



**Humber**

NHS Foundation Trust

# Quality Accounts

## 2016 - 2017



Caring,  
Learning and  
Growing

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## Part One: Our Commitment to Quality

### 1.1 Introduction to the Quality Accounts and Humber NHS Foundation Trust

Humber NHS Foundation Trust provides a wide range of health and social care services including acute and forensic inpatient mental health services, community mental health services, Child and Adolescent Mental Health Services (CAMHS), community services, substance misuse and learning disability services and GP services. We serve patients across Hull, the East Riding of Yorkshire and North Yorkshire (Whitby). We also provide specialist mental health services to people from across the UK.

- We employ approximately 3,000 staff who work from over 70 sites covering a large geographical area with a population of around 600,000;
- We have approximately 16,000 members who we encourage to get involved, have their say and make a difference to how local healthcare services are provided;
- We have more than 120 volunteers who are passionate about working in our services and are available to help patients, staff and visitors;
- We are a teaching trust and have close relationships with our academic partners – Hull York Medical School and the University of Hull;
- We provide secure services for people from across Yorkshire and the Humber and use innovative treatments and award-winning activities to enhance their physical and mental well-being;
- Our specialist clinicians are nationally-recognised experts involved in high-level research that directly benefits our patients;
- We are constantly improving the way our integrated teams work together to ensure people are treated in the setting that is best for them. We provide intensive home treatment and early discharge backed by excellent support to ensure our patients remain as well as possible;
- We compare well with other trusts when it comes to ensuring patients in our community mental health services feel involved in reviewing their own care. This reflects positively on the excellent care provided by our teams (Community Mental Health Survey 2016);
- As a foundation trust, we re-invest in the services we deliver and improve the environments in which our patients are treated.

**Our Vision** is to be a leading provider of integrated health services that is recognised for the care, compassion and commitment of our staff, and which is known as a great employer and valued partner.

**Our Mission** is to be a multi-specialty healthcare and teaching provider committed to caring, learning and growing (which are our Values).

We strive to ensure all of our staff embody the Trust's Values of Caring, Learning and Growing.

**Caring** – is our shared commitment to patient-centred care and determination to provide dignity and respect through our high quality services and patient safety culture;

**Learning** – is our shared commitment to engage, listen and learn from our staff and to empower them to use evidence-based teaching approaches in their work;

**Growing** – is our shared commitment to being an accountable organisation which seeks collaborations to support and grow health and social care systems.

#### *Why are we producing Quality Accounts?*

All NHS healthcare providers are required to produce annual Quality Accounts to provide information on the quality of services they deliver. Humber NHS Foundation Trust welcomes the opportunity to outline how well we have performed over the course of 2016-17 and share our quality priorities for the year ahead.

This report takes into account the views of patients, carers, staff, governors and the public as well as the organisations that commission and regulate our services. This provides a comprehensive review of the quality of care delivered throughout the year.

## 1.2 The Chief Executive's Statement

This document highlights the quality of our services during the past 12 months and aims to give you a greater understanding of our Trust, our achievements and the ways in which we will continue to identify and implement further improvements to our services.

The vision driving our work is to be a multi-specialty healthcare and teaching provider committed to caring, learning and growing.

We strive to achieve excellence and refuse to be complacent. We are an organisation that learns from our mistakes, responds to constructive feedback about quality and safety, and ensures our patients and carers are at the centre of everything we do.

In the past 12 months we have made significant improvements to the quality and effectiveness of our services during a time in which resources are increasingly scarce, demand is higher than ever and innovation and transformation are vital.

The Trust has responded quickly to make the improvements called for last year by the Care Quality Commission (CQC). The CQC has monitored our progress closely and concluded that the Trust now complies with nationally agreed standards.

As a result, there is a real sense of optimism around the Trust, with employees throughout the organisation feeling that we have embarked on an exciting new era of service transformation and improvement.

During the past 12 months we were disappointed to see our community services in the East Riding – services rated 'Good' by the CQC – transfer to another provider. However, the Trust remains sustainable and we are taking advantage of new business opportunities as they arise to ensure Humber NHS FT delivers on its vision to be a leading provider of integrated health services.

Primary care, for example, is a major growth area, with the Trust now responsible for five GP practices in Hull and the East Riding. This innovation further integrates services and we are hopeful that we will soon be in a position to welcome more surgeries to the Humber NHS FT portfolio.

The Trust's expansion in this area is very much in line with the thinking behind the Humber Coast and Vale Sustainability and Transformation Plan (STP).

This visionary blueprint foresees precisely the kind of fully integrated services that we are working hard to develop. We are fully supportive and integrated into the developments of the STP which will see a radical overhaul of NHS services in a bid to meet expected future demands.

Our reputation for research is yet another area of growth, with the Trust having exceeded its target for recruiting patients to studies by some distance. The team are leading on some really innovative work and will continue to develop our capacity in this area to ensure we continue to progress as an effective teaching trust.

I am pleased with the progress we have made as a Trust this year and look forward to working with staff and moving forward with a renewed sense of optimism as we embark on a new era of service transformation and improvement.

The summary below of our most notable achievements in the past year outlines our enthusiasm and drive for continuous service improvement in order to deliver quality integrated health services.

### Adult Mental Health Services

- Implemented a new model for access into services and for mental health crisis by establishing the Rapid Response Service across Hull and East Riding;
- Secured funding for the new 'crisis pad' through a business case which was the top priority of the multi- agency Crisis Care Concordat group;
- Changed from care cluster mental health teams in Hull to a new locality community mental health team service structure;
- Developed a rehabilitation/recovery model which released money for us to reinvest in community-based services.

### Specialist Services

- Secured the addictions contract for East Riding of Yorkshire, including criminal justice services, in partnership with The Alcohol and Drugs Service (ADS) and NACRO, a national social justice charity;
- Successfully implemented complete electronic patient information systems in forensic and addictions services (Lorenzo and SystmOne);

- Patients and staff from across the organisation collaborated on the design and painting of a street mural to coincide with service going 'smoke-free'.

### *Children's and Learning Disability Services*

- Continued focus on access to all of our services. Progress has continued across all service areas in improving waiting times;
- Retained key services and achieved income growth. Specifically, we have retained our 0-19 service, which is being re-designed. We have also secured services at Millside (Granville Court) which will go live on 1st June 2017;
- Learning Disability services have won awards throughout the year for My Health App, regional leadership awards and most recently the Health Education England talent awards for our approach to apprenticeships. The service remains central to the implementation of the local Transforming Care agenda.

### *Community and Older People's Mental Health Services*

- Mobilised community and out-of-hours services in Whitby. Implementation of Physio Direct, which gives residents access to our musculoskeletal service – or outpatient physiotherapy service – is just one example of how we have improved patient care;
- STROKESTRA – a pioneering project between our Hull Integrated Community Stroke Service (HICSS) and the Royal Philharmonic Orchestra (RPO) established that creative music-making can be used to support the rehabilitation of stroke patients. The initiative gained national media attention;
- Smoking cessation – work is under way to further reduce the number of smoking-related deaths in East Riding. The current figure matches the national average. Our holistic approach attempts to change behaviour via interventions which are patient-centred, face-to-face and responsive and which support the public health strategy.

### *Care Quality Commission Report*

The Care Quality Commission (CQC) carried out its announced scheduled inspection of the Trust from 11th- 14th April 2016.

Following the inspection, the Trust received a full report into the quality of care provided. Some of the feedback in the report was positive and reinforced the commitment and care provided by staff. However, the CQC highlighted three areas for which warning notices were issued regarding lack of effective governance arrangements in respect of the use of rapid tranquilisation (RT), lack of effective processes and procedures regarding use of seclusion, and use of blanket restrictions with regards to monitoring patient mail within forensic services.

The Trust took immediate action and provided a comprehensive response to the CQC on 14th June 2016. The formal CQC reports were received by the Trust in early August and were published on 10th August 2016 with the Trust's Quality Summit held on 7th October 2016. A comprehensive improvement plan was drawn up to respond to the warning notices, regulation breaches, 'must do' and 'should do' actions and it was presented to the Trust Board in November 2016. This included a number of actions requiring direct commissioner involvement to be completed and which have been included in the plan.

### *Improvement Plan Delivery and Monitoring Arrangements*

An established governance framework is in place to ensure effective monitoring and delivery of the Improvement Plan (see below). The identified lead for each action is required to submit evidence to demonstrate completion of actions and report how ongoing monitoring of compliance will be maintained. This is overseen by the executive lead for each action and also reviewed by the executive lead for delivery of the Plan (Chief Operating Officer) as part of the monthly update cycle. Evidence of progress/completed actions and how ongoing monitoring of compliance will be maintained is incorporated into the Plan.

The Rapid Improvement Steering Group, co-chaired by the Chief Operating Officer and the Director of Nursing Quality and Patient Experience, meets fortnightly to ensure that any areas of non-compliance identified by the team are addressed in a timely manner. Regular updates have been provided to the Executive Management Team, Operations Management Group and the Quality and Patient Safety Committee.

### *Rapid Improvement Team (RIT)*

The Rapid Improvement Team has been established since October 2016 to ensure that all required improvements are fully embedded in operational practice. The team is led by the Assistant Director of

Nursing and includes a medical lead, a pharmacy lead, an estates lead and modern matrons from across the Adult Mental Health, Forensic Services and Learning Disability Services. This focused team has spearheaded the action plan implementation.

Following the full inspection in April, the CQC made an unannounced visit to the Trust on 1st and 2nd December 2016 and visited the Humber Centre and Adult Mental Health units to assess compliance against the areas identified in the warning notice. The CQC reports from this inspection were published on 17th February 2017 and confirmed that the Trust had made the required improvements and consequently the warning notices were withdrawn. However, the report identified areas where the Trust needed to improve. The improvements required are monitored as part of the overall CQC Improvement Plan and remain a focus of the Rapid Improvement Team. The areas highlighted were:

- ensuring that physical health monitoring was carried out in line with the Trust policy following the use of rapid tranquilisation;
- ensuring that all qualified staff were up to date with immediate life support training;
- ensuring that clinicians carried out reviews for patients in seclusion within the timeframes specified in their policy and that seclusion ended at the earliest opportunity.

Further information regarding the Trust's inspection can be found later in the report.

Our strategy and commitment to patient safety, clinical effectiveness and patient and carer experience are the Trust's overarching quality priorities and are detailed below.

### *Patient Safety – strengthening our approach*

The Trust's strategy is built around the 'Sign up to Safety' campaign and aims to reduce the harm experienced by people receiving care in seven priority areas:

- Developing a Trust-wide patient safety culture;

- Increasing understanding of violence and aggression in mental health services and reducing restrictive interventions;
- Reducing incidents of severe self-harm and supporting a zero suicide culture;
- Examining safer staffing issues to ensure staff have the knowledge and skills and are organised in the right way to deliver optimum care;
- Reducing the number and severity of pressure ulcers acquired while under the Trust's care;
- Improving medicines management and knowledge;
- Reduce communication errors and linked patient harm by using electronic technology for patient records.

Further information on the work carried out as part of our "Sign Up To Safety" initiative can be found later in the report.

### *Clinical Effectiveness – Providing services based on best available evidence*

The Trust strategy is committed to the following:

- Practice based on the best evidence available;
- Using the clinical audit programme to improve services;
- Using results to inform us, our patients, the public and commissioners of our performance;
- Innovating safely and sustainably to improve our results.

### *Patient and Carer Experience – Using patient and carer feedback to improve our services*

Following consultation with staff, patients and carers, the Trust's strategy is committed to fulfilling the following pledges:

- Listening to our patients and carers and responding to their feedback;
- Providing a safe environment for patients;
- Meeting the physical and comfort needs of our patients;
- Supporting our patients' carers;
- Recognising our patients' individuality and involving them in decisions about their care;

- Communicating effectively with patients while they are in our care;
- Ensuring our patients are cared for by skilled and caring staff.

### **Research and Development**

Our local strategic research and development goal is to contribute to the evidence base for better health outcomes to increase opportunities for patients and carers and to improve the quality of care locally.

The Trust exceeded its target of 660 for recruitment to Portfolio studies in 2016-17 and for the third year running has increased the numbers of Portfolio studies taking place in the Trust and the numbers recruited into them. This is a great achievement based on the size of our population when compared with other trusts across the country which provide similar services and demonstrates our belief that the health and well-being of the people we serve and the services we provide can be significantly improved through supporting, enabling and participating in the development of the health research evidence base.

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

'Quality' is a word which appears often in these pages. I make no apology for using it once again as, on behalf of the Trust Board, I take this opportunity to reaffirm our ongoing commitment to improve our services and ensure safe, quality and compassionate care remains at the heart of everything we do.

### **Feedback from Stakeholders**

We welcome the positive feedback from our commissioners and stakeholders. In that feedback our Hull and East Riding commissioners had three specific areas reflected in my statement to you. These are:

- How the Trust works with each of the Adult and Children's Safeguarding Boards to identify and embed learning from Serious Case Reviews.

The Trust executive lead for safeguarding is the Director of Nursing, Quality and Patient

Experience who represents the Trust on both Hull and East Riding Safeguarding Adults and Children's boards. Safeguarding case reviews and safeguarding adults reviews are shared at the boards and any specific learning from the reviews and/or recommendations for the Trust inform the internal safeguarding development plan which is monitored by the Trust Safeguarding Forum.

The Trust is not required to attend the safeguarding board in North Yorkshire. The safeguarding team at Humber liaises regularly with the Designated Nurses covering North Yorkshire to ensure safeguarding processes in the Trust are aligned to North Yorkshire policies and any concerns or learning from serious case reviews is shared and informs the Trust development plan.

- The ongoing challenges the Trust faces in the recruitment and retention of Nursing and Medical staff, this is not cited.

During 2016-17 the Trust has experienced recruitment and retention challenges, particularly regarding consultant medical staff, registered nurses and some other specialist allied health professional roles. This is in line with the national recruitment picture. During 2016-17 the Trust has developed a Recruitment and Retention Strategy which supports an overarching Workforce and Organisation Development Strategy. The latter outlines a suite of enablers to ensure the Trust has the right staff, in the right numbers, with the right skills, at the right time. The Trust has an older workforce population and an increase in the number of retirements during 2016-17 has contributed to a higher turnover rate with 24% of all staff leaving the organisation doing so via retirement.

We note the engagement approach taken by the Trust in the selection of the Trust's priorities for 2017-18 and commissioners would welcome seeing examples of the Trust piloting new innovative therapies/approaches to clinical care.

During 2016-17 the Trust successfully implemented two new innovations in care, one in CAMHS and one in Adult Mental Health Services, namely the CAMHS Crisis Team and the

development of a modern and engaging website which aims to help people understand more about the services available to young people in the region struggling with their mental health. In our Adult Mental Health Services we developed a Crisis Pad in November 2016 following a successful bid for over £350,000 of funding from the Department of Health. This service is based in Hull and designed to help people in emotional distress.

Both of these innovations are also described in detail on page 43 of this report and we look forward to building on this success by working positively and proactively with our commissioners and partners during 2017-18.

I confirm that to the best of my knowledge the information contained in this report is accurate.



**Michele Moran**

Chief Executive, Humber NHS Foundation Trust

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### 1.3 Our Strategic Goals

The Trust identified the following six strategic goals for 2016-17:

#### 1. Innovating to provide high quality services and a patient safety culture

- Deliver high quality, responsive care by strengthening our approach to patient safety;
- Demonstrate a culture that listens, responds and learns;
- Achieve clinical and service excellence;
- Capitalise on our research and development programmes;
- Exceed the requirements of the Care Quality Commission and other regulators.

#### 2. Enhancing prevention, well-being and recovery

- Develop an ambitious prevention and recovery strategy;
- Empower people to manage their health and social care;

- Deliver responsive care that improves health and reduces health inequalities.

#### 3. Fostering integration, partnerships and alliances

- Help lead the Humber, Coast and Vale Sustainability and Transformation Plan;
- Foster innovation to develop new ways of delivering health and social care;
- Maximise our approach to research through education and teaching initiatives;
- Build trusted alliances with voluntary, statutory and non-statutory agencies and the private sector.

#### 4. Developing an effective and empowered workforce

- Nurture a healthy working culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Promote organisational change through shared leadership.

#### 5. Creating an efficient and sustainable organisation

- Have sufficient flexibility to be able to exploit business opportunities throughout the patch;
- Be a top-performing provider of integrated services;
- Exceed NHS Improvement's requirements for financial sustainability;
- Build state-of-the-art care facilities.

#### 6. Promoting people and communities' social values

- Apply the principles of the Social Value Act (2013);
- Ensure the social impact of our human resources priorities and care pathways have measurable goals;
- Promote recruitment and apprenticeship schemes and career opportunities;
- Make every patient contact count to promote healthier communities.

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

### 2.1 Introduction

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.

Working with our commissioners, during 2016-17 Humber NHS Foundation Trust provided 89 and sub-contracted 62 relevant health services.

The most significant contracts agreed were as follows:

- NHS ERY CCG – Mental Health, Learning Disability and Community Services
- NHS Hull CCG – Mental Health and Learning Disability Services
- NHS Vale of York CCG – Mental Health, Learning Disability and Community Services
- NHS England – Medium and Low Secure Mental Health Services; Child Health Information Service and School Age Vaccination and Immunisation Services
- Hull Local Authority – Mental Health and Learning Disability Services
- ER Local Authority – Mental Health and Learning Disability Services and Substance Misuse Services
- City Health Care Partnership CIC – Mental Health Services, Community Services and Corporate Services
- NHS Hambleton, Richmond and Whitby CCG – Whitby Community Services

The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2016-17 represents 97.48% of the total income generated from the provision of relevant health services by the Humber NHS Foundation Trust for 2016-17.

### 2.2 Update on our 2016-17 Priorities

For the 2015-16 Quality Accounts, a set of new priorities were chosen for the Trust to take forward in 2016- 17. The priorities were chosen through a consultation process with Trust stakeholders and patient representatives.

The progress against the priorities at the end of Quarter 4 is set out in the tables below.

#### *Develop a dementia training pathway for staff*

The Trust has signed up to the Dementia Action Alliance's (DAA) Dementia Friendly Hospital Charter. We have developed action plans to ensure that our community hospitals developed innovative and creative approaches. A training pathway for staff was created and this forms part of a dementia training Commissioning for Quality and Innovation (CQUIN) in collaboration with Maister Lodge, our local acute mental health inpatient unit for dementia.

Training has been delivered to staff with over 100 people attending the course and undertaking e-learning. Feedback shows that staff feel that their knowledge is improved by attending the course and an audit of effectiveness will assess and monitor this going forward.

#### *Expand our 'quality visits' programme to include external stakeholders and experienced patients and carers*

We agreed to work with patients and carers and other key stakeholders to develop open and transparent approaches to support our clinical teams to maximise the quality and safety of our services through this programme of quality visits. The aim of these visits is to focus on celebrating good practice while identifying areas for improvement from a range of internal and external perspectives.

During 2016-17 a number of visits took place across our inpatient units. These visits included representatives from the Trust's Council of Governors, non-executive directors and our commissioners. These visits, facilitated by the Nursing and Quality Directorate, have highlighted good practice and areas for improvement and are shared with teams, which then develop and deliver action plans to inform transformation programmes.

Led by a group of patients and carers during the

year, work commenced to develop a training programme to prepare patients and carers to participate in visits during 2017-18.

### ***Develop Trust Intranet, Internet and Social Media***

We agreed to develop the Trust’s intranet, internet and use of social media to engage with our patients, carers and the public.

A Communications Strategy has been developed and approved. The Trust has expanded its use of social media by establishing and actively using Twitter accounts for senior managers. Social media is also now used in Trust Board meetings and other strategic meetings to promote openness and transparency.

The Trust’s website has been updated, in particular the news area has been developed and regular content is posted to keep visitors abreast of developments and achievements within the Trust. We have also developed a stand-alone website for our Child and Adolescent Mental Health Service (CAMHS) that is designed with this user group in mind, using language that will appeal to them. This website also has areas for family members and professionals with information and referral routes.

The Trust’s intranet has seen some changes to structure in order to mirror the structure of the organisation and to make documents more easily accessible. Staff across the Trust are working to ensure content is current and regularly updated.

Further development of both the website and intranet will be a key priority for the Trust during 2017-18.

### ***Embed an open culture across the Trust***

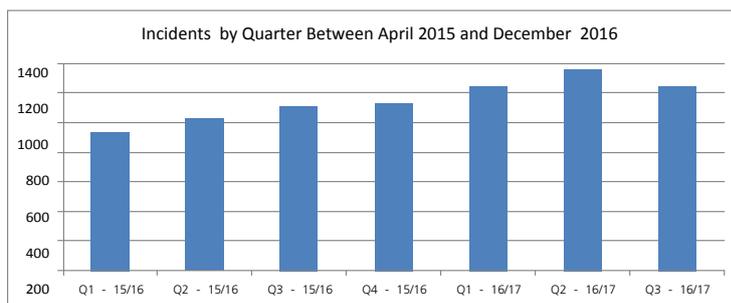
The Trust has put in place a Patient Safety Strategy and adopted the national Freedom to Speak Up policy to promote an open culture across the Trust to ensure staff feel safe to report incidents and raise concerns.

The Trust has a nationally registered Freedom to Speak Up Guardian whose role is to provide staff with access to independent support to raise concerns. As part of this work, staff roadshows have been delivered across the Trust to raise awareness of the Guardian’s role.

Patient safety ambassadors have been appointed within teams. Their role is to promote patient safety and actively work in their teams to help others identify incidents and share learning, thus reducing preventable patient incidents.

The Trust is seeing positive outcomes from the work carried out, with more staff feeling able to raise concerns through internal incident reporting processes, as demonstrated below.

**Table A – Incidents Reported By Quarter (Q1-Q3)**



### ***Standardise the Trust Approach to reviews of Unexpected Deaths***

The Trust is committed to developing and implementing a standardised approach for reviewing unexpected deaths that do not meet the threshold for investigation in line with national serious incident requirements.

The Trust has worked throughout 2016-17 with national leaders and partners to inform the national approach to reviewing unexpected deaths for patients in receipt of mental health and learning disability services.

A Mortality Governance Group has been established chaired by the Medical Director. The mortality review pathway has been approved with defined criteria in place to ensure appropriate investigations are undertaken which recognise good practice and learn where practice could be improved.

To date, 36 staff have been trained to undertake a structured case note review, which is the recognised methodology for reviewing the care delivered. More training is planned for 2017-18 to ensure the Trust is able to undertake reviews of all unexpected deaths that meet the criteria for review in a timely manner. It is extremely positive that the reviews have found good - and in some cases excellent - care in the majority of learning disability and mental health services throughout the patient journey. Feedback

on the excellent care has been fed back to both the individual staff and the wider teams as identified.

The Trust is also participating in the Learning Disabilities Mortality Review (LeDeR) pilot. Commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, a key part of the LeDeR Programme is to support local areas to review the deaths of people with learning disabilities utilising a structured case note review process. The LeDeR Programme will also collate and share the anonymised information about the deaths of people with learning disabilities so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements.

## 2.3 Priorities for 2017-18

How did we select new priorities?

In preparation for this report and in order to engage with our stakeholders to identify priorities for the year ahead, a number of consultations took place at various locations for our key stakeholders, governors, staff and patient group representatives.

In attendance at the consultations were external representatives from:

- NHS East Riding of Yorkshire Clinical Commissioning Group
- NHS Hull Clinical Commissioning Group
- East Riding of Yorkshire Council Health and Well-being Overview and Scrutiny Committee
- Kingston upon Hull Healthwatch
- Hull Carers Information and Support Service
- East Riding Carers Support Service
- Age UK
- Hull and East Yorkshire MIND

The following organisations were also invited:

- Rethink
- Hull City Council Health and Well-being Overview and Scrutiny Committee
- Alzheimer's Society

During the consultation event, presentations of key

areas for development were delivered. Following group discussion, those present were asked to present their top focus areas to the other attendees. During the discussions we were given feedback that some of the priorities should be amended to better reflect the needs of our patients and staff. These changes were made and the final priorities were then agreed by our Board and Council of Governors members.

### 2017-18 Priorities

**We will work with partners to reduce the stigma of mental illness by delivering a recovery focussed approach to achieve social inclusion.**

Recovery is about building a meaningful and satisfying life, as defined by the individual, and rediscovering a sense of personal identity separate to their illness.

Recovery is about small steps and positive outcomes to enrich life and build confidence.

Hope is central to recovery which can be enhanced by each person having the opportunity to take control over their lives. Working with partners we will develop further our recovery approach to provide our patients with a quality of life where:

- People are encouraged and supported to self-manage their illness.
- Recovery is best achieved through social inclusion rather than isolation
- Recovery is supported by:
  - good relationships
  - personal growth
  - environment
  - being believed in
  - being listened to
  - understanding past experiences

### We will achieve this by:

- Ensuring patients, carers and families play a key role in the planning and delivery of our services.
- Empowering people to work with us so they can manage their own health and social care needs.
- Delivering responsive care that improves health and reduces health inequalities.

- Developing an ambitious prevention and recovery strategy.

**We know we will have achieved this when there will be:**

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

*We will implement the Trust Organisational Development Plan to support staff with their development, health and wellbeing.*

A high performing organisation recognises the need to invest in its workforce as vital to its success. The 2017 - 2022 Workforce and Organisational Development (OD) Strategy is a key document that draws together all that the Trust does to attract, retain, support and reward its staff to meet our strategic priorities. We recognise that many of our staff "go that extra mile" every day to deliver high quality services, and we are committed to making Humber a great place to work where staff feel empowered to make a difference to the outcomes for their patients.

**Measures**

- Active engagement and support of the Trust Board, clinical and managerial leadership and the Workforce Strategy Group.
- Effective workforce systems and processes that utilise the latest technology to support, monitor and provide assurance.
- Capacity and capability of workforce and organisational development professionals and organisational OD experts.
- A Communications and Engagement Strategy to ensure all staff are able to be informed and contribute to service delivery and transformation.
- Legally compliant robust policies and procedures.
- Productive partnerships with Trade Union colleagues and staff, Health Education England, education providers, NHS Employers and wider national health and care networks.

**We will:**

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

**How we will know we have achieved it? We will demonstrate:**

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

*We will work with our staff, patients, carers and the public to co-design improvements to the Trust's inpatient facilities.*

We will endeavour to address the challenges through our strategic goals and supporting objectives, and also by listening to our patients, their carers and families and responding positively to their feedback. We reviewed our Patient and Carer Experience Strategy following our CQC inspection last year. It now includes new commitments to make sure we put people at the centre of the way we design and deliver services.

These commitments will help us remain focussed on the things that matter most to the people we serve and assist us to show we can use their feedback to deliver measurable improvements.

**Measures**

**We will:**

- Give patients and carers a key role in the recruitment of our staff and the reviews of our services.
- Capture carers' stories so we can learn from their experiences and provide them with the best possible support.
- Develop patient and carer experience targets for all of our care groups so they become part of our day-to-day work and influence our relentless drive to improve the quality of our services.

## 2.4 Statements of Assurance from the Board: How We Review Our Services

### Participation in Clinical Audit

The clinical audit programme has been subject to review during 2016-17 with a refreshed clinical audit plan showing status and assurance for all audits per quarter. The Trust clinical audit policy has also been reviewed.

During 2016-17, seven 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% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

*The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust was eligible to participate in during 2016-17 are as follows:*

- National Pulmonary Rehabilitation Audit National Diabetes Foot Care Audit National Audit of Dementia.
- The Sentinel Stroke National Audit Programme (SSNAP) National Falls and Fragility Fractures Audit.
- Prescribing Observatory for Mental Health (UK) (POMH-UK) – 11c Prescribing Anti-Psychotics for Dementia Prescribing Observatory for Mental Health (UK) (POMH-UK) – 16a Rapid Tranquilisation.
- Prescribing Observatory for Mental Health (UK) (POMH-UK) – 7e Monitoring of Patients Prescribed Lithium National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.

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- Prescribing Observatory for Mental Health (UK) (POMH-UK) – 7e Monitoring of Patients Prescribed Lithium National Confidential Inquiry 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 2016-17, 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.

**Table B – Clinical Audits Humber NHS Foundation Trust Eligible to Participate in 2016-17**

<i>Clinical Audits – Eligible to participate</i>	<i>Included</i>	<i>Sponsoring Body</i>	<i>Cases Submitted</i>	<i>Data Complete</i>
National Falls and Fragility Fractures Audit	No	Royal College of Physicians	0	No
National Pulmonary Rehabilitation Audit	Yes	Royal College of Physicians	30	Yes
National Diabetes Foot Care Audit	Yes	Healthcare Quality Improvement Partnership	282	Yes
The Sentinel Stroke National Audit Programme (SSNAP)	Yes	Royal College of Physicians	357	Yes
National Audit of Dementia	Yes	Royal College of Psychiatrists	9	Yes
POMH-UK Topic 11c Prescribing Anti- Psychotics for Dementia	Yes	National Audit sponsored by POMH-UK	63	Yes
POMH-UK Topic 16a Rapid Tranquilisation	Yes	National Audit sponsored by POMH-UK	5	Yes
POMH-UK Topic 7e Monitoring of Patients Prescribed Lithium	Yes	National Audit sponsored by POMH-UK	8	Yes
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	Centre for Suicide Prevention	14	Yes

The reports of four national clinical audits were reviewed by the provider in 2016-17 and Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

**Table C – Actions from National Clinical Audits**

<i>Audit Ref</i>	<i>Audit Title</i>	<i>Actions</i>
MHOP204	National Audit of Dementia	The service that was audited has now transferred to City Health Care Partnership so it is now responsible for action plan development.
POMH-UK Topic 11c	Prescribing Anti-Psychotics for Dementia	Action plan in development. Report received.
POMH-UK Topic 16a	Rapid Tranquilisation	Action plan to be developed when report is received.
POMH-UK Topic 7e	Monitoring of Patients Prescribed Lithium	Action plan in development. Report received.

The reports of 29 local clinical audits were reviewed by the provider in 2016-17 and Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

**Table D – Actions from Local Clinical Audits**

<i>Audit Ref</i>	<i>Audit Title</i>	<i>Actions</i>
MHOP203	Audit of QTc interval management in Old Age Psychiatry inpatient unit (The QT interval is a measure of the time between the start of the Q wave and the end of the T wave in the heart's electrical cycle.)	<ul style="list-style-type: none"> <li>• To enhance awareness amongst medical and nursing staff on the need for an ECG in all patients admitted on the ward.</li> <li>• To educate all professionals about recognising QTc abnormalities and dealing with abnormal QTc as outlined in "The Maudsley Prescribing Guideline in Psychiatry".</li> <li>• To share our findings with other psychiatric colleagues from community and inpatient units encouraging them to audit their practice on QTc monitoring.</li> <li>• Ward to consider obtaining own interpretative ECG machine.</li> </ul>
MHFS109	Audit of effective implementation of care plans to reduce the frequency of restraint and seclusion	<ul style="list-style-type: none"> <li>• Standing agenda item at Seclusion and Restraint Reduction Group.</li> <li>• Develop consistent approach to seclusion and restraint reduction management plans across forensic units.</li> <li>• Invite IT rep to attend Seclusion and Restraint reduction Group to discuss means and scope of data recording.</li> </ul>
MHAD297	Audit of venous thromboembolism (VTE) assessment	<ul style="list-style-type: none"> <li>• Disseminate results and share findings with all inpatient units across the Trust.</li> <li>• Continue the ongoing prescriber induction training programme and ensure this includes community services prescribers.</li> <li>• Continue the ongoing pharmacy visits to inpatient units across the Trust.</li> <li>• Continue the ongoing review of Venous Thromboembolism policy.</li> </ul>
MHFS110	Effective documentation of smoking status and support for smoking cessation in forensic inpatients	<ul style="list-style-type: none"> <li>• To review the Admission Clerking sheet and add a separate section on smoking status recording.</li> <li>• To incorporate advice on smoking cessation in CQUIN formulation letter.</li> <li>• To hand out smoking cessation leaflets to family members who visit patients in visiting hours or during CPA meetings.</li> </ul>

MHMS163	Audit of Care Records	<ul style="list-style-type: none"> <li>• All teams to undertake a sample of a minimum of five records on a monthly basis.</li> <li>• Auditors to feed back any learning points with individuals as soon as possible and/or documented in the managerial supervision record.</li> <li>• Team leaders and charge nurses to feed back the results within the team and the clinical network to enable wider team learning.</li> <li>• Quality team to provide monthly results to Care Group Triumvirate.</li> <li>• Care Groups and Quality team to provide quarterly reports to Quality and Patient Safety Committee.</li> <li>• To review the tool with a range of senior clinicians and professional leads to review the content of the records.</li> </ul>
MH2	Audit for measuring baseline physical parameters in PSYPHER outpatients psychosis clinic	<ul style="list-style-type: none"> <li>• Health Improvement Plan Adjunct to be created in 2017.</li> <li>• Patients to be monitored yearly via health improvement clinic.</li> <li>• Weight monitoring to be discussed at the PSYPHER (Psychosis Service for Young People Hull and East Riding) team development meeting.</li> <li>• Discussion with IT re facilitating easier sharing of blood test results between trusts.</li> </ul>
MH8	Audit of the appropriate monitoring of prolactin levels and symptoms of hyperprolactinaemia in patients on antipsychotics	<ul style="list-style-type: none"> <li>• To formulate a checklist of baseline investigations and physical health parameters for all admissions and transfers.</li> <li>• To include a checklist in front of the investigations with the date, signature and initials of the staff undertaking them.</li> <li>• Local teaching of nursing staff and doctors about the audit and action plan.</li> </ul>
SI 2015-23470	Audit of team record-keeping audits within clinical network to identify individual and team level of adherence to standards	<ul style="list-style-type: none"> <li>• This has now become part of the monthly documentation audit using the new audit tool that Community Services is piloting.</li> </ul>
SI 2015-31588	Audit of recording patients formal discharge planning meeting on appropriate Care Programme Approach (CPA) review form	<ul style="list-style-type: none"> <li>• Care reviews are being held daily within the unit instead of weekly MDT. All patients have a formal discharge planning meeting and this is documented on the appropriate CPA review form.</li> </ul>

SI 2015-24247	Audit of records to ensure rationale for decision is evident within the records	<ul style="list-style-type: none"> <li>• Risk management plan to be shared with appropriate others. Crisis planning and personalised signs of relapse and advice for the patient and relevant other on actions to be taken out of hours.</li> </ul>
SI 2015-1655	Audit of adherence to CPA Policy	<ul style="list-style-type: none"> <li>• Audits on CPA standards to be reviewed across all teams every six months.</li> </ul>
SI 2015-4983	Audit of referrals from mental health services	<ul style="list-style-type: none"> <li>• Mental health worker to attend with the patient at the Open Access Clinic.</li> <li>• To review within Mental Health Services to decide whether: <ul style="list-style-type: none"> <li>• the Practice Development Model should continue and, if so, how should it expand.</li> <li>• there should be identified RMNs with Mental Health Teams who have Dual Diagnosis specific roles.</li> </ul> </li> </ul>
SI 2016-7725	Re-audit of patients who have risk indicators of self-harm and/or suicide who are reviewed within the daily review meeting	<ul style="list-style-type: none"> <li>• All patients now subject to a daily review.</li> <li>• Training for staff undertaken in September 2016 regarding areas of concern, including the role of crisis management.</li> <li>• Clinical review template introduced in October 2016 to newly integrated team for completion for all patients deemed in crisis and at most risk.</li> </ul>
SI 2015-28555	Audit of care plans to ensure appropriate drug and alcohol screening has taken place	<ul style="list-style-type: none"> <li>• If a patient is a substance user it is standard practice that they are regularly screened. We identify this in supervision with designated practitioners. Training for staff has commenced.</li> </ul>
SI 2014-24579	Recording of prescribed and non-prescribed medication in assessment documentation in crisis team	<ul style="list-style-type: none"> <li>• To consider including this as part of the care records audit.</li> </ul>
SI 2014-24579	Audit of Borderline Personality Disorder	<ul style="list-style-type: none"> <li>• Benchmark of practice against NICE guidelines, informed learning into the development of the personality disorder pathway which will commence in Quarter Two.</li> </ul>
SI 2015-28327	Complete an audit of assessment information for HFT to ensure Brief Drug Screening and AUDIT are completed on all patients	<ul style="list-style-type: none"> <li>• This has now become part of the monthly case note audits to ensure compliance.</li> </ul>
CQC Seclusion	Seclusion audit	<ul style="list-style-type: none"> <li>• Practice is reviewed by the matron following every seclusion and this is shared with the care groups on a weekly basis.</li> </ul>
CQC RT	Rapid Tranquilisation (RT)	<ul style="list-style-type: none"> <li>• Practice is reviewed by the matron following every use of RT and this is shared with the care groups on a weekly basis.</li> </ul>

SI 2015-29528	Audit of immediate discharge letters to be completed within 24-hour period of discharge	<ul style="list-style-type: none"> <li>• Not to be completed by nurses.</li> <li>• Ensure the template is used and that it contains all the required information.</li> </ul>
SI 2015-23632/38367	Audit of transfer summary document in place between units when a patient transfers.	<ul style="list-style-type: none"> <li>• Results showed limited assurance – further audits needed to provide assurance.</li> </ul>
SI 2015-23632	CPA audit	<ul style="list-style-type: none"> <li>• Re-audit to be completed by each team service within the Trust six months from formulation of individual action plans.</li> </ul>
SI 2015-17021	Record-keeping audit	<ul style="list-style-type: none"> <li>• CPA audits to be an integral part of the audit plan, to take place at six-monthly intervals.</li> </ul>
SI 2015-17021	Audit of S17 Leave forms	<ul style="list-style-type: none"> <li>• Section 17 and 18 to be part of audit plan, to take place at six- monthly intervals.</li> </ul>
SI-2015- 29198	Audit of HCR-20 completed prior to leave and with leave and AWOL scenario	<ul style="list-style-type: none"> <li>• The training sessions offered have included the recommendation that HCR 20s should include leave planning and AWOL.</li> </ul>
Policy MRSA	Monthly MRSA prevalence audit	<ul style="list-style-type: none"> <li>• We reviewed the MRSA screening guidance to ensure it adhered to DOH recommendations.</li> </ul>
Policy Outbreak of Communicable Infection	Audit of Standard Precautions policy	<ul style="list-style-type: none"> <li>• Action plan completed and reviewed every three months within matrons' walk around. Improvement with bare below the elbow.</li> </ul>
Policy Standard Precautions	Audit of annual Infection Prevention and Control Environmental audit	<ul style="list-style-type: none"> <li>• All inpatient areas are now reporting in line with policy. Reporting is improving within community settings in line with the improvement plan.</li> </ul>
SI 2016- 7725	Re-audit of patients who have risk indicators of self-harm and/or suicide who are reviewed within the daily review meeting	<ul style="list-style-type: none"> <li>• Senior clinicians within the team are working to produce a single SOP due in early March 2017.</li> <li>• There is a new process for managing training and the team are prioritising Mental Capacity Act, Mental Health Act and Safeguarding.</li> </ul>

The clinical audit cycle has developed substantially over the last year with a two-year plan across the care groups being implemented from 2016-17. The increased adoption of clinical audit and service evaluations across the organisation has been embraced by all staff. The clinical audit plans in 2016-17 were generally tailored to specific services/ teams or core conditions and application of the Mental Health Act within care groups which were seen as a priority. The recommendations and action plans developed as a consequence are specific to these, but include significantly:

- Care groups have focussed on the application and benchmarking of NICE guidance which has identified the need to develop care pathways (e.g. Depression and Borderline Personality Disorder), which have been identified as a future requirement nationally through the recent publication of the National Confidential Inquiry 20-year review;
- Improvement in the quality of record-keeping is required to evidence compliance with requirements for the code of practice;
- Increase in focused audits across inpatient services has improved compliance with the code of practice and reduced restrictive interventions;
- Improvement in rationale for decision-making evident within the notes has improved the care and treatments provided to people who use services;
- Improvement in discharge planning in older peoples' services;
- Improving compliance with CPA standards; with the importance of discussing and agreeing risks with the patient and or their family/carer;
- Effective person-centred planning has reduced the frequency of restraint and seclusion.

Review of the incidence of pressure ulcers through quarterly audits has identified the risks of developing a pressure ulcer if the risk assessment is not completed at the first planned assessment. All areas for learning from the audits have informed the Quality Improvement Plans developed within the care groups.

## *Participation in Clinical Research*

The number of patients receiving relevant health services provided or sub-contracted by Humber NHS Foundation Trust in 2016-17 that were recruited during that period to participate in research approved by a research ethics committee was 956.

805 patients were recruited to the National Institute for Health Research (NIHR) Portfolio studies and 151 were recruited to local studies. In total, there were 39 Portfolio studies and 16 (non-Portfolio) local studies

running in the Trust in 2016-17. The Trust exceeded its target of 660 for recruitment to Portfolio studies in 2016-17 and for the third year running has increased the numbers of Portfolio studies taking place in the Trust and the numbers recruited into them. It was also the first NHS site to open, the first to recruit and the first to reach its recruitment target on a number of national Portfolio studies. Patients accessing Trust services are offered a breadth of research opportunities spanning numerous health conditions and many types of study design; approximately a third of Portfolio studies involved the evaluation of novel treatment interventions.

Based on the size of the population the Trust covers it 'punches above its weight' for numbers of people enrolled in Portfolio studies when compared with other trusts across the country which provide similar services. National league tables published October 2016 by the NHS National Institute for Health Research (<http://www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables/league-table-data.htm>, accessed 20th March 2017) for activity in 2015-16 show the Trust was 18th out of the 52 mental health trusts included, so in the top 35%, even though one of the smallest in terms of population.

**“You have got such a good model for research in Humber, a real trailblazer in terms of your work.”**

– Trial Manager, University of Sheffield.

**“I’m aware it’s rare for a dementia study to recruit to target, never mind smash its target, and this is mainly due to the hard work that you put in! Thank you!”**

– Chief Investigator, University of Bradford.

**“Humber NHS Foundation Trust has achieved a number of recruitment landmarks.”**

– Yorkshire and Humber Clinical Research Network Update Newsletter February 2017.

**“I think we are hugely fortunate within Humber to have such an excellent research team. The researchers are highly skilled, motivated and thoughtful individuals. They are all warm and friendly and our participants look forward to their visits. The Assistant Director is a wonderful head of research. Her passion for research is catching and her knowledge of the research process is phenomenal.”**

– Chief Investigator, University of Hull.

In 2016-17 core funding for key research posts was identified, including the Assistant Director of Research and Development (R&D) appointed in August 2016. This demonstrated the Trust’s continued commitment to grow research, provide increased opportunities for patients to take part in good quality research studies and contribute to the national evidence base for future healthcare delivery. In addition, as the Trust is a partner organisation in the Yorkshire and Humber NIHR Clinical Research Network (Y&H CRN), around

£305,000 of CRN funding was provided specifically to support research delivery in 2016-17, with a further

£15,000 for specialty leads in the Trust, one for dementia and the other for mental health, to champion research across Yorkshire and Humber. The Trust also received £20,000 Research Capability Funding from the Department of Health, plus extra support from the CRN for a Trust researcher who has taken on the role of a regional research trainer across Yorkshire and Humber three days per month, illustrating the quality of experience the Trust has within R&D.

A two-year research strategy was introduced in the Trust in 2015, with an associated work plan. Significant progress was made against the individual actions in the plan in 2016-17, ensuring all eight objectives of the current research strategy (see box below) were also progressed. A new research strategy, containing new and aspirational objectives, will be launched in May 2017 at the Trust’s Research Conference.

### *Objectives of Research Strategy 2015-17*

1. Provide greater opportunities for patients and their families to become involved in research and research processes
2. Maximise involvement in research in order to contribute to the economic stability of the Trust
3. Meet national NIHR governance metrics and key performance indicators
4. Operate in accordance with national research governance procedures
5. Support and develop high quality research that is initiated by Trust staff
6. Develop research capacity and experience in the Trust
7. Maintain existing partnerships with universities, other research organisations and facilitate new partnerships
8. Strengthen the research culture in the Trust, improving organisational engagement with research at all levels

Internal R&D procedures were adapted during 2016-17 to conform to the new national Health Research Authority (HRA) assessment process for research; now the only route for approval of research in the NHS in England, including NHS Ethics. As part of this new process the R&D department 'assess, arrange and confirm local capacity and capability' to deliver each new study. A new local performance management system (EDGE), currently provided free of charge to the Trust by the CRN, was implemented to monitor and report all Trust study recruitment. It is planned that this will eventually communicate automatically with the national Central Portfolio Management System (CPMS) for reporting research performance information.

It is always important for research to have patient and public involvement and throughout 2016-17 there were many examples of how the Trust achieved this:

- 1) Worked with a local and national 'Join Dementia Research' (JDR) Champion; a person living with dementia, to actively promote JDR as a way for more patients and their supporters to get involved in research;
- 2) Research team organised and attended various Trust and local community events to explain, encourage and provide opportunities for involvement in research;
- 3) Facilitated involvement of the local Patient Research Ambassador in events and media publicity, for example radio interviews, as well as sitting on the R&D Committee; part of the NIHR initiative aiming to help other patients to have better choices about participating in research and to help the Trust promote research locally;
- 4) Involved patients as 'peer researchers' in helping interpret information gathered as part of a research study;
- 5) Involved carers in developing the study design for an external research grant application, and;
- 6) Linked with various local support groups for promoting and recruiting to studies.

Each quarter the Trust has published its performance in initiating and delivering (PID) research, a Department of Health national benchmark. The performance data in relation to eligible studies (NIHR Portfolio intervention trials) were posted on the R&D pages of the Trust's website as well as submitted centrally. For quarters one, two and three the NIHR confirmed that the benchmark was met, once any valid exceptions were allowed for (N.B. quarter four had not been published at the time of writing).

**"Humber is the proverbial Chelsea, stealing away with the top of the table lead...still the star of the show when it comes to progress and recruitment."**

– Research Associate, Institute of Mental Health, University of Nottingham

In 2016-17, the R&D department developed new principal investigators and opened studies in services that have not previously been involved in research. Much work has been put into establishing stronger relationships with higher educational institutions, locally and nationally, and with other key stakeholders to ensure as many research opportunities as possible for those accessing Trust services. The Trust has collaborated with a number of universities resulting in new research studies opening in the Trust, including University College London, Kings College London, the Universities of Bradford, Leeds, Manchester and York, as well as other Trusts locally and nationally.

New innovative health interventions were evaluated as part of research studies taking place in the Trust in 2016-17, including the award-winning My Health Guide, a touchscreen application to enable people with learning disabilities to play an active role in their healthcare, and also a self-management intervention for people with dementia and their supporter. A number of research papers, including authors from within the Trust, have also been published in 2016-17 and add to the evidence base for healthcare in the future.

Throughout 2016-17 there has been a concerted effort to raise the profile of research within the Trust and the community it serves, increasingly also using social media. Research performance is now reported to the Board on a monthly basis and a more detailed report on a quarterly basis, ensuring research is kept

high on the agenda. A quarterly research newsletter is produced and available on the Trust's website. The R&D Committee has continued to meet quarterly and is chaired by the Medical Director. Research is on the agenda at all care group clinical network meetings and the Assistant Director R&D represents the Trust at various stakeholder meetings. The Trust has actively promoted the NIHR's 'OK To Ask' about research campaign.

### *Commissioning for Quality and Innovation (CQUINs)*

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

A proportion of Humber NHS Foundation Trust's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between Humber NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 are available electronically at: <http://www.humber.nhs.uk/about-our-trust/cquin-scheme-201617.htm>

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

Commissioner	2015-16 CQUIN Available	<b>2016-17 CQUIN Available</b>	2015-16 CQUIN Achieved	<b>2016-17 CQUIN Achieved</b>	2015-16 Shortfall	<b>2016-17 Shortfall</b>	2015-16 CQUIN Achieved	<b>2016-17 CQUIN Achieved</b>
East Riding of Yorkshire CCG	£794	<b>£1,323</b>	£763	<b>£1,140</b>	£31	<b>£183</b>	96.10%	<b>86%</b>
Hull CCG	£1,272	<b>£739</b>	£1,222	<b>£637</b>	£50	<b>£102</b>	96.10%	<b>86%</b>
Vale of York CCG	£38	<b>£25</b>	£38	<b>£22</b>	£0	<b>£3</b>	100%	<b>86%</b>
Hambleton, Richmond and Whitby	n/a	<b>£156</b>	n/a	<b>£147</b>	n/a	<b>£9</b>	n/a	<b>94%</b>
NHS England	£313	<b>£299</b>	£307	<b>£299</b>	£6	-	91.80%	<b>100%</b>
<b>Total</b>	<b>£2417</b>	<b>£2,542</b>		<b>£2,245</b>	<b>£87</b>	<b>£297</b>	<b>96.40%</b>	<b>88%</b>

During 2017/18, Humber NHS Foundation Trust will be working towards CQUINs which have been agreed with its commissioners. Over the last four years, the Trust has agreed on 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.

<b>Indicator Name</b>	<b>Indicator Description</b>
Health and Wellbeing – Staff Initiative	Initiatives for Staff health and wellbeing including providing stress management and sleep hygiene training, encouraging outdoor activities and team events.
Health and Wellbeing – Healthy Food	Reduction in salt, sugar, fat and sugar sweetened beverages in all food contracts in our 15 inpatient units.
Health and Wellbeing - Flu Vaccine	Flu Vaccine target of 75% for staff in our community hospitals and neighbourhood care teams.
PSMI – Royal College of Psychiatry National Audit – Physical Health	Physical health-checks for all mental health team patients with diagnosis of psychosis.
PSMI – Sharing Information with GPs - Local Audit	Sharing information with GPs.
Training - Dementia and End of Life Care	A comprehensive training package in Dementia (for all Community Hospital staff) and in End of Life Care (for Older People Mental Health ward staff).
CAMHS Crisis Pathway	Evaluation of the new CAMHS crisis pathway, referral numbers and patient feedback and stories.
Personality Disorder Training	Providing personality disorder training to staff in mental health teams, development of new pathway.
Early Intervention in Psychosis Services	Implementation plans to meet national EIP accreditation needs, support with physical health-checks to meet NICE guidelines.

### *Forensic Secure Services*

<b>Indicator Name</b>	<b>Indicator Description</b>
Recovery College	Implement a Recovery College for patients in secure settings, encouraging co- production and co-delivery of training courses.
Reducing Restrictive Practice	Audit of current practice and plans to reduce restrictive practice.
Care and Treatment Reviews	Quality of care and treatment reviews.

Indicator Name	Indicator Description
Friends and Family Test	Utilising the feedback from patients to action plan for improvement, developing feedback methods to share results with patients, including 'you said, we did' and the use of infographic dashboards.
Falls Education and New Pathway	Implementing new falls pathway, implementing falls training and delivering education sessions to patients.
IV Training and Implementation	Delivering Intravenous Fluid training to all hospital staff and implementing new IV referral pathway allowing patients to receive IV therapy in a local community hospital instead of in an acute hospital setting.

### 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 2016-17.

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

Further information regarding the Trust's inspection by the Care Quality Commission and its findings can be found in Part 1.2 – The Chief Executive's Statement.

The ratings grid issued by the CQC in August 2016 following its inspection of services in April is below.

**Table F Humber NHS Foundation Trust's CQC Ratings Grid**

Safe	Inadequate 
Effective	Requires improvement 
Caring	Good 
Responsive	Requires improvement 
Well-led	Requires improvement 

The Trust responded to the notice by June 14th 2016 with assurances that actions had been taken to address the issues raised in the report as follows:

- Immediate practice notes sent out reminding all clinicians of their responsibilities in relation to undertaking Rapid Tranquillisation and the use of seclusion.
- Procedure for risk assessing patients in relation to supervised opening of mail implemented.
- Seclusion policy updated.
- Staff training undertaken in relation to Immediate Life Support (ILS) training, seclusion and rapid tranquillisation.
- Investigation undertaken into the four cases of RT identified by the CQC where it was identified policy had not been followed.
- Infection Control Team undertaking audits of the cleanliness of seclusion suites.
- Monitoring process established and ongoing to check ongoing compliance with use of seclusion and rapid tranquillisation, training uptake and supervised opening of mail.
- A report against the actions was presented to the Trust Board in September indicating improved compliance across all areas. Monitoring continues until such a time it is agreed by the Board that change has become embedded in practice. The Board has requested a further update specifically in relation to rapid tranquillisation and seclusion for the November Board.

## Data Quality and Coding

Humber NHS Foundation Trust submitted records from April 2016 to February 2017 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data (March data was not published at the time of writing the report).

The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - 99.6% for admitted patient care
  - 100% for outpatient care; and
  - 98.8% for accident and emergency care.
- which included the patient's valid General Medical Practice Code was:
  - 100% for admitted patient care
  - 100% for outpatient care; and
  - 97.8% for accident and emergency care.

Humber NHS Foundation Trust will be taking the following actions to improve data quality; assurances and processes are in place to validate information at all levels (Ward to Board). The Trust is refreshing its Quality Data which includes the role of the Data Quality Group to oversee the scrutiny of data capture, quality and usage. The Trust has a continuous approach to the review of data quality.

## Payment by Results

Humber NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016-17 by the Audit Commission.

## Information Governance Assessment Report

**Humber NHS Foundation Trust's Information Governance (IG) Assessment Report overall score for 2016-17 was 78% and was graded Satisfactory, as required by the Department of Health.**

The Information Governance (IG) Toolkit was audited and assessed achieving **significant assurance**.

IG refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our patients and employees and corporate information, such as finance and accounting records.

IG provides a framework in which the Trust is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 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 IG Toolkit. The IG 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 14) 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 14 of the IG Toolkit is as follows:

<b>Level 0</b>	No requirements rated at this level
<b>Level 1</b>	No requirements rated at this level
<b>Level 2</b>	39 requirements rated at this level
<b>Level 3</b>	5 requirements rated at this level
<b>Not relevant</b>	1 requirement assessed as not relevant

Key areas of development in the year 2016-17 have been:

### 'Spot Check' Audits

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

## Information Assets

The Trust has undertaken a refresh and review of its critical information assets. Its key information assets have been identified and approved by the IG Committee this year. Each key asset has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register.

The Information Asset Register has been reviewed and amended. The Register has been approved by the Information Governance Committee.

## System Level Security Policies and Risk Assessments

Risk assessment of critical information assets is part of a plan of work approved by the IG Committee. Asset owners are developing System Level Security Policies for each of their critical information assets.

This gives assurance that the required procedures and controls are in place to ensure the integrity and availability of the asset. This programme of work is well under way and due for completion in 2017-18.

## Information Sharing Agreements

This good work has continued in 2016-17 with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- Delayed transfer of care.
- Syrian Resettlement Programme
- Pocklington Hub
- Prison Health – Full Sutton
- Looked After Children
- Safeguarding

## Call Recording

The Trust enabled call recording for teams that provide immediate telephone consultation services, for example, Secondary Mental Health Services or Single Point of Contact.

The recording will be a valuable resource and will be used;

- to support clinical practice
- to provide delivery of training

- to check the quality of the service provided
- to defend staff with complaints or to uphold complaints when this is supported
- as evidence during inquests or Serious Incident Investigations

## Policies

Lawful and correct treatment of personal data is important. During 2016-17 all Information Governance Policies were mapped to identify which policies were key and which should become standard operating procedures or a guidance note. The mapping helped to ensure that robust information governance is in place to ensure information is lawfully and effectively managed.

## Data Quality

Data quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality. The actions have been completed and an audit undertaken which resulted in the Trust's highest level score.

This means the Trust has achieved a Level 3 for standard 507 of the IG Toolkit.

A clinical coding audit was performed on discharged patient records in 2016-17. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 100% primary
- 95.6% secondary

This means the Trust has achieved a level 3 on standard 514 of the IG Toolkit.

## Freedom of Information

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

The Trust responded to 313 requests for information under the Freedom of Information Act, a rise

of 18%. 87 requests (28%) were not answered within the statutory 20-day timescale due to delays in the information being supplied and a delay in the authorisation process which have now been addressed.

### *Registration Authority (RA)*

Humber NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust's employed staff moved to the Informatics Team. The RA team works closely with Human Resources and Information Governance, together with other relevant organisations externally. 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 Trust has in place an RA Policy and Procedures which have undergone a review during the year to reflect national RA policy, procedures and guidance.

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

Data quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality. The actions have been completed and an audit undertaken which resulted in the Trust's highest level score on the IG Toolkit. The Trust will ensure it maintains its focus on data quality throughout 2017-18.

## 2.5 Core Quality Indicators

### 7-Day Follow Up

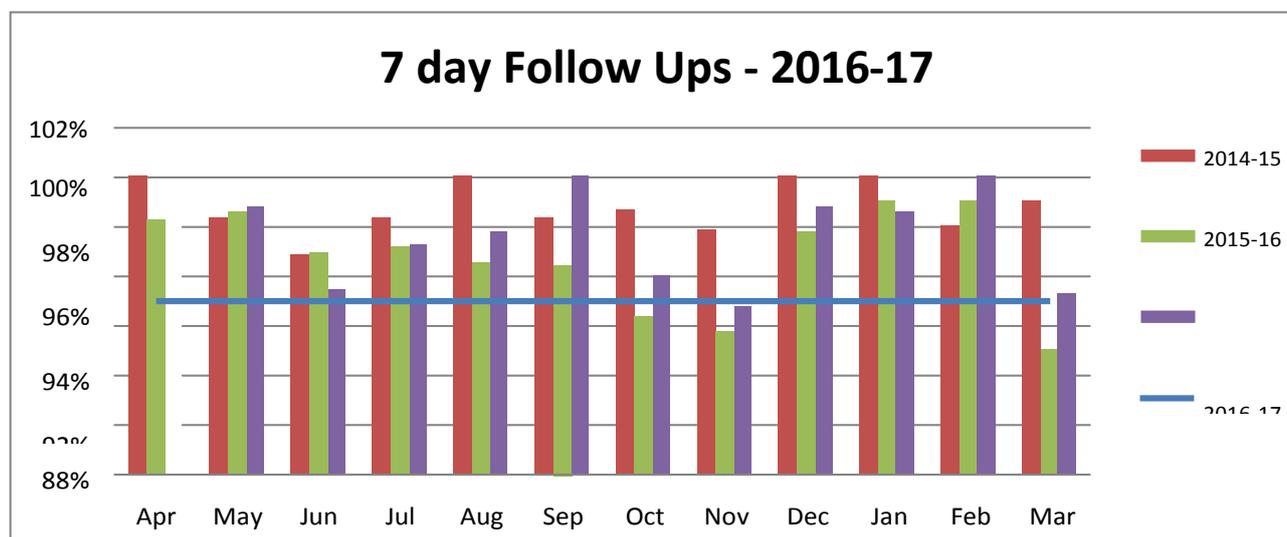
#### Description

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.

#### Aim/Goal

Our goal for the National Key Performance Indicator is that 95% of all patients are contacted within seven days of discharge.

Figure 1 – 7-Day Follow Ups 2016-17



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

- This indicator is a national target (95%) 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.
- It is reported to the Trust Board as part of the Level 1 performance report and monthly to service managers and their teams as part of Level 2 and 3 performance reports. (For further information on Level 1, 2 and 3 reporting please see page 42.)
- It is also reported externally to our commissioners on a monthly basis and to both the Department of Health and to NHS Improvement (NHSI) on a quarterly basis.

#### Summary of Progress

Throughout the year to the end of Quarter 4, 22 patients were not seen within the seven-day follow up period. This is an improvement based on the same period for 2015-16 and demonstrates the Trust's commitment to improving in this area.

The Trust averaged 97.6% across all quarters of 2016-17.

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

- The Trust reports on patients who are discharged out of area for their continuing community care.
- The teams are notified of each discharge via email as an additional reminder of their obligations to carry out a seven-day follow up contact.
- Reviewing the role of the assessment unit to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- The Performance team actively monitors the seven-day follow up procedure at team and senior operational level.

- The Trust Care Group Directors meet weekly to keep constant review of the seven-day follow up trend.
- The table below at figure 2 benchmarks the Trust's achievements against the national average submitted to the Department of Health. Figures may differ slightly on occasion due to the timing of submission and the refreshing of data.

Figure 2 – 7-Day Follow Up Benchmarking Against National Average

Indicator	NHS Outcomes Framework Domain	Health and Social Care Information Centre Performance Data (2016-2017)				
			Q1	Q2	Q3	Q4
Percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period	1. Preventing People from Dying Prematurely 2. Enhancing quality of life for people with long-term conditions					
		Humber	97.6%	98.4%	96.6%	98.0%
		National average	96.2%	96.8%	96.7%	n/a
		National best score	100.0%	100.0%	100.0%	n/a
		National worst score	28.6%	76.9%	73.3%	n/a

Note: National data is unavailable for this indicator until later in the year.

## Gate-keeping

### Description

A mental health inpatient admission is said to have been gate-kept if the patient has been assessed by a Rapid Response Service (previously called crisis and home treatment team) or intensive home treatment team 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 the NHSI submission, only adults aged 16-65 are gate-kept prior to admission as per the guidelines. During 2016-17 there were a total of 799 admissions of patients in this age group for the financial period. The Trust reported that 99.9% of these admissions were gate-kept. (See graph 1.)

The Trust also reports to the Department of Health (DoH). The guidelines for DoH require that all patients aged 16 and over are gate-kept and these are benchmarked against other Trusts. There were a total of 929 patients aged 16 and over admitted to Trust units and 99.9% were gate-kept for the 2016-17 financial period. (See graph 2.)

The data below does not include admissions to the Trust's Psychiatric Intensive Care Unit, Learning Disability or Forensic units and does not include transfers in from other hospitals.

Figure 3 – Gate-keeping 2016-17 (Age 16-65)

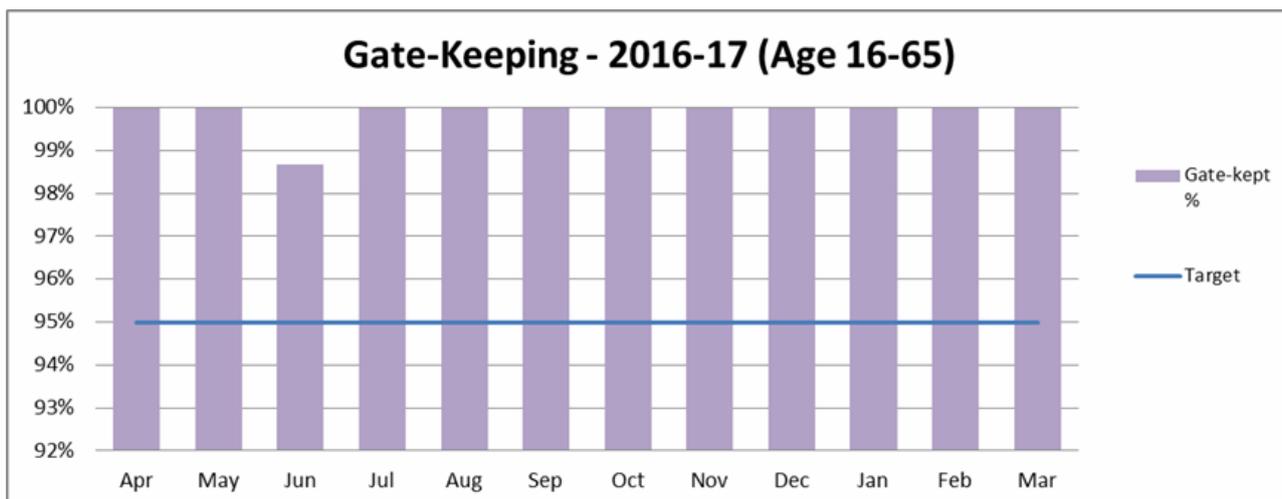


Figure 4 – Gate-keeping 2016-17 (16 and over)

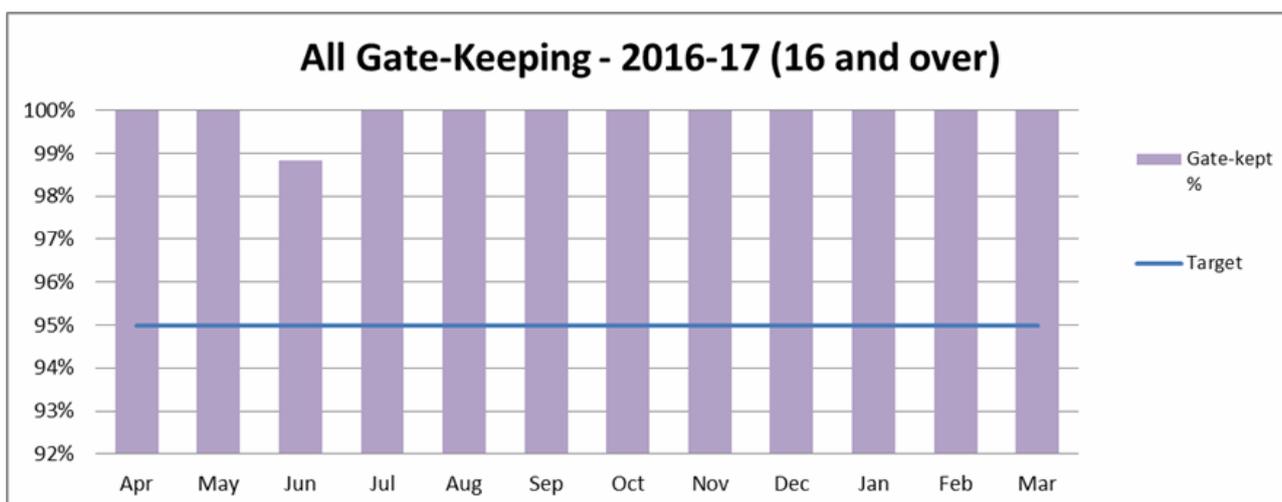


Figure 5 – Gate-keeping Benchmarking against National Average

Indicator	NHS Outcomes Framework Domain	Health and Social Care Information Centre Performance Data (2016-2017)				
		Q1	Q2	Q3	Q4	
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gate-keeper during the reporting period	Enhancing quality of life for people with long-term conditions	Humber	99.6%	100.0%	100.0%	100.0%
		National average	98.1%	98.4%	98.7%	n/a
		National best score	100.0%	100.0%	100.0%	n/a
		National worst score	78.9%	76.0%	88.3%	n/a

Note: National data is unavailable for this indicator until later in the year

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

- 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 NHSI and the Trust Board as per NHSI guidelines (see Figure 4). However, by way of good practice this process continues to be in place for all patients aged 16 and over (see Figure 5) and is reported to the Department of Health.
- Gate-keeping is monitored weekly to ensure consistency and accuracy of data and is subject to regular refresh.

Humber NHS Foundation Trust has taken the following actions to improve this indicator, and so the quality of its services by:

- continuing to ensure existing schemes are implemented appropriately

Any patients not gate-kept throughout any year are reported through the Trust's Adverse Incident procedure and fully investigated.

## Emergency Re-admissions (Mental Health)

### Description

Helping people to recover from episodes of ill health.

### Aim/Goal

To monitor all patients who have been re-admitted within 30 days of discharge. Although the national target is to be confirmed, the Trust has set an 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.

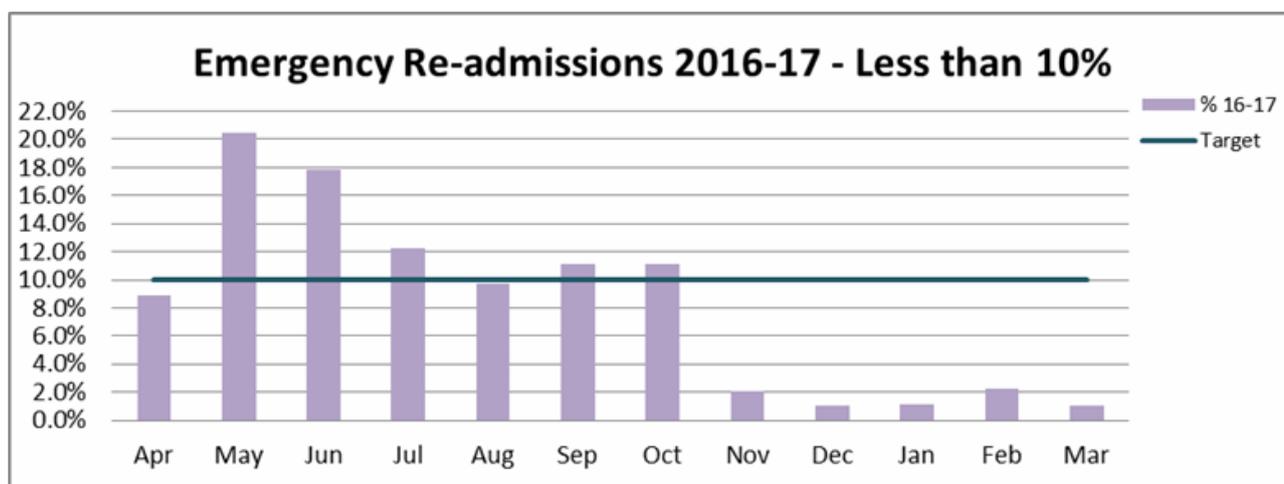
The data below is based on patients re-admitted to adult, older adult mental health, forensics and learning disabilities units.

### Summary of Progress

For 2016-17 there were a total of 1,179 discharges and 96 emergency re-admissions (8.14%).

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 their 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.

Figure 6 – Emergency Re-admissions 2016-17 (Mental Health)



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

- Patients who have been transferred from another bed within the Trust are not included
- It does not include patients who have been recalled under a Community Treatment Order (CTO)
- Patients who return to hospital as part of their care plan are included, including patients who return from a spell of physical acute care

Please note, during 2016-17 a new technical and collation procedure which is attributable to the significant decrease in emergency re-admissions in November 2016. This sees the Senior Operations Lead having an active role in defining correct emergency re-admissions which are then rectified within the clinical patient system.

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

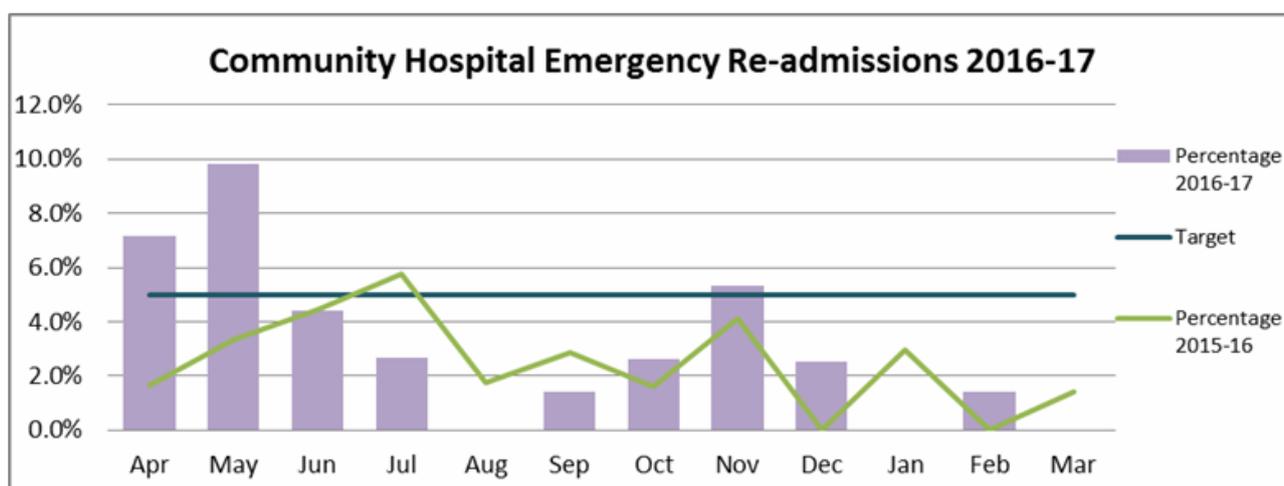
- Monitored on a monthly basis, along with admission timescales for step up and step down admissions, to ensure community beds are available when required by the patient(s). Figures include palliative patients who may access community beds as required within short timescales i.e. within 28 days.

At the time of publication, NHS Digital was unable to provide the Trust with any national benchmarking data for this indicator.

### Emergency Re-admissions (Community Hospitals)

The following relates to the three community hospitals within the Trust.

Figure 7 – Community Hospital Emergency Re-admissions 2016-17



This indicator is affected by palliative care patients who are discharged home where possible in the knowledge that they will be re-admitted at some point. Although the re-admission is expected it is not 'planned' and is included in the denominator. This is the first year that the Trust has reported on this indicator for community hospitals.

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

A community bed provides short-term (usually no longer than three weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute level care.

Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step down approach to

the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds, within community hospitals has been shown nationwide to deliver beneficial outcomes for patients.

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

Monitoring on a monthly basis, along with admission timescales for step up and step down admissions, to ensure community beds are available when required by the patient(s).

Figures include palliative patients who may access community beds as required within short timescales, i.e. within 28 days.

## Looking Forward

During Quarter 4 of 2016-17 the Trust commenced development of a new Quality Performance Dashboard. This new format of reporting enables the Trust to provide greater detail and assurance to our patients, carers, key stakeholders and members of the public on our delivery of continuous quality improvement initiatives. This work will be completed during Quarter 1 2017-18.

At the time of publication, NHS Digital was unable to provide the Trust with any national benchmarking data for this indicator.

Please note that the Trust does not provide inpatient wards for 0-15 year olds.

## The NHS Community Mental Health Patients Survey

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services. The Trust was pleased that the percentage response rate was slightly higher than the national average.

The results demonstrate that whilst there are always opportunities to learn and improve, the services we provide are consistent in delivering evidence-based quality care.

The survey comprises nine sections, including;

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

The survey allows for comparison of year-on-year results within the Trust and also allows for comparison between different NHS providers of mental health services.

The information below shows a year-on-year comparison of our Trust's results over the last three years.

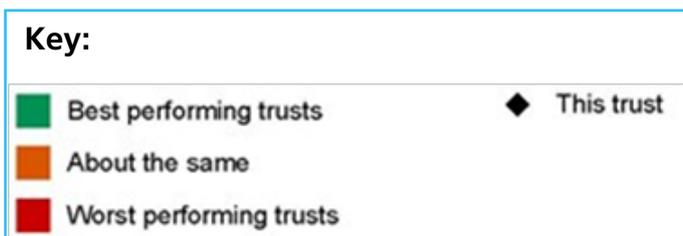
*Figure 8 – Humber NHS Foundation Trust Year-on-Year Comparison – Community Mental Health Users Survey*

Section Descriptor	Score 2014	Score 2015	Score 2016
S1. Health and social care workers	Better	Same	Same
S2. Medications	Same	Same	Same
S3. Talking therapies	Same	Same	Same
S4. Care co-ordinator	Same	Same	Same
S5. Care plan	Better	Same	Same
S6. Care review	Same	Same	Same
S7. Crisis care	Same	Same	Same
S8. Day-to-day living	Better	Same	Same
S9. Overall	Same	Same	Same

This table demonstrates that our patients' views of Community Mental Health Services within our Trust are consistently similar to those of similar NHS trusts providing the same services. Quality Improvement Plans will help to progress these results during 2017-18.

At the start of 2016, the survey was sent to 850 people chosen at random who received community mental health services. 253 responses were received. The infographic below (Figure 9) uses a black diamond to represent where the Trust falls in comparison to the national average:

Figure 9 – Community Mental Health Users Survey Benchmarking Against National Average



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

The response rate for the Trust in 2016 was 29%, which is in line with the national average response rate (28%). The demographic characteristics for the Trust were also in line with the national picture and therefore we can conclude that the results are a reliable reflection.

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

The Trust developed a Patient and Carer Experience Strategy for 2016-18. The Trust has made seven pledges in the strategy as follows:

- We will listen to our patients and carers and respond to their feedback.
- We will provide a safe environment for our patients.
- We will meet the physical and comfort needs of our patients.
- We will support the carers of our patients.
- We will recognise our patients' and carers' individuality and involve them in decisions about their care.
- We will communicate effectively with our patients throughout their journey.
- We will aim to ensure our patients are cared for by skilled and caring staff.

Care groups have developed their own agendas to deliver the principles of the strategy to their patients and carers. The Trust's Patient and Carer Strategy can be found on the Trust website.

### **Key patient and carer experience achievements during 2016-17**

#### **Patient Experience at the Humber Centre**

During 2016-17, there has been a lot of work carried out to improve patient experience within the Humber Centre. The excellent work carried out by our staff is detailed below:

#### **Empowering patients**

- One of our patients made a successful application to be a national service user awards judge. They went to judge all the criteria for the

awards and are due to go to the national service user award ceremony in April.

- One of our patients spoke and gave an excellent presentation about their journey through secure services to the regional Yorkshire and Humber network.
- A patient council called "Our Voice" has been developed. The name was approved by a patient vote. The first council meeting was held in March 2017 and all units nominated representatives to attend. All units now have a sitting council member who can bring concerns and ideas for discussion and give feedback to each individual unit. The council meets once a month and hopes to make a difference when trying to raise patient issues and suggestions and it hopes to be able to give more support for the future implementation of events and projects.
- Quarterly involvement meetings with patients have been introduced, facilitated by the regional user involvement leads. It is named "The Humber Huddle", as voted for by patients, and this meeting is open to all patients and staff and is a mixture of updates, education, sharing experiences and having fun together planning new ideas or problem-solving to address concerns.

#### **Humber Centre Health and Wellbeing Hub**

A health and well-being service is being developed. We are aiming to improve the health and well-being of patients and staff in the Humber Centre service. This has included:

- Support of the smoking cessation programmes leading to the service becoming non-smoking.
- Implementation of the health improvement programme whereby all patients are given a yearly health check.
- A weekly Clozaril monitoring clinic.
- A nurse triage service which works in partnership with the service GP who attends twice a week.
- ECG monitoring.
- Dual diagnosis support and counselling.
- Phlebotomy clinic.

In the next stage of our development we are aiming to:

- Introduce a long-term conditions monitoring clinic.
- Work in partnership with occupational health in supporting staff on their return to work following sickness.
- Introduce health promotion education days and training.
- Work in partnership with the Trust resuscitation officer in ensuring all emergency equipment is in place and all staff trained in the use of the equipment.
- To introduce a patient passport outlining each individual's personal health needs.
- To seek financial support/sponsorship to upgrade the gym equipment and facilities for indoor and outdoor equipment.
- Train the health hub staff to deliver support in areas of self-harm, medication management and health promotion. One staff member is undertaking the non-medical prescribing course, one member of the team is undertaking management of self-harm and another is on a health trainer course about diet and exercise.
- Employ both a dentist and chiropodist into the service.

### *Dining Experience*

Work is ongoing with patients and staff to create a more pleasant, relaxed and sociable dining environment at the Humber Centre. The aim of the project is not only to improve the environment but also to extend food choices and promote healthier eating. It is hoped this will also help develop each patient's independence by breaking down barriers, encouraging social interaction and becoming part of every patient's recovery pathway. We are creating a mural in the new themed dining rooms which patients and staff are working together to decorate and paint in the style of an American diner, Italian bistro and coffee shop.

### *Carers' Stories*

An initiative to help us gain feedback from carers commenced on the Westlands Mental Health Inpatient Treatment Unit.

This initiative was a carers' stories pilot which was

launched at the Mercure Station Hotel in Hull on 8th November 2016.

Carers of patients who were inpatients on Westlands at the time were invited to attend to tell us about their experience of the service we provide. This included what we do well and what could be improved. The carers who attended the launch gave some valuable insight into their experiences which has helped our learning and led to actions being taken to respond to the issues raised.

One piece of work commenced as a result was the development of patient and carer service offers for each inpatient unit (and community services). The offer details all aspects of admission, for example it informs the patient and carer about who is in the multi-disciplinary team, what patients and carers can expect from the service, what treatment is available and what to do if they have queries or complaints. The offer is more than an information leaflet; it is the team's pledge to the patient.

Included in the service offer is some work that is ongoing in relation to reception meetings that should be held with the patient and carer (with the patient's consent) as soon as possible after admission. This meeting is crucial to planning the patient's care and involving the carer wherever possible. There is some work being undertaken to set standards for these meetings.

### *Involvement of Patients and Carers in Recruitment*

We are committed to working in partnership with patients and carers, and involving people who use our services in the recruitment of staff is one way of doing this. A process is being developed to give our patients and their carers the opportunity to participate in the Trust's recruitment processes. A training package is being developed and an advert for expressions of interest has gone out to our members.

### *Child and Adolescent Mental Health Services (CAMHS) – Winners of our Innovation and Progress Award*

Over the past two years, CAMHS has improved outcomes for children and young people who need to access the service. They have reduced waiting times despite increasing demand, created a 24/7 service following the introduction of the CAMHS Crisis Team, and developed a modern and engaging

website which aims to help people understand more about the services available to young people in the region who are struggling with their mental health.

The website was launched in 2016 and aims to help people understand more about the services available to young people in the region struggling with their mental health. The website features a wealth of information suitable for young people themselves, parents and carers and professionals working with children and young people.

Nikki Titchener, Service Manager for East Riding CAMHS, and Karen Warwick, Service Manager for Hull CAMHS at the Trust, have jointly developed the website. Nikki said: "We often find that young people don't know what to expect. On the site we've aimed to spell out what will happen at every stage of the referral process. We've also explained what it's like coming to your first session, how you might feel and what that session might involve. It's all designed to reassure young people and reduce any anxiety they may be feeling."

There is also a 'frequently asked questions' section that young people may find useful, especially if they are about to begin accessing CAMHS services.

For parents and carers, there is a section on the site explaining what signs you can look for if you are concerned about a young person's mental health and emotional well-being. There is also a section on CAMHS and what to expect, along with practical advice on what to do if your child doesn't want to attend and how you can get help and support for yourself. In addition, there is an explanation of what the different people who work in CAMHS do, from psychiatrists and psychologists, to nurses, administrators and more.

For professionals, the site aims to make the referral process easier by providing an online referral form along with information on what to do if they have concerns about a child.

**The new CAMHS website is live now at <http://camhs.humber.nhs.uk>.**

### *Adult Mental Health Services Crisis Pad*

In November 2016 we were delighted to be able to announce we had successfully bid for over £350,000 of funding from the Department of Health to provide a new crisis pad service in Hull for people in emotional distress.

The crisis pad is a new service which will be supported by our new 24/7 Rapid Response Team and delivered by the charity Humbercare. It will offer access to a calm, safe environment and provide support, therapeutic interventions and expert assessment as required.

The crisis pad will operate from 8pm until 2am seven days a week and will also offer support via telephone and went live on 1st April 2017.

### *Looking Forward*

The Trust is committed to further improving patient and carer experience involvement and to achieve this now has a dedicated Patient and Carer Experience Manager in post to lead this key priority for the Trust, thus ensuring patient and carer experience has the focus and dedicated resources to take forward this fundamental strategy and deliver our priorities.

### *Patient Safety Incidents*

2016 saw a lot of work undertaken in respect of updating incident reporting in the Trust and refreshing the Incident and Serious Incident Policy. The incident reporting system has been simplified and now includes the generation of briefing reports that are reported to the Clinical Risk Management Group (CRMG). This ensures that the appropriate level of investigation is assigned to incidents.

The number of low-level incidents reported has increased. This is a good indicator which shows that staff know what to report, and is reflective of the open and honest culture in which we provide care.

Serious incidents are logged with the appropriate commissioner and investigators assigned from within the care groups. A "buddy" is allocated from the Nursing and Quality directorate to provide support and an independent view to the investigation to ensure due process is carried out.

The Trust's Nursing and Quality and Operational leads attend a monthly Serious Incident Review Panel, held by commissioners. This ensures that investigations, action plans and evidence of learning from incidents are actioned and monitored closely.

The Organisational Learning Report captures all the action plans and learning from serious incidents and is reviewed regularly through CRMG.

Work continues against the priority action areas of the Patient Safety Strategy and has been reported

on quarterly to the Trust Board through 2016-17. In addition, a quarterly clinical risk report picks up on the themes and categories of incidents for each of the care groups and has influenced the development of the Trust's Patient Safety Strategy.

Duty of Candour is the requirement for all Trusts to be open and honest with its patients when an incident has occurred. Our Trust meets these requirements by ensuring that it has the policies and procedures in place for any incident that happens at a local service level, and for more significant events and incidents this is delivered corporately and within ten days of the incident occurring.

Each serious incident investigation report is reported to the relevant care group drawing out the findings, lessons learned and actions required.

The top five themes from serious incidents are:

- Record-keeping and documentation
- Policy and procedure
- Education and training
- Roles and responsibilities
- Communication

### *Learning from Incidents*

A transformation programme is under way within each of the care groups, which incorporates key themes emerging from Serious Incident investigations. Specific actions in place to address the top five themes include the following:

- Improving record keeping and documentation standards continues with streamlining and redesign of key documentation, including work to ensure electronic patient records are fit for purpose. Individual teams have designed and implemented a process of close assurance to monitor and improve record-keeping standards. A revised record-keeping audit tool is in place, used by all teams with results reported quarterly.
- Key clinical policies are being summarised to a 'policy on a page' to support understanding as they are refreshed through the policy cycle. Bespoke training sessions have been implemented to individual teams to enhance policy implementation or in response to identified gaps in knowledge.
- The Trust has commenced a review of NICE guidance and clinical pathway development

for: depression and anxiety, suicide and self-harm, borderline personality disorder and drug and alcohol management supported by a clear clinical audit plan. In addition a multi-agency working group has been established to look at care provision for complex patients with antisocial personality disorder traits and offending behaviour.

- In addition to on-site training, to improve accessibility and compliance with training requirements, work is under way to develop a full day of training incorporating Immediate Life Support refresher, anaphylaxis, oxygen therapy and emergency medication and sepsis, along with a review of the resuscitation policy. Additional training is being provided on family inclusive care coordination and bespoke scenario-based risk assessment training has been developed and delivered to a small group of staff. It evaluated very well and a programme of training roll-out is being implemented. A newly revised preceptorship programme for all newly qualified nurses or allied health professionals was launched in October 2016 and repeated in November and December 2016.
- Transformation of services has included new ways of working for clinical services including examination and restructure of the clinical leadership model. Work is progressing on the development of a Bands 5 and 6 development programme and a review of carer support roles. Community hospital wards have launched a named and associate nurse system with clearly defined roles and responsibilities.
- Communication issues arise most often in record keeping and documentation, and during admission transfer and discharge. Streamlining and redesign of key documentation alongside close assurance mechanisms and documentation audit is assisting the improvement of record-keeping. Transformation work within the care groups has resulted in streamlining of teams and ways of working. The introduction of the Rapid Response Service has meant that the secondary mental health team and crisis and home treatment teams all work together as a single point of access to ensure that referrals are only taken once and passed to the correct service through a robust triage and assessment process.

Figure 10 – Patient Safety Incident Totals 2015-16 and 2016-17 Comparison

	Total Incidents 2015-16	Total Incidents 2016-17	Severe / Death 2015-16	Severe / Death 2016-17	Serious Incidents 2015-16	Serious Incidents 2016-17
1 April – 30 June	936	1,246	20 (2.14%)	20 (1.61%)	6	10
1 July – 30 September	1,029	1,362	9 (0.87%)	18 (1.32%)	15	5
1 October – 31 December	1,113	1,241	19 (1.71%)	21 (1.69%)	7	9
1 January – 31 March	1,130	1,231	20 (1.77%)	32 (2.60%)	7	10

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 in March 2017, was 40.1 per 1,000 bed days. Humber NHS Foundation Trust's reporting rate was 72.07 incidents per 1,000 bed days. This puts the Trust in the upper quartile for incident reporting. The highest number of incidents per 1,000 bed days was 88.97.

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

- To allow us to compare our patient incident figures with those reported nationally to the National Reporting and Learning System by other similar NHS Trusts.
- To pick up any trends that would alert us to areas of concern.

The Trust intends to take the following actions to improve this data, and so the quality of its services, by:

- Continuing to educate staff on the positive impact of reporting incidents and near misses, including electronic training.
- Continuing the work that has already commenced within the patient safety strategy to reduce the type of harm or incidence of harm in its key priority areas.
- Aligning with the mortality review and Trust consideration of the Mazars report into deaths in Learning Disability and Mental Health services to develop work commenced in the past year that will see all deaths in the care of the Trust being reviewed.

### Sign Up to Safety Campaign

The Trust signed up to the national "Sign Up to Safety Campaign" in April 2016. The campaign aims to help organisations listen to patients, carers and staff to learn from what they say when things go wrong and take action to improve patients' safety, helping to ensure patients get harm-free care every time, everywhere.

A Patient Safety Strategy was developed and approved in April 2016 and seven priority areas for action were identified as follows:

### Priority area for action 1: Develop a patient safety culture across the Trust, delivering the "Sign Up To Safety" pledges

Action 1 described a commitment to reducing avoidable harm, developing Patient Safety Champions and Ambassadors across the services, and using "human factors" training as an approach to supporting employees in the recognition of potential and actual risk and how they can make positive changes.

### Progress

#### Patient Safety Champions

There are 46 Patient Safety Champions nominated to work across 15 inpatient units for all specialities, and some community-based services, with further training planned. The training includes an understanding of the Safety Champion role and 'Foresight' training focusing on the impact of 'Human Factors' and supporting theories. The champions have the opportunity to come together and share good practice and experiences through a quarterly forum. This enables them to receive peer

support, further training to enhance the original 'Foresight' package, and to progress development of the role.

### **Safety Huddles**

Safety huddles are a process supported through the national "Sign Up To Safety Campaign" and the Yorkshire and Humber Improvement Academy (Academic Health Sciences Network) as a way of proactively identifying and managing risk in clinical areas. The Trust has committed to implementing safety huddles to develop our patient safety culture. They have been initiated in three service areas so far and are supported by the regional coach and patient safety lead.

Safety huddles are short, multi-disciplinary briefings, designed to give healthcare staff, clinical and non-clinical staff opportunities to understand what is happening with each patient and anticipate future risks to improve patient safety and care. The aim is to create an environment where staff regularly communicate and feel safe to raise concerns about patient safety.

### **Priority Action Area 2: Increase understanding of violence and aggression within mental health services and reduce restrictive interventions in the Trust.**

Action 2 recognises that restrictive interventions are often a major contribution to delaying recovery and have been linked with causing serious trauma, both physical and psychological, both to people who use services and staff. The overarching aim of this work is to reduce restrictive interventions within the Trust.

#### **Progress**

##### **Reducing Restrictive Interventions**

Unit managers and matrons regularly attend the monthly Reducing Restrictive Interventions Group. The group has also supported the involvement of unit managers in national events to ensure that leaders from the Trust learn and share with other providers.

Two unit managers from acute mental health wards attended the Reducing Restraint Network annual two-day conference. Both managers brought back learning and ideas for the Trust; in addition, another member of staff attended a Department of Health workshop that was focussed on developing national

standards for restraint training. Attendance at these events led to a specific time-out for representatives from all wards and care groups to develop a new RRI (Reducing Restrictive Interventions) learning package in January.

This work will follow on from the current focus in relation to the Care Quality Commission warning notice and the issues relating to practice for seclusion and rapid tranquillisation. The Rapid Improvement Team continues to work with staff to address practice and cultural issues and ensure that patients are safeguarded if these restrictive practices are utilised. Improvements are reported through to the Board.

### **Priority Action Area 3: Reduce Severe Self-harm events and support a Zero Tolerance of Suicide culture within the Trust**

This action focusses the organisation on clearly articulating its aspiration to work towards a zero tolerance of suicide culture. The Trust is committed to working with clinical staff to improve knowledge and interventions in order to enable confident, skilled assessments of individuals who are expressing ideas to harm themselves or take their own lives.

#### **Progress**

##### **Suicide and Self-Harm**

The first workshop for self-harm training with "Connecting with People" took place in November 2016. This led to a number of positive actions being taken forward that will enable the development of a robust Suicide Prevention and Self-Harm mitigation training programme for all services within the Trust.

Alongside the Trauma pathway under development in Adult Mental Health Services, a clinical reference group has developed a suicide and self-harm training package for registered staff working in secondary mental health services. This package contains the latest research, NICE guidance and protocol-driven interventions to support practitioners to work with individuals who are self-harming or who have thoughts of ending their lives. The multi-disciplinary reference group has identified 'expert by experience' requirements to finalise the training package.

Investing in two training packages ensures that the Trust recognises the diverse nature of the services it

provides, yet also acknowledges that everyone has a role to play in suicide prevention.

**Priority Action Area 4: Interrogate issues relating to ensuring safer staffing across the Trust to ensure our workforce is equipped with the knowledge and skills and organised in the right way to deliver optimum care**

This action supported the 2013 NHS England nursing, midwifery and care staffing capacity and capability guidance about ensuring “the right people, with the right skills, are in the right place at the right time”, and also the 2015 guidance from the Chief Nursing Officer directing providers to ensure they can demonstrate they are making best use of resources to ensure safe quality care for patients.

**Progress**

**Safer Staffing**

The Safer Staffing and Escalation Policy for inpatient services has been revised and relaunched. The format of the monthly safer staffing report has been revised in line with the requirements of the National Quality Board ‘Ten Expectations’, focusing on safe and productive staffing, and reports on exceptions and identified quality outcomes. A safer staffing dashboard has also been developed, giving the Board information in relation to staffing establishments and quality outcomes.

Validated tools (Hurst) have been used along with clinical judgement to identify and agree safe staffing levels for patient areas. Analysis of safer staffing data is completed to give assurance regarding staffing issues, impact and actions to address them. This action aims to ensure we have clear processes for escalating incidents where safer staffing is not met, taking into account activity, patient acuity, risks and dependency.

Priority Action Area 5: Reduce the number and severity of pressure ulcers acquired within our care

Pressure ulcers were a significant part of the nursing workload in the Trust in 2016-17 in the main related to community services in East Riding. Prevalence of pressure ulcers amounts to approximately 20% of all wound care contacts. The Trust has been making significant investment in the prevention and management of pressure ulcers over recent times.

**Progress**

Datix reporting and review by the Tissue Viability Nurse (TVN) Lead is now embedded in the pressure ulcer reporting process. The TVN will review the case and make recommendations for a Root Cause Analysis (RCA) to be undertaken or not.

There is now a Pressure Ulcer Forum chaired by the Head of Nursing. Members of the forum are Tissue Viability, Matrons, Safeguarding and the Clinical Care Director. The aim and objective of the forum is to peer review all those patient cases that have been escalated to requiring an RCA following review. The RCA will be presented at the forum allowing members to make an informed decision as to whether any further action is required, for example escalation to a Serious Incident. Actions are then communicated to the teams involved in the case. The forum is now embedded in Trust pressure ulcer prevention and management process.

**Priority Action Area 6: Improve medicines management and knowledge within the Trust**

**Progress**

**Medicine Safety**

It had been highlighted that Medication Administration Records (MAR) charts were not always being annotated after administration by nurses. This meant it was not clear if the medication had been given, which could lead to a patient receiving a double dose or not receiving essential medication. All inpatient areas have put in place a system of checking charts daily, so it is quickly picked up if charts are not annotated and can be dealt with appropriately within 24 hours. This is monitored by the pharmacy department and errors reported to the nurse in charge and recorded on Datix.

The ongoing medicines optimisation competency training continues and the first inpatient link practitioner meeting has taken place. The meeting reviewed the medicine optimisation competency programme, updated teams on any changes to practice involving safe and secure handling of medicine procedures, reviewed any medication alerts and changes needed to practice, reviewed the individual wards reported medication errors, team representatives shared difficulties within their area of medication practice and developed action plans to resolve these issue.

A submission for funding from Health Education England to audit non-medical prescribers practice has been successful and is to be implemented in 2017.

**Priority Action Area 7: Reduce communication errors and associated patient harms through appropriate electronic technology for patient records**

Reviews of the electronic clinical systems are underway in line with the CQC action plan requirements.

**Clostridium Difficile Measure**

**Description**

This indicator measures the number of Clostridium Difficile (C.Diff.) cases where a Foundation Trust has a nationally set objective.

Figure 11 – Total Cases of C. Difficile

2016/17	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	1	1	0	0	0	0	0	0	0	0	0	0	2
Whitby Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Trustwide</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>									

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

There is a Clostridium Difficile Infection Policy (April 2016) on the Humber intranet that all relevant staff on wards and units should be aware of. Staff on wards and units are expected to take a faecal sample from any patient that has diarrhoea that is of an unknown cause.

The majority of samples are sent to the laboratory at Hull and East Yorkshire Hospitals (HEYH), with the exception of Whitby Hospital and Macmillan Wolds Unit at Bridlington, where the samples are dealt with by Scarborough. The turnaround time for the results is usually one day.

Only C.Diff. cases that occur after three days following admission are included in the quality data reporting. Any cases that occur in the first few days

**Aim/Goal**

The target on this National Key Performance Indicator is currently not to exceed 4 cases (Hull and East Riding) and four cases for Whitby Hospital. It is the aim of the Trust to achieve this target each year and is monitored monthly.

**Summary of Progress**

In the table for the financial year 2016-17, Q1 to Q4, it is noted there has been 2 cases where C.Diff. has been determined as being apportioned to the Trust Inpatient Units. Both cases were in the East Riding of Yorkshire region. This is a decrease compared to the same period last year, where 3 cases were reported. There were no cases in Hull and no cases at Whitby Hospital.

are not deemed to be the result of the Trust and the patient is assumed to have been infected with C.Diff. before admission.

If the laboratories do find C.Diff. present, there is an alert process in place of who needs to be informed.

- The laboratory at HEYH will inform the Infection Control Team there who, in turn, will contact the Trust’s Infection Control Team;
- The HEYH team provide the Trust team with all cases across Hull and East Yorkshire, as and when these occur, and not just those that relate to the Trust wards and units;
- The HEYH Infection Control Team will input the C.Diff. case on the MESS website (Public Health England – Mandatory Health Care Associated Infection Surveillance data capture system);

- The Commissioner will also notify Trust Infection Control Team of any C.Diff. cases that relate to our Trust (e.g. Macmillan Wolds Unit samples that are not dealt with by the HEYH laboratory);
- The Commissioner also has access to MESS (data system) and inputs any cases that have arisen from the lab tests undertaken by Scarborough.

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

- Identifying any areas of learning using root cause analysis and whether the cases of C.Diff could have been avoided;
- Ensuring antibiotics were prescribed and administered in accordance with the respective locally agreed antibiotic guidelines;
- Increase the opportunities to work collaboratively across the health economy to prevent and control C.Diff.;
- Identifying and eliminating (where applicable) any potential of cross contamination and other possible risk factors.

## 2.6 Key National Priorities

### How We Measure Performance – Meeting Monitor Targets

During the year, the Monitor Risk Assessment Framework (RAF) was superseded by the Single Oversight Framework (SOF). For the purposes of this Quality Report and to retain consistency, the Trust may continue to refer to the terms Monitor or RAF as well as SOF. In turn, reporting to NHS Improvement (the over-arching body) and NHS Digital (the new name for Health and Social Care Information Centre (HSCIC)).

Our Trust uses a 'Traffic Light' or 'RAG Rating' system to report on performance and quality against our selected priorities and Key Performance Indicators (KPIs), e.g. Red=Weak, Amber=Fair and 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 via the Integrated Performance Tracker (IPT).

#### Level 2:

Monthly Care Group Reports via a Dashboard to the Operational Care Groups and their Directors.

#### Level 3:

Monthly performance reports at team level to Service Managers and Team Leaders 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 sources and at various levels of detail;
- Manage people and processes to improve decisions, be more effective, enhance performance, and steer the organisation in the right direction.

Meetings are held regularly with Commissioners, Board Members, Care Group Directors, Service Managers and with Team Leaders and their teams.

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

#### Performance Indicator returns (PIs)

All Monitor and CQC indicators are reported in the IPT and in Care Group Dashboards. KPIs that are failing to either meet a target or are showing a continued downward trajectory (subsequently at risk of breaching a target) are reported by exception on Performance Indicator returns (PIs). PIs are discussed with operational staff to understand the issues and problems, and current action plans are agreed that would support the development of services and

make improvements that will enable the Trust to meet its contractual obligations.

### Three Domains of National Key Priorities

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

Domain	Indicator
Patient Safety	Immunisation Rate for Human Papillomavirus (HPV)
	7 day follow up (Part Two)
	Clostridium (C) Difficile (Part Two)
Clinical Effectiveness	Delayed Discharges
	Early Intervention
	Gatekeeping (Part Two)
	Percentage of Children Measured for Height/Weight in Reception
Patient Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability
	Percentage of Infants Breastfed at 6-8 weeks
	Percentage of Patients Seen within 18 weeks for Admitted & Non-Admitted Pathways
	Percentage of Patients Discharged or Transferred within 4 Hours – Minor Injuries Units

#### Domain 1 – Patient Safety

##### Immunisation Rate for Human Papilloma Virus (HPV)

##### Description

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.

Uptake of the vaccine 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 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 both doses.

HPV immunisation is commissioned by NHS England.

The programme of vaccinations is delivered in schools by the Trust's School Nurses, supported by our Health Visitors because of the scale of the programme. The HPV vaccine is delivered in two separate doses. Delivery of the two doses has to be spread out over at least a six-month period to work properly, and to fit this around the academic school year and deliver it efficiently it is delivered across two academic years, in the summer term.

##### 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 (both doses) of immunisation against HPV within the timescales prescribed for delivery.

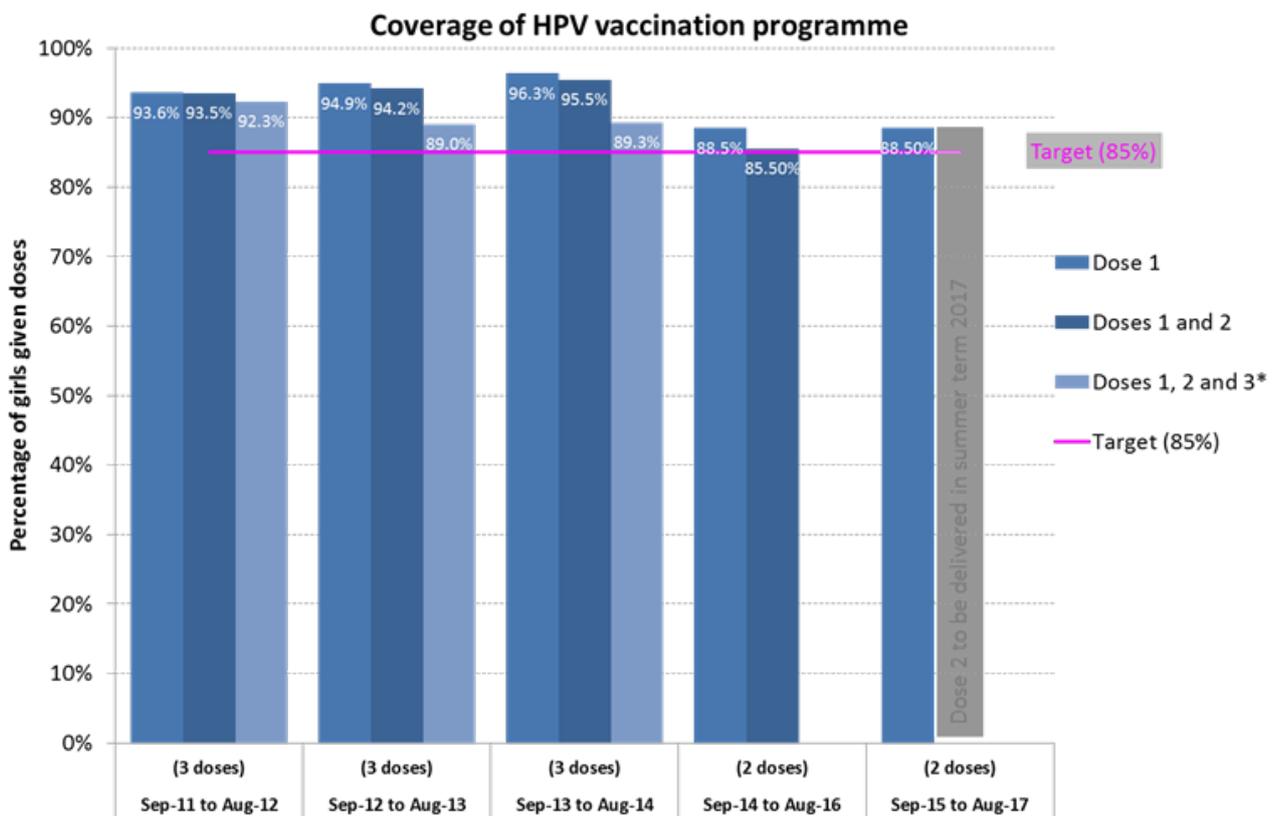
## Summary of progress

Due to the difference between the financial year we are describing in this report (April 2016 to March 2017) and the academic year that dictates the delivery timings of the vaccination doses (September 2015 to July 2016), we are reporting on vaccinations completed (delivery of second dose) between April 2016 and August 2016, the 2015-16 academic year.

Between April 2016 and August 2016 the Trust delivered the second dose of the HPV immunisation to 85.5% of girls in Year 9 in East Riding Schools, against a target of 85%.

Between April 2016 and July 2016 the Trust also delivered the first dose of the HPV immunisation to 88.1% of girls in Year 8. This allows a drop-out rate of 3.1% (of total cohort) between Dose 1 and Dose 2 to achieve the target of 85% receiving both doses (by the end of August 2017).

Figure 12 – Coverage of HPV Vaccination Programme



September 2014 onwards those receiving the new vaccine require two doses a year apart, split across two academic years. Those who received their vaccination prior to September 2014 were given three doses spread out across a single academic year.

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

- The Trust sets its own internal target of 88% for Dose 1 to ensure that there is sufficient coverage of girls receiving the first dose to achieve at least 85% coverage for receiving both doses.
- The immunisation programme is recorded against the record of each child individually on SystemOne (our electronic patient record system) and the output is compared with 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 dose one to be able to achieve 85% for both doses, allowing for 3% drop out between doses. In 2016 we had not achieved 85% at the end of the school term in July but this was identified through performance monitoring and we were able to achieve the target by inviting girls who had not received dose two to additional out-of-school vaccination sessions in August 2016.

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

- The Trust has a 3.5% margin for drop-out to still achieve the target of 85% coverage. The programme for delivery of Dose 2 (and Dose 1 to the next cohort) has been planned and communications have gone out to schools to ensure smooth delivery of the programme. Following the lower performance in 2016 the trust has reviewed its processes to ensure we achieve improved performance in the 2016-17 academic year.

## **Domain 2 – Clinical Effectiveness**

### **Mental Health Delayed Transfers of Care (Delayed Discharges)**

#### **Description**

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

#### **Aim/Goal**

The target on this National Key Performance Indicator is to show less than 7.5% of delayed

transfers. This figure compares the number of days delayed with the number of occupied bed days (OBDs) for mental health. It is the aim of the Trust to achieve this target.

#### **Summary of Progress**

As at year end of Q4, the Trust reported a percentage of 4.34% delayed transfers which is 3.16% within the measure.

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 to the performance team who then submit this internally to Care Group Directors. The data is governed by standard national definitions. The OBDs are subject to constant refresh.

Delayed Transfers of Care are also reported to the Department of Health. The Department of Health return (SitReps) looks at the count of all patients (community hospitals and mental health) who were delayed as at midnight on the last Thursday of each month and the total number of days delayed during the month. It does not compare against Occupied Bed Days. In accordance with Monitor guidelines, the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

New weekly return forms have been introduced to allow for consistent entry submissions limiting the choices to the nationally set criteria. This allows for more accurate data quality. Patients fit for discharge and classed as delayed are identified following multi-disciplinary and recovery plan meetings between clinical professionals.

Work is underway to develop electronic reporting direct from Lorenzo. This should be fully operational from 2017-18 and will reduce the need for weekly paper return forms.

Figure 13 – Delayed Transfers of Care 2016-17

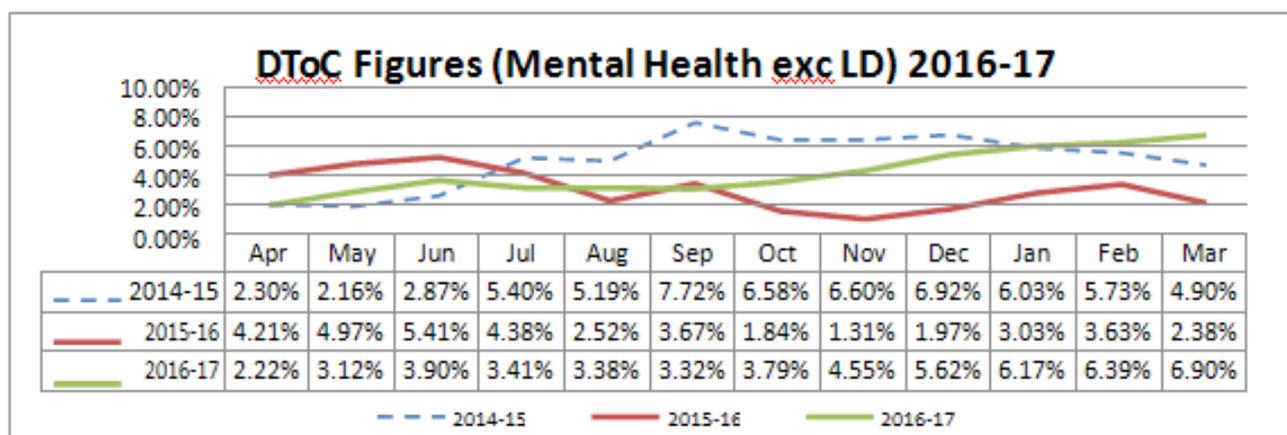


Figure 14 - Data for 2016-17

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Occupied Bed Days</b>	5426	5636	5561	5747	5860	5417	5455	5117	5099	5298	4801	5378
<b>Delayed Days</b>	122	178	219	198	200	182	210	237	289	327	307	371

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

- 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 Social Care, NHS or both.

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

- Holding weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively;
- Delayed Transfer of Care within Community Hospitals is routinely raised at a fortnightly patient flow and escalation meeting which is attended by East Riding of Yorkshire Council. Equally all other delays are raised via the daily system wide meetings;
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support and advice and ensure patients settle in well;
- Validation meetings to cross-reference paper records and electronic recording.

#### Mental Health 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) consist of:

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

As at end March 2017, the Trust achieved a primary result of 99.7% against a national target of 99%.

#### Mental Health 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 end March 2017, the Trust achieved a result of 86.3% against a national target of 50%.

### Early Intervention in Psychosis

#### Aim/Goal

From April 2016 NHS England introduced a series of standards for Early Intervention for Psychosis Teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that from 1st April 2016 more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-65.

### Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. However, that only covers the age range from 14-35. EIP services are currently in the process of adopting a “Hub and Spoke” model to extend the EIP age range up to 65 within the existing Hull and East Riding Community Mental Health Teams. A current Task and Finish group is in operation and acting as the governance for this process (please see graph below on progress).

Figure 15 – Number of Patients Contacted within 14 Days of Referral

14 day First Contacts – Performance	Treated	within 14 days	%
Quarter 1	38	19	50%
Quarter 2	21	20	95%
Quarter 3	35	32	91%
Quarter 4	45	36	80%
Overall	139	107	77%

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

- Monthly reporting from the Trust Lorenzo system;
- Weekly multidisciplinary meeting for feedback on assessments in progress;
- Daily morning meeting where referrals are discussed and allocated;
- Caseload weighting to be rolled out across the team in March.

Humber NHS Foundation Trust has not had to take any actions to improve the % since Quarter 2 but will maintain its good practice and quality of service and continue to strive for excellence.

### Percentage of Children Measured for Height/Weight in Reception

#### Description

Good nutrition is essential for the healthy development of children, with long term effects on health for the whole of a person’s life. Collecting data about childhood obesity and under-

nourishment provides parents with important health information about their children. Health service commissioners at both local and national level need the information to make decisions about the services required now and in the future.

The Trust is commissioned to deliver the National Child Measurement Programme (NCMP) in East Riding Schools by East Riding of Yorkshire Council.

Results for this report are shown based on an academic year, not financial year, and relate to 1 September 2016 to 28 February 2017.

#### 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

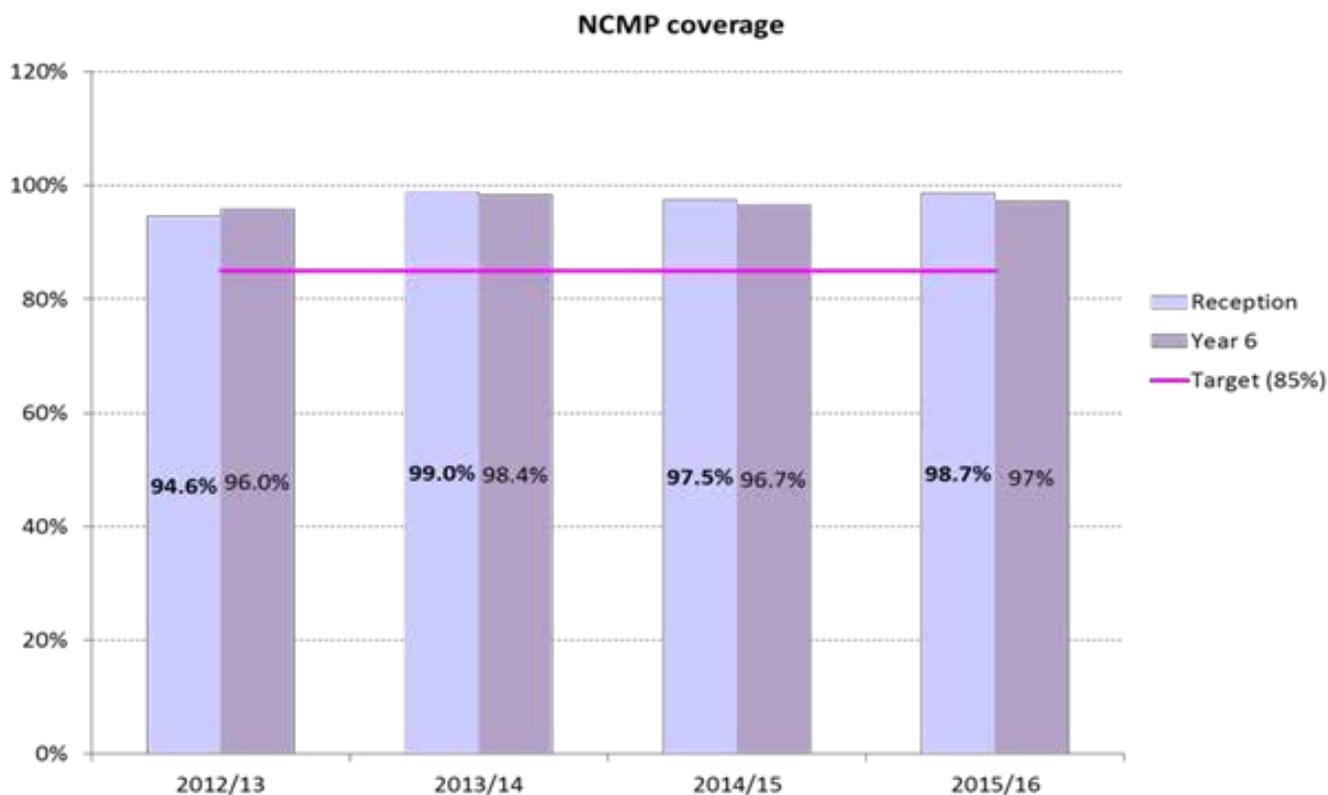
and therefore shows the full year achievement for 2015-16.

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 underweight children. The data is also used for Public Health planning.

### Summary of progress

In 2016 School Nurses recorded the height and weight for 98.7% of children in Reception and 97.2% of children in Year 6. The children in the 2016-17 academic year will be measured between February 2017 and April 2017 and shown in the 2017-18 Quality Report and Accounts.

Figure 16 – National Child Measurement Programme (NCMP) Coverage



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

- The target is to measure and weigh at least 85% of children in Reception (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 on SystmOne (our electronic clinical record system) and compared with a master list of all eligible children. We are therefore able to accurately identify the overall percentage coverage.

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

- The 2016-17 planned programme commences in March following the half term, and will finish in May 2017. 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

Achieving 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 at the annual plan stage and in each quarter.

#### Summary of Progress

This key indicator has also being monitored closely at the Trust board meetings via the Integrated Performance Tracker (IPT).

Figure 17 – Criteria met for certification against compliance with requirements regarding access to healthcare for people with a learning disability

Period 2016-17	Q3	Q4	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
<b>Activity</b>	met	met	met			met			met			met
<b>Target/Plan</b>	met	met	met			met			met			met
<b>Variance to Plan</b>												

Question	CQC Questions
1	Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?
2	Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?: a) Treatment, b) complaints procedures and c) appointments
3	Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning Disabilities?
4	Does the NHS foundation trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?
5	Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?
6	Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

The Trust can confirm that each of the six criteria have been achieved for each quarter during 2016-17

## Attrition (drop-off) rate of breastfeeding prevalence between ten days and six weeks

### Description

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). Breastmilk is the best form of nutrition for infants and exclusive breastfeeding is recommended for the first six months of an infant's life. However, the 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 and respiratory infections in the first year. Also, 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.

During 2016-17 the contract for Health Visiting was put out to tender by the commissioner as part of the Integrated Specialist Public Health Nursing Service (ISPHNS) contract for 0-19 year olds. The Trust is pleased to have submitted the winning bid and will continue to provide the service for the next three to five years.

### 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

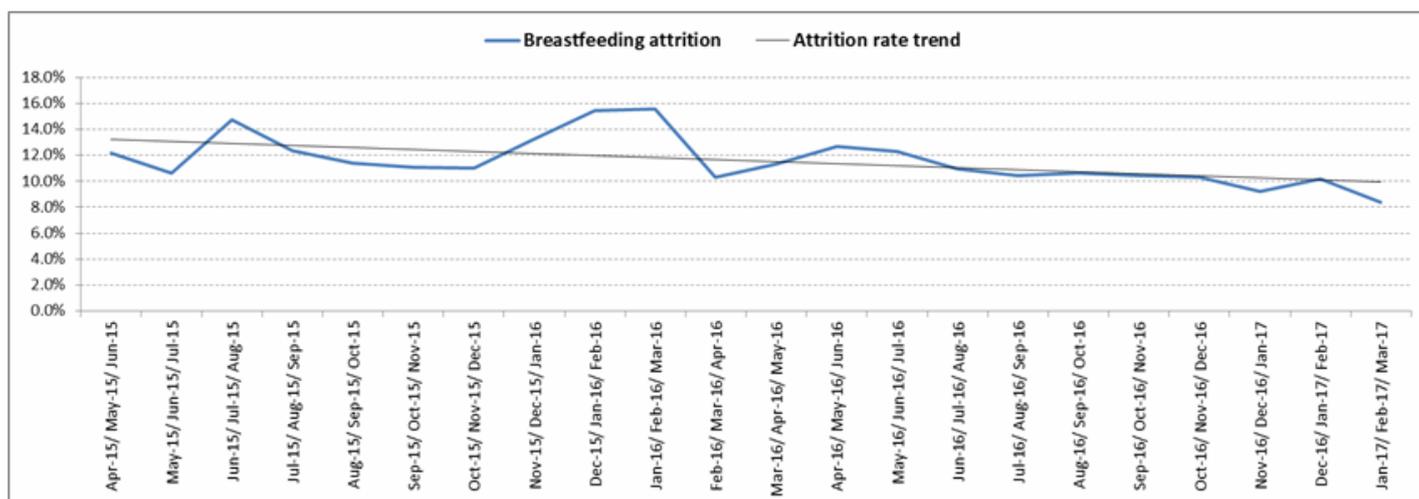
After they leave hospital support for mothers and babies is provided by Health Visitors as part of the 0-19 Years Service, which in the East Riding is provided by Humber NHS Foundation Trust.

From 1 October 2015, East Riding Council took over responsibility from NHS England for commissioning (planning and paying for) public health services for children aged 0-5 years old. This includes Health Visiting and Family Nurse Partnership (targeted services for teenage mothers). The population covered by the infant feeding status indicators is all babies resident in the East Riding.

The key indicator for measuring our performance on supporting breastfeeding is the attrition rate. Comparing the breastfeeding status of each child at ten days with what it is at six weeks is the most meaningful way to measure how effective the Health Visitors are at supporting mothers who are breastfeeding to continue doing so in the early weeks of the baby's life. The drop-off between the ten days and six weeks is referred to as the attrition rate.

The attrition rate fluctuates considerably from month to month, but comparing longer periods gives a more useful indication of progress. A lower attrition rate indicates good performance, as it indicates that a greater proportion of the mothers who were breastfeeding at ten days have been supported to continue breastfeeding until at least six weeks. Graph 1 illustrates that the long term trend shows a clear reduction (improvement) in the attrition rate.

Figure 18 – Reduction (Improvement) in Attrition Rate



The average attrition rate for 2016-17 was 11.1%, compared with 11.7% in 2015-16, an improvement of 0.6%.

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

- Breastfeeding is initially supported by the midwife. Midwives continue to be responsible for supporting babies and their mothers for the first 10-14 days after birth, after which they become the responsibility of the Health Visitors until the child enters school. In the East Riding, Humber Foundation Trust provides the Health Visitor element of the support for mothers and babies, starting with the Birth Visit, which takes place 10-14 days after birth.
- Breastfeeding prevalence at six weeks is highly dependent on whether or not mothers initiate breastfeeding their babies; any rise or fall 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 breastfeeding at 10 to 14 days (our first point of contact). Comparing that with the rate at 6 to 8 weeks helps us to understand the impact our Health Visitors are able to make once the mother and baby have left hospital. The data is collected on our Health Visitor unit on SystemOne.
- The proportion of babies who are breastfed at ten days dropped by 0.6%, from 54.9% in 2014-15 to 54.3% in 2015-16, but has increased (improved) to 54.8% in 2016-17. The proportion of babies who are breastfed at six weeks remained the same at 43% in 2014-15 and 2015-16, but has increased (improved) to 44.2% in 2016-17. The attrition rate dropped (improved) from 11.85% in 2014-15 to 11.7% in 2015-16, and improved again in 2016-17 to 10.6%.

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

- The Trust's Children Services Management team are committed to and very supportive of the UNICEF BFI and are proud to have achieved Level 3 of the UNICEF BFI accreditation scheme

in 2015 and Level 3 maintained accreditation in 2016. Government policy, underpinned by NICE guidance, promotes the adoption and implementation of the UNICEF Baby Friendly Initiative (BFI) as the best evidence-based vehicle to raise levels of breastfeeding prevalence.

Evidence suggests that mothers delivering in Baby Friendly accredited hospitals are more likely to initiate breastfeeding and Community accreditation improves the length of time a mother breastfeeds.

- The Trust 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 2016-17 commissioners have funded a pilot scheme to promote earlier contact by health visitors in order to further reduce (improve) the breastfeeding attrition rate, and this is embedded in the new contract from April 2017. Health visitors are obtaining permission to contact mothers by text (or other means if no text option) to offer earlier support for infant feeding. Breastfeeding can be challenging and it is hoped that earlier support will help more mothers to gain confidence and maintain breastfeeding in the early weeks of life.

#### *Percentage of patients seen within 18 weeks for Admitted & Non-Admitted Pathways (Community Services)*

##### **Description**

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. For patients on an incomplete pathway the national target is set at 92%.

Underlying the 18-week target 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**

As the target relates to the start of treatment, this will involve the majority of patients having had at least two appointments. The first appointment is to assess the patient’s needs and potentially order diagnostic tests, and the second (or potentially 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 patients in the consultant led outpatient clinics provided at Alfred Bean Hospital during April 2016 to March 2017, and has consistently ensured that over 95% of patients attending the clinics start their treatment within 18 weeks.

Figure 19 – Completed Pathway from Referral to Commencement of Treatment

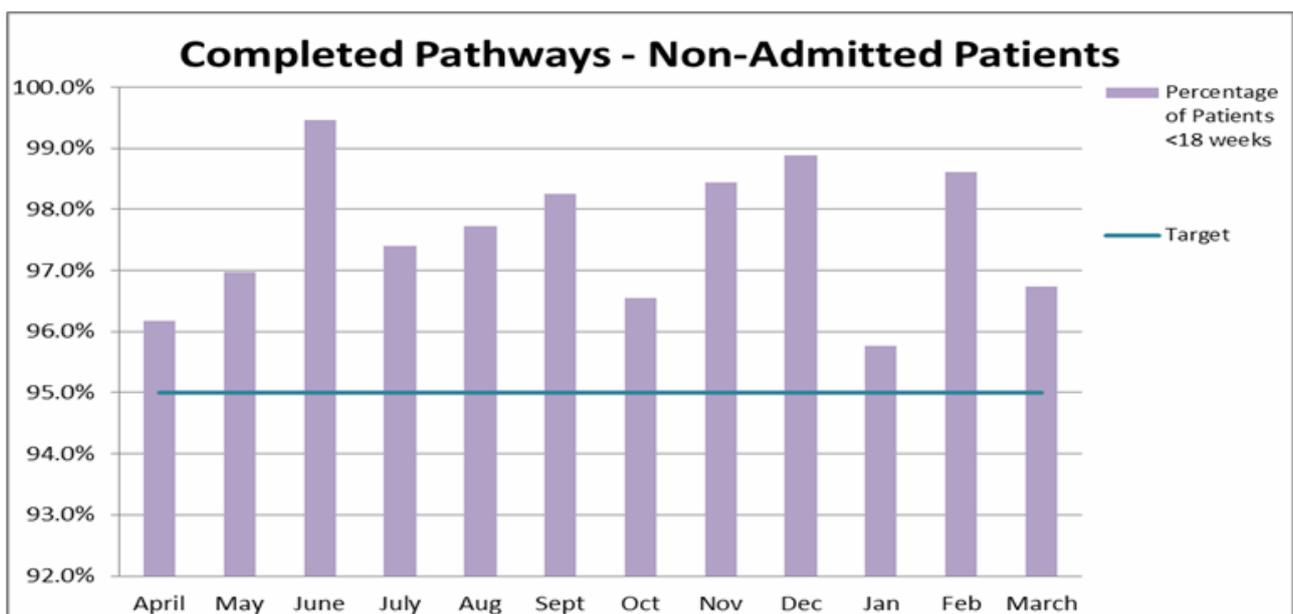
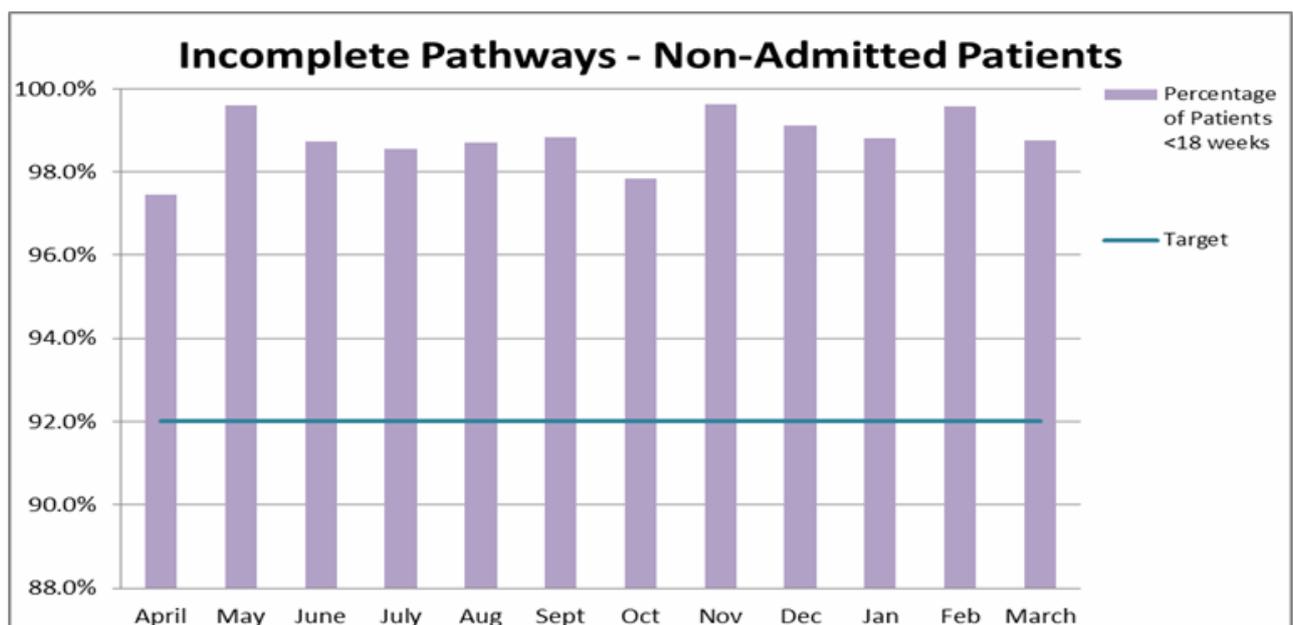


Figure 20 – Incomplete Pathway from Referral to Commencement of Treatment



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.
- Data is sourced via the Lorenzo patient administration systems.

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

- 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.

### Improving Access to Psychological Therapies (IAPT)

#### Description

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

#### Summary of progress

From April 2016, the IAPT team has been measured against this standard for the East Riding and Vale of York catchment area. Both the 6 and 18-week target have been achieved each month up to February 2017.

Figure 21 – Trust-wide Total – Treatments Commenced within Timescale (Monitor Target)

Trustwide Total					
Proportion of Treatments Commenced Within the Timescales Set Out (Monitor Target)					
Month	# of Treatments Commenced	Number of Treatments within 6 weeks of Referral	Proportion of Treatments Commenced within 6 weeks of Referral	Number of Treatments within 18 Weeks of Referral	Proportion of Treatments Commenced within 18 weeks of Referral
Apr-16	159	144	91%	159	100%
May-16	211	186	88%	208	99%
Jun-16	175	158	90%	174	99%
Jul-16	168	156	93%	165	98%
Aug-16	194	179	92%	194	100%
Sep-16	155	153	99%	155	100%
Oct-16	176	170	97%	176	100%
Nov-16	204	200	98%	204	100%
Dec-16	124	122	98%	123	99%
Jan-17	249	232	93%	249	100%
Feb-17	193	187	97%	193	100%
Mar-17	240	234	98%	240	100%

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

- Monthly reporting from the Trusts PCMIS system

Humber NHS Foundation Trust has not had to take any actions to improve the % but will maintain its good practice and quality of service which has been evidenced in year by multiple positive patient surveys (94% response rate) and continue to strive for excellence.

### Percentage of patients seen and discharged/transferred within 4 hours for Minor Injuries Units

#### Description

The Trust provides four Minor Injuries Units (MIUs), three of which are within the East Riding\*\* of Yorkshire and a fourth unit in Whitby, which treat a range of conditions, such as minor wounds and lacerations, suspected closed limb fractures, sprains and minor burns. These are nurse-led units. The nurses are highly skilled clinicians, with extended skill sets, who have all undertaken specific accredited training to enable them to work as nurse practitioners in the field of minor injury/illness.

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

Underlying of the four- hour target within Accident and Emergency and other Urgent Care Centre/Minor Injury Units is the principle that patients should

receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. The service has to have an average weekly attendance of more than 50 people, which is calculated over a quarter.

\*\*The Trust transferred the East Riding MIU's to a new provider from in 1st April 2017 following an extensive procurement exercise.

#### Aim/Goal

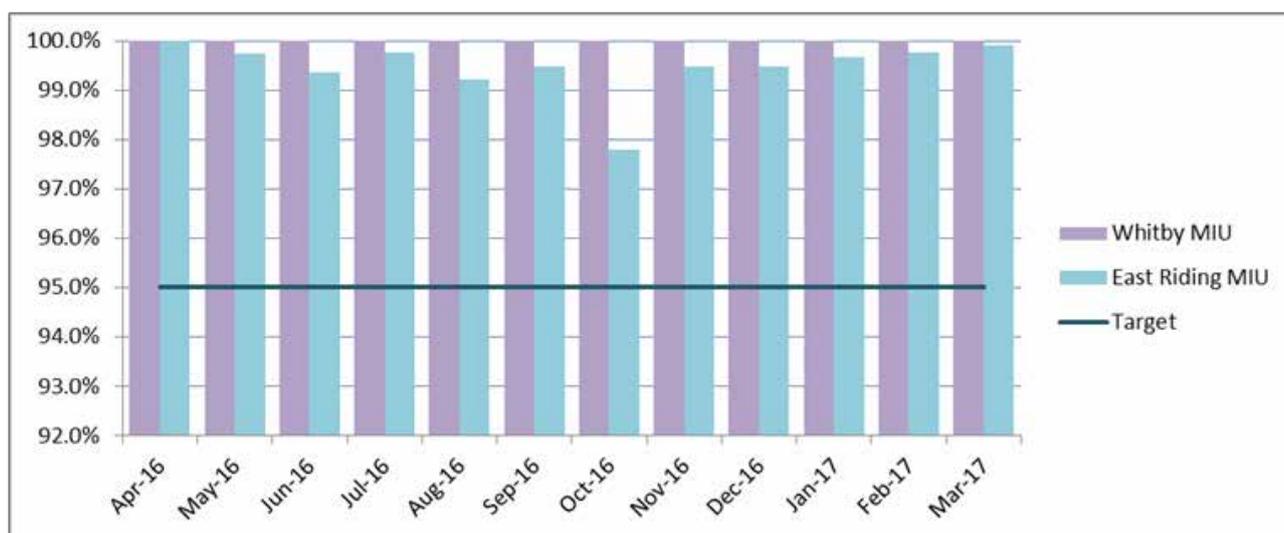
The target relates to when the patient arrives in MIU and stops when the patient leaves the service. For example, this could be either on discharge or referred to an acute hospital for further management or admission.

The arrival time is logged on the patient administration system using the 24-hour clock and is then ended as the time of discharge or transfer entered on the system. Taking into account ambulance transfers this would be no later than 15 minutes after the ambulance has arrived.

#### Summary of progress

The Trust has seen 12,909 East Riding and Hull registered patients in the MIUs at Driffield, Hornsea and Withernsea during April 2016 to March 2017 and reports an average 99.5% of patients seen and discharged / transferred within four hours of arrival. The MIU within Whitby has seen 8,073 Whitby registered patients in the same period; and can report an achievement throughout the year at 100%.

Figure 22- Patients seen and discharged/transferred within 4 hours – Minor Injury Units



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

- Time of departure and total time in the department ends when the patient is discharged home or transferred;
- Discharged home; time of discharge home is defined as when the patient's clinical episode is finished, unless they are waiting for hospital arranged transport or social care/social service support. In these cases, the time of departure is the time the patient actually leaves the department. Patients awaiting family or 'private' transport or who wish to make their own arrangements should be considered discharged once the clinical episode is complete whether or not they have actually left the department;
- Transferred; transfer is defined as transfer to the care of another NHS organisation or other public/private sector agency (for example social services). Time of transfer is defined as when the patient leaves the department;
- Data is sourced via the SystmOne patient administration system.

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

## 2.7 Improving Services

### Complaints and Patient Advice and Liaison Services (PALS)

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

#### Formal complaints

For the period 1 April 2016 to 31 March 2017, the Trust received 238 formal complaints which compares to 164 for 2015-16 and 223 for 2014-15.

Each complaint is treated individually, as although the issues raised may be similar to others, the circumstances are often different for the individual concerned. The Trust aims to respond to formal complaints within 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.

For the period 1 April 2016 to 31 March 2017, the Trust has responded to 234 formal complaints (which compares to 167 for 2015-16). The primary subjects for these complaints are as follows:

Communications	55
Patient Care	38
Appointments	28
Values and behaviours of staff	25
Clinical treatment	18
Trust admin/policies/procedures	14
Admissions and discharge	13
Access to treatment or drugs	10
Other	10
Prescribing	10
Facilities	5
All aspects of restraint	2
Waiting times	2
Staff numbers	2
Privacy and dignity	1
Consent	1

Of the 234 responded to, one has taken their case to the Parliamentary and Health Service Ombudsman.

The following are some examples of actions/learning from complaints responded to between 1 April 2016 and 31 March 2017; all patient specific actions have been excluded.

- Adult Mental Health Community – To review the procedures for how bank details are used and stored in relation to setting up personal budgets in order to ensure optimum protection of confidential data. Information should also be provided to clients explaining how their bank details will be used and stored so that decision making and consent is fully informed.
- District Nursing – To ensure all Community Nursing staff are aware of the system of providing “just in case” medication and the reconciliation of prescribed medication within the patient’s home against the medication stock chart and to ensure practitioners working within OOH are aware of the system in place for administering pain relieving medication to end of life patients in their own home, in order to reduce family distress.
- Older Adult Mental Health, Community – Clear guidance around criteria for respite and where a patient would go when they are deemed not to meet criteria for detention but respite is not an option.
- School Nursing – School Nursing staff to be reminded about importance of record keeping to include appropriate detail, appropriate wording and clear information, using learning from defensible documentation training and to carry out an audit of school nursing records and feedback the lessons learned from audit to all school nursing staff and to follow this with a series of peer adults across 0-19 service.
- IAPT – To remind staff that at all times, during assessment and treatment, patients should have treatment process and protocols explained to avoid miscommunication.
- Adult Mental Health, Inpatient – Standing agenda item on Community Meeting minutes to include patients not going into each other's rooms and swapping property.
- CAMHS – Review definition of “crisis” especially in relation to young people with an additional learning disability and identify the intervention that may be available from the CAMHS crisis team. Record any changes in relevant documentation.

The actions for complaints are monitored by the Complaints department and for each action, and confirmation and evidence is requested from the lead person identified for that action that the action has been completed by the specified time. Once this has been received, the action plans are signed off by the relevant Care Group Director. Each month a summary of the current status of all actions is sent to each Care Group for monitoring.

### *Patient Advice and Liaison Service (PALS)*

For the period 1 April 2016 to 31 March 2017, the Trust responded to 655 PALS contacts which compares to 745 for the previous year. NB: as of 1 October 2016, compliments are no longer recorded via PALS, they are recorded directly by the service or team.

Of the 655 contacts, 172 were referrals to other Trusts. Of the 483 contacts for this Trust, 154 of these were compliments; the remainder were concerns or queries.

### *Priorities for 2017-18*

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

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

"I have been a patient at named unit for the last 6 to 7 weeks; I needed help. One of the staff (named) was always there to listen and to help in any way he could. He is dedicated to his job even when it is hard work getting people motivated when their mood was low. The most important thing I found was that name always listened to what any patient had to say and do."

- Adult Mental Health, Inpatient

"I cannot thank you enough for the love and care that you have given to my husband. You are all worth gold medals instead of chocolates that I bought you. Should I become ill, I hope that I am admitted into the hospital when I know that I will be well cared for. Thank you from the bottom of my heart."

- Community Hospital

A carer praised a member of staff from the Crisis Team for his work with her husband who has dementia. She said his approach was excellent and the way he interacted with her husband made his introduction to daycare go well after her husband was discharged from inpatient services. The carer said she would like people to be aware of how grateful she was for his help at a difficult time. She said he is kind, caring and treats people with respect and "like a friend".

Older Peoples' Mental Health, Crisis team

"Everything is perfect now. The team has helped me survive and get back on track. I'm never judged."

- Adult Mental Health, Community

"Thank you both for your kind and professional help. When I got my toenail removed and both your patient skills helped me to relax. All was explained to me about my treatment, both of you were fantastic. I have been in the ambulance service for 35 and half years and dealt with all NHS workers and it stands out to me you both love your jobs. Thanks."

- Podiatry

"Thank you ever so much for helping me get my arm better, it is very good now. I am back to gym doing basic moves on the bar and all the other pieces. I am still doing my stretches and my arm is basically straight. You helped me more than anyone else. I wasn't sure on doing my stretches but I trusted you so much I just went for it and now I am better and getting back to my things I like to do.

Thanks again you were a great help."

- Physiotherapy

## Staff Survey

The NHS Staff Survey continues to be recognised as an important way of ensuring the views of staff working in the Trust inform local improvements and outcomes for both staff and patients. The results from all participating trusts are made available and allow the Trust to be benchmarked against similar profile Trusts. The survey is undertaken on the Trust's behalf by Quality Health (an independent contractor) using the nationally specified criteria.

The findings from the Annual Staff Survey are presented and considered by the Trust Board along with an action plan for agreed key areas of improvement. The Trust's Workforce and Organisational Steering Group will monitor the delivery of the action plan.

The table below identifies the top five ranking areas compared to the national average score and the Trust's score for 2015.

Area Measured (Questions)	HFT Score 2016	HFT Score 2015	2016 Average National Score
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	94%	94%	93%
Percentage of staff witnessing potentially harmful errors near misses of incidents in the last month.	22%	20%	24%
Percentage of staff experiencing physical violence from staff in last 12 months.	2%	2%	2%
Percentage of staff appraised in the last 12 months	92%	79%	92%
Percentage of staff satisfied with the opportunities for flexible working patterns	57%	54%	58%

The bottom five ranking areas for the Trust and areas which would need further action to improve.

Area Measured	HFT Score	HFT Score	2016 Average
(Key Findings)	2016	2015	National Score
Effective team Working	3.63	3.65	3.87
Support from Immediate Managers.	3.68	3.66	3.88
Recognition and value of staff by managers and the organisation	3.32	3.30	3.55
Percentage of staff able to contribute towards improvement at work	65%	69%	74%
Percentage of staff /colleagues reporting most recent experience of harassment, bullying or abuse. (KF26)	52%	50%	58%

### *KF 21 – Percentage of staff believing the organisation provides equal opportunities for career progression/promotion*

The results of the above area are split into ethnic groupings as follows:

#### **White**

2016 Score 87%

2015 Score 92%

Average for combined MH/LD and community trusts score 89%

#### **Black & Minority Ethnic**

2016 Score 91%

2015 Score not reported (due to the number of respondents and to preserve anonymity of individual staff members where those who contributed was less than 11).

The Trust recognises there are areas requiring improvement and as part of the action plan and the Organisational Development Strategy and Plan, there are actions in place to develop line managers and the leadership development programme commences in April 2017.

The introduction of the Trust's new Communications Strategy will support the improvement in staff engagement and give staff the opportunity to contribute and engage with their line manager and senior management.

To support the improvements the Trust will be launching the Staff Charter along with a new Personal Responsibility Policy in early 2017-18.

### *KF 26 – Staff experiencing harassment, bullying & abuse from staff in last 12 months*

Humber NHS Foundation Trust 2016  
25%

Average for combined MH/LD & Community Trusts  
21%

Trust 2015  
20%

As a Trust we have revised the Values and are launching a new Personal Responsibility Framework, along with a Leadership Development Programme. In addition, we are refreshing a number of our HR policies and rolling out training to Managers.

### **Staff Awards**

Our Staff Awards recognise and celebrate the inspiring and innovative work our staff do across the Trust every day to improve the lives of our patients. Staff from across the Trust were invited to nominate their colleagues and teams in any one of the categories below:

The judging panel received many excellent entries, which made it very difficult when it came to picking the winners. It was clear that the Trust is fortunate to have many employees who frequently go above and beyond the call of duty to deliver the highest quality care to our patients. The Chairman and Chief Executive were delighted with the standard of entries and thrilled to honour the most outstanding nominees:

- Outstanding Team of the Year
- Outstanding Individual of the Year
- Innovation and Progress – sponsored by Safe at Home
- Improving Patient Dignity and Respect
- Improving Patient Safety – sponsored by Sewell
- Working in Partnership with other Agencies
- Delivering Compassionate Care - sponsored by Citycare
- Behind the Scenes
- Rising Star
- Championing Health and Wellbeing
- Chair's Award
- Chief Executive's Award

## *Workforce Development*

A number of our workforce developments are outlined below. Hard-working, dedicated and loyal, our staff are the Trust's most important asset. Without their support we would not be able to provide a range of high quality services to our patients and carers. It makes good sense, therefore, for the Trust to invest in our employees' skills. Equipping our staff with the tools which enable them to work more effectively is – and will remain – one of our key aims.

### *Resuscitation officer*

The appointment of a full time Resuscitation Officer has enabled higher availability of training and regular ILS/BLS/Anaphylaxis and Emergency Medication dates to be planned throughout the year.

Work is also progressing on recruiting link trainers for Basic Life Support to enable a more responsive, flexible approach to training.

### *Moving and Handling Facilitator*

The appointment of a new Moving and Handling Facilitator necessitated a review of moving and handling provision within the Trust. We have developed a role specific approach for staff groups, which includes clinically focused movement of patients and separate focus for those involved in the movement of equipment and consumables.

### *Clinical skills room at the learning centre*

We are in the process of updating our clinical skills equipment to enable us to deliver more sophisticated clinical simulation training, including live defibrillation and deteriorating patient scenarios.

### *Humber NHS Foundation Trust Standard Portfolio*

A standard portfolio package was re-launched in November 2016. The portfolio is to be used by all staff in the Trust and includes information on the individual's job role, qualifications, completion of statutory and mandatory training and continuing development. The new portfolio framework meets the changing needs of the workforce and reflects the diverse professions within Humber Trust. Training sessions have been delivered regularly with positive staff evaluations.

## *Preceptorship Programme*

The Preceptorship pilot was launched in October 2016 for newly registered Nurses and Allied Health Professionals. The aim of the programme is to promote a successful transition from pre-registered student to registered practitioner with thirty nine Preceptees beginning this process. Working with the Preceptees

the training department has begun to facilitate mid and final reviews to evaluate the positive and negative aspects of the programmes. This will also enable development and improvement for the 2017 programme.

### *Emergency First Aid*

In 2016 the decision was made to deliver Emergency First Aid as an internal course available to all appropriate Humber staff. This one day course is renewed on a three-yearly basis and formally certificated through an external agency. Evaluations indicate the course meets the requirements of the Trust and feedback from delegates have suggested increased confidence when faced with an emergency situation.

### *The Care Certificate*

Since the launch of the Care Certificate within the Trust in 2016 we have welcomed and supported 32 new health care assistants to undertake the Care Certificate. A total of 16 have successfully completed their learning and the remainder are at various stages of progress.

Essential to the success of the Care Certificate is the support and guidance of all the new starters. Colleagues of all backgrounds and disciplines have played an important part but especially those who have taken on the role of assessor/mentor to the new staff. A total of 44 registered staff have received instruction and guidance to assist them to undertake this key role.

## Part Three: Other Information

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

The Trust would like to thank our commissioners and partners for their response to the quality accounts and looks forward to continuing to work together to deliver the highest possible care during 2017-18.

#### **Joint response from NHS East Riding of Yorkshire Clinical Commissioning Group and Hull Clinical Commissioning Group**

**Responses to the comments below have now been added to the Chief Executive Officer's statement.**

NHS East Riding of Yorkshire Clinical Commissioning Group and Hull Clinical Commissioning Group are pleased to be given the opportunity to review and comment on Humber NHS Foundation Trust's Quality Report for 2016-17.

The Quality Account provides Commissioners with a useful overview of progress made and challenges encountered by the Trust during 2016-17. The CQC Inspection undertaken in April 2016 is acknowledged in the report. Commissioners note the actions taken by the Trust across the care groups in response to the findings of the Care Quality Commission Inspection and in particular note the Trust's response to the warning notices issued.

We acknowledge the positive work undertaken by the Learning Disability services and welcome the introduction of the My Health App which ensures people with a Learning Disability are actively informing how they wish to be cared for.

With regards to serious incidents and organisational learning, we note the transformation programme underway within each of the care groups to incorporate key themes emerging from serious incident investigations into action plans. We welcome the approach taken by the Trust to streamline teams and ways of working; further information to explain the actions the Trust will be taking to evaluate the effectiveness of this from a patient perspective would have been a useful inclusion in this report.

Involvement from patients and carers in Quality visits is welcomed by Commissioners. It would have

been helpful to have been made aware of the areas of good practice already identified from Quality visits and how these have been shared across the organisation along with the actions taken where services were not deemed to be as effective as the Trust would wish.

Having reviewed the Quality Accounts there are areas within the submitted document for which we would like to see the inclusion of further information as follows:

- The ongoing challenges the Trust faces in the recruitment and retention of Nursing and Medical staff, this is not cited
- How the Trust works with each of the Adult and Children's Safeguarding Boards to identify and embed learning from Serious Case Reviews

The draft report reflects an accurate picture of the Trust based on data included to date which in some areas is awaiting year end data. Taking that into account and the comments noted above, we can confirm that to the best of our knowledge, that 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.

We note the engagement approach taken by the Trust in the selection of the Trust's priorities for 2017-18 and Commissioners would welcome seeing examples of the Trust piloting new innovative therapies/approaches to clinical care.

NHS East Riding of Yorkshire Clinical Commissioning Group and Hull Clinical Commissioning Group look forward to working with the Trust to continue to improve the quality, safety and effectiveness of services for our patients and to continually improve patient outcomes.

#### **Jane Hawcard**

**Chief Officer**

*NHS East Riding of Yorkshire Clinical Commissioning Group*

#### **Emma Latimer**

**Chief Officer**

*NHS Hull Clinical Commissioning Group*

### *Hull City Council's Health and Wellbeing Overview and Scrutiny Commission*

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission has continued to receive regular performance updates from the Humber Foundation Trust, and is keen to support any mechanism, that seeks to improve service performance, including the 2016-17 Quality Accounts. Members have welcomed the opportunity to be involved in the Quality Accounts process and look forward to receiving future updates.

#### **Antony Spouse**

**Scrutiny Officer**

*Town Clerk's Service*

*Resources Directorate*

*Hull City Council*

### *East Riding of Yorkshire Council – Health, Care and Wellbeing Overview and Scrutiny Sub-Committee*

The Humber NHS Foundation Trust has engaged with the Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee throughout its work programme 2016-17. This has included monitoring performance against the Trust's current priorities and previous CQC inspection outcomes. The Sub-Committee also welcomed the opportunity to participate and comment on the development of the 2016-17 Quality Accounts through an engagement workshop and were pleased to see that comments raised at that workshop have been taken into account.

The Draft Quality Accounts are set out in a clear and easy to understand format, with the progress made against previous year priorities clear to see. The Sub-Committee welcome the transparency of the Draft Quality Accounts, with the relevant evidence and data provided to support the outcomes. With regard to progress made against the 2016-17 priorities, it would make it clearer to the audience if a simple traffic light system could be displayed to show which priorities are complete, on target or not on target.

The Sub-committee welcome the priorities set for 2017-18, particularly around reducing stigma associated with mental illness as this is a crucial key piece of work in improving the lives of those people with mental health problems.

#### **Gareth Naidoo**

**Senior Committee Manager**

### *Healthwatch Kingston upon Hull*

Healthwatch Kingston upon Hull welcomes Humber NHS Foundation Trust's Quality Accounts for 2016-17. We think the account is representative and comprehensively explains which services are offered by Humber NHS Foundation Trust.

We welcome Humber's commitment to work with patients, carers and staff to shape future service models.

We are pleased to note that Humber plans to review the definition of (mental health) "crisis" particularly in cases where young people have additional learning disability. We look forward to seeing the outcome of that review.

We also welcome plans to open a new 'crisis pad' in Hull, in partnership with Humbercare, to work with the new 24/7 rapid response crisis team.

#### **Lucy Heatley**

**Research & Reporting Officer**

"I am satisfied that the document is compliant with the three criteria (representative, provides a comprehensive overview and there are no omissions) and I have no narrative to be included in the document. On a personal level, I anticipate that the final version will prove to be a useful 'working' document for directing the focus of where future improvements could be achieved."

#### **Martin Clayton**

**Trust Governor**

"I believe that the Trust Quality Accounts provide clear and informative representation, the Coverage appears to be a true representation of Trust Services for this period and I don't believe there are any omissions."

#### **Julie Hastings**

**Trust Governor**

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

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

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality report meets with requirements set out in the NHS foundation trust annual reporting manual 2016-17 and supporting guidance
- 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 2016 to March 2017
  - papers relating to quality reported to the board over the period April 2016 to March 2017
  - feedback from commissioners dated 4<sup>th</sup> May 2017
  - feedback from governors dated 31<sup>st</sup> March 2017 (incorporated into this document)
  - feedback from Hull Healthwatch organisations dated 3<sup>rd</sup> May 2017 (East Riding Healthwatch did not respond)
  - feedback from Overview and Scrutiny Committees dated 2<sup>nd</sup> May 2017
  - summative data from the trust's quarterly complaints report to provide annual data relating to complaints received within the Trust. The annual complaints report published under regulation of the Local Authority Social Services and NHS Complaints Regulations 2009 will be submitted to the June Board.
  - the 2016 national patient survey presented to the Board in December 2016
  - the 2016 national staff survey presented to the Board 1<sup>st</sup> June 2016
  - the Head of Internal Audit's annual opinion of the trust's control environment dated April 2017
  - CQC inspection report dated 10th August 2016
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

25<sup>th</sup> May 2017. .....Chairman

25<sup>th</sup> May 2017. .....Chief Executive

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

#### **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 2017 (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 2017, 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 2017 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- 100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital; and
- Admissions to inpatient services had access to crisis resolution home treatment 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 NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2016/17 Detailed requirements for external assurance for quality report for Foundation Trusts; 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:

- board minutes for the period April 2016 to March 2017;
- papers relating to quality reported to the board over the period April 2016 to March 2017;
- feedback from the Commissioners dated 4 May 2017;
- feedback from the Governors dated 31 March 2017;
- feedback from Hull Healthwatch organisation dated 3 May 2017;
- feedback from the Overview and Scrutiny committee dated 2 May 2017;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2016 (Q1), Oct 2016 (Q2) and Dec 2016 (Q3);
- the latest national patient survey;
- the latest national staff survey;
- Care Quality Commission inspection report dated 10 August 2016; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2017.

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

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

#### **Assurance work performed**

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

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

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

#### **Limitations**

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

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

The scope of our assurance work has not included consideration of quality governance 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 2017:

- 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  
Newcastle Upon Tyne  
26 May 2017

## Annex 4: Glossary

<b>BMI – Body Mass Index</b>	A measure of body fat based on height and weight.
<b>Care Co-ordinators</b>	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
<b>Care Plan</b>	A document which plans a patient's care and can be personalised and standardised.
<b>Care Review</b>	A review of the care a patient is receiving usually carried out between a healthcare professional and the patient to ensure that the care given is still meeting the needs of the patient.
<b>CCG – Clinical Commissioning Group</b>	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
<b>Clostridium difficile</b>	A type of bacterial infection affecting the digestive system.
<b>Community Hospitals</b>	The Trust has three Community wards providing short term 24-hour clinical care and rehabilitation – Macmillan Wolds, Withernsea and East Riding Community Hospital.
<b>CPA – Care Programme Approach</b>	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
<b>CQC – Care Quality Commission</b>	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
<b>CQUIN – Commissioning for Quality and Innovation</b>	A framework rewarding excellence in healthcare by linking achievement with income.
<b>CRHT – Crisis Resolution Home Treatment</b>	A way of treating patients at home who are requiring intensive mental health treatment rather than at hospital.
<b>DoH – Department of Health</b>	Responsible for Government policy on health and social care in England.
<b>FFT – Friends and Family Test</b>	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
<b>Freedom to Speak Up Guardian</b>	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
<b>GP Practice RISC</b>	A risk stratification tool that identifies patients who would benefit from preventative care
<b>HDAT</b>	High Dose anti-psychotic therapy
<b>KPI – Key Performance Indicators</b>	Indicators which help an organisation to measure progress towards goals.
<b>Lorenzo</b>	An electronic health record for patient records.

<b>MONITOR</b>	Independent regulator for NHS Foundation Trusts
<b>MRSA – Methicillin-resistant staphylococcus aureus</b>	A bacterial infection, resistant to a number of anti-biotics.
<b>MSNAP</b>	Memory Assessment Service Accreditation Programme
<b>NCS – Neighbourhood Care Services</b>	The 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 an East Riding of Yorkshire GP.
<b>NHS England</b>	NHS England is an executive non-departmental public body of the Department of Health.
<b>NICE</b>	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
<b>NPSA – National Patient Safety Agency</b>	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
<b>Nursing Dashboard</b>	Provides nurse sensitive indicators around patient safety
<b>Palliative care</b>	End of Life Care
<b>PREM – Patient Reported Experience Measure</b>	Assess the quality of care delivered to NHS patients from the patient perspective.
<b>PROMS – Patient Reported Outcome Measures</b>	Assess the quality of care delivered to NHS patients from the patient perspective.
<b>SEQOHS – Safe Effective Quality Occupational Health Services</b>	Accreditation which recognises Occupational Health services that provide safe, appropriate and effective care for staff.
<b>SitReps – Situation Reports</b>	A report on the current situation to inform of any issues within services at that time.
<b>Sustainability and Transformation Plan (STP)</b>	The purpose of Sustainability and Transformation Plans (STPs) is to help ensure health and social care services in England are built around the needs of local populations.
<b>SystemOne</b>	An electronic health record for patient records.
<b>Talking Therapies</b>	Talking Therapies is a friendly and approachable service that helps people with common problems such as anxiety, depression, stress and phobias
<b>Trust Board</b>	The Trust Board has overall responsibility for the activity, integrity and strategy of the Trust and is accountable, through its Chairman, to the NHS Trust.