



Humber Teaching  
NHS Foundation Trust

# 2019/20

# Quality Account

*'Humber and Proud'*





**Humber Teaching**  
NHS Foundation Trust

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

- 1.1 Chief Executive's Statement
- 1.2 Patient and Family Stories
- 1.2 Patient and Family Stories**

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

- 2.1 Priorities for Improvement
- 2.2 Our Approach to Quality Improvement and Quality Governance
- 2.3 Looking Back: Review of the Quality Priorities in 2019/20
- 2.4 Looking Forward: Our Quality Priorities for 2020/21
- 2.5 Statements of Assurance from the Trust
- 2.6 Mandatory Quality Indicators

## **Part Three: Other information on Quality Performance 2018/19**

- 3.1 Key National Indicators
- 3.2 Performance in Relation to other Indicators Monitored by the Board

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

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

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

### **Annex 4: Our Strategic Goals**

### **Annex 5: Glossary and Further Information**

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



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

## Welcome and Introduction to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account. All providers of NHS care are required to produce an annual Quality Account showcasing the work undertaken during the year to continuously improve the quality of our services based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the fantastic work that our staff, patients and carers have undertaken together throughout 2019/20.

**This document is divided into three sections:**

**Part One:** Provides an overview of Humber Teaching NHS Foundation Trust and shares with you a celebration of our successes over 2019/20. We also include a statement from our Chief Executive, Michele Moran. The section concludes with two stories, one from Georgina a carer and another from Tom a patient.

**Part Two:** Outlines the progress we have made during 2019/20 in relation to the quality priorities we set in our last Quality Account. We also share the priorities we have set for the coming year (2020/21) that have been agreed with our patients, carers, staff and stakeholders. This section then goes on to share our performance against a number of mandatory performance indicators identified by NHS Improvement.

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

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

**The purpose of Quality Accounts is to enable:**

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

# Humber Teaching NHS Foundation Trust at a glance...



Rated **Good** by the Care Quality Commission

We are the Health Service Journal  
Mental Health Provider of the Year 2019



We employ more than 2,800 staff across 79 of our sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

94% of our staff area aware of our values of caring learning and growing



We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres

## What our patients and carers say...

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

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

"The team is courteous, caring, friendly and honest."

"Extremely caring and compassionate attitude and conscientious about providing help and support."

## What our staff say...

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

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

"The importance of teamwork runs throughout the trust which makes me feel very supported in my role."

"Flexible working has allowed me to maintain a great work-life balance for me and my family."

## About the Trust

Humber Teaching NHS Foundation Trust are a highly successful, highly reliable multispecialty health and social care provider who aims to improve the physical, mental and social health and wellbeing of our patients and service users.

We are a leading provider of integrated health services with the care of our patients at the heart of what we do. We are committed to listening to and learning from our staff, patients and service users to continuously improve and develop our services to enhance the health outcomes and experiences of our communities.

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

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

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield. Inspire, our Children and Adolescent Mental Health in-patient unit serves the young people of Hull, East Yorkshire and North-East Lincolnshire.

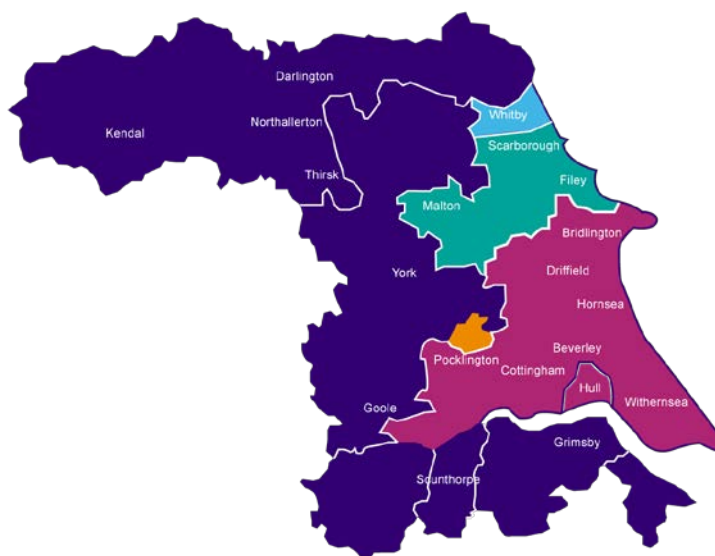
We hold a total of eight GP practice contracts registered to provide care with the Care Quality Commission (CQC). These are a mixture of GMS, Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts across Hull, Hessle, Cottingham, Market Weighton and Bridlington.

We employ approximately 2800 staff working across over 79 sites covering five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale

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

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

Through our high quality services, excellent employee experience and outstanding and innovative practice and research we are able to meet our strategic objectives and the expectations of those in our care. Humber Teaching NHS Foundation Trust are a highly successful, highly reliable multispecialty health and social care provider who aims to improve the physical, mental and social health and wellbeing of our patients and service users.



## Our Values



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

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

## Our Vision

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



## Our Strategic Goals



Innovating  
quality and  
patient safety



Enhancing  
prevention,  
wellbeing  
and recovery



Developing  
an effective  
and  
empowered  
workforce



Promoting  
people,  
communities  
and social  
values



Fostering  
integration,  
partnerships  
and alliances



Maximising  
an efficient  
and  
sustainable  
organisation

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

## Our Development and Success Highlights for 2019 - 2020

<b>2019</b>	
<b>January</b>	<ul style="list-style-type: none"> <li>✓ We held our 'Building our Priorities' event with patients, service users, carers, commissioners and third sector organisations to agree our 2019/20 Quality Account Priorities.</li> <li>✓ 17 January, a meeting was held with the Trust governors to agree the local indicator for the Quality Account. The indicator they chose was clinical supervision.</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>✓ The Trust joined thousands of other groups, schools and members of the public in having conversations about mental health on Time to Talk Day (7 February)</li> <li>✓ The CQC undertook its 'Well Led' inspection of the Trust 12-14 February.</li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>✓ Humber Teaching NHS Foundation Trust's Frequent Attenders Service was shortlisted as a finalist for a Specialist Service Award in the 2019 HSJ Value Awards.</li> <li>✓ The East Riding Social prescribing team launched the first ever Social Prescribing Day on 14 March to raise awareness of the service and celebrate smashing set healthcare targets with over 2,500 referrals made since launch.</li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>✓ In April 2019, the Trust launched Proud, an organisational development programme that aims to recognise and enhance the skills of staff, celebrate our strengths as individuals and teams and promote solution focussed and collaborative working. Significant progress has been made during 2020/2021 to introduce the things that were important to our staff, including health and wellbeing, equality and diversity and leadership development.</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>✓ The Trust maintained "Good" rating with "Outstanding" features, after being inspected by the Care Quality Commission (CQC).</li> <li>✓ Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive; and "Outstanding" for their services to support young people who are at risk at developing mental health problems.</li> <li>✓ The Trust was awarded the lead contract from the East Riding of Yorkshire Council in May 2018 in a bid to help people tackling non-medical issues without needing medical assistance.</li> <li>✓ Our third annual research conference was attended by over 170 people individuals from over 26 organisations including commissioners, universities, NHS trusts, independent providers, local Clinical Research Network, and professional groups. Results from research were shared with the audience and new exciting opportunities for participation in future studies presented.</li> </ul>



<p><b>June</b></p>	<ul style="list-style-type: none"> <li>✓ We were one of the first 13 trusts to implement electronic prescribing. We have taken a phased implementation approach to launch the system, which will help improve patient safety by reducing the risks associated with traditional methods of prescribing and administering medicines.</li> <li>✓ The Trust Occupational Health service was awarded the SEQOHS (safe, effective, quality occupational health services) accreditation. The accreditation assessed the team against standards to evidence a culture of continual quality improvement. The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines.</li> </ul>
<p><b>July</b></p>	<ul style="list-style-type: none"> <li>✓ Our first Professional Strategy for Health and Social Care Staff was launched. The strategy was developed by professionals who represent our diverse, dedicated and highly skilled workforce and aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career.</li> <li>✓ Our Social Values report was also published as part of the Trust's NHS Day Celebrations. Our social values report highlights how our teams and patients have embraced the significant challenges facing the NHS as it adjusts to increasing complexity in delivering high quality health care.</li> </ul>
<p><b>August</b></p>	<ul style="list-style-type: none"> <li>✓ The Integrated Specialist Public Health Nursing Service (ISPHNS) joined thousands of breastfeeding mothers, babies and children across the world to gather in their communities to take part in the Global Big Latch On.</li> <li>✓ The events were an opportunity to celebrate been awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award. The team working in partnership with East Riding of Yorkshire Council are the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.</li> </ul>
<p><b>September</b></p>	<ul style="list-style-type: none"> <li>✓ A series of five films showcasing the work of Trust in engaging patient and carers titled 'Patient Experience for Quality Improvement' were launched by NHS England/Improvement over five events across the country. They highlight the positive impact of involvement in Trust activities for our patients, service users and carers and demonstrate how the development of the co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the team and champions.</li> <li>✓ Our Patient Safety Strategy was launched on at the first World Patient Safety Day. The launch was part of a patient safety educational event 'Speak Up for Safety' hosted for staff. The strategy demonstrates that safety is at the heart of all we do and supports a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk.</li> </ul>

<p><b>October</b></p>	<ul style="list-style-type: none"> <li>✓ The Trust was named as one of 11 pilot sites to test new integrated mental health care services for adults. These sites will collectively receive more than £70million in additional funding during 2019/20 and 2020/21. The new models of care will more closely align community-based mental health teams to the emerging Primary Care Networks, helping to remove barriers between primary care and secondary care to create a seamless service. This will enable people to receive appropriate care from community mental health services within four weeks from referral to treatment.</li> </ul>
<p><b>November</b></p>	<ul style="list-style-type: none"> <li>✓ The Trust was awarded the prestigious Mental Health provider of the Year award at the Health Service Journal Awards.</li> <li>✓ The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve. The Judges said that “The journey for this organisation is exemplary.....they don’t know quite how impressive they are. They retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust”.</li> </ul>
<p><b>December</b></p>	<ul style="list-style-type: none"> <li>✓ The Trust became the Lead Provider for IAPT service across the East Riding of Yorkshire CCG geographic Boundary from the 1st December 2019.</li> </ul>
<p><b>2020</b></p>	
<p><b>January</b></p>	<ul style="list-style-type: none"> <li>✓ The Trust’s new children’s and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened.</li> <li>✓ Inspire marks a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.</li> <li>✓ Humber Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features.</li> </ul>

<p><b>February</b></p>	<ul style="list-style-type: none"> <li>✓ The results of a Care Quality Commission (CQC) led survey of our mental health inpatient services has ranked our Trust better or equal to the national average compared to other NHS Trusts.</li> <li>✓ Our Trust was in the top 20% for patients being involved in decisions about their care and treatment (39.7%), the quality of our hospital food (72.5%), explaining the purpose of medications given to patients (55.9%), and not delaying discharge for any reason (86.3%) which was the highest score amongst all Trusts.</li> <li>✓ A new café providing those with complex needs a place to work and develop their skills opened its doors at Trust headquarters. The café is run by charity Autism Plus who supports adults and young people with autism, learning disabilities, mental health conditions and complex needs. The outlet, which is supported by Trust charity Health Stars, provides freshly prepared food daily for staff and visitors whilst supporting workers to build their careers, gain qualifications and build confidence.</li> </ul>
<p><b>March</b></p>	<ul style="list-style-type: none"> <li>✓ Work started on site for the Whitby Hospital remodelling project. The project, which is been led by the NHS Property Services will see all services come together in the current tower block. The hospital redevelopment is part of the CCG's Vision for Whitby and surrounding areas which sets out a direction of travel for sustainable health and social care services including the transformation of community services.</li> <li>✓ During March the COVID-19 pandemic began to take hold nationally and the Trust moved into a phase of emergency preparedness, establishing a dedicated COVID-19 rapid response team, developing COVID-19 treatment cohort wards; refreshing and developing a range of clinical policies and procedures to support clinicians and a range of measures to further support staff to promote workforce resilience during these unprecedented times. These measures were all in place by the time the Trust saw the first case of COVID-19.</li> </ul>

## 1.1 Chief Executive's Statement

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

It has been a proud year for the Trust as we were named as Mental Health Provider of the Year at the Health Service Journal Awards on 6 November 2019. This demonstrates the dedication and commitment of our staff to ensuring that we deliver the best possible care to the communities that we serve. However, while we are incredibly proud of this award, we continue on our journey to be recognised as Trust that continuously delivers services that are outstanding for the communities we serve.

In May 2019 we received the outcome of our Care Quality Commission (CQC) inspection and the Trust maintained "Good" rating with "Outstanding" features. Although we retained a rating of 'requires improvement' for the CQC safe domain it is important to note that the majority of our services were rated "Good", demonstrating our continued improvement journey.

In order to continue to improve our performance in relation to safety we launched our Patient Safety Strategy in September 2019. This strategy aligns with the ambitions set out in the national NHS Patient Safety Strategy (2019), builds on the fantastic achievements from our previous strategy (2016-18), and sets ambitious goals for the next three years in order to realise our ambition to become an outstanding organisation.

Central to the delivery of high quality, safe, and effective care is our commitment to patient, service user and carer involvement. Our approach has been recognised nationally and in September 2019 a series of five films showcasing the work of Trust in engaging patient and carers titled 'Patient Experience for Quality Improvement' were launched by NHS England/Improvement over five events across the country. The films highlight the positive impact of involvement in Trust activities for our patients, service users and carers and demonstrate how the development of the co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the Trust and champions.

In January 2020, Inspire, the Trust's new children's and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened. Inspire marks a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

Recruitment and retention of professionally registered staff, particularly nurses, Psychiatrists and General Practitioners remains an area of challenge for the Trust which mirrors the national picture. This further reinforces the Trust commitment to investing in the development and wellbeing of our staff, to not only ensure we retain our excellent staff but also are recognised as an excellent employer. Therefore, investment in the wellbeing and development of our staff is a key priority for the Trust and is something I as Chief Executive am particularly passionate about.

In April 2019, the Trust launched **Proud**, an organisational development programme that aims to recognise and enhance the skills of staff, celebrate our strengths as individuals and teams and promote solution focussed and collaborative working. In addition we have established a wellbeing forum, which is placing staff wellbeing at the heart of achieving excellence in care.

Reducing waiting lists remains a priority area for the Trust. The Trust's Waiting List and Waiting Times Policy ensures that patients are contacted regularly whilst they are on a waiting list to mitigate the risks associated with waiting. Our ambition is that all of our waiting lists are reduced and compliant with national requirements. The work we are undertaking to reduce waiting lists is

already showing an improved position. We will continue with our focus on this work during 2020 to ensure no one who needs to access our services is waiting over the national standards.

The Quality Account showcases further examples of quality improvements achieved across all of our services during 2019/20. I am immensely proud of everything we have achieved in the last year and this is testament to the hard work and dedication of our staff and the patients and carers who work with us to continuously improve the quality of services. This dedication and commitment to providing high quality care has become particularly evident as the Coronavirus pandemic has taken hold nationally. Our staff have enabled service transformation at pace to support good patient care and support staff health and at times step into roles that they would not otherwise do. Every day I am amazed by the dedication and commitment of our staff during this crisis, working above and beyond to support patients and colleagues, when they are also often caring for vulnerable relatives in their personal lives. As a Trust we have shown our capacity to move at pace to ensure that we continue to provide a high quality care whilst minimising the risk of infection, through the use of technology. We have also placed considerable emphasis on the wellbeing of our staff, both psychologically and physically through ensuring the availability of appropriate personal protective equipment.

As we move ahead into the next financial year the coronavirus pandemic will continue to challenge us all, but as we move through this crisis it will also provide an opportunity to reflect on the new ways of working we have developed, some of which we may choose to continue. However, with our commitment to achieving both efficiencies and quality improvements through our quality improvement approach, we are confident that we can meet our financial targets and continue to provide high quality services. We look forward to another year and building on our success and keeping quality at the heart of everything we do.

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



**Michele Moran**  
**Chief Executive**  
**Humber Teaching NHS Foundation Trust**

## 1.2 Patient and Family Stories

In this section we are privileged to share with you two stories, one from Georgina, the wife of a military veteran experiencing symptoms of post-traumatic stress disorder and another from Tom a patient receiving care from our early psychosis service (PSYPHER). Both Georgina and Tom have presented their stories to our Trust Board.

### A Wife's Experience – Georgina's Story

PTSD or Post Traumatic Stress Disorder is one of those things that until recently, many of us would not have heard of or even experienced. Have you ever wondered how it affects people around the sufferer? Many documentaries often show the scars of war and trauma as physical but leave out the mental issues. There has always been a stigma with mental health; in Victorian times you were branded a lunatic and locked away, thankfully things are not that way anymore.

It had been loitering in my life for a while, I crept around it, avoided it, shut myself away until one day it broke me. I teetered on the edge of something very unpleasant and at times uncontrollable. But I am glad to say, it now plays a smaller part in my life thanks to great support from friends, family, work and I can now say a mental health team.

I suffered my own traumas but the main one has been dealing with my husband's PTSD. He came back from Iraq a different man to the one who left in 2003. It was not just this conflict that affected him but others such as Northern Ireland and Bosnia. I was unaware for a long time of what he had seen and felt, I think there were times when he had tried to talk about it but I had said, "Don't tell me I can imagine" but how could I really?

Living with someone who has the condition is very hard. It can be very lonely and extremely isolating as often the sufferer doesn't realise how their behaviour is affecting you. We live with the experiences daily, it's hard to admit that you might not be coping or even understanding their behaviour. There are times when you feel like leaving, feel withdrawn, lack in confidence and at times not sure what the best thing is to do. You regularly make excuses for their behaviour; ignore your own feelings of frustration and anger. They become argumentative, drink more and become very self-absorbed. They become withdrawn and aggressive. Eventually something must give and that was me.

We had dealings at first with Combat Stress and through them and our local GP; we were referred to the Humber Traumatic Stress Service. It has a team that works with veterans and families (if needed) and an outreach service that veterans can self-refer direct. It was a combination of these services that started a long and challenging road to recovery.

At the service, I was able to talk in my own space, about what had happened in my own life, my feelings and without judgement. I was helped to realise that my own needs were just as important and that a lot had affected me too. I was encouraged to rediscover things I had once loved doing, such as art. It took a huge amount of effort and on some days, I had no enthusiasm but gradually things came back. I also rediscovered my love of writing and other creative arts. I also discovered the Big White Wall, an NHS funded scheme for members of the forces, families etc. where you can write anonymously on a virtual postcard. Other members can give advice, help or share experiences.

PTSD is just not a symptom of military life; it can happen to anyone who witnesses a traumatic event (such as an accident or childhood event). Our brains store memories like a film or photograph and when a traumatic or series of events occur, these images get stuck and replay. Some people can process these thoughts and move on, but others can't, and this creates a constant loop of nightmares, smells and noises. Can you imagine having these things interfere with your daily life, often at inappropriate times? For example, at night, in a crowded place, even on holiday. Unfortunately, some individual's way of dealing with these issues' can make them



depressed, angry, frightened, anxious and so unhappy; they may lose family, jobs or sadly their life.

We all need an understanding of the condition, and it affects people. The hardest part is realising you need it and asking for it. It takes a lot of courage to speak out. Perhaps the next time you hear or meet someone with issues don't look on them as weak. Without the help of many of the mentioned agencies, friends and family I'm not where we would be today.

PTSD is the third person in our marriage and it certainly was not invited but now we know how to deal with it and prevent it from interfering.

## **A Patient's Experience – Tom's Story**

My journey within the NHS began in the summer of 2017 I was struggling with varying factors in my life and had found comfort in solace, self-medicating and self-harm. These were all unhealthy factors which would eventually lead me to being admitted into Hospital at Avondale and eventually Mill View. Along with suffering from acute depression and anxiety I also began suffering with first stage psychosis including hearing voices and seeing things that weren't there, really sparking self-doubt in this reality I was living in.

This would start to change when I was assigned to PSYPHER. I would be introduced to a whole team of hard working and caring individuals. At first I was hesitant, having been let down by other mental health teams in the past, I felt this was going to be exactly the same. Soon however I would come to see that recovery is possible with the help and support of this fantastic team.

## **Patient and Carer Experience**

Along my recovery journey I would be asked to take part in interviews for new staff members joining PSYPHER. This was a very enjoyable and engaging experience and it started to highlight what direction I wanted to go in life. Following these interviews I was asked if I wanted to take part in the Always Event programme. I said yes, and what followed felt to me like the next part of my journey.

After giving a presentation at the Always Event meeting, I was approached by Mandy Dawley, Head of Patient and Carer Experience, to ask if I would like to be involved in their patient and carer experience forums, another great outlet for myself, helping me to discover what I want to do I have gone on to give multiple presentations to the Trust at a Learning the Lessons event including one based on my own research.

These were not the only opportunities I was given either. I was selected to take part in the Quality, Service Improvement and Redesign (QSIR) course in Leeds with the aim to become a trainer thanks to my executive sponsor Dr John Byrne.

The Trust, PSYPHER and the Patient and Carer Experience Team have done great work co-working with me and helping me get to where I am today.

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

## 2.1 Priorities for Improvement

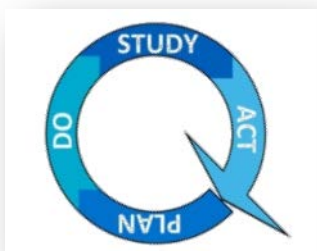
In part two of our Quality Account we outline our planned quality improvement priorities for 2020/21 and provide a series of statements of assurance from the Board on mandated items, as outlined in the 'Detailed requirements for quality reports 2019/20' (<https://improvement.nhs.uk>).

In this section we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2018/19 Quality Account.

## 2.2 Our Approach to Quality Improvement and Quality Governance

### Quality Improvement

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



We encourage an approach whereby service user involvement is considered central to our work. In order to enable this, the QI team work closely with colleagues in the Patient Experience and Patient Safety department to ensure the patient and carer voice is included in the continued journey to embed a QI Culture within the Trust. The QI Charter now includes a question to prompt the inclusion of patients/carers as part of the delivery of QI projects.

We recognise that developing the culture of continuous quality improvement will take time, effort and persistence. To support the development of a culture of continuous quality improvement we are investing in the QI capability of our staff and volunteers. In November 2019, the Trust launched its four tier Quality Improvement training programme which enables the provision of training in team meetings, classroom and e-learning environments.



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

## Quality Governance

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

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

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












To support our quality agenda further, the Council of Governors sub-group, the Finance, Quality, Audit and Strategy Group chaired by the Lead Governor has brought an increased understanding of the choices made between finance and quality and the connections between quality and workforce. This group has extended invitations to the governance team to facilitate comprehensive discussions, which has allowed the group to influence the quality improvement work of the organisation. The group reviews the Board Assurance Reports for Finance, Audit and Quality providing feedback where appropriate to the Council of Governors and the management team of the Trust.

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

- My Assurance – this is an iPad-enabled, in the moment audit tool that clinicians use to audit their practice and care environment. Results are immediate ensuring any improvements required can be taken immediately.
- Electronic Risk Registers – this approach ensures teams capture, manage and escalate risks.
- Staff Training and Development opportunities supported by our Learning Centre and an in-house skills laboratory.
- A programme of Quality Improvement skills development and support sessions delivered by our QI lead.
- Leadership and organisational learning and sharing events and newsletter.
- A range of approaches to gather patient, service user and carer real-time feedback and engagement.
- The use of an electronic platform for clinical audits.
- Health Assure to support the dissemination of evidence-based practice, the delivery of clinical audits, management of policies and patient safety alerts

## 2.3 Looking Back: Review of the Quality Priorities in 2019/20

As part of our 2019/20 Quality Account, following consultation with our stakeholders, the Board of Directors agreed four quality priorities to be addressed via the Quality Account during 2019/20. In this section we outline the progress that we have made during 2019/20 in delivering the priorities.

<p><b>Priority 1</b> Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery</p>	<p> <b>Strategic Goal 1</b> Innovating quality and patient safety</p> <p> <b>Strategic Goal 2</b> Enhancing prevention, wellbeing and recovery</p> <p> <b>Strategic Goal 5</b> Fostering integration, partnerships and alliances</p>
<p><b>Priority 2</b> Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services</p>	<p> <b>Strategic Goal 1</b> Innovating quality and patient safety</p> <p> <b>Strategic Goal 3</b> Developing an effective and empowered workforce</p>
<p><b>Priority 3</b> Embed best available evidence in practice utilising patient reported and clinical reported outcome measures (PROMS, CROMS) Enhancing prevention, wellbeing and recovery</p>	<p> <b>Strategic Goal 1</b> Innovating quality and patient safety</p> <p> <b>Strategic Goal 2</b> Maximising an efficient and sustainable organisation</p> <p> <b>Strategic Goal 6</b> Enhancing prevention, wellbeing and recovery</p>
<p><b>Priority 4</b> Ensure physical health screening is routinely undertaken across all secondary mental health services</p>	<p> <b>Strategic Goal 1</b> Innovating quality and patient safety</p> <p> <b>Strategic Goal 3</b> Developing an effective and empowered workforce</p> <p> <b>Strategic Goal 6</b> Enhancing prevention, wellbeing and recovery</p>

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

### Why this was important



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

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

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

### What we said we would do in 2019/20

#### We said we would...

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

### What we did

**There has been a great deal of progress in relation to this priority, below is a summary:**

- Family friendly care co-ordination training is being delivered through a one day workshop on a rolling programme. We have also included Family Inclusive Care Coordination in our preceptorship programme for newly qualified professionals.
- In response to feedback from families and carers guidance is being co-produced to support families, carers and loved ones following an incident. This booklet called 'supporting families, carers and loved ones following a patient safety incident' has been coproduced and offers an explanation of what happens next, including information and services that are available for additional support when someone close to them has been involved in a patient safety incident.



- The Trust has built strong relationships with local carer support services and is a member of East Riding carers Support Group. Various carers organisations are members of our Patient and Carer Experience forums and they support the patient and carer experience agenda.
- Quality Improvement charters include a requirement to include patients and carers. Patients, carers and service users are also identifying quality improvement initiatives. Two of our volunteers have attended the Quality Service Improvement and Redesign (QSIR) training programme and support ongoing training and quality improvement initiatives.
- Large transformation plans all include a co-production, involvement and engagement plan and patients, service users and carers are members of the steering groups and project groups.
- The Always Events Quality Improvement initiative has been adopted across a number of services. This approach enables patients, service users and carers identify 'what matters most' to them to prioritise areas for improvement.
- A Patient's family presented at the launch of the Patient Safety Strategy, to set the scene for why involvement of families and carers in the assessment of risk and in learning from serious incidents is essential.
- Yorkshire MESMAC one of the oldest and largest sexual health organisations in the country have provided a one day lesbian, gay, bisexual, transgender and questioning plus (LGBTQ+) training session in September where staff from various services attended. It is anticipated that this training will be rolled out across the Trust. This year the Trust also became a member of Stonewall an LGBTQ+ charity.
- We have co-produced leaflets and posters for sexual safety as part of our approach to ensuring we protect our patients from incidents of a sexual nature on our in-patient units. This is an area of national focus.
- All Staff Champions of Patient & Carer Experience are completing a Patient and Carer Experience Development Plan for their team, which they will have ownership of. They will report back to each Staff Champions of Patient Experience (SCoPE) forum with updates.
- The Trust Chaplain is working with the Humber Coast and Vale suicide lead to raise awareness of spirituality and suicide.
- Quarterly Patient and Carer Experience forums in Hull and East Riding, Scarborough & Ryedale and Whitby and District continue to meet to give our patients, service users and carers a voice and the chance to be involved in Trust activities.
- The Trust has 126 Staff Champions of Patient Experience who attend bi-monthly meetings to share best practice around all aspects of patient and carer experience.

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

### **Why this was important:**

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

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



## What we said we would do in 2019/20

### We said we would...

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

## What we did

### Our Proud Leadership Programme

Together with the Proud working group (staff development working group) we have developed a nine-day leadership programme for both senior leaders (Bands 8a and above) and leaders (Bands 3-7). These programmes run for two consecutive days over four months with no more than 15 attendees to ensure a quality learning and development experience. These programmes began in January 2020 and cover four modules:

- Self as leader
- Leader as coach
- Leader of others
- Leader into action

The aim of our leadership programmes is to support the development of our leaders, equipped with the skills to lead and develop and sustain high quality services.

## Quality Improvement (QI)

The QI team continued to build the culture of QI through social media, existing Trust communications methods and during 2019/20 have attended team/service meetings providing QI updates to approximately 275 staff.

The QI team worked closely with colleagues in Patient Experience and Patient Safety to ensure the patient and carer voice is included in the continued journey to embed a QI Culture within the Trust. The QI Charter now includes a question to prompt the inclusion of patients/carers as part of the delivery of QI projects.

In November 2019, the Trust launched its four tier Quality Improvement training programme (shown in section 2.2) which enables the provision of training in team meetings, classroom and e-learning environments. Throughout the year training places were provided to 220 members of staff at all levels including team meetings, Junior Doctor inductions, preceptorship programme and scheduled sessions.

In May and November, we celebrated some of our Quality Improvement projects and learnt new tools at our QI Forums and from September we launched our QI Consultancy as a mentoring group for QI champions.

Over the course of 2020/21 the QI team aims to undertake the following:

- Further develop the training programme to the Preceptorship Academy, Band 5 Mental Health Nurses development and the Leadership Programme.
- Develop a process to further align the QI programme alongside Patient Safety
- Develop the use of NHS Futures as an alternative median for QI champions to communicate and learn.
- Continue to the journey to embed the QI Culture within the Trust with the support of our staff, volunteer and service user champions.

## Medical Appraisals

We are developing a process with the Medical staff to ensure that Friends and Family Test feedback is discussed routinely in the PADR/Appraisal process. The appraisal lead for the Trust will be discussing at the Appraisers forum how we can build on the individual patient feedback as well as the organisational feedback which is available to the consultant so that every Consultant can think about feedback from a personal as well as organisational perspective and this will be reflected in their annual appraisal.

The Community Mental Health Service User annual survey is discussed at the Consultant Forum led by the Medical Director, to support a culture of continuous improvement within our medical workforce.

## Live Patient Safety and Experience Dashboards

In order to ensure that staff at all levels of the organisation understand and use data in relation to incidents, complaints and experience we launched a Datix dashboard for incidents, complaints and compliments in March 2020. Datix is the system by which staff report incidents and we record complaints and compliments. The dashboard enables teams to identify areas of good practice, themes and trends and areas for improvement. The dashboards will be used in team and divisional governance meetings and team daily safety huddles to continue our journey to achieve a rating of good for safe by the CQC.

The Trust has a Friends and Family Test (FFT) 'live' data dashboard which shows the results of the FFT survey feedback received from patients, service users and carers. The information shows how we are performing at organisation, division and team level and includes:

- Number of survey forms received
- Percentage of people who would recommend our services, by month
- Breakdown of positive, neutral, negative and don't know responses
- Random selection of feedback comments including; main reason for recommending/or not, what we do well and what we could do better

Teams are discussing their data in team meetings to share the feedback; good feedback is celebrated and actions are identified where improvements can be made.

## Patient Safety Strategy

In September 2019 the Trust launched the Patient Safety Strategy, which is fully-aligned to the national Patient Safety Strategy. Our vision for 2019-2022 is to develop a 'high reliability' culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners. Embedded within the Trust approach to patient safety is the requirement that every person working in Humber Teaching NHS Foundation Trust is aware of their responsibilities in relation to ensuring the safety of our patients, carers and families and takes appropriate action to maintain safety in our most vulnerable service users. Equally, we assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources and safe in their daily work. As an organisation we recognise that our staff are our greatest asset and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety and make Humber Teaching NHS Foundation Trust an excellent place for staff to work.

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

### Our Patient Safety Priorities

#### Insight

1. To 'develop a positive and proactive safety culture
2. To reduce the number of Patient Safety Incidents resulting in harm

#### Involvement

3. To work with patients, carers and key partners to continuously improve patient safety
4. To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents

In order to implement our strategy we have developed a comprehensive implementation plan and associated programme of training which will be delivered through a range of online and face to face methods.

## Peer Support

Professional leads, managers and divisional representatives have been working co-productively, with present and former service users, to look at introducing peer support workers (PSW) into the Trust. The advisory group which was formed, called itself the 'Journeys' group, and started with a fundamental belief that introducing people with lived experience of mental health problems into the workforce, would make a significant contribution to making the services more recovery-orientated. Drawing on written and anecdotal evidence from Nottingham, Leeds and elsewhere where these roles have been successful, the 'Journeys' Group set about working through the potential challenges and exploring the common myths and misperceptions associated with employing PSWs.

Service user and carer experience and insight in the group have been essential to ensure an informed perspective, to get the right vision, and to incorporate all the key elements of preparation, training, building support systems and inclusivity.

On a practical level, the 'Journeys' group, worked on a job description and person specification, which was banded at the Evaluation panel, and refined a matrix which defined the roles of peer workers, mental health practitioners and other support staff, to ensure role clarity.

The group were asked to present their co-produced work on Peer Support to the Trust Board in September 2019. The Board were very positive about moving forward from the 'Preparation phase', and gave a direction, and a commitment, to support the 'Journeys' Group in moving forward toward recruitment.

Given the widespread discussion about the positive impact of peer support working within mental health teams, a number of vacancies were identified, together with funding arising through the transformation of services.

A total of 15 PSW posts have now been advertised through NHS jobs, and span across community mental health and inpatient services. There have been 3020 views on the site, and a significant number of applications from candidates aspiring to the PSW role. It is of note that there are numerous references to people's involvement in Trust networks, Patient and Carer Experience (PACE) forums, of both the 'Positive Assets' employment service, and the Recovery and Wellbeing College, and also the Trust's Volunteer Service, which together with the work of the Communications team, shows good breadth of reach. The interviews for the PSW posts are taking place at the end of March 2020, but there are future plans for additional peer support workers in other services, and possibly a carer support worker (CSW) too, who would be able to use their lived experience to support carers known to our services

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



### **Why this was important:**

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

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

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

#### We said we would

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

#### What we did



In collaboration with patients, service users and carers a tool called ReQoL (Recovering Quality of Life [www.regol.org](http://www.regol.org)) was implemented as one of the 2018/19 quality priorities. As the tool had only just been implemented in February 2019, it was agreed that this should continue to be a priority for 2020-21. Therefore over the course of 2019/20 we have continued to embed this

outcome measure. The ReQoL tool is short and simple to use and is suitable for a range of mental health conditions from common mental health disorders to more severe ones.








During 2019/20 the mental health division has worked with Business Intelligence to develop a clinical dashboard to enable practitioners to use the ReQoL results therapeutically. In addition, the data from the dashboard will be available for the Board to assess effectiveness of our services.

#### Carers Stress Tool

The Trust recognises the importance of carers receiving support. Therefore it is necessary to identify carers (somebody who the patient/service user/child or young person relies on for emotional support and/or to support with daily activities). The Trust has introduced the Relative Stress Scale Tool to support clinicians to identify if a carer is under stress and to indicate where support and/or intervention is required. It is recommended that the clinician completes the Relative Stress Scale Tool with the carer as early on as possible in the care pathway and at reviews (at least once a year).

## 2.4 Looking Forward: Our Quality Priorities for 2020/21

In January 2020, we held a 'Building our Priorities' workshop with patients, service users, carers, third sector organisations, commissioners and staff. During this workshop we presented our progress in relation to the 2019/20 priorities. This was followed by three separate presentations in relation to Patient, Service User and Carer Experience, Clinical Effectiveness and Patient Safety. The attendees used the presentations as a basis to suggest our 2020/21 Quality Priorities, in groups they ranked the priorities in order of priority. These were then proposed to the Board and as a result four priorities were agreed.

<p style="text-align: center;"><b>Priority 1</b></p> <p>To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p><b>Strategic Goal 1</b> Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Strategic Goal 3</b> Developing an effective and empowered workforce</p> </div> </div> </div>
<p style="text-align: center;"><b>Priority 2</b></p> <p>Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps</p>	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Strategic Goal 1</b> Innovating quality and patient safety</p> </div> </div>
<p style="text-align: center;"><b>Priority 3</b></p> <p>Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p><b>Strategic Goal 1</b> Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Strategic Goal 2</b> Maximising an efficient and sustainable organisation</p> </div> </div> </div>
<p style="text-align: center;"><b>Priority 4</b></p> <p>Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; align-items: center; margin-bottom: 10px;">  <div style="margin-left: 10px;"> <p><b>Strategic Goal 1</b> Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p><b>Strategic Goal 3</b> Developing an effective and empowered workforce</p> </div> </div> </div>

**Priority One: To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.**

**Why is this important?**

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



## What we will do in 2020/21

### We will:

- Ensure staff are familiar with the framework for involving patients, service users and carers in the recruitment process and the case for change
- Actively recruit patients, service users and carers to join a recruitment network
- Develop a training package for patients, service users, carers and staff to support them through the process
- Commence a roll out across service areas

### How will we know we are making a difference?

- An increase in teams implementing the framework for involving patients, service users and carers in recruitment which will positively influence recruitment and selection decisions which is crucial to the delivery of high quality services.
- Meaningful involvement will contribute to patients, service users and carers feeling recognised and valued which may lead to an improvement in their wellbeing and recovery.

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

### Why is this important?

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

### What we will do in 2020/21:

#### We will:

- Each clinical network will review and report the applicability and compliance of published NICE guidance using HealthAssure.
- Each clinical network will identify up to three pieces of guidance/Quality Standards where they have identified gaps in compliance that they have identified as a priority
- Each clinical network will develop a locally owned action plan to address the gaps in compliance and review and report progress/exceptions via Nice and Clinical Audit Review Group (NCAR) and Quality and Patient Safety Group (QPAS)

### How will we know we are making a difference?

- Complete and accurate reports of applicability and compliance in relation to published NICE guidance will be available to review from Health Assure
- Action plans will be developed and evidence of ongoing review, completed actions and escalation where required will be present in clinical network minutes and work plan.
- Year-end compliance with NICE guidance will have improved

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

#### **Why is this important?**

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

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

#### **What we will do in 2020/21:**

##### **We will:**

- Confirm existing skills that are being utilised across the services through policy review and feedback from clinical leads
- Review new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills
- Develop inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency

#### **How will we know we are making a difference?**

- Evidence of new and refreshed training provision and staff uptake of training
- A Reduction in the number of incidents leading to patient harm as a result of poor practice and lack of clinical skill.
- Improved compliance with best practice
- New clinical competency framework which will support safe and effective clinical practice

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

#### **Why is this important?**

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

## What we will do in 2020/21

### We will:

- We will introduce a dashboard in each team which displays data from our incident reporting system known as Datix
- We will develop training for teams to enable them to improve their knowledge of how to use data to identify themes and trends and improve care
- We will ensure staff have access to quality improvement methodology to enable them to undertake quality improvement informed by the data.

### How will we know we are making a difference?

- Evidence of staff using data effectively to inform quality improvements
- Increased numbers of quality improvement initiatives from frontline teams arising from identified themes in data.
- Reduction in recurring incident themes

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

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

## 2.5 Statements of Assurance from the Trust

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

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

## Review of Services Provided or Subcontracted by Humber Teaching NHS Foundation Trust

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

Working with our commissioners and providers Humber Teaching NHS Foundation Trust holds a range of contracts for the services delivered by the Trust and for services delivered on behalf of the Trust by other providers (subcontractors).

During 2019/20, Humber Teaching NHS Foundation Trust provided and/or subcontracted 175 relevant health services. Of these the Trust provided 123 and subcontracted 52 relevant health services.

The most significant contracts agreed were as follows:

- NHS ERY CCG – Mental Health, Learning Disability, Primary Care and Community Services
- NHS Hull CCG – Mental Health, Learning Disability, Primary Care and Community Services
- NHS Vale of York CCG – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Primary Care Services, School Age Vaccination & Immunisation Services and CAMHS Tier 4 Services (from January 2020)
- Hull Local Authority – Mental Health and Learning Disability Service, Substance Misuse Services
- ER Local Authority – Mental Health and Learning Disability Services, Substance Misuse Services, Community Services and Integrated Public Health Nursing Services
- NHS Hambleton, Richmond and Whitby CCG – Whitby Community Services
- NHS Scarborough & Ryedale CCG – Community Services

Humber Teaching NHS Foundation Trust has reviewed all the data available to them on the quality of care in 24 of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 91.84% of the total income generated from the provision of relevant health services by the Humber Teaching NHS Foundation Trust for 2019/20.

## Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

## Response

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

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

The Trust's Executive Lead for Freedom to Speak up is Michele Moran, the Chief Executive and Peter Baren a non-executive is the Senior Independent Director. The Freedom to Speak up Guardian is Alison Flack (Transformation Director for Humber Coast and Vale) and the Deputy Freedom to Speak up Guardian is Helen Young (safeguarding practitioner).

The Guardians have both completed the National Guardians Office (NGO) training and also participate in the regional networking meetings.

There are a number of ways in which staff can contact the Guardians to raise their concerns including using the confidential speak up email address and direct phone contact. Staff can also use the Guardians NHS email addresses. In addition the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details. The Guardians also regularly visit Trust staff bases and team meetings and speak to staff directly, both formally and informally,

explaining the role of the Guardian and responding to any issues that are raised. Staff are kept updated on a regular basis regarding the role of the Guardian and the learning from individual cases via the Midday Mail and weekly global.

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

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

Throughout the FTSU process, staff are reminded that if they choose to raise a concern through the FTSU process the Trust will not tolerate them being victimised in any way. This is discussed explicitly with staff from the outset, particularly if they are raising concerns about bullying and harassment. If staff do feel that they are at risk of being victimised for raising a concern, then this is discussed with senior managers, with a view to identifying what needs to be done, to protect that staff member.

A letter is sent to staff members who has raised their concerns from the Chief Executive to thank them and requesting that they complete a confidential anonymous questionnaire to provide feedback on their experience and also the support provided by the Guardians and the assigned investigators.

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

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) require the Trust to produce an annual report on rota gaps and vacancies. The annual report was presented to the Trust Board in October 2019 by the Guardian of Safe Working. The report highlighted that while there continues to be vacancies in junior doctor workforce, with a proportionally high number of less than full time trainees (six out of 22,) the data does not indicate any major issues with safe working hours.

The recommendations were as follows:

- Recruitment to Psychiatry in the Humber region has proved difficult at times. The Trust has a number of initiatives to encourage recruitment and is advised to continue them
- Nationally other Trusts have seen noticeable benefits from using technology to maximise efficiencies of working and thus reduce junior doctor workload. Humber is rolling out electronic prescribing across the Trust which will have tangible benefits for junior doctors in terms of reducing travel between sites.
- The 2016 TCS mandates the provision of adequate rest facilities or alternative arrangements for safe travel home. This is important for patient safety as well as staff morale. This is an area the trust is looking in to in conjunction with the junir doctor cohort and work should continue in this area.

## **Progress made in 2019/20 in bolstering staffing in adult and older adult community mental health services, following additional investment from local CCGs' baseline funding**

In line with NHS Mental Health Implementation Plan we are undertaking transformation work across our adult and older adult Community Mental Health Teams. The focus of this work is to develop the mental health offer in primary care. Nationally, community mental health teams (CMHT) have been recognised as an essential part of mental health services. A project programme is in place supported by a number of work streams and the key objectives are that:

- We have people from different backgrounds and training working with improving access to psychological therapy services connected to primary care and primary care networks, including health and wellbeing workers, pharmacists and peer support workers.
- Ways of working that mean people are supported into and out of different parts of the mental health system, rather than referred in and discharged out.
- There is a focus on recovery and helping people to stay connected to their communities.
- Less emphasis on someone's age and a bigger focus on who is in the best position to support them.
- A focus on employing more people who have expert skills in understanding how trauma can affect an individual's mental health
- Anyone using the service for the first time will not wait more than 4 weeks from referral to treatment from the community mental health teams including a detailed assessment to develop a plan for the future.

This means that there will be new roles, new ways of working and less barriers between different organisations, teams and workers. Ongoing service user, carer, staff and stakeholder engagement is key to achieving this ambition and is central to this programme of work.

## **Emergency Preparedness, Resilience and Response (EPRR) Assurance 2019/20**

All NHS trusts have a duty to plan for and respond to major, critical and business continuity incidents whilst maintaining services to patients.

In order to provide assurance that it has addressed this duty, the Trust has reviewed itself against NHS England's core standards for Emergency Preparedness, Resilience and Response and for the sixth year running has rated itself as 'substantially' compliant in 2019.

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

The Trust's overall assurance rating has been signed off by the Executive Management Team, the Trust Board and shared with the Local Health Resilience Partnership.



## Improving Care through Clinical Audit

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

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

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

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



## Audits Undertaken During 2019/20

During 2019/20 ten national clinical audits and one national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides. During that period Humber Teaching NHS Foundation Trust participated in 91% (10 of 11) of national clinical audits and 100% (1 of 1) of national confidential enquiries of the national clinical audits and national confidential inquiries in which it was eligible to participate in. The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death. All mental health trusts across the UK provide data to the Confidential Inquiry, which enables themes and trends to be investigated on a national level. The Quality Committee were given an overview of the findings from the 2019 Confidential Inquiry in January 2020 and these findings continue to inform our patient safety programme.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2019/20 are as follows:

<b>Eligible National Clinical Audits 2019/20</b>
Falls and Fragility Fractures Audit programme (FFFAP)
National Diabetes Audit – Adults
National Audit of Care at the End of Life (NACEL)
UK Parkinson's Audit
Learning Disability Mortality Review Programme LeDer
Mandatory Surveillance of bloodstream infections and clostridium difficile infection
National Clinical Audit of Anxiety and depression (NCAAD)
National Clinical Audit of Psychosis (NCAP)
POMH Topic 19a – Prescribing for depression in adult mental health
POMH-UK Topic 18a – Use of Clozapine
POMH Topic 7f – Monitoring of Patients Prescribed Lithium

<b>Eligible National Confidential Inquiries 2019/20</b>
Suicide, Homicide and Sudden Unexplained Death

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

<b>Eligible National Clinical Audits 2019/20</b>
Falls and Fragility Fractures Audit programme (FFFAP)
National Diabetes Audit – Adults
National Audit of Care at the End of Life (NACEL)
UK Parkinson's Audit
Learning Disability Mortality Review Programme LeDer
National Clinical Audit of Anxiety and depression (NCAAD)
National Clinical Audit of Psychosis (NCAP)
POMH Topic 19a – Prescribing for depression in adult mental health
POMH-UK Topic 18a – Use of Clozapine
POMH Topic 7f – Monitoring of Patients Prescribed Lithium

<b>Eligible National Confidential Enquiries 2019/20</b>
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2019/20 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.

<b>National Clinical Audits 2019/20</b>	<b>Cases Required</b>	<b>Cases Submitted</b>	<b>%</b>
National Audit of Care at the End of Life (NACEL)	40	9	23%
Learning Disability Mortality Review Programme LeDer	No minimum requirement	14	100%
UK Parkinson's Audit	10 Occupational Therapy	0 Occupational Therapy	0%
	10 Physiotherapy	0 Physiotherapy	0%
National Clinical Audit of Psychosis (NCAP)	100 Community	100 Community	100%
	50 Inpatient	50 Inpatient	100%
National Audit of Anxiety and Depression	80	54	68%

National Clinical Audits 2019/20	Cases Required	Cases Submitted	%
(NCAAD)			
POMH Topic 6d: Side Effects of Depot Antipsychotics	No minimum requirement	73	N/A
POMH Topic 7f: Monitoring of Patients Prescribed Lithium	No minimum requirement	18	N/A
POMH-UK Topic 18a: Clozapine in the Community	No minimum requirement	21	N/A

National Confidential Enquiries (2019/20)	Cases Required	Cases Submitted	%
Suicide, Homicide & Sudden Unexplained Death	N/A	6	N/A

The reports of five national clinical audits were reviewed by the provider in 2019/20 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audits 2019/20	Actions
Falls and Fragility Fractures Audit programme (FFFAP)	Awaiting report, still ongoing.
National Diabetes Audit – Adults	Awaiting report, data collection ongoing.
National Audit of Care at the End of Life (NACEL)	Three elements of data collection during 2019/20 as follows:  Data collection during period of 3 June to 11 November 2019 case note review community sites all deaths in April and May 2019. Mental Health providers are not required to participate in NACEL. Awaiting local action plan.
UK Parkinson's Audit	National report completed awaiting local action plan.
Learning Disability Mortality Review Programme LeDer	The national report published in May 2019 made 12 recommendations, these have been reviewed and the learning implemented via the clinical networks.
National Clinical Audit of Anxiety and depression (NCAAD)	Part of CQUIN and subject to ongoing audit.  Carer Contact and Carer Assessment is in the electronic patient record – Lorenzo.  Service User involvement is included in the updated Lorenzo Care Plan and subject to audit on HealthAssure and the Mental health Act audit.  Medication Information box was added to the medicines administration record (MAR) chart initially however this now on the e-Prescribing Tab on Lorenzo.

National Clinical Audits 2019/20	Actions
	<p>Ensure appropriate discussions take place for referrals to all therapies/professional groups.</p> <p>Ensure 72-hour follow up is completed after discharge for all.</p>
National Clinical Audit of Psychosis (NCAP)	Data collection completed. Report due for completion April 2020.
POMH Topic 6d: Side Effects of Depot Antipsychotics	Service User involvement is on the updated Lorenzo Care Plan and subject to audit on HealthAssure and the Mental Health Act audit
POMH Topic 7f: Monitoring of Patients Prescribed Lithium	Medication Information box was added to MAR chart initially however this now on e-Prescribing Tab on Lorenzo : consider adding to Junior doctor potential audit list
POMH-UK Topic 18a: Clozapine in the Community	Discuss at Clinical Network and Junior doctor induction: consider adding to Junior doctor audit list

The reports of 28 local clinical audits were reviewed by the provider in 2019/20 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2019/20	Actions – summary
Antipsychotic Prescribing in Dementia MH	<p>The Audit has demonstrated that antipsychotic prescribing in dementia across our older adult community mental health teams is below the local and national rate which is positive.</p> <p>However it was found that the documentation of decisions to prescribe antipsychotics varies not only in terms of the standards measured but also in terms of where in the patient electronic record such decisions are recorded.</p> <p>As a result a possible Improvement to pilot following this audit cycle could be an electronic form to be added to Lorenzo where best interest decisions for antipsychotic prescribing could be recorded including the five standard areas. To prevent the risk of the antipsychotic monitoring/review being lost to follow up this could eventually include an electronic reminder.</p>
NICE NG53 Transition between inpatient and community services	Findings should be read in conjunction with the completed NG53 Baseline Assessment tool, Trust NG53 working party and CPA/family interventions work.

Local Clinical Audits 2019/20	Actions – summary
	<p>Admissions to inpatient units that do not follow the Mental Health Response service (MHRS)/Older People's crisis team pathway should ensure a full Initial Assessment is recorded.</p> <p>Clinicians should ensure they document on Care Plan, Supportive Engagement Plan, Risk Assessment and Discharge Plan, if the service user and/or family member was involved in developing it and if they were offered a copy.</p> <p>Clinicians should ensure they document capacity where relevant when making decisions about care and treatment.</p>
Quality of Seclusion Medical Review according to Trust Guidelines	<p>To develop a template for Seclusion Medical Review according to Trust Guidelines and to incorporate in the already</p> <p>To present the findings from the audit in the junior doctors teaching programme.</p> <p>Re-audit in one year's time.</p> <p>Add prompts to Medical seclusion review form on Lorenzo to review mental, physical health, capacity, risks, management frequency of physical observations, medication, restrictions in seclusion and exit plan.</p> <p>Prompts also to be added to MDT Review form one.</p> <p>Compare audit findings against Matrons audits (CQC raise concern re timing of reviews) timing of medical reviews.</p>
Anticholinergic Cognitive Burden of patients admitted to Maister Lodge	<p>To introduce regular monitoring of ACB score along with other medication side effects on the ward as part of a wider side effect monitoring tool.</p> <p>To review prescriptions for commonly prescribed physical health medications not usually thought of as being anticholinergic like furosemide, digoxin, ranitidine and atenolol.</p> <p>Consider liaising with neurology about any patients with Parkinsons as to whether there is any scope for less anticholinergic options.</p>
Review of the quality of falls reviews Maister Lodge	All nursing staff on the ward to be reminded by email to document the exact

Local Clinical Audits 2019/20	Actions – summary
	<p>time at which a fall took place in the Communication tab entry, not just the Datix, and the junior doctor to likewise record the time of their review (not just the time of the entry on Lorenzo).</p> <p>Present the findings of this study to the junior doctors at the Wednesday morning academic programme.</p> <p>Repeat review six months after these interventions to establish whether quality of reviews has improved or whether further actions are needed.</p>
Physical health on admission monitoring	<p>Information about the physical health monitoring requirements should be included in the induction for junior medical staff.</p> <p>Posters should be placed in clinical areas outlining the list of blood tests that are required on admission.</p> <p>Pre-printed stickers can be used for blood request forms on admission so that all the required bloods tests are requested.</p> <p>A dedicated section for documenting blood and ECG results on admission should be created under the 'Medical' tab on Lorenzo.</p>
Physical health care of patients on PICU	<p>Include a column for Physical Examination and Review on the Patient status at a Glance (PSAG) Board as a reminder to medics.</p> <p>New form to incorporate different assessment used during admission to use in the Immediate Discharge Summary.</p> <p>To familiarise junior doctors with the admission assessment forms during induction.</p> <p>To repeat audit in six months after work has been completed. Present audit results at Medical Staffing Meeting.</p>
NICE CG90 Depression in Adults: recognition and management	<p>Implement the pathway for depression in embedding the stepped care model.</p> <p>Cognitive Behaviour Therapy (CBT) provision to be reviewed for Hull and East Riding CMHTs.</p>



Local Clinical Audits 2019/20	Actions – summary
	<p>Occupational therapy (OT) provision to be reviewed throughout Hull and East Riding Community Mental health Teams (CMHTs).</p> <p>Agreement and implementation of consistent outcome measures.</p> <p>Carer Assessments and information to be clear in patient notes/added to Lorenzo.</p> <p>Discussion and directive to inpatient staff to ensure they provide and record medication information to service user.</p>
<p>NICE CG192 Antenatal and postnatal mental health: Pharmacological interventions</p>	<p>GP letter to clearly document whether baby is breast fed or formula fed.</p> <p>Next data collection tool to include oral antipsychotics and antidepressants medications and their indications.</p> <p>Highlight in GP letter the importance of checking Lamotrigine or Lithium levels as per recommendations even if the indication is for a physical cause.</p> <p>Documentation required in relation to whether Psychology support was offered/declined or accepted by the patient/not offered due to service arrangements.</p> <p>Documentation required regarding whether information leaflets are offered.</p> <p>Re audit in six to 12 months of original audit.</p>
<p>NICE CG91 Depression in adults with a chronic physical health problem: recognition and management</p>	<p>Results against care planning standards to be discussed at the Mental Health Division Clinical Network, cascade to the learning centre lead, clinical and medical forums and teams.</p> <p>Discussion with Patient/Carer Experience Lead regarding the potential additions to Lorenzo forms to make carer information more visible.</p> <p>Review/discussion with junior doctors' induction team regarding chronic medical assessment and information required for GP discharge letters.</p>
<p>NICE CG185 Bipolar disorder: managing bipolar disorder in adults in secondary care clinical audit</p>	<p>Present the audit to the Drugs and Therapeutics Committee and medical</p>

Local Clinical Audits 2019/20	Actions – summary
	<p>continuing professional development (CPD) meeting.</p> <p>Agree a standardised area within Lorenzo to store consent to share information.</p> <p>Discussion with CMHTs regarding referral of Bipolar Affective Psychosis patients for structured psychological intervention/documenting refusal or inappropriate for psychology.</p>
<p>NICE NG58 Coexisting severe mental illness and substance misuse</p>	<p>Future audit in partnership with partner agencies to evidence/identify areas for improvement.</p> <p>Robust training packages need to be delivered on a regular basis to ensure workers maintain knowledge and competencies.</p>
<p>NG97 Dementia: assessment, management and support for people living with dementia and their carers</p>	<p>Assessing and managing other long-term conditions in people living with dementia: Ongoing issues exist with referrals for people with learning disabilities (LD)/difficulties without formal LD diagnosis.</p> <p>Palliative care: In conjunction with Dove House the Older People Services are currently undertaking an 'End of Life Project' to include training staff in advanced care planning.</p> <p>Supporting carers: Patient and Carer Team to be approached to discuss the identification of carers willing to support with training.</p>
<p>Review of the effectiveness of the 'group security induction' process for bank staff</p>	<p>The current 'group' approach to bank security inductions should continue.</p> <p>All inductions must be completed within 42 days.</p> <p>Any bank staff who do not take up a shift at the Humber Centre for a period of eight weeks will lose the 'security' skill, and thus no longer be able to take up shifts at the unit until their training is refreshed.</p> <p>Thereafter, bank staff who fail to pick up any shifts for a period of 12 weeks should lose the 'security' skill, and thus not be able to take up bank shifts at the Humber Centre.</p>

Local Clinical Audits 2019/20	Actions – summary
	Explore options for monitoring the above using the e-roster, or establish an internal monitoring system similar to that used in data collection.
Evaluation of the Medium Secure Personality Disorder service (Swale ward)	The data will also be reviewed by the Swale team and further analysis considered to help improve understanding of our client group and the effectiveness of admission to Swale ward.
ECG Monitoring in High Dose Methadone	It is the responsibility of the keyworker to discuss the need for ECG monitoring (where required), book the ECG appointments/give patient reminders and record non-attendance/attendance at ECG appointments.
Prescriber's review for patients on opioid maintenance treatment	<p>Explanation to patient that when prescribed opiate substitution treatment (OST), prescriber reviews are essential for monitoring safety and effectiveness of medications prescribed. This is an opportunity for a holistic assessment of addiction recovery needs and review progress of personal recovery goals. If patients do not attend for prescriber reviews, it will not be possible to prescribe safely and so the medication will be reviewed without the patient present.</p> <p>Ensure telephone consent and telephone numbers correct for patient in SystemOne. All patients prescribed opioid substitution treatment booked for a prescriber review every three months.</p> <p>Text message with appointment details will go to patient on the date the appointment is made.</p> <p>Two weeks before prescriber review an appointment letter sent to patient.</p> <p>Verbal reminder of prescriber review.</p> <p>Text message reminder the day before.</p> <p>If the patient does not attend prescriber review, Prescriber to task Admin to send Did Not Attend (DNA) Letter 1.</p> <p>Keyworker to discuss the reason for non-attendance with the patient and show the letter to the patient. Keyworker to rebook the appointment with the patient. Use 'improving attendance at appointments' framework and DNA policy.</p>

Local Clinical Audits 2019/20	Actions – summary
	<p>If patient does not attend the next prescriber review – medication review to be undertaken in patients absence.</p> <p>Medication to be changed to daily collection or supervision (if not already done so). DNA Letter 1 to be sent out and amended with changes made.</p>
<p>Weight and Height monitoring Chart for CAMHS patients on ADHD medication.</p>	<p>Height and weight record keeping to be maintained on a separate Tab on Lorenzo.</p> <p>Once the height and weight chart is maintained, the same chart can be appended over time on subsequent reviews.</p>
<p>Re-audit of the practice of prescribing stimulant medication against NICE guidelines NG87 in CAMHS</p>	<p>Prescribing Stimulants within our CAMHS treatment units continue to perform to the standards recommended by NICE.</p> <p>There were minimal areas in need of improvement; the objective is now to maintain our present practice to ensure safe prescribing. However some areas have shown minor decline since we audited this in 2016 and these will be subject to close monitoring.</p> <p>A re-audit in 12 months' time should be considered to evaluate the practice again.</p> <p>The audit tool used for this audit could be attached to all patients' notes, as this will act as a reminder for prescribers and will also facilitate further auditing.</p>
<p>Use of Psychotropic Medications in accordance with STOMP (Re-audit)</p>	<p>Continue a focus on staff training sessions and bespoke input from the named Lead nurses and Psychologists. Continued attendance at STOMP conferences and updates.</p> <p>Continued focus at team meetings.</p>
<p>NAIC 2018: National Audit of Intermediate Care 2018</p>	<p>Work with the business intelligence (BI) to ensure consistency of recording and reporting of the prevention of admission work Continue current practice.</p> <p>Work with BI to accurately collect data regarding face to face contacts.</p> <p>Continue to work in partnership with East Riding Council to streamline processes from referral to request for care services.</p>
<p>Dermatology Audit – Manor House Surgery 2018/19</p>	<p>Awaiting report.</p>

Local Clinical Audits 2019/20	Actions – summary
Document management – Manor House Surgery	<p>Of the 160 letters (40 letters from four scanners), only three letters were deemed to be sent on inappropriately. These letters were sent on to the prescription desk when there was no medication to check on the letters.</p> <p>Out of the 160 documents, 20 letters were forwarded to the GP.</p>
Antibiotic Prescribing Sore Throat Manor House Surgery	<p>To encourage Clinicians to make use of Fever PAIN or Centor algorithm and integrate these algorithm (templates) into the EMIS platform.</p> <p>Encourage use of TARGET Treating Your Infection – Respiratory Tract infection (TYI-RTI) leaflet.</p> <p>Re-audit to be carried out in six months to evaluate the impacts of these changes.</p>
Patients at high risk of diabetes Manor House Surgery Third cycle	<p>This was felt to have been a useful audit and showed that the practice had significantly improved its management of these patients.</p>
Heart Failure Audit	<p>Subsequently established a specialist Heart Failure (HF) clinic for practice patients using a new standardised HF template.</p> <p>Patient care has been improved by improving access to treatment and specialist services.</p> <p>Improving patient care also supports Quality Outcomes Framework (QoF) heart failure indicators and thus practice income.</p>
Blood Monitoring at Market Weighton Practice	<p>Patients having diabetic bloods do not need Hypertension or coronary heart disease (CHD) bloods as diabetic bloods cover them.</p> <p>Repeat test eight weeks after initiation of statins.</p> <p>Two weeks after commencing Angiotensin-converting enzyme inhibitors (ACE) inhibitor or each change of dose.</p>

## Research and Innovation

### Research

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

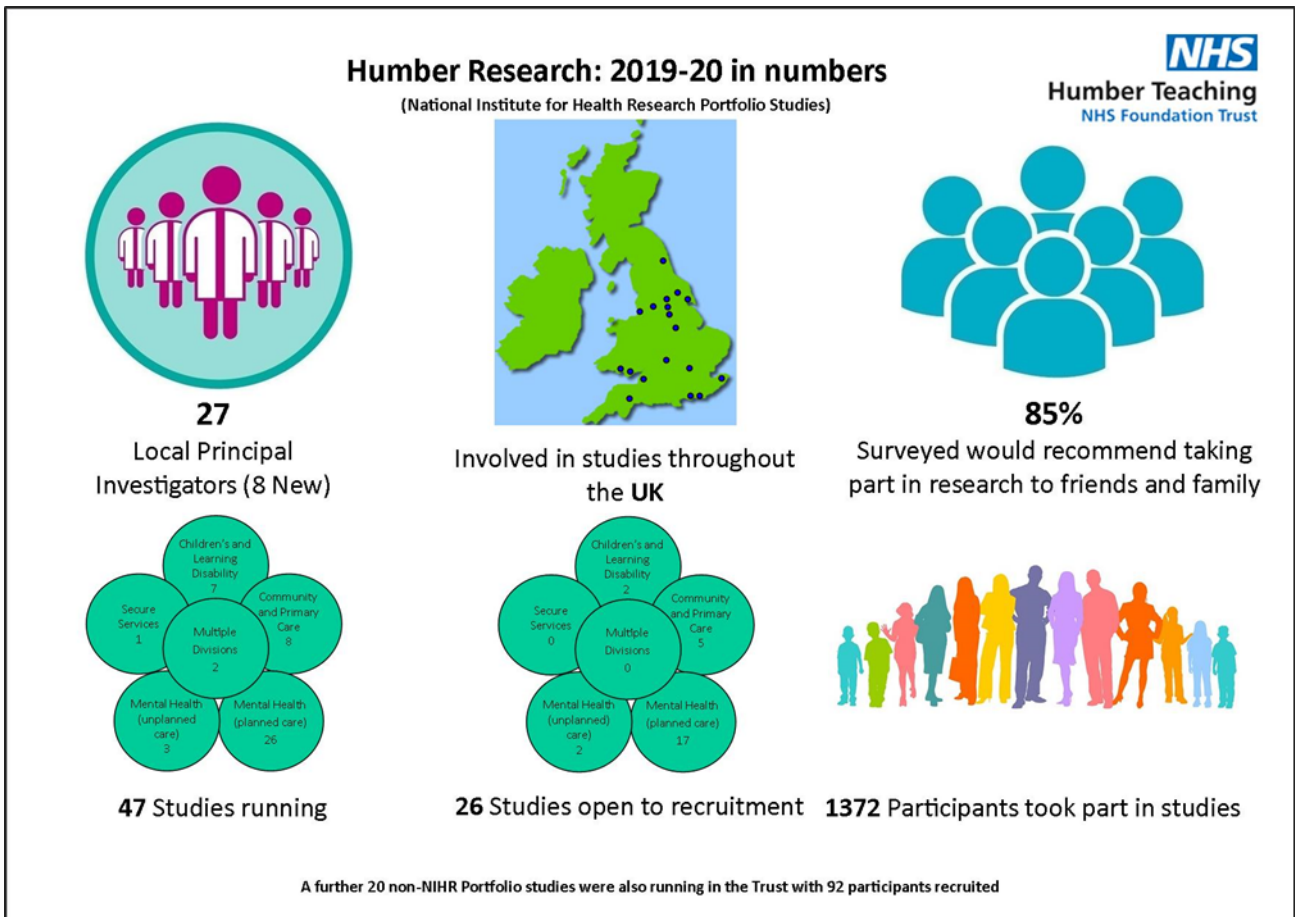
We are immensely proud of our increase in research activity; almost double the number of studies and participants than six years ago. Based on the size of the population the Trust covers it recruits a significantly larger proportion of people into National Institute for Health Research (NIHR) Portfolio studies than many other trusts across the country which provide similar services. National research activity league tables published July 2019 by the NIHR, listed the Trust in the top third of mental health trusts for 2018/19, ([www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables](http://www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables), accessed 20/01/2020); of the 50 listed we were 16 for number of participants recruited into studies. Across the 22 trusts in Yorkshire and Humber we were fourth in percentage change (36% increase) in recruitment from 2017/18 to 2018/19, indicating our continued growth and increased opportunities to impact on future healthcare for our community.

I get a real kick out of it. Good that I can help others in the future...I always feel better about things after your visits.  
Research participant

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1,464; 1372 patients were recruited to NIHR Portfolio studies and 92 were recruited to local studies. In total, there were 47 Portfolio studies and 20 (non-Portfolio) local studies running in the Trust in 2019/20. The Trust far exceeded its target of 660, set by the Yorkshire and Humber NIHR Clinical Research Network (CRN), for recruitment to Portfolio studies in 2019/20. 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.

See the summary infographic on the following page for '2019/20 in numbers'.





In 2019/20 the Trust continued to provide core funding for a small number of key research posts, demonstrating its commitment to grow research, provide increased opportunities for patients to take part in good quality research studies and contribute to the national evidence base for future healthcare delivery.

As the Trust is a partner organisation in the Yorkshire and Humber CRN, an additional £297k of CRN funding was provided specifically to support the delivery of NIHR Portfolio studies in 2019-20, with a further £12,500k for specialty leads with Trust contracts, one for dementia and the other for mental health, to champion research across Yorkshire and Humber. A small amount of additional CRN funding was also provided to the Trust in year for the research team in their role training other researchers across Yorkshire and Humber, for equipment to increase agility and for support to the Chief Executive in her role as CRN Partnership Group Chair. A further bid for £23k CRN funding to increase research opportunities as part of the Bridlington Health Town initiative was also granted for the period Dec 2019 to March 2020. In addition to CRN funding the Trust received £20k Research Capability Funding from the Department of Health and Social Care (DHSC), which has been used to support a small number of clinicians working with academic colleagues to develop grant applications with the potential of bringing new research to the Trust. As a direct result of this, funding has been secured for a study utilising telemedicine in addiction services. Additional study-specific funding from universities has also been secured throughout the year.

Significant progress has been made against the objectives set out in the Trust's Research Strategy 2017-19. A new strategy for 2020-22 has now been developed in consultation with various groups, including patients, carers, staff, Trust Governors the Board and other key stakeholders. This also included a round table session with around 170 people from 26 organisations that attended the 2019 Trust research conference. The new strategy builds upon the successes of the previous strategy, fits within the objectives of the overarching Trust Refreshed Strategy 2019-22, sets out three main priorities and includes new research ambitions.



The research department has continued to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017). This includes conducting specific tasks to ‘assess, arrange and confirm local capacity and capability’ to deliver each new study, as part of the national Health Research Authority (HRA) approval process. Work has continued in 2019/20 to adapt EDGE (local performance management system) to manage this information and to enable the CRN to access the study level data they require to monitor Trust performance. This includes that of ‘recruitment to time and target’ (RTT), which has increased in importance for the NIHR. Certain elements of EDGE communicate automatically with the national central system for reporting research performance and monitoring equity issues around population access to research opportunities. The expectation is that the local system is kept up to date daily by the research department.

**I would just like to say what a fabulous team you have been to work with! You have done an amazing job.... And you have made my job easier!**

**Trial Manager, University of Manchester**

Each quarter the Trust has published its performance in initiating and delivering (PID) research, a DHSC national benchmark. The PID data in relation to eligible studies (intervention trials) have been posted on the research pages of the Trust’s website as well as submitted centrally. This indicator has been met in quarters one to three, with the exception of one study for which the delay was not the fault of the Trust (N.B. quarter four had not been published at the time of writing).

Research performance data has been reported to the Board on a monthly basis, with a more detailed report provided six monthly, helping ensure research has remained high on the Trust’s agenda. The Research and Development Group, chaired by the Medical Director, has reported into the Quality Committee quarterly to ensure there has been appropriate research management, governance, participation in quality research and strengthening of the research culture. The Assistant Director for Research and Development has continued to represent the Trust at various stakeholder meetings, including the Yorkshire and Humber CRN Partnership Group, which the Trust’s Chief Executive also chairs.

It is important for research to have patient and public involvement and engagement (PPIE) and throughout 2019/20 there have been many examples of how the Trust has achieved this, including:

- Trust Patient Research Ambassador (PRA), someone living with dementia, has helped promote research. For example, they have presented at numerous staff induction days, promoted ‘Join Dementia Research’ as a way for more patients and their supporters to get involved in research, is a member of the Trust’s Research and Development Group, written the foreword for our research strategy and presented at an internal conference in Dec 2019. In July 2019 they were also awarded an honorary doctorate by the University of Hull

in recognition of their contribution to research, teaching and helping people better understand the lived experience of dementia. Another PRA, a family carer, has also volunteered with the Trust and has promoted research alongside the wider research team.

**You could not have volunteered with a better NHS Trust R&D service...the team is the tops!**  
**PPIE Officer, CRN**

- PPIE groups informed external research grant applications.
- PPIE representatives included as co-applicants on research grant applications and as a peer researcher.
- Previous participants of a study led by a Trust clinician are now members of the Advisory Board for a new Masters in Dementia at the University of Hull.
- Research participants shared their experiences in a celebration video at the Trust's 2019 research conference. This video has also been played at various other events to promote the importance of research and the benefits for patients, carers, service users and staff of being involved.
- Research participants asked about their experience of being involved in research via an annual Research Participant Experience Survey.

**Feeling like we might be helping to improve treatment for this terrible disease.**

**Seeing my mum interacting and having fun chatting to others.**

**Research participant responses to survey**

- Recovery College workshops on 'Living with dementia and things you can do to help (through research)' included a person living with dementia facilitating the workshop with the Assistant Director of Research and Development.

**Selection of comments from Recovery College student feedback**

**Excellent workshop – entertaining, educating and inspiring.**

**Humour, friendship, an enjoyable morning...such an amazing double act.**

**So 'available' in terms of presentation of positive.**

**Brilliant sharing of tips and experiences.**

**Everything was done at a level that everyone could understand.**

**I have a much better understanding of what life must be like for someone with dementia.**

During 2019/20 the research department helped develop new local principal investigators and opened studies in specialties not previously involved in research. Work continued to establish stronger relationships with higher educational institutions, locally and nationally, and other key

stakeholders to ensure as many research opportunities as possible for those accessing Trust services. Collaborating with Chief Investigators we have not previously worked with resulted in new research studies being opened in the Trust, including from Sussex Partnership NHS Foundation Trust, University College London and East London NHS Foundation Trust. The research team have worked hard throughout the year to ensure a quality service and that the Trust is a site national experts want to work with.

**Thank you so much and congratulations on our first randomisation. What a great achievement and thank you all for your enthusiasm and support to the trial. I'm looking forward to working with you on delivering this important study, and I will never forget who got our first participant into the trial. It's a great Team. I really enjoyed meeting you all and felt really happy and optimistic after our site initiation visit. Looking forward to you smashing records for the trial!**

**Chief Investigator, University College London**

Following the Trust's inaugural conference in 2017, our third research conference in May 2019 provided another opportunity to celebrate the Trust's contribution to research and to raise awareness locally. This was a huge success, with all 170 places snapped up within a few weeks, an increase from the previous year, and at least 26 organisations were represented. External guest speakers included, amongst others, Professor David Challis of the Institute of Mental Health at the University of Nottingham, Professor Simon Gilbody, Director of the Mental health and Addictions Research Group at the University of York, Professor Colin Martin of the Institute of Clinical and Applied Health at the University of Hull and Elaine Taylor-Whilde, CEO of Nine Health CIC, as well as Trust clinicians and research participants.

#### **Selection of comments from conference feedback**

**Inspirational, well designed conference agenda – setting out the importance and role of research in all our lives. A really good range of speakers.**

**The personal stories were brilliant.**

**Really inspired me to get involved with research.**

**Stunning!!**

During 2019/20 new innovative healthcare interventions have continued to be evaluated as part of research in the Trust. For example, a structured intervention for expanding social networks for those experiencing psychosis, problem adaptation therapy for depression in dementia, low-intensity guided help through mindfulness and a phobia intervention for children and young people.

**We just wanted to say a very big THANK YOU for all your hard work in achieving above and beyond the required number of recruits!**

**Trial Manager, University of Nottingham**

Research was celebrated at the annual staff awards in Oct 2019, with a Consultant Psychiatrist winning the innovation award for their contribution to research. As well as being a local Principal Investigator for a number of national NIHR Portfolio studies and a member of national research

steering committees, they have also secured external funds to develop an innovative local research project using telemedicine to bring consultations closer to where people live.

During 2019/20 research continued to be promoted within the Trust and out in the community, including via social media, at public events, through community groups, voluntary organisations, sports clubs and via local media. A quarterly research newsletter has been circulated within and outside of the Trust and is available on the Trust's website. The research team has also promoted the NIHR's 'Be Part of Research' and 'Join Dementia Research' campaign. A number of research papers including authors from within the Trust have been published in 2019/20, a list of which is included on the Trust's website. These add to the pool of evidence that will contribute to the enhancement of healthcare in the future.

Most studies in the Trust are national NIHR Portfolio research, contributing to the larger national and international jigsaw of evidence which in future may lead to, for example, new NICE guidance, more appropriate patient/clinical outcome measures, new genetic discoveries to inform treatment and/or prevention and technology to aid clinical decision-making.

An example of research implementation into practice is the PINCER safety tool, which was developed and tested as part of a national research trial, and has now been implemented in most of our Trust GP practices. PINCER is led by pharmacists and pharmacy technicians and involves using computerised prescribing safety indicators to search clinical systems in general practices, identifying patients who are at risk from their medications. This increases the quality of life for patients and their families by lowering the number of complications, preventable hospital admissions and deaths; prescribing errors can be an expensive, preventable cause of safety incidents.

The impact of being involved in research is wide-ranging; from enhancing clinical skills to potentially saving lives. See below summary infographic for the 'impact of research in 2019/20' for the Trust.



# Impact of Research 2019-20

## Saved Lives

'Taking part in the research has been an amazing experience for us both'

'Better insight into how to resolve some of my negative feelings'

'The intervention has made me feel very safe'



'Just having somebody to discuss things with made a big difference'

'I always feel better about things after your visits'

'Seeing my mum interacting and having fun chatting to others'

This is what research participants told us

## Enhanced Clinical Skills



32 staff trained in new clinical interventions

## Generated Income



£389k external research funding into the Trust

## Contributed to Evidence



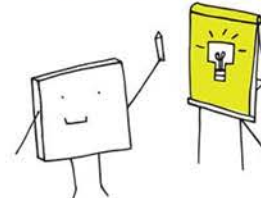
45 national and international publications included authors from the Trust

## Implemented Research



PINCER safety tool, now implemented in most of our Trust GP practices. Identifies patients at risk from their medications. Increases quality of life by lowering number of complications, preventable hospital admissions and deaths.

## Shared Learning



172 delegates from 32 organisations registered for 2019 Research Conference

47 local events (internal and external) attended by research team

## Increased Patient \ Carer Contact



More than 700 hours spent with patients\carers by researchers (over and above clinical contacts)

## Enhanced Lives



'Excellent workshop – entertaining, educating and inspiring'  
'Humour, friendship, enjoyable morning an amazing double act'  
'Done at a level that everyone could understand'  
'Brilliant sharing of tips and experiences'

50 people attended Recovery College workshops run by research team and person with dementia



## Commissioning for Quality and Innovation (CQUINs)

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

A proportion of Humber Teaching NHS Foundation Trust income in financial year 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Humber Teaching NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

### Agreed CQUIN Goals for 2019/20

The agreed goals for 2019/20 are shown in the table below. It is important to note that the achievements indicated are indicative only based on the Trust's own self-assessment as final feedback from our commissioners is not expected until June/July 2020. Further details of the agreed goals for 2019-20 and for the following 12-month period are available electronically at <https://www.humber.nhs.uk/about-our-trust/cquin-scheme-201920>

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
CCG2: Staff flu vaccinations	Flu vaccine uptake target of 80% for front line clinical staff	East Riding/Hull Mental Health Services	1544/1971 (78.3%) of front line clinicians were vaccinated. With a payment range of 60% to 80% this equates to 91.7% achievement.
CCG3: Alcohol and tobacco screening/interventions	Adult patients in mental health inpatient services are screened for, and offered interventions to reduce, alcohol and tobacco use. 80% of inpatients must be screened. 90% of smokers and above low risk alcohol users must be offered an appropriate intervention.	East Riding/Hull Mental Health Services	100% achievement. All targets met.
CCG4: 72 hour follow up post discharge	80% of adult mental health inpatients receive a follow up contact within 72 hours of discharge from the inpatient service.	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.
CCG5a: Mental Health Data Quality: MHSDS Data Quality Maturity Index	To achieve a score of 95% or greater in the Mental Health Services Data Set (MHSDS) Data Quality Maturity Index (DQMI). <a href="https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality">https://digital.nhs.uk/data-and-information/data-tools-and-services/data-quality</a>	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
CCG5b: Mental Health Data Quality: Interventions	70% of mental health referrals in scope for the MHSDS with two or more attended contacts to have at least one SNOMED intervention code recorded.	East Riding/Hull Mental Health Services	Approximately 5% of in scope referrals had a SNOMED code recorded by the end of March. This is below the minimum threshold for achievement (15%).
CCG6: Use of Anxiety Specific Disorder Measures (ADSMs) in IAPT	65% of Improving Access to Psychological Therapies (IAPT) referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified ADSM.	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.
PSS4: Healthy Weight in Adult Secure Mental Health Services	<p>To deliver a healthy service environment in adult secure services regardless of security level.</p> <p>To promote and increase healthy lifestyle choices including increased physical activity (in line with expectations set out in NHS England guidance) and healthier eating in all patients in adult secure services.</p> <p>To ensure continuity in approach and promotion of good practice across high, medium and low secure services.</p>	Secure Services	Quarter 4 expected to be awarded based on the quarter 3 position which was 100%.
PSS5: CAMHS Tier 4 Staff Training	<p>To improve the effectiveness of and team consistency in approaches, methods and interventions delivered in Tier 4 hospital and community setting.</p> <p>To adopt a whole team training ethos designed according to a standardised national training curriculum compliant with the CYP IAPT principles of participation, accountability, accessibility, evidence-based practice and awareness.</p> <p>To reduce unwarranted</p>	Inspire	NHS England has confirmed that 100% achievement will be awarded.

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
	variation in access, delivery of effective treatment modalities, quality comprehensive formulations and patient outcomes in Tier 4 service settings (inpatient and community).  To ensure clinically appropriate lengths of stay.		
Improving awareness and uptake of screening and immunisation services in targeted groups	Identify groups likely to benefit from promotion of immunisations.  Design and undertake a programme of communication and awareness, including community stakeholders.  Monitor uptake and review the success of the promotional activities.	Integrated Specialist Public Health Nursing (ISPHNS)	Quarter 4 expected to be awarded based on the quarter 3 position which was 100%.
Hambleton, Richmondshire & Whitby Community Services			
CCG2: Staff flu vaccinations	Flu vaccine uptake target of 80% for front line clinical staff	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	1544/1971 (78.3%) of front line clinicians were vaccinated. With a payment range of 60% to 80% this equates to 91.7% achievement.
CCG3: Alcohol and tobacco screening/interventions	Adult patients in community inpatient services are screened for, and offered interventions to reduce, alcohol and tobacco use. 80% of inpatients must be screened. 90% of smokers and above low risk alcohol users must be offered an appropriate intervention.	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of achievement. 100% expected.
CCG7: Actions to prevent hospital falls	80% of community patients, aged 65 or older with a length of stay greater than 48 hours must receive three key falls prevention actions:  Lying and standing blood pressure recorded at least once  No hypnotics, antipsychotics	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of quarter 4. 100% expected in HRW; 88.1% in S&R (due to target being missed in quarter 2).

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
	<p>or anxiolytics given during the stay OR rationale documented</p> <p>Mobility assessment to take place within 24 hours of admission and if required a walking aid to be provided within 24 hours of admission</p>		
Local: Falls assessment pathway	To create a network of falls assessors across a range of organisations including healthcare, housing and residential services, the emergency services and the voluntary/charitable sector	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Unable to complete CQUIN due to COVID19. Awaiting CCG confirmation of achievement.
Local: Improving continence care in residential home	To improve the number of annual continence reviews undertaken for patients in residential homes who require continence products. An audit will be undertaken to assess of the quality of continence care in the homes and inform future actions.	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of achievement. 100% expected.

## Income from CQUIN

In 2018/19 we achieved £1,428,155 for the CCG and NHSE CQUIN schemes. This is purely CQUIN so does not include other money available for meeting the STP engagement and financial control targets.

In 2019/20 there is a total of £1,265,741 available for achieving our CQUIN schemes.

## Care Quality Commission (CQC)

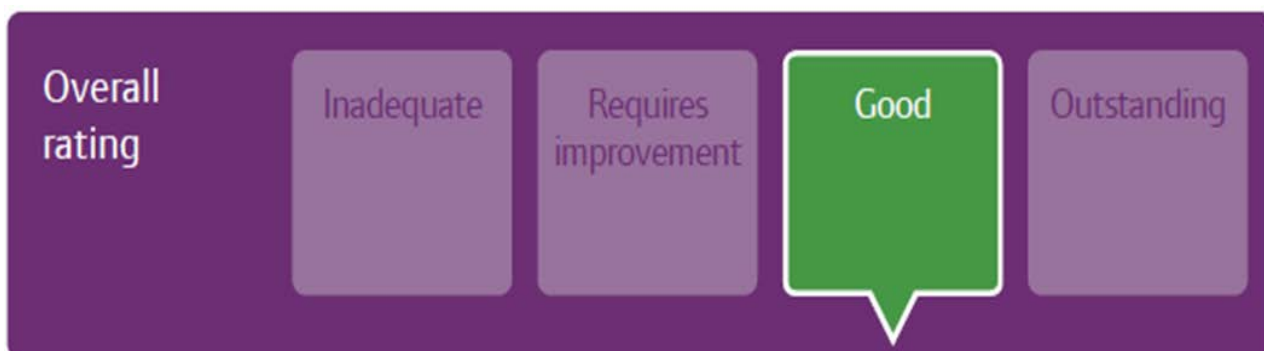
Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered to provide services. The Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against the Trust during 2019/20.

Humber Teaching NHS Foundation Trust has participated in a special review of Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism by the Care Quality Commission relating to the following areas during 2019/20. The review is part of a national review. The CQC published their interim report in May 2019 and the final report is due for publication in March 2020 (will update this section once published). The report does not provide specific feedback on organisation but provides the overall findings of the review. As a Trust we are using the findings to continually assess and improve the care that we provide to our patients. It is important to note that our learning disability services are currently rated outstanding by the CQC.

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

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

### Our Rating from the 2019 Inspection



### Are services



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

## Outstanding Practice



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

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

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

## Areas for Improvement

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

- Ensuring good standards of record keeping are maintained, i.e. records are accurate, risk assessments completed, care plans are personalised, holistic, reflect all the identified needs of patients and are regularly reviewed.
- Ensuring that the waiting lists for treatment for children and young people to meet national guidance.



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

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

All of the must and should do actions arising from the 2019 inspection have been delivered. However, as a Trust we continually strive to improve, therefore we have carried out a series of peer reviews and audits, from which we have developed additional quality improvement plans.

## Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during [reporting period] to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

which included the patient's valid NHS number was:

99.7% for admitted patient care 100% for outpatient care and 98.4% for accident and emergency care.

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

99.9% for admitted patient care;  
100% for outpatient care; and  
97.9% for accident and emergency care.

The source of these is NHS Digital's December 2019 DQMI published report for the months April to September 2019

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#current-data-quality-maturity-index-dqmi->

## Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20.

## Actions to Improve Data Quality

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


- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis.
- Review immediately the contract arrangement with a focus to increasing WTE hours from April 2019; to accommodate the coding service for Community Healthcare.
- Investigate immediately with the informatics team a process to enable a 'word search facility' in Lorenzo.
- The Trust to promote regular clinical engagement with the Coder as part of a validation strategy programme. To be supported immediately by the Medical Director.

## Information Governance

### Information Governance Assessment Report

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records.

The Data Security and Protection (DSP) Toolkit submission date for 2019/20 is the 30 September 2020. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2019/20 is expected to be **Standards Met**. The DSP Toolkit was audited and assessed and the findings summary is:

	<p>Governance, risk management and control arrangements provide <b>substantial assurance</b> that the DSP Toolkit assertions are being managed effectively managed. Compliance with the DSP Toolkit assertions was found to be taking place.</p>
---	--

There were no actions.

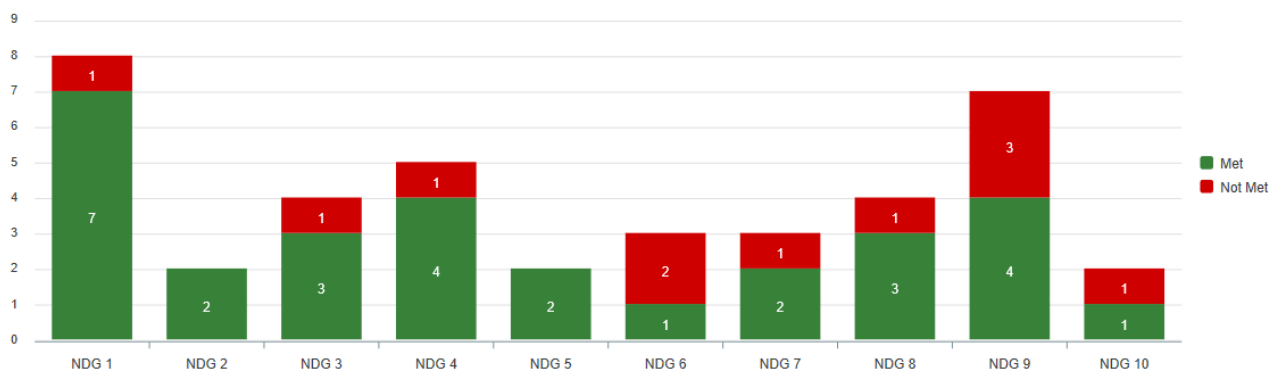
Findings summary from DSPT Audit	Priority		
	High	Medium	Low
Compliance with control framework	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

IG provides a framework in which the Trust is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

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

In the current version there are 44 assertions and 116 mandatory evidence items relevant to this Trust. For each assertion, the status can be “met” or “not met”. The Trust must ensure that all mandatory assertions are “met” for a “Standards Met” DSP Toolkit. If any of the assertions are “not met”, the Trust will receive a “Standards not met” DSP toolkit.

The Trust’s submission at the present time for the 2019/20 DSP Toolkit is below; however all assertions are expected to be “met” prior to the 30 September 2020 submission deadline.



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

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

Key areas of development in the year 2019/20 have been:

### Accountability

The IG Team has supported the Trust to be able to demonstrate compliance with the ‘Accountability Principle’ under Data Protection Law by ensuring:

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

An audit of GDPR compliance was carried out by internal audit which found a high level of compliance with the control framework. The audit found minor remedial actions which have been completed.

### Data Security and Protection Toolkit

An additional four assertions and 16 mandatory evidence items were added to the Data Security Protection Toolkit by NHS Digital. The IG Team has reviewed and updated 100 mandatory evidence items required for the 44 assertions. The remaining 16 evidence items will be updated prior to the submission deadline. A report on progress has been provided to the IG Group.

## **‘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, processes and operational activities are effective on the ground and compliant with DSP Toolkit requirements and CQC outcomes 2 and 21. If this is not the case, corrective action is recommended by the IG Team. The results of these audits confirm that IG practices are well established and are compliant with Trust policy, legal and regulatory requirements.

## **Information Governance Training Needs Analysis**

To ensure IG training remains ‘fit for purpose’, the IG Team reviewed and updated the Training Needs Analysis during the year to identify the information governance training needed for all staff, including those with specialist roles in information governance.

A survey of quantitative and qualitative questions was designed by the IG Team to assess any gaps in staff knowledge. Results of the survey was collated and submitted to the IG Group. The results informed changes to the face-to-face training and development of help and guidance to staff around specific topics through 2019/20.

## **Supporting New Business**

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

## **New Systems/Data Protection Impact Assessment (DPIA)**

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

The DPIA process is reviewed and updated annually to ensure it continues to meet best practice. The process provides a robust assessment ensuring that privacy concerns have been considered and actioned to safeguard the security and confidentiality of personal confidential information, whilst supporting innovation in patient care.

## **Information Sharing Agreements**

This good work has continued in 2019/20 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:

- Improving Access to Psychological Therapy across the East Riding
- Armed Forces Charter – working with the Armed Forces Forum to support veterans with complex needs
- Crisis Pad – working with Humercare to provide a safe place for people in emotional crisis or distress
- Reducing pressure on A&E working with multiple agencies in the York area
- Social Prescribing Service working with Primary Care Networks for East Riding patients
- Reducing health inequalities for the ‘Beverly Road Corridor’ with Hull City Council and other agencies
- Whitby Home from Hospital Service supporting patients following a long stay in Hospital

- Working with Healios for Autism Spectrum Conditions assessments
- Enabling Hull City Council to understand support children are currently receiving whilst on the waiting list for an autism or speech and language assessment
- Vaccination and Immunisation of children in the Hull area
- Continuity and planned healthcare to patients who are detained in prison
- Forensic Outreach Liaison service across Hull, East Riding of Yorkshire and North East Lincolnshire
- Mental Health Case Management and direct patient care
- Trust GP practices sharing information as part of the Yorkshire and Humber Care Record
- The Trust hosting the System of System for the Yorkshire and Humber Care Record
- Working with Vocare for the provision of GP out of hours on-call cover at Malton Hospital
- North Yorkshire Children's Safeguarding Board
- Information sharing with Scarborough Hospital Home First Unit and Rapid Assessment Team to support direct care
- Working with Matthew's Hub to support both children and adults awaiting an autism assessment

## Policies

Lawful and correct treatment of personal data is important. During 2019/20 a number of IG policies were reviewed, they include:

- Data Protection Procedure for Employment Records
- Safe Haven Procedure
- IG IT Forensic Investigation and Confidentiality Audit Procedure
- Freedom of Information Policy
- Sharing Information with Carers and Significant Others Standard Operating Procedure
- Records Management and Information Lifecycle Policy
- Sharing Letters with Patients Standard Operating Procedure
- Community Adoption Procedure
- Photography, Video and Audio Recording Policy
- Data Quality Policy
- Registration Authority Policy
- Information Governance Training Procedure
- Data Protection Impact Assessment Standard Operating Procedure
- Information Governance Training Procedure

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

## Information Assets

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

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

## Cyber Security

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

## Data Quality

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

A clinical coding audit was performed on discharged patient records in 2019/20. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 100% primary
- 96.9% secondary

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

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

- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis.
- Review immediately the contract arrangement with a focus to increasing whole time equivalent (WTE) hours from April 2019; to accommodate the coding service for Community Healthcare.
- Investigate immediately with the informatics team a process to enable a 'word search facility' in Lorenzo (electronic clinical record) .
- The Trust to promote regular clinical engagement with the Coder as part of a validation strategy programme. To be supported immediately by the Medical Director.

## Freedom of Information (FOI)

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

The Trust responded to 232 requests for information under the Freedom of Information Act, this is a reduction of 41% on the previous year. 44 requests (19%) were not answered within the statutory 20-day timescale due to delays in the information being supplied. This is a reduction from 22.5% in the previous year. During the financial year, the FOI process has been streamlined through the introduction of an FOI web form to capture requests via the Trust website. This has resulted in an overall reduction in the number of requests received across the year.

## Registration Authority (RA)

Humber Teaching NHS Foundation Trust is established as a Registration Authority (RA). The Registration Authority for the Trust' is part of the Clinical Systems Team. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For all staff requiring a Smartcard the relevant ID checks are undertaken by either the HR RA staff, the RA



Officer or, as necessary, an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard.

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

The Trust has reviewed and updated its RA Policy and Procedures and provides quarterly activity reports to the IG Group.

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

## Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2019/20 we have continued to strengthen our approach to learning from deaths. All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a weekday basis these are reviewed in a daily corporate safety huddle held within the Patient Safety department. The corporate safety huddle is attended by a range of professionals which include, safeguarding, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria shown below:

### Mazars LLP

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

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

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

During 2019 we have strengthened our processes by introducing a Corporate Safety Huddle Review meeting. The governance and patient safety team meet each week to review the additional information requests made in the preceding week by the daily corporate safety huddle. This meeting monitors all responses and escalates to the Clinical Risk Management Group when

responses have not been received. The Corporate Safety Huddle Review meeting also closes down any Datix where all actions or information requests have been completed.

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

### **Royal College of Psychiatry Mortality Review Red Flags**

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

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

During 2019/20, the Trust has continued to work closely with other trusts and organisations through the Regional Mortality Steering Group to develop the approach to learning from deaths that do not meet the serious incident threshold. The Trust is also a member of the Learning from Deaths Northern Alliance group. This group has been established to share best practice in supporting the implementation of the learning from deaths guidance issued by the National Quality Board in 2018. (National Quality Board, June 2018)

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

During 2019/20, 496 of Humber Teaching NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 122 in the first quarter
- 106 in the second quarter
- 134 in the third quarter
- 134 in the fourth quarter.

Of the total number of deaths 88.9% were from natural causes. The remaining deaths are reviewed through the daily corporate safety huddle to determine whether an initial incident review conducted with 72 hours is required. This initial review is used to determine whether a further case record review, known as a Structured Judgement Review (SJR) or serious incident investigation is required.

By 22 January 2020, four Structured Judgement case record reviews and 17 investigations have been carried out in relation to 20 of the deaths included above. In one case, one death was subjected to a Structured Judgement Review (SJR) and a serious incident investigation. The

number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 5 in the first quarter
- 6 in the second quarter
- 9 in the third quarter
- 9 in the fourth quarter.

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

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

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

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

- Structured risk assessment needs to include professional judgement alongside known risk factors and views of significant others
- Consider independent carers assessment for each individual to help generate support plans
- Patient's capacity to be reviewed at Care Programme Approach reviews and pre-discharge clinical review meetings
- To ensure that patient views regards treatment, discharge and follow up arrangements are discussed and where appropriate carers are involved in the decision making process, all discussions to be recorded within Multi-Disciplinary Team notes
- The safeguarding needs of the wider family should always be considered when risks and possible abuse indicators are identified. The principles of 'Think Family' should be considered in order to safeguard children where there are issues relating to parental mental health
- Staff should not have to gain consent from an individual if a parent/relative is ringing asking for help. One cannot assume capacity or lack of capacity. It is good practice to speak with the potential patient but not always necessary or relevant
- Training and support for temporary staff (Bank and Agency) who work occasional and out of hours shifts should be strengthened
- Review the Mental health Response Triage process to effectively manage demand.

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

- Review the demand on the service within the Mental Health Response Service
- Strengthen the triage procedure within the Mental Health Response Service
- Strengthen the Multi-disciplinary team meeting process within the Home Based Treatment team to ensure there is evidence of high quality decision making processes with structured consideration of risks and clearly documented outcomes and plans
- Provide the opportunity for carers and relatives to give their views on risk and treatment options in a sensitive way recognising the complexities and sensitivities of their position
- Ensure carers assessments are offered appropriately to both patients and their carers
- Ensure timely access to medication prescriptions from the GP to ensure consistent care delivery

- Continue to reinforce the need to consider Domestic Violence in the context of care and patient safety
- Consider the assessment of risk and ensure that there is patient and carer involvement in the discharge process where possible
- Clearly identify who is responsible for each part of the patient journey especially around discharge from inpatient to community teams
- To conduct a review of ward based social worker roles

The impact of the actions outlined above is as follows:

- Strengthened triage processes within mental health Response
- Staff training has resulted in increased involvement of family and carers in care. Involvement of family and carers is known to improve assessment of risk
- Increased awareness and skillset of staff in relation to capacity assessment and best interests' decisions.

## Deaths in 2018/19

Nil case record reviews and 12 investigations completed after 31 March 2019 which related to deaths which took place before the start of the reporting period.

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

None representing 0% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

## How We Measure Performance – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England via NHS Improvement (NHSI), NHS Digital (NHSD), Mental Health Services Data Set (MHSDS) and Calculating Quality Reporting Services (CQRS). Key Performance Indicators (KPIs) are mapped via the Integrated Board Report (IBR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

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

Our internal reporting is split into three levels:

### Level 1:

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

### Level 2:

Monthly Divisional and Service Line Reports via a dashboard to the divisional group leads and their directors.

### Level 3:

Monthly performance reports at team level to directors, service managers, team leaders and staff members with an interest in performance and enhancement.

We also report externally to our Commissioners via:

### Contract Activity Report (CAR)

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

This system ensures that we can:

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

Meetings are held regularly with Commissioners, Board members, divisional 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.

### Data Quality Improvement Plans

Data Quality Improvement Plans (DQUIP) are designed to highlight where services may not be meeting required performance measures. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

### Benchmarking

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

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

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

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

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

## Finance

The use of resources score reported earlier in this report is split by the five components, with an overall score, and is reported at a granular level.

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of the Use of Resources score in the monthly finance report. This information is also linked to the Integrated Quality and Performance Tracker (IQPT) report that is also provided to the Board every month and includes a number of the performance measurements that are covered to some extent in the Use of Resources rating and also includes reporting on bank, agency and overtime whereas the Use of Resources specifies agency.

## Risk Register

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

## 2.6 Mandatory Quality Indicators

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

### Seven-Day Follow Up

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

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care under the Care Programme Approach (CPA) should be contacted by a mental health professional within seven days of discharge. The Trust has set a local performance standard that all patients should be seen face to face. However, phone contact is acceptable where face to face is either not geographically viable or safe.

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

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

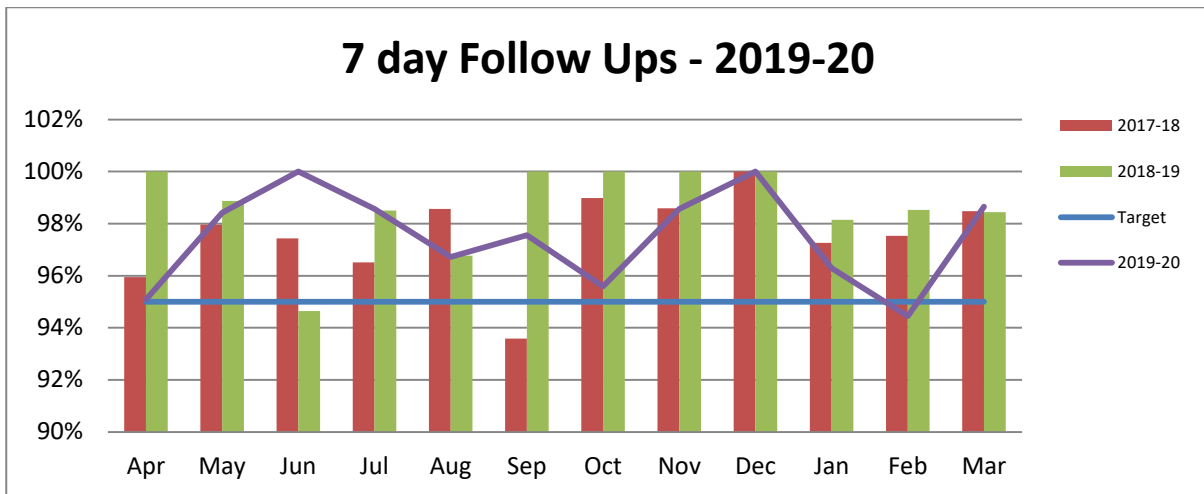


## Summary of Progress

As at end of Q4, 20 patients were not seen within the 7 day follow up period. This is similar to the same period last year. Each follow up breach is reported as an adverse incident and reviewed with the Care Group and overall responsible to CRMG (Clinical Risk Management Group).

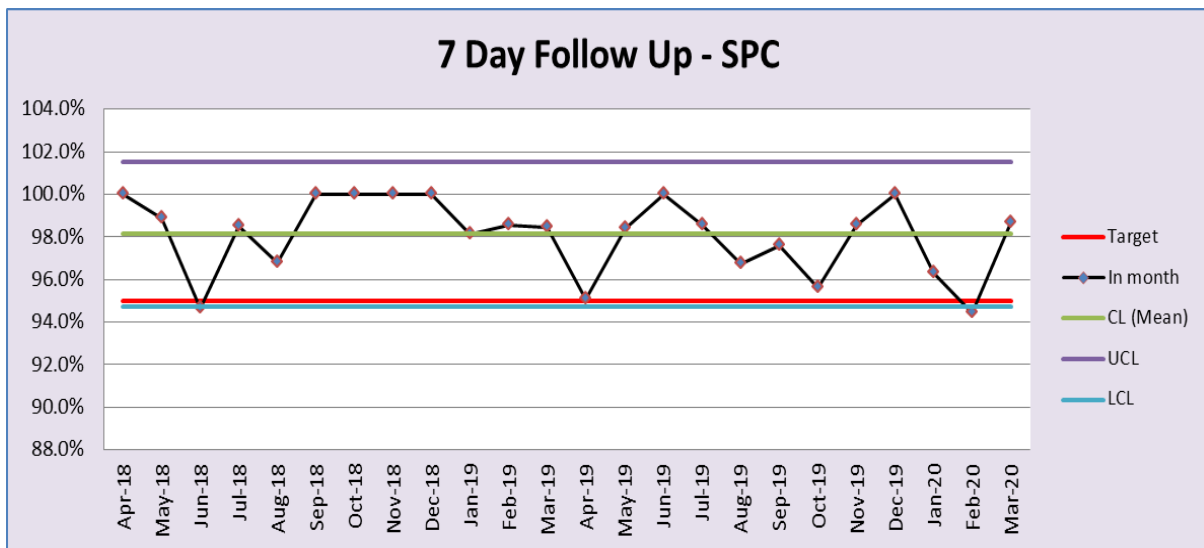
The Trust has retained an average 98.0% compliance rate across all four quarters. This equates to 796 patients seen out of the 816 discharges. All incidents are investigated and reported on the Trust Datix system. Appropriate actions and resolutions sought for individual cases.

## Graph



## SPC Chart

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



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

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre Performance Data (2019/20)				
			Q1	Q2	Q3	Q4
<b>Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period</b>	1 Preventing people from dying prematurely	Humber	97.8%	97.6%	98.6	Not received
		National average	95.1%	94.5%	95.5%	Not received
	2. Enhancing quality of life for people with long-term conditions	National best score	100%	100%	100%	Not received
		National worst score	86.1%	77.9%	86.3%	Not received

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

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

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

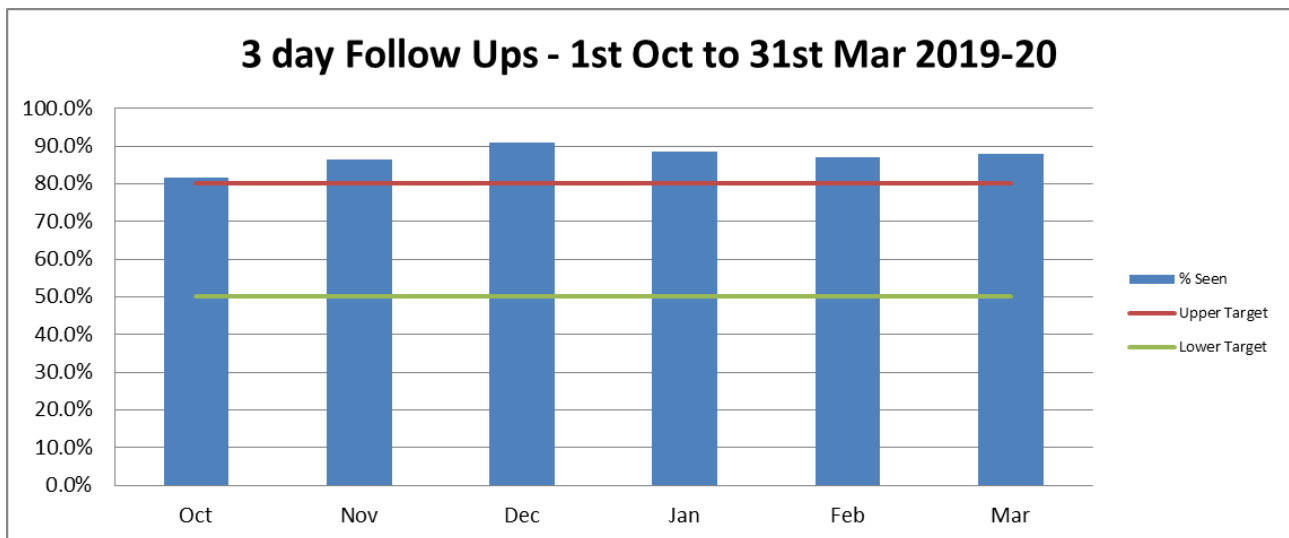
- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow-ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a seven-day follow up contact. The Trust care group directors and service managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within one to three days.
- The reviewed all failed seven-day follow-ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding as a consequence of an unavoidable set of circumstances preventing contact.

### **Trust Internal Target of Follow-up with Three Days – Governor-Chosen Local Quality Indicator**

The National Confidential Inquiry into Suicide and Safety in Mental Health (2019) <http://documents.manchester.ac.uk/display.aspx?DocID=46558> recommends that follow-up occurs within two to three days of discharge, as in their analysis the highest number of deaths (21%)

occurred at day three post-discharge. Three day follow-up became a CQUIN target for patients discharged from 1 October 2019. Compliance is calculated over each quarter period. Governors are also extremely cognisant of the importance of this target so chose this as their local indicator for the purposes of the Quality Account.

Throughout the six-month period from 1 October 2019 to 31 March 2020, the Trust met the target for both Quarter 3 and Quarter 4. A total of 604 patients were seen within 3-days of discharge from a total 693 discharges, an average of 87.2%.

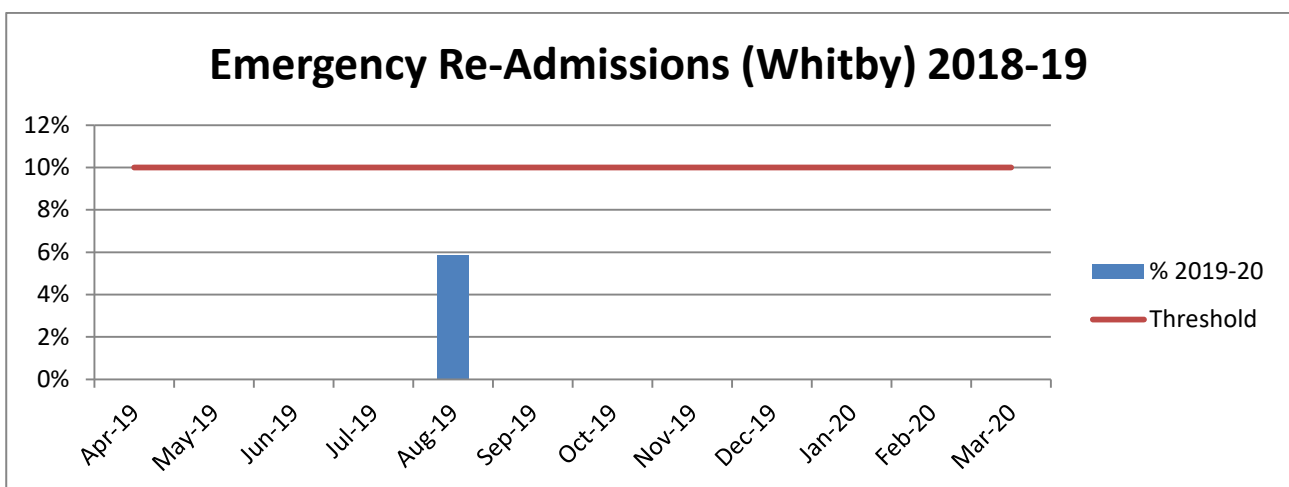


### Readmissions (Community Hospitals)

The Trust has two community hospital sites, Whitby Community Hospital and Malton Community Hospital.

#### Whitby

For April to March 2020 there were 286 discharges at Whitby. Of these there was one patient who was an unplanned readmission within 30 days of their previous discharge, which equates to 5.9%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.



## Malton

For Malton we do not record an emergency readmission rate. Instead we identify and measure how many patients are re-admitted back to an acute setting – ‘stepped back up’.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of patients stepped up to Acute bed 18/19	Contract started 1/5/19	23	24	18	19	10	14	21	16	11	7	12
Number of patients stepped up to Acute bed 19/20	12	10	10	13	9	7	10	9	5	15	11	10

The monthly average number of patients stepped up to acute hospital has reduced from **16** (2018/19) to **10** (2019/20).

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

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

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

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

Since April 2014, the Staff Friends and Family Test (FFT) has been carried out in all NHS trusts providing acute, community, ambulance and mental health services in England.

The aim is for all staff to have the opportunity to feed back their views on their organisation at least once per year. The Staff FFT is helping to promote a big cultural shift in the NHS, where staff have both the opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

Research clearly shows a relationship between staff engagement, patients and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is therefore important that we strengthen the staff voice, as well as the patient voice.

Each year a proportion of staff have the opportunity to respond to Staff FFT in one of the three quarters (Quarter 1, Quarter 2 and Quarter 4). Quarter 3 is the national staff survey and all staff have the opportunity once per year, as a minimum requirement. The Trust must submit data to NHS England in Quarter 1, Quarter 2 and Quarter 4, which includes the breakdown of responses for each question and the total number of responses for each collection method.

The Staff FFT surveys for the period 2019/20 were carried out on a quarterly basis and the same key questions were asked each time:

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

For the year 1 April 2019 to 31 March 2020 the Humber Teaching NHS Foundation Trust chose to ask an additional seven questions which alongside the overall questions above, help to give a more reflective engagement score. Again these questions are consistent in each survey:

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

The surveys are all completed online. Once the full responses are received, the Trust has until the 26 of the month after the quarter end to upload the results to the NHS England portal for Question 1 and Question 2.

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

The below table shows the key metrics for the year 1 April 2019 to 31 March 2020

### At a Glance Key Metrics for 2019/20

Quarter	Live Dates	Invited to partake	Target Area	Responses	% Response	Overall Engagement Score	% of staff likely to recommend as a place of care	% of staff unlikely to recommend as a place of care	% of staff likely to recommend as a place to work	% of staff unlikely to recommend as a place to work
1	28.05.2019 to 25.06.2019	1038	Primary Care, Community, Children and Learning Disability	215	21%	3.66	67.9%	8.0%	53.1%	24.6%
2	01.08.2019 To 30.08.2019	1,080	Mental Health and Forensic	253	23%	3.20	63.2%	14.4%	45.9%	27.6%
3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live									
4	11.02.2020 to 31.03.2020	552	Corporate	148	27%	3.97	77.4%	4.8%	64.6%	16.3%

Humber Teaching NHS Foundation Trust considers that it can achieve a much higher response rate to the SFFT in the coming years due to an increased focus and clearer communication around the actions taken in response to the surveys. For this period there are now nine engagement questions within the National Staff Survey therefore these nine questions have been added to the SFFT each quarter to provide the organisation with a 'pulse check' in terms of staff engagement. These results will be clearly communicated to the care divisions and corporate areas to enable key objectives to be set.

The analysis of Q1 and Q2 Staff FFT indicates that over 60% of staff would recommend to friends and family the Trust as a place of care whilst over 45% would recommend as a place to work.

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

- Adding the nine engagement questions to the SFFT to ensure that the survey acts as a pulse check for staff engagement
- Ensuring that each staff member is asked to complete a SFFT survey once in the year to ensure that they don't feel that they are filling in too many surveys
- Introduction of a Workforce and Organisational Development Committee which is a sub-committee of the Trust Board with the overall purpose to provide strategic overview assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development
- Clear visual communications of staff survey to enable staff across the Trust so care divisions and corporate areas can own their results by encouraging discussion, focus groups that will see changes owned and embedded
- The development of a Health, Wellbeing and Engagement group with a specific remit to make improvements to staff health and wellbeing with accountability to the Workforce and Organisational Development Committee
- The planned introduction of TRAC recruitment system to support managers and candidates with the recruitment process with the aim to reduce the time to recruit
- Introduction of a Recruitment Task and Finish Group to focus on those posts that are hard to recruit
- Development of a Staff Benefits document bringing together all of the benefits that the Trust offer to staff
- Development of an Equality, Diversity and Inclusion Group
- Introduction of the **PROUD** programme which is a programme of organisational development which includes some of the following initiatives:





## The NHS Community Mental Health Users Survey

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). The 2019 response rate was 30%. The majority of scores were in the mid-60% range of Trusts surveyed, with three questions in the top 20% range and six in the bottom.

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

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

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

- When the survey is being undertaken we will continue to encourage our service users to take part.
- The 2019 report was shared at a Trust Leadership event in October 2019. Following this a workshop was arranged and members of each Community Mental Health Team (CMHT), Pharmacy, Patient and Carer Experience team, service users and heads of professions were in attendance. The workshop provided a focus to those areas where the Trust was in the bottom 20%, or any other areas that the report had provided recommendations for. As a result of the workshop a coproduced action plan has been developed from which to build improvements upon. Key actions that the CMHTs are progressing include:
  - Care co-ordinator or case manager to ensure all service users are given clear information of how to contact them, the team and out of hours crisis services.
  - Medication to be discussed in Care Programme Approach (CPA) documentation, collaboration of social workers and nurses, involving pharmacy, information leaflets, simple language, involving family in information sharing to ensure this is discussed with service users and their carers.
  - All care co-ordinators and case managers to ensure they discuss NHS therapy options clearly and that they are explained to the individual in a manner that is understood. Information leaflets and information will be provided.
  - To ensure that peer support workers are employed in the CMHTs and that there is a clear link to the Patient and Carer Experience team from the CMHTs.
  - Dignity and respect to be embedded in CPA work underway and increase in co-production and patient involvement.
  - How service users are getting on with their medicines is to be discussed in regular planned reviews by medical and clinical staff. Also, documentation, collaboration of social workers and nurses, involving Pharmacy, information leaflets, simple language and involving family in information sharing to ensure that such discussions take place with service users and their carers.
- A training package for staff regarding the understanding of the CPA and administering CPA in a family inclusive way continues to be delivered.
- We are undertaking a redesign of our community mental health services to enable greater integration with primary care to meet the physical health needs of our service users through good shared care protocols.
- All teams have Staff Champions of Patient Experience (SCOPE) and attend bi monthly SCOPE forums to share best practice and provide a voice of experience on behalf of their clinical networks.
- All of our CMHTs continue to receive excellent feedback via our Friends and Family Test (FFT) where live feedback is available by accessing the Trust's FFT dashboard.

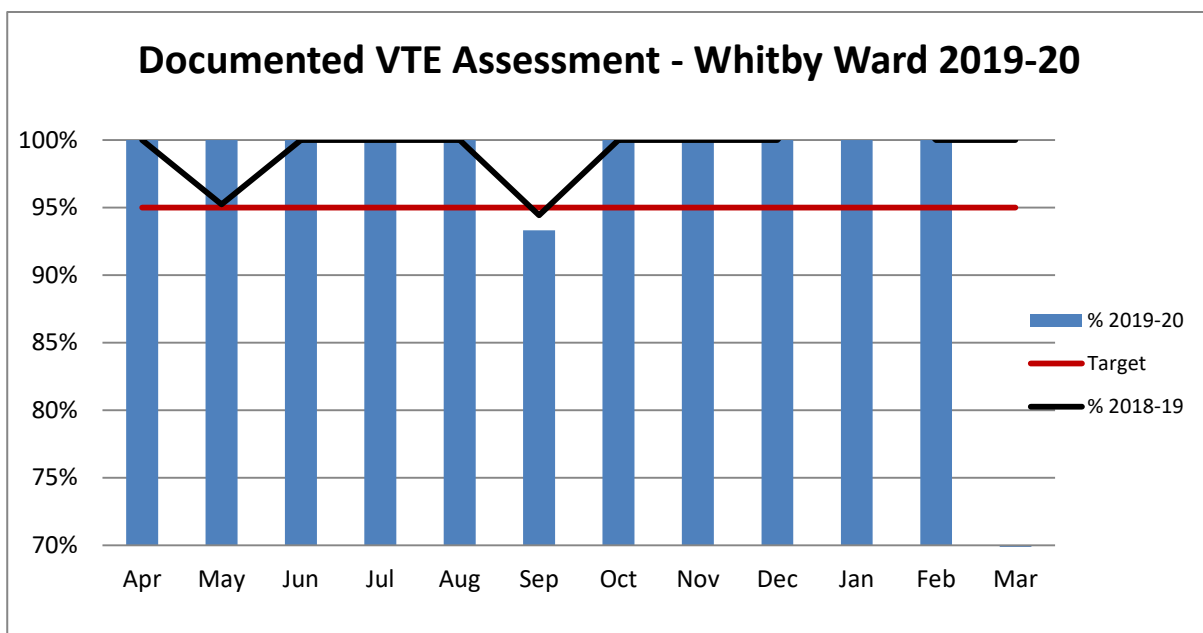
- Service users and their carers are given the opportunity to attend quarterly Patient and Carer Experience forums where they can provide a public voice by bringing lived experiences and individual perspectives to the Trust.
- Always Events have been developed and implemented in the early intervention service in relation to discharge planning, which is positively impacting on patient experience.
- Service users and carers are supporting the Trust recruitment process; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience.

## Venous Thromboembolism (VTE) Risk Assessments (via NST)

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

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

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



Due to the Covid-19 pandemic the National Safety Thermometer was not gathered for the month of March.

The Trust has taken the following actions to improve the quality of its service:

- All NHS Safety Thermometer submissions are subject to a quality check by the patient safety team prior to submission to ensure the accuracy of the data.

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

- Introducing, as part of the Matrons audit on our audit platform MyAssurance, questions to measure compliance with the completion of VTE assessments across all our inpatient units. This is due to be implemented from 1 April 2020.

## Healthcare Associated Infections

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

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

### *Clostridium difficile* Infection (CDI) Measure

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

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

### Summary of Progress

During 2019/20, it is noted there have been no CDI cases apportioned to the Trust.

2019/20	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitby Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Malton Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Trust-wide	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

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

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

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

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

### **Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia Measure**

For the financial year 2019/20 it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

### ***Escherichia coli* (E.coli) Bacteraemia**

For the financial year 2019/20 it is noted there has been one *E.coli* Bacteraemia cases apportioned to the Trust in Quarter 1.

## **Patient Safety Incidents**

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety. Within these figures, the national median rate for incident reporting from their last six-monthly report, which was published in March 2020, was 56.34 per 1,000 bed days. Humber Teaching NHS Foundation Trust's reporting rate was 94.25 incidents per 1,000 bed days which puts the Trust in the upper quartile; the highest number of incidents per 1,000 bed days was 130.79. In terms of reported level of harm presented in the last NRLS six-monthly report, 75.58% of the Trust's reported patient safety incidents resulted in no harm and 19.74% of the total incidents resulted in low harm.

	<b>Total Incidents 2018/19</b>	<b>Total Incidents 2019/20</b>	<b>Severe/ Death 2018/19</b>	<b>Severe/ Death 2019/20</b>	<b>Serious Incidents 2018/19</b>	<b>Serious Incidents 2019/20</b>
<b>1 April-30 June</b>	1,178	1,189	10	10	5	4
<b>1 July-30 September</b>	1,098	1,272	10	7	4	4
<b>1 October-31 December</b>	1,518	1,042	15	7	10	6
<b>1 January-31 March</b>	1,677	1,368	17	6	6	3
<b>Totals</b>	5,471	5,009	52	34	25	17

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

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

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

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

We have reviewed our Datix reporting forms to ensure they are as quick and simple as possible to complete, thus minimising administrative burden and increasing use

We are introducing a dashboard developed from our Datix incident reporting system, which will provide teams with at a glance data in relation to their incidents, themes and trends. This is will enable teams to ensure they focus their quality improvement initiatives on incident themes of concern and see how the reporting of incidents, provides essential data for use at team level.

In addition to learning from incidents, we recognise the importance of learning from what we have done well and has not gone wrong. This is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix" which is part of our Datix incident reporting system and very quick and easy to use. Each month we recognise the patient safety team of the month and annually we are introducing an award at our annual staff awards ceremony for Patient Safety Team of the Year.

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

## Part Three: Other information on Quality Performance 2018/19

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

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

### 3.1 Key National Indicators

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

#### The Three Domains for Key National Indicators

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



## Immunisation Rate for *Human Papillomavirus* (HPV)

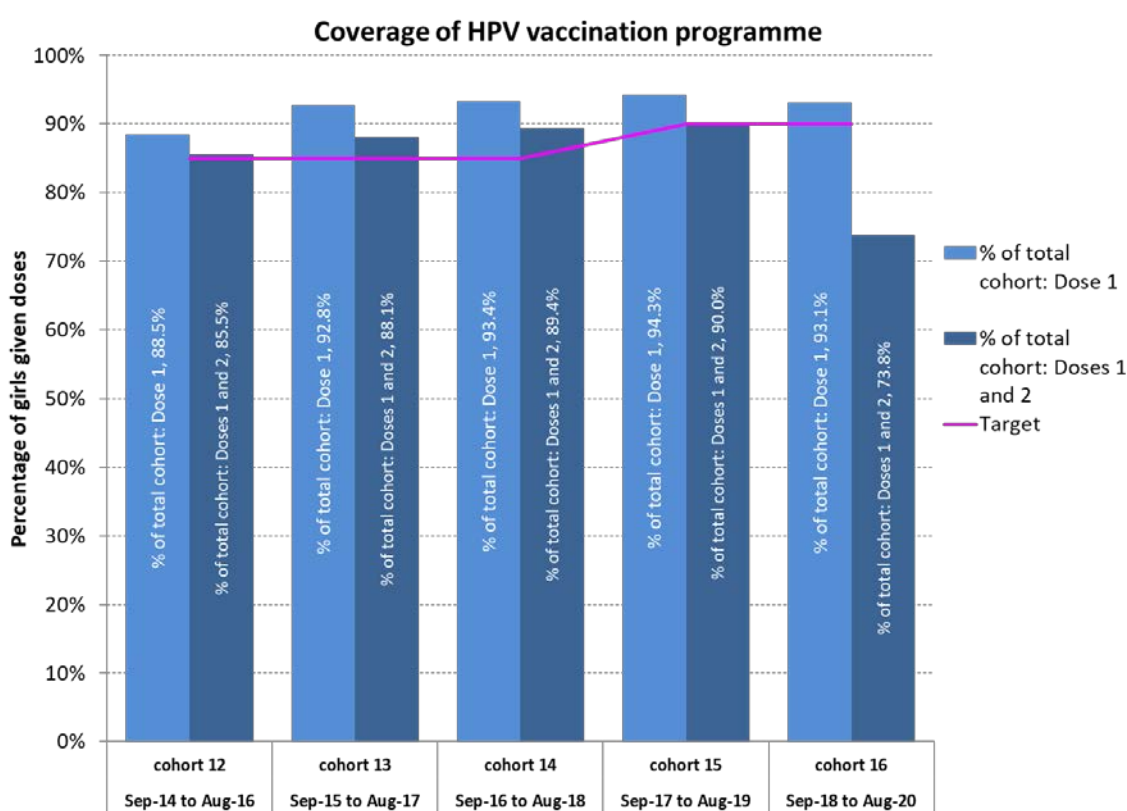
Immunisation against *Human Papillomavirus* (HPV) highlights an area of national and international concern to end the transmission of preventable life-threatening infectious diseases. Vaccines prevent infectious disease and can dramatically reduce disease and complications in early childhood, as well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

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

Due to the difference between the financial year we are describing in this report (April 2019 to March 2020) and the academic year that dictates the delivery timings of the vaccination doses (September to July), we are reporting on vaccinations completed in the 2018/19 academic year (September 2018 to July 2019), as the 2019/20 vaccination programme is still under way at the time of reporting.

In the 2018/19 academic year the Trust delivered the second dose of the HPV immunisation to 89.4% of girls in Year 9 in East Riding Schools, against a target of 90%.

Also in the 2018/19 academic year the Trust also delivered the first dose of the HPV immunisation to 93.1% of girls in Year 8. The second dose was delivered in the 2019/20 academic year; as the contract ended at short notice the end of March 2020 the vaccines had to be delivered in a shortened timescale and the service was only able to achieve 73.8% coverage of the cohort.



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

- High levels of vaccination coverage have usually been achieved by ensuring excellent data management to support delivery and follow-up through accurate recording and close monitoring of performance information. The allocation of the contract to a new provider from 1 April 2020 meant that the service had to deliver the second dose to cohort 16 in a much shorter timescale and was unable to provide any follow-up sessions to catch those that were missed due to illness etc.

The Trust maintained good practice and quality of service for the duration of the contract and was disappointed to lose the contract on the basis of price.

## Mental Health Delayed Transfers of Care (DToC)

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

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

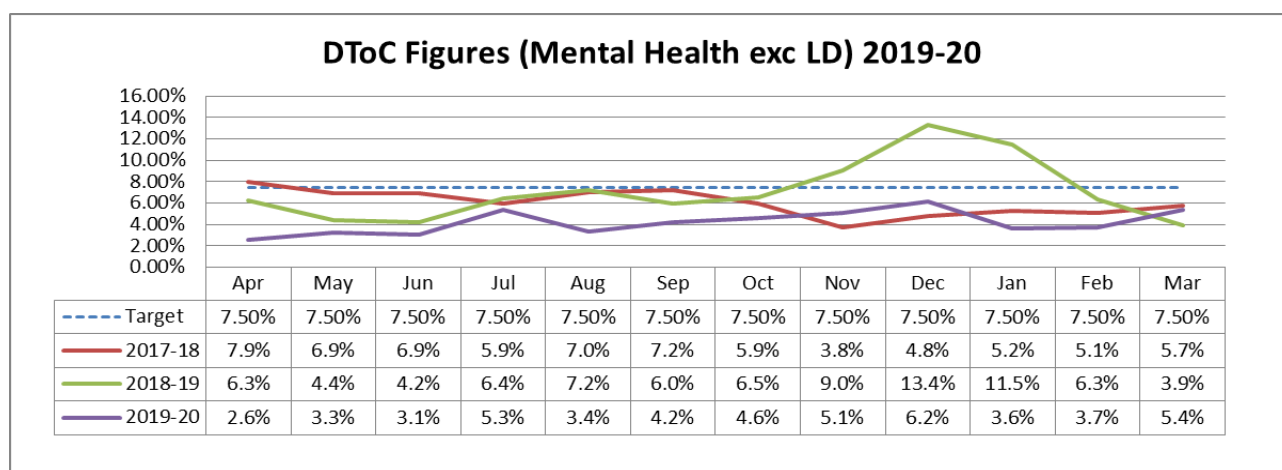
### Summary of Progress

For the year ending 2019-20, the Trust reported a percentage of 4.2% delayed transfers which is an improvement on last year's 5.3%. From Q2 however, there has been a steady increase in the number of delays reported across both adult and Older People's units although still remaining well within thresholds.

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 delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.

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

A project group is making continued progress to facilitate the move across from manual recording to electronic reporting for Community Hospitals.



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

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OBDs	3712	4039	4175	4330	4084	3909	4084	4155	4178	4054	3891	3964
Days Delayed	96	132	129	231	137	164	188	213	258	146	144	214
%	2.6	3.3	3.1	5.3	3.4	4.2	4.6	5.1	6.2	3.6	3.7	5.4

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

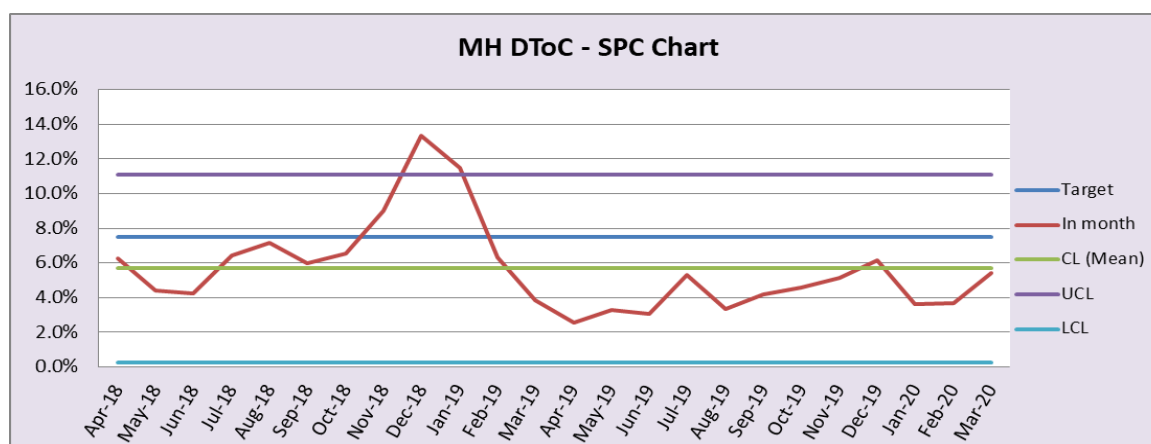
Both the Care Quality Commission and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

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

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

### Delayed Transfers of Care SPC Chart

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



# Improving Access to Psychological Therapies (IAPT)

## Percentage of Patients Seen for treatment within six and 18 weeks of referral

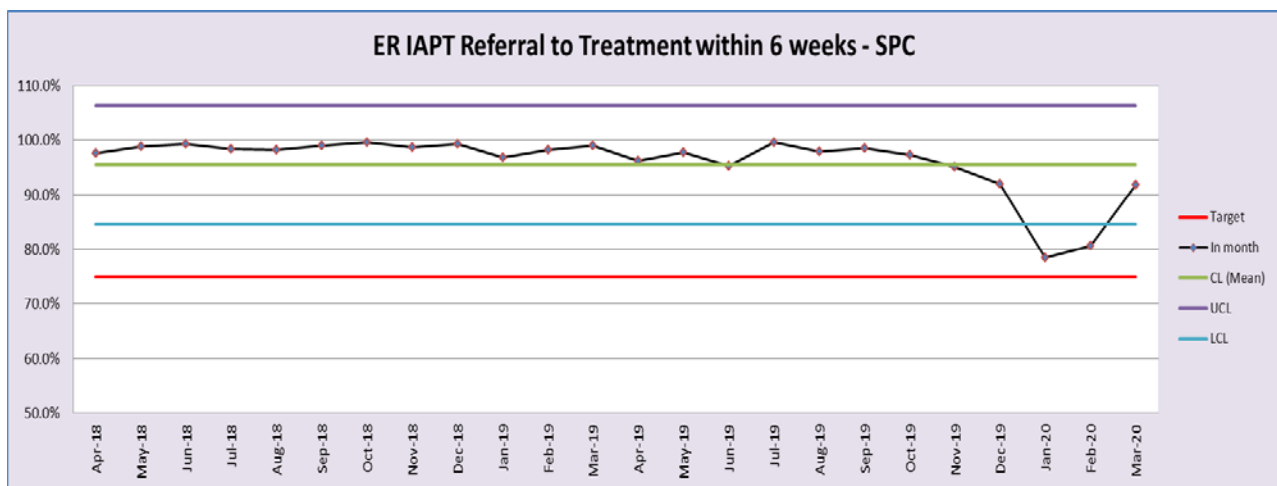
### IAPT Access Times/Goal

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

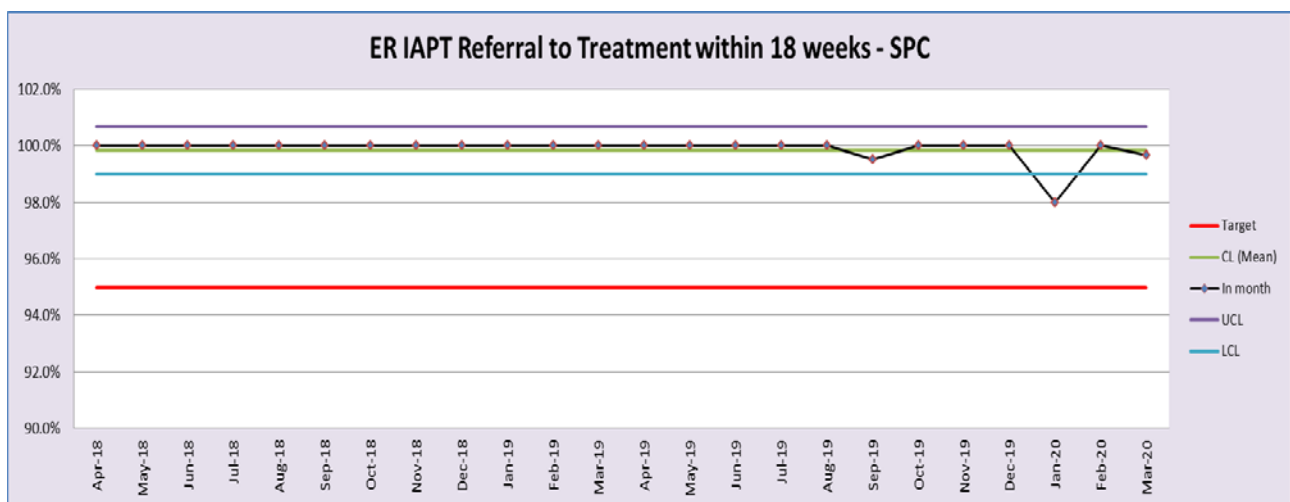
### Summary of progress

The IAPT team has been measured against this standard for the East Riding catchment area throughout 2019/20. Both the six- and 18-week targets have been achieved each month throughout the year.

### Graph (Six-Week Target)



### Graph (18-Week Target)



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

- Monthly reporting from the Trusts PCMIS system

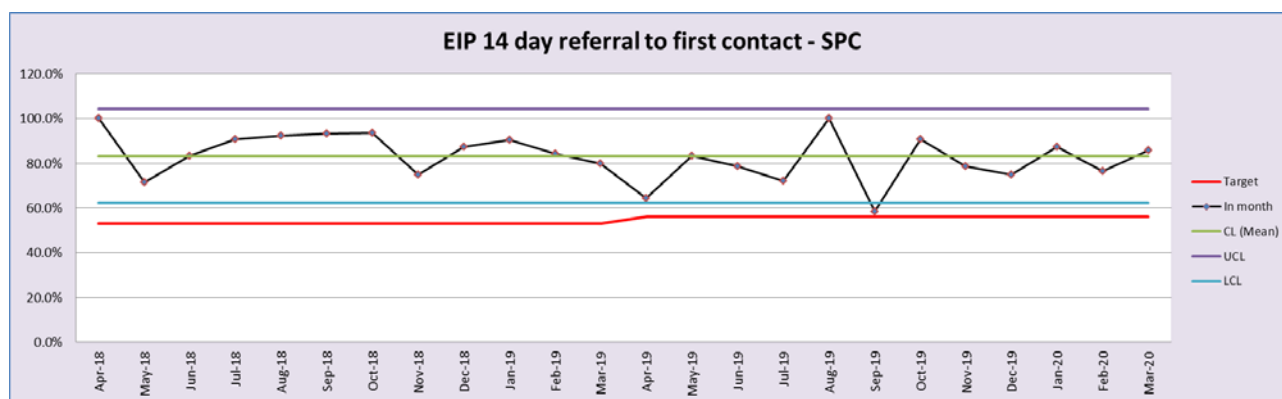
The Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

## Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016 NHS England introduced a series of standards for Early Intervention for Psychosis Teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that more than 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. The service continues to support the age range of 14-64. The year to date performance of 79.1% is greater than the nationally mandated target of 56%.



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

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

The 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.

## Cardio-metabolic Assessment and Treatment for People with Psychosis

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

- Inpatient wards
- EIP
- Community MH Services (CPA clients)

People with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15-20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people

with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months.

Physical health assessments for patients with severe mental illness (SMI) were a CQUIN in 2018/19. Patients with SMI for the purpose of the CQUIN were all patients with psychosis, including schizophrenia.

Data is recorded and reported from the Trust’s Lorenzo patient administration system and during 2019/20 new reporting process were put in place to run these automatically.

Although no longer a CQUIN, the following figures are a snapshot of the compliance rate for all assessments completed as at 31 March 2020 as entered on Lorenzo.

Service	Target	% of patients with complete electronic HIP (as at 31 December 2019)
<b>Inpatient</b>	90%	40.7%
<b>Community (non-EIP)</b>	75%	32.6%
<b>Early Intervention Psychosis</b>	90%	48.6%

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

- They are based on direct analysis of the submissions made on Lorenzo

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

- Developing the electronic record so the assessment can be entered directly into the system and support the teams in using the new form.
- Compliance results shown in team performance reports to allow teams an opportunity to review and assess for improvement.

## Admissions of Young People under the age of 16 to Adult Facilities

Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years) associated with significant impairment and/or significant risk to themselves or others such that their needs cannot be safely and adequately met by community CAMHS. This includes young people with mild learning disability and Autism Spectrum Disorders who do not require Inpatient CAMHS Learning Disability Services. There is currently no provision within the Trust for mental health inpatient services for this age group.

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

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

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

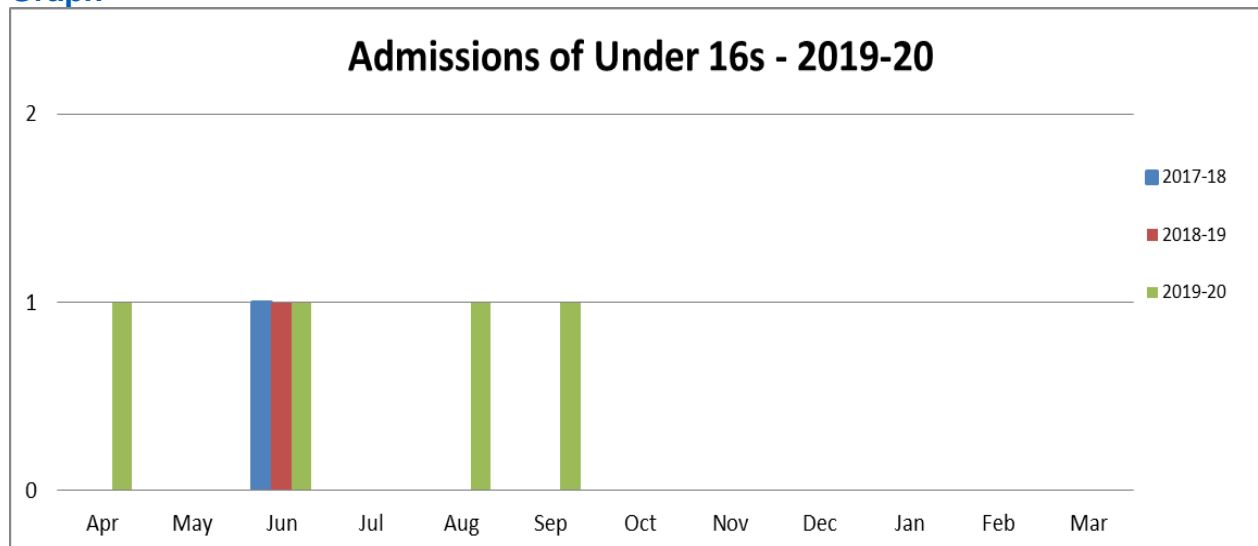


## Summary of progress

There is no national target set for this indicator but the Trust considers this to be a zero event with the aim of having no admissions of children into adult wards. The national parameters review patients admitted who are under 16.

During 2019/20 there were four admissions of under 16s. The average length of stay on an adult ward was five nights.

## Graph



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

The Trust opened its new thirteen bedded CAMHS Inpatient Unit on 22 January 2020. Prior to this, CAMHS inpatients from the area were placed in units outside the area.

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

Prior to the opening of the new unit the Trust had two designated wards to accept emergency admissions for children where appropriate placements are not available: Westlands for female patients and Mill View Court for male patients. The average length of stay for patients aged under 16 in these units between 1 April 2019 and 21 January 2020 was five days.

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

The Trust was commissioned by NHS England to provide a 13-bedded CAMHS inpatient unit. The new unit, names 'Inspire' comprises of four PICU beds and nine general adolescent beds. NHS England has specifically commissioned this number of beds based on an audit of the regional usage. The new service supports young people from Hull, East Yorkshire, North and North East Lincolnshire. The unit is a state of the art new build and is located on Walker Street in Hull. The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Young People's Mental Health services locally, where access to services is key, keeping young people close to the systems of support that aid recovery.

# Out of Area Placements

## Definitions

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

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

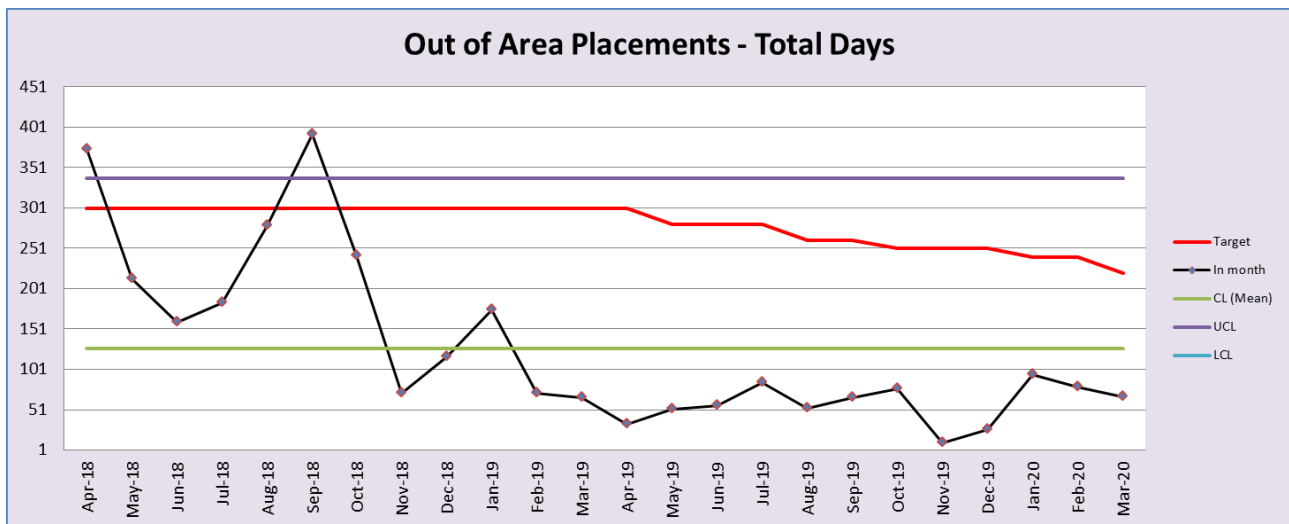
## Summary for 2019/20

For 2019-20, the results of Out of Area Placements are documented in the Integrated Board Report (IBR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. It is the Trust’s intention that there will be zero inappropriate out of area placements by 2020/21. There were a total of 25 new patients who were admitted to an out of area placement during the year.

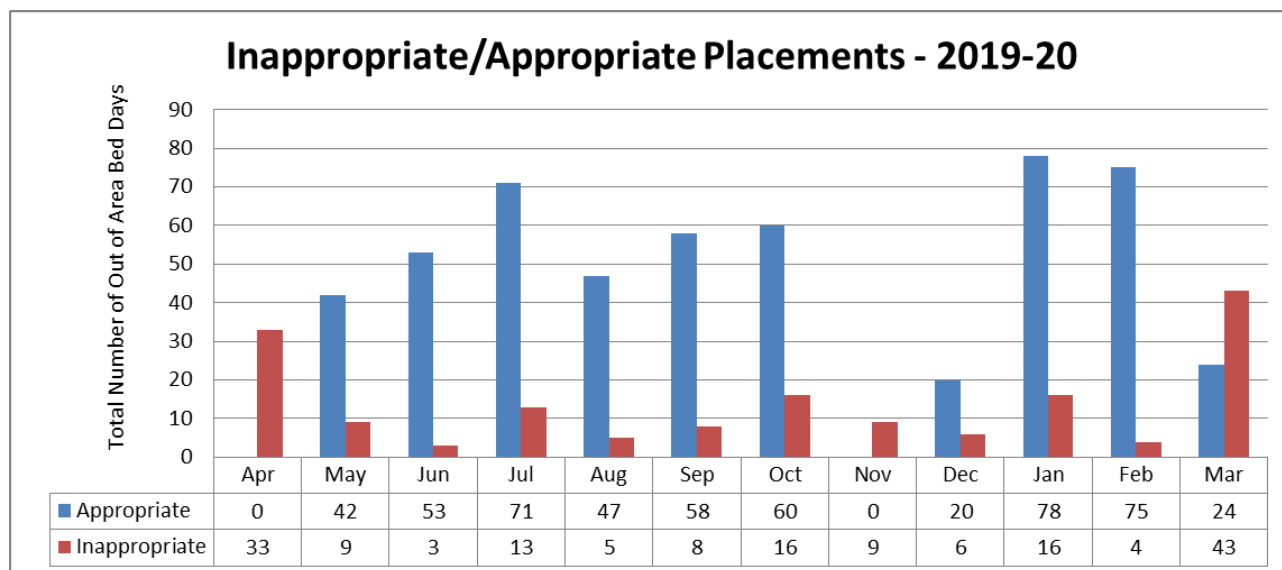
## Progress

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

## SPC Chart – Out of Area Placements – Total days



## Graph – Inappropriate/Appropriate Placements 2019-20



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

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

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

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

## CAMHS Eating Disorders

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

#### CYP ED Aim/Goal

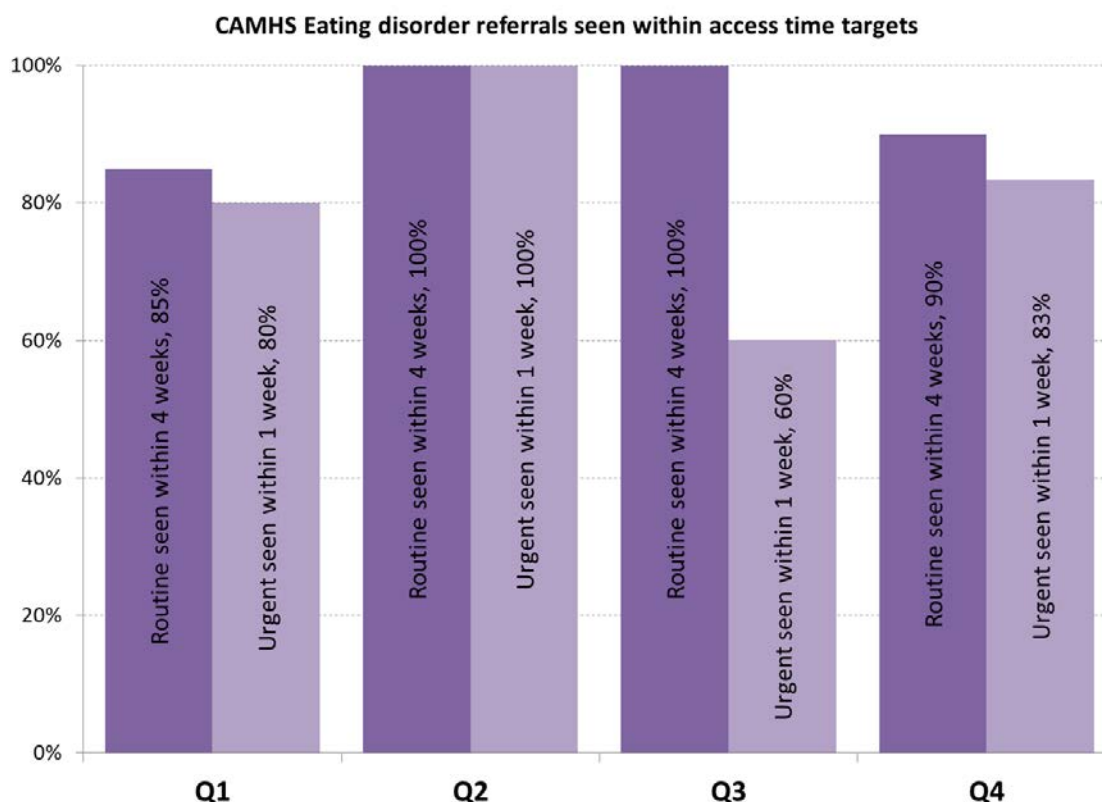
From April 2016 NHS England introduced a requirement for all children and young people's mental health service (CAMHS) providers to establish a dedicated Eating Disorder team and introduced national access time targets for children and young people with an eating disorder (CYP ED). The indicators look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

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

#### Summary of progress

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

#### Graph



As at 31 March 2020, 19 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 15 (79%) did so within one week of referral. Urgent referrals are prioritised and the service investigates each breach of this target; we can confirm that

the breaches were due to circumstances beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. All breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As at 31 March 2020, 64 children and young people started treatment following a routine referral for a suspected eating disorder, of which 60 (94%) did so within four weeks of referral. Where the first contact happened later than four weeks this was due to reasons beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. Again, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

Numbers of referrals are small compared with other CAMHS pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and require more intensive/frequent intervention than other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge as even five or six more referrals than usual in a quarter places a much greater demand on the team. The rate of referral has increased each year since we started to monitor it, with the highest ever number in one month (18) recorded in September 2019, more than double the average of eight per month.

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

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

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

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

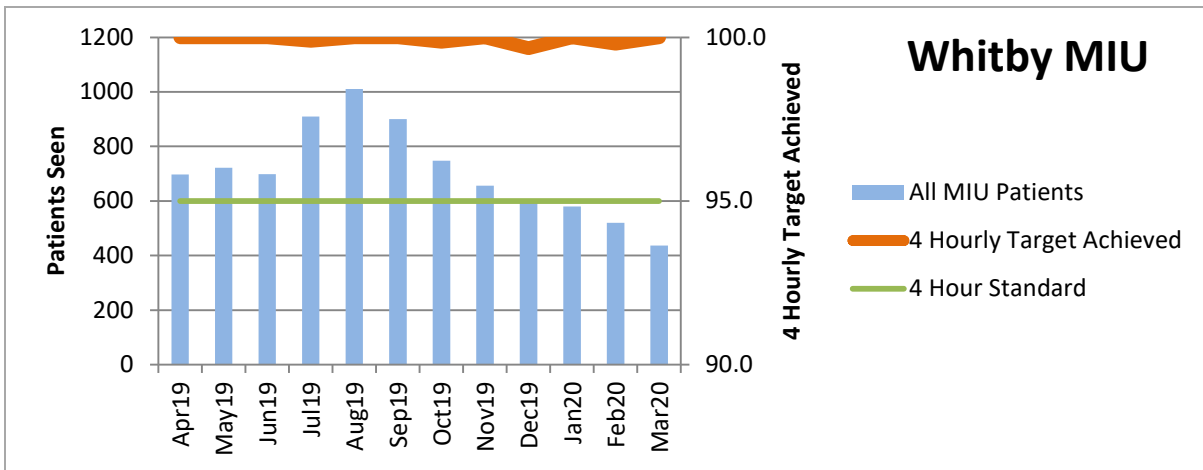
## **Percentage of patients seen and discharged/transferred within four hours for Minor Injuries Units**

The national target for other Accident and Emergency departments including Urgent Care 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.

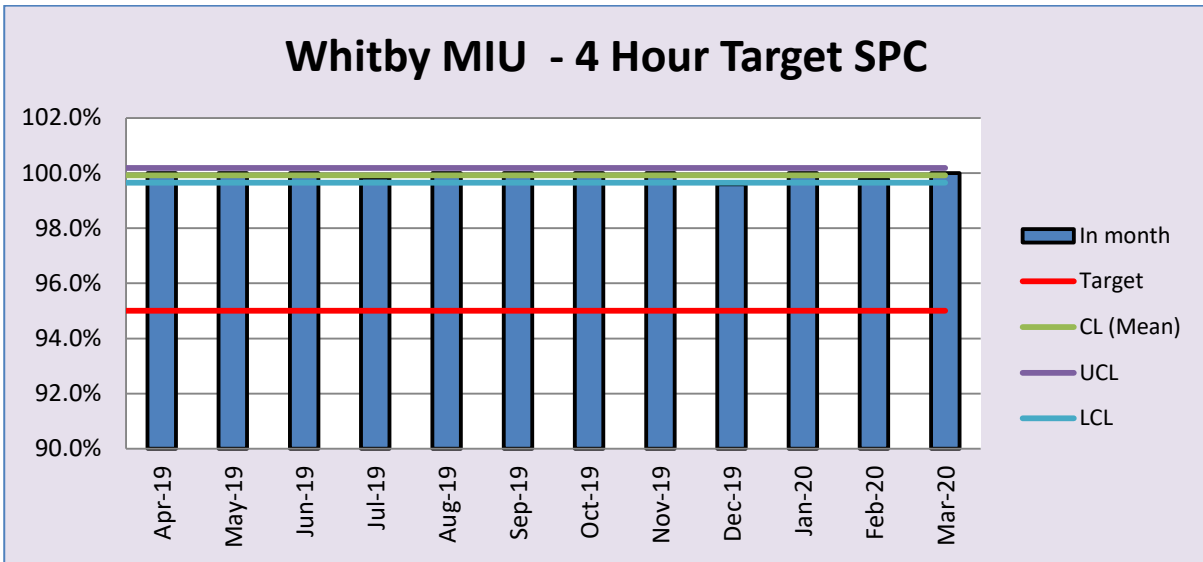
Underlying of the four-hour target is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the reporting,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

The Trust provides one Minor Injuries Unit (MIU) in Whitby. The MIU has seen 8475 patients in the year April 2019 to March 2020 (an average of 177 patients a week).

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred or discharged within 4 hours of their arrival. We can report an achievement of 99.9% for April 2019 to March 2020 at Whitby MIU. Data is sourced via the SystmOne patient administration system.



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



### 3.2 Performance in Relation to other Indicators Monitored by the Board

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

#### Clinical Supervision



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

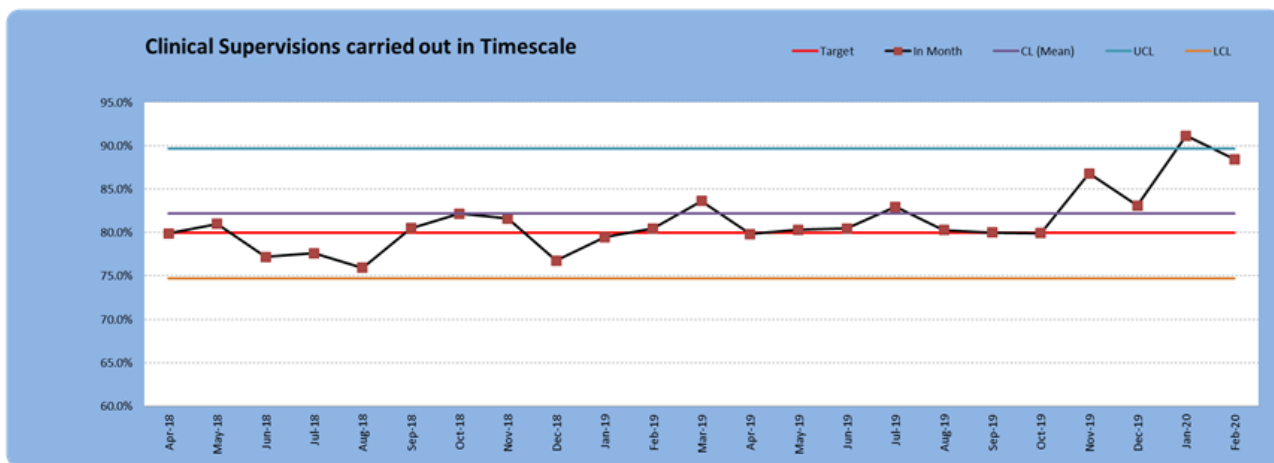
The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. This can be on a one-to-one basis or within a professional group or forum. Individual teams are required to achieve



compliance with a target of 80% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. An audit of compliance with these standards is undertaken monthly across the whole organisation. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The dashboard below shows clinical supervision compliance for the Trust, which as can be seen has been consistently meeting and exceeding the Trust target of 80% during 2019/20. Please note that March 2020 figures were not collected due to the Coronavirus pandemic.

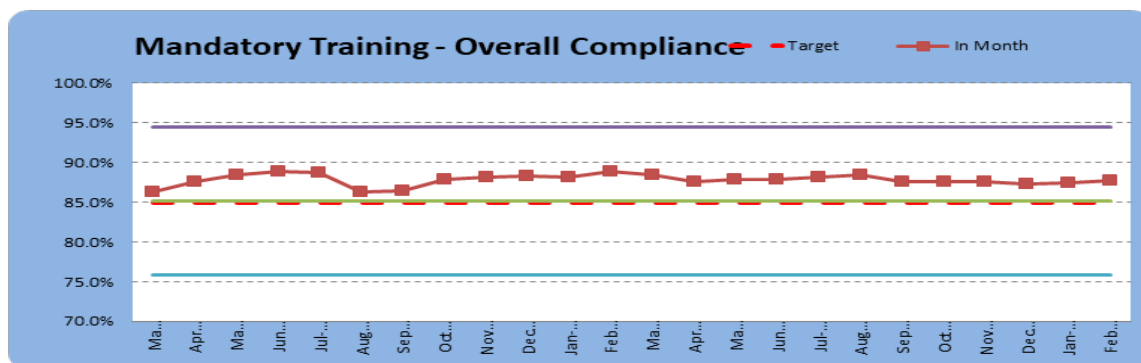
## Trust-level Supervision Compliance 1 April 2018- 28 February 2020



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

## Statutory and Mandatory Training Compliance

The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a fortnightly mandatory training compliance report which enables managers to target areas of lower or reducing compliance. These reports were introduced in early 2018 and as can be seen the performance across the Trust has steadily improved and been maintained at above the 85% target compliance for the Trust during 2019/20. Please note figures were not collected for March 2020 due to the Coronavirus pandemic.



## Formal Complaints and Patient Advice and Liaison Service (PALS)

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

### Formal complaints

For the period 1 April 2019 to 31 March 2020, the Trust received 235 formal complaints, which compares to 221 for 2018-19 and 191 for 2017-18.

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

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

For the period 1 April 2019 to 31 March 2020, the Trust responded to 243 formal complaints which compared to 218 for 2018-19 and 185 for 2017-18.

The primary subjects for these complaints are as follows:

Primary subject	Number
Patient care	49
Communication	42
Appointments	35
Values and behaviours of staff	28
Admissions/discharge	18
Trust admin/policies and procedures	16
Clinical treatment	16
Access to treatment or drugs	12
Prescribing	10
Facilities	6
Other	4
Waiting times	4
Privacy and dignity	3

Of the 243 responded to, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman for review. Three older cases are being considered.

The following are some examples of actions/learning from complaints responded to between 1 April 2019 and 31 March 2020.

- GP practice – patients are to be offered appointments at an alternative Trust GP practice to avoid delays if they are willing to travel.

- Community Hospital – all registered nurses to attend ward based training session depicting a patient journey from admission to discharge. Clinical care planning training scenarios to be part of this training.
- Complaints and PALS – complainants are offered the opportunity to have their response/information emailed securely to them. This involves the complainant registering once to allow this to happen and all future correspondence to them will be secure.
- Mental Health Response Service – to ensure all staff are aware of the recent updated practice to give time windows of two to three hours when agreeing to call a patient back.
- Adult Inpatient Unit – works to be completed on perimeter to try to prevent patients from being able to leave the unit via the walls.
- Adult Mental Health, Community – to review the CMHT brochure and update information to appropriately reflect the availability of traumatic stress service.
- Older People's Mental Health, Community – no patient will be diagnosed with dementia without a face to face contact. Change to administrative procedure; no letter will be sent out directly to a patient without having being seen by the author or a nominated person and signed before sending.

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

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

For the period 1 April 2019 to 31 March 2020, the Trust responded to 484 PALS contacts which compares to 366 for the previous year.

Of the 484 contacts, 134 were referrals to other Trusts/agencies and therefore there were 347 concerns, queries or comments for this Trust.

### **Priorities for 2020-21**

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.



Feedback Tree, Child and Adolescent Mental Health Services, Rivendell House, Driffield

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

“It was most evident to the family that whole of the unit staff are professional in whatever aspect of patient care they are engaged in but the aspect that struck us most was the common decency of the staff in their genuine concern for the patient. The patient indeed sensed this ‘affection’ and it undoubtedly buoyed him up during his off days. The patient spoke with great respect and reciprocal affection for all of the staff that he came into contact with and he made relationships with staff and patients that sustained him, affording him fresh resolve to become well and move on”.

**Adult Mental Health, Inpatient**

Email received saying thankyou to the team for responding to the patient’s emails and the support given as it was appreciated. The patient also stated that they were back on track with things and were feeling better.

**Mental Health Response Service**

A patient came back to see his GP for review as planned after the GP had admitted him to hospital. He had a pacemaker fitted due to complete heart block. He thanked the GP for saving his life that day.

**GP surgery**

“No words could ever express my appreciations for the support your District Nurses have shown throughout the difficult time my wife and I endured in her final weeks at home. Not only were they most considerate and tender, they were friendly, uplifting and warm in their conversation that was most assuring. I especially wish to thank those who attended on my wife’s final night as they helped me in ways far above anything I could have imagined. I do not think could have got through the ordeal without them”.

**District Nursing**

Thanks received from the patient and his wife for the physiotherapy delivered to the patient in his home which had made all the difference and enabled the patient to resume his life fully.

**Physiotherapy**

“I would like to say a big thankyou to all the ward and catering staff for the care, kindness and empathy shown whilst being assisted on the road to recovery”.

**Older People’s Mental Health, Inpatient**

## Patient and Carer Experience

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

The Trust continues to deliver on the priorities identified in our Patient and Carer Experience strategy (2018 to 2023). Our strategy plan on a page is shown on the next page.

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

### Forums

Five forums continue to meet on a regular basis to give our patients, service users, carers, staff and partners a voice and the chance to be involved in Trust business. These are:

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

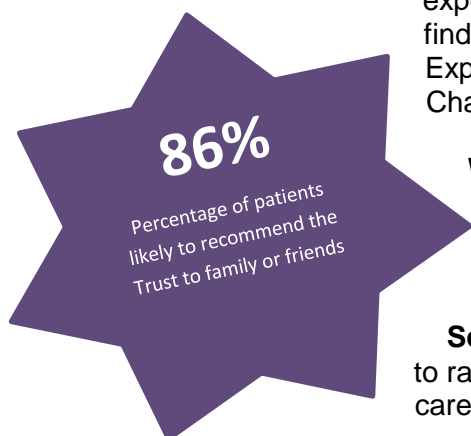
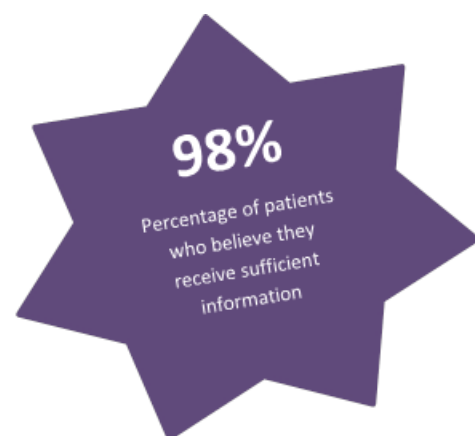
**Hull and East Riding Staff Champions of Patient Experience (SCoPE)** – staff (Champions) attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan. The Trust currently has 122 Staff Champions and all teams are represented.

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

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

all have a voice.

**Humber Co-production Network** – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve. The Humber Co-production network meets every six months to help to build stronger relationships. At present we have 56 organisations signed up to the network. Each meeting includes either a presentation or workshop from a partner organisation and an update or workshop from a service within the Trust.



## **NHS Improvement Films**

NHS England/Improvement chose the Trust to produce three short films (learning, leadership and culture) to showcase how we have developed our approach to integrating quality improvement and patient experience. This was a great opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country. There were a number of film launches across the country and our regional launch in Leeds was attended by the Trust's patient and carer experience champions, Chief Executive, Chairman, Head of Patient and Carer Experience and Engagement, Communications and Marketing Manager and staff champions of patient experience.

## **Identification of Carers and Carers Assessments**

Work is continuing to ensure staff are identifying and signposting carers for assessments as appropriate. When a clinician comes into contact with a patient, service user or their carer, they must identify whether there is a carer and then complete the relevant documentation.

## **Identification of Caregivers in Stress**

A tool is now available to support clinicians when identifying if a care giver is in stress called the "Relatives Stress Scale". The tool asks the caregiver fifteen questions and identifies their level of personal stress and domestic upset. The tool helps clinicians to make the decision to refer the carer to carers support services for a carer's assessment. The carer's assessment will then determine what level of support is needed.

## **Involving Patients, Service Users and Carers in Recruitment**

A framework called 'Involving Patients, Service Users and Carers in Recruitment' has been developed. The purpose of this framework is to initiate and implement a consistent approach for patient, service user and carer involvement in the recruitment process for public facing roles across the Trust.

## **Equality, Diversity and Inclusion Priorities for Patients, Carers Service Users 2019/20**

As a result of last year's event called 'Building our Priorities for 2019/20' the following priorities have been progressed over the year:

- To improve communication with our young people with a protected characteristic.
- To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.
- To raise awareness of the Interpretation and Translation services available to staff.
- To better understand the preferred channel of communication for individuals accessing our services.

## **Equality, Diversity and Inclusion Priorities for Staff 2019/20**

The following actions have taken place to ensure we meet the equality and diversity needs of our staff:

- Developed a robust equality, diversity and inclusion strategy in partnership with staff groups this was subsequently incorporated into the Trust's wider people strategy in order to ensure equality, diversity and inclusion was the golden thread that runs through our people related initiatives.



- Recruitment has been restructured during 2019/20. To support this, the Trusts recruitment pages on the intranet as well as NHS Jobs have been redeveloped to be fully inclusive and training has been sourced for recruiting managers (delivery delayed due to Covid-19 pandemic).
- An LGBT+ staff network has been established with a strong early commitment from staff. The group meets on a bimonthly basis with the agenda to focus on how the Trust can be more inclusive to the LGBT community. Already, the group has been instrumental in co-producing the Trust's new Transitioning at Work Policy as well as the refreshed Equality, Diversity and Inclusion Policy. In addition, members of the group were in the early stages of supporting the Hull Pride event (delayed due to Covid-19 pandemic).
- In order to develop equality of opportunity for leadership roles between people who share a protected characteristic and people who do not share a protected characteristic a leadership development programme has been established and is available for all managers, across the Trust, to support their development as a leader. The first cohorts started in January 2020. (Put on hold due to Covid-19). Furthermore, the Trust has refreshed its Senior Leadership Forum (for managers at band 8a and above) to ensure it is fully inclusive. Additionally, the Trust has started delivering new a Leadership Forum (for managers at bands 3-7) designed to develop the Trust's junior managers, regardless of protected characteristics.
- In order to improve the working experience of Trust staff with protected characteristics in relation to bullying and (or) harassment in their place of work an independent review of bullying and harassment was carried out across the Trust. The outcome of this saw a refreshed Bullying and Harassment Policy, Procedure and Guidance produced. Additionally, training has been put in place for managers to raise awareness of bullying and harassment (delayed due to Covid-19).

## Interpreter on Wheels

Interpreter on Wheels is a video interpretation service providing one touch, on demand, secure access to the largest global resource of experienced, security-vetted interpreters via electronic devices. Following the success of a pilot during spring 2019 including the Trust's Mental Health Crisis Service and Avondale Unit, approval was given to those teams who have the highest referral rates to interpretation services to use the interpreter on wheels service as a mainstream addition to their existing interpretation services. The teams include; Mental Health Response Service, all Mental Health inpatient units, Hull East and Hull West Community Mental Health teams.

## Hull Pride 2019



The Trust supported the Hull Pride event and parade in July 2019. Many teams supported the Trust's two information stands on the day and participated in the Pride march with our Humber banner.

## Always Events Framework

We are improving our Quality Improvement process by participating in the national Always Events programme. An Always Event involves patients, families and health professionals working together to decide what matters most to them. Teams involved in the programme include, Learning

Disabilities Inpatient Team, Townend Court, PSYPHER, Field House Surgery, Bridlington and the Humber Centre.

## Friends and Family Test (FFT) National Guidance Changes

In September 2019 NHS England and NHS Improvement issued new guidance which sets out how Trusts must use the Friends and Family Test (FFT) to improve patient experience. The changes must be implemented by no later than 1 April 2020. Key changes relevant to our Trust include:

- A new standard question for all settings “Thinking about the service we provide.....Overall, how was your experience of our service?” (The previous mandatory question was “How likely are you to recommend our service to friends and family if they needed similar care or treatment?”)
- A new response scale: Very good, good, neither good nor poor, poor, very poor, don’t know. (The previous response scale was: extremely likely, likely, neither likely nor unlikely, unlikely, extremely unlikely, don’t know).
- The guidance is encouraging commissioners to move away from a narrow focus on how many responses are being collected and what the score is and will move towards a quality improvement culture.
- The guidance promotes a culture where staff are engaged in the process of deciding what questions to ask, how to collect it, how to use it to make improvements.
- It is recommended that providers use a combination of methodologies to collect the information to support making the opportunity to give feedback accessible to all.

During the year a working group was formed to support development of two refreshed FFT survey forms; a generic form and an accessible form (in easy read) which will be used by all services with effect from 1 April 2020.

## Child and Adolescent Mental Health Service (CAMHS)

As part of the development of the CAMHS Inpatient services ‘Young Minds’ were commissioned by NHS England North to engage with young people about the kind of services they wanted to see. From that engagement it was clear that the location, access and building design were key issues for young people. As a result of listening to the feedback the Trust identified a site for the new service which is situated within a socially inclusive and mutually supportive neighbourhood. The location is within easy walking distance of Hull city centre, with outstanding transport links and amenities as well as in close proximity to the local acute hospital.

## Working with Adult and Children’s Safeguarding Boards

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



The Humber safeguarding service is a key contributor to the Vulnerable Adult Risk Management (VARM) processes in Hull, East Riding and North Yorkshire via strategic work groups.

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

Self-neglect has been another key area of multi-agency working and we have shared our newly-developed training materials with Hull Safeguarding Adult Review (SAR) panel to identify Humber safeguarding actions and progress on this issue. Humber safeguarding has developed a new self-neglect, neglect and hoarding policy to reflect the growing focus on self-neglect. Local authority feedback has been very positive and they have adopted the policy as part of their processes.

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

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

The Humber safeguarding service has completed a multi-agency audit in Making Safeguarding Personal (MSP) with Hull. This was to understand and analyse the involvement of the adult at risk, reflecting their views and outcomes, and is part of the Hull Adult Safeguarding Board business plan. As a result of the audit Humber, Hull and ER are working together formulate joint procedures and guidance on completing Sec 42 enquiries.

Humber will be facilitating a multi-agency working group to review the forthcoming changes for Mental Capacity (Amendment) Act 2019 and significant changes to Liberty Protection Safeguards under the new forthcoming legislation. This will have significant changes and impact on Humber services with responsibility for the new process falling more on Humber Teaching NHS Foundation Trust. The multi-agency working will help ensure a smooth facilitation of the change process.

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

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



The Safeguarding Children's Partnerships are now implemented and involve three key partners, LA, Police and Health. Our attendance at subgroups remains the same and there is health representation at the new partnership groups. This change came about following the Working Together statutory guidance 2018 and the Wood Report 2017. The purpose is to strengthen and have equal roles for all partners. Humber remains part of the new partnership processes throughout the statutory procedures.

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

- Monthly development sessions – operational and managers levels
- Training
- Supervision
- Newsletters
- Five-minute focus bulletins
- Safeguarding working lunches
- Six-monthly Lessons Learned conferences

- SCR/SAR tables with themes and trends identified in the quarterly reports disseminated to staff
- Specific planned work shop sessions in clinical areas affected which inform, train and develop staff knowledge
- Safeguarding Forum
- MDT (multi-disciplinary team)
- Clinical governance groups
- Clinical workshops

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

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

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

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

The Safeguarding Team work closely with Humber Mental Health Legislation Team, delivering advice and support to staff Trust-wide. To ensure policies and procedure's remain up to date and in line with legislative changes

### **Early Help, Hidden Harm and Neglect**

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

### **Self-neglect**

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

### **Domestic Abuse/Think Family**

Domestic abuse has been an issue in several Serious Incident (SI) reports and has identified the need for staff to be aware of the impact of domestic abuse. Humber safeguarding has developed a domestic abuse policy reflecting national practice and has raised awareness with staff via a series of events which included a safeguarding week with a focus on domestic abuse through a series of roadshows. Humber safeguarding also co-facilitates multi agency domestic abuse training which also incorporates elements of the DASH risk assessment tool. Humber are seeking the 'White Ribbon Accreditation' and improving and reviewing its work with fathers. The safeguarding team

also are active members of the ER MARAC process and are involved in the domestic abuse sub groups in Hull, ER and North Yorkshire.

## Voice of the Child

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

## Sexual Abuse/Patient Safety

This has been identified in both internal and external statutory processes as an issue on inpatient areas. Humber safeguarding has contributed to the new sexual safety training and is part of the sexual safety strategic group. A standard operating procedure has now been developed and implemented. This issue is also reflected in the level three safeguarding training.

## Our Charity – Health Stars

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



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

healthstars

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

The financial year 2019/20 has been a very busy one for us here at Health Stars with us receiving 202 wishes and one major appeal, The Impact Appeal.

Throughout the year we have worked hard to add "sparkle" across the Trust with wishes such as dementia clocks to support our teams within the community, football kits for our inpatient units, refilling of CAMHS crisis bags, holistic therapy aids, team days and much more.

It was also a very exciting year as we saw the hard work of our Impact Appeal come to life. We worked extremely hard alongside the Trust to open INSPIRE, which was a great achievement for Health Stars with our appeal raising in excess of £300,000. This money enabled us to enhance the spec of the unit and add "sparkle" such as a range of technology, including a giant iPad built within the wall.

Health Stars continues to work hard granting wishes, hopes and dreams across the Trust and looks forward to an exciting future for 2020/21.



## Celebrating Success – Our 2019-20 Highlights

In this section we are pleased to share some of our key successes across 2019-20:

### CQC Rating of “Good” Retained



Following inspection by the CQC in February 2019, the Trust was rated ‘Good’ overall in its latest inspection. Inspectors awarded a rating of “Good” to the Trust for being well-led, effective, caring and responsive.

Acute wards for adults of working age and psychiatric intensive care units improved from “Requires improvement” to “Good”, along with mental health crisis services and health-based places of safety improving to “Good” for being safe and well-led.

The report also highlighted examples of “outstanding practice” in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.

We were disappointed to be assessed as ‘requires improvement’ for safety in community services, which continued to be an area of focus as we further integrated our community services.

### Introducing Proud



In April 2019, the Trust launched Proud that invests in and values staff; our “**PR**ogramme of **O**rganisational **D**evelopment with **U** at the heart of it”. More detail of our Proud programme is contained in Section 7: Workforce Planning.

### Health Service Journal Mental Health Provider of the Year Award



The Trust was shortlisted for four Health Service Journal Awards this year, and could not have been prouder to be the winners of the prestigious Mental Health Provider of the Year award.

The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve. The judges said that “the journey for this organisation is exemplary they don’t know quite how impressive they are. They retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust”.

### CAMHS Inpatient Unit

The Trust’s new children’s and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened in January 2020.

The unit, based on Walker Street, Hull includes nine general adolescent beds and four Psychiatric Intensive Care beds for young people with severe and complex mental health difficulties. The inpatient unit will treat young people struggling with a wide range of mental health issues such as depression, severe anxiety, psychosis and eating disorders, providing a comprehensive recovery focussed treatment approach and education programme.



Inspire will mark a national step-change in Children and Adolescent Mental Health Services (CAMHS) delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

Humber Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features. The appeal was launched on World Mental Health Day 2018 with the initial ambition to raise £250,000. Funds raised have provided everything from enhanced gardens to gaming equipment and a fully equipped gym to allow occupational therapists to work with young people through art, exercise and more. Health Stars also ran a public competition to name the unit, with the winning suggestion 'Inspire' been selected by a panel of young people.

### **Baby Friendly Initiative Gold Award**



Our Integrated Specialist Public Health Nursing Service (ISPHNS), working in partnership with East Riding of Yorkshire Council, were awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award in June 2019.

It is the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.

This is fantastic achievement for the service and a testament to the hard work and dedication of everyone involved.

### **Electronic Prescribing**

We were one of the first 13 trusts to implement electronic prescribing in June 2019. We have taken a phased implementation approach to launch the system, which will help improve patient safety by reducing the risks associated with traditional methods of prescribing and administering medicines.

There are a number of benefits to patients, staff and the organisation of implementing electronic prescribing, including:

- Improving patient safety: transcribing and administration errors will be reduced
- Saving staff time: electronic prescriptions will be automatically transferred to the pharmacy so reducing the time spent managing prescriptions
- Improving prescribing processes: it will help us to manage prescribing data more effectively to see the efficiency and effectiveness of how we are prescribing medicines
- Saving the Trust money - no purchase of paper prescription charts, improved formulary compliance, reduces the risk of fraudulent prescription claims

### **Research Conference**

Our third annual research conference, held on 15th May 2019, was another great success and generated lots of positive feedback. Around 170 people attended and represented at least 26 organisations including commissioners, universities, NHS trusts, independent providers, local Clinical Research Network, and many different professional groups. Results from research were shared with the audience and new exciting opportunities for participation in future studies presented.

## Quality Improvement Conference

The first Quality Improvement and Always Event Forum took place in June 2019. The audience had the opportunity to hear presentations that included:

- An introduction to Quality Improvement including our Quality Improvement Approach, QSIR (Quality, Service Improvement and Redesign) College and Always Events
- The Patient Experience Toolkit presented by the Improvement Academy
- Presentations from Trust Staff on the Quality Improvement (including Always Events) journey.

## NHS Improvement Films

On Friday 13 September, the Trust launched five short films that were commissioned by NHS Improvement. The film themes were 'Culture', 'Leadership', 'Using Patient Experience Data' and 'Our Top Tips' and are a way to share our journey with fellow provider trusts across the country. The films represented an excellent opportunity to highlight the positive impact of involvement in Trust activities for our patients, service users, carers.

## Occupational Health Accreditation

The Trust Occupational Health service was recently awarded the SEQOHS (safe, effective, quality occupational health services) accreditation 1 June 2019. Accreditation involved both a self-assessment and external peer assessment against accreditation standards to evidence a culture of continual quality improvement. The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines.



## Launch of the Professional Strategy for Health and Social Care Staff

Our first Professional Strategy for Health and Social Care Staff, developed by professional who represent our diverse, dedicated and highly skilled workforce, was launched in July 2019. The Strategy aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career development opportunities across the service provided by the Trust.



The Strategy is designed to support the Trust's Mission, Vision and Strategic Goals and the NHS Long-Term Plan, identifying four key priority areas of delivery:

1. Promoting professional identity and professional collaboration
2. Strengthening professional leadership
3. Shaping new models and pathways
4. Career pathways.

## Whitby Hospital Remodel

The Whitby Hospital Remodel, led by the NHS Property Services, commenced in March 2020 with Phase One: the remodelling of the maternity unit. This will be followed in May 2020 by Phase Two: a 42-week project to remodel the tower block. It is expected that the inpatient facilities will be relocated into the remodelled maternity unit, but this relies on implementation of a successful bed reduction plan.

## Launch of the Patient Safety Strategy at the first World Patient Safety Day



The Trust was proud to support the world Health Organisation's first ever patient safety day in September 2019 by holding a patient safety educational event for staff, Speak Up for Safety.

At the event we launched our Patient Safety Strategy, which builds on the achievements of our previous strategy (2016-2018) and sets our ambitious goals for the next three years in order to realise our ambition to become an outstanding organisation.

Our Patient Safety Strategy demonstrates that safety is at the heart of all we do and supports a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk.

## Health Education England/Fair Health Charity

In November 2019, the Trust hosted a Health Education England/Fair Health Charity sponsored event concentrating on Health Inequalities. Over 70 GP's including trainees attended the event which attracted positive media attention from Radio HumberSide.

### Staff Survey Results 2019

The results of the 2019 national Staff Survey show that the Trust has maintained the improvements achieved in 2018 and show that 88% of staff feel that their role makes a difference to patients and service users and more staff would recommend the Trust as a place to work (49%) than last year with 71% of staff enthusiastic about their job and 77% of staff responding to say that time passes quickly when they are working.

More than 1,050 of staff (40%) took part in the 2019 survey to tell us what they like about working for our Trust and where we can improve. However, our response rate of 40% means the Trust was below the average national response rate of 49%.

## NHS England Visit

The Trust hosted an NHS England visit on Tuesday 26th of November where they explored the Trust's approach to Patient and Carer Engagement, Patient Safety and Quality Improvement. It's envisaged that the 'Humber Approach' will subsequently feature in a publication as an exemplar site.

## Launch of the Complex Recovery Service

The Complex Recovery Service was developed during 2019/2020 to provide intensive community rehabilitation people in Hull and East Riding who experience severe and/or enduring mental illness to prevent them being placed in inpatient facilities outside of the local area. It provides a range of accessible and responsive support structures within communities that wrap treatment and support around individuals as needed, ensuring they access inpatient services for the shortest time possible as part of a community focussed service.

## IAPT

The Trust became the Lead Provider for IAPT service across the East Riding of Yorkshire CCG geographic Boundary from 1 December 2019.

## **Community Mental Health Team Redesign**

We successfully secured investment to roll-out a new way of delivering community mental health services as part of a national pilot to test new and integrated models of primary and community mental health care.

The new models of care will more closely align community-based mental health teams to the emerging Primary Care Networks, helping to remove barriers between primary care and secondary care to create a seamless service. This will enable people to receive appropriate care from community mental health services within four weeks from referral to treatment in all areas of Humber, Coast and Vale.

## **Quality Health Mental Health Inpatient Survey 2019**

Quality Health undertook a survey of a sample of our inpatients and found that we were in the highest 20% of trusts for patients assessing us on 'definitely involved as much as wanted in decisions about care and treatment', 'hospital food', 'purposes of medications explained completely' and 'discharge not being delayed for any reason'.

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

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

Hull City Council's Overview and Scrutiny Management Committee considered the Humber Teaching NHS Foundation Trust Draft Quality Account 2019/20 on 11 of June, 2020. The Committee welcomed the work that was taking place to improve patient services and reduce waiting lists, while also dealing with the impact of Coronavirus. The Committee also welcomed the commitment to improve engagement with people who identified as BAME (Black Asian and Minority Ethnic) and offered its support in developing that capacity going forward.

The Scrutiny Function looks forward to being involved in the development of future quality accounts and asks that any information is circulated at the earliest opportunity so Members can consider and respond in full.

Antony Spouse, Scrutiny Officer  
25 June 2020

### **East Riding Health and Wellbeing Overview and Scrutiny Commission**

Due to the COVID-19 pandemic the East Riding Health and Wellbeing Overview and Scrutiny Commission has been unable to provide a statement at this time.

### **Healthwatch East Riding of Yorkshire**

Healthwatch East Riding of Yorkshire welcomes the opportunity to make a statement on the Quality Account for Humber Teaching NHS Foundation Trust.

I found the Chief Executive's statement very useful and provided a good introduction to the Accounts and delighted to see the Trust was named the Mental Health Provider of the Year at the Health Service Journal Awards.

The Quality Accounts were well laid out and easy to read, the month-by-month format provided a good insight to the Trust's achievements throughout the year. It is clear that the Trust has worked hard to deliver on its priorities to improve the quality of their services.

The opening of the Trust's new children's and adolescent mental health inpatient unit was especially welcome as young people were involved in every stage from the building location, interior design and developing best practice and services.

It was good to note that although the Trust maintained the Care Quality Commission (CQC) inspection 'Good' rating with 'Outstanding' features, measures were put in place to improve their performance in relation to safety, with the launch of the Patient Safety Strategy in September.

Healthwatch is pleased to note that reducing waiting lists remains a priority area for the Trust, and welcomes the ambition to continue reducing waiting lists and complaints.

The recruitment of 1,600 members and 120 volunteers is a big achievement and Healthwatch is pleased to note they are encouraged to get involved and have their say about the services they or their family member, have received.

Healthwatch's involvement in the Quarterly Patient and Carer Experience forums have proven to be very useful in hearing about patients', service users' and carers' experiences and welcomes the opportunity the Trust provides them giving them a voice and the chance to be involved in their activities.

We look forward in continuing to work more closely with Humber Teaching NHS Foundation Trust in the future and seeing how the new priorities are developed.

Julie Dearing, Manager  
24 April 2020

## Healthwatch Kingston Upon Hull

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

Healthwatch Kingston Upon Hull is delighted to be asked to comment on the Trust Quality Accounts for this year. Over the past year we have been asked to be involved in and consulted on some aspects of the Trust's work which we have been happy to participate in.

I found contents of the Quality Accounts to be well laid out and tastefully designed providing lots of information on the Trust's achievements throughout the year.

I found the Chief Executive's statement very useful and provided a good introduction to the Account. I was pleased to see the addition of patient and family stories too.

It is clear from the Account that the Trust has worked extremely hard to deliver on its priorities to improve the quality of their services throughout the year. On a month-by-month basis the Trust has identified their achievements, which is a credit to them.

The Trust was named Mental Health Provider of the Year at the Health Service Journal Awards in November 2019. This is a clear demonstration of the commitment and dedication of the workforce.

It is pleasing to see the Trust continues to maintain its CQC rating of 'good' and made some progress in some of these areas, demonstrating some outstanding features which will hopefully in time enable the Trust to obtain an outstanding CQC rate.

Equally, it is disappointing that the CQC has identified some areas that 'require improvement' in relation to patient safety. However, the Trust has already delivered on the 'should do and must do' actions identified by the CQC and it has also decided to carry out a series of peer reviews and audits, from which it has developed quality improvement plans.

Healthwatch welcomes the improvements to the waiting times for treatment in line with the national guidance and improvements in record keeping are maintained to ensure accurate records of assessments, care plans and reviews.

I am pleased to see the Trust has enlisted over 16,000 members who they encourage to get involved and have their say about the services they or their family member receive or indeed did receive. Healthwatch members act as patient representatives on the Patient Experience Meetings where carers, patients (present and past) play an active role.

In conclusion, Healthwatch welcomes the opportunity to comment on the Trust's Quality Accounts and we would like to congratulate all members including staff, patients, carers for all their hard work and commitment to improving the quality of care for improving patient and carer experience.



We also welcome the opportunity to work more closely with the Trust to facilitate independent engagement with patients, carers and the public.

Moira Harrison, Delivery Manager  
20 April 2020

### **Healthwatch North Yorkshire**

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

### **North Yorkshire CCG**

North Yorkshire CCG is pleased to provide comments on Humber Teaching NHS Foundation Trust's 2019/20 Quality Account. The Trust is commissioned by the CCG to deliver the community services for Scarborough, Ryedale and Whitby and has community hospitals in Whitby and Malton. We have found Humber Teaching NHS Foundation Trust to be a responsive partner with the development and delivery of our community services.

Overall, the Quality Account is well presented and the information included in the report provides a balanced view of the Trust's performance. The report shows the success that the Trust has had this year and identifies where there are actions required to improve the quality of patient care further. We are pleased to see the CQC rating of overall "good" following inspection in February 2019, but disappointed with the rating of "requires improvement" for safety in community services. We are satisfied that the Trust continues to improve our community services and continues to drive forward sustainable community health and social care services, including the remodelling work at Whitby Hospital.

The culture of patient safety, learning from incidents and provision of high quality patient-centred care is threaded throughout the report and the engagement of patients and carers is pleasing to see. The use of patient and carer experience forums in Scarborough and Whitby affords our service users the chance to be involved with the Trust's activities and allows a patient voice for service improvement.

The recognition of workforce challenges is valued and as part of the Trust's health and well-being agenda the introduction of the PROUD leadership programme is demonstrating the Trust vision and values of supporting and developing its staff, which should assist with recruitment and retention. The innovative developments to support different models of care and service delivery, within the constraints of resources are commended.

Finally, North Yorkshire CCG confirms that it is satisfied with the accuracy of this Quality Account. The CCG looks forward to continuing to work collaboratively with the Trust in 2020/21.

Sue Peckitt, Chief Nurse  
17 May 2020

### **Hull CCG and East Riding CCG – Joint Response**

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

May we start our review of your Quality Account by once again congratulating you on winning the Health Service Journal Mental Health Provider of the Year 2019. The comments made by the judges on the progress evidence the extent of the improvement journey you have made over recent years. We congratulate you on this.

We are pleased to see the Quality Account starts with patient stories. These reflections and detailed patient journeys gives an excellent insight into the services offered by the Trust, the impact on patient outcomes and the great work of the Trust in supporting recovery.

Commissioners note that in the 2018/19 Quality Account feedback we looked forward to receiving the outcome of your Well Led CQC Inspection that had begun in February 2019. We again congratulate the Trust on your overall "Good" rating with elements of "Outstanding" from the CQC.

As noted there continues to be areas for improvement identified by the CQC in relation to record keeping. This has also been identified as an issue within Serious Incident (SI) investigations. We would welcome the opportunity to work with and support the Trust to improve record keeping further.

Supervision and appraisal has also been raised by the CQC. It is recognised that the Trust has remained focussed on improvements in both the uptake and quality of supervision and appraisal within its services and this has being discussed within the quality meetings.

Both Clinical Commissioning Groups acknowledge the focussed worked undertaken over the year in both improving and maintaining a consistent and quality driven service. We hope therefore that this dedication and commitment will bring further improvement in regulatory ratings particularly in the safe domain which is at this time requiring improvement.

As appreciated there is a national challenge in respect of workforce. It is therefore accepted that the Trust also continues to be challenged in respect of the recruitment and retention of staff; in particular clinical staff. The Trust has taken a positive and proactive approach to addressing this, staff satisfaction and retention via your #PROUD Programme. We also noted the Annual Report on gaps and vacancies with regards to Doctors and Dentists. Commissioners know the Trust is particularly challenged with regards to Consultant Psychiatrist recruitments and note the commitment to address this by the Trust.

Commissioners would also like to make special mention of the Trust's "Professional Strategy for Health and Social Care Staff" launched in July 2019. The strategy with its focus on Professional Identity, Collaboration and Leadership and new career pathways will hopefully contribute to the Trusts recruitment strategy by making Humber an employer of first choice by the wide range of clinical professionals it is hoping to attract.

Commissioners have noted the Trust's commitment to addressing waiting lists and long waits and have welcomed the discussions with the Trust in Quality Forum Meetings with regards to waiting lists and the assurances given by the Trust with regards to patient safety. We appreciate the work that has been done to address waiting lists and times, however there is still a considerable way to go and this will continue to be a significant focus in the coming months and we need to maintain close communication over risk assessment and stratification as well as opportunities for improved efficiency. Hull CCG has invested considerably in CAMHS, Autism and ADHD services within the Trust and look forward to seeing further improvements to waiting lists in these areas and compliance with National standards.

It was good to see the section on the Trust's approach to Quality Improvement (QI). Commissioners have had several presentations from the Medical Director and members of the QI Team and have seen the process in action in Quality Meetings and various workshops. The several different approaches to QI outlined in the Quality Account that are to be rolled out to other staff sound innovative and aspirational. Commissioners look forward to receiving updates on the outcomes of this work.

The Quality Accounts reflect the progress that has been made towards the quality priorities that were identified in 2018/19 by the Trust showing that many of the actions identified were achieved. Commissioners particularly enjoyed reading the reviews of the 2018/19 Quality Priorities having been involved in the workshops held in the Humber Lecture Theatre that had worked on and set these priorities. It was good to be involved in this process and appreciate the real focus on partnership as both staff, patients and other agencies were given a voice and opportunity to contribute to priority setting. It was pleasing to read the progress made against the priorities in the Quality Account and Commissioners know from the “Building our Priorities” event in January 2020 that the priorities have been thoroughly reviewed and updated.

Commissioners would like to pay specific recognition to the “Patient and Carer Experience Strategy”. This continues to go from strength to strength and underpins so much of the Trusts activity. The success of this work was rightly acknowledged by NHS Improvement who asked the Trust to contribute films to showcase the work the Trust has undertaken, Commissioners are pleased to note the significant number of national and local clinical audits that the Trust participated in. The variety of audits reflects the wide range of services provided by the Trust. It was particularly good to see the actions that have resulted from these audits and how they will be used to improve patient care and improve efficiency.

The Trust continued to be a strong advocate for research, development, learning and teaching as evidenced in the Quality Account. The increase in the number of studies and recruited participants is to be applauded leading to the Trust being recognised in the top third of mental health trusts participating in research. The Trust far exceeded its target of studies, set by the Yorkshire and Humber NIHR Clinical Research Network (CRN) ensuring that patients using the Trust’s services have the opportunity to participate in a wide range of studies if they so wish. We note the new Research Strategy for 2020-22 has been developed and should ensure that research activity continues to increase.

The large and detailed section in the Quality Account with regards to Information Governance and Data Quality was noted and welcomed. The new Data Security and Protection (DSP) Toolkit provides a new and challenging framework for all providers to meet and Commissioners look forward to receiving details of the Trust’s compliance with the DSP requirements.

Commissioners welcome the opening of the new Inspire CAMHS unit in Hull. As acknowledged and monitored the Trust has on occasion been required to admit patients under the age of 16 to adult beds or placement in units outside of the area. The Inspire Unit with its combination of Psychiatric Intensive Care and general adolescent beds provides a welcome new resource not just for East Riding and Hull but also the wider area.

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

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

Nicki Sparling, Assistant Director of Quality and Improvement/Deputy Lead Nurse (ERY CCG) and Robert Thompson, Head of Nursing and Quality (Hull CCG)  
30 April 2020

## **NHS England/NHS Improvement**

The Trust’s Quality Account 2019/20 reflects the progress that has been made towards its four quality priorities. The new 13-bedded CAMHS Inpatient Unit has a great design and there are

areas of innovation. The seclusion facilities have digital/IT to enable young people to have contact with family and friends. The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Children and Young People Mental Health Services. The Trust has integrated service user feedback into its appraisal process which is positive. It has won a number of awards for collaboration and research.

Wendy Barker, Deputy Director of Nursing and Quality  
13 May 2020

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

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

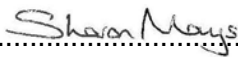
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality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

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

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20*
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2019 to March 2020
  - papers relating to quality reported to the board over the period April 2019 to March 2020
  - feedback from commissioners dated 30 April 2020
  - feedback from governors dated 28 May 2020
  - feedback from local Healthwatch organisations dated 20 and 24 April 2020
  - feedback from overview and scrutiny committee dated 25 June 2020
  - summative data from the Trust's quarterly complaints report to provide annual data relating to complaints received within the Trust. The annual complaints report published under regulation of the Local Authority Social Services and NHS Complaints Regulations 2009 will be submitted to the September Board
  - the national patient survey 2019
  - the national staff survey 2019
  - the Head of Internal Audit's annual opinion of the trust's control environment dated 10 June 2020
  - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

25 June 2020 .....  ..... Sharon Mays (Chairman)

25 June 2020 .....  ..... Michele Moran (Chief Executive)

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

In line with revised guidance published 1 May 2020, due to the Coronavirus pandemic which states that “*providers are no longer expected to obtain assurance from their external auditor on their quality account/quality report for 2019/20*” external audit has not taken place. Therefore, this section is intentionally blank.



## Annex 4: Our Strategic Goals

### Strategic Goal One: Innovating Quality and Patient Safety

#### What we will do

We will:

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

#### How will we know we have achieved it

We will demonstrate:

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

### Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

#### What we will do

We will:

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

#### How will we know we have achieved it

We will demonstrate:

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

## Strategic Goal Three: Fostering Integration, Partnership and Alliances

### What we will do

We will:

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

### How will we know we have achieved it

There will be::

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

## Strategic Goal Four: Developing and Effective and Empowered Workforce

### What we will do

We will:

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

### How will we know we have achieved it

We will demonstrate:

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

## Strategic Goal Five: Maximising an Efficient and Sustainable Workforce

### What we will do

We will:

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

### How will we know we have achieved it

We will demonstrate:

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

## Strategic Goal Six : Promoting People, Communities and Social Values

### What we will do

We will:

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

### How will we know we have achieved it

There Will be:

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

## Annex 5: Glossary and Further Information

Term	Definition
136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety
BIA – Best Interests Assessor	Best Interests Assessors are responsible for ascertaining that the person is 18 or older. They are solely responsible for assessing whether there are any lawful decision-makers who object to what is proposed. If qualified also as Approved Mental Health Professionals, they are able to carry out an eligibility assessment, to decide whether a person's rights should be protected by the use of the MHA or the MCA, via the Safeguards.
BMI – Body Mass Index	A measure of body fat based on height and weight.
C. Diff – <i>Clostridium difficile</i>	A type of bacterial infection affecting the digestive system.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient's care and can be personalised and standardised.
CCG – Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
CROMS – Clinical Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the clinical perspective.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.

<b>Term</b>	<b>Definition</b>
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
<i>E. coli</i> – <i>Escherichia coli</i>	<i>Escherichia coli</i> (abbreviated as <i>E. coli</i> ) are bacteria found in the environment, foods, and intestines of people and animals. <i>E. coli</i> are a large and diverse group of bacteria.
EDGE	Clinical Research Management System
FACE – Functional Analysis of Care Environments	The FACE risk profile is part of the toolkits for calculating risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.
Lorenzo	An electronic health record for patient records.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Midweek Mail	A communication email sent weekly to Humber Teaching NHS Foundation Trust.
MRSA – Methicillin-resistant <i>Staphylococcus aureus</i>	A bacterial infection, resistant to a number of anti-biotics.

<b>Term</b>	<b>Definition</b>
MyAssurance	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work.
NPSA – National Patient Safety Agency	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
PALS – Patient Advice and Liaison Service	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
QOF – Quality Outcome Framework	Part of the General Medical Services contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
SEA – Significant Event Analysis	A qualitative method of clinical audit which highlights and reviews events in a non-threatening meaningful way; involving a range of people to review the issues, to gain a collective understanding of what happened, why it happened and identify areas for learning and or areas for change or improvement to reduce the likelihood or prevent recurrence.
SitRep – Situation Report	A report on the current situation to inform of any issues within services at that time.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.



<b>Term</b>	<b>Definition</b>
STP – Sustainability and Transformation Partnerships	The purpose of Sustainability and Transformation Partnerships is to help ensure health and social care services in England are built around the needs of local populations.
SystemOne	An electronic health record for patient records.