



Humber NHS Foundation Trust Quality Accounts 2013/14



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Part One

Quality Statement

Welcome to the Humber NHS Foundation Trust Quality Report for 2013/14, a document that not only sets out the quality of the services we have provided over the past 12 months but hopefully will give you a greater understanding of our organisation and the steps we are taking to push our standards even higher during 2014/15 and the years to come.

The vision that supports everything we do at our Trust is one of improving the health and wellbeing of the communities we serve. We can only support the people of Hull and the East Riding of Yorkshire to lead healthier, longer and more fulfilled lives by providing the very best care we can, by never resting on our laurels and always learning lessons, responding to what you tell us and acting to consistently improve quality, safety and the experience people have in our care.

The information in this report describes the changes that have been made in our services throughout the Trust in terms of quality improvement and the enhancement of safety and patient experience.

Below are some of our most important achievements during this year:

- Work to transform the way we support children in mental health or emotional crisis and the people who care for them, in moving towards a more community and family focussed service that can be accessed directly by them any time or day of the week.
- Work to transform and integrate the way our Neighbourhood Care Services will function to seamlessly provide community and mental health care that will be accessible through a single point of contact.
- Securing Home Treatment Accreditation Scheme (HTAS) accreditation for both our Hull and East Riding Crisis Resolution Home Treatment (CRHT) teams.
- Launching our new NHS Centre for Dementia Research and Practice at the Hull Memory Clinic to enable people with dementia and those supporting them to be able to take part in the latest research programmes that can directly benefit the lives of people living with the condition.
- Worked with our commissioners at NHS East Riding of Yorkshire CCG to extend the Minor Injuries Unit opening hours at East Riding Community Hospital over the busy winter period to ease pressures on A and E.
- Roll out of a multidisciplinary enhanced Falls Service in the East Riding of Yorkshire.
- Trust properties scored well (averaging almost 100% on cleanliness and nearly 92% on the standard of food) in the Patient Led Inspections of the Care Environment which focus on the issues that patients have told us are most important to them - being treated in a clean, safe environment and having the opportunity to enjoy good, nutritious food and high standards of privacy.
- Trust opened 'Your Community Café' at East Riding Community Hospital which made hot nutritious meals available to members of the community throughout the winter for just £2.

- Improvements in the early memory services to help identify more of those showing signs of dementia so they and their carers can access help and the right support.
- Two new Macmillan posts to improve support at home and in the East Riding Community Hospital for people who are coming to the end of their lives.
- Major refurbishment of Hornsea Cottage Hospital carried out by East Riding Clinical Commissioning Group before the premises moved under Trust ownership to improve facilities and the patient environment.
- Positive Care Quality Commission inspections at both the Withernsea Community Hospital and the Humber Centre which met all national standards assessed.

Last year also saw us temporarily reduce bed numbers on the community ward at East Riding Community Hospital following a visit by the CQC. You can read in detail about the report, the way the Trust had identified the issues around the ward prior to the visit and the action plan that was already in place later on in this document but this is an excellent example of the speed at which we and our partners are willing and able to act when we identify areas that are not performing to the high quality we all expect.

A public consultation exercise in 2013 culminated in NHS East Riding of Yorkshire Clinical Commissioning Group taking the decision to relocate the mental health beds from Buckrose Ward at Bridlington Hospital. The Trust welcomed the decision which means we will be able to move forward with plans to develop a Health and Wellbeing Centre at the hospital which would benefit the wider local population. The Health and Wellbeing Centre will enable the Trust to develop and deliver more joined-up care that fully takes into account a person's physical,

emotional and mental health needs. Patients currently residing on Buckrose Ward will move to our existing purpose built units in East Riding and Hull later this year, during this process the Trust will be supporting both patients and their families.

Our Trust has continued to operate against the background of challenge that the public sector is facing, in continuing to improve the quality and effectiveness of services at a time when resources are increasingly scarce and where innovation and improvement are absolutely vital in supporting service transformation and quality improvement. Trust staff continue to excel both in their professional commitment to quality and the patient experience but in the way they so often go that extra mile to motivate and inspire their colleagues and provide exemplary care.

Trust clinical psychologist Hon Professor Esme Moniz-Cook was recently named the NHS Innovator/Quality Champion for her work leading the way in early detection of dementia, cutting edge psychosocial interventions and community dementia care services. Patrick Scott, who is General Manager of the Trust's Forensic Services, was shortlisted for the NHS Regional Leader of Patient Inclusivity of the Year for his work in helping patients become more actively involved in decisions about their care and in the services they receive.

Many of our services have continued to gain national recognition including an award for the delivery of Mental Health First Aid training, a regional care award for a joint Learning Disability service with Hull City Council and reaching the finals of major national patient awards for both the Laughology project and the innovative decorating skills project, both from the Humber Centre.

This quality report not only represents our achievements for 2013/14 but also, following extensive consultation with people both within and outside our Trust who have a stake in healthcare in our region (including a major listening event held in Hull during March 2014) sets out our continued priorities for improvement for 2014/15 and beyond.

Throughout the report there are elements of the content which we are asked to include by both the Department of Health and Monitor (the independent regulator for NHS Foundation Trusts). Whilst I appreciate that this may mean the document is not the easiest read in the world in places, we have tried to help by including a glossary at the end to help explain some of the terminology you might not be familiar with.

The Trust continues to address key recommendations and lessons learned from the Francis report into the systemic failings that came to light at Mid Staffordshire Hospitals Trust as well as the Keogh and Berwick reports on standards within the NHS.

With senior colleagues, I embarked on a series of roadshows visiting our various bases and speaking directly to staff of all levels and from all professional backgrounds and listening to their concerns, ambitions and ideas about the issues that affect everyone within this organisation, our patients and service users, their families and the wider population. From this conversation, a number of clear themes have emerged. We have called this our "Big Ambition" to reflect the fact we understand achieving some of these will not be plain sailing but that a difficult journey should not put us off or stop us trying.

We recognise that a highly skilled, confident and caring workforce is fundamental to delivering compassionate services in settings that are the very best we are able to provide.

The Trust continues to see improvements in compliance with mandatory training and individual personal development reviews. The annual Yorkshire and Humber Deanery Visit confirmed that junior doctors consistently report a positive learning experience during their time with the Trust. One of the Trust's psychiatric trainees, Dr Sonia Sangha, was recently named Health Education Yorkshire and the Humber Core Psychiatric Trainee of the Year and will go on to fly the flag for Hull and East Yorkshire at the Royal College of Psychiatry National Awards later this year.

Everything contained in this report has been subject to robust internal review and external verification by both stakeholders and our external auditors. This means that, to the best of my knowledge, these accounts honestly and accurately reflect the quality of care we deliver to our patients and the communities we serve.



Quality is a word you will come across a great deal as you work your way through the following document. I make no apology for saying it once again as, on behalf of our entire Board, I take this opportunity to reaffirm what is an ongoing commitment to constantly improving the services we provide and ensuring that safety, quality and compassion remain at the very heart of everything that we do.

Humber NHS Foundation Trust provides a range of mental health and community services including the following:

- Mental health services for adults, older people and children
- Learning Disability services
- Community hospitals (inpatient and outpatient)
- Joint services under section 75 agreements with Hull and East Riding local authorities
- Addictions services
- Forensic Services
- A range of therapies within the community
- Children's services
- District nursing
- MacMillan Nursing

(A more comprehensive list of our services is outlined elsewhere within this document.)

We have always aimed to ensure the services we provided or subcontracted during 2013/14 were of high quality and delivered in safe environments with the needs of the patient and their families/carers at the centre.

I declare that, to the best of my knowledge, all information provided in this document is accurate.



David Snowdon
Chief Executive
Humber NHS Foundation Trust



About Us

- We employ more than 3,000 staff providing a range of services and therapies including mental health, community, children's, learning disability and addictions.
- We provide secure services for people from across Yorkshire and the Humber, using innovative treatments and award-winning activities to enhance the physical and mental wellbeing of our forensic patients.
- Our specialist clinicians are nationally-recognised experts involved in high-level research that directly benefits our patients and service users.
- We are constantly improving the way our integrated teams work together to make sure people are treated in the setting that's best for them, including intensive home treatment and early discharge with excellent support.
- For the past three years we have continued to record a high level of performance in Yorkshire and the Humber in mental health inpatient services, according to patient surveys. All our working age adult inpatient units are Accreditation for Inpatient Mental Health Services (AIMS) accredited.
- Both our Hull and East Riding Crisis Resolution Home Treatment (CRHT) Teams are now Home Treatment Accreditation Scheme accredited.
- As a Foundation Trust, we constantly re-invest back into healthcare and improving the environments in which our patients are treated.
- End-of-life care and wound care are vital areas of our work, carried out by highly-trained and qualified clinicians.



Types of Service We Deliver

We are proud to deliver a broad range of mental health, community services (including therapies), children's, learning disability and addictions services to people living in Hull and the East Riding of Yorkshire, a population of approximately 600,000. We also provide forensic services to patients from the wider Yorkshire and Humber area.

We offer a comprehensive portfolio of services, many of which can be accessed through the Single Point of Access (a fast track to treatment, help and support).

- A and E liaison for working age adults and older people
- Addictions, including inpatient alcohol detox
- Bladder and bowel specialist care
- Child and adolescent mental health services (CAMHS)
- Children's services
- Chronic fatigue
- Counselling
- Diabetes services
- District nursing
- Falls prevention
- Forensic services for mental health, learning disability patients and personality disorder patients, including some from outside our area
- Health services within prisons
- Health trainers
- Health visiting
- Huntington's disease team
- Inpatient and community mental health for working age adults
- Inpatient and community mental health for older people
- Intermediate care
- Learning disability community and inpatient services
- Long-term conditions
- Macmillan nurses
- Nutrition and dietetics
- Out of hours and unscheduled care
- Palliative care
- Perinatal mental health
- Physiotherapy
- Podiatry
- Psychiatric liaison
- Psychological interventions
- Psychotherapy
- School nursing
- Self-harm
- Stroke services
- Therapy services such as physiotherapy, speech and language
- Tissue viability
- Traumatic stress
- Unscheduled care

This list is not exhaustive. For more information and for referral pathways, please visit www.humber.nhs.uk/services.



Our Vision

To improve the health and wellbeing of the communities we serve.

Our Strategic Goals

The Trust has nine strategic goals which form the direction and aspirations of the organisation and underpin our vision.

These are listed below:

1. Provide services that are safe, person centred, delivered in appropriate environments and sensitive to the needs of the individual.
2. Retain the confidence of patients, carers and commissioners by upholding the principles of the NHS.
3. Be an excellent employer maximising the skills and talents of our valued workforce.
4. Ensure a firm financial foundation underpins the delivery of our vision.
5. To work in partnership with other organisations and local authorities to develop seamless service provision.
6. Through the use of evidence based practice, provide high quality services to establish a reputation for exceptional standards of care.
7. Use our positive reputation to develop new services and expand existing ones.
8. Provide and develop services that are efficient, cost effective and responsive to the needs of the people who use them.
9. Work with members to achieve our vision.

Goal number two outlines our commitment to uphold the principles and values of the NHS. We do this in the following way:

VALUE	IMPACT
Compassion	We will make sure we take the time to listen and understand
Respect and dignity	We will ensure people are treated as individuals, in environments where their dignity is maintained
Commitment to the quality of care	By getting the basics right we will maintain and improve the quality of care
Improving lives	We will strive to deliver continuous quality improvement, improving people's health and wellbeing. We will promote activities that make a positive impact on the 'work life balance' of our staff
Working together for patients	We will work with partners across organisational boundaries to improve user and carer experience
Everyone counts	We will maintain clear focus on people as well as services

Part Two

2.1 Working With Our Commissioners

During 2013/14 Humber NHS Foundation Trust provided 100 and sub-contracted 50 relevant health services.

Humber NHS Foundation Trust held a number of contracts for the services delivered by the Trust and for services delivered for the Trust by other providers. The most significant contracts agreed were as follows:

Commissioners:

- NHS East Riding of Yorkshire Clinical Commissioning Group
- NHS Hull Clinical Commissioning Group
- NHS North Yorkshire and York
- NHS England
- Kingston upon Hull Local Authority
- East Riding of Yorkshire Local Authority

The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services through quality key performance indicators covering quality of care in all of the relevant health services. The data is shared with commissioners and has not impeded any of the Trust's objectives.

The income generated by the relevant health services reviewed in 2013/14 represents 94% of the total income generated from the provision of relevant health services by Humber NHS Foundation Trust from 2013/14.

Partnership Section

Humber NHS Foundation Trust values partnership working with other statutory and non-statutory organisations. We have partnership arrangements in place with Barchester Healthcare and Closer Healthcare. These organisations support Humber NHS Foundation Trust in the delivery of good quality services to the populations it serves. We also have a good track record of working in partnership with our commissioners to ensure the delivery of services. We ensure there is regular and constructive dialogue with our commissioners about key strategic issues and we then work with commissioners either through managed change exercises or tendering opportunities to deliver the services they require.



Part Two

2.2 Update On Priorities

Background

At the start of the year the Trust identified 12 clinical priorities for 2013/14 during an engagement event with Trust stakeholders, patient group representatives and members of the public. It was agreed by the Trust Board that these priorities would be rolled over for three years, until the 2015/16 Quality Report, unless reviewed earlier.

Each priority was allocated to a respective Clinical Network to develop a set of milestones for the next three years. These milestones are monitored on a quarterly basis by the Clinical Networks and the outcomes are presented in the Trust's Level 1 Performance Board Report. These will also be monitored using the measures set against the individual indicators.

The 12 priorities are split into the following four overall indicators:

1. Improving the diagnosis, care and treatment for people with Dementia.
2. Improving the care treatment for people with long term and chronic health conditions.
3. Improving the care for people approaching the end of life.
4. Improving the alternatives to admission through care and treatment for people with unplanned care needs.

Each of the above four indicators have three 'sub indicators' making up the 12 clinical priorities. The sub indicators (priorities) are made up of the following domains:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Measure: Improving the diagnosis, care and treatment for people with Dementia

Audit of Essence of Care Standards (Pressure Ulcers, Nutrition, Record Keeping) in Older People's Mental Health - Patient Safety

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has completed all of its milestones.)

Quarter	Milestone	Completed / Update
1	Verbal feedback to Clinical Network Group August 2013 on audit and any action plan required.	Complete
2	Audit to continue during Q2 in preparation for written report due in Q3.	Complete
3	Written report of findings of audit from Q1 and Q2; recommendations by November 2013.	Reported to April 2014 Clinical Network Group
4	Verbal feedback to Clinical Network Group February 2014 on audit and any action plan required.	Discussed at April 2014 Clinical Network Group (see below)

Why We Focussed on This Priority

Initially, we focused on the audits in 2010/11 to demonstrate the progress made against essence of care action plans relating to a previous CQUIN, National Institute for Health and Care Excellence (NICE) guidance evidence in relation to the management of pressure ulcers and NICE guidance in relation to nutrition and essence of care benchmarks. The reason we focused on these areas is the risk for older people in these areas is more prevalent particularly with people with dementia. The audit tool is made up of questions relating to food and nutrition and the use for the Malnutrition Universal Tool (MUST) tool and for Pressure ulcer risk we use the Waterlow. We have audited yearly since 2010/11.

What Progress Have We Made?

The re audits demonstrate that compliance with the assessment tools used on admission of our patients MUST/Waterlow has improved greatly and the actions, when people at risk of poor nutrition and fluid intake and

pressure ulcers are identified, are based on the guidelines mentioned above.

What Next?

The Clinical Network Group discussed the option to discontinue the audits as compliance has improved since the clinical models within the older people's mental health units have become embedded within teams. The plan is for the Older People's Mental Health Inpatient Team to develop a dashboard similar to one which is used by our Community Hospital in Beverley which monitors other relevant areas of practice and these areas will need to be identified and agreed within the Clinical Network Group. It would appear more appropriate to audit and monitor the real time issues/practices/performance rather than continue to look at an area which has improved and is now being carried out to a high standard consistently. These will include areas raised from patient/family feedback or from complaints, adverse incidents etc.

The Older People's Mental Health Service is currently going through a themed review and the outcome from this might also highlight some areas.

What This Means For Our Patients

All patients admitted get a MUST assessment on or within a few days of admission. This identifies if they are at risk of malnutrition and if they are, a care plan is put in place. The care plan may include; monitoring of food and fluid intake, referral to Occupational Therapy if required for equipment that might assist in

eating/drinking, medical intervention (for example, appetite stimulant or referral to geriatrician), weight monitoring, increasing calories in food (staff/cook within inpatients have nutritional training to undertake this), helping the patient choose better options to increase nutritional intake or referral to dietician if necessary. The model within the inpatient units includes asking patients about their likes and dislikes and a reception meeting with relatives within the first week of admission, giving them the opportunity to raise any issues about dietary intake or personal preferences.



Develop A Dementia And Early Detection Assessment And Diagnosis Pathway - Clinical Effectiveness

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator is partly completed.)

Quarter	Milestone	Completed / Update
1	<ul style="list-style-type: none"> - Draft procedures in place for: care pathway for referral and assessment and; Psycho-social Diagnostic Decision Tree. - Hull - Implementation phase of waiting list initiative; Capacity increased and waiting list cleansed. - East Riding - Project proposal approved by East Riding (ER) CCG and preferred option identified. 	<p>Complete</p> <p>Complete</p> <p>Complete</p>
2	<ul style="list-style-type: none"> - Trust-wide - Older People's Mental Health Strategy approved outlining key objectives for memory assessment and treatment. - Hull - Waiting times for memory assessment have reduced for patients registered with a Hull GP. - East Riding - Confirmation of non-recurrent funding agreed from ER CCG. 	<p>Complete</p> <p>Complete</p> <p>Complete</p>
3	<ul style="list-style-type: none"> - Trust-wide - Draft care pathway in place for treatment and intervention pathways. - Trust-wide - Draft protocol and/or guidelines in place for Non-Medical Prescribing. - Hull - Memory Assessment and Intervention Key Performance Indicators (KPIs) proposed with Hull CCG. - East Riding - Staff establishment agreed; vacancies advertised; waiting list cleansed. 	<p>Complete</p> <p>Partly Complete</p> <p>Complete</p> <p>Complete</p>
4	<ul style="list-style-type: none"> - A reduction in waiting time for memory assessment have reduced for patients Humber wide and exception reporting process in place. - Benchmarking against Memory Service National Accreditation Programme (MSNAP) is tested and complete. - Business development opportunities for self-funded memory assessment and treatment services explored and agreed. - East Riding - Memory Assessment and Intervention KPIs proposed with ER CCG. 	<p>Complete</p> <p>Complete</p> <p>Partly Complete</p> <p>Complete</p>

Why We Focussed On This Priority

Standard 2 of the NHS outcomes framework in 2012/13, proposed outcome measures in order to enhance quality of life for people with long terms conditions. During the same year, the Alzheimer's Society published statistics which highlighted East Riding and Hull as national outliers in terms of detection rates for dementia, with some of the lowest figures in the country.

In 2013/14, the NHS Outcomes Framework further reinforced Standard 2, highlighting specific measurements for people with Dementia:

- 2.6 i Estimated diagnosis rate for people with dementia;
- 2.6 ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life.

These standards influenced local commissioners to support additional projects to reduce waiting times and increase detection rates in order to bring the localities in line with national prevalence statistics. Local Clinical Commissioning Groups (CCGs) are assessed on the delivery of improvements against National Outcomes Framework standards, hence there is an increased pressure in this area to ensure sustainable success against this priority. This will also secure our position in terms of ongoing provision of Memory Assessment Services across the Humber area.

What Progress Have We Made?

The opportunity provided by the CCG has enabled a significant amount of progress over the last year which has included:

- The development of a Referral and Assessment Care Pathway and service model across Hull and East Riding. Initial development took place within the existing Hull Memory Clinic and has more recently been rolled out across East Riding (March 2014);
- A significant reduction in waiting times for initial assessment and diagnosis across all localities;
- Increased Nurse, Psychology Assistant and Support Time Recovery Worker establishments.
- A revised, documented formulation process for patients, delivered by a full Multi-Disciplinary Team (MDT);
- The development of a Diagnosis Decision Tree; this provides support to the MDT when assessing patient and carer vulnerability and signposts them to the most appropriate package of care. It also provides a profile for the patient which complements their cluster and can support teams with caseload management;
- Preparation for forthcoming participation in the Memory Service National Accreditation Programme (MSNAP),

a national “kite mark” evidencing our compliance with minimum standards for Memory Clinics;

- The development of draft non-medical prescribing (NMP) protocols and guidelines for the service to introduce efficiencies in terms of medical input and also workforce development opportunities for existing and future staff. The Hull Memory Clinic have enabled one substantive staff member to participate in the post-graduate training, qualification is scheduled for July 2014. In addition, the East Riding scheme recruited two staff already qualified in order to deliver clinics across the localities in the future.

Please also refer to the outcomes of the recent themed review for the Hull Memory Clinic, which has reinforced an improvement in terms of communication, understanding of roles and responsibilities, team work and clinical leadership over the past year since implementing the scheme.

What Next?

NHS Outcomes Framework 2014/15

- The NHS Outcomes Framework for 2014/15 has changed this year in relation to outcome measures for people with Dementia and **2.6 i Estimated diagnosis rate for people with dementia** is no longer included as an outcome measure. **2.6 ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** remains in place. Hull Memory Clinic were pleased to be one of only four Memory Clinics across the country who participated in the Patient Reported Outcomes Measures (PROMS) research commissioned by the Department of Health in order to identify an appropriate measure for this standard. The date of first data release is scheduled for 2016/17.

Humber Memory Assessment Service

The new service model and pathway need to be embedded into practice particularly in the East Riding where this is a new service. The East Riding project previously highlighted treatment pathway risks associated with the project, that are now being realised namely.

- Capacity to deliver psychosocial treatment packages following assessment and diagnosis which were not included in the additional funding, but are essential to the care pathway in order to comply with evidence based practice.
- Caseload Management issues where there is limited capacity within existing Older People Mental Health (OPMH) Community Mental Health Teams to take on the influx of new patients who are being assessed rapidly as part of the scheme. Potential solutions to address this are being explored.

In addition a new Direct Enhanced Service (DES) in Primary Care has commenced in East Riding and will shortly commence in Hull. Participating GPs will use their existing long term condition clinics to identify patients who may have Mild Cognitive Impairment or a possible Dementia. Where a Dementia is indicated, the GP will refer to the Memory Assessment Service for specialist assessment. This has already highlighted an increase in Holderness in terms of referral numbers. There is therefore a need to ensure capacity of the team can meet and sustain future demand.

The implementation of the service model agreed within the Older People's Mental Health strategy is essential in order to identify opportunities to develop capacity and ensure that service delivery is seamless and provides access to diagnosis and treatment in a timely way.

MSNAP

Humber Memory Assessment Service will now apply for Memory Services National Accreditation Programme (MSNAP) which will take approximately 6 months. There are no issues or concerns in relation to compliance and full support from the MSNAP team is provided in terms of evidence required.

Diagnosis Decision Tree – An Integrated Tool

The benefits of the tool as something that can link other partners involved in the delivery of services to people with Dementia and their supporters are being realised and the team needs to ensure that all partners are included in the care packages for each profile. Dr Chris Rewston is also working on the official publication of the Decision Tree.

NMP (Non Medical Prescriber)

Whilst there are some outstanding issues with the Area Prescribing Committee regarding shared care protocols, it is envisaged that this will be resolved in coming weeks. The protocols however do not prevent pilot work from being carried forward in collaboration with Medical staff to implement protocols and pathways in order to understand and demonstrate the most efficient use of our NMPs.

Older People's Mental Health Strategy

The strategy outlined a 3 year programme linked to critical success factors. This now requires updating, but also provides further objectives in relation to Older People's Mental Health.

Roll Out Of Real Time Patient Experience Survey (Using Meridian) In Older People's Mental Health Services - Patient Experience

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has achieved all of its milestones.)

Quarter	Milestone	Completed / Update
1	Review opportunities to implement the Trust wide patient survey across Older People's Mental Health Services.	Complete
2	Explore opportunities to take forward multi-agency consultation events involving people with dementia and their carers.	Complete
3	<ul style="list-style-type: none"> - To review whether evidence gathered to date and future opportunities will satisfy compliance with standard 1.1.5 and 1.3.3 of the Memory Services Accreditation Programme (MSNAP.) - Involve Service Users in the recruitment of new staff for Humber Memory Assessment Service and CMHTs. - Finalise Patient Satisfaction Survey and implement into Meridian for roll out. 	Partly Complete Not Completed Partly Complete
4	<ul style="list-style-type: none"> - To develop mechanism to obtain feedback from carers and patients on Psycho-Social treatment interventions. - Take forward at least one multi-agency consultation event involving people with dementia and their carers/supporters. - Use feedback to inform review of Older People's Mental Health Strategy Q2 2014-15. 	Complete Complete Review Pending

Why We Focussed On This Priority

Standard 4 of the NHS outcomes framework in 2013/14, is about ensuring people have a positive experience of care which includes a sub-heading Improving experience of healthcare for people with mental illness, 4.7 Patient experience of community mental health services.

Whilst we have a Trust wide patient experience survey, this has not been routinely applied in Community Mental Health Teams or the Hull Memory Clinic. The focus on this as a priority was to ensure consistency with the application of the Trust Wide survey, to provide opportunities for patients to provide more formal and specific feedback, but also to ensure compliance with a range of standards such as the Outcomes Framework above, and other standards outlined by the Care Quality Commission and MSNAP.

What Progress Have We Made?

The survey is currently completed when patients attend their pulse check

appointment and is shortly to be rolled out to clients who are receiving input from other staff supporting caseload management. The survey is also available to complete online in the department using a computer in the waiting room.

Initial outcomes from the first tranche of patients revealed high levels of satisfaction from users in relation to waiting times and access.

What Next?

Issues raised in some of the feedback, were in relation to insufficient information from the referrer regarding what to expect from the assessment. We are in the process of developing information for patients about the Memory Clinic that can be given to them by the referrer in advance of their appointment. We will also share that information with them again by including it in their appointment pack. This will also help us to comply with Memory Service National Accreditation Programme standards.

Measure: Improving The Care Treatment For People With Long Term And Chronic Health Conditions

Regular And Ongoing Audit Of Systemone Measuring Compliance With National Standards In Children's And Young People's Services - Patient Safety

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator is partly completed with completion expected June 2014.)

Quarter	Milestone	Completed / Update
1	No milestones for Q1.	N/A
2	Audit of electronic care records.	Completed
3	Submit proposal for electronic care records clinical audit.	Completed
4	Undertake clinical audit.	Expected completion June 2014

Why We Focussed On This Priority

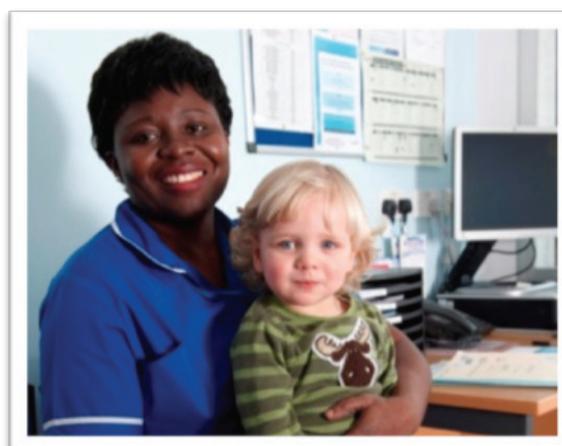
This audit was made a priority to ensure that record keeping within the Health Visiting and School Nursing services is meeting national and local record keeping policies; and Nursing and Midwifery Council recordkeeping guidelines. This is monitored as part of the services' safeguarding, clinical and management supervision. This audit will enable standardisation of electronic records within the service to ensure provision of a quality service.

What Progress Have We Made?

An audit of SystemOne records is currently being undertaken within the Children and Young People's services' SystemOne unit with an expected completion date of end June 2014.

What Next?

Once the results are collated any necessary standardisation of the Children and Young People's Service electronic records will be introduced to ensure provision of a quality service.



Develop Clinical Cardiac Pathways In Cardiac Service - Clinical Effectiveness

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has completed all of its milestones.)

Quarter	Milestone	Completed / Update
1	Commence cardiac rehabilitation pilot- Bridlington (50 patients – 1 year).	Completed
2	Commence cardiac rehabilitation pilot- Bridlington (50 patients – 1 year).	Completed 1st cohort of patients - second cohort of patients commenced. No action outstanding as milestone is to run over 1 year period.
3	Commence mapping for Heart Failure patients against NICE guidance	<u>Ongoing</u> , to be carried over to Q4
4	Commence mapping for MI patients against NICE guidance.	Commenced mapping of MI patients against NICE CG 172. <u>Ongoing</u> mapping of heart failure patients carried over from Q3.

Why We Focussed On This Priority?

The need for comprehensive cardiac rehabilitation is evidenced within NICE clinical guideline 172 MI –secondary prevention, which states all patients should be given advice and offered a cardiac rehabilitation programme with an exercise component. By undertaking the Bridlington pilot, the Cardiac Rehabilitation Service have been able to offer patients living in the Bridlington area cardiac rehabilitation services closer to home as previously they would have had to travel to Castle Hill Hospital, Hull, and therefore attendance was often poor.

What Progress Have We Made?

A cardiac rehabilitation pilot has commenced in Bridlington. There have been two cohorts of 50 patients on the pilot, one which completed in August 2013 and one which commenced in Quarter 2 of this year.

What Next?

The rehabilitation pilot will be evaluated once complete after April 2014.

What Does This Mean For Our Patients?

Establishing a Phase 3 Cardiac Rehabilitation Programme for patients in the Bridlington area has enabled patients with existing cardiac conditions to undertake a structured, evidence based programme of exercise and address lifestyle factors, focussing on both physical and psychological wellbeing. Lifestyle factors such as diet, weight management, blood pressure management, medication management, stress and mental health were all addressed as part of the seven week programme (14 sessions in total).

Patients who completed the programme have also been signposted into other services where appropriate. In particular, many have continued to engage in regular physical activity as we have strong links with East Riding Leisure Services. Patients who accessed the service previously would have had to attend Castle Hill Hospital for such a programme. Patients often chose not to take part due to the distance they would need to travel and public transport difficulties at a time when they were still recovering from a significant cardiac event.

Implementation Of Camhs (Child And Adolescent Mental Health Services) ' Participation Framework' To Include User/ Carer Satisfaction - Patient Experience

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator is 'Partly Completed' to date.)

Quarter	Milestone	Completed / Update
1	Representative to be identified and attend Trust Patient Experience Development Meeting.	Completed
2	Some teams have established user feedback strategy in buildings.	Completed
3	1) Engage with young people regarding the service redesign seeking feedback to inform planning – by 29/11/2013. 2) Engage with service users and families in feedback regarding new service model by 29/11/2013. 3) Define on-going consultation and engagement arrangements for regular service user and family feedback – by 31/12/2013. 4) Have an up to date list of participation champions representing all teams.	Mostly completed – see narrative below
4	None Set	

Why We Focussed On This Priority

Feedback was obtained from children, young people and their families/carers during a public engagement exercise in 2013. This was undertaken by an independent consultancy agency to review Child and Adolescent Mental Health Services (CAMHS) in Hull and the East Riding. In Hull, further consultation is underway as part of the Mental Health and Wellbeing

Joint Commissioning Strategy, where further feedback from service users and families is currently being obtained. Hull and East Riding CAMHS are currently building relationships with other agencies to focus on vulnerable groups of children and young people.

CAMHS are focussing on participation in response to good practice guidance, national policy and legislation. Locally there is a need

to involve children and young children, to understand all their needs, learn what they do not need and to identify what is most helpful for them (as being central to service delivery).

What Progress Have We Made?

- Links have been established with participation champions in teams.
- Children and Young People are involved in the staff selection process.
- Experience of Service Questionnaires (ESQ) are used to obtain and report on service user feedback some CAMHS teams. From April 2014, this will be rolled out to all CAMHS teams.
- Use of the Meridian system to provide information is being explored.

What Next?

A comprehensive Participation Framework will be developed and implemented, as part of the CAMHS re-design project.

In addition to elements outlined, this will include:

- establishment of peer groups/advocacy.
- use of technology, e.g. websites, digital media.

Children And Young People's Improving Access To Psychological Therapies (CYP IAPT)

Humber CAMHS submitted a single integrated bid for the two Hull and East Riding commissioning partnerships on the 30th April 2014. CYP IAPT is a transformational change project for CAMHS, which is focussed on improving outcomes for children, young people and their families and is client informed. The bid included a specific section on participation and was required to outline what the dedicated funding available for participation would be used for.

CAMHS will ensure that the work required for this clinical network priority and CYP IAPT will be aligned and reflected in project plans. Following discussion at May's Clinical Network, a Clinical Consultant Lead and clinical representatives have been identified to progress this work, with support and input from the Hull and East Riding project managers. This will include establishing a task and finish group, review of the milestones/ requirements and developing a participation action plan.

What does this mean for our patients?

For this clinical priority, the benefits and outcomes for patients included improved accessibility to services which are clinically safe and effective, and includes access to self-help and support. Improving participation will also specifically aim to ensure services are more relevant and appropriate and more aware and responsive to the views of service users. This will in turn ensure that services are outcome informed and tailored to suit children and young people's needs, and also where appropriate meet the needs of their families.



Measure: Improving The Care For People Approaching The End Of Life

Advanced care planning to be reviewed for end of life care management (Palliative Care) -Patient Safety

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has achieved its milestones to date.)

Quarter	Milestone	Completed / Update
1	<ul style="list-style-type: none"> - Full review of Humber NHS Foundation Trust Integrated Care Pathway for End of Life Care in last days of life undertaken. (End of Life Care Assessment and Management Plan agreed as meeting current requirements). - National review underway Department of Health (DoH) recommendations regarding LCP (Liverpool Care Pathway) for further discussion post full report - due July 2013. 	Complete
2	New format agreed through Clinical EOL / Palliative Care Network group. Staff awareness regarding new format to be cascaded. Shared with HEYHT/ CHCP CIC/ North East Lincs/ North Lincs who have all adopted Humber NHS Foundation Trust's documentation pending government guidance - due October 13	Complete
3	Review End of Life Care Assessment and Management Plan in light of DoH recommendations in report published July 2013 and expected recommendations due in October 2013, through initially Palliative and End of Life Care Clinical Network. Link to quality assurance and Clinical pathways.	A Palliative and End of Life Care Network within Yorkshire and the Humber Strategic Clinical Network (SCN) is being set up and Humber NHS Foundation Trust staff have been invited to the first workshop in Wakefield on 12th February in which the recommendations from the Liverpool Care Pathway review are discussed.
4	New End of Life Assessment and Management Plan rolled out across the East Riding in line with DoH recommendations	Complete with further work to be done following meetings with CHCP.

Why We Focussed On This Priority

Following the high profile press around the Liverpool Care Pathway, a Department of Health (DoH) review was undertaken in October 2013. Interim recommendations were released through the DoH. In response to the initial recommendations, we adapted our Integrated Care Pathway which became the End of Life Care Assessment and Management Plan which was adopted across Hull and East Yorkshire Community Services as well as Dove House. In February 2014 a regional End of Life Care meeting supported by NHS England and hosted by a Consultant in Palliative Medicine at St James Hospital, Leeds, confirmed that the DoH has decided not to replace the Liverpool Care Plan but instead that organisations needed to develop their own person-centred end of life care plans.

What Progress We Have Made

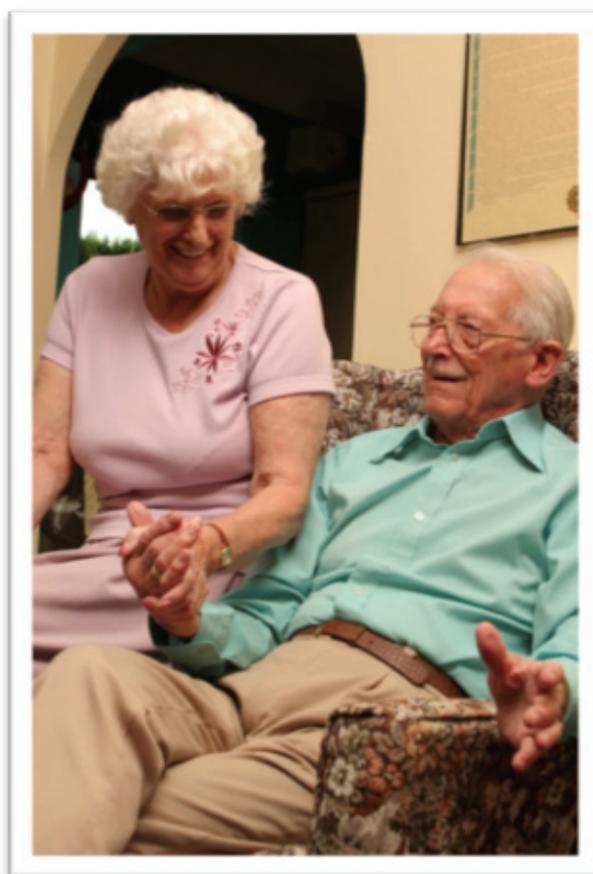
Humber NHS Foundation Trust and City Healthcare Partnership have had two meetings since this announcement and are in the process of developing collaboratively an individualised Patient Centred Care Plan approach for the last days of life. The first draft will be disseminated and shared with Community Staff across Hull and East Riding for comment and feedback. Within our Trust, it will initially be shared with members of the Clinical Network for Palliative and End of Life Care which has representation from therapy services, district nursing, community matrons, community hospital matrons, Macmillan Team, out of hours services and mental health services.

What Next?

The intention is to have documentation which addresses all the DoH recommendations from the Liverpool Care Pathway review including Palliative and End of Life Care guidance for clinicians and an agreed Patient Centred Care Plan approach in place that ensures high quality individualised care is delivered to our patients across Hull and East Riding.

What This Means For Our Patients

Having the Patient Centred Care Plan in place means that every patient requiring end of life care from our Trust will receive individualised care that is centred around their needs. This will help to ensure that every patient receives the best care possible to suit them.



Develop end of life dementia pathway (Palliative Care/Older People's Mental Health) - Clinical Effectiveness

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has achieved its milestones to date.)

Quarter	Milestone	Completed/Update
1	<ul style="list-style-type: none"> - Review of the local Patient Passport alongside the 'Living well and planning for the end of your life' toolkit as advised by the local 'End of Life' (EoL) Pathway . - Review 'My Life' person-centred planning tools produced in North East Lincolnshire to determine suitability for local implementation. - Development and delivery of a combined dementia and palliative and EoL teaching session. 	<p>Complete</p> <p>Complete</p> <p>Complete</p>
2	<ul style="list-style-type: none"> - The benchmarking of local practice against national guidance relating to dementia, palliative and end of life care to be reviewed and updated. - Recommendations to be agreed regarding the future of the local Patient Passport alongside Yellow Personalised Care Folders and the National Patient Passport. - Ethics approval to be obtained for the local research project, 'Impact of Dementia Palliative and End of Life Integrated Care Pathway on Staff Perceptions and Responses'. 	<p>Complete</p> <p>Complete</p> <p>Complete</p>
3	<ul style="list-style-type: none"> - National Patient Passport promoted and adopted locally following planned national RCN launch on 15/10/13). - Person-centred planning tools to be consistently introduced within Hull and East Riding memory assessment and treatment services. - Online dementia survey to be launched across health and social care services within the research study, 'Impact of Dementia Palliative and End of Life Integrated Care Pathway on Staff Perceptions and Responses' - Initial briefing session for the selected focus group to be held within the research study, 'Impact of Dementia Palliative and End of Life Integrated Care Pathway on Staff Perceptions and Responses' 	<p>Launch of national Patient Passport Feb 2014. Discussed at meeting 21/1/14. The outcomes will be overseen by the EoL Pathway Meeting.</p> <p>Complete</p> <p>Complete</p>
4	<ul style="list-style-type: none"> - National Patient Passport promoted and adopted locally. - Person-centred planning tools to be routinely adopted in Hull and East Riding Memory Assessment and Treatment services - Research study Focus Group repeat online dementia research survey within the research study: Impact of Dementia Palliative and End of Life Integrated Care Pathway on Staff Perceptions and Responses' 	<p>No official national launch date as yet. The multi-agency EoL Pathway Group agreed to take responsibility for supporting local implementation.</p> <p>Staff briefings being planned, development of an in-house four day rolling training programme of person-centred and advance planning tools to be launched Apr 2015, outlined below. Including promotion of national Patient Passport.</p> <p>Programme draft for staff training including advanced communication, Living Well training, Butterfly Scheme, Patient Passport, identification of the dying phase and caring in the last days/ hours of life. Possible start April '15.</p> <p>Follow-up focus groups held on 9th and 16th April. Online survey results now being collated and analysed by Hull University. The research report will be presented to the local Dementia, Palliative and EoL Pathway Group in September 2014.</p>

Why We Focussed On This Priority

An array of anecdotal evidence exists across both Hull and the East Riding of Yorkshire with regard to the lack of multi-disciplinary, coordinated palliative and end of life care afforded to people with dementia and their carers. This is further supported by national reports, in which end of life care for people with dementia is described as "...a matter of particular concern, with evidence to suggest that people with dementia are less likely to receive palliative medication, have attention paid to their spiritual needs, or be referred to palliative care specialists than people who do not have dementia" (Nuffield Bioethics Report, 2009). This is despite the clear recommendations and expectations that are outlined in several national strategies, most notably the National Dementia Strategy (Department of Health, 2009) and the End of Life Strategy (DoH, 2008).

Fuelled by the above, a local working group consisting of key stakeholders from statutory health, social care, the third sector and academic organisations was established to improve palliative and end of life care services for people with dementia and their carers in Hull and East Riding, through the development of a detailed care pathway. The purpose of the group paid particular attention to the aforementioned strategies and the NHS and Social Care Long Term Conditions model, ensuring that the work of the group covered the entirety of the patient and carer journey.

As advocated within the national End of Life Strategy (DoH, 2008), the dementia palliative and End of Life Care Pathway developed by the working group is underpinned by a whole systems approach that includes:

- Identification of people with dementia approaching the end of life and initiating discussions about preferences for end of life care;
- Care planning: assessing needs and preferences, agreeing a care plan to reflect these and reviewing these regularly;
- Coordination of care;
- Delivery of high quality services in all locations;
- Management of the last days of life;
- Care after death;
- Support for carers, both during a person's illness and after their death.

The work of the group has been reinforced by the first joint meeting of the All Party Parliamentary Group (APPG) on Hospice and Palliative Care and the APPG on Dementia which was held on Tuesday 12th July 2011. The bringing together of these two groups emphasises an ongoing national concern for the importance of working together and provides further evidence that the work of the group is in keeping with national strategy. It was at this meeting that our group was invited to present a workshop on the development of the pathway at the National Council of Palliative Care (NCPC) Dementia Conference held in December 2011. The work has also been positively featured in the End of Life Care Strategy's Third Annual Report (DH, 2011. Page 22).

What Progress Have We Made?

A pilot study exploring the impact of the newly-developed Dementia Palliative and End of Life Integrated Care Pathway on staff perceptions and understandings of dementia, particularly in relation to end of life care is currently being undertaken by Hull University in collaboration with the Dementia Palliative and End of Life Working Group. The research has been approved by the University of Hull ethics committee.

Two online surveys have been distributed to health professionals working in the dementia and end of life/palliative fields with optional paper copies made available. The surveys were developed through Bristol Online Surveys (BOS) and seek to ascertain knowledge and awareness of the development and implementation of best practice – including the Integrated Care Pathway – in relation to dementia and EoL/palliative care. The research has recruited participants from a range of professional disciplines and local health and social care service settings.

A sample of approximately 30 health and social care professionals were recruited to complete an initial survey and a follow-up survey. Participants from the sample group attended focus groups held in early October 2013 and early April 2014. The first focus group briefed participants about the Dementia Palliative and End of Life Integrated Care Pathway whilst the follow-

up focus group provided an opportunity to check in around understanding as a result of utilising the Pathway. In this way, the follow-up survey and final focus group will be used to measure any changes to knowledge and perceptions as a result of best practice dissemination and engagement work.

As advocated within NICE guidance on dementia, the Dementia Palliative and EoL Working Group have championed the need for advance care planning with people with dementia. The Working Group has also made recommendations to extend the Butterfly Scheme. The Butterfly Scheme provides a system of hospital care for people living with dementia or memory impairment who can find hospitalisation distressing when it need not be. Staff who pass through a patient's life each day to deliver appropriate care are informed of the patient's needs and how to care for them on the scheme. The scheme is being extended to patients with dementia across community services so that they have an opportunity to make advance decisions to opt into the scheme in case of hospitalisation. In addition the Working Group has encouraged the roll out of the use of the person-centred planning toolkit titled: 'Living Well Thinking and Planning for the End of your Life' across the East Riding as it is currently only adopted in Hull. The local multi-agency End of Life Patient Pathway Group has agreed to endorse and co-ordinate these developments across local health and social care organisations.

What Next?

Disseminating the Pathway

- Members of the working group presented the outcomes of their work to date at a non-malignant palliative care meeting, Beverley Racecourse, 1st April 2014.
- Research study: examining staff perceptions and understandings of dementia, particularly in relation to end of life care.

The revised research timeline is as follows:

5th March: Follow-up on-line survey for the

Focus Group participants to go live

4th April: Deadline for general survey

8th April: Deadline for follow-up Focus Group survey

9th April: Follow-up focus group planned

16th April: Follow-up focus group planned

End April - May: Data analysis

End May: Research report write-up

24th September: Launch of report

Practice Guidance Report

- The findings of the research study will culminate in the development of a practice guidance tool which will serve to inform the translation of the dementia palliative and end of life care pathway into mainstream practice. This practice guidance tool may well have a national as well as local audience and will ultimately serve to inform improvements in palliative and end of life care for people with dementia and their carers.

Roll out of the Butterfly Scheme

- Planning is now underway to roll out the Butterfly Scheme out across Community Services in April 2015

Advance Care Planning And Person-Centred Planning Tools

- A four day training programme is being developed within the Trust to support

advance care planning across long-term conditions including dementia. The programme will cover: person-centred planning tools; advanced communication skills; Living Well Training; an overview of the Butterfly Scheme; a briefing on the forthcoming national Patient Passport; the identification of the dying phase; and caring for the person in the last days/hours of life. This rolling training programme will be planned to commence around April 2015.

What Does This Mean For Our Patients?

- Patients preferred priorities of care being understood and met wherever possible due to preferred priorities of care being ascertained consistently by physical and mental health staff.
- Improved patient and carer experience due to seamless communications between professional caregivers.
- Elimination of duplication in the assessments of patients as ultimately mental health and physical health care staff will be utilising the same person-centred planning and advance care planning tools along the pathway.
- Avoidance of unnecessary hospital admissions and ensuring timely discharges due to a seamless, holistic pathway of care from the point of diagnosis through to end of life care.
- Patient and their family consistently supported throughout the illness trajectory by competent, capable and confident staff which will be achieved through strengthened partnerships and collaborative working between mental health and physical health care staff as well as across other local dementia care providers; the production of a practice guidance tool to support the pathway implementation; and the delivery of locally accessible dementia care, training and education.

The further development and implementation of the Pathway will also contribute to the local fulfilment of the key outcomes described by people with dementia and their carers as set out in the National Dementia Declaration, as follows:

- I have personal choice and control or influence over decisions about me
- I know that services are designed around me and my needs
- I have support that helps me live my life
- I have the knowledge and know-how to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of family, community and civic life
- I know there is research going on which delivers a better life for me now and hope for the future

Finally, it is important to note that this development work has now been fully integrated within the NCS Transformation Agenda.



Review of patient information leaflets (Palliative Care) - Patient Experience

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has achieved its milestones to date.)

Quarter	Milestone	Completed / Update
1	Review of information relevant to NICE Guidance. Opioids leaflet seen as a deficit as recommended in NICE Guidance 140, discussed at Clinical Network and draft version to be commented on and fed back to Macmillan Nurse Consultant.	Complete
2	Leaflet agreed through Clinical EOL / PC Network, presented by Macmillan Nurse Consultant to Drugs and Therapeutics group 30.5.13 and successfully reviewed and agreed.	Complete
3	Leaflet awareness to commence within Gold Standard Framework meetings for GPs via Humber NHS Foundation Trust staff and roll out option for patients to have leaflet when commencing Oral Opioids given by independent nurse prescribers.	Complete
4	Leaflet regularly offered to all new patients commencing Opioids medication by GPs, independent nurse prescribers within the East Riding in line with NICE Guidance 140. This is as an add in to good verbal communication and explanation.	Complete

Why We Focussed On This Priority

NICE Guidance 'Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults' offers best practice advice on the care of people with advanced and progressive disease, who require strong opioids for pain control. These patients are defined as those in severe pain who may be opioid-naive, or those whose pain has been inadequately controlled. Treatment and care should take into account patients' needs and preferences. People with advanced and progressive disease, who require strong opioids for pain control, should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals.

Good communication between healthcare professionals and patients is essential. If the patient agrees, families and carers

should have the opportunity to be involved in decisions about treatment and care. Families and carers should also be given the information and support they need.

Opioids are commonly used drugs for palliative care patients within the East Riding of Yorkshire and are frequently prescribed in various forms by GPs and the independent nurse prescribers within Humber where appropriate to their area of expertise (e.g. Macmillan Palliative Care Team). It was identified that we did not have written information leaflets available to support evidence based practice and information given verbally to patients and their families in relation to commencing Opioids by any prescribers in line with NICE CG140. This was raised at the Humber NHS Foundation Trust Clinical Network for Palliative and End of Life Care and identified as a required priority for development.

What Progress Have We Made?

A leaflet was developed in liaison with Hull and East Yorkshire Hospitals NHS Trust, Dove House and City Healthcare CIC Partnership including consultants in palliative medicine, specialist pharmacists, Macmillan and nursing teams and medicine management teams within all the organisations. It was reviewed, adapted and agreed through the Humber Palliative Care and End of Life Care Clinical Network, Drugs and Therapeutics Committee and CECC.

What Next?

It is now being given to patients and their families by independent nurse prescribers throughout the East Riding where appropriate and is being promoted to GPs within regular Gold Standards meetings within the GP practices, to promote better communication, support patients in their decision making in line with the recommendations in NICE CG140 Guidance.

What Does This Mean For Our Patients?

Being better informed about their choices allows patients to make the best decision possible along with their healthcare professional, this leads to care which is better suited to the needs as well as the wishes of our patients who are cared for by palliative care services.



Measure: Improving The Alternatives To Admission Through Care And Treatment For People With Unplanned Care Needs

Develop systems to enable unscheduled care clinicians to access SystmOne summary care records at point of access, to improve safety and inform the clinician's decision making process.
(Unscheduled Care) - Patient Safety

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has achieved its milestones to date.)

Quarter	Milestone	Completed / Update
1	1) SCR working group convened. 2) System one smart cards for Unscheduled Care clinicians validated as necessary. 3) SCR training of Out of Hours and Minor Injuries clinicians commenced.	All Complete
2	Launch of 111 nationally mandates new national IT system configuration for clinicians using the Adastra system to access SCR if patient accesses care via 111 first. These systems are currently being addressed nationally.	Complete
3	1) All Unscheduled Care clinicians have a validated SystmOne smart card. 2) Completion of SCR training for Unscheduled Care clinicians.	Complete
4	1) New configuration of IT systems completed. 2) SCR access for Unscheduled Care clinicians available across the Trust.	Complete

Why We Focussed On This Priority

Records will provide the consulting clinician with instant access to important information relating to the patient's medication and allergy history. Without a doubt this will undoubtedly enhance the quality, experience and safety of the patient's journey through the Trusts' Unscheduled Care services
What progress have we made?

The Trust has now completed the roll out and, where a GP Practice has a Summary Care Record for their patients, our GP Out of Hours and Minor Injuries clinicians can, with the patient's consent access this record.

What Next?

The roll out of SystmOne Summary Care Records in Unscheduled Care services is expected to be fully implemented by June 2014 when all staff are expected to have received their Smart Cards which allow access to the system.

What Does This Mean For Our Patients?

Seeing a clinician who can access a Summary Care Record means that it is easier to determine any medication history and to put together a 'bigger picture' on the patient's condition where possible. This allows the clinician to have a greater knowledge of the patient they are seeing and will enhance the quality of care given.

Development of a Single Team in the Neighbourhood Care and Older Peoples Mental Health Services - Clinical Effectiveness

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has achieved its milestones to date.)

	Milestone	Completed / Update
1	<ul style="list-style-type: none"> - PADRs undertaken for all registered and non-registered nursing and therapies staff. - Clinical and managerial Supervision structure to be set. - Co-location of services within the Neighbourhood Care Teams (NCTs). - Review all staff mandatory training that is flagged within the level 3 reporting: Fire; Health and Safety; Infection Control; Moving and Handling; Adult Safeguarding; Children Safeguarding; Information Governance. 	Off Track in Q1 Complete Complete Complete
2	<ul style="list-style-type: none"> - PADRs completed for all registered and non-registered nursing and therapies Staff (Form 1 and Level 3 Reporting) - PADRs have commenced in all areas. Initially some training was required beforehand (for NCTs) regarding this process. - Developing staff awareness of the Supervision Policy and associated guidelines. In collaboration with the Training Department to deliver locality based/in-house training - clinical and managerial supervision structure. - Co-location of services within the NCT. Undertake "meet and greet" sessions for all disciplines across the neighbourhood care services. - Consolidate the utilisation of the E-Expenses system to facilitate a more robust and transparent travel claims system. 	Complete Complete Complete Complete
3	<ul style="list-style-type: none"> - Having identified specific mandatory training needs – to identify a training co-ordinator/s within the NCS to facilitate and liaise with the Training Department. - Clinical and managerial supervision structure to be fully implemented across all of the neighbourhood care services. - Developing staff awareness of the Supervision Policy and associated guidelines. In collaboration with the Training Department to deliver locality based/in-house training. - Review operational/service costs in relation to overtime through managerial supervision with the relevant Service Manager. 	Complete Complete Complete Complete
4	<ul style="list-style-type: none"> - Review the progress relating to the identified specific mandatory training requirements (Level 3 Reporting). - Review and further consolidate the utilisation of the E-Expenses system. - Monitor the current level of spending within the Tissue Viability budget through managerial supervision with the relevant Service Manager (Budget Reports). 	Complete Complete Complete

Why We Focussed On This Priority

Since the founding of the NHS in 1948, physical health and mental health care have been disconnected, in particular where service delivery is concerned. The two areas

have traditionally operated in silos but, from a national and local perspective, the need has now been recognised for better integrated health care across the United Kingdom. To support this view, mental health and

wellbeing is integral to the work of the NHS Commissioning Board, Public Health England and other new national organisations. Section 1 of the Health and Social Care Act 2012 emphasises the importance of mental health alongside physical wellbeing. Humber NHS Foundation Trust is therefore undertaking a major transformational programme to achieve full and effective integration of physical and mental health care across the East Riding. The integration of Older Peoples' Community Mental Health (OPMH) Services and the Neighbourhood Care Service (NCS) is one of the key work streams to fulfil this ambition.

What Progress Have We Made?

- The Trust's required percentage of completed PADRs for 2013/14 across Goole, Beverley and Bridlington NCSs has been predominately met, with a few still needing completion. Figures are as follows:

Goole	Beverley	Holderness	Bridlington / Driffild
93.5%	75.0%	66.7%	71.1%

- A proportion of staff have attended Supervision training in-house. All staff are aware that they need to work towards regular supervision as per Trust Policy. Supervision structures within NCS's are completed.
- Co-location of Neighbourhood Care Team (NCT) and OPMH CMHT's has been achieved within the Goole, Beverley and Haltemprice localities.
- Within all of the localities there has been integration of staff across disciplines. Many of the meetings, in-house training and supervision sessions are occurring collectively.
- Training Co-ordinators have been identified and are currently facilitating the training requirements for the NCS staff, this approach has been modified in the Beverley NCS as a consequence of staff capacity issues.

- Monitoring the current level of spending within the Tissue Viability budget is a standing topic for all Team Managers within Managerial Supervision agendas and to raise awareness and for discussion within Team Business Meetings.
- Operational/Service costs are reviewed in relation to over time through managerial supervision and Team Business Meetings. In some areas, meetings have taken place between the finance team, Service Manager and Team Manager.

What Next?

- PADRs in 2014 will be completed between April to June to avoid the busy annual leave period.
- The culture of supervision needs to be further embedded within Community Services staff.
- Identified local training co-ordinators will continue to co-ordinate mandatory training for team members.
- Localised summer schools of mandatory training will be run on a regular basis to assist staff in achieving their training requirements and reduce the cost of time and travel to the Trust.
- The current level of spending within the Tissue Viability budget will continue to be monitored.
- Operational/Service costs will continue to be closely reviewed in relation to overtime and skill mix.
- Key milestones have been set for Year 2 and regular performance monitoring will be undertaken.
- A culture of integration and positive team working will continue to be encouraged by Operational Managers and Clinical Leaders. These developments will continue to feed into the wider transformation agenda to achieve full and effective integration of physical and mental health care across the East Riding.

Sub Indicator 3 - Carer project (Crisis and Acute Mental Health) - Patient Experience

The following milestones were identified for 2013/14:
(At the end of Quarter 4 this indicator has achieved its milestones to date.)

Quarter	Milestone	Completed / Update
1	1) Project team to be identified. 2) Draft proposal for evaluating carer contact developed. 3) Meridian questions to be reviewed.	Complete Complete Complete
2	1) Regular project meetings scheduled. 2) Service evaluation/patient experience form completed and forwarded to Steve Walker/Diane Heaven. Data Capture form developed. 3) Proposal for carers involvement in risk assessment discussed with authors of GRiST.	Complete Complete Complete
3	1) Regular project meetings scheduled. 2) Data collection. 3) Pilot new meridian. 4) GRiST authors developing Bid for research for patient benefit monies.	Complete Meeting with GRIST authors in December cancelled.
4	- Regular project meetings scheduled. - Data analysis and project report writing. - GRiST authors submitting Bid for research for patient benefit monies.	Regular project meeting held, data collection complete and analysis underway. Funding secured from Hull CCG to undertake research project around carer involvement in risk assessment- Project team identified and regular meeting.

Why We Focused On This Priority

The need for Carer involvement in decisions about care and the development of services is outlined in a plethora of government guidance and policy. Positive carer experiences and supporting them to maintain their caring role is identified as critical within a health economy where the monetary value of 'informal caring' is enormous. Locally, interviews with carers, feedback through meridian and the findings of serious incident investigations (SIs) indicate that carers do

not always feel involved and supported by services. Where carers have not felt included, there is evidence that this heightens their sense of anger and grief especially in the aftermath of a SI. Lack of support may lead to a breakdown in the relationship between the carer and service user. It is also apparent that neglecting to include and utilise the view and understanding carers are offering has contributed to an incomplete or inaccurate understanding of the levels of risk presented by service users.

What Progress Have We Made?

The Carer Project has already looked at carer's experiences of risk assessment through 17 semi structured interviews. We have also reviewed the frequency and content of contact with carers of people admitted to the adult inpatient units (5 patients per unit).

What Next?

Early findings suggest that we are not being proactive in communicating and involving carers when a person is admitted. The findings of the earlier stages of the project have led to the development of a research proposal to pilot a strategy for involving carers - specifically in risk assessment. We have subsequently been funded £42,000 by Hull Clinical Commissioning Group to undertake the project.

What Does This Mean For Our Patients?

It is anticipated that this will have several beneficial outcomes for carers, patients and services to include:

- Improved attitudes and understanding of staff towards carers;
- Greater accuracy of risk assessments;
- Better understanding of patients' needs and how these might be met;
- Protecting and enabling carers to continue their role supporting patients.

Our Local Priority 2014

When deciding on our local priority for the Trust to focus on in 2014/15, feedback given at our stakeholder event was that it should be more Community Services focussed. With this in mind, the Trust's governors were given a selection of possible priorities from the Quality Dashboard. The Quality Dashboard was setup as part of the 2013/14 CQUIN programme with NHS Hull, East Riding and Vale of York CCG. The aim of the project was to set up a dashboard which presented the Trust's position with the Quality agenda. It initially was set up to report current levels

of performance on a quarterly basis but during the year we agreed to report to the CCGs on a monthly basis for most indicators. Originally, this indicator was part of the overall Quality Dashboard CQUIN for 2013/14 which covered three themes identified as requiring continuous monitoring, including nutrition. It is required to be used at a minimum standard of three times a week on a minimum of 50% of patients. This is now one of several that make up the Nursing Dashboard and which has been contractually agreed with Hull and East Riding Local Commissioners for delivery in day to day services.

The priority selected by the Governors to take forward was:

- Proportion of patients who have an appropriate clinical care and management plan for nutrition and fluid intake that is implemented and evaluated.

At the start of the year the Trust worked with the CCGs to develop a set of Quality Indicators in which the trust would routinely report against. The Quality Dashboard is monitored via the Contract Management Board which meets on a monthly basis. The Quality Dashboard has moved from a CQUIN programme to a standard reporting requirement in the 2014/15 contract. This indicator will be reported on in the 2014/15 Quality Report.

2.3 How We Review Our Services

Participation in Clinical Audit

During 2013/14, eight national clinical audits and one national confidential enquiry covered relevant health services that Humber NHS Foundation Trust provides.

During that period Humber NHS Foundation Trust participated in 87.5% national clinical audits and 100% confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. These were as follows:

- The National Audit of Schizophrenia second round.
- The Sentinel Stroke Audit.
- The Prescribing Observatory for Mental Health (POMH) Audit 7d Monitoring of Lithium Prescribing.
- The Prescribing Observatory for Mental Health (POMH) Audit 10c Use

of Anti- psychotic Medication in Child and Adolescent Mental Health Service (CAMHS).

- The Prescribing Observatory for Mental Health (POMH) Audit 13a Prescribing for ADHD.
- The Prescribing Observatory for Mental Health (POMH) Audit 14a Prescribing for Substance Misuse.
- National Confidential Enquiry into Suicide and Homicide by People with Mental Illness.

The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust participated in and for which data collection was completed during 2013/14 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.

Clinical Audits – Eligible to participate in	Participated in	Sponsoring Body	Cases Submitted	Data Complete
The National Audit of Schizophrenia second round	Yes	Royal College of Psychiatrists	97 %	Yes
The Sentinel Stroke Audit	No IT systems unable to get data	Royal College of Physicians	0	No
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 7d Monitoring of Lithium Prescribing	Yes	National Audit sponsored by POMH-UK	100%	Yes
Prescribing Observatory for Mental Health (UK) (POMH-UK) - 10c Use of Anti- psychotic Medication in CAMHS	Yes	National Audit sponsored by POMH-UK	100%	Yes
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 13a Prescribing for ADHD	Yes	National Audit sponsored by POMH-UK	100%	Yes
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 14a Prescribing for Substance Misuse	Yes	National Audit sponsored by POMH-UK	Data collection ongoing as of 1 st April	Ongoing
National confidential enquiry into Suicide and Homicide by People with Mental Illness	Yes	Centre for Suicide Prevention	11	Yes

The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust participated in during 2013/14 are as follows:

- The National Audit of Schizophrenia second round.
- Prescribing Observatory for Mental Health (UK) (POMH-UK) – 7d Monitoring of Lithium Prescribing.
- Prescribing Observatory for Mental Health (UK) (POMH-UK) - 10c Use of Anti-Psychotic Medication in CAMHS
- Prescribing Observatory for Mental Health (UK) (POMH-UK) – 13a Prescribing for ADHD.
- Prescribing Observatory for Mental Health (UK) (POMH-UK) – 14a Prescribing for Substance Misuse
- National confidential enquiry into Suicide and Homicide by People with Mental Illness.

The reports of 4 national clinical audits were reviewed by the provider in 2013/14 and Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- To continue to cascade the results of the national Prescribing Observatory for Mental Health (UK) (POMH-UK) Clinical Audits through the Drugs and Therapeutics Committee highlighting the high standard of performance concluded by the audits and ensuring that these standards are maintained and a continuation of commitment to the POMH programme.
- Updating electronic recording systems to allow for data for the National Audit of Psychological Therapies to be collected.
- Involving service users in clinical audits.
- Increasing the number of staff trained

to deliver Cognitive Behavioural Therapy.

- To fully utilise real time and other mediums utilised by HFT to gain service user feedback.
- To adopt the Health Improvement Programmes (HIP) to ensure all patients' psychical wellbeing is monitored and assessed at time of Care Programme Approach review.

The reports of 18 local clinical audits were reviewed by the provider in 2013/14 and Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Increasing perinatal mental health service patient awareness on how to gain out of hours support including creating and distributing emergency contact information/ leaflets whenever appropriate.
- Improving liaising and joint plan making with the families of perinatal mental health service users.
- Improving documentation of the indication for clozapine use and monitoring.
- Within CAMHS, using a depression rating scale prior to medication prescribing and repeat after at least eight weeks of treatment to monitor progress.
- Updating integrated care pathways to include the use of medicine information leaflets.
- Introducing new paper work for Section 17 (Mental Health act) Leave
- To ensure that all patients (or carers/ relatives) have information about food and drink taken on admission.
- Adding consideration of pain, depression and unmet need to care plan for older people with challenging behaviour.

- Providing monthly results of the Trust's ongoing defensible documentation to operational managers and quarterly reports to clinical networks and the Clinical Effectiveness and Compliance Committee.
- To implement a standardised referral form for Attention Deficit Hyperactive Disorder within the Humber NHS Foundation Trust which could contain various criteria including; reason for referral, presence or absence of other psychiatric diagnosis and if the patient is receiving psychotropic medications.
- To develop a protocol for the use of ECG in Addictions to include a checklist for clinicians/prescriber which can prompt action.

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.

This year's scheme is worth around £2.6 million. Mental health and community services areas are collecting information from patients who use our community hospitals, crisis service, rehabilitation units and learning disability services as part of this year's CQUIN payment framework.

A proportion of Humber NHS Foundation Trust's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and our commissioning organisations and any person or body we entered into a contract, agreement or arrangement with for the provision of NHS services, through the CQUIN payment framework.

Further details of the agreed goals for 2013/14 and for the following 12 month period are available online at <http://www.humber.nhs.uk/about-our-trust/CQUIN-scheme-2013-14.htm>.

The table below shows the money available to the Trust from the CQUIN schemes.

Commissioner	13-14 CQUIN Available	Total 13-14 CQUIN Achieved	2013-14 Shortfall	Total % Achieved
	£000's	£000's	£000's	%
NHS Hull CCG	886	786	(100)	89%
NHS East Riding CCG	1322	1175	(147)	89%
NHS York CCG	55	49	(6)	89%
NHS England	377	368	(9)	98%
Total	2640	2378	(262)	90%

Commissioning for Quality and Innovation (CQUIN) 2014/15

During 2014/15, Humber NHS Foundation Trust will be working towards CQUINs which have been agreed with its commissioners, along with the continuation of the national CQUIN called 'National Safety

Thermometer'. Over the last three years, the Trust has agreed a number of indicators with local commissioners. The indicators have been developed with a key focus on the local priorities that the Trust and the commissioners feel need to be addressed.

Mental Health and Community Services CQUINs for 2014/15

No	Indicator Name	Indicator Description
1	National Safety Thermometer	Reduce Pressure Ulcer Prevalence by a further 20% by Quarter 4 working with care homes, hospitals and social care colleagues to increase awareness, provide training and provide specialist advice and support to increase staff confidence when grading and treating PU's.
2	Implementation of the National Friends and Family Test	Implementation of the staff friends and family test and the patient friends and family test, to national timescales.
3	Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI)	National audit of schizophrenia and audits relating to patients on the Care Programme Approach receiving services from our mental health inpatient and mental health community teams.
4	Deteriorating Patients	Develop further systems and processes to manage deteriorating patients in community hospitals including implementation of pain management tools and techniques
5	Health Improvement Profile (HIP)	Health Improvement Profile offered to all adult inpatient unit patients to ensure physical health and mental health are considered holistically
6	Patient Experience	Further work to improve key areas relating to patient experiences in a wide range of service areas throughout the Trust
7	Recovery College	Local Recovery Colleges would deliver comprehensive, peer-led education and training programmes within mental health services, providing education as a route to Recovery, rather than as a form of therapy.
8	Transformation of Neighbourhood Care Services	The transformation programme will focus on, care homes, reablement, housebound patients, management of Long Term Conditions (LTC) and an effective tissue viability service underpinned by effective use of technology and a fit for purpose workforce that together will demonstrate effective outcomes for people who receive this service.
9	Pressure Ulcer Improvement	Development of reporting and process around Pressure Ulcer Management.

Payment by Results

Humber NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the audit commission.

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub contracted by Humber NHS Foundation Trust in 2013/14 that were recruited during that period to participate in

research approved by a research ethics committee was 802. 642 patients were recruited to National Institute of Health Research Portfolio Studies (NIHR) and 160 were recruited to local studies.

Care Quality Commission

Humber NHS Foundation Trust is required to register with the Care Quality Commission, and its current registration status is 'registered without conditions'. The Care Quality Commission has not taken enforcement action against Humber NHS Foundation Trust during 2013/14.

The Care Quality Commission (CQC) are the regulators of quality standards within all NHS Trusts. They monitor our standard of care through inspections, patient feedback and other external sources of information. The Care Quality Commission publishes which Trusts are compliant with all the essential standards of care they monitor and which organisations have 'conditions' against their services which require improvements to be made.

The last year saw us temporarily reduce bed numbers on the community ward at East Riding Community Hospital following a visit by the CQC.

We were given compliance actions and required to provide an action plan to address

the issues identified around the ward in order to become compliant in three areas:

- Care and Welfare of People Who Use Services
- Supporting Workers
- Assessing and Monitoring the Quality of Service Provision

The CQC re-visited the ward in October 2013 and confirmed that all actions had been met and that we are compliant with all standards. This is an excellent example of the speed at which we and our partners are willing and able to act when we identify areas that are not performing to the high quality we all expect.

The Trust also underwent two other unannounced inspection visits during the last year, one to Withernsea Community Hospital and one to the Willerby Hill site where two wards at the Humber Centre were inspected. All standards were being met at both locations therefore no actions were required.

You can find the reports for all visits on the CQC website at www.cqc.org.uk.

Humber NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2013/14 - Children's Safeguarding.

Humber NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC.

Prior to the publication of the review Humber Foundation Trust had developed their own internal action plan to address areas identified by the CQC:

- Child Protection Supervision
- Training
- Audit
- Escalation

- Quality Monitoring
- Consent / Information Sharing
- Safeguarding Team capacity
- Perinatal Mental Health and Under 19s Substance Misuse services referral pathways
- Staff competencies
- Caseload Management
- IT Systems
- Patient Experience
- Looked After Children

Humber NHS Foundation Trust has made the following progress by 31st March 2014 in taking such action:

The final report of the safeguarding review was not concluded in its entirety until after the 31st March 2014 therefore the internal action plan is being reviewed against the final report currently.



Health and Safety

During the reporting period, Humber NHS Foundation Trust received no enforcement or routine visits from the Health and Safety Executive.

The Trust has a robust risk assessment and audit programme in place to enable it to effectively manage its Health and Safety risks and a system for measuring Health and Safety key performance indicators has been implemented within the Mental Health In-Patient Units.

Information Governance Assessment Report

Humber NHS Foundation Trust's Information Governance Assessment Report overall score for 2013-14 was 91% and was graded Satisfactory •

Information Governance 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.

Information Governance provides a framework in which the Trust is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 1998, 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 Information Governance Toolkit. The Information Governance Toolkit is a performance tool produced by the Department of Health, which draws together the legal rules and guidance referred to above, as a set of requirements.

In the current version (Version 11) there are 45 requirements relevant to this Trust. Each requirement has an attainment level from level 0 (no compliance) to level 3 (full compliance). Trusts must score a minimum of level 2 or above in all requirements to achieve an overall rating of Satisfactory. If any one of the 45 requirements is assessed at level 0 or 1, the Trust will be rated Unsatisfactory.

The Trust's submission for version 11 of the Information Governance is as follows: These

Level 0	No requirements rated at this level
Level 1	No requirements rated at this level
Level 2	10 requirements rated at this level
Level 3	34 requirements rated at this level 34
Not relevant	1 requirement assessed as not relevant

submissions were audited by the East Coast Audit Consortium.

Their report states: *"As a consequence, the audit can provide **significant assurance** with regard to the adequacy of systems in place for the monitoring of the IGT submission and the evidence in place to support self-assessed scores."*

Key areas of development in the year 2013/2014 have been:

Information Sharing Charter

Along with partner organisations from across the Humber region, the Trust has signed up to the *Information Sharing Charter*. The Charter replaces the General Protocol for Sharing Information. It provides a framework for the effective and secure sharing of information in accordance with legal requirements, ethical boundaries and good practice. It ensures transparency of information governance practices and assists the documenting of information sharing decisions and actions to ensure they are auditable. The Charter also raises awareness of the legal and ethical boundaries around information disclosure and the rules and methods for accessing data.

Registration Authority (RA)

Organisations that deliver NHS care, and need to access patient information within NHS systems and other national services must set up Registration Authorities to manage this process. The roles and responsibilities of Registration Authorities are defined by NHS policy. Their key tasks are first to verify the identity of all healthcare staff who need to have access to sensitive data, and second to establish and provide only the degree of access they need to do their jobs.

Humber NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust's employed staff

is managed within the Human Resources (HR) and Diversity Directorate, working closely with Informatics and Information Governance, together with other relevant organisations externally. As mentioned above, a key element of the RA process is to perform identity checks. For new starters these checks are no longer carried out as standalone identity checks, they have been incorporated into the recruitment process, during which identity checks are also required. For other 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 and a pass code. Staff have to use their Smartcard and pass code each time they log on to access and use information in systems such as SystmOne, Lorenzo or the NLMS e-learning platform.

The Registration Authority will also determine the level of access the individual should have. That information is on a national data base (a smartcard management system) which is interrogated every time the individual logs on, and the appropriate access is granted. In this way the individual has no way of changing the level of access that they have been granted.

The Trust has in place an RA Policy and Procedures which reflect national RA policy, procedures and guidance.

An RA Steering Group, which meets bi-monthly, is in place. The Group has agreed Terms of Reference and includes, in addition to staff from a range of directorates within the Trust and the RA Manager from Hull and East Yorkshire (HEY) NHS Hospitals. The latter Trust representative being included due to joint working/procedures required to support access for staff working within the respective organisations to systems such as the HEY's PACs system.

Quarterly RA updates and monitoring reports are provided to the Trust's Information Governance Committee. An Annual Report on RA activities is also reported to the Information Governance Committee and the Trust Board, the latter being part of the Human Resources Annual Performance Report. Copies of these reports are available from the Trust's RA Officer on request. These reports provide assurance of the RA arrangements in place, together with reporting against nationally agreed criteria.

Quality of Data

Humber NHS Foundation Trust submitted records during April to February 2014 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:
 - 99.8% for admitted patient care;
 - 100% for outpatient care; and
 - 100% for accident and emergency care.
- Which included the patient's valid General Medical Practice Code was:
 - 100% for admitted patient care;
 - 100% for outpatient care; and
 - 100% for accident and emergency care.



2.4 Core Quality Indicators

All Trusts are required to report against a core set of indicators. The following data in this section provides the information on progress required.

Performance against Key National Priorities

The priorities for the NHS are set out by the Department of Health in the NHS Framework each year. In order to measure whether these priorities are being achieved the framework sets out a range of performance indicators

and targets which the Trust uses to measure and demonstrate its achievements. At the start of 2012/13 the Trust identified which of the national priorities were key to this Trust, some of which are described below.

Indicator	Target	2012/13	Current
Maximum time of 18 weeks from referral to treatment in aggregate (Non Admitted Pathways).	95%	98.97%	99.73%
Maximum time of 18 weeks from referral to treatment in aggregate (Incomplete pathways).	92%	99.9%	99.9
Care Programme Approach (CPA) patients receiving follow up within 7 days of discharge.	95%	99.12%	98.40%
Care Programme Approach (CPA) patients having formal review within 12 months.	95%	94.2%	95.3%
Admission to inpatient services where the patient has had access to Crisis Resolution Home Treatment Team up to 48 hours prior.	95%	100%	98.98%
Early Intervention in psychosis.	95%	84.33%	96.1%
Clostridium Difficile – meeting the C. Difficile objective.	<4 cases	3	0
Minimising mental health delayed transfers of care.	<7.5%	4.16%	2.64%
Mental Health data completeness – identifiers records with: 1) NHS Number 2) Date of birth 3) Postcode (normal residence) 4) Current gender 5) Registered General Medical Practice organisation code, and 6) Commissioner organisation code.	97%	99.6%	99.3%
Mental Health data completeness; outcomes for patients on CPA.	50%	83.3%	82%
Certification against compliance with requirements regarding access to health care for people with a learning disability.	N/A	Achieved	Achieved
Data completeness; community services comprising Referral to treatment information Referral information Treatment activity information	50% 50% 50%	N/A	Data not accessible

Seven Day Follow Up

Description of Priority

The National Suicide Prevention Strategy for England recognises that anyone being discharged from inpatient care under the Care Programme Approach (CPA) should be contacted by a mental health professional within seven days of their 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 not possible.

Aim/Goal

The aim of this priority is to ensure everyone discharged under the CPA process from a mental health unit is followed up within the criteria set by Monitor. As a National Key Performance Indicator, our goal is to achieve the 95% target of all patients followed up within seven days of discharge

National exceptions to this are:

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

For any other instances which fall outside these categories, then advice and support is sought from the Department of Health and Monitor. These include patients transferred to private providers and to other NHS Trusts for

community-based treatment. Patients with a learning disability (LD) who have an episode of inpatient stay on one of our mental health units are also followed up if they are on CPA and recorded on our reports.

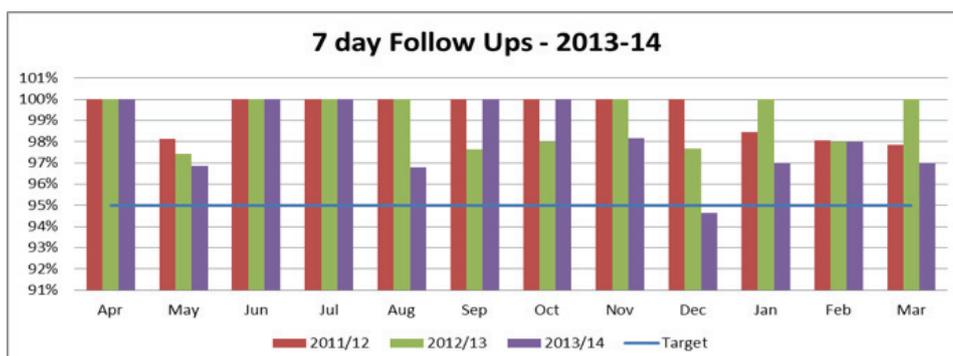
Summary of Progress

Throughout the year 13 incidents occurred when patients were unable to be contacted within the seven days. Three of the incidents involved patients classified as 'out of area' (patients with GPs outside of the local commissioning groups).

During 2013/14 there have been 27 patients who were classified as having a GP outside of the local commissioning group.

The Trust achieved a year end performance rate of 98.11%. This equates to 675 patients seen out of 688 discharges. The 1.89% of patients that were not seen were reported as adverse incidents and fully investigated. This includes patients who chose not to engage with services following their discharge.

For 2013/14 the Trust has continued to achieve the minimum 95% Monitor target for each quarter. The seven-day follow-up process is pro-actively managed on a daily basis to ensure continued success in achieving this. Previous yearly averages were 99.18% in 2011/12, 99.12% in 12/13 and 98.11% in 13/14.



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

1. This indicator is a national target and is closely monitored and audited. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
2. It is reported to the Trust Board as part of the Level 1 performance report and monthly to services managers and their teams as part of Level 2 and 3 performance reports.
3. It is also reported externally to our commissioners on a monthly basis and to both the Department of Health and to Monitor on a quarterly basis.

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

1. The Trust reports on patients who are discharged out of area for their continuing community care.
2. The teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 7 day follow up contact.
3. Being aware of the current Monitor and Department of Health requirements within the Compliance Framework.

The table below benchmarks the Humber NHS Foundation Trust's achievements against the national average.

Indicator	NHS Outcomes Framework Domain	Health and Social Care Information Centre performance data (2013-14)				
			Q1	Q2	Q3	Q4
Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions	Humber NHS Foundation Trust	98.7	98.9	99.3	97.3
		National average	97.4	97.5	96.7	97.4
		National best score	100	100	100	100
		National worst score	94.1	90.7	77.2	93.3

Gatekeeping

Description of Priority

A mental health inpatient admission is said to have been gate-kept if the service user has been assessed by a Crisis and Home Treatment Team (CRHT) within 48 hours prior to their admission and if they were involved in the decision-making process which resulted in the admission.

Aim/Goal

Every referral for admission is assessed to ensure the most appropriate method of care is provided across both Hull and East Riding. Only when a patient's care and treatment

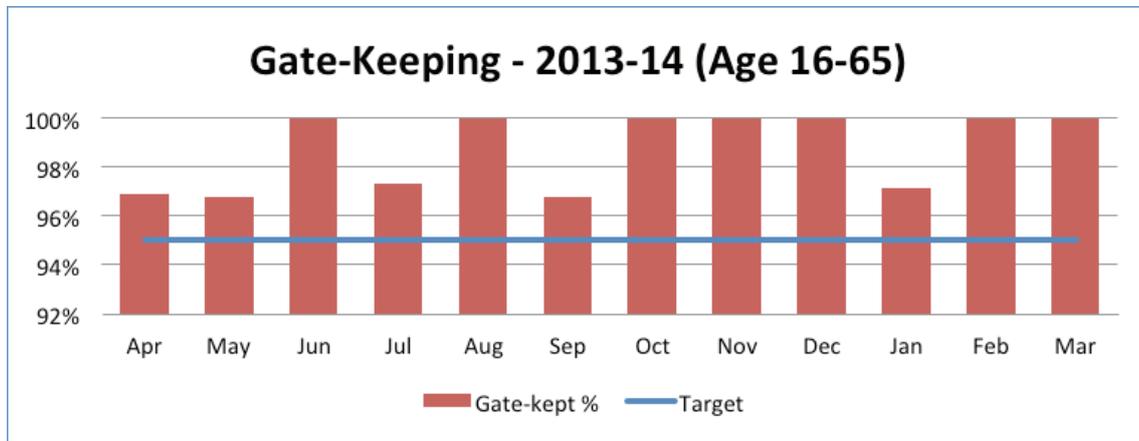
cannot be best met in their own home, is an admission made.

Summary of Progress

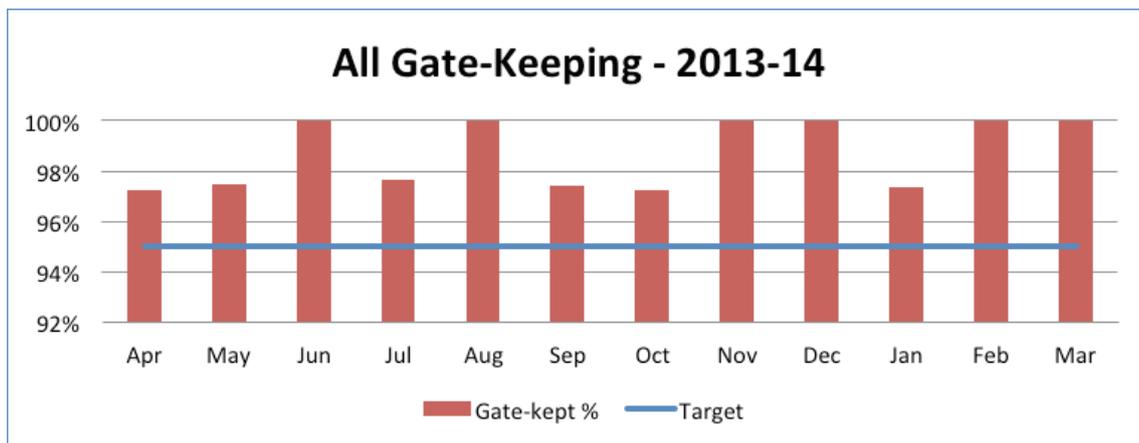
For 2013-14 there were a total of 382 admissions of patients aged 16-65. The Trust reported that 377 of these admissions were gate-kept (98.69%). This is well above the national target of 95%.

The figures below do not include admissions to the Trust's Psychiatric Intensive Care Unit, Learning Disability or Forensic units.

Graph 1



Graph 2



Benchmarking Table

The table below benchmarks the Trust's achievements against the national average.

This is based on all patients aged over 16 for Hull and East Riding patients.

Indicator	NHS Outcomes Framework Domain	Health and Social Care Information Centre performance data (2013-14)				
			Q1	Q2	Q3	Q4
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	Enhancing quality of life for people with long-term conditions	Humber NHS Foundation Trust	98.3	99.2	99.0	99.0
		National average	97.7	98.7	98.6	98.3
		National best score	100	100	100	100
		National worst score	74.5	89.8	85.5	0

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

1. All gate-keeping is recorded on the Trust's patient administration system (Lorenzo) and is adopted across both Hull and East Riding. Patients aged 16-65 are reported to Monitor and the Trust Board as per Monitor guidelines (see Graph 1). However, by way of good practice this process continues to be in place for all patients aged 16 and over (see Graph 2).
2. Gate-keeping is monitored weekly to ensure consistency and accuracy of data recording remains across the Trust and is governed by standard national definitions.

The Trust has not had to take any actions to improve the % but will maintain its good practice and quality of service.

Emergency Re-admissions

Description of Priority

Helping people to recover from episodes of ill health.

Aim/Goal

To monitor all patients aged 16 years and above who have been readmitted within 28 days of discharge. Although the national target is to be confirmed, the Trust has levied their own internal target of 10% or less.

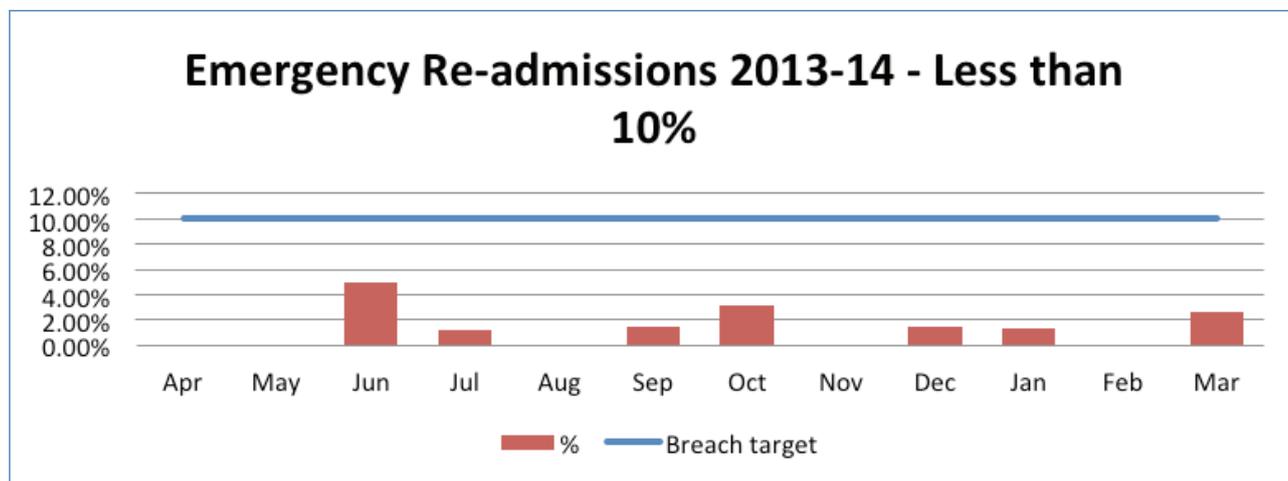
The percentage target is worked out by dividing the number of re-admissions by the number of discharges per month.

The data below is based on patients readmitted to adult and older adult mental health units.

Summary of Progress

Not all patients who are re-admitted are classified as an emergency. Some patients are recalled as part of their treatment. Patients may also be discharged earlier as part of the home treatment and care plan with a view to them being re-admitted if the patient and care co-ordinator feel it is more beneficial to their overall recovery. Patients who are readmitted as an emergency will also be gate-kept by a Crisis Resolution Team or Intensive Home Care Team (See gatekeeping)

For 2013-14 there were a total of 834 admissions of which only 11 patients were admitted as an emergency (1.3%). The highest monthly figure was in June (3 readmissions from 60 discharges (5.0%).



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

1. Patients who have been transferred from another bed either within the Trust or from another Trust are not included.
2. It does not include patients who have been recalled under a Community Treatment Order (CTO).

3. It is monitored on a weekly basis.

The Trust has not had to take any actions to improve the % but will maintain its good practice and quality of service.

The NHS Community Mental Health Service Users Survey 2013

Each year a national study takes place across the NHS to gather the patients' experience of using community based mental health services. This was a slightly lower response rate than in previous years, but only 1% below the national average.

The survey has 46 questions in total (of which 38 are scored) and the questionnaire comprises of nine sections. These include:

1. Health and social care workers;
2. Medications;
3. Talking therapies;
4. Care co-ordinator;
5. Care plan;
6. Care review;
7. Crisis care;
8. Day to day living;
9. Overall.

This survey allows for comparison of year on year results within the Trust and it also allows for comparison between different NHS providers of mental health services. The results are provided in a way that shows if the Trust is performing better, worse, or roughly the same as other Trusts.

The table below shows a year on year and comparison of Humber NHS FT results and an indication on the ranking across the country.

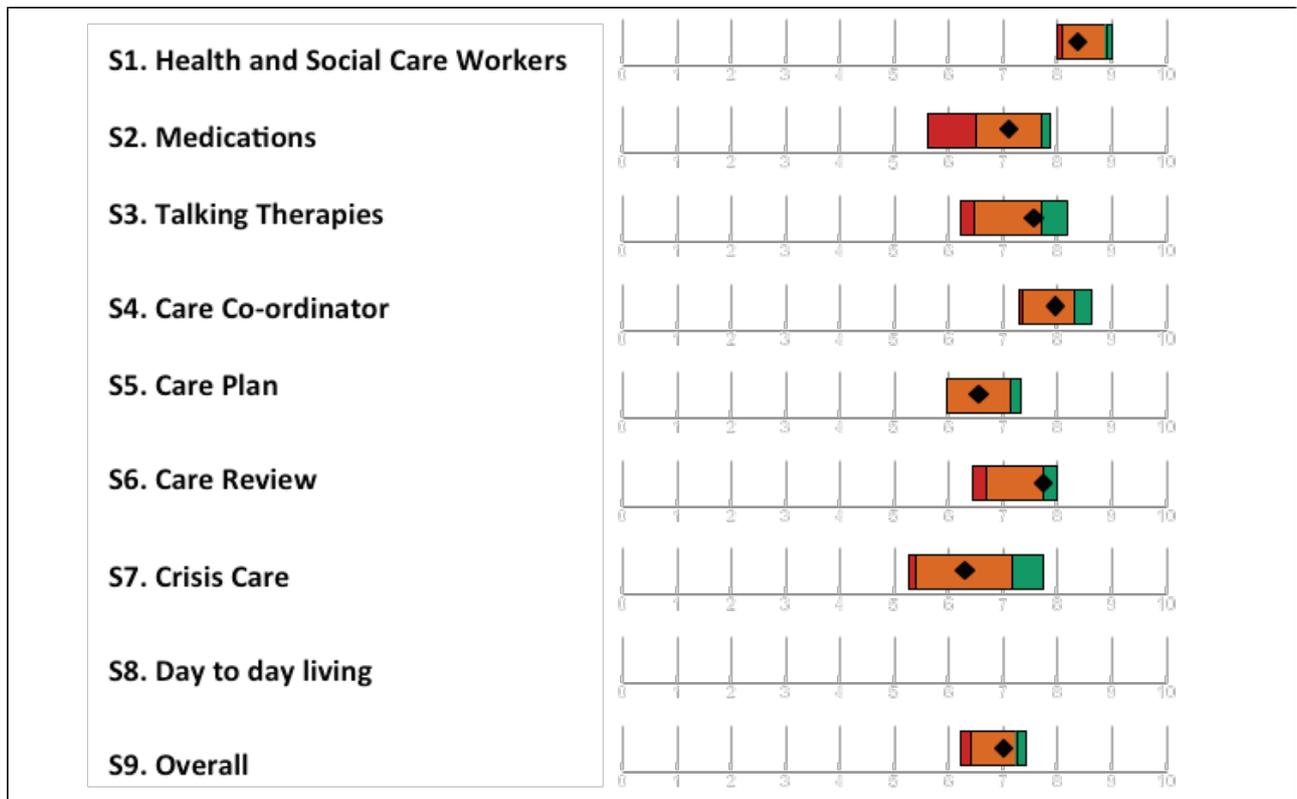
Section descriptor	Score 2012	Score 2013
S1. Health and Social Care Workers	Same	Same
S2. Medications	Same	Same
S3. Talking Therapies	Same	Same
S4. Care Co-Ordinator	Same	Same
S5. Care Plan	Same	Same
S6. Care Review	Same	Better
S7. Crisis Care	Same	Same
S8. Day to Day Living	Same	unscored
S9. Overall	Same	Same

The Day to Day Living section was unable to be scored this year because there was a poor response of eligible participants to the question about support with employment needs (results are never shown where there are fewer than 30 respondents).

In February 2013, 850 Humber NHS Foundation Trust patients were chosen at random to receive a questionnaire. By the end of the data collection period in June, 28% of people had responded (227 returns in total).

Humber NHS Foundation Trust has scored amongst the best in the country for the section of questions relating to the care review process. The questions which made up this section area included enquiries about the patient knowing what was in the care plan, their involvement in developing it, goal setting and achievement of these goals, crisis plans and whether the patient had received a written copy of the plan.

In all other sections our Trust scored 'about the same' as the majority of Trusts.



Key:

Red – Worst performing Trusts

Amber – Mid range performing Trusts

Green – Best performing Trusts

Black Diamond represents Humber NHS Foundation Trust

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

The response rate for the Trust in the 2013 National Patient Survey was just 1% lower than the national average. The demographic characteristics for survey participants for Humber NHS Foundation Trust showed that we had a higher than average return from women and from people aged over 50. In the analysis, the results are weighted to take this into account.

Therefore we can conclude that with the exception of the employment needs question, where the response rate was too low, the results in this survey are reliable.

While the results of 2013 are good, and generally better than neighbouring Trusts, **The Trust has taken the following actions to improve this % and so the quality of its service** by identifying four key improvement priorities. The areas were:

- Promoting the contact details of the care co-ordinator/ lead professional;
- Ensuring that everyone had access to information about crisis support;
- Continuing with the transformation of services into ones that are more recovery focussed (including access to support with housing, benefits, alcohol and drug use);
- and strengthening the care review process further.



Staff who would recommend the Trust as a provider of care to family/friends

	Trust result 2013	Trust result 2012	Average result Nationally
KF24. Staff recommendation of the trust as a place to work or receive treatment	3.46	3.58	3.55

Results taken from the 2013 Humber NHS FT Staff Survey

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

One of the key measures used nationally by our regulators, our Commissioners and the Care Quality Commission as a 'temperature check' of our staff is the Overall Staff Engagement Score within the Annual Staff Survey Report. The overall staff engagement score is produced taking into account the responses to the key score areas KF22, KF24 and KF25.

This result, together with the scores identified as the bottom five ranking scores are not surprising given the significant amount of organisational change that has occurred during the past 12-18 months. This has been, and continues to be a very challenging time for our staff and this clearly is reflected in the 2013 annual staff survey findings. As a result of several service reconfigurations and in order to maintain the Trust's financial position some of the service changes have resulted in staff being made redundant and others being downgraded. Also the introduction of a range of computer software systems such as e-rostering and e-expenses, together with the continued implementation of the electronic health record and our clinical patient management systems such as SystemOne and Lorenzo, all have resulted in staff having to change their working practices.

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

Actions taken included adding in team working sessions into the Trust's Management Development Programme, which to date has been completed by 400 Managers and some Supervisors. A number of team building events, supporting specific teams have also been facilitated by the Trust's Training Department. There has been a slight decrease in the team working score for 2013. From the 2013 survey results this puts us amongst the lowest (and worse) 20% of Trusts. This clearly is one of the key areas to be focussed on during 2014-15 and one of the recommendations will be that improving team working will be a key area to be addressed as part of the Trust's Organisational Development and Workforce Action Plan.

The Trust continues to undertake to consult and involve staff in service improvement and service redesign wherever possible. As the vast majority of our staff are part of our local communities and therefore they and their families are also part of our patient population, we endeavour to ensure that staff work on the principle of whether they would consider the service they provide to be good enough for themselves or their family.

Patient Safety Incidents

This year is the second year that this indicator has been required to be included within the Quality Report. The Trust has seen an increase in incidents that have warranted a serious investigation. The Trust is working with the clinical commissioning groups in order to understand our data in comparison to other Trusts.

The Trust has undertaken an in depth review of its approach to serious incidents

identifying areas for action and is in the process of changing systems and processes in order to provide assurance of actions taken and trust wide learning.

During the reporting period, Humber NHS Foundation Trust had 2903 patient incidents reported. Of these, 79 resulted in severe harm or death, which equates to 2.72%. The rise in such incidents mirrors the national picture.

	Total Incidents 2012/13	Total Incidents 2013/14	No Causing Severe Harm or Death 2012/13	No Causing Severe Harm or Death 2013/4	Serious Incidents Reported Externally by the Trust 2012/13	Serious Incidents Reported Externally by the Trust 2013/14
April – June	691	857	5 (0.72%)	29 (3.38%)	5	23
July - September	743	623	2 (0.27%)	19 (3.04%)	3	8
October - December	662	721	8 (1.21%)	18 (2.50%)	10	17
January - March	693		4 (0.72%)	13 (1.86%)	2	11
Total	2789		19	79 (2.72%)	20	60

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

1. To allow us to compare our figures with the national reported figures compiled by other nationally reported figures.
2. To pick up any trends that would alert us to areas of concern.

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

1. Ensuring full investigations are carried out in a timely manner resulting in recommendations and the development of an action plan to address any issues.
2. Ensuring these actions are monitored and their impact assessed and any lessons learned shared across the Trust.

The National Patient Safety Agency (NPSA) reports nationally on all incidents relating to patient safety.

Within these figures, the national median rate for incident reporting from their last six monthly report, which was published at the end of April 2014, was 26.37 per 1,000 bed days. Humber NHS Foundation Trust's reporting rate was 34.53 incidents per 1,000 bed days. This puts the Trust in the middle range for incident reporting. The highest number of incidents per 1,000 bed days was 67.06 incident.

During the past year, work has taken place to develop and improve the information contained within the quarterly incident report which goes to the Governance Committee to help provide the Trust Board and Commissioners with assurance regarding the work that has been done by staff to help make the services we provide safer.

Work is currently ongoing to improve the monthly Serious Incident report which goes to the Trust Board and Governance Committee meetings. The format of the report has been revised to make it more meaningful and the content has been expanded so that it now also provides an update regarding the status in relation to adverse incidents, the actions outstanding from SI investigations and the outcome of the CCG's SI Panel review of the SI reports.

The Serious Incident process has been revised so as to provide a greater level of support to the investigators and scrutiny of the reports

prior to Director sign off for submission to the CCG's SI panel. This work is already showing benefits with improvements in the grading of the reports and action plans from the SI panel. Following comments from the investigators, there are now plans to revise the SI report template to ensure that the SI panel receive the information that they need whilst also trying to simplify the SI report as the investigators feel some of it is repetitive.

Work is now taking place to review the quality of the investigations which are carried out. This work will help provide the Trust with assurance that where there are lessons to be learnt from incidents that this is happening and to identify were there are issues with the quality of the investigations that action is taken to improve them.

The use of DATIX web was rolled out across the Trust during November 2013, during March 2014 over 93% of adverse incidents were reported electronically. During the roll-out period, the level of incident report has remained the same with no noticeable drop. Guides have been produced to assist staff with completing incident reports and carrying out the investigation into incidents using DATIX. During the next couple of months, work is going to be done producing a guide so that staff can report on incidents within their own area.

Incidents with a severity of moderate and above are now been independently clinically reviewed on a weekly basis. Any themes identified from these reviews will then be fed into the reports which are sent out.

Clostridium (C.) Difficile

Description of Priority

This indicator measures the number of C.Difficile cases where a Foundation Trust has a centrally set objective.

in Hull and 2 East Riding). It is the aim of the Trust to achieve this target each year.

Aim/Goal

The target on this National Key Performance Indicator is currently not to exceed 4 cases (2

Summary of Progress

Trust reported a Year End position of 0 cases of C.Difficile. The data is governed by standard national definitions.

Table

2013/14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Hull	0	0	0	0	0	0	0	0	0	0	0	0	0
East Riding	0	0	0	0	0	0	0	0	0	0	0	0	0
Trustwide	0	0	0	0	0	0	0	0	0	0	0	0	0

2012/13	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Hull	0	0	0	0	0	0	0	0	0	0	0	0	0
East Riding	0	0	0	0	0	0	0	2	0	1	0	0	3
Trustwide	0	0	0	0	0	0	0	2	0	1	0	0	3

Part Three

3.1 Our Performance

How We Measure Performance - Meeting Monitor Targets

Our Trust uses a 'traffic Light' or 'RAG Rating' system to report on performance and quality against our selected priorities, for example:

- Red = Weak
- Amber = Fair
- Green = Good.

This is translated to reflect the organisation's performance on the selected priorities and initiatives.

Our internal reporting is split into three levels:

- **Level 1:** Monthly and quarterly performance reports to the Trust Board.
- **Level 2:** Monthly Dashboard reports to the Operational Business Units.
- **Level 3:** Monthly performance reports to operational teams.

We also report externally to our Commissioners via:

Contract Activity Report (CAR)

Completed monthly by the Information Management team jointly with the Performance team

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 angles and at various levels of detail
- Manage people and processes to improve decisions, be more effective, enhance performance, and steer the organisation in the right direction

Meetings are held regularly at commissioner, board, general manager, service and team level. Internal and external auditing is undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

Performance Improvement Plans

Performance Improvement Plans (PIPs) are put into place where the Trust is failing to either meet a target or an indicator is showing a continued downward trajectory and is subsequently at risk of breaching a target. PIPs are discussed with clinicians and managers to understand the issues and problems. Action plans are agreed that would support the development of services and make improvements that will enable the Trust to meet its contractual obligations.

National Key Priorities

There are three domains in which the National Key Priorities fall under that the Trust has reported on in Section 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):

Domain	Indicator
Patient Safety	Immunisation rate for Human Papillomavirus (HPV)
	7 day follow up (part 2)
	Clostridium (C) Difficile (part 2)
Clinical Effectiveness	Delayed Discharges
	Early Intervention
	Gatekeeping (part 2)
	Percentage of Children Measured for Height/Weight in Reception
Patient Experience	Percentage of Patients Seen within 18 weeks for (Admitted and) None Admitted Pathways (part 2)
	Home Treatments
	Percentage of Infants Breastfed at 6-8 weeks
	Certification against compliance with requirements regarding access to healthcare for people with a learning disability

Domain One – Patient Safety

Immunisation Rate for Human Papilloma Virus (HPV)

Description Of Priority

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

The vaccination for HPV is delivered in three doses. The 85% target relates to the uptake of the complete course of vaccination, measured as the total number of 12 to 13 year-old girls in East Riding of Yorkshire schools who have received all three doses. The programme of vaccinations is delivered by the Trust's School Nurses, supported by our Health Visitors because of the scale of the programme. Delivery of the doses has to be spread out over a six month period to work properly, and this has to be fitted in around the academic school year.

Uptake is reported via the Health Protection Agency (HPA) website. The HPA issues a report each autumn on the national uptake, by CCG, in the previous academic year.

The commissioning of HPV immunisation moved from the demising East Riding PCT to NHS England on 1st April 2013.

Aim/Goal

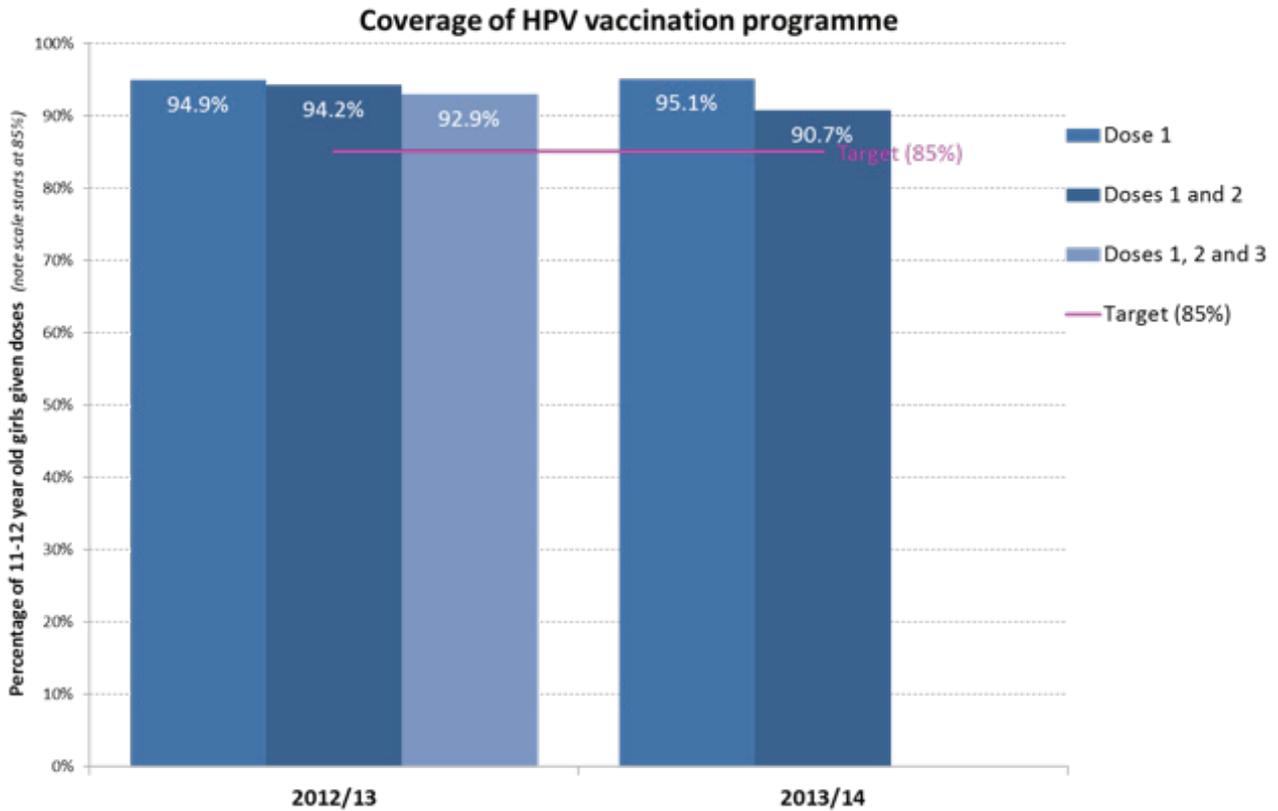
In order to achieve a level of immunity in the population 85% of girls aged 12-13 should have completed a full course (3 doses) of immunisation against HPV by the end of the school year.

Summary Of Progress

Due to the difference between the financial year we are describing in this report (April 2013 to March 2014) and the academic year that dictates the delivery timings of the vaccination doses (September 2013 to July 2014), we are not able to report the completed vaccination cycle for 2013/14, as vaccination for Dose 3 will continue into July. So far in 2013/14 the Trust has delivered Doses one and two to 90.7% of 12 to 13 year old girls in East Riding of Yorkshire schools. We are therefore confident of achieving the 85% target for all three doses by the end of the academic year.

Between September 2012 and July 2013 the Trust delivered all three doses of HPV immunisation to 92.4% of girls aged 12-13 in East Riding Schools.

Graph



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

The Trust sets its own targets of 90% for Dose 1 and 88% for Doses 1 and 2, to ensure that there is sufficient coverage of girls receiving the first two doses to achieve at least 85% coverage for receiving all three doses.

The immunisation programme is recorded against the record of each child individually, from a master list of all eligible children. We are therefore able to accurately identify the overall percentage coverage.

The Trust monitors the delivery of each dose to ensure there is enough scope in the delivery of doses one and two to be able to achieve 85% for all three doses, allowing for some drop out between each dose, as shown by the 2012/13 figures below:

Percentage of girls receiving vaccination	2012/13	2013/14
Dose 1	94.9%	95.1%
Doses 1 and 2	94.2%	90.7%
Doses 1, 2 and 3	92.4%	Data available August 2014

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

During 2013 the storage and distribution of childhood vaccines was restructured to ensure that it meets national standards of best practice. The vaccine delivery programme is commenced as early as possible in September (the start of the school year) to give as much time as possible to identify any girls missed in the first rollout and vaccinate them during catch-up sessions.

Methicillin-resistant Staphylococcus Aureus (MRSA)

Description of Priority

This indicator measures the number of MRSA cases where a Foundation Trust has a centrally set objective.

Summary of Progress

The Trust reported no cases of MRSA during 2013-14. The data is governed by standard national definitions.

Aim/Goal

The target on this National Key Performance Indicator is currently to be no cases of MRSA. It is the aim of the Trust to achieve this target each year.

Table

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Hull	0	0	0	0	0	0	0	0	0	0	0	0	0
East Riding	0	0	0	0	0	0	0	0	0	0	0	0	0
Trustwide	0	0	0	0	0	0	0	0	0	0	0	0	0



Domain Two – Clinical Effectiveness

Mental Health Delayed Transfers of Care (Delayed Discharges)

Description of Priority

This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place. People should receive the right care, in the right place, at the right time.

Aim/Goal

The target on this National Key Performance Indicator is to show less than 7.5% of delays. This figure compares the number of days delayed with the number of occupied bed days for mental health. It is the aim of the Trust to achieve this target.

Summary of Progress

Trust reported a Year end percentage of 2.64% delays which is 4.86% below the measure and deemed excellent. The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients affected and the number of days that they

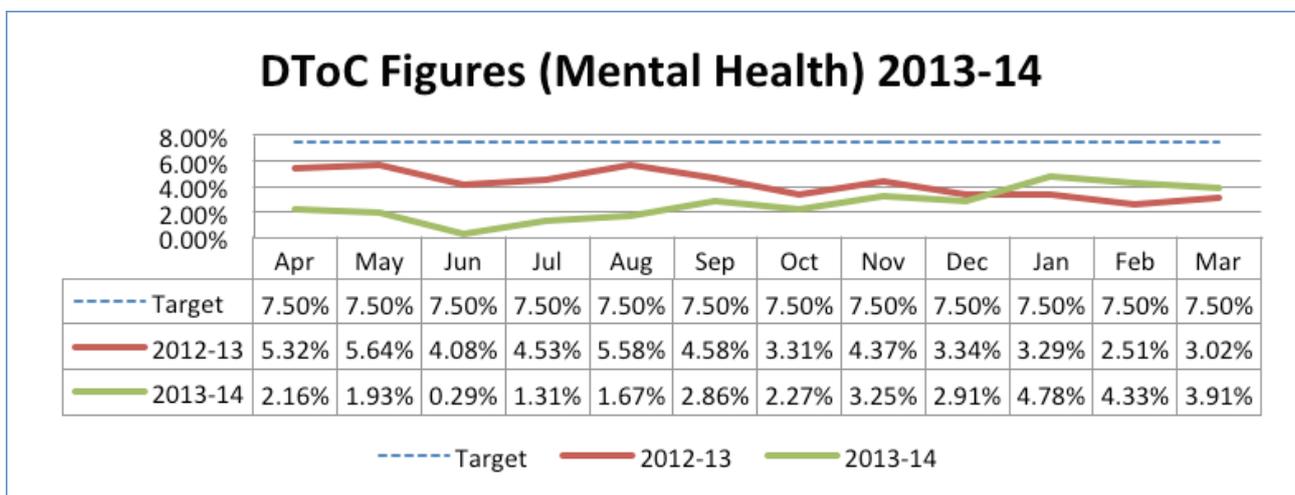
were delayed by are reported via weekly unit submissions. The data is governed by standard national definitions.

In accordance with Monitor guidelines, only mental health inpatient delayed discharges are recorded for patients aged 18 and over. All reasons for delay include those attributable to social care when the definition changed in 2012/13

Delayed Discharges (or Delayed Transfers of Care) are also reported to the Department of Health. The Department of Health return (SitReps) looks at the number of patients who were delayed as of midnight on the last Thursday of the month and the total number of days delayed during the month. It does not compare against Occupied Bed Days.

New SitRep guidelines have recently been published and circulated within the Trust to ensure all units work towards these.

Graph



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

1. The graph above shows the comparison with 2012/13 data when the data definition changed. Previous year's data therefore is not comparable.
2. Both the Care Quality Commission and Monitor measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of both Social Care and the NHS.

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

1. Regular internal audits to ensure consistency and good practice across the Trust.
2. There are still difficulties faced by units when finding appropriate accommodation for patients with challenging needs. However, the units have a good working

knowledge of what placements are available and have been proactive in ensuring all systems and processes are followed by attending panel meetings and sharing information. They liaise regularly with residential homes to give support and advice and ensure patients settle in well. Although the overall number of delayed discharges so far in 2013/14 has fallen, there continues to be a number of delays within rehabilitation services. This is primarily due to difficulty in finding suitable accommodation for this client group.

3. Units continue to address these issues by ensuring that individual patients are regularly discussed in Recovery meetings and appropriate measures are in place.
4. Actions from audits and recommendations are undertaken including communicating internally with teams to ensure consistency and awareness of policy.
5. Liaising with families, carers and housing providers.

Early Intervention in Psychosis

Description of Priority

Referrals come through from a variety of sources including education, child care, child and adolescent mental health services (CAMHS), family, GP and self. A number of referrals come through the Single Point of Access service. Both assessments and treatment are carried out within this service. The assessment process for this patient group may take up to six months before a decision is made for continuing treatment or referral on.

Aim/Goal

Meeting commitment to serve new psychosis cases for ages 14-35.

At year end it is the Trust's aim to meet the local commissioner targets of 210 on caseload and 76 new cases. Currently figures for new cases and caseload are now electronically collected and shared with the team on a weekly basis for validation and monitoring.

Summary of Progress

There has been a significant reduction in the number of referrals coming through from East Riding over the year and a drop in referrals from Hull in the last quarter. The team is working hard with local GPs and

the local authority/education to identify strategies to promote the service. The East Riding caseload is now being managed more effectively which should also increase capacity for further new referrals

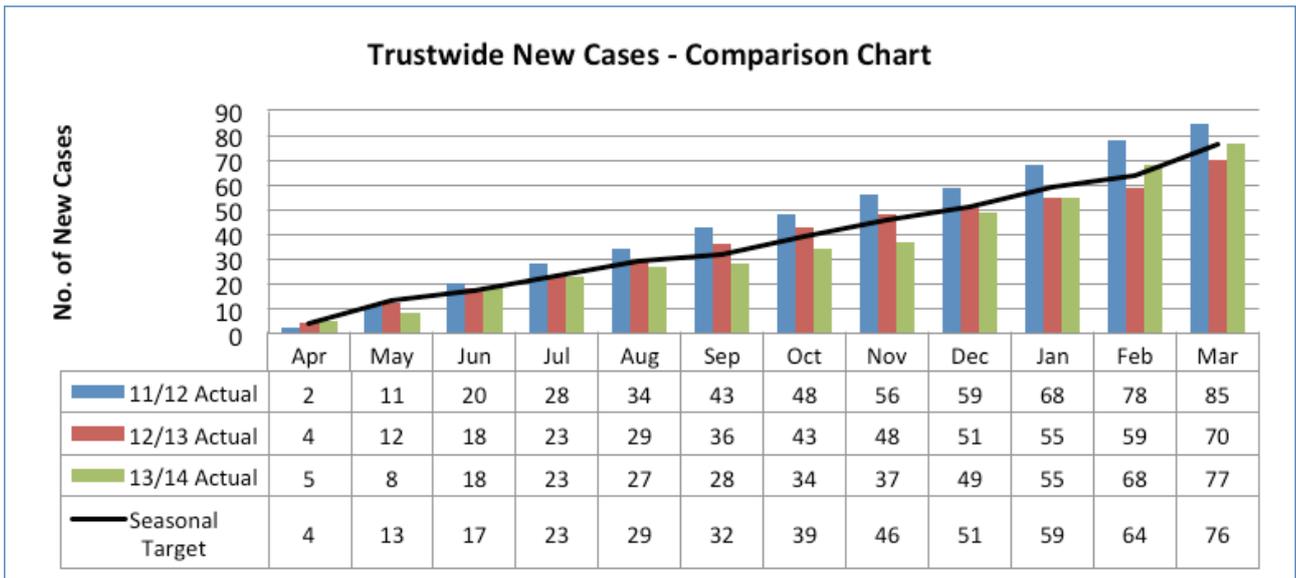
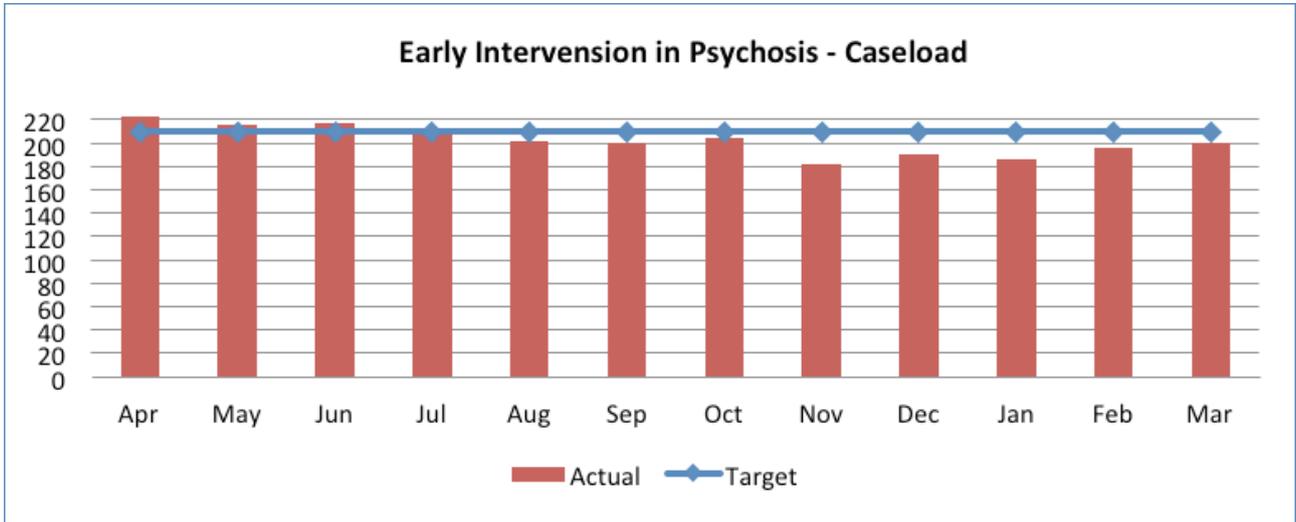
During the year the team experienced operational capacity issues having a reduction in the number of staff available to see new cases. Action plans were put into place to increase staffing on a temporary basis and review caseload management.

The allocation of caseloads is discussed regularly at team level based on length of wait and priority of need. During this time, patients who are undergoing assessment and awaiting allocation are provided with basic care and support.

As at year end there were 50 new Hull cases and 27 new East Riding cases. The Trust therefore met its target of 76 (percentage achieved of 101.3%)

Following a review the caseload is currently at 200 for year end, compared to the target of 210. This continues to be monitored internally to ensure effective caseload management and allocation but will no longer be a performance target in 2014/15.

Graphs



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

1. To show three year comparisons.
2. Although the number of referrals has been comparable for the first nine months of the year, there has been a significant increase in new cases during Q4.

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

1. Monitoring on a weekly basis at team meetings.
2. Executive management team informed on a weekly basis.

3. Monitored every month at the Performance and Assurance Group Meetings.
4. Monitored every month at the Trust Board Meetings.
5. Pro-actively liaised with education services.
6. Marketing the service with local GPs.
7. Providing workshops and road shows to colleges throughout the area in particular Bishop Burton College in the East Riding and Hull University. Specifically providing greater publicity regarding the need to refer young people who are not so clearly exhibiting symptoms at present, who are no longer being referred.
8. Re-negotiation of the East Riding Target due to the reduction in population for people aged 14-35, in which the target was originally set.



Percentage of Children Measured for Height/Weight in Reception

Description Of Priority

Good nutrition is essential for the healthy development of children, with long term effects on health for the whole of a person's life. Collecting data about childhood obesity and under-nourishment provides parents with important health information about their children. Health service commissioners at both local and national level the information needed to make decisions about the services needed now and in the future.

The commissioning of the National Child Measurement Programme (NCMP) moved from the demising East Riding PCT to NHS England on 1st April 2013.

Aim/Goal

This is a nationally mandated indicator with a target of 85% coverage. Every school child is measured for height and weight in Reception (age 5-6 years old), and again in Year 6 (age 10-11 years old). In the East Riding this is done in schools each year by School Nurses, between February and May. Because financial and academic years are different the

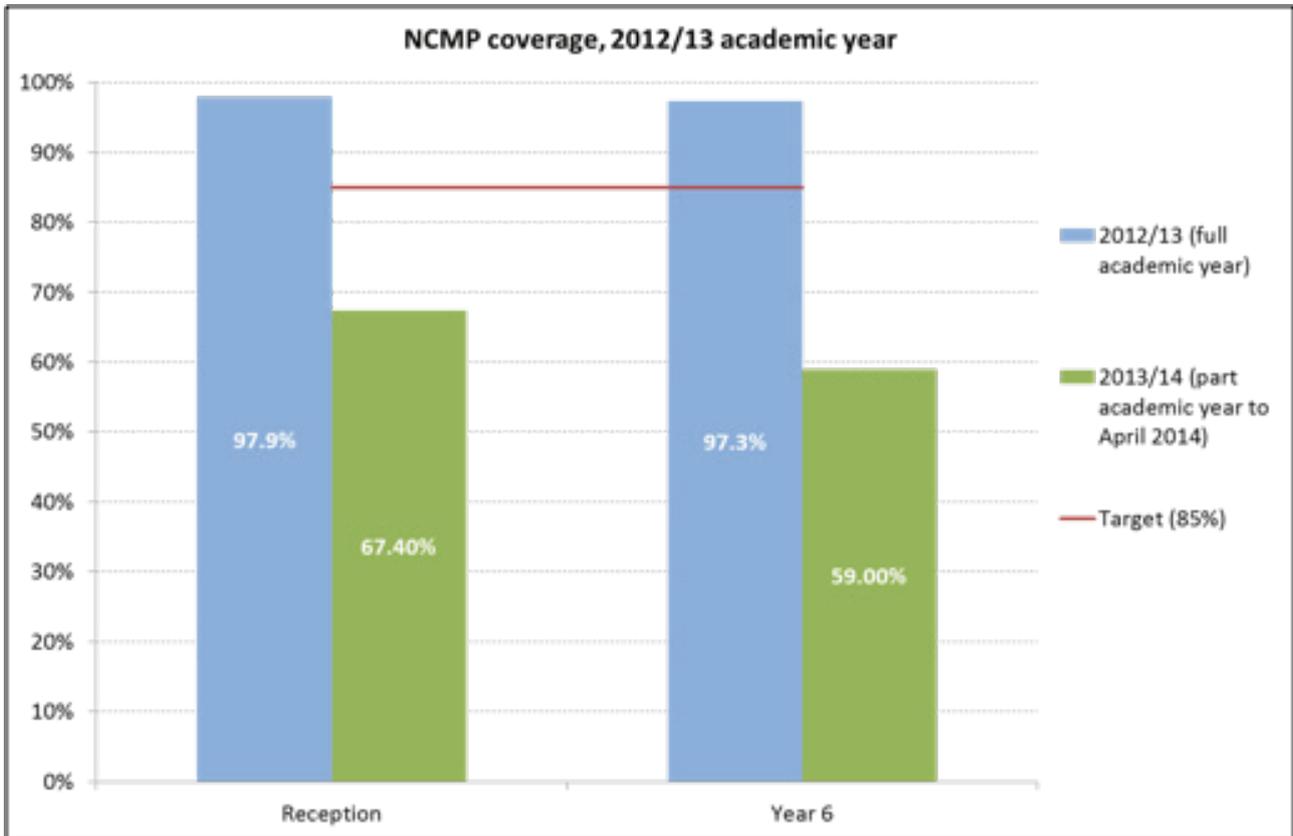
data collection overlaps the financial year end so we are unable to report on the complete programme for the current year. This report looks at the financial year and therefore shows the full year achievement for 2012/13 and the progress to the end of March for 2013/14.

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

Summary Of Progress

At the end of March 2014 School Nurses had recorded the height and weight for 67.4% of children in Reception and 59% of children in year 6. Based on previous years we expect this figure to increase as more children are measured during the remainder of the academic year to July - in 2013/14 we achieved over 97% coverage for both groups.

Graph



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

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

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

The planned programme commenced in February following the half term (which was later than last year due to Easter being later), and will finish in May 2014. Any children missed in the first rollout will be identified from the master list. They will be weighed and measured during catch-up sessions, as school nurses visit the schools regularly. We expect coverage to reach similar levels to last year, well above target.

Domain Three – Patient Experience

Certification against compliance with requirements regarding access to healthcare for people with a learning disability

Description of Priority

Meeting the six criteria for meeting the needs of people with a learning disability, based on recommendations set out in Healthcare for All (DH, 2008).

Aim/Goal

NHS Foundation Trust Boards are required to certify that their trusts meet requirements a) to f) above at the annual plan stage and in each quarter.

Summary of Progress

This key indicator has also being monitored closely at the monthly Trust board meetings via Level 1 Performance Report.

The Trust can confirm that each of the six criteria have been achieved for each quarter during 2013/14.

	Q1	Q2	Q3
Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?	Met	Met	Met
Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?	Met	Met	Met
Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning Disabilities?	Met	Met	Met
Does the NHS foundation trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?	Met	Met	Met
Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	Met	Met	Met
Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	Met	Met	Met

Percentage of patients seen within 18 weeks for admitted and non-admitted pathways (community services)

Description of Priority

The Trust provides consultant-led outpatient clinics at the Alfred Bean Hospital for a limited range of acute specialties including orthopaedics and cardiology, in order to make the clinics more accessible to patients who would otherwise need to travel to the acute trusts in the region. The national target is for at least 95% of patients receiving outpatient care for these specialties to start their treatment within 18 weeks of referral. Clinics at the Alfred Bean Hospital only provide consultant-led outpatient care and do not undertake any inpatient care.

Underlying 18 weeks is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patient pathways that do or might involve medical or surgical consultant-led care, setting a maximum time of 18 weeks from the point of initial referral up to the start of any treatment necessary for all patients who want it, and for whom it is clinically appropriate.

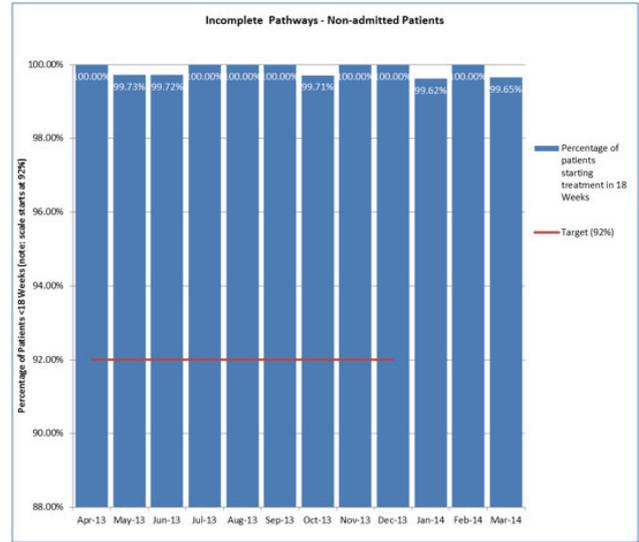
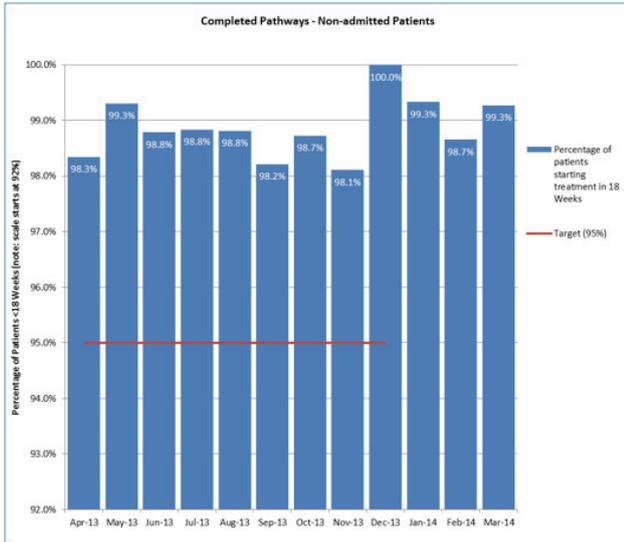
Aim/Goal

Because the target relates to the start of treatment, this will involve the majority of patients having at least two appointments. The first appointment is to assess a patient's needs and potentially order diagnostic tests, and the second (or third) is to start treatment. The team therefore works towards ensuring that the first appointment occurs early enough to allow for the return of any test results before the next appointment, which can take up to six weeks.

Summary of progress

The Trust treated 1,816 patients in the acute specialty outpatient clinics provided at Alfred Bean Hospital during April to March 2014, and has consistently ensured that over 98% of patients attending the clinics start their treatment within 18 weeks, against the target of 95%.

Graphs



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

Exception reports ensure that the service is notified of every patient who has not received definitive treatment and does not have a booked appointment within the necessary timescale to achieve the 18 week target. These patients are then targeted to ensure that appointments are booked.

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

Performance against the target is reported on a weekly basis. The team plans, monitors and prioritises each appointment to ensure that all outpatients at Alfred Bean start their treatment within the 18 week target. The clock start, end and (where appropriate) pauses, are governed by the National Standard definitions.

Home Treatments

Description of Priority

The home intensive treatment teams support patients in their own homes and, where appropriate, may allow for a patient's earlier discharge. This works alongside the gate-keeping function as home treatments may also prevent unnecessary admission by providing a more appropriate method of treatment. This ensures patient pathways continue to be streamlined and more effective, in keeping with an expected decrease in admissions and reduced length of inpatient stay.

For a single home treatment contact to be registered as being achieved, each service user must receive treatment in their home or usual place of residence on a minimum of two occasions.

There are four individual home treatment teams in operation (2 x adult and 2 x older adult) to ensure that all adult and older adult patients are served across the geographical area.

Summary of Progress

The Integrated Performance Measures Return (IPMR) target is 1115 home treatments. 661

for Hull and 454 for East Riding. Both Hull and East Riding exceeded their individual targets. As year end, the Trust carried out 1277 home treatments (114.5%). 682 for Hull and 595 for East Riding.

Home treatments continue to be monitored weekly basis ensure the Trust maintains its target. This is reported on a monthly basis via internal performance reports and to the Board. It is also reported monthly (via the contract activity report) to our commissioners.

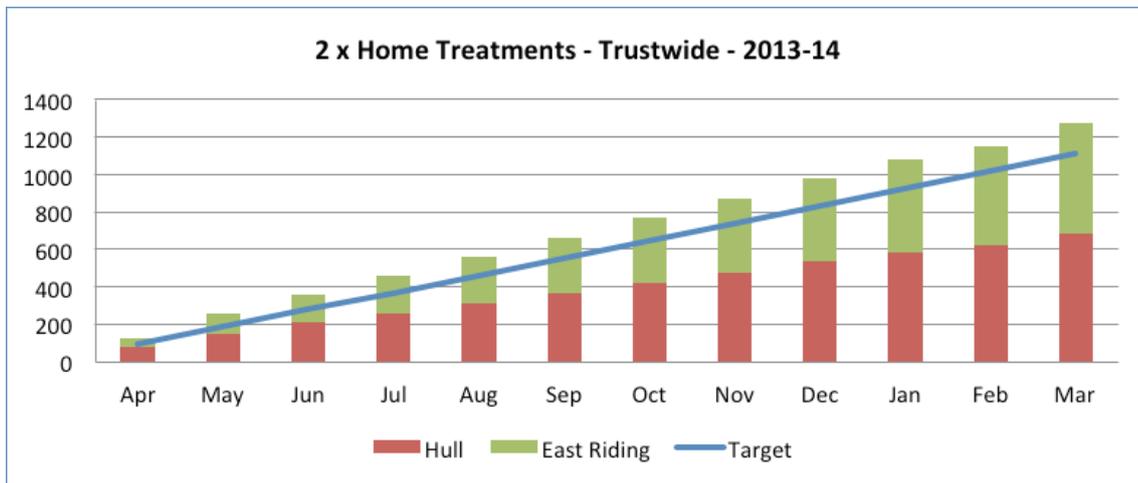
From 2014/15 home treatments are no longer a Monitor or IPMR target.

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

1. To show the number of home treatments has continually exceeded the locally agreed target.
2. To show the split between Hull and East Riding.

The Trust has not had to take any actions to improve the % but will maintain its good practice and quality of service.

Graph



Percentage of Infants Breastfed at Six to Eight Weeks

Description of priority

There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and longer term (beyond the period of breastfeeding). Breast milk is the best form of nutrition for infants and exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life. However, a majority of mothers give up breastfeeding in early weeks and infants therefore lose out on the many health benefits. Babies who are not breastfed are many times more likely to acquire illnesses such as gastroenteritis and respiratory infections in the first year. In addition, there is some evidence that babies who are not breastfed are more likely to become obese in later childhood. Mothers who do not breastfeed have an increased risk of breast and ovarian cancers and may find it more difficult to return to their pre-pregnancy weight.

Prevalence of breastfeeding at 6-8 weeks is therefore a key indicator of child health and wellbeing, with parents getting help and support with breastfeeding in hospitals and in the community from health visiting and midwifery teams, General Practices, child health services and children's centres.

Aim/Goal

To support all mothers who have chosen to initiate breastfeeding to continue to do so, and increase the proportion of mothers who choose to continue to breastfeed until at least six to eight weeks after birth.

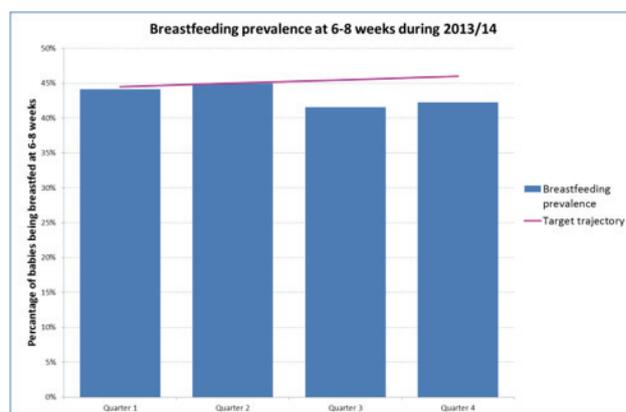
Summary Of Progress

After they leave hospital, support for mothers and babies is provided by the Health Visitor Service, which in the East Riding is provided by Humber NHS Foundation Trust.

At the end of 2012/13 responsibility for commissioning Health Visiting moved to NHS England. Responsibility for the breastfeeding target remained with Public Health, but the public health function moved to East Riding Council. East Riding Council chose to retain the existing target together with the old national requirement of a 2% increase per year.

The Trust was close to the target trajectory in quarter 1 and achieved it in quarter 2, however in quarters three and four performance dropped off as fewer babies being breastfed when they came into the care of our Health Visitors.

Graph 1



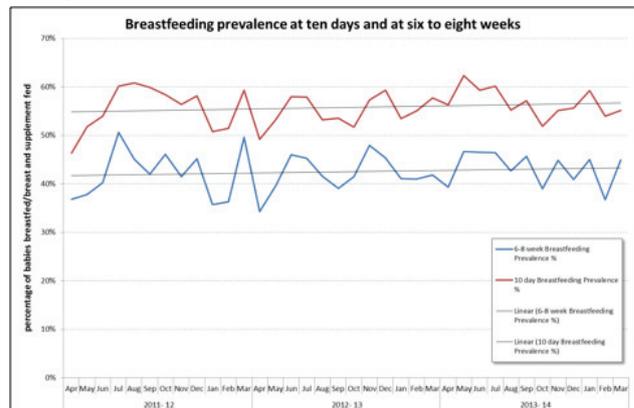
The Trust considers that this data is as described for the following reasons: Breastfeeding starts in hospital, supported by the Hospital’s midwives. Midwives continue to be responsible for supporting babies and their mothers for the first 28 days after they leave hospital, after which they become the responsibility of the health visitors until the child’s fifth birthday. In the East Riding, Humber NHS Foundation Trust provides the Health Visitor element of the support for mothers and babies, starting with the Birth Visit, which takes place within the first two weeks after birth.

Achievement of the target for breastfeeding prevalence at six weeks is highly dependent on whether or not mothers initiate breastfeeding their babies whilst still in hospital; any drop in initiation rates directly impacts on the percentage of mothers who will be breastfeeding at six to eight weeks.

We do not monitor initiation rates as we do not provide that part of the service. However, we do monitor the proportion of babies being breastfed at ten days (our first point of contact). Comparing that with the rate at six to eight weeks helps us to understand the impact our health visitors are able to make once the mother and baby have left hospital.

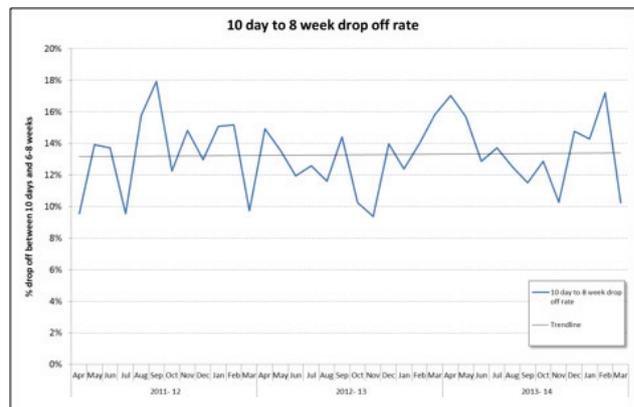
Between April 2011 and March 2014 the proportion of babies being breastfed at ten days and at six to eight weeks has varied considerably, but both show a slightly increasing trend (see trend lines on graph 2). However, the increase at ten days is below the level necessary to allow health visitors to achieve the constantly increasing target trajectory at 6-8 weeks.

Graph 2



Over the same period the drop-off rate between ten days and six to eight weeks has fluctuated considerably but the long term trend has remained stable (trend line, graph 3) – in other words a similar proportion of mothers who are breastfeeding at ten days have continued until at least six to eight weeks.

Graph 3



The Trust Has Taken The Following Actions To Improve This % And So The Quality Of Its Service:

The Trust has appointed a breastfeeding coordinator to work with the teams, and is continuing to work closely with children’s centres to increase the amount of antenatal (pre-birth) contact pregnant women receive to help them make informed and healthy choices about breastfeeding. During 2013/14 we have significantly increased the amount of performance information available at local team level to help target efforts.

Information on Data Quality

Data Completeness : Identifiers

The NHS has a duty to collect the following information as a minimum data requirement to enable them to perform their duties effectively. Patient identifiable data completeness metrics (from Mental Health Minimum Data Set) to consist of:

- NHS Number
- Date of birth
- Postcode (normal residence)
- Current gender
- Registered General Medical Practice organisation code, and
- Commissioner organisation code

As at January 2014, the Trust achieved 99.3% against a national target of 99%.

Data Completeness: Outcomes

Accommodation and Employment information is collected for those patients who are on the Care Programme Approach (CPA). This information helps monitor the patient's progress in gaining and maintaining settled accommodation and/or employment, both of which contribute to quality of life and patient recovery.

As at January 2014, the Trust achieved 81.2% against a national target of 50%.



3.2 Patient Experience

Complaints and Patient Advice and Liaison Service (PALS)

The Complaints and PALS Department continues to record and respond to complaints, concerns, comments and compliments received from all areas of the Trust. It is our procedure to allow the caller/complainant to decide whether they wish to have their concerns considered formally through the NHS Complaints Procedure or informally via PALS. Offering both services through one department allows the Trust to monitor all concerns raised, whether formally or informally, to see if there are any trends and to provide a consistent approach to complainants/callers.

Formal Complaints

For the period 1 April 2013 to 31 March 2014, the Trust received 167 formal complaints which compares to 160 for 2012/13. The Trust responded to 167 formal complaints for the same period which compares to 148 for 2012/13.

Each complaint is treated individually, as although the issues raised may be similar to others, the circumstances are often different for the individual concerned. The Trust aims to respond to the majority of formal complaints within 25 working days, although if at the outset it is considered that a longer investigation period may be required, the complainant is informed.

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

The primary subject from the 167 formal complaints responded to is:



Aids, appliances, equipment, premises	1
Admission, discharge, transfer arrangements	1
Appointment delay/cancel – outpatients	23
Appointment delay/cancel – inpatients	1
Assessment process	6
Attitude of staff	22
Clinical treatment	64
Communication/information to patients	22
Communication/information to relatives/carers	4
Confidentiality	3
Failure to follow agreed procedures	9
Medication issues	1
Other	3
Personal records	3
Policy and commercial decisions of the Trust	4

Of the 167 responded to, the Trust is aware of two cases being considered by the Parliamentary and Health Service Ombudsman; one was partially upheld and the second is still under consideration.

The following are some examples of actions/learning from complaints responded to between 1 April 2013 and 31 March 2014; all patient specific actions have been excluded:

- Podiatry - Amend standard letter for invite to appointments to specify that failure to arrive on time for the appointment may result in the clinician not being able to see the patient
- Addictions - Ensure all patients sign and receive a copy of the aftercare plan and that it is recorded in communication logs that they have taken or not taken a copy of the aftercare plan.
- Community Hospital - Admission planner and information leaflets to be developed and implemented for use on the Unit in order to communicate with the patient and their family in relation to visiting, who to speak to when required, parking, visitor facilities, protected mealtimes, planning care, diversional activities, workstreams within the unit, spirituality, smoking, privacy and dignity and methods of feedback for improving care.
- Older People's Mental Health - All carers to be offered assessments and the offer documented. To be monitored via documentation review in supervision and agenda item at team business meeting

Patient Advice and Liaison Service (PALS)

For the period 1 April 2013 to 31 March 2014, the Trust responded to 783 PALS contacts which compares to 747 for the previous year.

Of the 783 contacts, 166 were referrals to other Trusts. Of the 617 contacts for this Trust, 178 of these were compliments, 212 were routine concerns, 201 were routine queries and 26 of the contacts were complex, such as multiple/complex issues or challenging callers.

Priorities for 2014/15

To continue to manage and respond to complaints, concerns, comments and compliments for all our services through changing times for the Trust and to implement any changes to the NHS Complaints Procedure following the Francis 2 report. To ensure all staff are aware of the importance of a professional and informative response to patients and carers when they raise a concern or complaint.

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

"To all the staff. Thank you very much for all the care and support you have given to our dad. From the moment he arrived to the day he left every member of staff have been totally amazing! The warmth and friendliness on the ward is just outstanding and we feel very privileged our dad has had such an excellent team of professionals looking after him. Thank you for looking after us too."

Community Hospital

*Thank you picture received from a young patient with the message:
"Thank you for helping get my arm better."*

Minor Injuries Unit

"To all the staff and healthcare assistants. Thank you for the super care and attention I received during my long stay. I feel on top of the world now. Thank you again."

Adult Mental Health, Inpatient

"To all the staff. Thank you for making my stay pleasant and successful. My withdrawal was very difficult, but I am now ten weeks alcohol free. You're doing a great job. Love and respect."

Adult Mental Health Inpatient/Detox

"Thank you for all your help, kindness and understanding. You're an amazing person who has helped me, without your help I don't know where I would be. You are amazing at your profession, you're kind, understanding and I've been able to talk about things that have happened in my life, which I haven't been able to before. I will miss our talks but once again thank you for all you have done for me. I thank you with all my heart."

Chronic Fatigue Service

Patient wanted to say what an excellent service he had received. The member of staff had given an in-depth explanation of his foot problems and had been friendly and jovial. The patient had been given a clear explanation, written instructions, and an explanation of exercises and future plans.

Podiatry

Patient Stories

Graham's Story

For most Grooms, the thought of making their wedding day speech in front of their friends and family is nerve racking. For Graham, having a stammer meant this task was even more daunting.

On his big day, Graham rose up and delivered his speech with confidence and clarity. This was a result of months of therapy with Humber NHS Foundation Trust's specialised speech and language therapy team.

"I spoke fluently and confidently. It was amazing for all my family and friends to see me so confident. Speech and language therapy has changed my life" said Graham. Stammering is a condition which affects one percent of adults – none more famous than King George VI whose story was made famous by the 2010 film 'The King's Speech'. Graham has lived with his stammer since childhood.

"I'd hate having to read in front of my classmates at school. I would stammer on each word and whilst everyone else had read through two pages, I would only have read half a page.

"I found this hard to deal with as I knew I could talk about a subject but I couldn't get the words out."

In adult life, Graham would swear when playing football to camouflage his stammer and would avoid certain meals if he expected to have trouble ordering them.

"Our most powerful tool is our voice; I would not wish a stammer on anyone," said Graham. "When I play football I tend to swear a lot as it hides my impediment and helps me be fluent. However, I am more reserved at work and have to slow my speech down."

Worried that he wouldn't be able to deliver his wedding speech, Graham started speech and language therapy where he was taught to "pre-block", putting him in control of his speech through breathing and adjusting his posture to get rid of any tension.

Although Graham has found the therapy life-changing, he still finds living with a stammer exhausting. He said "I just want to have a conversation with my family and friends without stuttering. It's a non-stop battle to do simple things such as asking for assistance, ordering food or speaking to my children."

Speech and language therapist Ruth Edwards said "Communication is so important for the person to interact and be who they are. People who stammer haven't got that, even though they are as bright and as interesting as someone who doesn't stammer so we look at how they feel about their stammer, rather than just concentrating on the function of speech."

"Hull is fortunate to have a specialised speech and language service, as a lot of other areas don't. We are lucky that we can help change people's lives this way".

Patient Stories

Theresa's Story

Theresa shed an incredible 10st 6lbs in weight with the support of the East Riding Health Trainer Service.

In December 2013, Theresa, from Bridlington, achieved her goal of slimming down to a healthy 12st 13lbs with a BMI of 25.2 and a dress size of 14. When she first signed up with the Humber NHS Foundation Trust Health Trainers in 2012, she weighed in at 23st 5lbs.

"In August 2012 I was preparing to go back to work for the next academic year and ordered my size 26 black tailored work trousers. They arrived and didn't fit. I had refused to accept that really I was a size 28 – my biggest to date. I knew that it was time to change my bad habits.

I had tried lots of fad diets before, lost weight and then gained it back again often with more on top so knew I didn't want to go down that route. I had seen an advert for the Health Trainers and their facility to support with weight loss. I thought I would give it a try because this time I really wanted to change.

I was assigned a Health Trainer (Ryan) who on my first meeting with him explained the process. We would meet at first on a weekly basis on a 3 month programme, weigh in, talk about any issues through the week and give advice on how to lead a healthier life style. He also told me that he would be able to come and help me with my food shopping to give advice on healthier food choices or even come to an exercise class or the gym with me to help me along!

It was time for the bit that made me most nervous which was the weigh in. 23st 5lbs with a BMI of 45.6. Ryan helped and supported me in setting myself small goals and overcoming the bad weeks. All the staff at the Health Trainers are approachable and encouraging and this really helped to keep me motivated. After the 3 months I had lost over 3 stone in weight but for the first time did not feel like I was on a diet through the support of the team. I knew that I wanted to continue with the Health Trainers as I didn't want to fall back into old habits.

Ryan suggested attending their 10 week weight management programme that they were starting up. This involved a weigh in but also some workshops on common problem areas with weight loss such as drinking, eating out and other topics. It was a great support to talk to other people struggling with the same things.

On completion of that I was over 5stone down. Ryan continued to send me encouraging texts asking about my progress and I visited the shop weekly to get weighed and he and the other staff were genuinely interested in my progress.

By December 2013 I hit my goal. I had lost 10 stone 6lbs down to a healthier 12st 13lbs, BMI of 25.2 and dress size 14. 2014 is all about maintaining and I am sure that the Health Trainers will be supporting me every step of the way. I could not have done it without their encouragement and support and would recommend them to anyone who is ready to make that lifestyle change."

3.3 Improving Services

Our Community Hospitals

Our community hospitals are based in Beverley, Withernsea and Bridlington and they accept patients from all over the East Riding.

In June 2013, the ward at ERCH underwent an unannounced inspection by the Care Quality Commission (CQC). Prior to the visit, we had already highlighted some of the issues that the CQC identified and were already working to improve these areas. However, the CQC required us to develop an action plan to address the issues highlighted, which we did. On their return visit in October 2013, the ward was assessed as compliant in all areas.

The ward at East Riding Community Hospital (ERCH) has seen many changes over the last year, including us dividing into a 17 bedded Community Ward for patients who have had a stroke or have a long term health problem, palliative care for patients who choose to stay with us in their last few days or weeks or who want some support before going home to be with their loved ones. We now also have a 9 bedded Short Stay Rehabilitation Unit with a new day case service for patients who need to stay with us for less than 7-10 days who may have had surgery, need short term rehabilitation, have had recurrent falls and need holistic assessment or who require a short medical intervention. Our aim is to ensure patients are supported to maintain a higher level of independence with self-service breakfast and tea, and self-medication programmes. Our new day case service is in its infancy and is starting to take patients who would otherwise need to be in hospital to get the level of nursing or rehabilitation they need. It has proven particularly popular with our younger patients who want to spend as much time at home with their families as possible.

We accept admissions from people who have just been discharged from an acute hospital or those at home who need some medical and nursing support. The hospital has a full multi-disciplinary team that includes nurses, healthcare assistants, physiotherapists, occupational therapists, speech and language therapists and associate practitioners. The team is committed to putting patients first and their philosophy is "helping patients to help themselves" by creating a therapeutic environment as similar to their own home as possible.

We have seen improvements in the quality of care delivered across all our community hospitals, and we are now monitoring the quality of care using a real time audit with changing topics each week. This allows us to improve on areas of care where we are striving for excellence. We have now implemented falls telecare kits (which won a Staff Award) across all our community hospitals to reduce the risk of patients falling and promoting their independence. We have had all design work completed for our new sitting room for patients who have cognitive impairment, and changes to 2 bedrooms to help support patients with dementia including wardrobes that have transparent doors so people can identify their clothes, memory boxes outside the door to help people identify their bedroom and changes to the colour scheme to support people whose eye sight has deteriorated. We have also just received the designs for our new gym on the ward which will feature equipment that you see in your local leisure centre so that we can discharge people with a meaningful rehabilitation programme that they can continue near to their own home.

We have hosted a Daffodil Dance in the last year to raise money for Marie Curie and we are deciding on what our fundraising focus will be for this year. We have increased the range of roles we can offer volunteers so that they can become part of a range of ward activities so please look out for our latest recruitment drive. Our Volunteer Team won an Unsung Hero award at the Trust awards day.

Initiatives such as 'Message for Matron' suggestion leaflets, patient surveys on day 3 of admission and at discharge and "You Said, We Did" boards are used to encourage

feedback. Where feedback suggests themes emerging, these are used to influence the way the service develops and grows. This is done through action planning by the service manager and clinical teams. Once opportunities for improvement have been identified, the changes are implemented.

We are very proud of our community hospitals, our staff and our patients, as we are all working together to make a difference and to continually improve the level of service we provide.



*East Riding
Community Hospital
at springtime*

Patient Safety Rounds

Humber NHS Foundation Trust is committed to patient safety and, therefore, introduced intentional rounding (also known as patient safety rounds) in December 2013. The focus of these is to reduce avoidable harm, improve the communication between clinical staff and the patient/carers, and to keep the patient safe whilst in hospital and in preparation for their return home.

As a Trust we take part in the Patient Safety Thermometer, which focuses on reducing avoidable harms in the following areas; falls, pressure ulcers, catheter acquired urinary tract infections and venous thromboembolism (VTE)

What Are Patient Safety Rounds?

Patients are checked every hour using a simple framework that ensures that the person is not in any pain, is comfortable, have all their personal needs being met, everything that they need within easy reach, their observations

are being taken in a timely manner and the environment is free from hazards in order to reduce avoidable harms.

Whilst nationally work has focused around the '4 P's' (pain, positioning, personal needs and possessions, based upon learning from serious incidents), we have added a further P - physical observations, to ensure that we are responding to the management of acute illness and or care of the deteriorating patient.

Patient safety rounds were piloted within ERCH and were adopted across all community hospitals at the end of December 2013. Rounding is undertaken throughout the 24hour period if the patient is awake, to ensure that they feel safe at all times. The rounds are currently monitored via the quality dashboard, three times a week, with patient feedback once a week.

Name	Always ensure that the patient knows your name – "hello, my name is".
Pain	Ask how they are, are they in pain, ask to describe the level of pain 0-10.
Positioning	Ask if the patient is comfortable, need to move up the bed and or reposition people at risk of pressure sores.
Personal needs	Ask if the patient needs to use the toilet and or require any assistance. Check if the person is thirsty or hungry. Refresh water if needed.
Possessions	Check that everything is within easy reach, call bell, tissues, glasses, food and drink, arrange bed-side table to suit patient needs.
Physical observations (NEWS)	Check National Early Warning Score (NEWS), undertake observations if needed, ensure observations are being taken in line with NEWS.
Environment	Check environment, falls risks hazards, comfort, re-arrange pillows, temperature of room, offer extra blankets.
Ask	Is there anything else I can do for you, I have the time.
Remind the patient	That someone (let them know who) will be back in an hour, but to use the call bell if needs change.

Patient Led Assessments of the Care Environment (P.L.A.C.E)

The 2013 Patient-Led Assessments of the Care Environment (PLACE) inspections were completed within the specified timeframe.

PLACE Results/Scores

Below are the scores for the inspections that took place in 2013:

Location	Cleanliness	Food	Privacy, dignity and wellbeing	Condition, appearance and maintenance
Townend Court	100	91.35	88.4	93.59
Withernsea	99.20	86.76	89.36	89.44
MacMillan and Buckrose	100	85.55	79.02	81.25
Westlands	96.13	92.21	74.81	79.82
Humber Centre	98.99	93.33	93.14	86.44
Miranda	99.54	93.53	84.52	90.53
Newbridges	98.53	92.19	71.61	81.71
Maister	100	91.67	80	82.73
Hawthorne	99.27	93.26	81.29	83.93
Millview	98.54	91.44	76.52	83.77
Greentrees	98.49	91.9	83.33	82.73
St Andrews	99.73	94.6	81.88	81.9
East Riding Community Hospital	98.76	92.58	95.74	94.62

Overall the results from this years' PLACE inspection were very positive. Humber NHS Foundation Trust was in the top 5% of organisations that took part in the assessments.

Cleanliness - A very good standard has been maintained throughout the Trust

Food - Again a very good standard has been maintained throughout the Trust

Privacy and dignity - The areas that have a lower score are mainly due to windows that require privacy screening or curtains.

Condition, appearance and maintenance - Overall some of the units require decorating and replacement of furniture.

Action Plan

An action plan was drawn up detailing all findings in all buildings. Actions were allocated to various teams – Hotel Services, Unit Staff, Modern Matron, Estates and Infection Control.

What is happening now?

Currently the 2014 round of assessments are under way and scheduled to be completed by the end of May 14.

3.4 Our Workforce

Staff Awards

Staff from across the organisation received recognition for their hard work and dedication at our Annual Staff Awards.

Taking place as part of the Annual Members Meeting (formerly our Annual General Meeting) around 300 staff and members of the public attended the event at The Country Park Inn in Hessle to hear about the Trust's achievements over the year and to applaud the winners in nine categories.

These included the Chairman's 'Who Cares, Wins' award, which was voted for by members of the public and staff and recognises someone who has really gone the extra mile in a caring role. This year's award was won by the Granville Court team, with a special mention for Moira Gillyon, following the moving feedback from the family of a patient.

Their letter said: "It would be impossible to list what we feel within our hearts in relation to our gratitude towards yourselves. I know that she was well loved by you and your staff and this only adds to the way we all feel about you. I often speak to people about Granville Court with so much pride you wouldn't believe."

Trust Chairman Jane Fenwick said, "There were many nominations for this award making the decision for just one person really difficult. We received some very moving feedback from our patients and their families about the excellent and special care they have received."

The Chief Executive's 'Making a Difference' award went to Patrick Scott, the General Manager of the Humber Centre for his work improving patient involvement and engagement in the medium secure unit over a number of years.

"Patrick's success in The Humber Centre has had regional and national recognition. It is even more deserving of recognition when you consider it has been delivered in one of the most challenging of clinical environments" said chief executive David Snowdon.

"The work in the Humber Centre includes programmes of art, literacy and perhaps most noteworthy, the inclusive football league. All of these initiatives have required commitment, personal drive and most important of all, vision and leadership."

Category Winners

Service Delivery

Children's Physiotherapy Service for their physiotherapy led gym and circuit groups for children with a physical disability who require physiotherapy.

Innovation and Progress

East Riding Pulmonary Rehabilitation Team for delivering a personalised programme of care to increase self-management, quality of life and reduce the burden on other services within the NHS. This team were also awarded Team of the Year.

Improving Patient Dignity and Respect

This year we have joint winners in this category:

Humber Centre Supported Worker Scheme for supporting service users in their recovery by equipping them with decorating skills and the underpinning knowledge to apply this going forward.

Hotel Services for the Patient Led Assessments of Care Environments which aims to get service users and carers involved in undertaking assessments of the environment, catering services, cleanliness and privacy and dignity in our inpatient units and community hospitals.

Improving Patient Safety

East Riding Community Ward for implementing Falls-Prevention kits, including bed/chair sensors, tilt-belt-sensors, light-activators and pendant alarms.

Promoting Equality in Service Provision
This year we have joint winners in this category:

Hull Youth Justice Service for our nurses who work to reduce the health inequalities in ten to eighteen year olds within the Youth Justice System and give support around their diverse health needs.

NHS Health Trainers for their Fisherman Project which provides support, motivation and guidance to fishermen and other members of the fishing community, including their families, so that they are able and empowered to lead a healthier life.

Most Inspirational Leader

Staff are invited to nominate anyone who they believe to be an inspirational leader. This year's award winner, Jules Williams, was nominated by Kate Truscott, former director of human resources and diversity, for her drive, commitment and energy in all that she does. Kate said: "Jules would be the last person to describe herself as an inspirational leader, but, nonetheless in my view, and that of many others, she is truly inspirational and great to work with."



Chairman's Award winners:
Granville Court



Team of the Year: *East Riding Pulmonary Rehabilitation Team*

Staff Survey

The NHS Staff Survey is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution. The results from all participating Trusts are made available on the National Picker Institute, Europe, website and are benchmarked against similar Trusts. The survey is undertaken on the Trust's behalf by an independent contractor using the nationally specified criteria.

The findings of the Annual Staff Survey are presented and considered by the Trust's Staff Health and Wellbeing Group and Trust Board. This Group then put together an action plan to address key areas identified for improvement.

The Survey reports identify the top and bottom 5 ranking scores. The tables below show the top and bottom 5 ranking scores identified from the 2012 and 2013 Annual Staff Surveys. As the table below shows KF12, KF27 and KF28 were all identified as top ranking scores in 2012 and 2013.

The table below shows the Trust score for 2012 and 2013 against the national average.

Top Five Ranking Scores	2012		2013	
	Trust	National	Trust	National
KF18 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public in the last 12 months – (lower the score the better)	26%	30%	n/a	n/a
KF20 Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell (lower the score the better)	18%	22%	n/a	n/a
KF12 Percentage of staff saying hand washing materials are always available	64%	55%	62%	54%
KF27 Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	95%	90%	92%	89%
KF28 Percentage of staff experiencing discrimination at work in last 12 months (lower the score the better)	9%	13%	8%	13%
KF6 Percentage of staff receiving job relevant training, learning or development in last 12 months	n/a	n/a	85%	82%
KF16 Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (lower the score the better)	n/a	n/a	14%	19%



The table below shows the bottom 5 ranking scores for 2012 and 2013. As the table shows KF4 (Effective team working) was identified as one of the bottom ranking scores in 2012 and 2013.

Bottom Five Ranking Scores	2012		2013	
	Trust	National	Trust	National
KF2 Percentage of staff agreeing their role makes a difference to patients	87%	90%	n/a	n/a
KF8 Percentage of staff having well-structured appraisals in last 12 months	37%	41%	n/a	n/a
KF11 Percentage of staff suffering work-related stress in last 12 months (lower the score the better)	43%	41%	n/a	n/a
KF26 Percentage of staff having equality and diversity training in last 12 months	50%	59%	n/a	n/a
KF4 Effective team working	3.74	3.83	3.71	3.83
KF2 Percentage of staff agreeing that their role makes a difference to patients	n/a	n/a	88%	90%
KF3 Work pressure felt by staff (lower the score the better)	n/a	n/a	3.14	3.07
KF25 Staff motivation at work	n/a	n/a	3.77	3.85
KF10 Percentage of staff receiving health and safety training in last 12 months	n/a	n/a	67%	75%

The most improved score from the 2013 survey was KF7 (Percentage of staff appraised in the last 12 months). The Trust score was 84% in 2012 and 90% in 2013 against the national average of 87%. As at the end of February 2014 85% had completed an annual Performance Appraisal and Development Review.

Members of the Health and Wellbeing Group considered the results of the 2012 staff survey and identified, particularly in light of the bottom five ranking scores, the following two areas to focus on in 2013/14. These were approved by the Trust Board and included effective team working and managing and improving stress at work.

Actions taken included adding in team working sessions into the Trust's Management Development Programme, which to date has been completed by 400 managers and some supervisors. A number of team building events, supporting specific teams have also been facilitated by the Trust's Training Department. As the scores shows in Table 2 above there has been a slight decrease in the team working score for 2013. From the 2013 survey results this puts us amongst the lowest (and worse) 20% of Trusts. This clearly is one of the key areas to be focussed on during 2014-15 and one of the recommendations will be that improving team working will be a key area to be addressed as part of the Trust's Organisational Development and Workforce Action Plan.

The emphasis however was on managing and improving stress at work through a range of activities which include:

- Visits to a number of Trust sites by the Health Trainers and the Change for Life Health Bus promoting self-care and health and wellbeing;
- Making information available via booklets and on the Trust's intranet on how to maintain good health and wellbeing and recognising and dealing with stress;
- Providing staff with a workbook on stress management and personal resilience for self-completion;
- Team Stress Audits carried out in conjunction with the Trust's Health and Safety Manager;
- Promoting the Trust's counselling and occupational health services;
- A survey has also been carried out, via survey monkey, to identify the top 3 workplace stressors. A series of focus groups have been arranged for April 2014 to consider and identify what actions can be taken to manage and mitigate or alleviate these.

The Management Development Programme also includes sessions on health and wellbeing, managing stress and more recently a session has been included covering Compassion Fatigue.

Despite the above activities the Trust score for staff suffering work related stress in the last 12 months has deteriorated. In 2012 the Trust score (lower the score the better) was 43% whereas in 2013 46% of survey respondents

have reported they have suffered work related stress in the last 12 months. This is against the national average of 43%.

This result, together with the scores identified as the bottom five ranking scores are perhaps not surprising given the significant amount of organisational change that has occurred during the past 12-18 months. This has been, and continues to be a very challenging time for our staff and this clearly is reflected in the 2013 annual staff survey findings. As a result of several service reconfigurations and in order to maintain the Trust's financial position some of the service changes have resulted in staff being made redundant and others being downgraded. Also the introduction of a range of computer software systems such as e-rostering and e-expenses, together with the continued implementation of the electronic health record and our clinical patient management systems such as SystmOne and Lorenzo, all have resulted in staff having to change their working practices.

One of the key measures used nationally by our regulators, our Commissioners and the Care Quality Commission as a 'temperature check' of our staff is the Overall Staff Engagement Score within the Annual Staff Survey Report. The overall staff engagement score is produced taking into account the responses to the key score areas KF22, KF24 and KF25. Taking into account all the organisational changes that have taken place over the past year the results from the 2013 Annual Staff Survey in relation to this score are again not surprising.

The results for 2012 and 2013 are shown below:

	2012 Score		2013 Score	
	Trust	National	Trust	National
Overall Staff Engagement (Range 1 – 5, 1 poorly engaged staff and 5 highly engaged staff)	3.75 - above better than average and in the top 20% Trusts	3.70	3.64 - below worse than)average and in the bottom 20% of Trusts	3.71
KF22 Staff ability to contribute towards improvements at work	75% - above better than average and in the top 20% Trusts	71%	69% - below worse than average and in the bottom 20% of Trusts	72%
KF25 Staff motivation at work	3.87 - above better than average and in the top 20% Trusts	3.84	3.77 - in the lowest (worse) 20% of Trusts	3.85

The results of the 2013 Annual Staff Survey findings are to be considered by the Staff Health and Well Being Group and the Trust Board and an action plan developed to address the findings.

The Trust continues to undertake to consult and involve staff in service improvement and service redesign wherever possible. As the vast majority of our staff are part of our local communities and therefore they and their families are also part of our patient population we endeavour to ensure that staff operate on the principle of whether the service they provide they would consider good enough for themselves or their family.

In respect of the 2013 results effective team working is clearly still an area we need to improve and a proposal is being put forward to the Executive Management Group to address this. Through implementing the approach being proposed this should also help to address and improve the staff engagement score.

The Trust continues to roll out its Management Development Programme and 80 Managers are already booked onto the next two cohorts planned. The Leadership Strategy and Trust's Leadership Development Programme are currently being developed and will be implemented over the coming year. The Leadership Development Programme will incorporate sessions on effective team working, building resilience, culture, managing change and service improvement.

As shown in this report, the Trust continues its PLACE assessments and actions which support staff in improving their working environment and importantly the patients environment.

Despite the deterioration in the Annual Staff Survey scores the Trust continues to perform well in the National Patient Surveys and against its mandated standards and targets and against the Monitor ratings.

Annex 1: Statements From Commissioners, Local Health Watch Organisations And Overview And Scrutiny Committees

NHS Hull Clinical Commissioning Group

NHS Hull Clinical Commissioning Group welcomes the opportunity to review and comment on Humber NHS Foundation Trust's Quality Report 2013/14. Our view is that while these quality accounts present a detailed response in some areas, there are significant gaps due to the timing of the draft report, which make it difficult to assess the overall impact and improvement from last year's accounts. In relation to the Local Priority for 2014, we are unable to comment as the final choice has not been shared in this draft. We would expect the final Quality Accounts to include detail of how the chosen priority will be applied, its relevance across the 3 domains of Patient Safety, Effectiveness and Experience as well as how the priority supports the ongoing integration of physical health and mental health services across the Trust.

We note the Trust's good performance against the care review section questions in the National Patient Survey and acknowledge the work done over the year to gather the views and service feedback from patients and carers. The Trust would benefit from further integration of the key messages and lessons learnt from patient experience across all aspects of its business, not just mental health services and we look forward to further work in this area during 2014 / 15, which is supported by the CQUIN scheme.

It is positive to see the high level of achievement in Information Governance, set against the challenges of implementing a range of new information systems such

as Lorenzo and e-rostering and anticipate improvements in Staff attitudes and workloads as these systems become embedded.

Serious Incidents (SIs) have remained a concern over the year and the Trust has continued to work proactively with commissioners throughout the year on a range of patient safety activities including SIs to strengthen the quality of services provided by the Trust.

Finally, we note that the draft report is based on data up to and including Quarter Three 2013/14. Taking that into account, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber NHS Foundation Trust and that the data and information contained in the report is accurate. NHS Hull Clinical Commissioning Group looks forward to continuing to work with the Trust to improve the quality of services available for our patients in order to improve patient outcomes.



Chief Officer
NHS Hull Clinical Commissioning Group

East Riding of Yorkshire Clinical Commissioning Group

East Riding of Yorkshire Clinical Commissioning Group is pleased to be given the opportunity to review and comment on Humber NHS Foundation Trust's Quality Report for 2013/14. We are pleased to note that the report reflects strong improvement in patient satisfaction during the year in relation to the care review process, with patients expressing their involvement in care planning. It is positive to see that the trust is building on the work undertaken and focusing on areas for improvement. In relation to the NHS Community Mental Health Service Users Survey 2013 the results show the trust is performing well against comparative trusts. It would have been useful to have had further information on the improvements related to the results within this area.

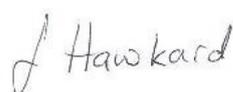
Commissioners value the implementation of the Safety Thermometer as part of the CQUIN programme and appreciate the Trusts continuing efforts to improving quality of the service provision, which provides an on-going focus on improving patient safety. However, we do feel that a complete picture of the achievements made within the CQUIN scheme overall would have been beneficial.

We support the priority areas identified by the Trust, which are in line with the quality priorities of the commissioners and the continued focus on improving the patient experience and outcomes however, we cannot comment fully as there are omissions in the data provided in relation to specific service areas.

During 2013/14 we have worked with the trust throughout a particularly challenging time and welcome the work undertaken within the East Riding Community Hospital. The report provides the assurance required in relation to improvements in the quality of care and service delivery within the community hospital.

The staff survey results are not as strong; both in terms of response rate and some specific issues around stress at work however, we recognise that changes within the organisation may have affected staff morale. We anticipate receiving assurance in 2013-14 on the results of actions being undertaken by the Trust to address concerns raised by the staff survey results.

We note that the report is based on data up to and including the end of Quarter Three 2013/14. Taking that into account, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber NHS Foundation Trust and that the data and information contained in the report is accurate. The Clinical Commissioning Group is looking forward to working with the Trust to improve the quality of services available for our patients in order to continually improve patient outcomes.



Jane Hawkard
Chief Officer

NHS East Riding Clinical Commissioning Group

East Riding of Yorkshire Council Health Overview and Scrutiny Committee

NHS East Riding of Yorkshire Council Health, Care and Wellbeing Overview and Scrutiny Sub-Committee welcomes the opportunity to comment on Humber NHS Foundation Trust's Draft Quality Accounts 2013/14.

The overall comment that the Sub-Committee would like to make is that it welcomes the fact that the majority of milestones have been met by the end of quarter 3, but feels that as lay people the Trust does not demonstrate what this actually means in simple terms which are easy to understand.

For example, with regard to the audit of essence of care standards, it is acknowledged that the audits show greater compliance with the assessment tools used on patient admission but it would have been useful for readers if data had been included in the report demonstrating what this actually means to patients – ie, a reduction in the number of patients with pressure ulcers, better nutrition and if so, how many? Again, with the End of Life Dementia Pathway, the work completed by the Trust looks positive but it is hard to judge what it actually means to the residents affected. Some data could have helped to bring things into focus.

A glossary would prove a useful addition to the accounts – for example, an explanation of 'MUST/Waterlow' would be useful (page 11) and not everyone will have heard of the butterfly scheme (page 20).

The case studies towards the end of the accounts were excellent and if these could be increased and added throughout the report to demonstrate the progress made against the priorities, this would make the accounts more user friendly.

Members note that one of the priorities links to CAMHS and user satisfaction. A CAMHS Review Panel is currently underway at East Riding of Yorkshire Council and it is hoped that the Trust and the Panel can work closely together to help improve the service currently provided.

It was noted that there had been a considerable rise in patient safety incidents in 2012/13 and it is considered that further investigation and action is needed.

It is worrying that three key measures in the staff survey see the Trust move from the top 20% of Trusts in 2012 to the bottom 20% of Trusts in 2013. It is hoped that the measures being put in place by the Trust will help to reverse the downward trend.

One of the largest strategic issues facing health and social care is how we manage to support the growing number of older people, people with disabilities and those with long term conditions. Following the introduction of the Better Care Fund, it is hoped by the Sub-Committee that partners, including Humber NHS Foundation Trust will not only deliver more integrated care, but will also improve the experiences and outcomes for the East Riding population.

Yours Sincerely,



for Malcolm Sims
Director of Corporate Resource

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission has continued to be involved in the development of the Humber NHS Foundation Trust's Quality Accounts. This has included monitoring performance against current targets and feeding into the development of the 2014/15 priorities. Regular Quality Account updates are

built into the work programme and these will continue to be considered alongside general performance updates from the Humber NHS Foundation Trust.

Antony Spouse

Hull City Council Health and Wellbeing Overview and Scrutiny Committee



Annex 2: Comments from our Governors

“Again as is said repeatedly by a number of governors this document is not only a difficult read but also to a lay person such as myself may provide little assurance as to quality or local impact of the services provided. That said given the prescribed content and presentation requirements set for the report it can be seen that these quality measures overall are being

maintained, improved or where not they are being addressed. Against the prescribed criterion I am happy that the Quality Account is representative, is a comprehensive coverage of services and to the best of my knowledge there are no significant omissions of concern.”

Greg Aitken

Humber NHS Foundation Trust Governor

Annex 3: Statement of Directors Responsibility for the Quality Report

Statement of Directors' Responsibility 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.

Monitor 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 data quality for the preparation of the quality report.

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

- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2013/14*;
- 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 2013 to May 2014
 - papers relating to Quality reported to the Board over the period April 2013 to May 2014
 - feedback from commissioners dated April 2014
 - feedback from governors dated April 2014
 - feedback from local Healthwatch organisations dated May 2014
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2013 to March 2014
 - [atesf] national patient survey 2013
 - [atesf] national staff survey 2013
 - the head of internal audit's annual opinion over the trust's control environment dated May 2014
 - CQC quality and risk profiles dated April 2013 to March 2014.
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information 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 in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the quality report has been prepared in accordance with Monitor's annual reporting 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

29 May 2014..........Chairman

29 May 2014..........Chief Executive

Annex 4: Independent auditor's report to the Council of Governors of Humber NHS Foundation Trust on the Quality Report

2013/14 limited assurance report on the content of the quality report and mandated performance indicators

Independent auditor's report to the Council of Governors of Humber NHS Foundation Trust on the quality report

We have been engaged by the Council of Governors of Humber NHS Foundation Trust to perform an independent assurance engagement in respect of Humber NHS Foundation Trust's quality report for the year ended 31 March 2014 (the "quality report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Humber NHS Foundation Trust as a body, to assist the Council of Governors in reporting Humber NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Humber NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Care Programme Approach, 7 day follow up (CPA); and
- Access to Crisis Resolution Teams.

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

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in the guidance; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the quality report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with either refer back to the specified documents in the guidance, or list those documents below:

- board minutes for the period April 2013 to 29 May 2014;
- papers relating to quality reported to the board over the period April 2013 to 29 May 2014;
- feedback from the Commissioners dated April 2014
- feedback from local Healthwatch organisations May 2014;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2013 to March 2014;
- the latest national patient survey;
- the latest national staff survey;
- Care Quality Commission quality and risk profiles dated April 2013 to March 2014; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated May 2014.

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

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

Assurance work performed

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

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report.
- Reading the documents.

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

Limitations

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

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified above; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.



Deloitte LLP
Chartered Accountants
Leeds
29 May 2014

Glossary

Butterfly Scheme

This is an opt-in scheme offering appropriate care for people with dementia whilst they are in hospital. It is based on easy-to-learn, quickly-delivered skills-based education for all staff who come into contact with patients. Its aim is to improve the safety and well-being of people with dementia during time spent in hospital, reducing their stress levels.

CPA Care Programme Approach

Is the system or framework by which care is arranged and managed. It remains at the centre of current Mental Health policy, supporting individuals who experience severe and enduring Mental Health problems to ensure that their needs and choices remain central in what, are often, complex systems of care.

Clinical Pathway

One of the main tools used to manage the quality in healthcare concerning the standardisation of care processes. It has been proven that their use reduces the changes in clinical practice and improves patient outcomes.

CQC Care Quality Commission

The independent regulator of health and social care in England, aiming to make sure better care is provided for everyone in hospitals, care homes and peoples own homes. www.cqc.org.uk

CRHT Crisis Resolution Home Treatment Teams

Provide intensive support for people in mental health crises in their own home and stay involved until the problem is resolved. Designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers.

HTAS Home Treatment Accreditation Scheme

Aims to work with teams to assure and improve the quality of crisis resolution and home treatment services for people with acute mental illness and their carers. It engages staff in a comprehensive process of review, through which good practice and high quality care are recognised, and teams are supported to identify and address areas for improvement.

KPI Key Performance Indicator

A set of quantifiable measures which the Trust adopts, to gauge or compare performance in terms of meeting its strategic and operational goals. KPIs vary, depending on the priorities or performance criteria.

MDT Multi-Disciplinary Team

Multi disciplinary teams are groups of professionals from different areas who come together to provide comprehensive assessment and consultation.

Monitor

Independent regulator of NHS Foundation Trusts www.monitor-nhsft.gov.uk

MUST Malnutrition Universal Tool

MUST[®] is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan.

NCT Neighbourhood Care Team

A Neighbourhood Care Team is a partnership between Health and Social services. It provides an integrated service which delivers services closer to home for people aged 18 and older who are registered with a GP.

NICE The National Institute of Health and Clinical Excellence

Provides guidance and support to healthcare professionals and others to ensure that the care provided is of the best possible quality and offers the best value for money. They also provide independent, authoritative and evidence based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

NIHR National Institute of Health Research

Commissions and funds research.
www.nihr.ac.uk

PADR Performance Appraisal Development Review

The aim of this is to confirm what is required of an individual within their role, feedback on how they are progressing, to identify any learning and development needs and to agree a personal development plan.

PbR Payment by Results

The aim of Payment by results is to provide a transparent, rules-based system for paying trusts. It will reward efficiency, support patient

choice and diversity and encourage activity for sustainable waiting time reductions.

POMH-UK Prescribing Observatory for Mental Health-UK

A national quality improvement programme for specialist Mental Health services.

Recovery Star

The Mental Health Recovery Star[™] is an assessment tool which aims to identify how mental health services can support patients in their recovery.

SPA Single Point of Access

The Single Point of Access (SPA) service provides a first point of contact for people aged 18 and over who have been referred to Working Age and Older Adult Mental Health Services in Hull and the East Riding.

SI Serious Incident

An out of the ordinary or unexpected event (not exclusively clinical issues) that occurs on NHS premises or in the provision of an NHS or a commissioned service, with the potential to cause serious harm.

TeleHealth

The use of technology to deliver health and/or social care at a distance and the remote monitoring of a patient's medical condition in their own homes, ie blood pressure, ECG or weight.

Waterlow Score

The Waterlow pressure ulcer risk assessment/prevention policy tool

Notes:

Notes:

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