shared with relevant Consultants and the Clozapine Steering Group.
Topic 14c: Alcohol detoxification	The national report was discussed at the Drug and Therapeutic Group meeting in January 2022 and action plans will be completed in relevant clinical networks.

National Clinical Audits 2021/22	Actions
	Trust-wide action underway: development of an alcohol checklist form for Lorenzo.
Topic 19b: Prescribing for depression in adult mental health services	Data collection completed. Report not due until April 2022.
National Asthma and COPD Audit Programme (NACAP) – Pulmonary Rehabilitation aspect	Data collection completed. Report not due until July 2022.
National Clinical Audit of Psychosis (NCAP)/ Physical Health and Employment Spotlight Audit	<p>Employment Spotlight report reviewed January 2022 at the Mental Health Clinical Network Group. Recommendations: Mental Health services should record the employment status of all people with psychosis and know about sign posting to employment. Physical Health report presented at the Mental Health Clinical Network Group meeting, February 2022. Actions arising: a Lorenzo form to support smoking assessment has been developed and went live March 2022; and a dual diagnosis strategy is in development.</p> <p>This report will be discussed further at a Physical Health Medical Devices Group meeting when the related NCEPOD audit report has been published (anticipated Spring 2022).</p>
National Falls & Fragility Audit (FFAP)	National audit report received. Local action plan developed. Bed rail audit to be carried out 2022. Falls working group to be extended to include a medic and will formally meet quarterly.
Physical Health in Mental Health Hospitals (NCEPOD)	Data collection completed August 2021. Report due Spring 2022.
National Diabetes Audit	Data extraction period not yet complete. NDA 2021-22 short report publication scheduled for late 2022.
National Audit of Dementia	Report due publication August 2022.
National Clinical Audit Cardiovascular Disease Prevention	The 2021 report was shared for learning with the Primary Care Network and Physical Health Medical Devices Group.
National Audit of Cardiac Rehabilitation (NACR)	The National Certification Programme for CR (NCP_CR) continued to assess CR quality. The Trust achieved Green/ Certified status, meeting all seven KPIs based on NCP_CR agreed standards.

National Clinical Audits 2021/22	Actions
National Clinical Audit of Psychosis (NCAP) 2021/22 - Early Intervention in Psychosis (Under 18s)	Raw data and initial data analysis received. Awaiting report.

The reports of 19 local clinical audits were reviewed by the provider in 2021/22 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2021/22	Actions - summary
An audit of the indications for and monitoring of patients undergoing Electroconvulsive therapy (ECT)	Audit results have been presented and recommendations implemented.
Antipsychotic use & physical health monitoring in Hull PSYPHER	Audit report and action plan reviewed at relevant Clinical Network Group. Improvement plan fully implemented (3/3 recommendations). Actions included for example sharing of results with the multidisciplinary team and development of a physical health pathway. A re-audit is also planned.
Audit on the Management of Cardiovascular Risk factors on Inpatient Wards (Mental Health Services)	Clinical Lead presented report at relevant Clinical Network Group and 2 of 3 actions are completed. Actions included for example, considering how to make relevant information easier to gather and communicate on Lorenzo.
Clinical Audit on baseline bloods and ECG requirements when commencing antipsychotic medication for antipsychotic naïve patients at Westlands	Report discussed at relevant Clinical Network Group. Four recommendations are still in the process of being implemented.
Depot Card	Audit report and action plan reviewed at relevant Clinical Network Group. Improvement plan fully implemented (6/6 recommendations). Actions included for example, ensuring arrangements are in place so that patients on a monthly depot receive it on the due date, and ensuring staff double check prescribers' details on depot cards before completion. The results were also presented and discussed with team members, prescribers, and administrators.
Core Clinical Audit: Falls prevention (Maister Lodge, Older People's Mental Health)	Audit completed and improvement plan fully implemented (3/3 recommendations). Actions: written information on falls prevention now given to patients/carers on admission, staff training on falls prevention and competence tool, and post fall checklist developed for use by medics when undertaking falls reviews.
Core Clinical Audit: Falls prevention (Mill View Lodge, Older People's Mental Health)	Report and action plan signed off by relevant Clinical Network Group. 5 actions have been implemented with the remaining 2 in progress. Completed actions include for example, written information is given to patients and carers regarding falls prevention on admission and this is recorded on Lorenzo.

Core Clinical Audit Deteriorating patient - NEWS2- Sepsis (Secure Services)	Report and action plan discussed at relevant Clinical Network Group. All actions completed. Identified gaps to be included in core competencies.
Use of Essen Climate Evaluation Schema (EssenCES) to assess ward climate at the Humber Centre (Secure Services)	<p>The EssenCES assessment is used on a six-monthly basis to assess the social climate of wards at the Humber Centre. The rationale for this is to regularly consider patient safety issues and whether any actions can be taken to improve service delivery.</p> <p>Audit report received and results to be shared at relevant service meetings. Staff and patients will be asked for further feedback in March 2022.</p>
Management of Alcohol Use Disorder (Addictions)	Report signed off by relevant Clinical Network Group. Implementation of 4 improvement actions is still in progress.
Clinical audit: NICE quality standard: Falls in older people (Community Health Services)	Report signed off at relevant Clinical Network Group. Implementation of 5 improvement actions is underway.
(Re-audit) Lithium Audit GP Practices	Completed audit report discussed at relevant Clinical Network Group. 90% compliance with audit standards. A further re-audit is planned for 6 months with the aim of achieving 100% compliance.
(Re-audit) Chat Health (Children 0-19 years)	<p>This audit reviewed the effectiveness of Chat Health as an alternative method for young people (aged 12-19 years) to access specialist services providing support for emotional and social well-being.</p> <p>Improvement plan fully implemented (3/3 recommendations). Actions: all schools contacted with promotional material and offered a school nurse assembly, all users informed to ensure appropriate storage of Chat Health anonymous conversations; and an additional Chat Health conversation template was added to the Chat Health dashboard.</p>
Vitamin D guidance - SystmOne audit of information given at the new birth visit for breastfeeding mothers (Children 0-19 years)	Clinical audit report signed off by relevant Clinical Network Group. Improvement action plan is being progressed.
Icon Training abusive head trauma (Children 0-19 years)	ICON is an evidence-based programme aimed at helping people who care for babies to cope with crying. Following the audit completion health care professionals will continue to promote conversations around ICON at every opportunity in the early postnatal period. Clarification and agreement to be reached with relevant service partners regarding who is responsible for the 3-week post-birth phone text/contact.
Re-Audit of Section 17 leave documentation at Townend Court Learning Disability inpatient units	Completed audit report reviewed at relevant Clinical Network Group. Improvement plan fully implemented (3/3 recommendations). Actions included for example ensuring patients are

	supported in developing the skills needed to electronically sign the Section 17 leave forms. A re-audit is also planned.
Humber Teaching NHS Foundation Trust: Short Audit of the quality of mental capacity assessments and best interest decisions carried out across inpatient units and the mental health response service	Audit report received, and 6 recommendations/ actions were identified for implementation. These are being taken considered and taken forward by the Named Professional for Safeguarding Adults, Mental Capacity Act and Prevent Lead.
Management of non-cognitive symptoms in dementia in older adults CMHT	Report received and action plan in progress.
Type 2 diabetes: prevention in people at high risk - assessment and management (Primary Care)	This clinical audit examined the assessment and management of pre-diabetes patients in primary care. The aim was to ascertain Trust practices' adherence to the pre-diabetes guidance/ recommendations as set out by the National Institute for Health and Care Excellence (NICE). Report presented to the relevant Clinical Network Group, July 2021. Issues identified are being addressed for example, ensuring recalls are in place for this patient cohort.

Over the year, The Trust has identified a number of areas for targeted audit work across the organisation. These have been selected as areas of a potential risk or in order to support a strategic aim. The report, including action plans, are reviewed through clinical network meetings and governance divisional meetings.

In May 2021, Audit Yorkshire were asked to complete an internal audit to assess and provide assurance in respect of whether the Trust's clinical governance arrangements in relation to the Secure Services Division and Children's & Learning Disability Service Division were adequate. The outcome of this audit provided limited assurance that the divisions clinical governance arrangements were adequate, fit for purpose and were being adhered to.

Twelve recommendations were made in relation to the findings with five prioritised as minor: six as moderate and one as major. Two recommendations related specifically to secure service: four related to Child and LD services and six related to both divisions.

The areas for action included review of the division's Clinical Governance Standard Operating Procedures; required amendments to terms of reference; the need for annual effectiveness reviews; the need for agenda's to be standardised and aligned to the terms of reference; the need for minutes to include additional information in relation to dates; attendees and clarity about routes of escalation. The recommendation requiring major prioritisation related to the provision of clinical governance training to those individuals responsible for administering the key divisional clinical governance meetings. All these actions have now been completed.

The same audits have been undertaken in Adult Mental Health and Community & Primary Care divisions during June/July 2021. The outcome of this audit provided significant assurance that the Trust's clinical governance arrangements in relation the Mental Health Services Division and Community & Primary Care Services Division are adequate and fit for purpose.

Research and Innovation

We continue to recognise the importance of investing in research; enabling our staff to be at the cutting edge of new treatments and our community to participate in health improvement. There is evidence (see: [Embedding a research culture | NIHR](#)) that people perform well in organisations

that focus on research, therefore ensuring provision of research opportunities for people accessing our services is core business for the Trust.

During 2021-22, the Covid-19 pandemic has continued to highlight the importance of research and the recognition it deserves as part of frontline services. Studies addressing questions to help inform fast effective responses to Covid-19 have been prioritised by our research department, whilst continuing to also support non-Covid studies.

The research team has adapted their ways of working to enable studies to be conducted remotely and allowing recruitment into non-COVID studies to continue. Clinical staff delivering treatments as part of research have also adapted to enable experimental interventions to continue remotely. This is something patients and carers report they have really valued when they were feeling isolated from many other aspects of life.



Despite all the recent challenges during the pandemic they [the research team] have maintained proactive, continuing to recruit and conduct follow up assessments on time and at the usual high standard. Two particular things stand out in my opinion, one is the way the team work with compassion and the other is the way they work as a team. From the R&D support services, the researchers on the ground and Principal Investigator, and the therapists who deliver the intervention - it is a pleasure to work alongside them.



The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2021/22, that were recruited during that period to participate in research approved by a research ethics committee, was 703.

Of these, 630 patients were recruited to NIHR Portfolio studies (259 into Covid-19 research) and 73 were recruited to local studies. In total, there were 49 Portfolio studies and 16 non-Portfolio/local studies running in the Trust. Patients accessing Trust services have been offered a breadth of research opportunities spanning numerous health conditions and many types of study design. Approximately 40% of Portfolio studies have involved the evaluation of novel treatment interventions. Further information about research studies in the Trust is available at www.humber.nhs.uk/Services/research.htm.

In 2021-22 the Trust continued to provide core funding for a small number of key research posts, as well as receiving external research funding, including from the Yorkshire and Humber Clinical Research Network to support delivery of NIHR Portfolio studies, and DHSC Research Capability Funding to support clinicians working with academic colleagues to develop new research opportunities.

Various national and regional performance targets for National Institute for Health Research (NIHR) Portfolio research have been suspended this year due to the pandemic, including the focus on individual Trust recruitment targets. However, the research department has continued to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017).

Work is constantly ongoing to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement, with notable successes this year being within our primary and community care services. New collaborations in 2021-22 with Chief Investigators we have not previously worked with, e.g., at the Universities of Southampton and Aberdeen demonstrates the Trust is a site that national experts want to collaborate with.

The Annual Research Conference took place both virtually and in person, in November 2021. Speakers included Prof Partha Kar (OBE), National Specialty Advisor for Diabetes with NHS England, and Prof Kieran Walshe, Professor of Health Policy and Management at Alliance Manchester Business School. This video captures some of the conference highlights - [Humber Research Conference 2021 Highlights - YouTube](#)



I love these events. I have been to them for the last 4 years! They endorse what this particular Trust is all about - learning and continuous improvement.



Our Research Team are constantly adapting and in the new virtual world we have increasingly found ourselves operating in, we have developed a new animation, 'My Research Journey' (includes subtitles), launched in May 2021 as part of International Clinical Trials Day celebrations. This was co-produced with Research Champions with lived experience, patients, carers and clinical staff and helps support people to decide whether they'd like to take part in research. Just one of the tools created to help reach out to more of our community, including those underserved in research.

Watch the video here: [Research - Humber Teaching NHS Foundation Trust \(Subtitles\) - YouTube](#)



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.

Humber Teaching NHS Foundation Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because, as per the NHS England website guidance, the operation of CQUIN (both CCG and specialised) remained suspended for all providers until 1 April 2022; providers did not need to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data.

For Trusts, an allowance for CQUIN was built into nationally set block payments.

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 the following regulated activity:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning (Primary Care only)
- Maternity and midwifery services (Primary Care only)
- Nursing care
- Personal Care

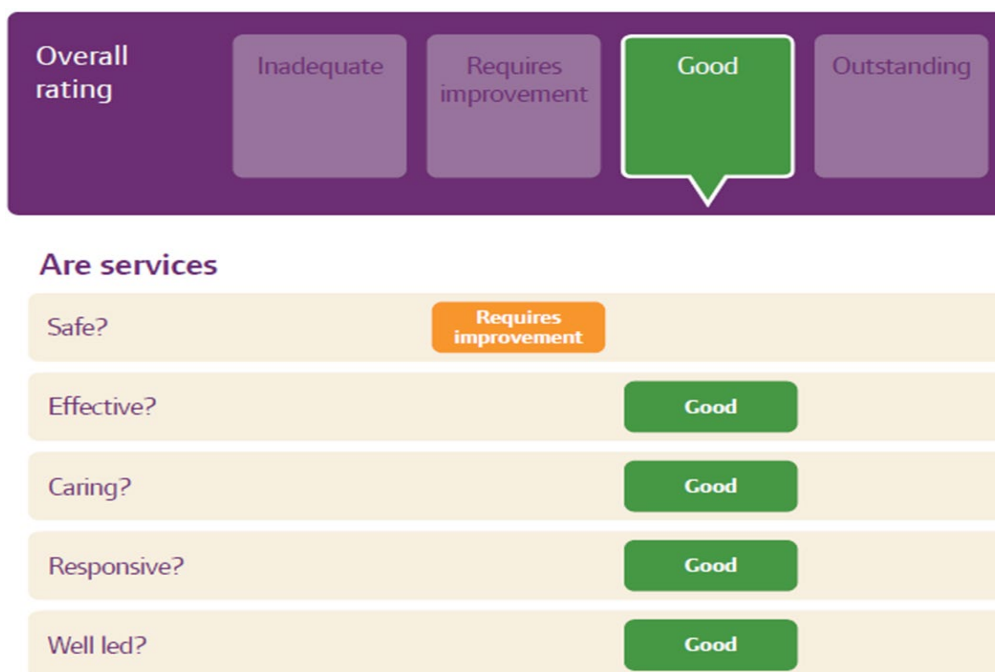
- Surgical procedures (Primary Care only)
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Humber Teaching NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Humber Teaching NHS Foundation Trust during 2021/22.

Humber Teaching NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Overall, the Trust remains rated as “Good” with the CQC rating the effective, caring and well-led domains as Good. The safe domain was rated as ‘Requires improvement’ at the last inspection in 2019, and therefore the Trust has made good progress against their internal action plan on the safe domain.

CQC Rating from the last inspection in February 2019



Outstanding Practice from the 2019 Inspection



In the 2019 inspection report, areas of outstanding practice were identified within acute wards for adults of working age and psychiatric intensive care services, child and adolescent mental health services and Trust-wide.

- The Trust launched a Friends and Family Test live data dashboard in April 2018, which showed the results of the surveys received. The information showed how the Trust was performing at organisation, care group and team levels. This live link was available via the Trust’s 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 from the 2019 CQC Inspection

The CQC identified 13 actions at the Trust must take in order to comply with legal obligations at the 2019 inspection. 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. A comprehensive improvement plan was 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 were 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.

All of the must and should do actions arising from the 2019 inspection were delivered. As a Trust we continually strive to improve, therefore we have carried out a series of peer reviews and audits, across the organisation, throughout the pandemic, from which we have developed additional quality improvement plans aligned to the CQC key lines of enquiry.

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during 2021/22 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

which included the patient's valid General Medical Practice Code was:
100% for admitted patient care

The source is [NHS Digital](#) (November 2021) DQMI published report for the months July to November 2021.

Data quality also forms part of the Trust's Internal Audit programme

Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Actions to improve data quality

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

- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis, please note that coding was disrupted in 2020 due to the covid pandemic and retirement of the Trust's allocated coder

- Promoting regular clinical engagement with the coder, as part of a validation strategy programme
- Increasing WTE hours from April 2021
- Continued monitoring of DQMI

Information Governance

Information Governance Assessment Report

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.

The Data Security and Protection (DSP) Toolkit submission date for 2021/22 is 30 June 2022. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2021/22 as below. The DSP Toolkit was audited by an independent assessor and the audit assessment is:

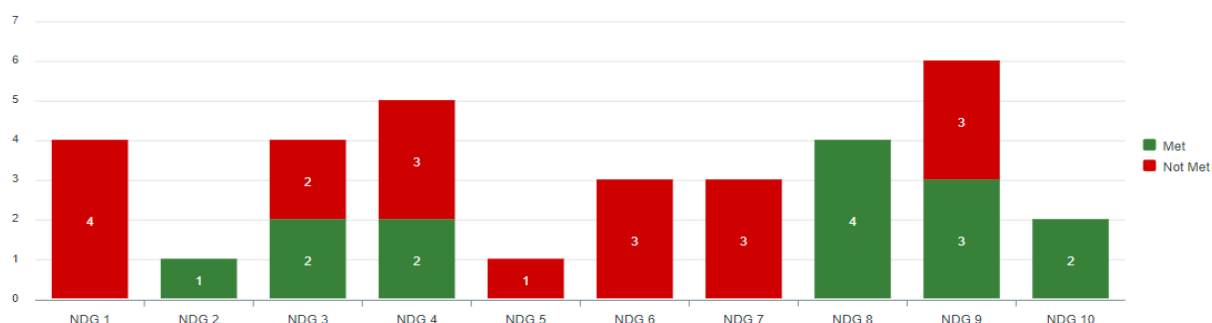
Risk Rating across all 10 NDG Standards	Substantial
Assurance level based on the confidence level of the Independent Assessor in the veracity of the self-assessment	High / Substantial

IG provides a framework in which the Trust can 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, UK General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

The way in which the Trust measures its performance is via the DSP Toolkit. The DSP Toolkit is a performance tool produced by 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 38 assertions and 110 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 Trust's submission at the present time for the 2021/22 DSP Toolkit is below; all assertions are expected to be "met" prior to the 30 June 2022 submission deadline.



NDG 1 - Personal Confidential Data
 NDG 3 - Training
 NDG 5 - Process Reviews
 NDG 7 - Continuity Planning
 NDG 9 - IT Protection

NDG 2 - Staff Responsibilities
 NDG 4 - Managing Data Access
 NDG 6 - Responding to Incidents
 NDG 8 - Unsupported Systems
 NDG 10 - Accountable Suppliers

Key areas of development in the year 2020/21 have been:

Accountability

The IG Team support the Trust to be able to demonstrate compliance with the 'Accountability Principle' under Data Protection Law by ensuring:

- Policies and Procedures are UK GDPR/DPA 18 compliant
- Data Protection Impact Assessments are undertaken ensuring that privacy concerns have been considered and addressed
- Contracts have been reviewed and mapped for UK GDPR/DPA 18 compliant clauses; new contracts are checked to ensure appropriate data protection clauses are in place
 - IG due diligence on service providers prior to a new contract entered into.
- Records of Processing Activities undertaken providing a comprehensive overview of personal data processing activities within the Trust
- Data Breaches reported to the Information Commissioner's Office within 72 hours

Data Security and Protection Toolkit

The Trust published a baseline assessment on 26 February 2022. The IG Team has reviewed the amendments made to the Data Security Protection Toolkit by NHS Digital. Evidence items will continue to be updated prior to the submission deadline.

A report on progress will be provided to the IG Group on a bi-monthly basis up to the submission date of the 30 June 2022.

Covid-19

The IG Team continued to support the Trust to maintain an appropriate level of Information Governance compliance as staff settled into hybrid working during the last year.

Advice and Support

The IG Team continued to provide advice and support to staff, via email and telephone. The advice continued to be logged and was themed and reported to the IG Group.

Provision of IG Updates

The updates provided clarity on any changes that impact on information sharing during Covid-19, reminders of Trust policies and procedures that support compliance, and advice and guidance to support new ways of working. Updates were provided on:

- Secure transportation of patient information
- Videoconferencing
- Patient online access
- Cyber security advice on suspicious emails
- Disclosure and information sharing
- Obtaining staff vaccination data from the National Immunisation Management System

Privacy Notices

To maintain transparency and accountability, the IG Team maintained the Privacy Notice to inform patients specifically how their information is used to protect them during the Covid-19 pandemic, the lawful basis for this and how General Practice data was being used for planning and research.

Staff Privacy Notices were updated to ensure transparency related to Covid-19 Workplace Risk Assessments and the enhanced risk assessments for non-vaccinated staff members, LAMP Testing and obtaining a staff members Covid -19 vaccination status. The IG Team provided a supplementary notice for the LAMP Testing Programme.

The notices were reviewed frequently to ensure they took account of any changes of data use as the pandemic continued.

Guidance

To protect staff and raise awareness of the risks of using technologies, information was circulated to staff on risks from cyber-attack, phishing and ransomware. Hints and tips on how to spot potential suspicious emails and a quiz to raise awareness was circulated as well as information on the importance of ensuring laptops and desktops are kept updated.

Supporting New Business

The IG Team continues to support the Trust's new business opportunities, contributing to tender assessments and providing IG due diligence checks, in accordance with Information Commissioner's Office and NHS Digital guidance. And partner organisations that process Trust data, ensuring they have ICO registration, if the organisation is part of any certification schemes, or have any data breaches resulting in fines.

Humber Coast and Vale Provider Collaborative

The IG Team provide information governance and legal services to the Humber Coast and Vale Provider Collaborative under a SLA. The IG Team have supported the collaborative with writing Information Sharing Agreement's, undertaking DPIA's, reviewing Data processing agreements and Service level agreements, contract due diligence and review, and advice. They have ensured that the Provider Collaborative are represented at the IG Group.

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 processes 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 is reviewed and updated annually to ensure it continues to meet best practice. 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. DPIA's completed include:

- Office365
- Gathertown Virtual Social Space
- Interface Disease Prevalence QOF Enhancement Service
- Oberoi consulting Heart Failure Reviews
- L2P Electronic Job Planning for Medical Staff
- PharmOutcomes Discharge Medicines Service
- ServiceDesk Plus Incident and Call Management Software
- Healthy.io Home testing for annual diabetes urine checks
- Upstream GP Connect
- Artic Measure Trauma Informed Care

Information Sharing Agreements

Good work has continued in 2020/21, 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:

- Suicide prevention partnership working for individuals who frequently attend the Humber Bridge
- Hull and East Ridings new Neurodiversity Service Model for needs led care

- Beyond Place of Safety
- Humber Coast and Vale Provider Collaborative to support effective pathway treatment for patients within the specialised mental health and disability partnership
- Referral to the Discharged Medicines Service to reduce incidences of avoidable harm
- Trauma Informed Care in Hull and East Riding Core CAMHS
- Multi-Agency Public Protection Arrangements to ensure risks are effectively managed to protect the public
- Humber Coast and Vale Provider Collaborative Dynamic Support Register – Keyworker Service
- CAMHS Waiting List support services for families with MIND, Healios and Dr J and Partners
- Reciprocal Access to Lorenzo system to support patient care for mental health patients presenting at ED
- Voluntary Service Recruitment for the Scarborough, Whitby and Ryedale areas

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.

Cyber Security

CareCERT provides cyber security threat notifications to the Trust. The IT Service review and act upon these notifications and take action, where necessary, to ensure Trust systems and protected and vulnerabilities cannot be exploited. The CareCERT notifications and actions taken to protect the Trust are monitored through the IG Group.

A 'phishing' exercise was performed to identify weakness in staff members cyber security awareness. Following this a cyber awareness campaign has been undertaken, the IG Team issued guidance to alert staff on the risks posed by phishing emails, tips to spot them, a quiz for staff to test themselves on spotting phishing emails and information in the intranet banner.

Data Quality

Data Quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality. The Trust has a Data Quality Group which provides a forum to consider performance against data quality standards, audits and ad hoc requirements across a range of Trust activities. The Data Quality Group co-ordinates action plans and reports progress to the IG Group and Audit Committee (in respect of audits). The results of the audit feed into the evidence for Data Security Standard 1 in the Trust DSP Toolkit and the National Cost Collection.

A clinical coding audit was performed on discharged patient records in June 2021. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 100% primary
- 96.1% secondary

These results are above the mandatory level set in the Data Security Standard 1 and Standard 3 and would meet a 'Standards Exceeded' attainment level.

Freedom of Information (FOI)

The Trust supports the principle that secrecy should not 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 268 requests for information under the Freedom of Information Act. This is an increase of 25% at the same point in the previous year. 80 requests (29%) were not answered within the statutory 20-day timescale due to delays in the information being supplied during the pandemic and the loss of a staff member. This is a 2% increase from the previous year.

Registration Authority (RA)

Humber Teaching NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust is part of the Clinical Systems Team and has continued to provide ongoing RA support in relation to the Covid-19 pandemic. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For all staff requiring a Smartcard the relevant ID checks are undertaken by either the HR RA staff, the RA Officer or, as necessary, an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard.

Staff have to use their Smartcard and pass code each time they log on to access and use information in systems such as SystemOne and Lorenzo.

The RA Officer performs audit checks to ensure staff have followed registration procedures for identity checks and that the correct role is assigned. The audits also ensure that when someone leaves the organisation their role is removed from the Smartcard.

Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2020/21, we have continued to strengthen our approach to learning from deaths.

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.

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 Corporate Safety Huddle that is held within the Patient Safety department. The corporate safety huddle is attended by a range of professionals which include safeguarding, pharmacy, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria shown above.

In addition to the Mazars LLP criteria, we have also built Datix mandatory indicators into our Datix system (known as red flags) for mortality reviews that are developed by the Royal College of Psychiatrists.

Patient deaths that 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.

During the pandemic, the Trust continued with the daily Corporate Safety Huddle. The Governance and Patient Safety teams continued to meet each week, to review any additional information or requests made in the preceding week. This meeting monitors all responses and escalates to the Clinical Risk Management Group when responses have not been received. The Corporate Safety Huddle review also closes any Datix where actions or requests have been completed.

A quarterly serious incident report is produced which is reviewed within the Quality and Patient Safety group. This provides an overview, per quarter, of the Serious Incidents declared by the Trust and includes a progress update, regarding the number of Serious Incident investigation action plans per division which are outstanding and/or closed. Any issues that may have the potential to impact on the delivery of the organisational objectives are escalated to the Executive Management Team.

In-depth review of mortality was undertaken to look at the impact of Covid 19 on our patient group. The key issues found were:

- The COVID-19 pandemic has had significant impacts on mortality nationally, with tens of thousands of excess deaths attributed to the pandemic.
- Established risk factors for adverse outcomes in COVID-19 infection include male sex, older age, some ethnic minority groups and deprivation, with evidence suggesting there are inequalities in COVID-19 mortality.
- Humber Teaching NHS FT has seen a rise in mortality in periods consistent with the peaks in mortality from COVID-19 nationally, aligning with the first and third “waves” of the pandemic (April 2020 and December 2020/January 2021).
- The highest numbers of deaths were seen in older adults, males and users of community services within Humber NHS FT, which is in keeping with known risk factors.

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 (IIR) report is completed within 72 hours for deaths deemed by the daily Corporate 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, Allied Health and Social Care Professionals or Medical Director and SEAs or mortality reviews are commissioned by the CRMG.

Learning from all deaths is disseminated across the organisation through the weekly Clinical Risk Management group (CRMG), divisional governance processes, and at the Trust Board.

During 2021/22, 554 Humber Teaching NHS Foundation Trust patients died. Of the total number of deaths, 88.7% were from natural causes.

This comprised the following number of deaths occurred in each quarter of that reporting period:

- 138 in the first quarter
- 130 in the second quarter
- 155 in the third quarter
- 131 in the fourth quarter

By 1 April 2022, 1 mortality review and 20 investigations have been carried out in relation to 554 of the deaths included above. In zero cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter, for which a case record review or an investigation was carried out, was:

- 6 in the first quarter
- 5 in the second quarter
- 6 in the third quarter
- 4 in the fourth quarter

None 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.

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

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

- The importance of ensuring bank staff clinical records are routinely monitored and audited
- The staff need to understand their responsibilities in raising concerns to the Trust Safeguarding team
- The importance of a holistic approach to physical health and mental health care for patients with serious mental illness
- The importance of a robust triage protocol in primary care
- Staff to ensure that they utilise the 'Think Family' approach for all episodes of care

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 and strengthen the record keeping audit process across all services to ensure that bank/agency staff records are included, in line with best practice guidelines
- Raised awareness with staff through bespoke sessions in relation to raising safeguarding concerns with the Trust Safeguarding team.
- Assessments for patients into mental health services includes physical health monitoring and assessment
- Maximised the use of clinical time by the appropriate use of ledgers and standardisation of clinical appointments in primary care

- 'Think Family' included in safeguarding training and discussed at MDT meetings and reviews. Bespoke awareness sessions given to teams.

The impact of the actions outlined above is as follows:

- Improved understanding of the referral criteria and referral process to the Trust Safeguarding team
- Improved standards of record keeping, auditing and monitoring for all staff groups including bank and agency
- Improved health promotion and behaviour change to improve physical health monitoring in mental health services
- Provision of person-centred assessments delivered via alternative methods, utilising available digital solutions while maintaining safe and effective delivery of care
- Increased awareness of 'Think Family' approach throughout all staff groups
- Strengthened triage processes within primary care

Deaths in 2020/21

Nil case record reviews and 12 investigations completed after 31 March 2021, which related to deaths which took place 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.

None representing 0% of the patient deaths during 2020/21 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 – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England (NHSE) via NHS Improvement (NHSI), NHS Digital (NHSD) and Mental Health Services Data Set (MHSDS).

Key Performance Indicators (KPIs) are mapped via the Integrated Board Report (IBR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

Our Trust uses Statistical Process Control (SPC) charts to monitor and track its performance data at Trust Board Level. Any data point which sits outside of the control limits will require further investigation by the Executive Director responsible for that particular indicator.

Our internal reporting is split into three levels:

Level 1 (Board Level):

Monthly Statistical Process Control charts (SPCs) via the IBR to the Trust Board and monthly IQPT dashboards to the Operational Delivery Group (ODG) and Executive Management Team (EMT).

Level 2 (Divisional Level):

Monthly Divisional and Service Line Reports via a Dashboard to the Divisional Group Leads and their General Managers.

Level 3 (Team Level):

Monthly performance reports at team level to Directors, Service Managers, Team Leaders and staff members with an interest in performance and enhancement.

Level 2 & 3 uses a 'traffic list' or 'RAG Rating' system to report on performance and quality against our selected priorities and KPIs, e.g., Red – Weak, Amber – Fair and Green – Good. This is translated to reflect the performance of the Trust on these initiatives.

We also report externally to our Commissioners using the following:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The metrics/KPI's which are included in schedule 4 and 6 of the respect contracts.

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
- Steer the organisation by supporting the management of people and processes to improve decisions, be more effective and subsequently enhance performance

These reports are reviewed as part of the Trusts ODG (Organisation Delivery Group) governance arrangements before being circulated to the respective commissioners.

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

Data Quality Improvement Plans

Data Quality Improvement Plans (DQIP) is designed to highlight where gaps in reporting and any identified/known data issues that require attention within clinical services. These are reviewed as part of the Data Quality Group which meets quarterly.

Indicators we are not able to provide data against for differing reasons will also be included in the DQIP. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

Each year the Trust participates in national benchmarking data collections projects. This consists of Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children and Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal, as an example.

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 several 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 Divisions 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.

Finance

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of income and expenditure in the monthly finance report. This information is also linked to the monthly board performance report that is also provided to the Board every month and includes a number of the performance measurements.

Risk Register

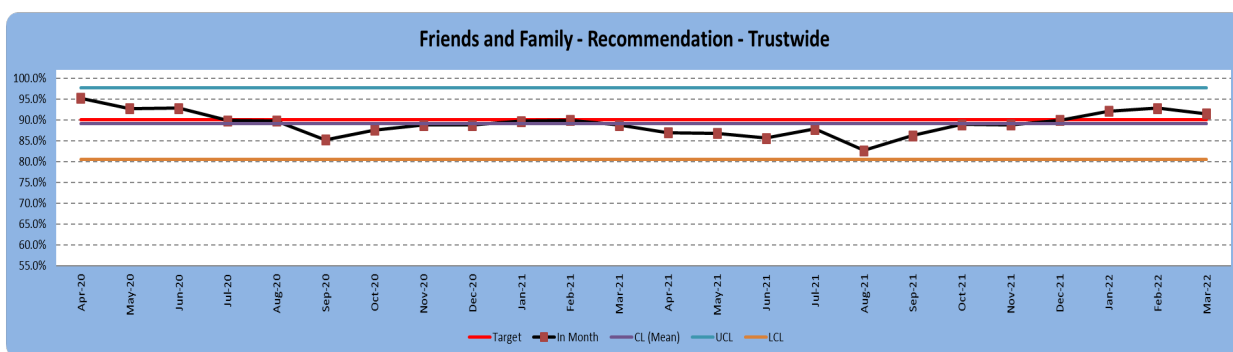
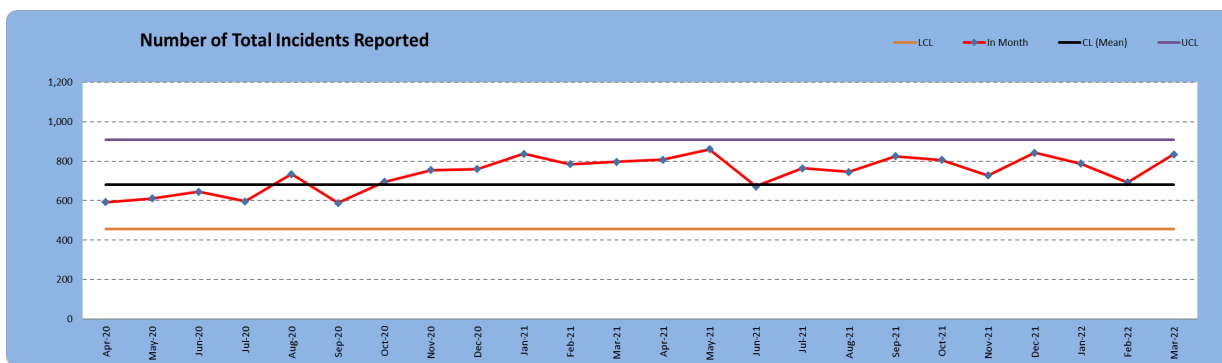
Where performance is not where it is expected and/or there is significant risk (e.g. clinical, financial), this is logged as a risk for the Trust which if sufficiently scored appears on the divisional and dependent upon assessed risk on the Corporate Risk Register and the Board Assurance Framework (BAF). In addition, Finance and Use of Resources is one of the five themes feeding into the Single Oversight Framework.

Performance during the year

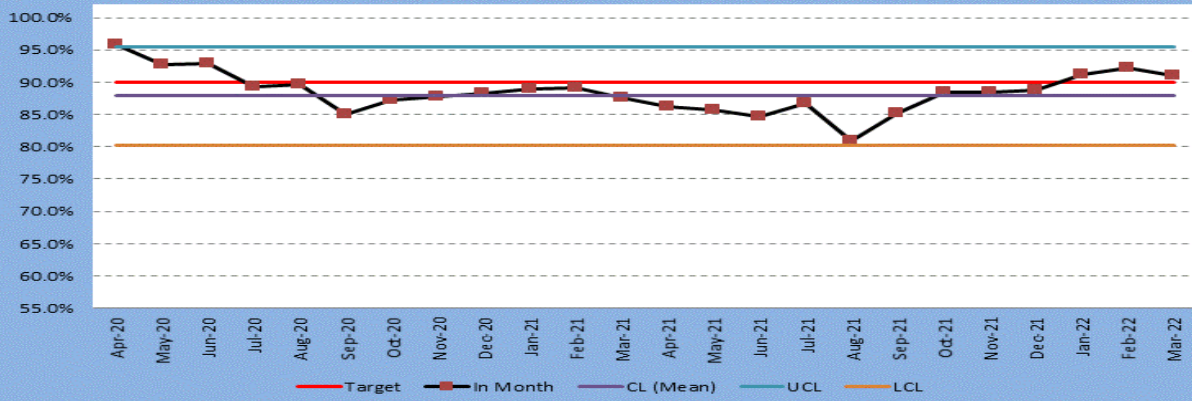
Information continues to be presented using Statistical Process Charts for a number of key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows key performance data to be analysed over a period of time to establish trends in performance, Upper and 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).

Our performance is reported monthly to the Trust Board and the comprehensive report is provided within our Board papers and available on our website.

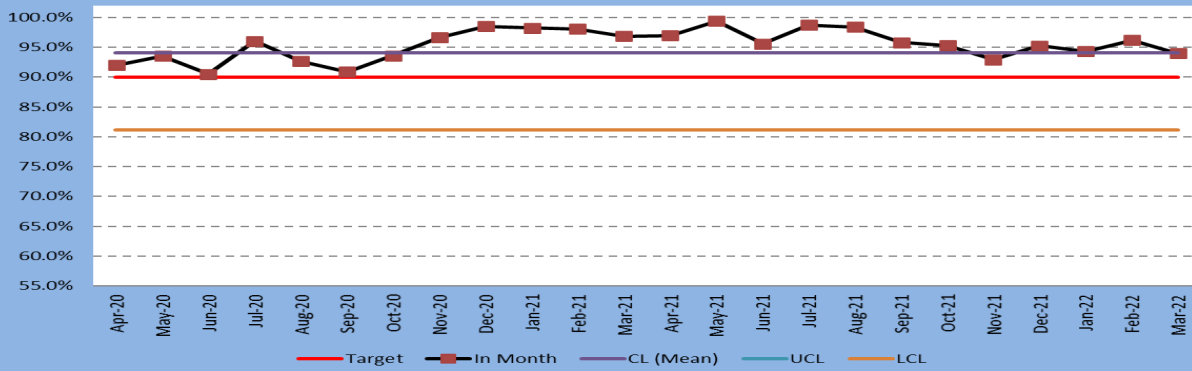
Statistical Process Charts (SPCs)



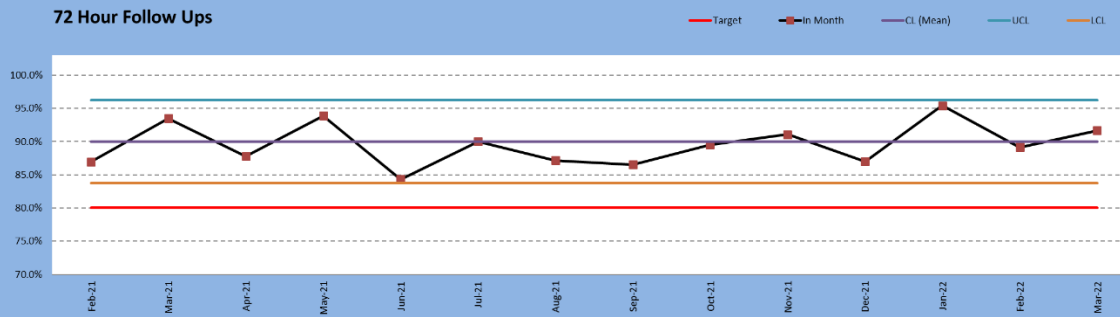
Friends and Family - Recommendation - GP



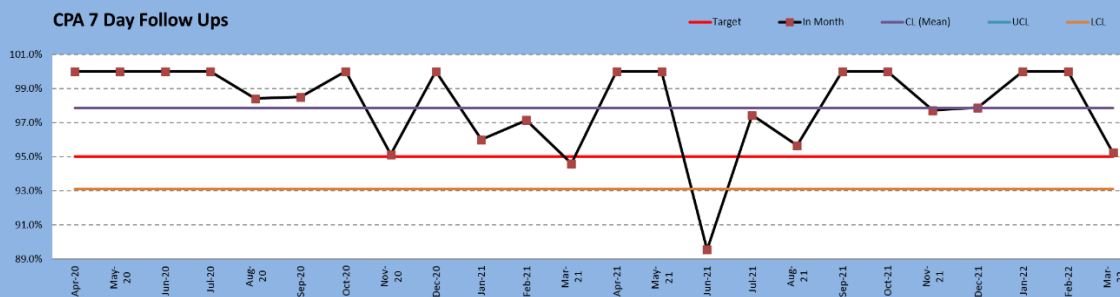
Friends and Family - Recommendation - Non GP



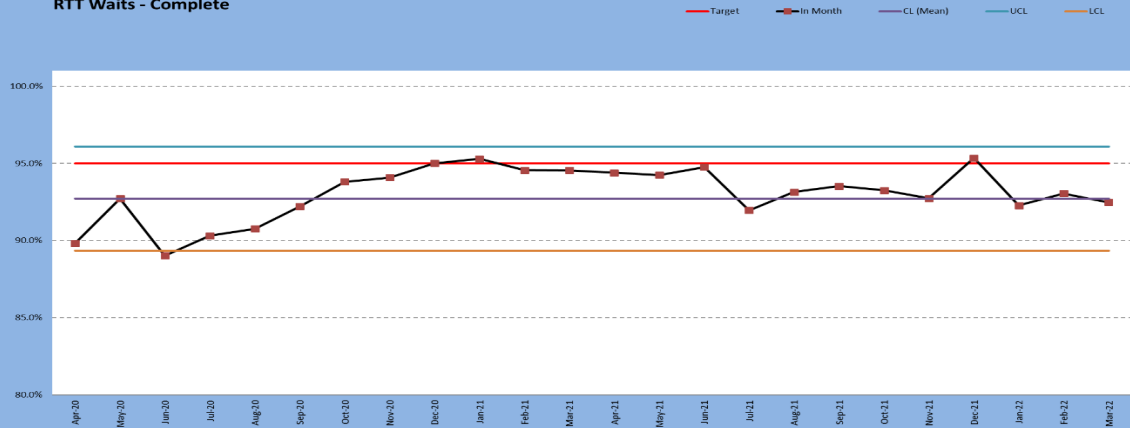
72 Hour Follow Ups



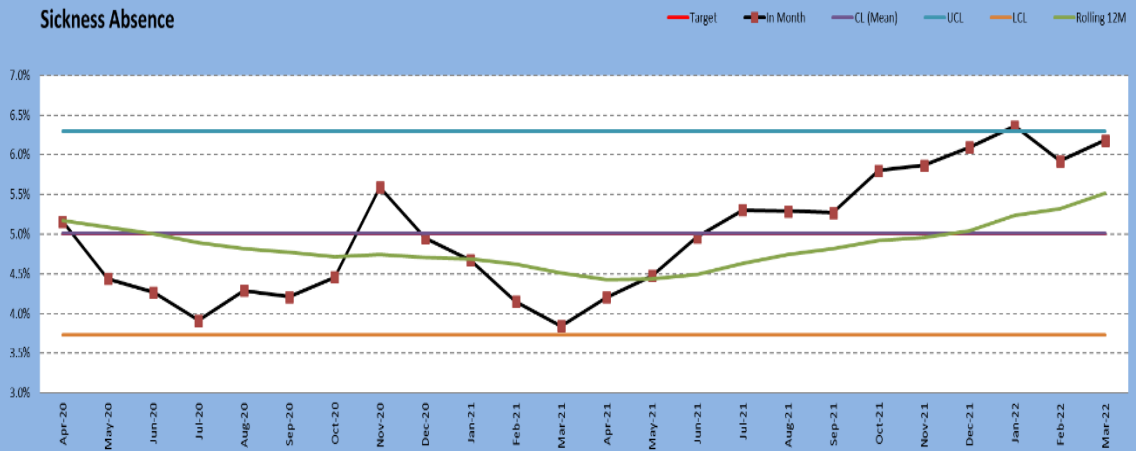
CPA 7 Day Follow Ups



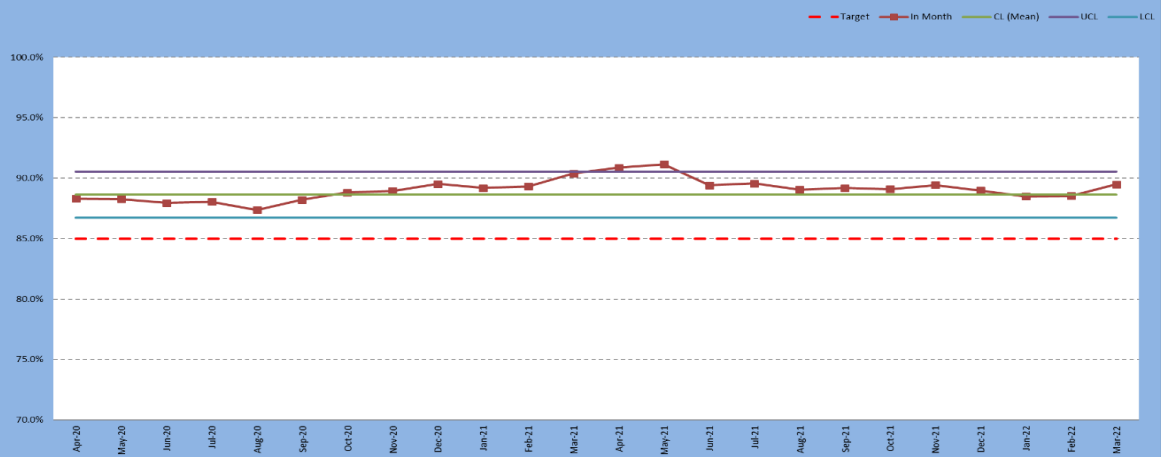
RTT Waits - Complete



Sickness Absence



Mandatory Training - Overall Compliance



2.3 Mandatory Quality Indicators

In this section, we report against a national core set of quality indicators, which were 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

7 day follow up

The percentage of patients using the Care Programme Approach, 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 Care Programme Approach (CPA) should be contacted by a mental health professional within seven days of discharge. The Trust has set a local performance standard that all patients should be seen face to face. However, phone contact is acceptable where face to face is either not geographically viable or safe.

Our aim is to ensure everyone discharged under the CPA process from a mental health inpatient unit is followed up within the criteria. 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:

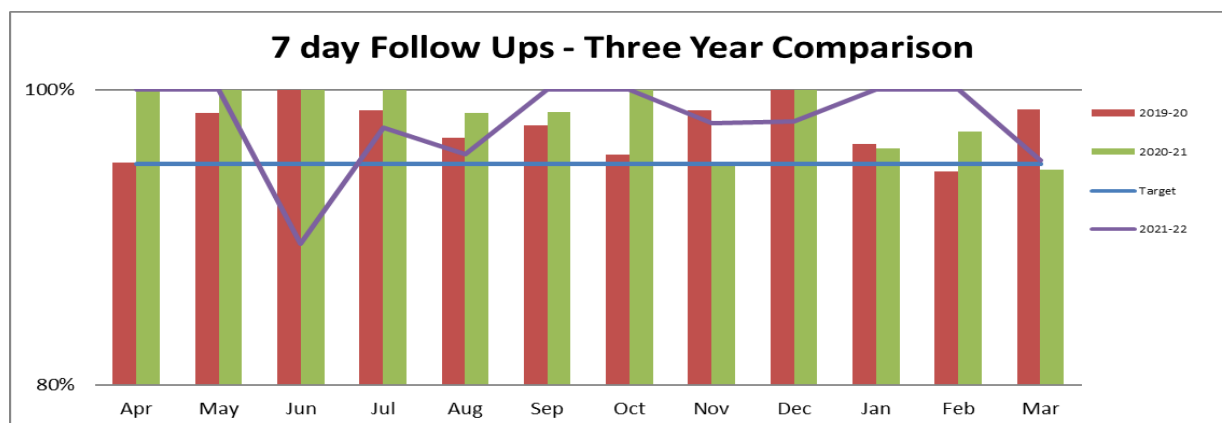
- People who die within seven days of discharge
- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment

Summary of progress

As at the end of March 2022, 15 patients were not seen within the 7 day follow up period. This is similar to the same period last year. Each follow up breach is reported as an adverse incident and reviewed with the Division and overall responsible to CRMG (Clinical Risk Management Group).

The Trust retained an average 98.0% compliance rate across all four quarters. This equates to 556 patients seen out of the 571 discharges. All incidents are investigated and reported on the Trust DATIX system. Appropriate actions and resolutions sought for individual cases.

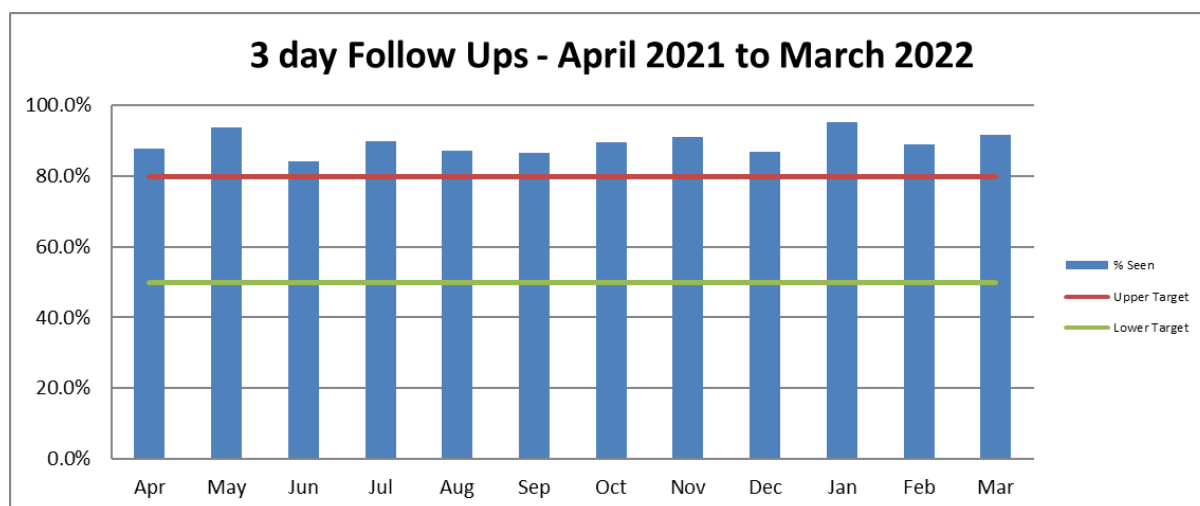
Three year comparison



3 day follow up

As part of the CQUIN process, the Trust monitored the percentage of all patients (barring exclusions) who were followed up within 3 days after discharge from psychiatric inpatient care during the reporting period. Exclusions included those as outlined in the 7 day follow up process but also excluded patients who were discharged from Secure Services.

Compliance is calculated over each quarter period. Minimum payment received upon achieving 50% compliance increasing in value until at least 80% compliance achieved, at which point full payment is received. Throughout the year, the Trust met the target for all Quarters. A total of 541 patients were seen out of 596 discharges with an average of 88.6%.



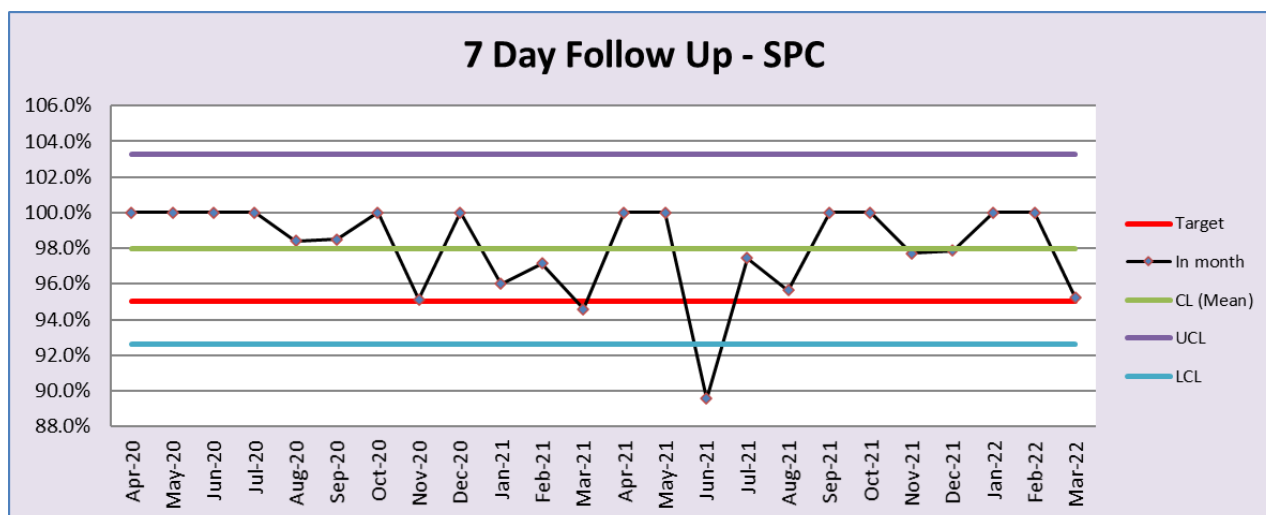
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- 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 clinical leads at individual team level.
- It is also reported externally to our commissioners on a monthly basis and to the Department of Health on a quarterly basis via the Mental Health Provider Commission return.
- Reported contractually to Commissioners as part of the CQUIN programme.

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 7 day follow up contact. The Trust Care Group Directors, General Managers and Service Managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within 1-3 days.
- The Trust reviews all failed 7 day follow ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding as a consequence of an unavoidable set of circumstances preventing contact.

The chart below shows the mean results with upper and lower control limits over the last two years:



Due to the Covid-19 pandemic, NHS England and NHS Improvement suspended the collection of the 7 day follow up data. Therefore, there is no data available on the national average or best/worst scores for 2020-2021. In April 2021 a decision was made to retire this collection.

Re-admissions (Community Hospitals)

The Trust has two Community Hospital sites, Whitby Community Hospital and the Fitzwilliam Ward in Malton Community Hospital.

Whitby Community Hospital

For April to March 2022, there were 225 discharges at Whitby. Of these were zero patients with an unplanned readmission within 30 days of their previous discharge, which equates to 0%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.

Fitzwilliam Ward, Malton Community Hospital

For the Fitzwilliam Ward, we do not record an Emergency Re-Admission rate. Instead, we identify and measure how many patients are re-admitted back to an acute setting, otherwise 'stepped back up'.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients Stepped up to Acute Bed - 20/21	4	4	5	7	4	4	3	4	0	4	3	6
Number of Patients Stepped up to Acute Bed - 21/22	4	8	1	4	6	1	5	8	6	8	4	6

The monthly average number of patients stepped up to acute hospital has increased from 4 (2020/2021) to 5 (2021/2022).

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 3 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, have been shown to deliver beneficial outcomes for patients nationwide.

Recommending our Trust as a Provider of Care

The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend our Trust as a provider of care, to their family or friends.

The new National Quarterly Pulse Survey (NQPS) was implemented in July 2021, replacing the Staff Friends and Family Test (SFFT) which had previously been carried out since April 2014.

During Q1 of 2021/22, only organisations which subscribe to the national pulse survey, People Pulse, participated in the NQPS.

The NQPS has been implemented in all NHS trusts providing acute, community, ambulance, and mental health services in England.

The aim is for all staff to have the opportunity to feed back their views on their organisation every quarter. This is a development to the former SFFT, which aimed to give staff the opportunity to have their say twice a year, once in the SFFT and in the National Staff Survey.

The NQPS supports the Trust's employee listening strategy, alongside the annual NHS Staff Survey, and provides a more regular insight into the working experience of our people. Allowing us to adapt of People Plan according to what our staff are saying.

Research clearly shows a relationship between staff engagement, patients, 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. It is therefore important that we strengthen the staff voice, as well as the patient voice.

Key metrics for 2021/22

Quarter	Live Dates	Sampe Size	Response rate	% of staff say care of patients/service users is my organisation's top priority	% of staff say they would recommend the organisation as a place to work	% of staff say a friend or relative needed treatment I would be happy with the stand of care provided by this organisation
Q2	12.07.21 - 30.07.21	2,864	27%	74%	59%	63%
Q3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live					
Q4	04.01.22 - 28.02.22	3,046	30%	75%	61%	63%

The analysis of Q2 and Q4 NQPS indicates that an average of 60% of our staff would recommend us as a provider of care to friends and family, and 63% would recommend our Trust as a good place to work.

We have taken the following actions to improve this percentage:

- Continued financial investment in staff wellbeing and development
 - Continued to develop the Trust estate (including provision of food and rest areas)
 - Increase provision for staff engagement
 - Increase provision for the Training Budget

- Increased training and support for staff and manager living with menopause
- Appointed a Health and Wellbeing Coordinator
- Allocated staff engagement/wellbeing funds to each directorate and division
- Reinvested in the Shiny Minds app to support the improvement of wellbeing and resilience of our staff
- Wellbeing initiatives for staff to be actively involved in to decrease work related stress
- Introduced enhanced flexible working opportunities offered as well as flexibility in hours and working location
- Launched our Covid Recovery Plan developed by staff through shared ideas and suggestions on how we could support in teams and directorates with local initiatives
- ‘You’re a star celebrations’ rolled out to recognise staff and say thank you - teams were given funds to plan a team activity, to support with moral and engagement
- Received our White Ribbon Accreditation for our commitment to changing cultures that lead to gender-based violence
- Introduced our Autism Strategic Framework supporting staff living with Autism
- Developing existing talent and recruiting new with apprenticeships, reviewing promotion and recruitment practices by ensuring staffing is reflective of the community
- Second cohort of staff recruited for HHPDS – this year, the Humber-Ability, BAME and Rainbow Alliance sponsored one delegate to join 2022’s cohort
- Career conversations are incorporated into appraisals, plus tailored CPD and enhancements to e-learning
- Amended the Retirement Policy and more pension information is available for our staff, including clarity on our Retire and Return procedures
- Ensuring that each staff member is asked to complete the survey each quarter to ensure they have an opportunity have their say

The NHS Community Mental Health Users Survey

The Trust’s ‘patient experience of community mental health services’ indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.

Each year, a national study takes place across the NHS to gather patients’ experiences of using community-based mental health services (CMHT). The most recent survey was sent to 1,250 service users.

The 2021 response rate was 31% (372 usable responses from a usable sample of 1,215). Humber Teaching NHS Foundation Trust considers that the data is collected nationally from a randomly selected sample. 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.

Five questions scored in the top 20% of Trusts surveyed and the majority of the scores sat in the intermediate range. Three questions scored in the bottom 20%.

Due to the pandemic, several questions that scored in the top 20% of Trusts surveyed in 2020 are in the intermediate range this year. This is in line with the national picture which has seen similar changes.

Our Trust has a Community Mental Health Service User Survey working group which meets bi-monthly and includes service users, carers and staff to make the survey more meaningful.

A workshop has taken place to develop an action plan to address areas where improvements can be made. Particular attention has been made to the questions where the Trust scored in the lowest 20% threshold, the Trust’s bottom five scoring questions and specific targeted questions of

concern. These are discussed at each working group meeting where an action tracker is updated, to note any changes or developments.

The division continues to progress the following actions:

- To review initial Mental Health assessment paperwork to explore the possibility of adding an open question to find out how the individual feels their mental health needs affect other areas of their life and to ensure that any needs regarding financial/benefits advice are addressed.
- To continue the Medicines Information Task and Finish Group and pay attention to training and development needs of workforce use of tools from the Choice and Medicines website.
- To develop a resource pack to include key medication information websites and what they offer. Training is to be offered from the Pharmacy Team and a Non-medical Prescriber to the teams around medication information.
- To extend the Community Mental Health Service User Survey working group membership to the Individual Placement and Support (IPS) team to identify and collaborate on improvements with providing help and/or advice with finding paid work.
- To review the Health Improvement Profile (HIP) to understand the rate of declined appointments (the HIP has been reinstated and is checked annually).
- To continue to ensure that peer support workers are employed in the CMHTs and that there is a clear link to the Patient and Carer Experience team from the CMHTs.
- To offer a training package for staff regarding the understanding of the CPA and administrating CPA in a family inclusive way continues to be delivered.
- To continue to monitor the uptake of the Carers Champion training as a required competency withing Planned Care services.
- To discuss in working group meetings the identification of existing and additional opportunities for contact with carers and families and how blended models of clinical contacts (virtual, telephone, face to face) can support increased engagement.
- All teams have Staff Champions of Patient Experience (SCOPE) and attend regular SCOPE forums to share best practice and provide a voice of experience on behalf of their clinical networks (these are being held virtually at present).
- All our CMHTs continue to receive excellent feedback via our Friends and Family Test (FFT) where live feedback is available by accessing the Trust's FFT dashboard.
- Service users and their carers are given the opportunity to attend regular Patient and Carer Experience forums where they can provide a public voice by bringing lived experiences and individual perspectives to the Trust (these are being held virtually at present).
- Service users and carers are supporting the Trust recruitment process; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience.

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 infection, such as MRSA bacteraemia, the rates of other HCAI have risen. For example, *Clostridioides difficile* and the continuing emergence of newly resistant organisms.

The Trust has a proven track record for performing well against the contractually agreed targets and we have continued to assess our performance against the key performance indicators highlighted below. The Infection Prevention and Control Team have been instrumental in ensuring all infection control policies have been reviewed in line with new guidance, supported by communications to staff, staff training, and audits.

Please refer to the Trusts Annual Infection Control Report 2021-22 for full details of the Trust response to the pandemic from an infection control perspective. Our Trust web page for [Infection Prevention and Control](#) gives further information and the annual report will be available to view once published later in the year

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 is outlined below.

***Clostridioides difficile* Infection (CDI) Measure**

The rate per 100,000 bed days of cases of *C. difficile* infection reported within the Trust among patients aged 2 or over during the services reporting period.

The threshold on this regionally agreed key performance indicator is currently:

- Not to exceed 4 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 4 cases for Whitby Community Hospital inpatient unit (Hambleton, Richmondshire and Whitby CCG)
- No target is currently set for Malton Hospital (based on the patient GP Practice the Vale of York CCG or the Scarborough and Ryedale CCG)

Summary of progress

During Q1-Q3 of 2021-22, it is noted there have been no CDI cases apportioned to the Trust. We had one CDI Trust apportioned case reported at Whitby Memorial Ward in March 2022.

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

A *Clostridioides 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.

The Trust has taken the following actions to improve this percentage and so the quality of its service:

- Any CDI cases where the sample is obtained after 3 days from admission are reviewed to determine any areas of learning using root cause analysis and whether the case of CDI could have been avoided, regardless of whether the case was attributable to the Trust
- If the case is determined to be attributed to the Trust, the report is presented to the relevant Clinical Commissioning 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

Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia

For the financial year 2021-22, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

Escherichia coli (E.coli) Bacteraemia

For the financial year 2021-220, it is noted there have been zero *E.coli* Bacteraemia cases apportioned to the Trust.

Patient Safety

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety in the NHS.

Within these figures, the national median rate for incident reporting from their last twelve-monthly report, which was published in October 2021 and covered the period April 2020 to March 2021, was 64.1 per 1,000 bed days.

Humber Teaching NHS Foundation Trust's reporting rate was 114.6 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 235.8. In terms of reported level of harm presented in the last NRLS twelve-monthly report, 71.4% of the Trust's reported patient safety incidents resulted in no harm and 25.3% of the total incidents resulted in low harm. The next report is due to be published October 2022.

	Total Incidents 2020/21	Total Incidents 2021/22	Severe/ Death 2020/21	Severe/ Death 2021/22	Serious Incidents 2020/21	Serious Incidents 2021/22
1 April-30 June	1,333	1,493	10	19	6	6
1 July-30 September	1,487	1,561	11	13	3	4
1 October-31 December	1,670	1,711	15	21	3	3
1 January-31 March	1,603	1,698	21	13	3	3
Totals	6,093	6,463	57	66	15	16

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

All incidents are reviewed in the daily Corporate Safety Huddle which is attended by a range of professionals which include Safeguarding, Pharmacy, Matrons, Senior Managers, and Senior Clinicians. 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.

There is a robust process in place to support staff who are undertaking Significant Event Analysis (SEA) investigations. These are incidents that do not meet the threshold of a serious incident but still warrant investigation to identify and learning. Staff report that they feel much better supported and find meeting throughout the process invaluable.

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 reviewed our reporting forms to ensure they are as simple as possible to complete, thus minimising administrative burden and increasing use
- Datix Dashboards are live within the Datix system for team/ service level and Divisional dashboards have been made available in divisional clinical networks and Operational Delivery Groups. Bespoke dashboards have also been developed upon request and are

now in use. Training around the use of dashboards will continue to be provided as part of the monthly Datix training modules for the monitoring of patient safety data

In addition to learning from incidents, we recognise the importance of learning from what we have done well, this is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix", which is part of our Datix incident reporting system and very quick and easy to use. Each month we recognise the patient safety team or individual of the month who has gone above and beyond in terms of maximising safety for our patients/ service users and their families and/or carers.

We continue to embed 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.

Patient Safety Strategy update 2021/22

In September 2019, the Trust launched the Patient Safety Strategy which is aligned to the National Patient Safety Strategy.

Our vision is to develop a 'high reliability' culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop, and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners.

Embedded within the Trust approach to patient safety is the requirement that every person working in the Trust is aware of their responsibilities, in relation to ensuring the safety of our patients, carers and families and takes appropriate action to maintain safety in our most vulnerable service users. Equally, we assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources, and safe in their daily work.



As an organisation, we recognise that our staff are our greatest asset, and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety and make our Trust an excellent place for staff to work.

We have six priorities across the three areas (insight, involvement and improvement) identified in the NHS Patient Safety Strategy and these are aligned to our overall strategy goals as follows:



Insight Priorities

<p>Priority 1 To develop a positive and proactive safety culture</p>	 <p>Innovating quality and patient safety</p>
<p>Priority 2 To reduce the number of Patient Safety Incidents resulting in harm whilst maintaining high levels of reporting</p>	 <p>Enhancing prevention, wellbeing, and recovery</p>

Involvement Priorities

<p>Priority 3 To work with patients, carers and key partners to continuously improve patient safety</p>	 <p>Fostering integration, partnership and alliances</p>
<p>Priority 4 To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents</p>	 <p>Developing an effective and empowered workforce</p>

Improvement Priorities

<p>Priority 5 To ensure a culture of learning and continuous improvement</p>	 <p>Maximising an efficient and sustainable organisation</p>
<p>Priority 6 To work with the wider community to improve patient safety</p>	 <p>Promoting people, communities and social values</p>

Progress in relation to the 6 priorities

Despite the pandemic, steady and sustained progress continues against all priorities as detailed below.



Priority 1: To develop a positive and proactive safety culture

Leadership for safety – the PROUD programme is continuing within the Trust, offering ‘leadership’ and ‘senior leadership’ development programmes which take place via a blended approach. The programmes reflect our core values through leadership behaviours and introduce delegates to techniques to enhance a strength-based positive approach to leadership.

Our Leadership programmes are delivered in cohorts over an extended period.

Since the last update in March 2021:

- Senior Leadership Development programme: 1 cohort has reconvened, 3 new cohorts have started, this is 39 Senior Leaders across the 4 cohorts currently on the programme
- Leadership Development programme: 2 cohorts have reconvened, 7 new cohorts have started, this is 99 delegates across the 9 cohorts
- Three cohorts are complete which means 25 of our leaders have completed their development programme

Use of data in improving patient safety – dashboards are live within the Datix system for service level and divisional dashboards have been made available in clinical networks and Operational Delivery Groups. Bespoke dashboards have also been developed upon request and are now in

use. Training around the use of dashboards will continue to be provided as part of the monthly Datix training modules for the monitoring of patient safety data.

Supporting staff involved in patient safety incidents – being involved in an incident can be a very stressful experience for staff. The Patient Safety team have been working with all divisions and staff involved in incidents to see how we can improve the support offered to staff who are involved in patient safety incidents.

A booklet 'Navigating difficult events at work' has been developed to support staff when involved in an incident and all managers are encouraged to use this resource. Feedback from staff has been positive. The booklet is available on the Trust intranet. Results of our staff survey in 2021 indicate that 80.6% of staff feel secure raising concerns about unsafe clinical practice which is above the national average of 79.6%.

Corporate Safety Huddles –Daily attendance is required from all divisions, medicines management and safeguarding which demonstrates joint working, there is a positive and constructive discussion by participants.

Divisional Safety Huddles - all divisions have now introduced daily huddles to discuss a variety of risks, these include staffing, demand and capacity, previous incidents (Datix), management of complex patients to include falls and the deteriorating patient. Medication related incidents should be incorporated into the daily divisional huddles including feedback from any medicine matters meetings attended.

Freedom to Speak Up - From 1st April 2021 until 31st March 2022 there have been 21 speak up concerns received; this is a slight decrease on the previous year. We are not a particular outlier compared to other similar Trusts of size and speciality.

We continue to promote the role of the Guardian across the Trust by holding virtual pop in sessions and during speak up month in October.

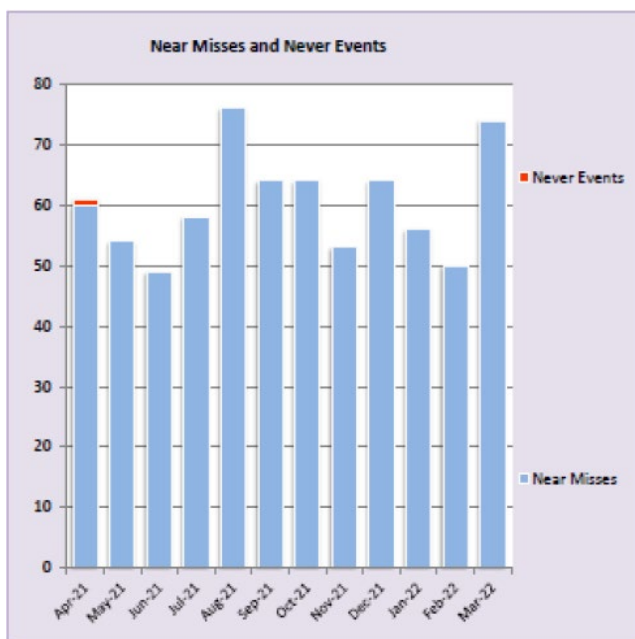
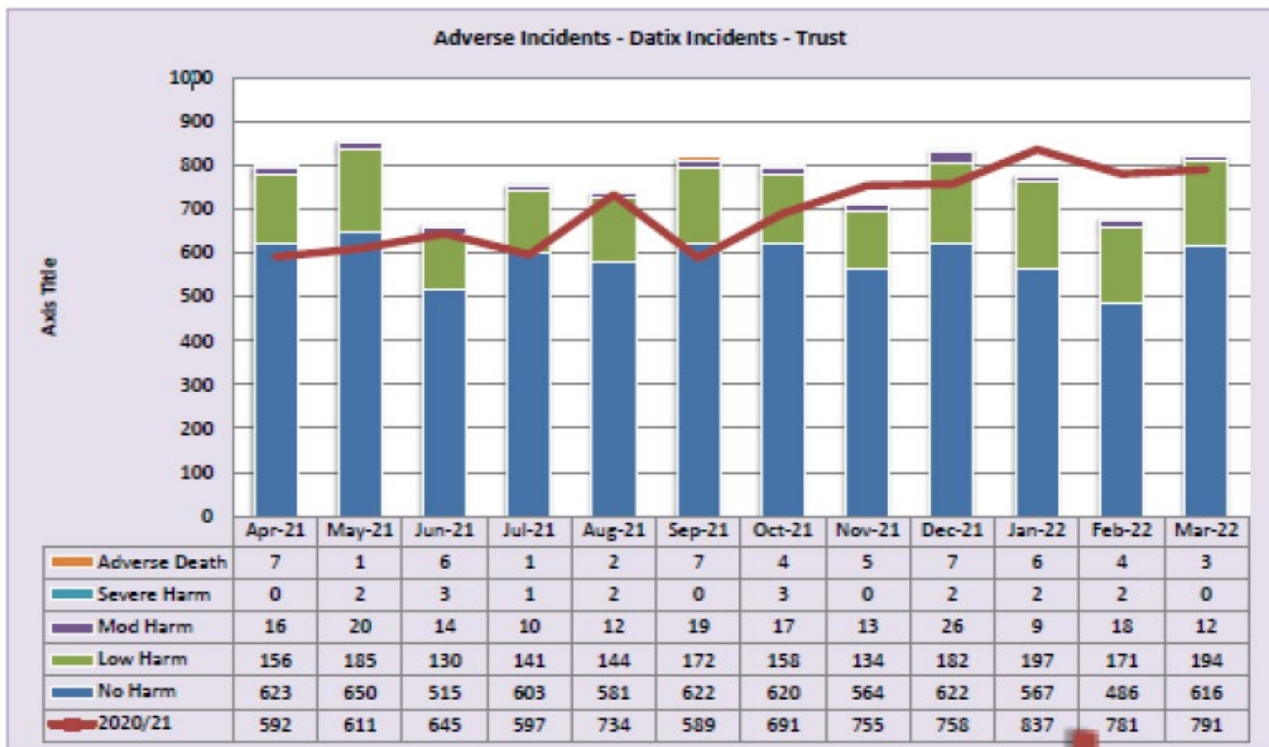


Priority 2: To reduce the number of Patient Safety Incidents resulting in harm

Incident reporting trends – to achieve our aim of being a high-reliability organisation, it is essential that we ensure safety incidents are reported and shared.

A total of 17,021 incidents were reported over a 24-month period from April 2020 until March 2022. Out of the 17,021 incidents 347 were reported as moderate and 28 as severe.

The goal is to see a high number of incidents of low or no harm being reported as evidenced in the graph below.



The Patient Safety Strategy has set out an ambition to increase the number of near miss incidents reported and these are shown in the graph on the left.

While it is recognised that more work is required to work with staff around understanding of what constitutes a near miss incident from Apr 2020 to Mar 2021, 4.5% of the total incidents were reported as near misses compared to 8.0% for Apr 2021 to Mar 2022 showing a significant increase in this area of reporting.

In April 2021 the Trust declared the following Never Event - *Overdose of insulin due to abbreviations or incorrect device*. The patient was not harmed.

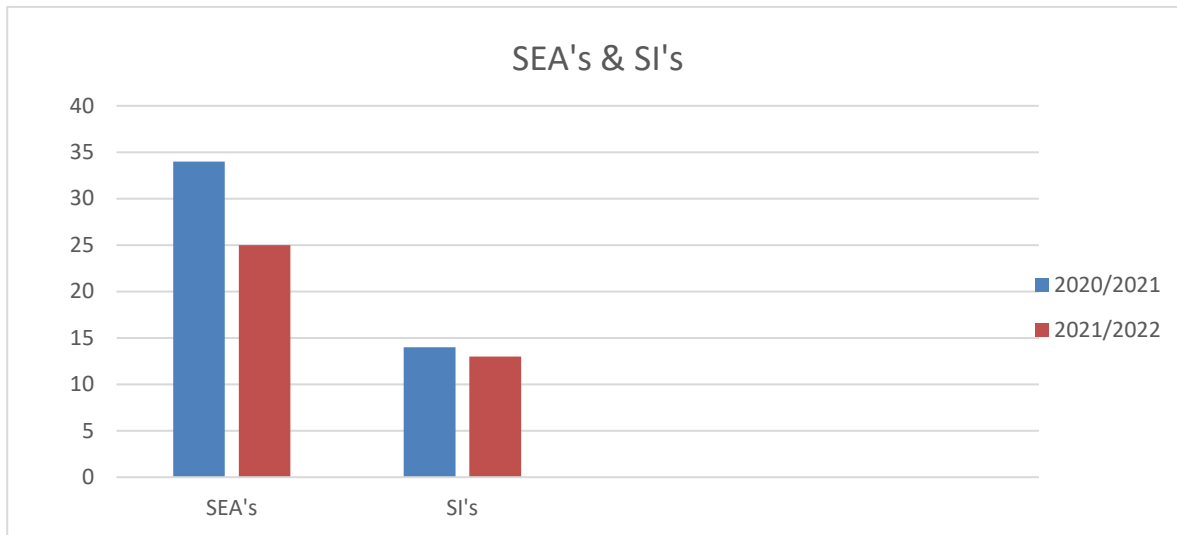
Immediate action was taken including discussion with the staff involved, review of in-house training, practice note sent out to all clinical teams as a reminder of the related patient safety alert and associated risks. The incident was investigated under the Trusts serious incident investigation procedure.



Priority 3: To work with patients, carers, staff, and key partners to continuously improve patient safety

Emerging themes and learning – themes and trends from the investigation of patient safety incidents and complaints continue to be captured with learning identified across the divisions. Action plans for improvement are devised, and learning is monitored to ensure it is embedded in practice.

The below chart shows the total significant event analysis and serious incident investigations undertaken in 2020/21 compared to 2021/22.



In July 2021, the Patient Safety team held a 'Learning the Lessons' week. Over 200 staff attended the virtual events and positive feedback was received. The team have now introduced Learning the Lessons days incorporating national awareness days which fit with the Trust's learning from SI's as follows:

- November 2021 – Learning the Lessons from diabetes, incorporating World Diabetes Day
- March 2022 – Learning the Lessons from the deteriorating patient in Mental Health and Community services, incorporating Nutrition and Hydration Week
- May 2022 – Learning the Lessons from suicide, incorporating Mental Health Awareness Week
- September 2022 – Learning the Lessons from falls prevention, suicide prevention and sepsis, incorporating World Patient Safety Day

World Patient Safety Day – celebrated every year on 17th September, World Patient Safety Day is a campaign for all stakeholders in the health care system to work together and share engagement to improve patient safety. This year's theme was 'safe maternal and new-born care', for which we raised awareness in our internal communications and on social media, receiving 1,764 interactions which is promising.

Patient Safety Partners – workshops were held with key stakeholders including patients, service users, carers, commissioners, and staff, to determine the specification for the role at the Trust. Feedback was very positively received, and the Trust continues to work towards having two Patient Safety Partners in post by June 2022.



Priority 4: To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents

Investigating incidents, a system-based approach – as part of the NHS Patient Safety Strategy (2019), there is a requirement to work towards the Patient Incident Response Framework (PSIRF), introduced in response to calls to move away from undertaking a root cause analysis approach to incident investigation, which can lend itself to blame to one of an approach that focuses on systems, learning and continuous improvement.

In preparation, we wanted to ensure practitioners were equipped with the tools and knowledge to start moving towards the introduction on PSIRF. A training provider was sourced who specialises in a 'System Based Approach' to investigating patient safety incidents.

So far, 65 staff have been trained. The feedback has been exceptional, for example:

- “Best training I have had in a long time, really relevant and interesting”
- “Very thought provoking and will change the way I work”
- “Very good, and very clear, precise and informative”

NHS patient safety syllabus – this training has been devised following the publication of the NHS Patient Safety Strategy which contains a patient safety syllabus. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care, while also including systems thinking and human factors.

The first two levels, as described below, have been launched by Health Education England, in partnership with NHS England and NHS Improvement and The Academy of Medical Royal Colleges and are available on the ESR.

- Level one 'essentials for patient safety' is the starting point and all NHS staff, even those in non-patient facing roles are encouraged to complete it
- Level two 'access to practice' is for those who have an interest in understanding more about patient safety and those who want to go on to access the higher levels of training

All staff are being encouraged to complete training and work is being done to ensure new staff are made aware of this training at their Trust induction.

In-house training – an updated training package around use of the Datix system has been developed and monthly MS Teams training sessions are available to all staff on incident reporting, incident investigation and risk registers. Use of the dashboard module and the system for monitoring themes and trends is covered as part of the updated training, dates for which are available until December 2022.



Priority 5: To ensure a culture of continual improvement

Quality Improvement – the Trust's Quality Improvement journey to implement a culture of continuous improvement remains with the approval of a new Quality Improvement Strategy for 2021 to 2026, which was co-produced with our Patients and Carers and includes a new roadmap for the duration of the strategy.

Our strategy continues to promote the methodology of the Model for Improvement (Plan Do Study Act) with an emphasis on empowering staff, patients and their carers to identify areas of improvement and undertake the work.

Other key areas are:

- Training – to support staff to develop their QI Skillset a four-tier training is available, of which two of the courses are based on the NHS Improvement methodology of Quality Service Improvement and Re-design (QSIR) and ad hoc training is available on request. To date in 2021/22, there have been 148 training places and 48 awareness sessions provided.
- QI Projects – anyone undertaking a QI project completes a charter which enables the project to be tracked and ensures that all the QI activities are aligned to the Trust's strategic goals. Completed charters are available to review on the intranet.
- Ad hoc support – is provided individually, at our QI Virtual Cafes and through the QI Consultancy.
- QI activities are celebrated – via monthly QI stories, annual forums, use of intranet and twitter and the internet. During 2021/22, there have been 15 QI stories which were watched live by 389 staff, patients and carers and NHS organisations.

The planned QI forum specifically for Learning Disability, which will be co-produced, has been postponed to the Summer of 2022 and QI continues to support the QI Doctors Programme.



Priority 6: To work with the wider community to improve patient safety

Domestic Abuse – White Ribbon status recognising a trust wide commitment to ending male violence against women was awarded to the Trust at the end of October 2020, the Trust being the first health organisation to gain the accreditation.

Cohort 3 is underway to establish more Domestic Abuse (DA) Champions across inpatient wards. Champions are pivotal in reinforcing the consistent message of domestic abuse as a priority area on the safeguarding agenda, awareness raising using promotional materials and ensuring their colleagues have confidence in recognising and responding to domestic abuse. On the 1st of May 2021, an e-learning package was developed for routine enquiry and how to complete a 'Domestic Abuse, Stalking, Harassment and Honour Based Abuse' (DASH) risk assessment.

The data relating to referrals into local domestic abuse services and multi-agency risk assessment conferences (MARAC) shall be reviewed over the next year to evaluate the positive impact of the training. An audit relating to the use of risk assessments following domestic abuse disclosure is in the initial stages.

On 29th April 2021, the Domestic Abuse Bill has passed both Houses of Parliament and been signed into law. The amended policy has been ratified and now includes routine and targeted enquiry. The work taken has allowed the Trust to be in a very good position to meet the duties outlined within the Domestic Abuse Act (2021).

A review of the safeguarding database, despite the variables of three national lockdowns, reassure that the trend is that recognition and response to domestic abuse is showing an upward trajectory following White Ribbon accreditation. This is particularly notable for adult safeguarding duty calls. Lockdowns have had a significant impact upon referrals for children's social care (a decline) and this is reflected by the local picture of referrals into MARAC with subsequent increases as restrictions are lifted. Recognition and response for adult victims of domestic abuse is showing a significant increase from the period of White Ribbon awareness raising, in both contacts to the Humber safeguarding team and referrals made. This trend has increased in the first quarter of the financial year 2021/22. This will continue to be reviewed.

Innovation in services – an example of an innovative service is The Juice Bar and how it has been developed for a specific group of patients that ‘mainstream’ services did not reach. The Juice Bar is part of the East Riding Partnership and provides a service specifically for Image and Performance Enhancing Drug (IPED) users. The drugs most predominantly used are anabolic androgenic steroids. The word ‘juice’ is slang for steroids, and it was felt that a separate identity was required for this part of the service as this service user group often do not see themselves as substance users.

A variety of interventions take place when we meet our service users face to face which include:

- Harm reduction advice on different IPEDs, dosages, cycle length, identifying fakes etc.
- Safer injecting advice
- Injection site examination
- Needle exchange
- Blood pressure and weight monitoring
- Diet and nutrition advice
- BBV spot testing
- Distributing literature on IPEDs
- Muscle dysmorphia screening
- Support in reducing or stopping use
- Relapse prevention support
- Counselling interventions (e.g., motivational interviewing, cognitive behavioural therapy)
- Sexual health advice

As these service users can be reluctant to attend face-to-face support, we continue to offer alternative ways to contact and access our service. This includes telephone support, text messaging and email support. We also developed the service further by offering a live chat service, allowing services users to access advice, information and support through instant messaging, and this remains live for a number of hours per week. If the service is offline, service users can still send our service a message and we respond to them as soon as we are able. We take messages and queries from a wide geographical area locally and have also had messages from other countries such as The Netherlands, Bulgaria, South Africa, and Australia.

The Trust’s Patient Safety Strategy is due a refresh and there will be a series of events throughout Q1 and Q2 2022 to involve staff, patients, carers, and other relevant stakeholders, to ensure the Strategy is co-produced and co-owned by Trust staff and users of our services.

Part Three: Other information on Quality Performance 2021/22

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.

We also share some highlights of our successes throughout 2020/21 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: 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	Seven day follow up (Part Two)
	Clostridium Difficile (Part Two)
	Admissions of Young People under the age of 16 to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care
	Percentage of Patients Seen for Treatment within 14 Days of Referral
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Cardio-metabolic Assessments
	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway
	CAMHS eating disorders
Patient Experience	Percentage of patients seen and discharged/transferred within four hours for minor injury units
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Inappropriate out of area placements for adult mental health services
	Improving access to psychological therapies (IAPT)

Mental Health Delayed Transfers of Care

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 as the numerator against the number of occupied bed days (OBDs) as the denominator. In

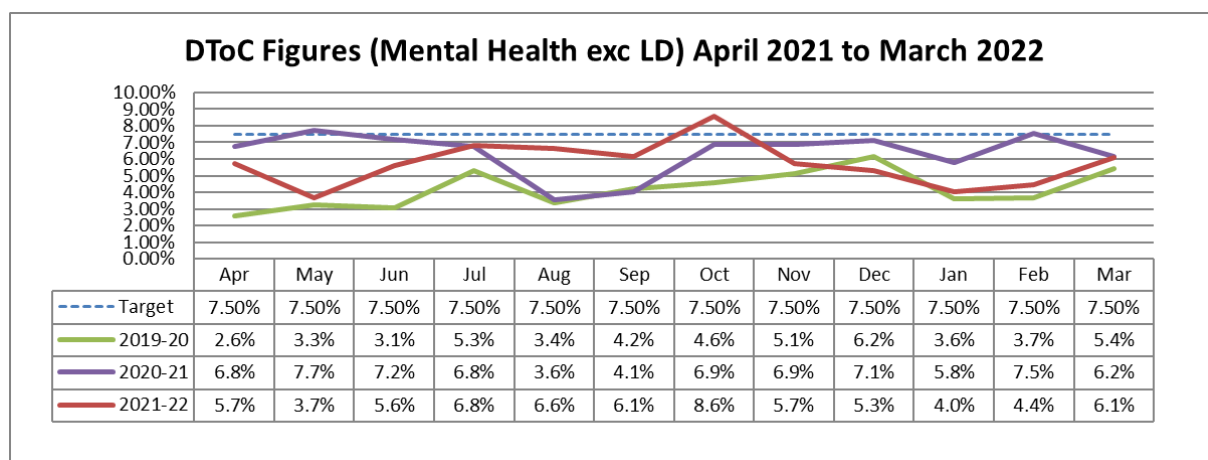
accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

Summary of Progress

Due to the Covid-19 pandemic, NHS England and NHS Improvement suspended the collection of the Delayed Transfers of Care data. However, the trust has continued to monitor all delays.

At the end of March 2022, the Trust reported a percentage of 6.1% delayed transfers which is a slight improvement on last year's percentage of 6.2%.

The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients effected, 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.



The graph above compares three years data by month up to the current year.

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
MH OBDs	3907	4075	3960	3914	3969	3870	4369	4301	4208	4273	3902	4321
MH DToC	223	149	223	267	263	238	375	246	223	173	173	264
	5.7%	3.7%	5.6%	6.8%	6.6%	6.1%	8.6%	5.7%	5.3%	4.0%	4.4%	6.1%

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

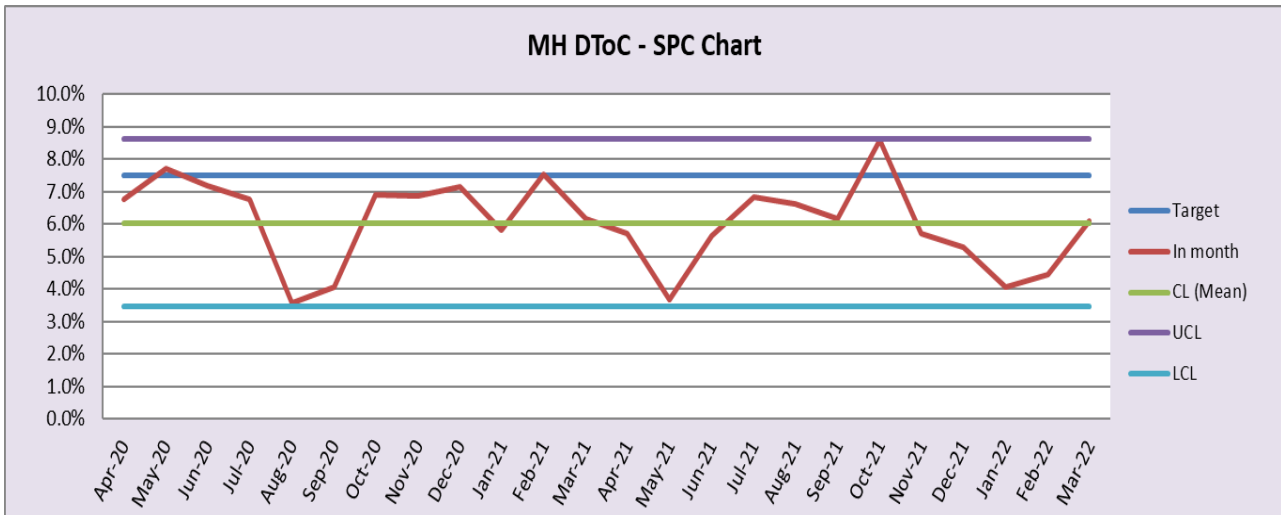
- Both the Care Quality Commission and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

The Trust has taken the following actions to improve this percentage 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.

The chart below shows the mean results with upper and lower control limits over the last two years.



Improving Access to Psychological Therapies (IAPT)

The percentage of patients seen for treatment within 6 and 18 weeks of referral.

IAPT access times and goals

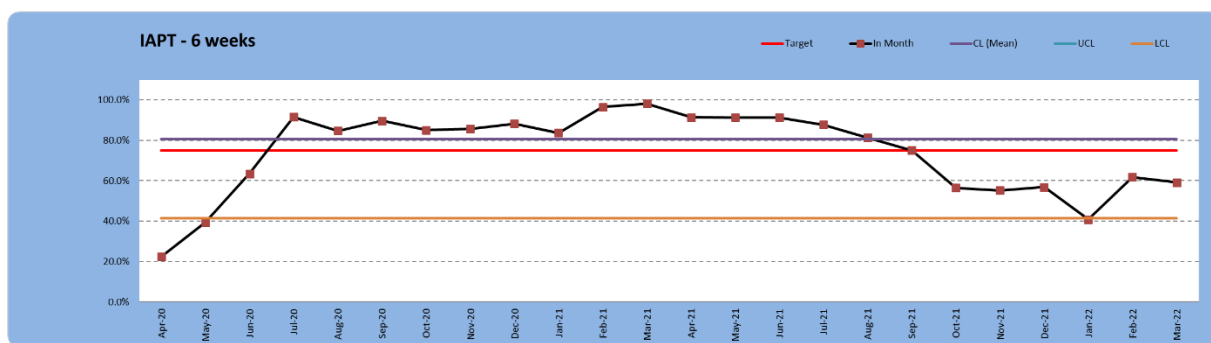
The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

Summary of progress

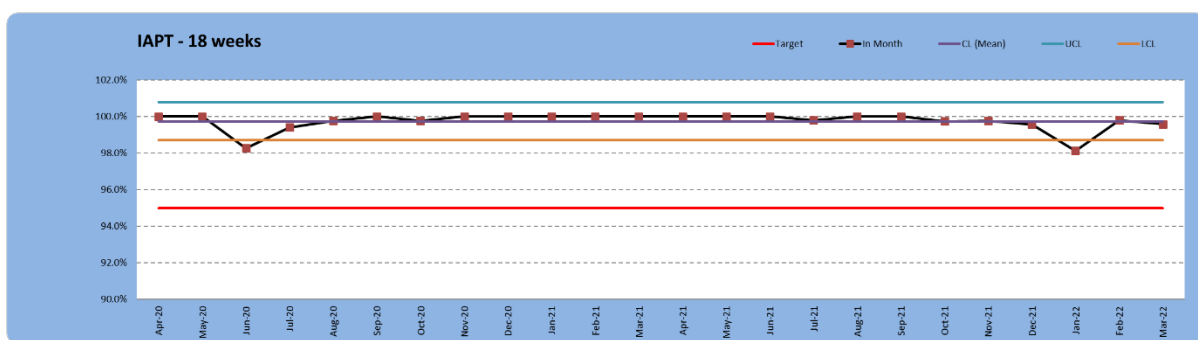
The IAPT team has been measured against this standard for the East Riding catchment area throughout 2021/22. 6 week performance had dropped between Sep-21 and Mar 22. The main reason for the reduction in performance was due to Humber ceasing sending referrals to one of the sub-contractors as they come to the end of the contract. The Trust now have two new providers in place following a successful procurement process.

18 week compliance has been above target for the past 2 years.

6 week target



18 week target



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

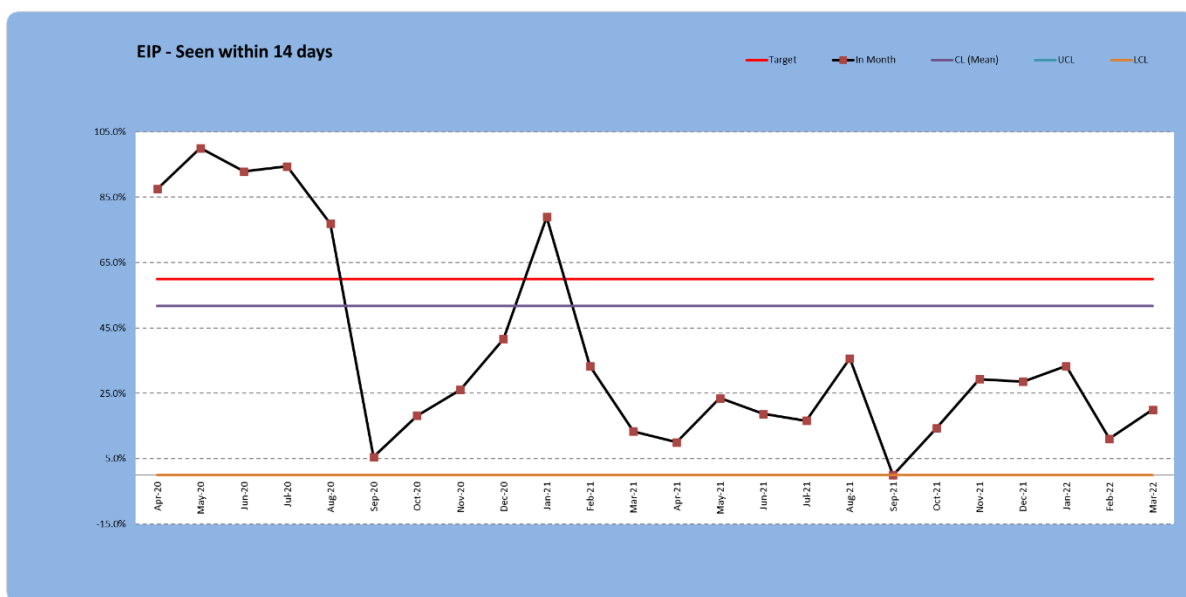
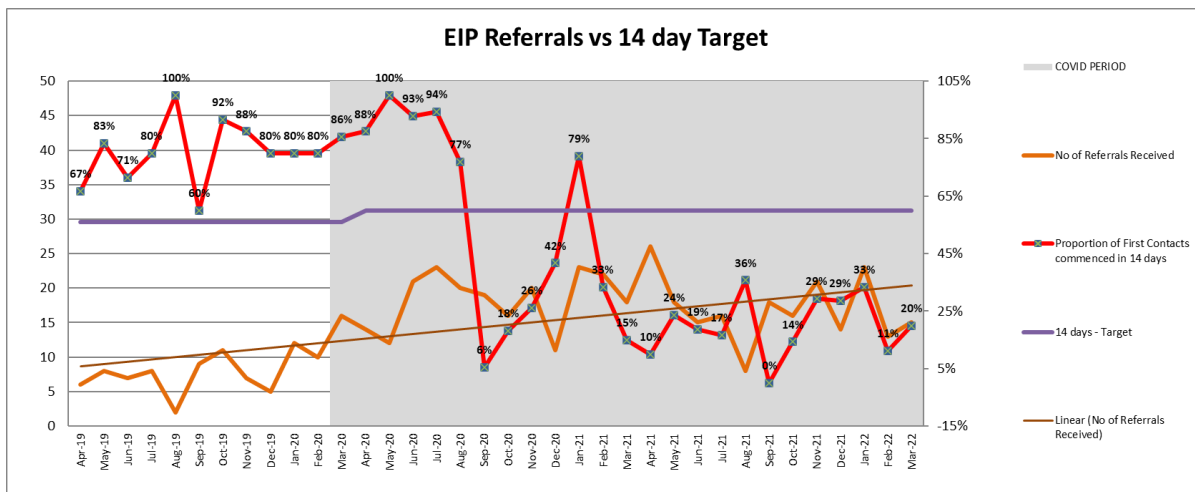
- monthly reporting from the Trusts PCMIS system.

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 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 early intervention in psychosis (EIP) services requires that more than 60% of people experiencing first episode psychosis will be treated, with a NICE-approved care package, within two weeks of referral. The standard is targeted at people aged 14-65.

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 22.3 % is below the nationally mandated target of 60%. Performance levels have dropped since Aug-20, this is due to increased referral rates, increased vacancy levels and higher sickness/absence.



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

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

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
- Early Intervention in Psychosis
- 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 severe mental illness (SMI) were a CQUIN in 2018-19. Patients with SMI for the purpose of the CQUIN were all patients with psychosis, including schizophrenia.

Although no longer a CQUIN, the following figures are a snapshot of the compliance rate for patients the Trust has identified on the SMI register who have had a HIP completed within last 12 months.

Service	Target	% of patients with complete electronic HIP (as at 31/03/21)	% of patients with complete electronic HIP (as at 31/03/22)
Inpatient	90%	76.0%	80.0%
Community (non-EIP)	75%	38.2%	71.4%
Early Intervention Psychosis	90%	80.7%	72.1%

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 on Lorenzo

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- The development of a clinician’s caseload dashboard has progressed in year and clinicians and teams lead can view at clinical supervision sessions to aid improvement
- Compliance results shown in team performance reports to allow teams an opportunity to review and assess for improvement

Admission of Young People Under the Age of 16 to Adult Facilities

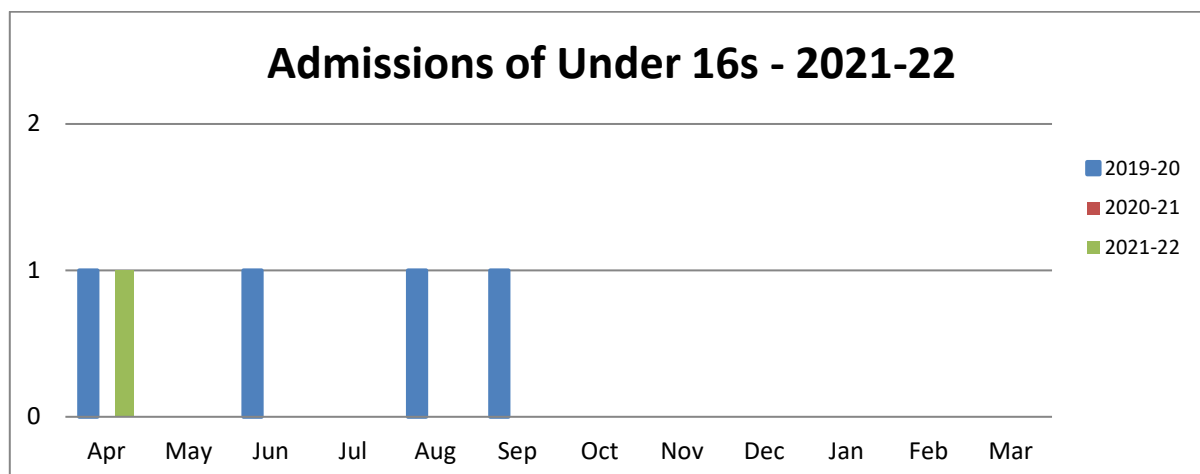
Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years), associated with significant impairment and/or significant risk to themselves or others, such that their needs cannot be safely and adequately met by community CAMHS. In January 2020, we opened a CAMHS inpatient unit in Hull. The unit, named Inspire, has reduced the need for young people to be admitted to adult inpatient units, however, there are occasions when a bed or other CAMHS alternatives are not available, and an adult bed has had to be used.

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

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 remains an obligation to ensure that safeguards are in place for someone under 18, in line with their status as a minor.

Summary of progress

There is no national target set for this indicator, but the Trust aims to have no admissions of children into adult wards. During April to March 2022 there was only one admission of Under 16's to adult inpatient units.



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

- The Trust opened a 13-bedded CAMHS inpatient unit on 22nd January 2020. The unit is a state of the art new build and is located on Walker Street in Hull.
- Prior to this, CAMHS inpatients from the area were placed in units outside the area.
- Currently, CAMHS inpatient beds are commissioned by NHS England and there is a very clear protocol for CAMHS services needing to access those beds.
- It is nationally acknowledged that there is a current shortage of beds. Young people are admitted to adult wards due to the lack of accessible and available beds CAMHS specific beds.

The Trust has taken the following actions to improve this percentage and the quality of its service by:

- The Trust was commissioned by NHS England to provide a 13-bedded CAMHS inpatient unit, which comprises of four PICU Beds and nine General Adolescent beds across two wards.
- NHS England has specifically commissioned this number of beds based on an audit of the regional usage.
- The new service supports young people from Hull, East Yorkshire, North and North East Lincolnshire.
- The new service offers 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.
- Access to services is key, keeping young people close to the systems of support that aid recovery.

Out of Area Placements

An out of area placement 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

Out of area placements 2021/22

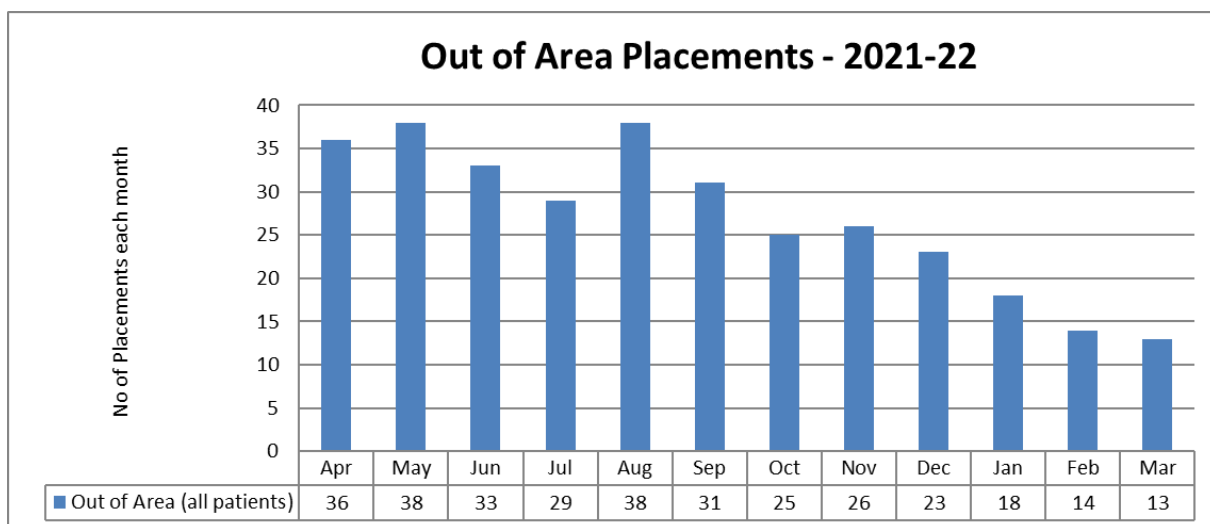
For 2021-22, the results of Out of Area Placements are documented in the Integrated Board Report (IBR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. This SPC graph is plotted over a 24 month period.

It was the Trust’s intention that there will be zero inappropriate out of area placements by 2020/21 but due to the pandemic, social distancing in place and ongoing challenges around managing the coronavirus impact, inpatient beds were reduced meaning patients have been placed out of area on a regular basis. Reconfiguration of units and designated Covid19 wards has seen the start of patients beginning to be repatriated back into the local area. There have been a total of 130 new patients who were admitted to an out of area placement during 2021-2022. Early indications show the trend is now beginning to improve.

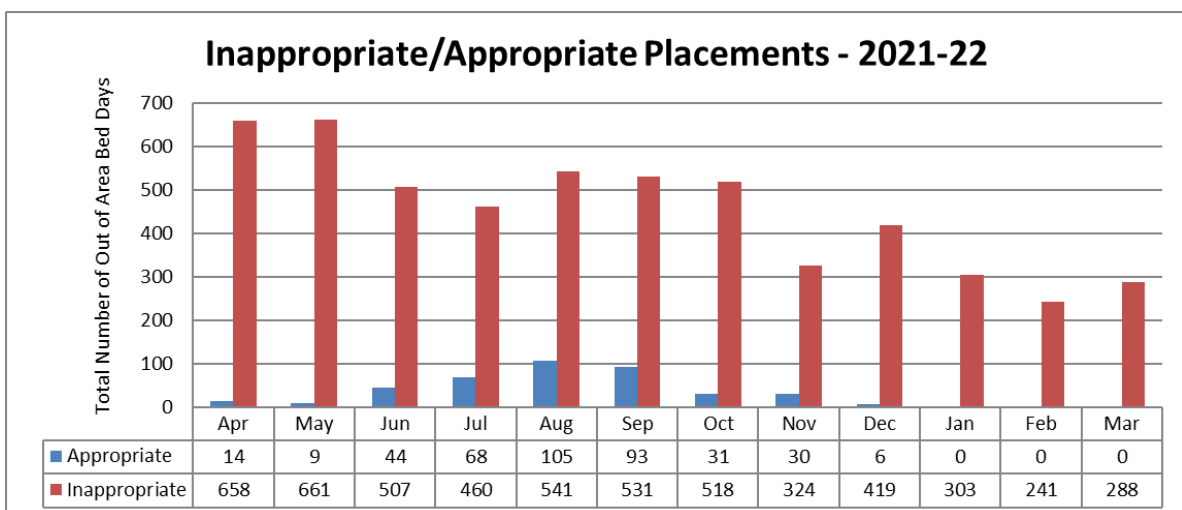
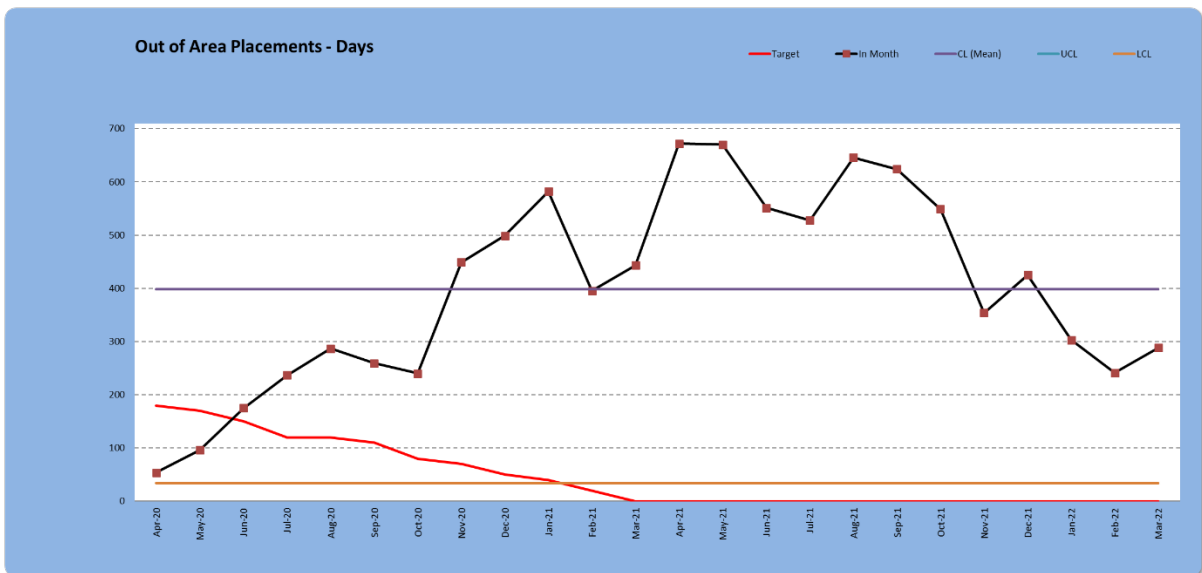
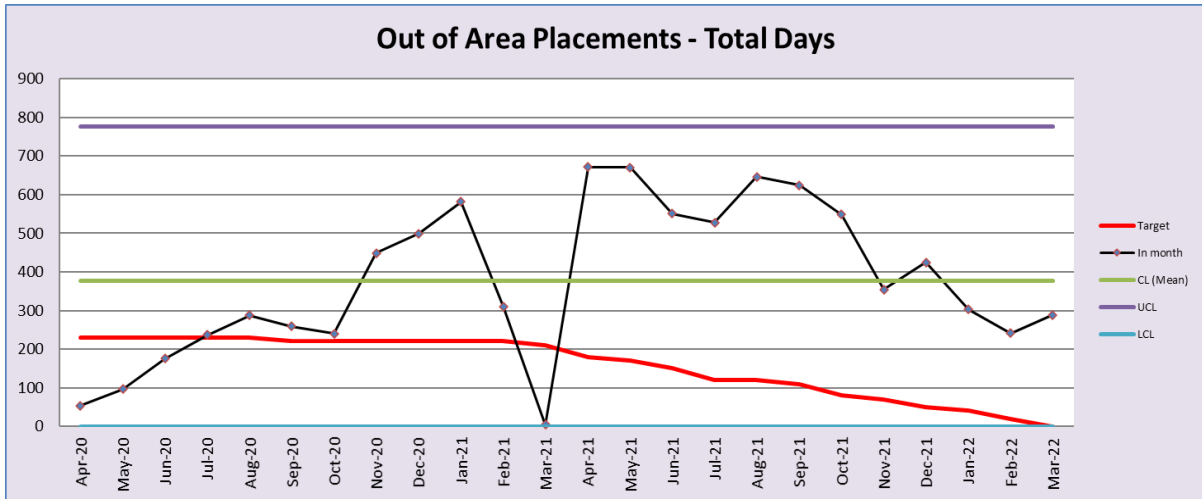
Summary of progress

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.

Number of patients placed out of area



Number of bed days out of area



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)

CAMHS Eating Disorders

Percentage of children and young people with an eating disorder seen for treatment within target timescales.

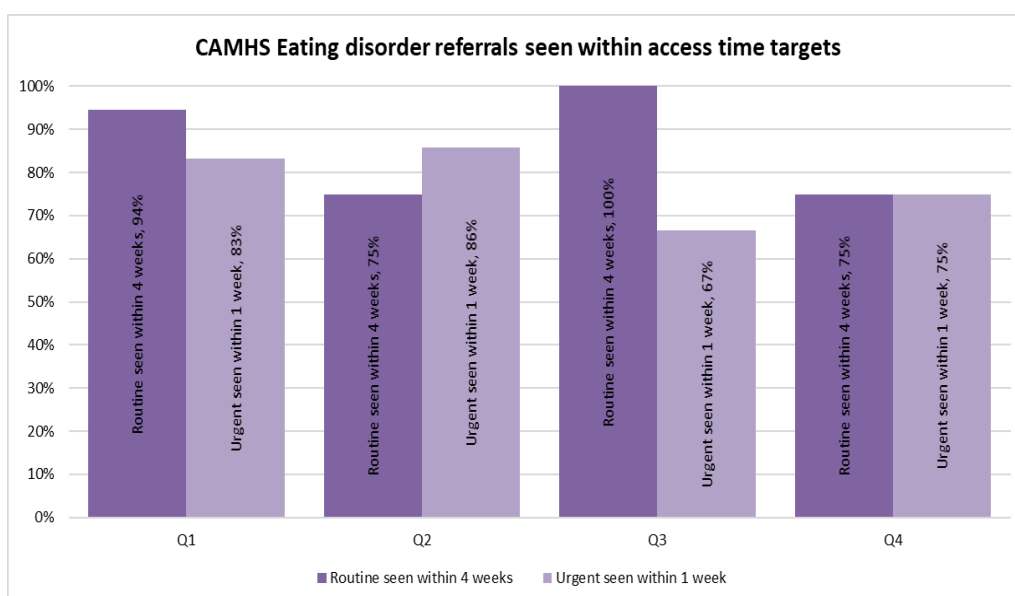
From April 2016, NHS England introduced a requirement for all children and young people's mental health service providers to establish a dedicated eating disorder team and introduced national access time targets for Children and Young People with an Eating Disorder (CYP ED).

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 terms 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 populations. This team became operational in October 2016.



The chart above shows data for January 2021 to March 2022.

As of 31st March 2022, 24 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 19 (79%) did so within one week of referral. Urgent referrals are prioritised, and the service investigates each breach of this target, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As of 31st March 2022, 101 children and young people started treatment following a routine referral for a suspected eating disorder, of which 90 (89%) did so within four weeks of referral. The restrictions on contact imposed in response to the Covid-19 pandemic, including both staff sickness and patient's families being sick and/or isolating, impacted on the ability of the service to respond in a timely manner.

Numbers of referrals are small compared with other CAMHS 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 five or six more referrals than usual in a quarter places a much greater demand on the team.

The rate of referral has increased each year since we started to monitor it, with the highest ever number in one month (24) recorded in May 2021. In addition to this, the service has noted a marked increase in the severity/acuity of cases presenting since the start of the Covid-19 pandemic.

The Trust considers that this data is as described for the following reasons:

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

The Trust has taken the following actions to improve this percentage and the quality of service by:

- Close monitoring of referral numbers and access times, and recruitment to vacancies

Percentage of patients seen and discharged or transferred within four hours for Urgent Treatment Centres

The national target for other Accident and Emergency departments, including Urgent Treatment Centres (UTC) and Minor Injury Units (MIU), is for at least 95% of patients attending to have a total time in the service less than 4 hours from arrival to discharge or transfer.

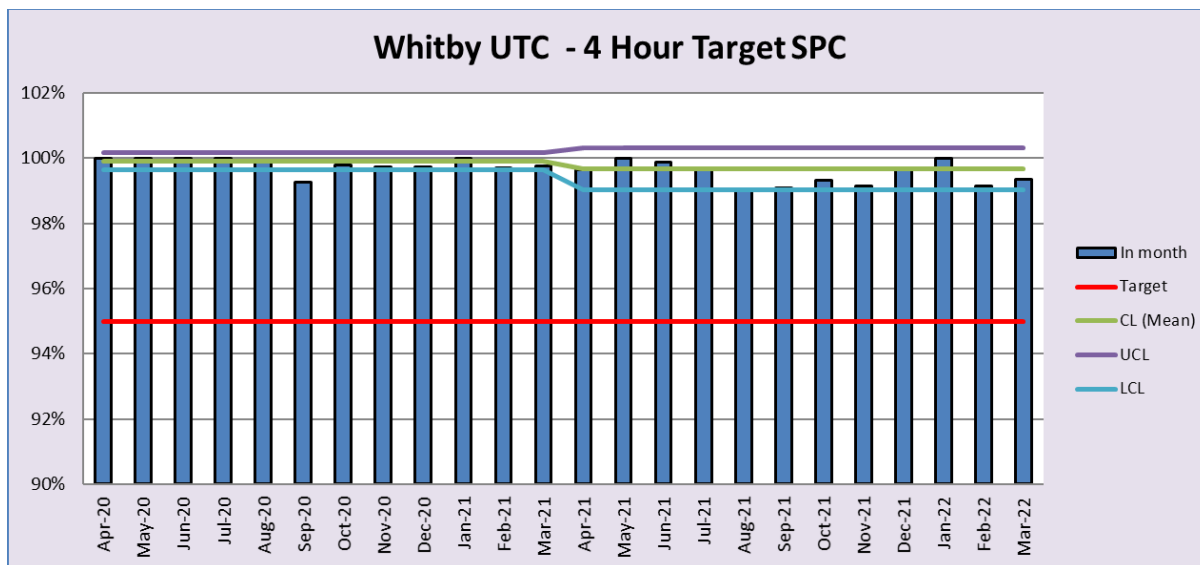
Underlying of the 4-hour target, is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the reporting, the service must have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one UTC, in Whitby, which has seen 9,635 patients in the year April 2021 to March 2022 (an average of 201 patients a week). The service was designated as a MIU from April 2021 to August 2021 when it changed its status to UTC offering increased opening hours for the local community.

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred, or discharged within 4 hours of their arrival. We can report an

achievement of 99.5% for April 2021 to March 2022 at Whitby UTC. This data is sourced via the SystmOne patient administration system.

The chart below shows the mean results with upper and lower control limits over the last two years.



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.

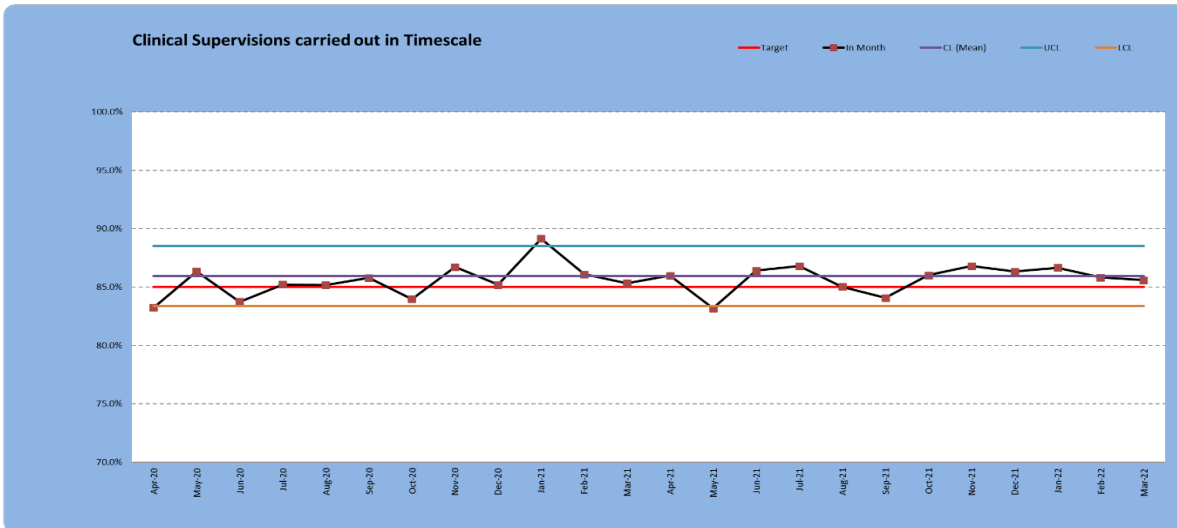
Clinical Supervision

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. Throughout 2021/22 Individual teams have been 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. 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 SPC chart below shows clinical supervision compliance for the Trust throughout 2021/22, which as can be seen has been consistently meeting and exceeding the Trust target of 80% (April to February) and therefore a new target of 85% from March 2022.

Trust-level Clinical Supervision Compliance - 1 April 2020 to 31 March 2022

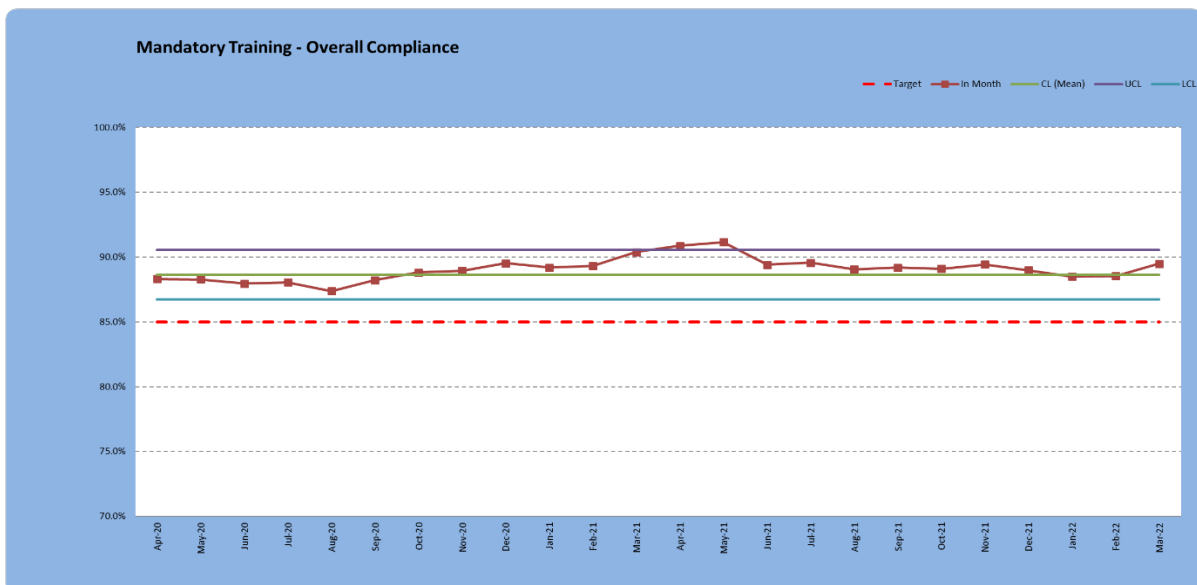


The reasons behind non-compliance with supervision standards are explored by divisions and action is taken to address areas of concern. Factors impacting on supervision compliance are complex; however, staffing levels can impact on the ability of staff to access supervision. Therefore, we monitor supervision 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.

Statutory and Mandatory Training Compliance

The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a monthly training compliance report and managers have access to self-service dashboards to target areas of lower or reducing compliance for their teams.

The performance across the Trust has maintained at above the 85% target compliance for the Trust during 2021/22 and occasionally surpassing 90%.



Formal Complaints and Patient Advice and Liaison Service (PALS)

For the period 1 April 2021 to 31 March 2022, the Trust received 231 formal complaints, which compares to 142 for 2020-21 and 235 for 2019-20.

Each complaint is treated individually. Although the issue raised may be similar to others, the circumstances are often different for the individual concerned. During the pandemic, the Trust has aimed to respond to formal complaints within 40 or 60 working days, dependent on the complexity and nature of the complaint, and the 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 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 2021 to 31 March 2022, the Trust responded to 235 formal complaints which compares to 133 for 2020-21 and 243 for 2019-20.

The primary subjects for these complaints are as follows:

Primary subject	Number
Patient care	52
Communication	47
Appointments	35
Trust admin/policies/procedures	27
Values and behaviours of staff	26
Clinical treatment	14
Admissions/discharge	10
Prescribing	9
Access to treatment or drugs	7
Facilities	3
Privacy, dignity, respect and safety	2
Commissioning	1
Staff numbers	1
Other	1

Of the 235 responded to, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman for review. Two older cases are being considered and one other case has been closed with no action for the Trust.

The following are some examples of actions/learning from complaints responded to between 1 April 2021 and 31 December 2021:

Mental Health Advice and Support Team – To ensure that all calls regarding possible detention under the Mental Health Act are discussed with an Approved Mental Health Professional.

GP practice – To ensure that medical records are updated contemporaneously as patient was asked about her pregnancy when she had miscarried.

CAMHS – Ensure all clinicians are explaining how the Family Therapy suite works and ensuring families are aware that they are not being recorded unless this is agreed, and appropriate consent has been sought.

Community Hospital – To ensure that separate fluid charts are being completed when there are concerns regarding hydration.

Adult Mental Health, Inpatient – To ensure that when a patient is detained under the Mental Health Act, that their animals are placed in Council approved accommodation.

Crisis Intervention Team for Older People – Staff to ensure that the appropriate family members are made aware of referrals and visits where consent for this has been provided by the patient.

Emotional Wellbeing Service – The Triage team had been reminded of the processes of sending paperwork and for this to be clearly documented in the notes. The assessing staff had been reminded to ensure that they arrange a suitable day and time to call back with the information on treatment options, this is to be placed in the workers diary and needs to be recorded in the clinical notes. The administration team were reminded to sign all letters sent from the service.

Learning Disability Service – Process for Consultants copying in relatives/carers into letters to GPs to be clarified and addressed within the service.

Secure Service – Further exploration of the impact of energy drinks on health and a formal rationale for the exclusion/management of such within the service will take place. Further exploration with Primary Health Care and the formalisation of any guidance in relation to the replacement of e-cigarettes with Nicotine Replacement Therapy when on ground leave

The actions resulting from upheld and partly upheld formal complaints are monitored by the Complaints and Feedback team and for each action evidence is requested from the lead person identified for that action that the action has been completed by the specified time.

Informal Complaints (formerly PALS)

The informal complaint process gives complainants a swift response to their issue(s). All complaints are triaged on receipt and where appropriate, are recorded as informal in the first instance. The complainant is informed of this. If a complainant remains unhappy following the informal process, they have the right to have their complaint investigated via the formal complaint process.

For the period 1 April 2021 to 31 March 2022, the Trust responded to 300 informal complaints, and 28 queries/comments/suggestions. This compares to 204 informal complaints and 25 queries/comments/suggestions for the year 2020-21.

Primary subject	Number
Patient care	92
Communication	77
Appointments	46
Trust admin/policies and procedures	32
Values and behaviour of staff	19
Admissions/discharge	11
Prescribing	10
Other	5
Access to treatment or drugs	3
Clinical treatment	2
Commissioning	1
Facilities	1

Examples of compliments received

"My family really appreciate the hard work that everyone has done for Mum; we feel incredibly lucky that she was placed on this unit. The whole team should be really proud of themselves".

Older People's Mental Health Unit

Thank you for all your support and help you have been giving me throughout my treatment. I really appreciate everything you have done for me. I would like to thank you for all your kindness and encouragement, it has really made a positive impact on my life. - **EWS**

Family of palliative patient, expressed gratitude for all the support, professionalism and kindness shown to both the patient and his wife and daughter whilst caring for him, and without this support would not have been able to fulfil his wishes to die at home with his family around him.

They stated they "had nothing but praise for all the team that visited during his illness from the nurses and healthcare assistants, the physio and OT team, and the call handlers when we rung in for help" - **Community Hospital**

A member of staff spoke to a patient in the morning who was in distress and when the patient talked to the GP in the afternoon she was full of praise and admiration for the way the call was handled in the morning in that the member of staff was patient, reassuring, kind and relieved her anxiety enormously. She was very thankful.

GP Practice

Card from patient's family complimenting the care that the patient had received, stating they had noticed their 'mental health has improved significantly'.

Secure Service

Parent expressed great appreciation to the four members of staff who supported his son whilst having his Covid -19 Vaccination. **LD Service**

Patient and Carer Experience

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

The Trust continues to deliver on the priorities identified in our [Patient and Carer Experience Strategy 2018-2023](#).

We are consistently engaging 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

The Trust continues to actively engage and involve the community by hosting virtual Trust forums across the geographical patch.

88.0%

of respondents find our staff friendly and helpful

Hull and East Riding, Whitby & District and Scarborough Patient and Carer Experience Forums (PACE) – our patients, service users and their carers are invited to attend these forums 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.

Staff Champions of Patient Experience (SCoPE) Forum – staff 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. The Trust currently has 179 Staff Champions, and all teams are represented.

93.6%

feel they received sufficient information

Humber Co-production Network – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve.

Veterans Forum - to provide a meeting place for veterans and serving members of the forces, their friends and family members, and staff with an interest in supporting veterans or who currently have/have had friends and family members serving in the forces.

Carers Involvement Forum - to raise awareness of carer experience through staff participation from all Divisions and Corporate Services, by ensuring a staff voice and by strengthening relationships with our partner organisations who have a responsibility for carers.

Humber Youth Action Group - developed to bring those aged 11-25 together, with the goal of helping our organisation improve its services for children and young people. Young people have an important part to play in improving NHS services. The group meets virtually around every 4-6 weeks for approximately 1.5 hours, as well as face-to-face workshops across different locations in Hull and East Riding throughout the year.

Involving Patients, Service Users, Carers and the Public in our Interview Process

The Patient Experience Team has been working with our patients, service users, carers, and staff to standardise how the Trust involves them in the recruitment process.

From 1 March 2022, there is a standardised approach whereby any member of staff can access a Panel Volunteer database to invite individuals who have consented to sit on interview panels, to support the Trust's recruitment process. Panel Volunteers are existing or former patients, service users, carers and members of the public, who are willing to volunteer to sit on Trust staff interview panels. They play an active role in the recruitment process by assisting the recruitment panel. Their involvement in the recruitment and selection process benefits both patients and the Trust. The Panel Volunteer's perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high-quality services. Whilst qualifications, experiences, knowledge, and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

Patient and Carer Experience Training Programme: How to get involved in Trust activities

This is the first training programme to be launched by the Patient Experience Team and is in collaboration with the Trust's Recovery and Wellbeing College. It was launched on 1 March 2022 and is aimed at patients, service users, carers, members of the public and staff to share the different opportunities that are available for everyone to get involved in. This could be from volunteering, participating in research or quality improvement initiatives, attending a patient and carer experience forum, or sharing your story when accessing the Trust's services.

The course is made up of 8 modules and on completion of 1 or more of these modules, individuals will be equipped with the knowledge about the opportunities available and how to take the next step to get involved. When engaging in Trust activities, people can discover what it means to work for the NHS and how to truly make a difference to people's lives.

Making Every Member Count Quality Improvement Initiative

This year, a process has been developed to make every member count when individuals get involved in Trust activities. This is a standardised approach whereby a dedicated pathway is in place to ensure that members of the public are informed of all the different involvement opportunities available from their initial contact with our services. When any team signs up a new member, they send a welcome letter with details of all the involvement opportunities on offer, including volunteering, getting involved in research, participating in a quality improvement initiative, joining patient and carer experience forums, becoming a member of the Trust or supporting the Trust's Recovery College by either becoming a Tutor or signing up for a training module.

Armed Forces Community Navigator (AFCN)

The Trust has committed to the Armed Forces Covenant and to support this, the Trust's Veterans forum has developed the AFCN role whereby members of staff have been invited to take on this 'Champion' role. Anyone who has a passion for advocating and championing the needs of service, ex-service personnel and their families are signing up to the role which involves encouraging patients, carers and families to get involved in Trust activities and work to improve experiences for those in receipt of our services, who fall under the umbrella of the Armed Forces Covenant.

Strengthening our Approach to Collecting Demographical Data

To help us to understand who is accessing our services and their needs an enhanced data collection template is in development and will be supported by a patient/staff information leaflet. The demographical data (including protected characteristics and health inequalities questions) will help us to better identify what certain groups need attention and the most help. It will also help us to better personalise interactions and conversations with patients.

Equality, Diversity and Inclusion Priorities for Staff 2021/22

The Trust is committed to recruit, develop and retain a workforce that reflects the local population and promote equality of opportunity for all employees. Our work around policy updates with flexible working, disciplinary, bullying and harassment and recruitment and selection, managing sickness absence as well as improved reasonable adjustment guidance support this commitment.

As a public sector body, the Trust has a duty towards the Public Sector Equality Duty (PSED). To that end, the Trust published its Equality, Diversity and Inclusion Annual Report which went to the Trusts Board in July 2021 and set EDI objectives for the forthcoming year. In addition to this, the Trust publishes annual reports for the Workforce Race Equality Standard (WRES), Workforce

Disability Equality Standard (WDES) and the Gender Pay Gap Report. All reporting is made available on the Trust public facing website.

Collaboration and coproduction between the Head of Patient & Carer Experience and Engagement and the Equality, Diversity and Inclusion Workforce Lead continues to drive forward advocacy for the work diversity and inclusion can do, to ensure the NHS has a motivated, included, and valued workforce to help deliver high quality patient care, increased patient satisfaction and better patient safety. This can be seen through key engagement with events such as Equality, Diversity and Inclusion celebratory Workshop and the BAME Staff Network Annual General Meeting.

In working towards EDI objectives set for 2021/22, the Trust successfully developed local actions for the individual directorates, specifically Mental Health Unplanned, Mental Health Planned, Children's and Learning Disabilities, Community and Primary Care, Secure Services as well as Corporate functions. Inclusivity has come from collaborating and coproducing the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) action plans with staff networks and representation from lived experience.

Taking the quarterly EDI insight deep dive report to the Trust's EDI Steering Group has allowed improved challenge and support for operational areas to address local equality issues. Improved attendance at both the Bullying and Harassment and Recruitment and Selection training has supported both retention and recruitment of staff. Elections were held for the BAME Staff Network Chair and Vice Chair to drive forward the BAME and race improvement agenda at the Trust, this led to the first BAME Staff Network AGM where the group set out their objectives for the coming year. Mandatory training through the Trusts e-learning package continues to ensure Equality, Diversity and Human Rights training is mandatory with a completion rate of 94%, above the Trust target rate. Non-compliance with training is taken to operational areas via the EDI Insight report and the EDI Steering group, to ensure completion in a timely fashion.

The Trust maintains membership of local and regional EDI committees or working groups such as the Yorkshire and Humber Equality and Diversity Practitioners Network, East Riding Equalities Group and the Humber Equality and Diversity Network, a group for EDI practitioners from all public sector organisations in the Humber region.

The Trust continue to build links with EDI teams in the region, organisations such as Hull University, East Riding Council, Hull Council, Humberside Police and Hull University Teaching Hospital NHS Trust. The Trust continues to work with local groups who represent people with Protected Characteristics within communities such as the MESMAC, the Disability Action Group and Hull and East Riding Lesbian, Gay, Bisexual and Trans (LGBT+) and the Humber All Nations Alliance (HANA).

Safeguarding and Working with Adult and Children's Safeguarding Boards

Partnership Working

The Humber Safeguarding team works alongside the Safeguarding Children Partnerships and Safeguarding Adult Boards throughout all of the statutory processes.

These processes enable the team to identify and share learning from national and regional cases across the communities served by the Trust, and to work together to develop policies, training and protocols that will support the Trust to carry out an effective safeguarding service. The team contributes to children partnerships and adult boards across three local authorities and has good working relationships with all through regular attendance and contribution.

The Safeguarding team supports staff who are working with patients who are vulnerable to radicalisation, this includes providing guidance for staff making Prevent referrals. The team attends monthly Prevent meetings across the Humber and often contribute to complex case discussions for high-risk patients, working closely with Humberside Police, Probation and other relevant agencies.

Covid-19 and the Delivery of Safeguarding Across the Trust

During the Covid-19 pandemic, the Safeguarding team have continued to work with partnerships and boards in delivering safeguarding and ensuring that children, young people and adults who are at risk continued to be supported. Regular updates are shared between partners on referrals, areas of concern and emerging safeguarding issues.

The Safeguarding team have moved from office based to working from home and have been able to deliver an effective safeguarding service using IT and communication technology. Though a lot of the teams' work has moved online, practitioners continue to visit patients and staff in the care of the Trust, particularly in situations where there are safeguarding concerns, or a patient is detained under MHA 1983 and there are restrictive interventions in place (e.g. seclusion).

The team continue to maintain a duty desk Monday to Friday, 09:00 to 17:00, with 585 453 contacts to the desk in Q4 21/22, an increase of 146 based on Q4 20/21. Safeguarding supervision is delivered across the Trust and safeguarding practitioners will facilitate this when supporting staff with complex safeguarding cases, the Trust uses the signs of safety model and has a dedicated section within the supervision policy on this.

Domestic Abuse

We are a White Ribbon accredited Trust, which is led and monitored by the team in the Safeguarding Learning and Development Forum. The team co-produced a training package on undertaking a DASH risk assessment and, so far, 800 staff members have completed this. The team also delivers domestic abuse champion training and there are currently 77 champions across a variety of Trust services.

This year the Domestic Abuse Policy has been reviewed, following the introduction of new legislation in this area. A key area of this being the introduction of routine and selected enquiry across the service. The team are working with HR to introduce guidance for managers supporting staff who are victims of perpetrators of domestic abuse, and routine and selected enquiry will be used when supporting staff as well as patients. Humber Safeguarding attend the East Riding MARAC and domestic abuse boards and subgroups across all three local authority areas.

Learning from Cases

The Safeguarding team is involved in all related safeguarding Practice Reviews (SPR), 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 team attends relevant subgroups and is involved in strategic work throughout all three local authorities. Action plans are devised and shared within the panels that reflect all the required learning objectives. These are then monitored in the Safeguarding Learning and Development Forum so assurances can be provided to partners of the action Humber is taking with regards to the identified learning. Learning from investigations and cases, both local and national, is also shared via lunch and learn sessions, training, supervision, newsletters, five-minute focus bulletins and clinical governance and network groups.

Neglect

Neglect is the highest reason for child protection referrals nationally and previously Trust data did not reflect this. The Safeguarding team have promoted the theme of neglect and abuse within the

Trust, ensuring this remains a high priority and is not missed. This is also explored in mandatory safeguarding training and focussed lunch and learn sessions. Neglect referrals have increased following this but remains not the most commonly referred category of abuse for our Trust.

A review of neglect assessment tools has been undertaken in records confirming that these are not effectively utilised in patient care. In response, the Safeguarding team now co-facilitate training across the multi-agency arrangements, delivering neglect assessment training directly to Trust staff in line with the NSPCC Graded Care Profile2 accreditation programme. This will ensure that children's needs are considered throughout all services and intervention is provided at the earliest opportunity to ensure their wellbeing.

Mental Health Act, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS), Mental Capacity (Amendment Act) Act 2019 – Liberty Protection Safeguards (LPS)

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).

Mental Capacity Act (2005) training remains in place and was recently reviewed to ensure that it remains relevant and up to date. Training compliance continues to be above the expected level; however, it is recognised that staff sometimes lack awareness of MCA in practice. Bespoke MCA training sessions are delivered to areas where issues are identified, and face-to-face monthly sessions have re-commenced on a monthly basis.

The Implementation of the Liberty Protection Safeguards – Mental Capacity (Amendment) Act 2019

There was a delay in the implementation of the LPS due to the Covid-19 pandemic and a new date has not yet been set. The Trust continues to work with ICS colleagues and local authority partners to monitor this and ensure a smooth facilitation of the change process.

Our Charity, Health Stars

Health Stars is the official charity for Humber Teaching NHS Foundation Trust. As a charity, we are very proud to support our NHS Trust whose services enhance the health of over 800,000 people through community and mental health services.



healthstars

Health Stars provides the added sparkle, over and above what the core NHS can provide. To do this, we rely on the support of businesses, community groups, grant funders and the generosity of our friends and neighbours. This support helps us to improve the experiences of both patients and staff at the trust.

The last year has seen the pandemic continue to have a big impact on the charity, particularly in terms of fundraising. However, the Health Stars team have still managed to have an impact across the trust.

The Whitby Hospital Fundraising Appeal has been a key focus. Health Stars have enjoyed working alongside the trust and the community on the artwork, the outdoor spaces and fundraising. The Whitby community have been behind the Appeal, and we were pleased to be chosen as the charity for the Mulgrave 10k and various other events that were able to take place in summer 2021. We

also launched the Whitby Fundraising Bricks to enable people to buy a brick with their name on or the name of a loved one at Whitby Hospital.

Health Stars' Circle of Wishes has thrived this year, receiving over 100 wishes, with special thanks to the support of the Patient and Carer Experience team. Health Stars have been proud to fund items to support with allotments for patients, boxing classes and craft resources.

For 2022/2023, Health Stars are really looking forward to being involved in in-person events once again and particularly the CEO challenge and the Health Stars Golf Day.

Celebrating Success – our 2021/22 highlights

In this section, we are pleased to share some of our key successes across 2021/22.

Our Trust charity, Health Stars launched the Whitby Hospital Appeal, which aims to raise funds to add the extra sparkle to the redevelopment including the dementia friendly garden project. The project is set to complete in Spring 2022.

Covid-19 vaccination programme

Since launching our COVID-19 vaccination programme in 2020, we are proud to announce that over 50,000 people have been vaccinated at our Willerby Hill site. This includes cohorts for 12-15 year olds and booster jabs, in addition to the original two doses.

Please see link for a video about the vaccination hub: <https://youtu.be/3mzDnN3pECM>

New intranet for staff

On 12 August 2021, we launched our new intranet platform, HumberNet. Our intranet is a key resource to help connect our staff to the information they need to carry out their role. The new site was designed to be mobile optimised with a restructured navigation and new features introduced to improve usability and search. The site has been visited 983,700 times by over 28,000 users since the launch.

Join Humber website and Facebook page



Our recruitment marketing campaign, [Humberbelievable](#) was developed in partnership with staff from across our services. The aim of the campaign is to shine a light on what makes our Trust special and unique. The corresponding website and Facebook page receive thousands of visitors per month, to learn more about the Trust and what we offer as an employer. It can also be used to apply for live jobs as it is backed by Trac.

Whitby Hospital and Gardens Renovation

The £13.1m project renovation of Whitby Community Hospital began in March 2020. The work to the hospital, which is owned by NHS Property Services with the Trust as lead tenant, included the stripping and reconstruction of the internals of the tower block to create new hospital areas for house dental and podiatry services, inpatient facilities, including those for mental health, an audiology suite and a cafe on the ground floor.

Our Trust charity, Health Stars launched the Whitby Hospital Appeal, which aims to raise funds to add the extra sparkle to the redevelopment including the dementia friendly garden project.

The new tower block officially opened in October 2021, and the final demolition phase is now in motion, set to complete before the summer.

Annual Members Meeting

Every year, we open our doors to the public to share what the Trust has achieved that year at our Annual Members Meeting (AMM). Last year, due to COVID-19, the Trust held their event virtually for the second time. Chief Executive, Michele Moran, along with other members of the executive team, spoke to a well-attended audience about highlights from 2020/21, how we performed against key targets, and future challenges that lie ahead. As part of the event, we also held our first ever virtual market stall event where attendees could find out more about our services.

Digital platform for patient information

Phase one of the patient information platform has been completed. Working with Masters Students who are studying website development from the University of Hull, we have built a digital patient information repository which will be accessible by patients, their families and Trust staff - keeping important patient information housed in one easy to access online area. We're currently working on phase two of the project to make the system live.



White Ribbon accreditation

We participated in the 16 days of action following White Ribbon Day in November 2021, following our first full year of accreditation. Our input included running a campaign about making the pledge to never commit, excuse or remain silent about male violence, which was led by our Medical Director,

John Byrne. We now have over 800 staff members who have undertaken DASH risk assessment and further domestic abuse champion training has resulted in 77 local champions, to date.

Research Conference 2021

Our fifth annual Research Conference took place on the 17th and 18th November 2021. This year, we took a blended approach, with an in-person live audience alongside all of our registered guests watching online live. Over 320 people registered, including international delegates, 77 organisations and over 80 professional groups. The conference showcased a wide variety of research the Trust is involved in and included presentations from service users who had participated in research, alongside talks from high-profile health research experts.

Leadership Development at Humber

Across our Leadership Development Programmes, we have welcomed 55 senior leaders and 124 leaders over the year. We have enjoyed great attendance across both Senior Leadership and Leadership Forums this year, and we continue to hold these virtually.

We celebrated our first cohort of colleagues as they completed the High Potential Development Scheme. We have had 38 applications for this next year's cohort, the successful candidates have been finalised to benefit from this scheme of development and support for the year ahead.

Staff Survey Results 2022

The new National Quarterly Pulse Survey (NQPS) was implemented in July 2021, replacing the Staff Friends and Family Test (Staff FFT) which had previously been carried out since April 2014. During Quarter 1 2021/22 only organisations which subscribe to the national pulse survey, the People Pulse, participated in the NQPS.

The National Quarterly Pulse Survey has been implemented in all NHS trusts providing acute, community, ambulance, and mental health services in England.

The aim is for all staff to have the opportunity to feed back their views on their organisation every quarter. Whereas the old SFFT aimed to give staff the opportunity to have their say twice a year, once in the SFFT and in the National Staff Survey.

The NQPS supports the trust's employee listening strategy alongside the annual NHS staff survey and provides a more regular insight into the working experience of our people. Allowing us to adapt of People Plan according to what our staff are saying.

Research clearly shows a relationship between staff engagement, patients, 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. It is therefore important that we strengthen the staff voice, as well as the patient voice.

At a glance key metrics for 2021/22

Quarter	Live Dates	Sampe Size	Response rate	% of staff say care of patients/service users is my organisation's top priority	% of staff say they would recommend the organisation as a place to work	% of staff say a friend or relative needed treatment I would be happy with the stand of care provided by this organisation
Q2	12.07.21 - 30.07.21	2,864	27%	74%	59%	63%
Q3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live					
Q4	04.01.22 - 28.02.22	3,046	30%	75%	61%	63%

The analysis of Q2 and Q4 NQPS indicates that an average of 60% of staff would recommend to friends and family the Trust as a place of care whilst 63% would recommend as a place to work. Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Ensuring that each staff member is asked to complete the survey each quarter to ensure they have an opportunity to have their say.
- Continued Financial investment in Wellbeing and Development
 - Continued to develop the Trust estate (including provision of food and rest areas)
 - Increase provision for staff engagement
 - Increase provision for the Training Budget
 - Increased training and support for staff and managers around 'living with menopause'
 - Appointed a Health and Wellbeing Coordinator
 - Allocated staff engagement/wellbeing funds to each directorate and division
 - Reinvested in the Shiny Minds App to support the improvement of wellbeing and resilience of our staff
 - More wellbeing initiatives for staff to be actively involved in to decrease work related stress
- More flexible working opportunities and staff are offered flexibility in hours and location
- Launched our Covid Recovery Plan developed by staff through shared ideas and suggestions on how we could support you locally in teams and directorates with local initiatives.
- 'You're a star celebrations' were rolled out to recognise staff and say thank you. Teams was given funds to plan a team activity to support with moral and engagement
- Received our White Ribbon Accreditation for our commitment to changing cultures that lead to gender-based violence.

- Introduced our Autism Strategic Framework supporting staff living with Autism.
- Developing existing talent and recruiting new with apprenticeships
- Reviewing promotion and recruitment practices by ensuring the workforce is reflective of the community
- Second Cohort of Staff recruited for the Humber High Potential Development Scheme. This year The Humber- Ability, BAME and Rainbow Alliance sponsored one delegate to join 2022's cohort.
- Career conversations are incorporated into appraisals, plus tailored CPD and enhancements to E-Learning
- Amended the Retirement Policy and more pension information is available for our staff around the Retire and Return procedure

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

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Received contact to say unable to send response in due to timescales.

Antony Spouse, Scrutiny Officer

26 April 2022

East Riding Health and Wellbeing Overview and Scrutiny Commission

Received contact to say unable to send response in due to timescales.

Samm Campbell, Principal Committee Manager

19 April 2022

Healthwatch Hull and East Riding of Yorkshire - joint response

Healthwatch believe that the Quality Accounts are representative and give a comprehensive coverage of the services that the Humber NHS Foundation Trust provides.

Once again, Healthwatch are delighted to be asked to comment on the Trusts Quality Accounts for this year (2021/2) and we would like to acknowledge that this year has again been a challenging year.

Over the past year, we have continued to be involved in and consulted on some aspects of the Trusts work, which we have been happy to participate in. The accounts continue to demonstrate the Trusts ongoing commitment to involve patients, carers and the wider public in the development of their services.

Healthwatch are pleased to see the accounts start with a patient's story but would have liked to see more patient, carers and/or public stories, that reflect and demonstrate just how they have been involved. Healthwatch acknowledges the positive experiences of good practice but would also like to see a balanced evaluation giving examples of negative experiences and how these have been resolved, resulting in learning for the Trust.

Healthwatch have been involved in the Patient and Carer Experience Strategy 2018-2023 and continue to contribute through the 2023-2028 Strategy.

In conclusion Healthwatch welcomes the opportunity to continue providing comments on the Trusts Quality Accounts and would like to thank all members, including staff, patients, and carers for all their hard work during what has been another difficult and challenging year. We also welcome the opportunity to work more closely with the Trust to facilitate independent engagement with patients, carers and the public.

Jon Dunn, Delivery Manager, Healthwatch Hull

Julie Dearing, Delivery Manager, Healthwatch East Riding of Yorkshire

24 April 2022

Healthwatch North Yorkshire

No response from Healthwatch North Yorkshire was received in relation to the Trust's Quality Account (2022).

North Yorkshire CCG

Overall the draft quality consultation report is reflective of the Trust's performance and acknowledges the progress made to improve patient safety and quality outcomes despite the continued challenges due to Covid 19. In terms of the past year with the relentless pressures from Covid 19 and, through close working relationships with Trust partners it is without doubt that we

endorse your thanks to staff teams for their continued dedicated approach to the delivery of patient care as our community provider for the Scarborough, Ryedale and Whitby areas.

It is pleasing to see that the Trust Values were developed to include the importance of the health and well-being hub not only to support your own staff, but the CCG recognises the offer of support to wider partners in health and social care across the Humber, Coast and Vale.

The CCG has valued the collaborative ways of working over the past year and recognise the Trust's approach in putting patient and staff safety at the heart of all decision making.

The CCG acknowledges the Trust's progress against the CQC internal action plan, in particular the good progress made against the "safe" domain. The completion of all CQC must and should do actions from the 2019 inspection are completed with additional plans made. The CCG would like to extend thanks for the hard work and dedication for this work.

The CCG particularly notes:

- The workforce challenges for Humber FT as well as the significant pressure across the whole workforce system; with the Humber recruitment campaign being recognised as a way to address such challenges. It is positive to see there is a full complement of Junior Doctors in the trust with no current vacancies.
- The CCG note the positive steps in relation to the development of the Urgent Treatment Centre at Whitby as part of the Whitby refurbishment campaign. We note the achievement of 99.5% for patients seen and treated targets between April and December 2021.
- Despite the challenges brought about by Covid, the Development Reviews of leadership and governance is noted, and we welcome the opportunity to see the draft report once released in April 2022.
- The CCG is assured by excellent clinical coding audit results, 0% deaths related to quality of care and adapted ways of working by research teams.
- The CCG recognises a robust Freedom to speak up strategy. This further represents an open and healthy speaking up culture underpinned in the datix dashboard improvements.
- Particular congratulations on being the first health organisation to achieve White Ribbon Status. This demonstrates a dedication to patient safety and wellbeing.
- The April 2022 staff survey's positive results in 75% of staff showing appreciation towards one another and 80% of staff feeling secure in raising concerns which undoubtedly is a reflection of the Trust's approach in ensuring staff are listened to and consulted.
- The opportunity for staff to be able to feedback their views on the organisation is reflective of a Trust that listens to their workforce; we note the implementation of the NQP's in July 2021. We also note the support to staff through a robust clinical supervision policy with the Trust exceeding the target of 80% for 2021/22. We further note that staff statutory and mandatory training is above 85%.
- The CCG are assured by the approach taken in the Trust's quality improvement through co-production with patients and their carer's as well as the investment into the inclusion of staff and volunteers.
- The CCG note the review of the Trust's quality priorities across 2021/22 and the successes despite the continued challenges due to the Covid 19 pandemic. We look forward to seeing the developments in the year ahead particularly around the embedding of learning from patient safety incidents, end of life and the refresh of the patient safety strategy.
- We are assured by and note the work in relation to clinical audits and the CCG would welcome the opportunity to be kept updated on the actions taken to improve the quality of healthcare particularly around falls in older people and the MCA and best interests work in the in-patient units. We note the participation in research which is to be commended.
- The CCG note the CQUIN schemes for 2022/23 since their reintroduction for this year and we look forward to discussions in relation to targets around these for the year ahead.
- The CCG acknowledge the data shared in relation to re-admission rates for the Whitby and Malton community hospitals and the step-up/step-down approach to the management of patients dependent on their presenting condition and needs. The flexible and accessible

community beds provision as well as Humber FT partners responsiveness to the wider system discussions to support acute hospital flow is welcomed.

- The information shared within the quality report in relation to Health Care associated infection performance against KPI's is noted with zero Clostridium difficile cases in Q1-3 in 2021/22 as well as zero cases of MRSA and E-coli bacteraemia's.
- Data in relation to reported incidents across the Trust is acknowledged and the CCG welcome the attendance of Humber FT colleagues at the Serious Incident panel as required. The Trust's governance structure to review incidents is noted as is the improvement work in relation to patient safety monitoring.
- We note the information shared within the report surrounding the management of complaints and the actions taken to address from a community hospital perspective.

The CCG is pleased to endorse the Quality Account and welcomes continued partnership working to ensure there remains a co-ordinated and collaborative approach towards safeguarding the quality and safety of services provided to our population whilst developing new ways of working to deliver improvements across pathways of care.

Sue Peckitt, Director of Nursing and Quality

25 April 2021

Hull CCG and East Riding CCG (Joint Response)

Firstly, NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Groups would like to take this opportunity to thank all the staff at Humber Teaching NHS Foundation Trust for their hard work and dedication during the two years that the COVID19 pandemic has been with us. We would like to offer our thanks also for the contribution that Humber made towards the roll out of the COVID vaccination programme.

NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Groups are pleased to be given the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2021/22. The Quality Account provides Commissioners with an informative overview of the progress that has been made by the Trust and the challenges that the Trust has encountered during 2021/22.

We were pleased to have the opportunity to read about another patient's story at the start of the Quality Accounts as these detailed patient journeys give an excellent insight into the impact that the services offered by the Trust have on patients and carers outcomes. The Quality Accounts really detail the work that has been undertaken by the Trust to ensure that the patients and their carers have a voice in many of the different programmes within the organisation.

We would like to take this opportunity to congratulate the Trust and the teams on the many awards that they have been both shortlisted for and won during this last year, including the High Sheriff Award awarded to Jo Kent for her work on suicide prevention, the Health Improvement award for the Smoking in Pregnancy project and the HSJ patient safety award with many more also not mentioned.

We note the four Quality priorities which were identified for 2020/21 and were then continued into 2021/2022 with a further stretch and we would like to applaud the progress that the Trust has made with these transformational priorities despite the continued impact of the COVID pandemic. It has been interesting to read the diverse approach that the Trust has to quality improvement, supporting staff and patient involvement with training, tools and the use of the Model for Improvement.

Commissioners would like to acknowledge the work that the Trust has undertaken to ensure that service users are involved in the recruitment of staff across clinical services and senior roles; the introduction of training packages for staff and service users and the robust governance arrangements that have been introduced. We look forward to hearing more about the Panel Volunteer initiative that was launched on the 1st March 2022 as it progresses.

We acknowledge the challenges the Trust has faced within the Primary Care Network with the lack of capacity to undertake baseline assessments on much of the applicable NICE guidance. The idea of the traffic light system to understand the level of compliance with NICE guidance within different clinical areas was welcomed by commissioners as it will allow for each division to see at a glance their compliance levels.

Both Clinical Commissioning Groups acknowledge the continued focus of work on patient safety, with the further development of the DATIX dashboard including the development of bespoke dashboards where required. This has allowed teams to have real time data, allowing them to have early oversight of any emerging patient safety issues. The Trust has also shown how it is following the National Patient Safety Strategy and the impact that this work is beginning to have, such as an increase in the number of near miss incidents that have been reported in 2021-2022. We applaud the learning the lessons week and the learning the lessons days that have been held by the Trust this year. We are pleased that the Trust has decided to encourage staff to undertake the Level 1 and 2 patient safety training that has been developed nationally, but we would have liked to have seen level 1 made mandatory for all staff at the Trust. We look forward to the continued joint working between commissioners and the Trust on the role out of the new Patient Safety Incident Response Framework.

Commissioners note the quality priorities for 2022-2023 that have been identified by the Trust in coproduction with lay members of the board and fully support the decisions that have been made which are:

1. In line with national directives, move away from a root cause analysis approach to investigating serious incidents which can inadvertently lead to individual/team blame and therefore a poor patient safety culture to one of reviewing the systems within which staff work which facilitates inquisitive examination of a wider range of patient safety incidents “in the spirit of reflection and learning” rather than as part of a “framework of accountability”.
2. To work towards ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care
3. To increase service user involvement in patient safety priorities and associated work incorporating a strengthened approach to involving families and carers strengthening the approaches to ‘Think Family’.

It was pleasing to see how the Freedom to Speak up Guardians at the Trust spend time in clinical areas, this allows staff to get to know who the Guardians are so they feel able to approach them should they have a need to raise a safety concern.

Last year Commissioners congratulated the Trust on becoming an Early Implementation site for Community Mental health transformation which enabled the Trust to add to the mental health team from a varied professional backgrounds. We look forward to seeing the results of the evaluation being undertaken on the pilot project and how this will continue to progress.

We are pleased to see Humber’s continued commitment to National Clinical Audits and the contribution to a variety of National Clinical Audits reflective of the services that the Trust provides. We acknowledge that the Trust participated in 92% of National Clinical Audits and 100% of National Confidential Enquiries.

Despite the continuation of the Pandemic, Commissioners were pleased to note the continued investment by the Trust into Research and Development, with new ways of working by the team that have allowed patients to be recruited into non-COVID research.

Hull and East Riding Commissioners would both like to congratulate the Trust on their achievement of no CDI cases, zero MRSA bacteraemia cases and zero E.coli bacteraemia cases being apportioned to the Trust. This is indeed an outstanding achievement for the Infection Prevention and Control Team.

Commissioners were pleased to read about the work that continues in the Trust to increase the awareness of Domestic Abuse following the Trust obtaining its White Ribbon award in October 2020, with the increasing number of Domestic Abuse Champions being trained.

An area of concern noted by Commissioners is the response to the National Pulse Survey. We note 60% of staff stated they would recommend the Trust as a provider of care to Friends and Family, with 60% reporting the Trust as a good place to work. We recognise there may be many reasons for this and the likelihood of the COVID pandemic impacting upon this. We note the actions that have been taken by the Trust to improve this percentage.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for our population and look forward to working with the Trust to continue to deliver better outcomes for all of our patients.

Commissioners confirm to the best of their knowledge, that the information contained in the report is accurate and consistent with that which has been shared with Commissioners.

Emma Latimer, Interim Accountably Officer

27th April 2022

NHS England/NHS Improvement

No response from NHS England/NHS Improvement was received in relation to the Trust's Quality Account (2022).

Humber Coast and Vale Provider Collaborative

From the 1st October 2021, the Humber Coast and Vale Provider Collaborative (HCV PC) has gained the commissioning responsibilities for inpatient services for Adult Secure Care based at the Humber Centre and for Children and Adolescence Mental Health Services based at the Inspire Services in Hull.

The HCV PC welcomes the opportunity to provide this statement for Humber Teaching NHS Foundation Trust's Quality Accounts. We confirm that we have reviewed the information contained within the Account and that it is compliant with the Quality Account guidance.

We would like to congratulate the Humber Teaching NHS Foundation Trust on the successes they have achieved during 2021-22, despite the ongoing challenges of COVID-19. The HCV PC would like to highlight the work being progressed by the Trust within the CAMHs and Secure Care services especially with

- Progression of the Quality Priorities that were identified for 2021/22
- The work carried out to achieve the reduction in the number of service users being placed out of area.
- Work within the Trust and partners on the Children and Young People Eating Disorders work streams
- Inspire inpatient service for winning 2 Design in Mental Health Awards
- The launch of the Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism Provider Collaborative.
- The work progressing with the Social Mediation and Self-Help (SMASH) programme
- Humber, Coast and Vale health and care partnership working with the Youth Justice Framework for Integrated Care.

The HCV PC welcome the Trusts values and focus of the organisation being “Caring for people while ensuring they are always at the heart of everything we do.” and endorse the core overarching strategic goals. We fully support the approach of putting the service user at the centre of care delivery to enable people to fulfil their potential, within and beyond their experience of mental illness and other chronic conditions. We look forward to working in collaboration with the Trust to enable this to be embed into enablement practice.

We support the identified quality priorities for 2022-23, covering:

- Priority One: In line with national directives, move away from a root cause analysis approach to investigating serious incidents towards an inquisitive examination of a wider range of patient safety incidents
- Priority Two: To work towards ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care.
- Priority Three: To increase service user involvement in our patient safety priorities and associated work incorporating a strengthened approach to involving families and carers strengthening our approaches to ‘Think Family’.

The HCV PC look forward to continued collaboration on the quality agenda and working with Humber Teaching NHS Foundation Trust as they implement the quality priorities and improvements set for 2022/23 and improve the quality of services provided to service users.

Gareth Flanders, Quality Assurance and Improvement Lead

21 April 2022

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 for the year 2022/22 and supporting guidance detailed requirements for quality reports 2019/20
- 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 2021 to March 2022
 - papers relating to quality reported to the board over the period April 2021 to March 2022
 - feedback from commissioners during April 2022
 - feedback from governors, the draft Quality Report was circulated to Governors, no comments were received however, they were involved in the development of the report
 - feedback from local Healthwatch organisations, during April 2022
 - feedback from overview and scrutiny committee, unfortunately due to time limitations they confirmed they were unable to officially feedback from consultation
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, which will be submitted to the September Trust Board
 - the national patient survey 2021
 - the national staff survey 2021
 - 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:

DATE 28/06/2022

Caroline Flint (Chairman)

DATE 28/06/2022

Michele Moran (Chief Executive)

Annex 3: Our Strategic Goals

Strategic Goal One: Innovating Quality and Patient Safety

What we will do

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

How will we know we have achieved it

We will demonstrate:

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

Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

What we will do

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

How will we know we have achieved it

We will demonstrate:

- 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.

Strategic Goal Three: Fostering Integration, Partnership and Alliances

What we will do

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.

How will we know we have achieved it

We will demonstrate:

- 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.

Strategic Goal Four: Developing and Effective and Empowered Workforce

What we will do

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.

How will we know we have achieved it

We will demonstrate:

- 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.

Strategic Goal Five: Maximising an Efficient and Sustainable Workforce

What we will do

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.

How will we know we have achieved it

We will demonstrate:

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

Strategic Goal Six: Promoting People, Communities and Social Values

What we will do

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.

How will we know we have achieved it

We will demonstrate:

- 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

Term	Definition
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.

Term	Definition
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.

Term	Definition
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 anti-biotics.
MyAssurance	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting.
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.
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 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Term	Definition
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.