

# Quality Accounts 2015/16

# Contents



<b>Part One</b> .....	<b>2</b>
1.1 Quality Statement.....	2
1.2 About Us.....	6
1.3 Services We Deliver.....	7
1.4 Our Vision.....	8
1.5 Our Values.....	8
<b>Part Two</b> .....	<b>9</b>
2.1 Working with our Commissioners.....	9
2.2 Update on Priorities.....	10
2.3 Priorities for 2016-17.....	14
2.4 Core Quality Indicators.....	34
<b>Part Three</b> .....	<b>51</b>
3.1 Key National Priorities.....	51
3.2 Improving Services.....	82
<b>Annex 1: Statements from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees</b> .....	<b>92</b>
<b>Annex 2: Statement of Directors' Responsibilities for the Quality Report</b> .....	<b>99</b>
<b>Annex 3: Independent auditors report to the Council of Governors of Humber NHS Foundation Trust on The Quality Report</b> .....	<b>101</b>
<b>Glossary</b> .....	<b>104</b>

## Part One

### 1.1 Quality Statement

Welcome to our Quality Report for 2015/16. This document not only sets out the quality of the services we provided over the past 12 months but hopefully will give you a greater understanding of our Trust and what we are doing to drive our standards even higher during 2016/17 and the years to come.

The vision that underpins everything we do is one of supporting local people to live healthier lives, manage periods of ill health, live as independently as possible and take control of their own wellbeing.

We do this by providing the very best care we can, by not resting on our laurels and always learning lessons, responding to what you tell us and taking action to keep improving quality, safety and striving for a better experience for the people who use our services.

The past 12 months have seen us continue to improve the quality and effectiveness of our services at a time when resources are increasingly scarce, demand is greater than ever and innovation and transformation are absolutely vital.

Some of our most important achievements during the past 12 months include:

- We launched our Recovery College at the end of 2015 and were delighted to see all 12 courses (including mind mapping, wellbeing through creativity and managing anger) fill up within the space of a month.
- In February 2016 we won the Addictions tender in the East Riding in partnership with the Alcohol and Drugs Service (ADS) and Nacro.
- Our Hull Integrated Community Stroke Service took part in a pioneering collaboration with the Royal Philharmonic Orchestra to create a Strokestra. The aim of the Strokestra is to use creative music-making to drive patient-led rehabilitation work in stroke survivors and their carers. The pilot programme (funded by the Hull City Council Public Health department) culminated in a high-profile performance ahead of the Royal Philharmonic Orchestra's (RPO) season opening concert at Hull City Hall on Thursday 1 October 2015.
- We hosted local the local Protected Time for Learning event for East Riding of Yorkshire CCG which involved getting GPs from Hull and East Riding together to discuss health matters in the elderly. It was the first time an event of this scale had taken place and we received some outstanding feedback.
- We celebrated 10 years of successful partnership working with registered charity the Alcohol and Drug Service (ADS). The partnership commissioned by East Riding of Yorkshire Council has over the years helped thousands of people rebuild their lives and overcome their difficulties.

- We achieved Stage 3 Accreditation of the UNICEF Baby Friendly Initiative (BFI) designed to support breastfeeding and parent-infant relationships.
- In October 2015, together with our health and local government partners, we outlined a shared determination to transform emotional health and wellbeing services to make a difference in the lives of children and young people in Hull and the East Riding of Yorkshire. We committed to work together on a number of CAMHS priorities including setting up a Hull and East Riding Crisis team which was operational in early 2016, to improve waiting times against which we have made great progress and to extend our perinatal mental health service to cover the whole of the East Riding of Yorkshire.
- We signed a seven-year contract with NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group to become the new provider of community and out of hours' services in Whitby and the surrounding area from 1 March 2016.
- Our award winning Health Trainer team was chosen to deliver Stop Smoking services, including nicotine replacement, alongside the proven support, advice and motivation that has already helped hundreds of people in the East Riding to change their lives for the better by making healthier lifestyle choices.
- In Autumn 2015 we worked with Humberside Fire and Rescue Service, City Health Care Partnership CIC (CHCP CIC) and Yorkshire Ambulance Service NHS Trust on a pioneering new scheme to provide a rapid 24/7 response for falls patients in Hull. Hull FIRST (Falls Intervention Response Safety Team) is part of the Hull 2020 transformation programme which has nine public services working together for a healthier, safer city.

Comments from patients and carers through our Friends and Family Test feedback and Community Mental Health survey also showed the overwhelming majority of our services were effective and had a positive impact on the lives of the people using them.

The Trust Board and Executive Management Team have held a number of workshops as part of the ongoing development of the Trust's strategic planning framework. Through this the Trust is seeking to:

- Protect the quality and safety of its existing Adult Mental Health Service within Hull and East Riding of Yorkshire through an extensive transformation programme.
- Protect the quality and safety of its existing Children & Learning Disability Service within East Riding of Yorkshire and Hull and grow aspects of the service into neighbouring counties.
- Expand Community & Older People Services provision into a wider geographical area whilst redesigning services.
- Redesign the Forensic Service in terms of the reduction of medium & low secure learning disability beds which will be relocated into community settings and to expand the collaborative care model for community alcohol and drugs services into a wider geographical area.

During 2015/16 under the leadership of the Director of Nursing, Quality & Patient Experience a new quality team and governance structure was established with the specific aim of embedding and driving quality improvements across the newly established care groups. The approach reflects the key quality priorities for the organisation across the domains of Patient Safety, Clinical Effectiveness and Patient & Carer Experience. There has been the development of three associated strategies to shape delivery for 2016-19. The strategies capture both the national and local context.

Each of the three domains has priority focus areas:

## Strengthened Approach to Patient Safety

Built around the 'Sign up to Safety' campaign priority areas the Trust Strategy aims to reduce harm experienced by people receiving care across seven priority areas:

- Develop a patient safety culture across the Trust
- Increase understanding of violence and aggression within mental health services and reduce restrictive interventions in the Trust
- Reduce Severe Self harm events & support a Zero Suicide culture within the Trust
- Interrogate issues relating to ensuring safer staffing across the Trust to ensure our workforce is equipped with the knowledge and skills and organised in the right way to deliver optimum care.
- Reduce the number and severity of pressure ulcers acquired within our care
- Improve medicines management and knowledge within the Trust
- Reduce communication errors and associated patient harms through appropriate electronic technology for patient records

## Clinical Effectiveness

The Trust strategy sets out the commitment to deliver on the following four central themes:

- Practice is based on the best available evidence
- Use the clinical audit programme to improve our services
- Use outcome measures to inform us, our patients, the public and commissioners on our performance
- Innovate to improve outcomes in a safe and sustainable way

## Patient & Carer Experience

The strategy ensures that our patients and carers receive the best possible experience from the Trust is structured in terms of delivery against seven pledges identified following consultation with staff, patients and carers.



**Pledge 1:** We will listen to our patients & carers and respond to their feedback

**Pledge 2:** We will provide a safe environment for our patients

**Pledge 3:** We will meet the physical and comfort needs of our patients

**Pledge 4:** We will support the carers of our patients

**Pledge 5:** We will recognise our patient's individuality and involve them in decisions about their care

**Pledge 6:** We will communicate effectively with our patients throughout their journey

**Pledge 7:** We will aim to ensure our patients are cared for by skilled and caring staff

Throughout the following pages, there are some elements that we are asked to include by both the Department of Health and Monitor (the independent regulator for NHS Foundation Trusts). Whilst I appreciate this means the Quality Report is not the easiest read, we have tried to help by including a glossary at the end to help explain some terminology you might not be familiar with.

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

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



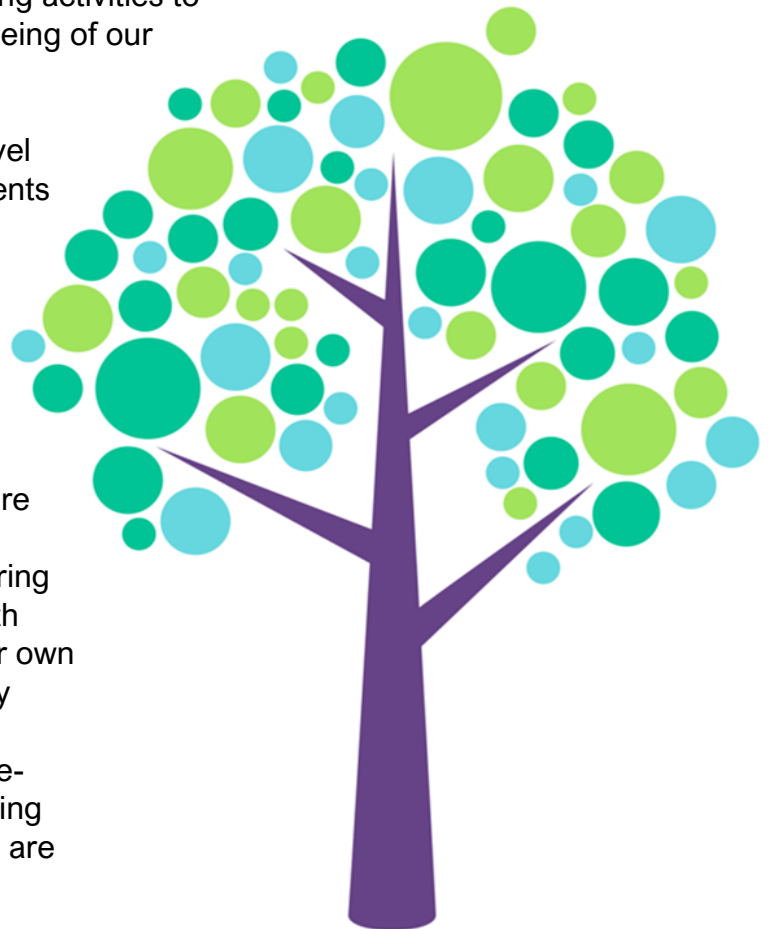
**David Hill**

Chief Executive, Humber NHS Foundation Trust

## 1.2 About Us

Humber NHS Foundation Trust provides a wide range of health and social care services including acute and forensic inpatient mental health services, community mental health services, Child and Adolescent Mental Health Services (CAMHS), community services, substance misuse and learning disability services. The Trust serves patients across a large geographical area that includes Hull, the East Riding of Yorkshire and North Yorkshire. It also provides specialist mental health services to people from across the UK.

- We employ over 3,000 staff.
- We have over 16,000 members that we encourage to get involved, have their say and make a difference to how local healthcare services are provided.
- We are fortunate to have 120 volunteers on hand to work within our services and who are available to help not only patients but staff and visitors too.
- We are a Teaching Trust with close relationships with academic partners Hull York Medical School and the University of Hull.
- Based on their experience of our care, the vast majority of patients and their carers (94% from October 14 – January 15) would recommend us to their family and friends if they needed our support (Friends and Family Test data).
- We provide secure services for people from across Yorkshire and the Humber, using innovative treatments and award-winning activities to enhance the physical and mental wellbeing of our forensic patients.
- Our specialist clinicians are nationally-recognised experts involved in high-level research that directly benefits our patients and service users.
- We are constantly improving the way our integrated teams work together to make sure people are treated in the setting that's best for them, including intensive home treatment and early discharge with excellent support.
- Our working-age adult inpatient units are AIMS accredited.
- We are better than most trusts at ensuring patients in our community mental health services feel involved in reviewing their own care (Community Mental Health Survey 2015).
- As a Foundation Trust, we constantly re-invest back into healthcare and improving the environments in which our patients are treated.



## 1.3 Services We Deliver

We are proud to provide a broad range of health and social care services including acute and forensic inpatient mental health services, community mental health services, Child and Adolescent Mental Health Services (CAMHS), community services, substance misuse and learning disability services. The Trust serves a population of over 740,000 across a large geographical area that includes Hull, the East Riding of Yorkshire and North Yorkshire. It also provides specialist mental health services to people from across the UK.

Our comprehensive portfolio of services is listed below:

- **A&E mental health liaison for working age adults and older people.**
- **Drug and alcohol services.**
- **Bladder and bowel specialist care.**
- **Child and adolescent mental health services (CAMHS).**
- **Children's services.**
- **Chronic fatigue.**
- **Counselling.**
- **Community hospitals in Beverley, Withernsea, Bridlington and Whitby providing inpatient medical beds and in Hornsea and Driffield providing outpatient services.**
- **Community nursing.**
- **Diabetes services.**
- **Forensic services for mental health, learning disability patients and personality disorder patients.**
- **Health services in prisons including mental health in-reach.**
- **Health trainers.**
- **Health visiting.**
- **Huntington's disease team.**
- **Inpatient and community mental health for working-age adults and older people.**
- **Intermediate care.**
- **Learning disability community and inpatient services.**
- **Long-term conditions.**
- **Macmillan nurses.**
- **Multidisciplinary falls prevention.**
- **Nutrition and dietetics.**
- **Out of hours and unscheduled care.**
- **Palliative care.**
- **Perinatal mental health.**
- **Pain.**
- **Physiotherapy.**
- **Podiatry.**
- **Psychiatric liaison.**
- **Psychological interventions.**
- **Psychotherapy.**
- **School nursing.**
- **Self-harm.**
- **Speech and language therapy.**
- **Stroke services.**
- **Tissue viability.**
- **Traumatic stress.**
- **Unscheduled care.**
- **Veterans' mental health.**

**This list is not exhaustive. For more information and for referral pathways, please visit us at [www.humber.nhs.uk/services](http://www.humber.nhs.uk/services)**



## 1.4 Our Vision

To be a leading Trust known for the quality of our integrated healthcare services and staff commitment and recognised as a valued partner in problem-solving.

## 1.5 Our Values



**Put the needs of others first**



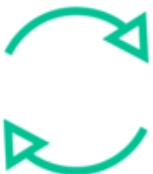
**Value each other and teamwork**



**Act with compassion and care**



**Aspire to excellence and be the best**



**Continuously seek improvement**



## Part Two

### 2.1 Working with our Commissioners

During 2015/16 Humber NHS Foundation Trust provided 109 and sub-contracted 47 relevant health services.

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

#### Commissioners:

**NHS East Riding of Yorkshire Clinical Commissioning Group**

**NHS Hull Clinical Commissioning Group**

**NHS Vale of York Clinical Commissioning Group**

**NHS England**

**Kingston upon Hull Local Authority**

**East Riding of Yorkshire Local Authority**

**Hambleton, Richmond and Whitby Clinical Commissioning Group**

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

The income generated by the relevant health services reviewed in 2015/16 represents 97% of the total income generated from the provision of relevant health services by the Humber NHS Foundation Trust for 2015/16

## 2.2 Update on Priorities

For the 2014-15 Quality Report, a set of new priorities were chosen for the Trust to take forward in 2015-16 following a three-year rolling programme for previous years. The priorities were chosen through a full consultation process with Trust Stakeholders.

The work carried out around the priorities, at the end of the period is set out in the tables below.

### Improve access to and support from Child and Adolescent Mental Health Services

	Q1	Q2	Q3	Q4
To complete external review of Hull and East Riding CAMHS to inform future service model.	Complete			
To implement new cross organisational waiting list policy for CAMHS to ensure patient safety and deliver a high quality of care	Complete			
Implement a 24 hour, 7 days a week Crisis Team.	In progress	Complete		
<b>Overall Status</b>	<b>Complete</b>			

Performance against this clinical priority is completed and reported to the Trust Board as complete.



### Improve communications with patients, relatives, carers and our staff

	Q1	Q2	Q3	Q4
To review complaints and friends and family data to identify priorities for improvement in communications	Complete			
Hold focus groups with staff	Complete			
Gather and analyse data from focus groups and present plans	Deferred	Complete		
To review friends and family data/staff survey and develop actions plans	On Track	Complete		
Fully implement programme of communication channels and models of media for service users	On Track	On Track	On Track	Complete
<b>Overall Status</b>	<b>Complete</b>			

Performance against this clinical priority is 'Complete' and has been rolled forward as a new priority for 2016/17.

### Ensure systems are in place to support organisational learning across the Trust and release staff time for patient care and professional development through increased use of technology

	Q1	Q2	Q3	Q4
Complete the e-transcribing proof of concept to identify the effectivity and productivity saving	Complete			
Implementation of total mobile for mental health staff	On track	On track	Deferred	
Implementation of SystmOne mobile working in the NCS teams	In progress	In progress	Complete	
<b>Overall Status</b>	<b>Ongoing</b>			

Performance against this clinical priority is ongoing. A project plan has been set up to ensure the mobile working solution is up and running within mental health teams by July 2016, some of the open key milestones are listed below in the action. The following milestones have been completed to date.

Due to integration issues with Total Mobile the Trust has not been able to implement a mobile working solution to mental health staff.

A mobile working solution is expected to be in place for mental health teams by July 2016.

### Increase awareness of the needs of dementia patients and carers across Trust services

	Q1	Q2	Q3	Q4
Engage the 'Grandma Remember Me' theatre company for two sessions initially to raise awareness	On Track	Complete		
Launch the 'dementia friend' scheme across the Trust, encouraging staff to sign up	On Track	Complete		
Undertake a specific friends and family questionnaire to identify changes in patient/carer experience	On Track	On Track	On Track	Complete
<b>Overall Status</b>	<b>Complete</b>			

Performance against this clinical priority is completed and reported to the Trust Board as complete.



**Review Neighbourhood Care Teams (NCTs) to ensure they are able to be responsive to future service needs**

	Q1	Q2	Q3	Q4
Undertake a multi-agency review of NCTs to inform future service model	On Track	On Track	Completed	
Improve access to NCTs by integrating the current multiple points of access	On Track	On Track	Completed	
Change the current shift patterns for community nurses to improve capacity across the 24/7 period	On Track	On Track	Completed	
<b>Overall Status</b>	<b>Complete</b>			

Performance against this clinical priority is completed and reported to the Trust Board as complete.



## 2.3 Priorities for 2016-17

### How did we select new priorities?

In the run-up to the publication of this report, a number of consultations took place at various locations for our key stakeholders, governors, staff and patient group representatives.

In attendance at the consultations were representatives from:

**NHS East Riding of Yorkshire Clinical Commissioning Group**  
**NHS Hull Clinical Commissioning Group**  
**East Riding of Yorkshire Council Health and Wellbeing Overview  
and Scrutiny Committee**  
**East Riding of Yorkshire Healthwatch**  
**Kingston upon Hull Healthwatch**  
**Alzheimer's Society**

The following were also invited:

**Rethink**  
**Hull and East Yorkshire Mind**  
**Carers Advisory Group**  
**Hull City Council Health and Wellbeing Overview and Scrutiny -  
Committee**

During the event, presentations of the proposed priorities were delivered. Following group discussion, those present were asked to vote for their preferred top five priorities. During the discussions, we were given feedback that some of the priorities should be amended to better reflect the needs of our patients and staff. These changes were made and the final priorities were then agreed by our Board members.

## 2016-17 Priorities

### Develop a dementia training pathway for staff

As part of our sign-up to the Dementia Action Alliance's (DAA) Dementia Friendly Hospital Charter we are developing action plans to ensure that our local Community Hospitals strive to develop innovative and creative approaches and seek out existing good practice to ensure that the community hospital experience of people with dementia, their families and carers is a positive one, locally by developing a dementia training pathway for staff working within East Riding Community Hospital's ward. This forms part of a dementia training CQUIN to be achieved in collaboration with Maister Lodge, our local acute mental health inpatient unit for dementia.

Measures	Implementation Date
Commence delivery of staff training sessions	30 September 2016
Audit of effectiveness	31 December 2016
Year-end report and next steps	31 March 2017

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

Work with patients/carers and other key stakeholders to develop open and transparent approaches to working with our clinical teams to maximise the quality and safety of our services through our programme of quality visits. These visits will focus on celebrating good practice.

Measures	Implementation Date
Recruit patients and carers to undertake quality visits	30 September 2016
Provide training to external stakeholders in the approach utilised	31 July 2016
Provide training and support to patients and carers in the approach	30 November 2016
Confirm external stakeholders as co – reviewers in the quality visits	31 July 2016

## Develop Trust Intranet, Internet and Social Media

Develop the Trust use of social media, intranet and the internet to engage with our patients, carers and the public

Measures	Implementation Date
Our website will be inviting, accessible and easy to use	31 March 2017
Use of electronic media policy to be completed to enable us to vary the methods we use to communicate with patients from face to face to social media	31 August 2016
Clearly communicate the available feedback channels to patients	31 October 2016

## Embed an open culture across the Trust

Embed an open culture across the Trust to ensure staff, feel safe to report incidents and raise concerns as part of our commitment to patients and staff.

Measures	Implementation Date
Implement the new Monitor guidance on freedom to speak up	30 September 2016
To review the current incident reporting system to ensure it supports transparent and robust incident reporting	31 October 2016
To identify and train the patient safety champions within every clinical team	31 July 2016

## Standardise the Trust Approach to reviews of Unexpected Deaths

During 2015/16 the Trust has faced adverse publicity as a result of serious untoward incidents, in particular as a result of unexpected deaths.

We are committed to developing a standardised approach for reviewing unexpected deaths in terms of methodology, scope, data analysis, and contribution to learning encompassing a consistent process of reviewing care through structured analysis of patient records; to improve the quality of care by learning.

Measures	Implementation Date
Develop and approve the mortality review pathway for the management of all unexpected deaths	30 June 2016
All unexpected deaths to be reported and reviewed within the clinical risk management group with a clear outcome of action for all unexpected deaths	31 July 2016
All deaths which meet the criteria of an SI will be reported to the Clinical Commissioning Group within 2 working days and be managed under the Trusts Serious Incident policy	Completed at time of submission
Any unexpected death that does meet the SI threshold will be reviewed using significant event analysis	Completed at time of submission
Any unexpected death that does not meet the criteria for an SI or SEA will be reviewed as part of the mortality review using the structured case note methodology	31 July 2016
To train further experienced clinical staff in the structured case note methodology	30 September 2016
To review all mortality reviews within the mortality steering group	As of 1 September 2016
Quarterly feedback on all SI's, SEA's and mortality reviews within the Quality and Patient Safety Committee in the quarterly clinical risk report	31 July 2016



## How We Review Our Services

### Participation in Clinical Audit

During 2015-16, 5 national clinical audits and 1 national confidential enquiry covered relevant health services that Humber Foundation Trust provides.

During that period, Humber NHS Foundation Trust participated in 55.6% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust was eligible to participate in during 2015-16 are as follows:

**National Pulmonary Rehabilitation Audit**

**National Diabetes Foot Care Audit**

**National Audit of Intermediate Care**

**The Sentinel Stroke National Audit Programme (SSNAP)**

**Prescribing Observatory for Mental Health (UK) (POMH-UK) – 9c  
Antipsychotic Prescribing for People with a Learning Disability**

**Prescribing Observatory for Mental Health (UK) (POMH-UK) – 13b  
Prescribing for ADHD in Children, Adolescents and Adults**

**Prescribing Observatory for Mental Health (UK) (POMH-UK) – 15a  
Prescribing Valproate for Bipolar Disorder**

**Prescribing Observatory for Mental Health (UK) (POMH-UK) – 14b  
Prescribing for Substance Misuse – alcohol detoxification**

**National Confidential Inquiry into Suicide and Homicide by People with  
Mental Illness**

The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust participated in during 2015-16 are as follows:

**National Pulmonary Rehabilitation Audit**  
**National Diabetes Foot Care Audit**  
**The Sentinel Stroke National Audit Programme (SSNAP)**  
**Prescribing Observatory for Mental Health (UK) (POMH-UK) – 9c**  
**Antipsychotic Prescribing for People with a learning Disability**  
**Prescribing Observatory for Mental Health (UK) (POMH-UK) – 13b**  
**Prescribing for ADHD in Children, Adolescents and Adults**  
**National Confidential Inquiry into Suicide and Homicide by People with Mental Illness**

The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust participated in, and for which data collection was completed during 2015-16 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Clinical Audits – Eligible to participate in	Participated in	Sponsoring Body	Cases Submitted	Data Complete
National Audit of Intermediate Care	No	NHS Benchmarking Network	0	No
National Falls & Fragility Fractures Audit	No	Royal College of Physicians	0	No
The Sentinel Stroke National Audit Programme (SSNAP)	Yes	Royal College of Physicians	Ongoing	Ongoing
National Pulmonary Rehabilitation Audit	Yes	Royal College of Physicians	25	Yes

National Diabetes Foot Care Audit	Yes	HQIP	90	Yes
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 15a Prescribing Valproate for Bipolar Disorder	No	National Audit sponsored by POMH-UK	0	No
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 13b Prescribing for ADHD in Children, Adolescents and Adults	Yes	National Audit sponsored by POMH-UK	42	Yes
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 14b Prescribing for Substance Misuse	No	National Audit sponsored by POMH-UK	0	No
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 9c Antipsychotic Prescribing for People with a learning Disability	Yes	National Audit sponsored by POMH-UK	11	Yes
National confidential enquiry into Suicide and Homicide by People with Mental Illness	Yes	Centre for Suicide Prevention	14	Yes

The reports of 1 national clinical audits were reviewed by the provider 2015-16 and Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Audit Ref	Audit Title	Actions
MHLD110 POMH-UK Topic 9c	Antipsychotic prescribing for people with a learning disability	<ul style="list-style-type: none"> <li>To improve on recording information for antipsychotic prescribing in the last 12 months</li> <li>To improve on recording of indication for antipsychotic prescribing</li> <li>To record patients who decline monitoring</li> <li>To audit standards for antipsychotic prescribing within Learning Disability services</li> </ul>

The reports of 9 local clinical audits were reviewed by the provider in 2015-16 and Humber NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Audit Ref	Audit Title	Actions
MHMS177	Achieving psychotherapy competency according to the standards set out by Royal College of Psychiatrists (Re-audit)	IAPT psychotherapists to supervise the core trainees for their short case to achieve psychotherapy competency.
MHAD263	To Establish Compliance with ECG Monitoring for Patients Prescribed Antipsychotic Therapy	<ul style="list-style-type: none"> <li>Highlight the importance of performing an ECG on every patient admitted to a mental health unit within the first 48 hours.</li> <li>Clinical pharmacists to check notes and care plans for every new admission, with the aim to identify if an ECG has been performed, or it has been arranged.</li> </ul>
MHFS108	Re-audit of compliance with T2 and T3s related to prescription charts	<ul style="list-style-type: none"> <li>To ensure that all forms T2/T3 clearly specify the dose of psychotropic medication (for individual drug and for combination).</li> <li>If some aspects of the prescribing are unlicensed, it is mentioned on the T2/T3 form.</li> <li>Humber Centre to consider to develop a system to make sure that T2/T3 forms to be placed in the patient folder on the same day they are updated in case of T2/ once they received the form from the Legislation office in case of T3.</li> </ul>
MHAD285	Re - audit of the Electroconvulsive Therapy (ECT) Policy and Clinical Guidelines	<ul style="list-style-type: none"> <li>ECT pack redesigned to include all the changes recommended in Audit of Electroconvulsive Therapy (ECT) Policy and Clinical Guidelines.</li> <li>Hamilton Depression Rating scale or Addenbrookes Cognitive Examination III result on the form in ECT pack.</li> </ul>
MHAD276	Audit of driving advice given to patients referred to the Emergency General Liaison Team	<ul style="list-style-type: none"> <li>All patients, as part of a psychiatric assessment, should be asked if they drive if they seem physically fit enough to do so. If not, this should be clearly documented as to why this was not asked.</li> </ul>

		<ul style="list-style-type: none"> <li>• A short tutorial or educational email to be given to assessing staff to remind them of DVLA guidelines that would warrant notification.</li> <li>• Patients should be given a pamphlet concerning appropriate driving advice or reasons as to why the driving advice was not appropriate at that time with a view to give appropriate advice at a later date. Any outcome should be documented within the patient notes and GP letter.</li> </ul>
MHSM110	Re-audit of MHSM107 the risk of QTC interval prolongation with methadone	<ul style="list-style-type: none"> <li>• The development of a protocol for the use of ECG in Addictions (including patients on methadone. This protocol should include: <ul style="list-style-type: none"> <li>• Request from GP a summary of Past Medical History and a list of prescribed medication.</li> <li>• Obtaining routine blood tests (including Full Blood Count, Renal Function Tests and Liver Function Tests) and how this could be best facilitated.</li> </ul> </li> </ul>
MHLD112	Audit on monitoring baseline physical health parameters in patients admitted to Townend Court and on antipsychotics	<ul style="list-style-type: none"> <li>• To formulate a checklist of baseline investigations along with physical health parameters for all patients admitted to Townend Court who are on antipsychotics.</li> </ul>
MHAD271	Re-Audit of Community Treatment Order Documentation	<ul style="list-style-type: none"> <li>• • Inpatient consultants to complete Transfer of Responsible Clinician (available in Intranet form Z11) from Inpatient to Community forms and vice versa.</li> </ul>
MHLD113	Audit of Section 17 Leave of Absence in Townend Court	<ul style="list-style-type: none"> <li>• For Section 17 Leave of Absence: <ul style="list-style-type: none"> <li>○ To formally revoke previous section 17 leave forms</li> <li>○ Overnight leave must specify proposed location</li> <li>○ Must have discussion documented with patient or at least be signed by/on behalf of patient</li> <li>○ Indicate for how leave will be monitored</li> <li>○ Specific risk plans in notes or reference to suitable management plan</li> <li>○ Specify the number of escorts</li> <li>○ Specify male or female escort</li> </ul> </li> </ul>



## Commissioning for Quality and Innovation (CQUINs)

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

This year's scheme is worth around £2.41 million.

Mental health and community services areas are collecting information from patients who use our community hospitals, adult mental health inpatient units and community district nursing services as part of this year's CQUIN payment framework.

A proportion of Humber NHS Foundation Trust's income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Humber NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

**Further details of the agreed goals for 2015/16 and for the following 12-month period are available electronically at:**

<http://www.humber.nhs.uk/about-our-trust/CQUIN-scheme-2015-16.htm>

<http://www.humber.nhs.uk/about-our-trust/cquin-scheme-201617.htm>

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

Commissioner	15-16 CQUIN Available	Total 15-16 CQUIN Achieved	2015-16 Shortfall	Total % Achieved
	£000's	£000's	£000's	%
NHS Hull CCG	794	763	31	96.10%
NHS East Riding CCG	1272	1222	50	96.10%
NHS York CCG	38	38		100%
NHS England	313	307	6	91.80%
<b>Total</b>	<b>2417</b>	<b>2330</b>	<b>87</b>	<b>96.40%</b>

The CQUIN scheme impacts on clinical quality in a variety of ways including: working innovatively, creating or improving patient pathways and improving quality or patient satisfaction. A number of examples from our 2015/16 scheme are outlined below:

**Safe Wards:** this CQUIN asked the adult inpatient teams to investigate and implement a number of ‘safe wards’ solutions which are intended to address patient behaviour to prevent episodes of seclusion or violence on the wards. 2 of the many solutions adopted by the teams include ‘comfort boxes’ and ‘knowing me, knowing you’. Comfort boxes are boxes created by the patients with items such as reading books, colouring books or iPods (for example) which the patient is encouraged to use when they feel anxious or frustrated, the contents of the box are intended to be their chosen items to help them feel more calm or comfortable, thus reducing potential incidents linked with negative or aggressive patient behaviour. Another method adopted by the wards is ‘knowing me, knowing you’ which are brief outlines of staff interests such as football teams they support, interests and hobbies such as gardening or listing the type of music/bands they like. This encourages patients to identify staff they feel they have an affiliation to, encouraging them to communicate more openly with staff about their anxieties or issues whilst being on the ward. Both of these initiatives have proved successful and staff, patients (and their families) have written brief stories about the difference these approaches have made to their behaviour and recovery.

**Health Improvement Profile:** this CQUIN has been running for 3 years at the Trust and is a health assessment focussed on physical health elements. This is carried out alongside the usual mental health assessments but allows staff to support the patient (through GP referrals) to address their physical health needs, including weight management, smoking, safe alcohol limits, diet and exercise. The quality of information collected has been instrumental in the recent Royal College of Psychiatry audit score where the Trust was awarded 100% achievement for the CQUIN this year. Physical health information is held on the patient file and is used to provide a holistic overview of the patient’s needs.

## Commissioning for Quality and Innovation (CQUIN) 2016/17

During 2016/17, Humber NHS Foundation Trust will be working towards CQUINs which have been agreed with its commissioners. Over the last four years, the Trust has agreed on a number of indicators with local commissioners. The indicators have been developed with a key focus on the local priorities that the Trust and the commissioners feel need to be addressed.

### Mental Health and Community Services CQUINs for 2016/17

No	Indicator Name	Indicator Description
1	Health and Wellbeing – Staff Initiative	Initiatives for Staff Health & Wellbeing including providing stress management and sleep hygiene training, encouraging outdoor activities and team events

<b>2</b>	Health and Wellbeing – Healthy Food	Reduction in salt, sugar and fat and sugar-sweetened beverages in all food contracts in our 15 inpatient units
<b>3</b>	Health and Wellbeing - Flu Vaccine	Flu Vaccine target of 75% for staff in our Community Hospitals and Neighbourhood Care Teams
<b>4</b>	PSMI – Royal College of Psychiatry National Audit – Physical Health	Physical health-checks for all mental health team patients with diagnosis of psychosis
<b>5</b>	PSMI – Sharing Information with GP's – Local Audit	Sharing information with GPs
<b>6</b>	Training – Dementia and End of Life Care	A comprehensive training package in Dementia (for all Community Hospital staff) and in End of Life Care (For Older People Mental Health ward staff)
<b>7</b>	CAMHS Crisis Pathway	Evaluation of the new CAMHS crisis pathway, referral numbers and patient feedback and stories
<b>8</b>	Personality Disorder Training	Providing personality disorder training to staff in mental health teams, development of new pathway
<b>9</b>	Early Intervention in Psychosis Services	Implementation plans to meet national EIP accreditation needs, support with physical health checks to meet NICE guidelines

### Forensic NHS England CQUINs for 2016/17

No	Indicator Name	Indicator Description
<b>1</b>	Recovery College	Implement a Recovery College for patients in secure settings, encouraging co-production and co-delivery of training courses
<b>2</b>	Reducing Restrictive Practice	Audit of current practice and plans to reduce restrictive practice
<b>3</b>	Care and Treatment Reviews	Quality of care and treatment reviews

## Whitby Community Services CQUINs for 2016/17

No	Indicator Name	Indicator Description
1	Friends and Family Test	Utilising the feedback from patients to action plan for improvement, developing feedback methods to share results with patients, including 'you said, we did' and the use of infographic dashboards
2	Falls Education and New Pathway	Implementing new falls pathway, implementing falls training and delivering education sessions to patients
3	IV Training and Implementation	Delivering Intravenous Fluid training to all hospital staff and implementing new IV referral pathway allowing patients to receive IV therapy in a local community hospital instead of in an acute hospital setting

## Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Humber NHS Foundation Trust in 2015-16 that were recruited during that period to participate in research approved by a research ethics committee was 1256.

713 patients were recruited to the National Institute of Health (NIHR) Research Portfolio studies and 543 were recruited to local studies. In total, there were 34 Portfolio studies and 27 (non-Portfolio) local studies running in the Trust in 2015-16. The Trust exceeded its target of 660 for recruitment to Portfolio studies in 2015-16.

In 2015-16 there was no Trust core funding for Research and Development (R&D) staff. However, moving forward into 2016-17 core funding for key R&D posts has now been identified. As the Trust is a Partner Organisation in the Yorkshire and Humber NIHR Clinical Research Network (Y&H CRN) £304,891 of ring-fenced funding, an increase of almost £13k from the previous year in recognition of performance, was provided to support research delivery in 2015-16. A further £18k was provided to support two Trust clinicians in their roles as Specialty Leads for the Y&H CRN,

one for dementia and the other for mental health. The Trust also received £20k Research Capability Funding from DoH.

**A new research strategy for 2015-17 was introduced in the Trust April 2015, with the objectives below and an associated work plan, against which significant progress has been made in 2015-16:**

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

There are a number of national high-level objectives (HLOs) that the Y&H CRN is measured against, one of which is for 'studies to obtain NHS permissions within 40 days'. To enable the CRN to achieve this there is a target of 30 days for Trust R&D departments to approve Portfolio studies locally, and for all studies in 2015-16 this target was achieved by the Trust. Another HLO is to achieve 'first participant recruited within 30 days' and for those Portfolio studies that were approved to run in the Trust in 2015-16, 100% met this target. Linked to these HLOs is a national DoH benchmark for performance in initiating and delivering (PID) research, for which the Trust must publish its results quarterly on its website. The Trust met this benchmark in each quarter throughout 2015-16.

It is widely acknowledged that it is important for research to have patient and public involvement and throughout 2015-16 there were many examples of how the Trust achieved this: 1) the R&D Department worked with local and national 'Join Dementia Research' (JDR) Champions; people who are living with dementia and their families; 2) the Trust actively promoted the JDR service as a way for more patients and carers to get involved in research, including organising a public launch event at the Hull Memory Clinic in May 2015 and attendance at various Trust and local community

events; and 3) a local Patient Research Ambassador has been established, which is part of the NIHR initiative aiming to help other patients to have better choices about participating in research and to help the Trust promote research locally, and 4) links have been established with various local support groups for promoting and recruiting to studies.

In 2015-16, the R&D department have developed new Principal Investigators, opened studies in services that have not previously been involved and strengthened relationships with higher educational institutions and other key stakeholders; ensuring continuity of research opportunities for those accessing Trust services. The Trust has collaborated with a number of universities resulting in new research studies opening in the Trust, including University College London, Kings College London, the Universities of Nottingham, Manchester, Hull, Bradford and Cardiff, as well as NHS Trusts in Nottinghamshire and London.

There has been a concerted effort to raise the profile of research within the organisation and activities are reported to the Board on at least a six monthly basis. During 2015-16 terms of reference were approved for a new R&D Committee, with the first meeting under these new terms having taken place in March 2016. The process of adapting internal R&D procedures has also begun in readiness for full implementation of the new Health Research Authority assessment process for research applications in 2016-17.

## Care Quality Commission

Humber NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions. The Care Quality Commission has not taken enforcement actions against Humber NHS Foundation Trust during 2015-16.

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

The Trust was fully inspected by the CQC during the final quarter of 2015/16, the report is anticipated to be published in July 2016. Following which the Trust will issue an addendum to its accounts containing a summary of findings, our rating and any required action plans by the end of quarter 2 2016/17.

**You can find the reports for all visits on  
the CQC website at: [www.cqc.org](http://www.cqc.org)**

## Data Quality and Coding

Humber NHS Foundation Trust submitted records during 01 April to 31 December to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

**99.8% for admitted patient care**  
**100% for outpatient care and**  
**100% for accident and emergency care**

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

**100% for admitted patient care**  
**100% for outpatient care**  
**100% for accident and emergency care**





## Payment by Results

Humber NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2015-16 by the Audit Commission.

## Information Governance Assessment Report

Humber NHS Foundation Trust's Information Governance Assessment Report overall score for 2015-16 is 78% and was graded **Unsatisfactory**

The IG Toolkit was audited and assessed achieving significant assurance, however, IG training compliance was not at 95% by the end of March 2016 therefore, the Trust did not claim Level 2 compliance on standard 112.

The following action plan was formulated which took into account any perceived barriers to undertaking training:

Action		Completion Timescale
Identify key areas of non-compliance from training report.		01/04/16
IG Training session delivered in the workplace	A defined number of IG Training session delivered in the workplace BUT Managers will be provided with a list of non-compliant staff. Managers to be made responsible for ensuring that non-compliant staff are booked on and attend the sessions delivered in the workplace.	30/06/16
Enable accessible training	Utilising Trust Intranet. Training made available on IG Intranet page in form of training material covering key IG topics following which staff undertake IG competency testing at the end. (similar to online training) The competency test to be received and scored by the IG Team.  - If staff pass the test of understanding their training record is updated as a pass.  - Staff who do not pass - the manager is notified and they ensure the staff member is booked on face-to-face training session.	30/04/2016
Provide paper based training	same as accessible training above but in paper format. The competency test of understanding to be sent to IG for marking.	30/04.2016

This action plan above; combined with the additional actions below:

- Email from the SIRO to the Directors
- Individual emails to all non-compliant staff from the SIRO
- The Care Group Directors responding to the SIRO's email and actively pursuing staff to do their training.

The result of which is by the 30 April 2016 IG training compliance was 95%.

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

Information Governance provides a framework in which the Trust is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example, the Data Protection Act 1998, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

The way in which the Trust measures its performance is via the Information Governance Toolkit. The Information Governance Toolkit is a performance tool produced by the Department of Health, which draws together the legal rules and guidance referred to above, as a set of requirements.

In the current version (Version 13) there are 45 requirements relevant to this Trust. Each requirement has an attainment level from level 0 (no compliance) to level 3 (full compliance). Trusts must score a minimum of level 2 or above in all requirements to achieve an overall rating of Satisfactory. If any one of the 45 requirements is assessed at level 0 or 1, the Trust will be rated Unsatisfactory.

## The Trust's submission for version 13 of the Information Governance is as follows:

Level 0	No requirements rated at this level
Level 1	1 requirements rated at this level (loss of records from member of staff's car)
Level 2	27 requirements rated at this level
Level 3	16 requirements rated at this level
Not relevant	1 requirement assessed as not relevant

## Key areas of development in the year 2015/2016 have been:

### ‘Spot Check’ Audits

To provide assurance that information governance practices are fit for purpose and embedded in the Trust culture a programme of random ‘spot check’ audits are conducted throughout the Trust. This ensures that information governance policies, process and operational activities are effective on the ground and compliant with Information Governance Toolkit requirements and CQC outcomes 2 and 21. The results of these audits confirm that Information Governance practices are well established and fit for purpose.

### Audit of Corporate Records

The Trust must ensure complete and accurate corporate records to protect the legal rights of the organisation, its employees, its patients and third parties. Good records management practice necessitates that organisations should undertake an audit of records management processes and systems to determine what records are held, where they are located and in what form they are held. This provides assurance so that actions may confidently be taken on reliable information as validated by the Audits.

This year audits were completed across four Corporate areas:

- Complaints & Patient Advice & Liaison Service
- Estates Department
- Human Resources
- Procurement

### New Systems/PIA

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 Information Governance Toolkit.

The Privacy Impact Assessment (PIA) process has been reviewed and further developed to provide a robust assessment to ensure that privacy concerns have been considered and actioned to safeguard the security and confidentiality of personal confidential information.

### Policies

During 2015/16 a number of key information governance policies were reviewed. Lawful and correct treatment of personal data is important. Robust information governance policies ensure information is lawfully and effectively managed.

### Fair Processing

The Trust aims to be transparent and open with individuals about how their information is used. The information available to patients and the public has been reviewed this year and improvements have been made to the fair processing leaflet given to patients and the information available to the public on the Trust website.

## Data Quality

A clinical coding audit was performed on discharge patient records in 2015/16. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode overall:

- 94% primary
- 96.6% secondary

This means the Trust can claim a level 3 on standard 514 of the Information Governance Toolkit.

## Freedom of Information

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

The Trust responded to 266 requests for information under the Freedom of Information Act, this is a rise of 26%. 22 requests were not answered within the statutory 20-day timescale due to delays in the information supplied and the change in the authorization process.

## Registration Authority (RA)

Humber NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust's employed staff is managed within the Human Resources (HR) and Diversity Directorate, working closely with Informatics and Information Governance, together with other relevant organisations externally. A key element of the RA process is to perform identity checks. For new starters these checks are no longer carried out as standalone identity checks, they have been incorporated into the recruitment process, during which identity checks are also required. For other staff requiring a smartcard, the relevant ID checks are undertaken by either the HR RA staff, the RA Officer or as necessary an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard and a passcode.

Staff have to use their Smartcard and passcode each time they log on to access and use information in systems such as SystemOne, Lorenzo or the NLMS e-learning platform.

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



## 2.5 Core Quality Indicators

### 7 Seven-day follow-up

#### Description

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

#### Aim/Goal

The aim of this priority is to ensure everyone discharged under the CPA process from a mental health inpatient unit is followed up within the criteria set by Monitor. As a National Key Performance Indicator, our goal is to achieve the target and that at least 95% of all patients are contacted within seven days of discharge. The national target is accounted as the Trust having followed at least 95% of patients who are on CPA each quarter. Exceptions to this 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; and

Patients discharged or transferred to other NHS hospitals for psychiatric treatment.

All CAMHS inpatient units are excluded; however, Children and Young People placed on Adult Inpatients Unit and on CPA must be followed up.

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

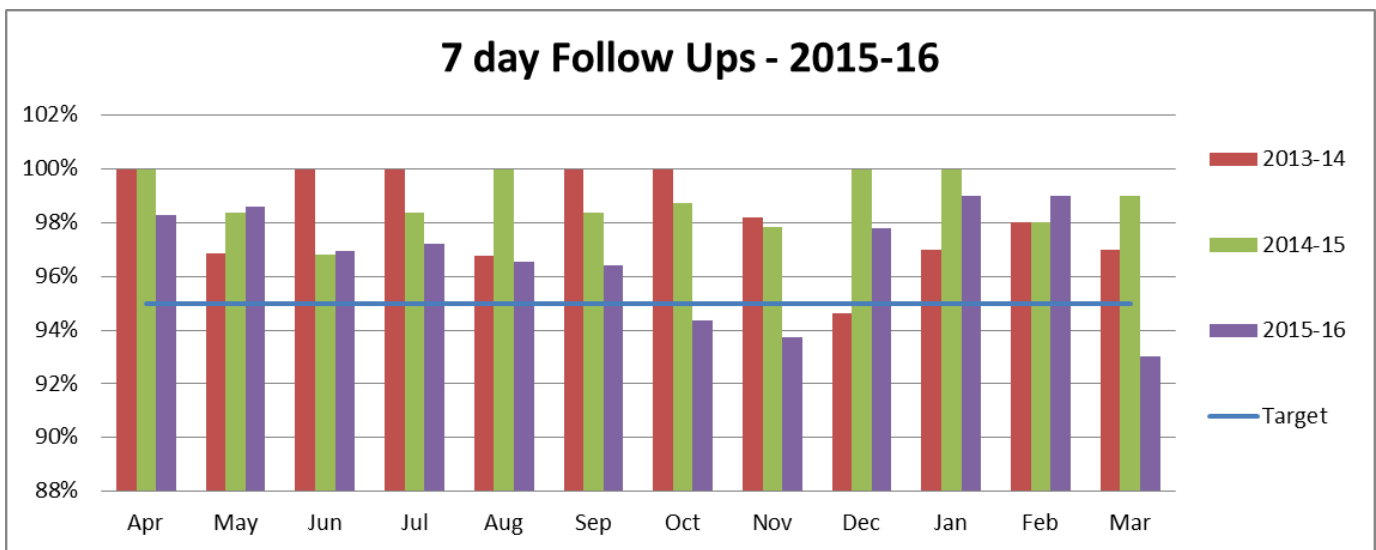
Patients with a learning disability (LD) who have an episode of inpatient stay on one of our mental health units are also contacted if they are on CPA and recorded on our reports.

#### Summary of Progress

Throughout the year to the end of Quarter 4; 30 incidents occurred when patients were unable to be contacted within the seven days and includes 15 patients not wishing/willing to engage with Trust Services. This is a significant increase compare to last year (2014/15). These were investigated individually and appropriate actions and resolutions sought.

The Trust, taking the above into account, has remained an average 96.6% across all quarters within 2015/16. This equates to 856 patients seen out of the 886 discharges. The number of patients that were not seen were reported as adverse incidents and fully investigated. The Trust can report a constant 100% achievement of patients from out of our local area.

Throughout the year, the Trust has continued to achieve the minimum 95% on a quarter by quarter basis and subsequently achieved the Monitor target.



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

- This indicator is a national target (95%) and is closely monitored and audited. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust Board as part of the Level 1 performance report and monthly to services managers and their teams as part of Level 2 and 3 performance reports.
- It is also reported externally to our commissioners on a monthly basis and to both the Department of Health and to Monitor on a quarterly basis.

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

- The Trust reports on patients who are discharged out of area for their continuing community care.
- The teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 7-day follow-up contact
- Making aware of the current Monitor and Department of Health requirements within the Compliance Framework
- The Trust actively increased the monitoring of the 7-day follow-up procedure. We can see the benefit of this work from December.
- The Trust Care Group Directors meet weekly to keep constant review of the 7 day follow up trend.

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

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre Performance Data (2015-2016)				
			Q1	Q2	Q3	Q4
Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	1. Preventing people from dying prematurely	Humber	98.4	96.7	95.4	96.6
		National average	97	96.8	96.9	
	2. Enhancing quality of life for people with long-term conditions	National best score	100	100	100	
		National worst score	88.9	83.4	50	





## Gate Keeping

### Description

A mental health inpatient admission is said to have been gate-kept if the patient has been assessed by a crisis and home treatment team (CRHT) or intensive home treatment team within 48 hours prior to their admission and if they were involved in the decision-making process which resulted in the admission.

### Aim/Goal

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

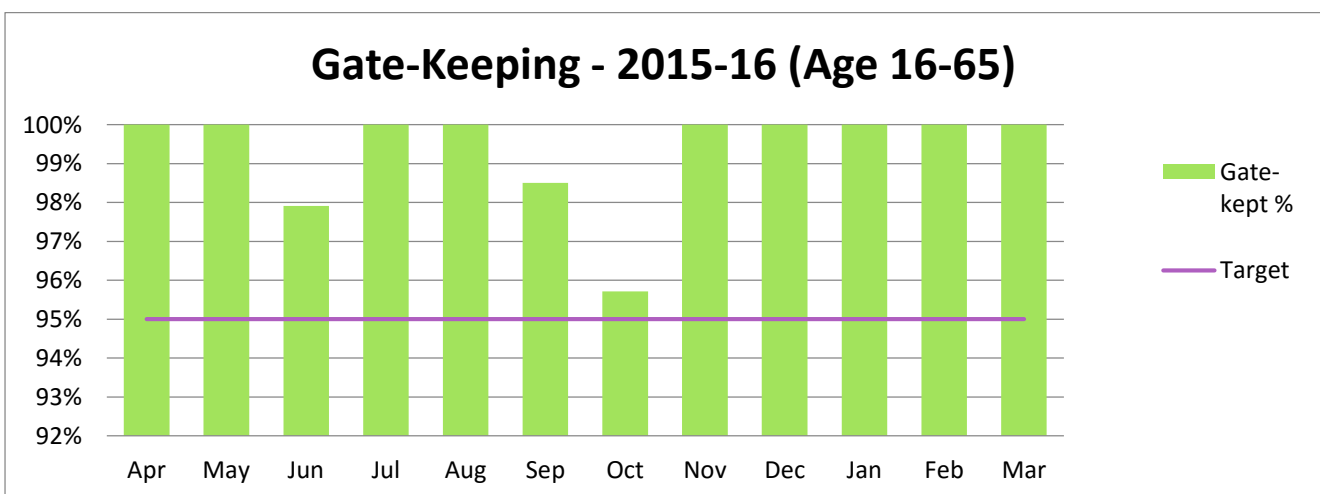
### Summary of Progress

For the Monitor submission, only adults aged 16-65 are gate-kept prior admission as per guidelines. During 2015/16 there were a total of 748 admissions of patients in this age group for the financial period. The Trust reported that 99.3% of these admissions were gate-kept. (See graph 1).

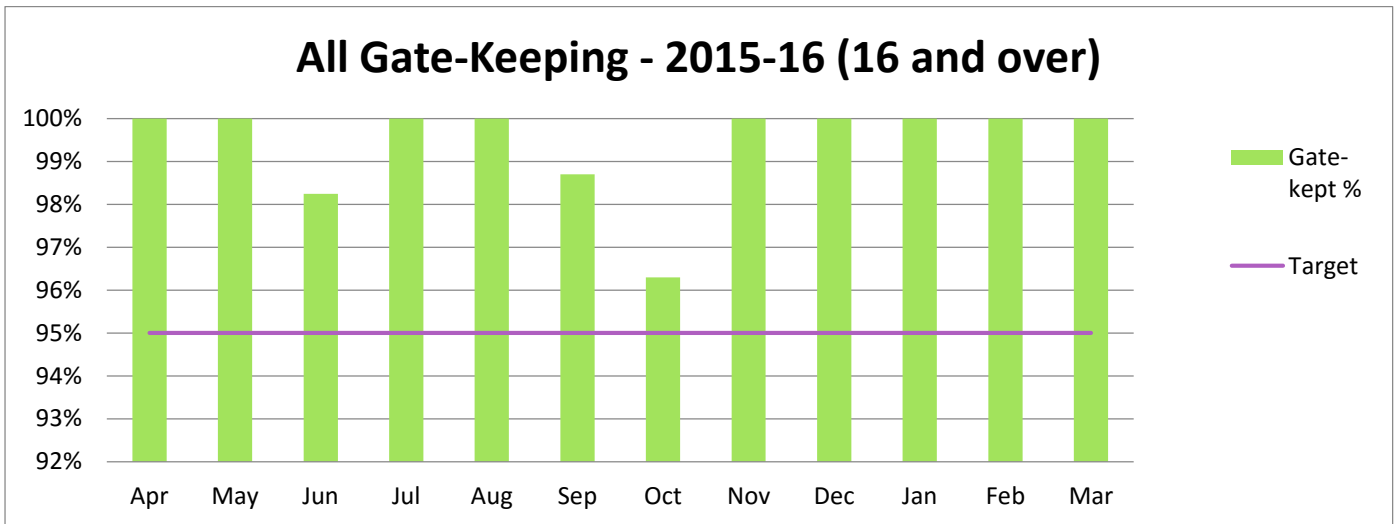
The Trust also reports to the Department of Health (DoH). The guidelines for DoH require that ALL patients aged 16 and over are gate-kept and these are benchmarked against other Trusts. There were a total of 864 patients aged 16 and over admitted to Trust units and 99.4% were gate-kept for the 2015/16 financial period. (See graph 2).

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

### Graph 1



## Graph 2



## Benchmarking Table

The table below benchmarks the HFT’s achievements against the national average. This is based on all patients aged over 16 for Hull and East Riding patients. The national target for this indicator is set at 95%.

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre Performance Data (2015-2016)				
			Q1	Q2	Q3	Q4
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	2. Enhancing quality of life for people with long-term conditions	Humber	100	99.5	98.7	100
		National average	96.3	97	97.4	
		National best score	100	100	100	
		National worst score	18.3	48.5	61.9	

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

All gate-keeping is recorded on the Trust's patient administration system (Lorenzo) and is adopted across both Hull and East Riding. Patients aged 16-65 are reported to Monitor and the Trust Board as per Monitor guidelines (see Graph 1). However, by way of good practice, this process continues to be in place for all patients aged 16 and over (see Graph 2) and is reported to the Department of Health.

Gate-keeping is monitored weekly to ensure consistency and accuracy of data and is subject to regular refresh.

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.

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



## Clostridium Difficile

### Description

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

### Aim/Goal

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

### Summary of Progress

In the table for the financial year 2015/16, there has been note of three cases where C.Diff. has been present within Trust Inpatient Units. There were two cases in East Riding and one case in Hull. This is an increase compared to 2014/15 when there were no reported cases. The Trust was successful in securing the contract to provide services for Whitby Hospital in March 2016. These are also shown below with no cases reported.

2016/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Hull	0	0	0	0	0	0	0	1	0	0	0	0	1
East Riding	0	0	0	0	0	1	1	0	0	0	0	0	2
Whitby Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0
Trust wide	0	0	0	0	0	1	1	1	0	0	0	0	3

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

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

- Identifying root cause analysis and whether the cases of C.Diff could have been avoided
- Ensuring antibiotics were prescribed and administered appropriately
- Liaising with NHS England
- Identifying and eliminating (where applicable) any potential of cross contamination and other possible risk factors



# Emergency Re-admissions

## Emergency Re-admissions (mental health)

### Description

Helping people to recover from episodes of ill health.

### Aim/Goal

To monitor all patients who have been re-admitted within 30 days of discharge. Although the national target is to be confirmed, the Trust has set an internal target of 10% or less.

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

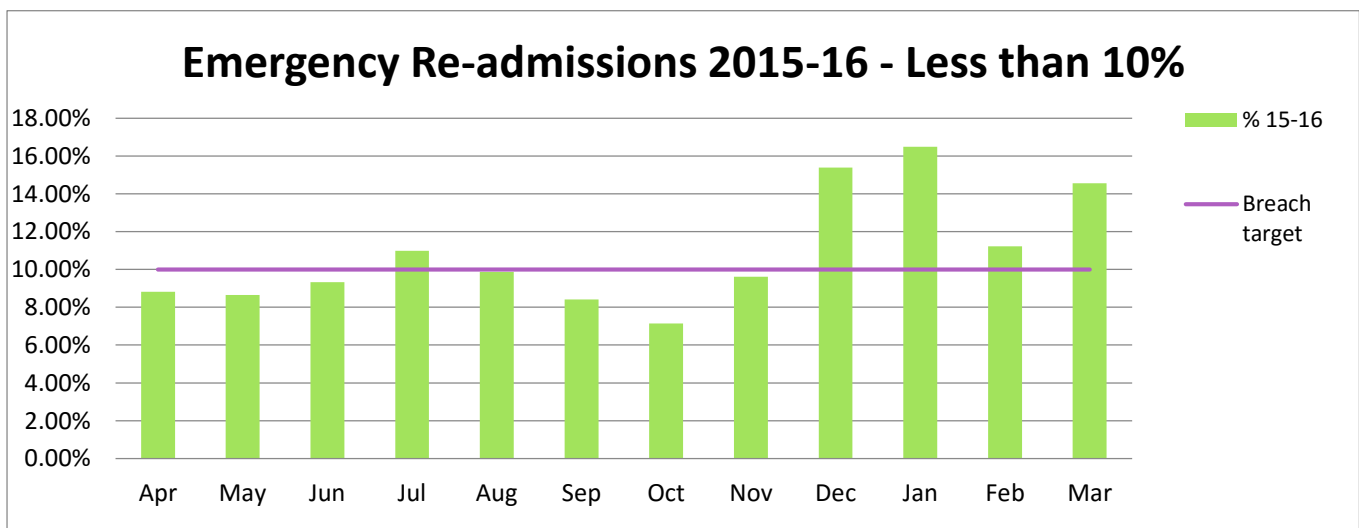
The data below is based on patients re-admitted to adult, older adult mental health, Forensics and Learning Disabilities units.

### Summary of Progress

For 2015-16 there were a total of 1101 discharges and 121 emergency re-admissions for patients aged 16 and over (10.99%). There were zero re-admissions for patients aged 0-15.

Not all patients who are re-admitted are classified as an emergency. Some patients are recalled as part of their treatment. Patients may also be discharged earlier as part of the home treatment and care plan with a view to them being re-admitted if the patient and care co-ordinator feel it is more beneficial to their overall recovery.

### Graph

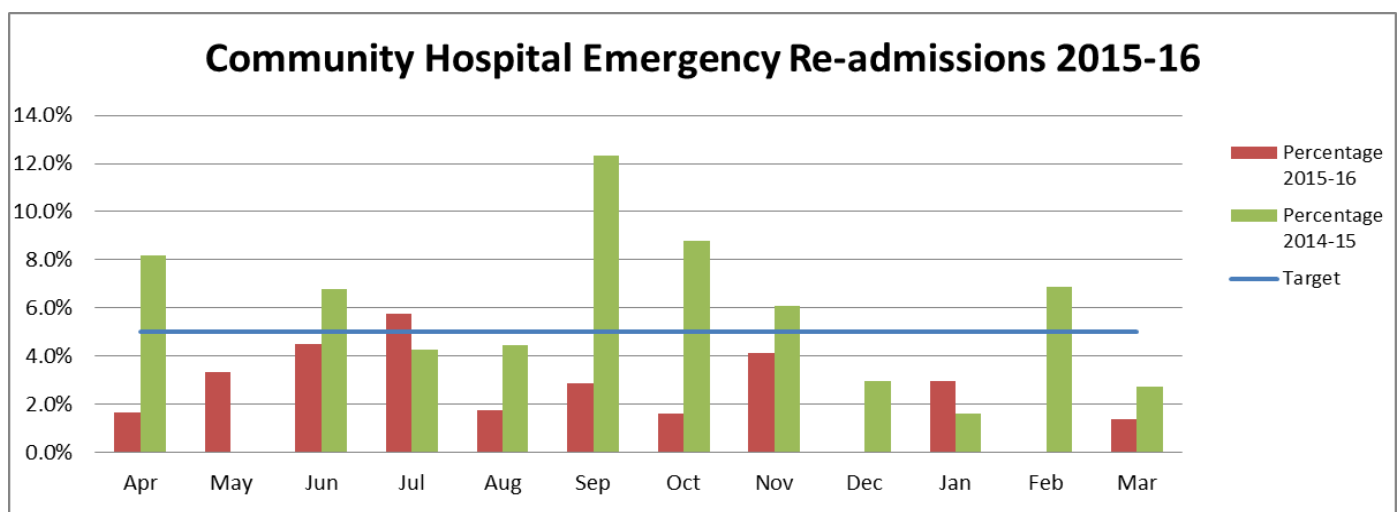


**The HFT considers that this data is as described for the following reasons:**

- Patients who have been transferred from another bed either within the Trust are not included
- It does not include patients who have been recalled under a Community Treatment Order (CTO)
- Patients who return to hospital as part of their care plan are included, including patients who return from a spell of physical acute care
- Please note, during 2015-16 new technical guidance has been issued which has resulted in a change of reporting and methodology of calculating readmission rates. Therefore, a direct comparison to previous years cannot be taken.

## Emergency Re-admissions (community hospitals)

The following chart and graph relates to the three Community Hospitals within the Trust.



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



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

A community bed provides short term (usually no longer than 3 weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute level care.

Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step down approach to the management of individual episodes of need and long term conditions. This, together with flexible and accessible community beds, within community hospitals, have been shown nationwide to deliver beneficial outcomes for patients.

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

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

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

## The NHS Community Mental Health Service Users Survey

Each year, a national study takes place across the NHS to gather patient's experience of using community-based mental health services. The percentage response rate for Humber NHS Foundation Trust was slightly higher than the national average.

The survey comprises of nine sections; these include:

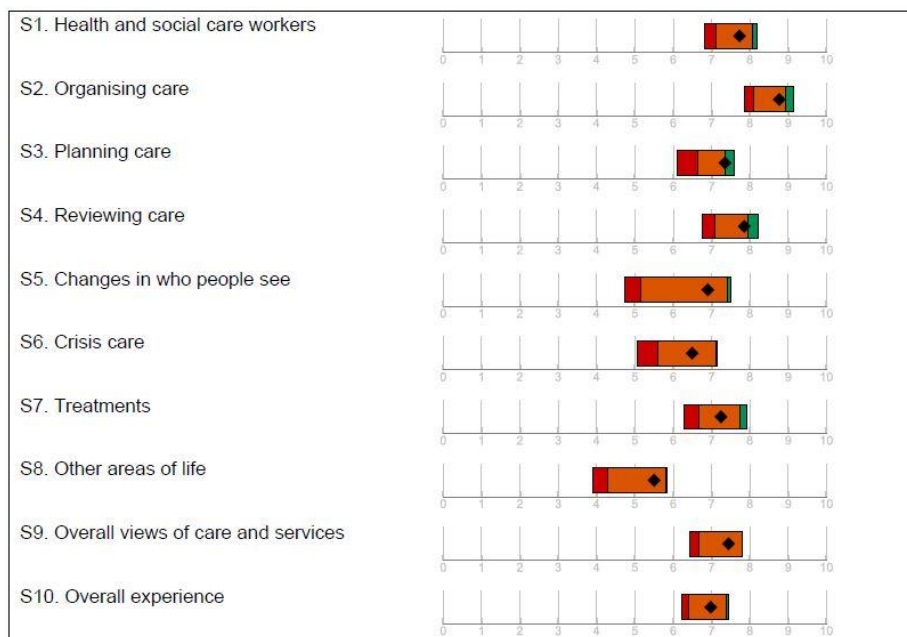
1. Health and Social care workers
2. Medications
3. Talking Therapies
4. Care Coordinators
5. Care Plan
6. Care Review
7. Crisis Care
8. Day to day Living
9. Overall

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

The table below shows a year on year comparison of our Trust’s results over the last three years.

Section descriptor	Score 2013	Score 2014	Score 2015
S1. Health and Social Care Workers	Same	Better	Same
S2. Medications	Same	Same	Same
S3. Talking Therapies	Same	Same	Same
S4. Care Co-ordinator	Same	Same	Same
S5. Care Plan	Same	Better	Same
S6. Care Review	Better	Same	Same
S7. Crisis Care	Same	Same	Same
S8. Day to Day Living	Unscored	Better	Same
Overall	Same	Same	Same

At the start of 2015, the survey was sent to 850 people chosen at random who received community mental health services. 247 responses were received (29.05%). The results are shown below;



## Patient Safety Incidents

2015 has seen a significant overhaul of the reporting, response and investigation of patient safety incidents. A significant piece of work was undertaken by the Head of Nursing to review the existing procedure and to update the current policy for the management of Serious Incidents and Significant Events in line with current best practice and guidance.

All incidents are recorded through the DATIX system, these incidents are then reviewed by managers and actions appropriate assigned. Any incidents rated as a moderate harm or above are now reviewed at the Organisational Risk Management Group (ORMG), which consists of Directors, Professional Leaders and Operational Managers. Scrutiny at this level ensures that the appropriate level of investigation is assigned to incidents.

The review of categories for Serious Incidents has meant that the number reported has dropped during 2015/16; however, we have seen an increase in the number of Significant Event Analysis completed to ensure robust investigation and lessons learnt.

Staff complete briefing reports for incidents of severe harm to patients, these are also reviewed weekly in the ORMG. Briefing reports may result in a decision to log as a Serious Incident, Significant Event or that with the information contained in the briefing report that no further action is required.

Serious Incidents are logged with the appropriate commissioner and investigators assigned from within the Care-groups. A “Buddy” is allocated from the nursing and quality directorate to provide support and an independent view to the investigation to ensure due process is carried out.

The Serious Incident Review panel with Commissioners is attended by an operational representative and a nursing and quality representative. This ensures that investigations and action plans are kept on track and monitored closely. An Organisational Learning Report has recently been introduced to capture all the action plans from Serious Incidents in one place and is reviewed regularly through ORMG.

In March 2016 the Trusts Patient Safety Strategy was signed off by the board and Humber NHS Foundation Trust also Signed up to Safety. Work has recently commenced against the priority action areas and will be reported on through 2016/2017.

Work has been undertaken throughout the year to improve upon the reporting of incidents, this is strongly reflected in the total number of incidents reported at year end. A quarterly clinical risk report picks up on the themes and categories of incidents for each of the care groups and has influenced the development of the Trusts patient safety strategy.

Given the changes in procedures and reporting it is difficult to draw conclusions from comparative year-end data for last year.

	Total Incidents 2014/15	Total Incidents 2015/16	Severe/Death 2014/15	Severe / Death 2015-16	SI External 2014/15	Serious Incidents 2015/16
April – June	902	936	17 (1.88%)	20 (2.21%)	18	6
July – September	1005	1029	16 (1.59%)	9 (0.87%)	21	15
October – December	960	1010	16 (1.67%)	18 (1.78%)	10	6
January- March	952	1039	17 (1.79%)	16 (1.53%)	8	7

The National Patient Safety Agency (NPSA) reports nationally on all incidents relating to patient safety. Within these figures, the national median rate for incident reporting from their last six-monthly report, which was published in April 2016 was 39.12 per 1,000 bed days. Humber NHS Foundation Trust's reporting rate was 55 incidents per 1,000 bed days. This puts the Trust in the mid-range for incident reporting. The highest number of incidents per 1,000 bed days was 83.72.

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

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

**Humber NHS FT intends to take the following actions to improve this data, and so the quality of its services by:**

- Continue to educate staff on the positive impact of reporting incidents and near misses
- Commence work within the patient safety strategy to reduce the type of harm or incidence of harm in its key priority areas
- Commission thematic work of the previous year's SIs and SEAs
- Align with the mortality review and Trust consideration of the recent Mazars report into deaths in Learning Disability and Mental Health services

## Patient Safety

As part of the 'Sign up to Safety' campaign, the Trust has created actions in response to the five 'Sign up to Safety' pledges (as highlighted over the next few pages).

**Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans**

### *We will:*

Continue to focus on patient safety through our Organisational Risk Management Group and Quality and Patient Safety Committee within the organisation.

Develop Patient Safety Champions and Ambassadors across the priority action areas with our staff group, patients and carers

Develop patient safety work groups that focus on reducing patient harms within the organisation across 6 priority areas which will be reported upon quarterly through our clinical risk report.

Ensure the patient safety work groups embed the principles of SU2S and developing a patient safety culture across the organisation

Support the Quality Visit methodology to review patient safety within clinical teams.

Ensure that staff have the professional training and development they need to deliver safe care



**Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are.**

***We will:***

Review trends and analyse incident/feedback data in patient safety groups based on our priority action areas

Join regional and national collaboratives and campaigns focussed on reducing harms to patients – a current example is the Y&H Safer Staffing collaborative for MH Trusts

Disseminate and promote best practice guidance and outcomes from the priority action areas in our strategy

Consider a review of safety training for employees through analysis of human factors training and impact on incidents.

**Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.**

***We will:***

Ensure our responsibilities in relation to Duty of Candour are understood across the organisation

Collect and review data in relation to Duty of Candour across all incidents and complaints

Publish quarterly data in the clinical risk report from the priority action areas to demonstrate our progress against our success criteria

Develop a training package for clinical staff that explores and facilitates confidence to be open, honest and candid with patients and carer if something goes wrong

## Take a lead role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.

### *We will:*

Join regional and national collaboratives and campaigns focused on reducing harms to patients

Contribute to Regional Public Health Initiatives across the health and social care economy

Ensure each Care Group always has attendance at the relevant working groups in order to ensure distribution and sharing of learning objectives

Share learning and best practice with GPs, Local Authorities, Clinical Commissioning Groups, Acute Health, Police and other parties in a confidential manner to embed and improve patient safety outcomes

## Help our people understand why things go wrong and how to put them right. Give them the time and support to improve and celebrate progress

### *We will:*

Work towards a patient safety conference within the organisation to share SU2S work based from across the organisation

Develop Recognition awards for patient safety champions to reward involvement and energy in patient safety

Develop Recognition awards for teams to encourage discussion around local team initiatives and openness within care groups about areas to improve upon

Recommend the use of reflective practice within all clinical teams in the organisation



## Part Three

### 3.1 Key National Priorities

#### How We Measure Performance – Meeting Monitor Targets

Our Trust uses a ‘traffic Light’ or ‘RAG Rating’ system to report on performance and quality against our selected priorities and Key Performance Indicators (KPIs), e.g. Red = Weak, Amber = Fair and Green = Good. This is translated to reflect the organisation’s performance on the selected priorities and initiatives.

Our internal reporting is split into three levels:

##### Level 1:

Monthly and quarterly performance reports to the Trust Board via the newly developed Integrated Performance Tracker (IPT)

##### Level 2:

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

##### Level 3:

Monthly performance reports at team level to Service Managers and Team Leaders

**We also report externally to our Commissioners via:**

#### Contract Activity Report (CAR)

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

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise.
- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail.

- Manage people and processes to improve decisions, be more effective, enhance performance, and steer the organisation in the right direction.



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

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

### **Performance Indicator returns (PIs)**

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



## National Key Priorities

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

Domain	Indicator
Patient Safety	Immunisation Rate for Human Papillomavirus (HPV)
	7 day follow up <b>(part 2)</b>
	Clostridium (C) Difficile <b>(part 2)</b>
Clinical Effectiveness	Delayed Discharges
	Early Intervention
	Gatekeeping <b>(part 2)</b>
	Percentage of Children Measured for Height/Weight in Reception
Patient Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability
	Percentage of Infants Breastfed at 6-8 weeks
	Percentage of Patients Seen within 18 weeks for (Admitted &) None Admitted Pathways
	Percentage of Patients Discharged or Transferred within 4 Hours – Minor Injuries Units

## Domain 1 – Patient Safety

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

#### Description

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

Uptake of the vaccine is reported via the Health Protection Agency (HPA) website. The HPA issues a report each autumn on the national uptake, by CCG, in the previous academic year. The 85% target relates to the uptake of the complete course of vaccination, measured as the total number of 12 to 13 year-old girls in East Riding of Yorkshire schools who have received all required doses.

HPV immunisation is commissioned by NHS England.

The programme of vaccinations is delivered in schools by the Trust's School Nurses, supported by our Health Visitors because of the scale of the programme. Up to the 2013/14 academic year (September 2013 to July 2014), the vaccination for HPV was delivered in three doses. From September 2014 onwards a new vaccination has been used (nationally). Delivery of the two doses has to be spread out over at least a six-month period to work properly, and to fit this around the academic school year and deliver it efficiently it is delivered across two academic years, in the summer term.

For the first cohort of girls receiving the new vaccine, the first dose was delivered in schools in the summer term of 2015 and the second dose will be delivered in the summer term of 2016, at the same time as the first dose for the next cohort.

#### Aim/Goal

In order to achieve a level of immunity in the population 85% of girls aged 12-13 should have completed a full course (both doses) of immunisation against HPV within the timescales prescribed for delivery.

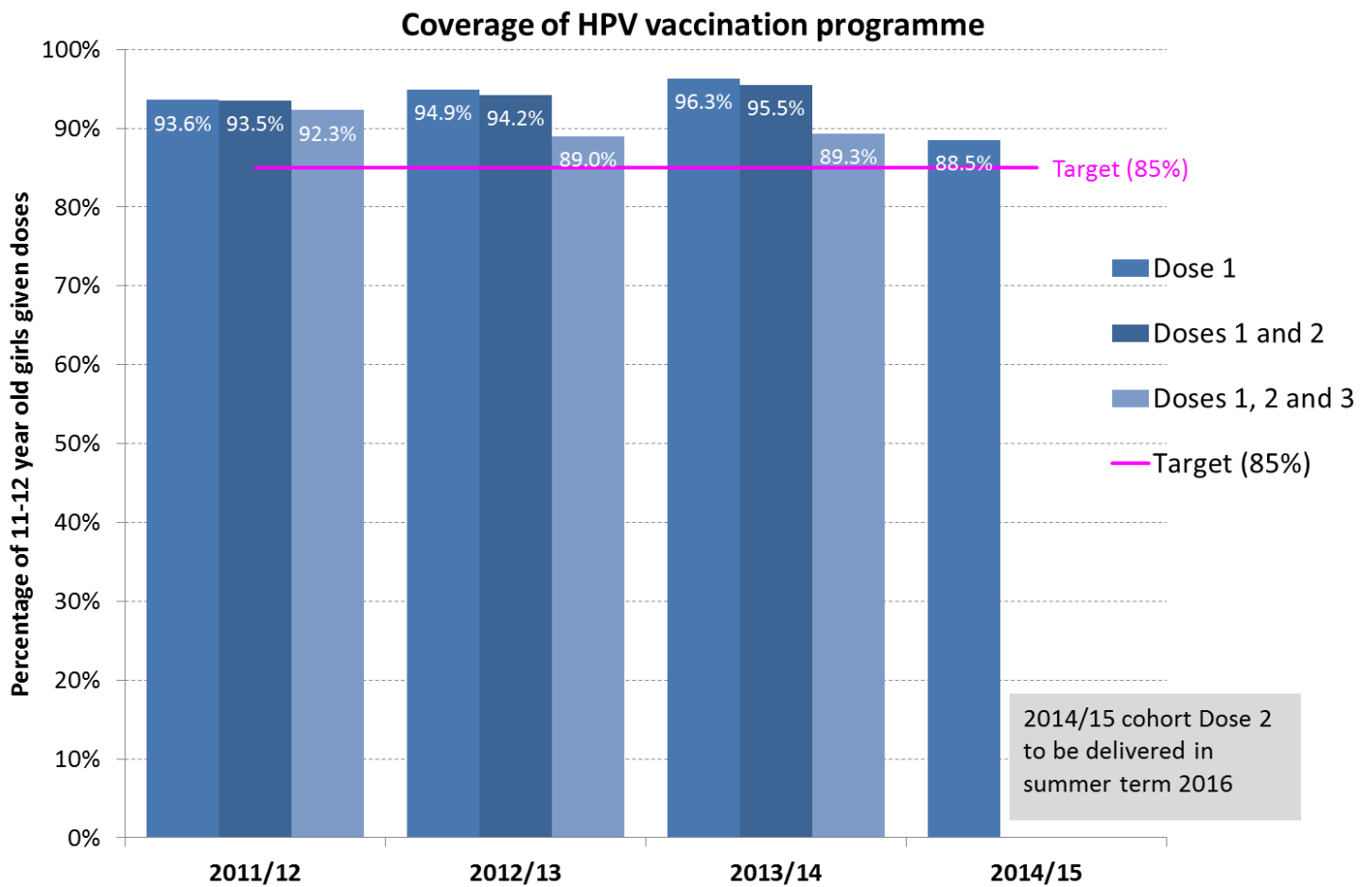
#### Summary of progress

Due to the difference between the financial year we are describing in this report (April 2015 to March 2016) and the academic year that dictates the delivery timings of the vaccination doses (September 2015 to July 2016), we are not able to report the completed vaccination cycle for 2015/16, as vaccination for Dose 2 will take place after the date this report is published. Dose one will be delivered to the 2015/16 cohort at the same time, with Dose 2 in summer 2017.

Between April 2015 and July 2015 the Trust delivered Dose 1 of the HPV immunisation to 88.5% of girls aged 12-13 in East Riding Schools. This allows a drop-out rate of 3.5% (of total cohort)

between Dose 1 and Dose 2 to achieve the target of 85% receiving both doses (by the end of July 2016).

## Graph



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

The Trust set its own internal target of 88% for Dose 1 to ensure that there was sufficient coverage of girls receiving the first dose to achieve least 85% coverage for receiving both doses.

The immunisation programme is recorded against the record of each child individually on SystemOne (our electronic patient record system) and the output is compared with a master list of all eligible children. We are therefore able to accurately identify the overall percentage coverage. The Trust monitors the delivery of each dose to ensure there is enough scope in the delivery of dose one to be able to achieve 85% for both doses, allowing for 3% drop out between doses.

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

The trust has a 3.5% margin for drop-out to still achieve the target of 85% coverage. The programme for delivery of Dose 2 (and Dose 1 to the next cohort) has been planned and communications have gone out to schools to ensure smooth delivery of the programme.



## Domain Two – Clinical Effectiveness

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

#### Description

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

#### Aim/Goal

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

#### Summary of Progress

As at the financial year end, the Trust reported a percentage of 3.29% delayed transfers, which is 4.21% within the measure and also an improvement compared with the 2014/15-year end result of 5.22%.

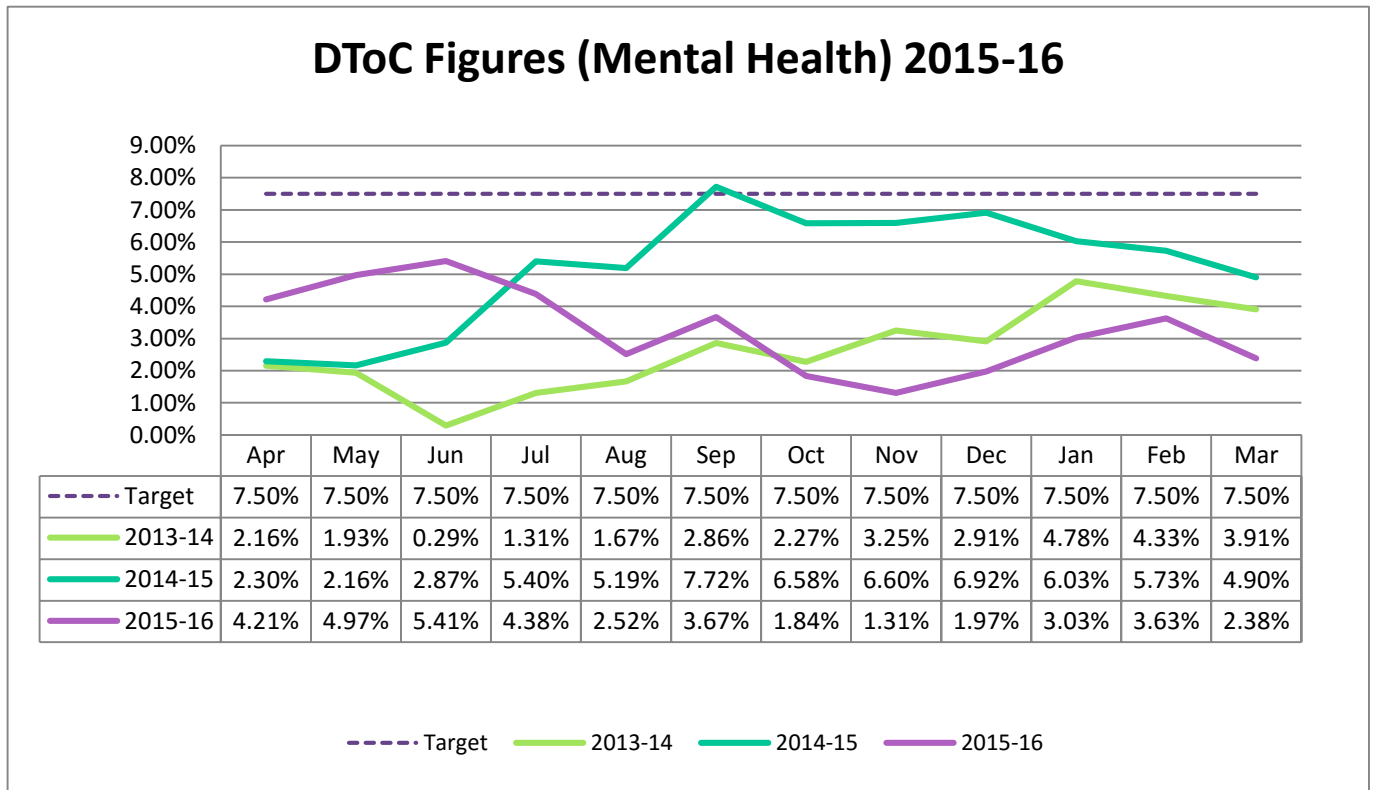
The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients affected and the number of days that they were delayed by are reported via weekly unit submissions to the performance team who then submit this internally to Care Group Directors. The data is governed by standard national definitions. The OBDs are subject to constant refresh.

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

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



## Graph



The graph previous compares three years' data by month. Below are the quarterly figures as at quarter 4 end.

## Numbers

	Q1	Q2	Q3	Q4
OBD	<b>17934</b>	<b>17776</b>	<b>17551</b>	<b>17391</b>
Delayed Days	874	625	300	522
	4.87%	3.52%	1.71%	3.00%

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

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

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

Holding weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.

Delayed Transfer of Care within Community Hospitals are routinely raised at a fortnightly patient flow and escalation meeting which is attended by East Riding of Yorkshire Council. Equally, all other delays are raised via the daily system-wide meetings.

Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.

## Mental Health Data Completeness: Identifiers

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

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

As at end March 2016, the Trust achieved a primary result of 99.7% against a national target of 99%.

## Mental Health Data Completeness: Outcomes

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

As at end March 2016, the Trust achieved a primary result of 89.8% against a national target of 50%.

## Community Information Data Set (CIDS)

### Description

Data completeness for Community Hospital on Referral Pathways

### Aim/Goal

A target of 50% for each of three indicators as set out in the table below.

### Summary of Progress

There has been no further update on this indicator since 2014/15. The HSCIC has yet to issue any further guidance but we are expecting an interim Information Standards Notice modifying the Community Information Data Set to align it with the Children and Young People's Health Services Data Set. Until this final specification is available and all required system changes can be assessed we have not asked our services to adopt the CIDS-specific RTT functionality so as previously noted we continue to infer our RTT completeness levels based on the data collected by current processes.

The table below shows the status as at the end of the 2014/15 financial year and will remain as such for the end of 2015/16.

Records Submitted	Target	Q4 - 2015/2016
Referral to Treatment Information		100%
Community Treatment Activity - Referrals		66%
Community Treatment Activity - Care Contact Activity		75%
Patient Identifier Information (TBC)	N/A	
Patient Deaths at Home Information (TBC)	N/A	
		80%

Data Completeness Levels to be provided using Community Services Data Set definitions against the following:

## Early Intervention in Psychosis

### Description

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

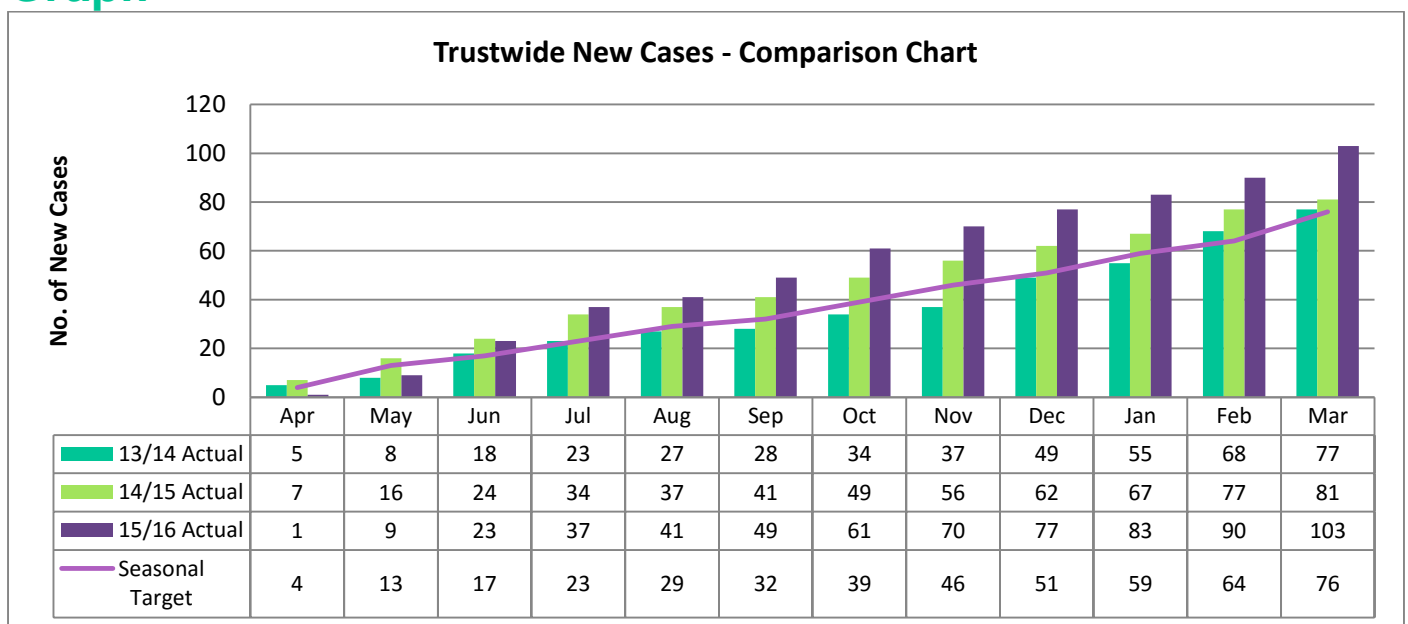
### Aim/Goal

Meet the commitment to serve new psychosis cases for ages 14-35. At year end, it is the Trust's aim to meet the agreed local commissioner target of 76 new cases for 2015/16.

### Summary of Progress

There has been a higher than average increase in the number of referrals coming through from across both Hull and East Riding. The team continue to work hard with local GPs and the local authority/education to identify strategies to promote the service. The overall caseload is now being managed more effectively and discussed at monthly team meetings. As at the end of the financial period, there were 61 new Hull cases and 42 new East Riding cases (103 in total). The Trust therefore exceeded its target by 27 new cases across Hull and East Riding (135.5%).

### Graph



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

A significant increase in the number of new referrals coming through for Hull, the Trust has seen an increase of new referrals on a monthly basis from July 2015 – higher numbers against previous years. The Trust also foresaw the achievement of the full year target by the end of quarter 3, having been above the target set every month from June 2015.

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

- Monitoring on a weekly basis at team meetings
- Monitoring every month at the 'Trust Board' Meetings
- Proactively liaising with education services
- Marketing the service with local GPs
- Providing workshops and road shows to further education facilities throughout the area, in particular, Bishop Burton College in the East Riding and Hull University. Specifically providing greater publicity regarding the need to refer young people who are not so clearly exhibiting symptoms at present, who are no longer being referred.

From 2015/16, new cases will no longer be a Monitor target and will be replaced by the new two-week Referral to Treatment waiting times target.



# Percentage of Children Measured for Height/Weight in Reception

## Description

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

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

## Aim/Goal

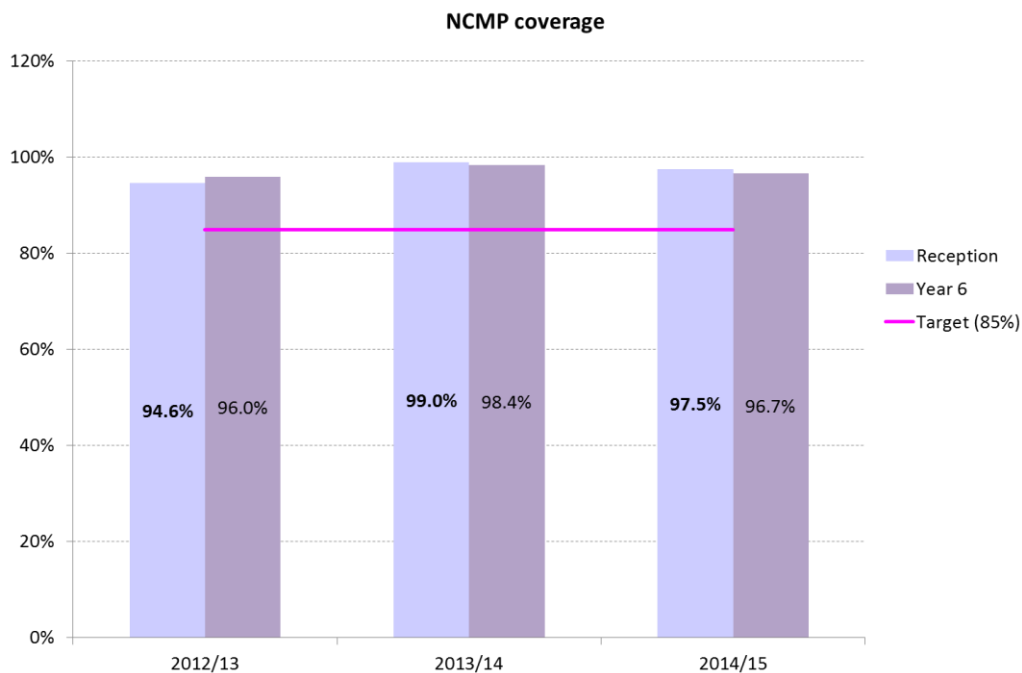
This is a nationally mandated indicator with a target of 85% coverage. Every school child is measured for height and weight in Reception (age 5-6 years old), and again in Year 6 (age 10-11 years old). In the East Riding, this is done in schools each year by School Nurses, between February and May. Because financial and academic years are different the data collection overlaps the financial year end so we are unable to report on the complete programme for the current year. This report looks at the financial year and therefore shows the full year achievement for 2013/14.

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

## Summary of progress

In 2015, School Nurses recorded the height and weight of 97.5% of children in Reception and 96.7% of children in year 6. The 2015/16 academic year will be measured between February 2016 and April 2016 and reported next year.

## Graph



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

The target is to measure and weigh at least 85% of children in Reception (age 5-6 years old), and again in Year 6 (age 10-11 years old). The NCMP programme is recorded against the record of each child individually on SystemOne (our electronic clinical record system) and compared with a master list of all eligible children. We are therefore able to accurately identify the overall percentage coverage. 6682 children were weighed and measured (3460 Reception age and 3352 Year 6). Many infants, juniors or primary schools achieved 100% participation.

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

The 2014/15 planned programme commences in February following the half term (which was later than last year due to Easter being later), and will finish in May 2015. Any children missed in the first rollout will be identified from the master list. They will be weighed and measured during catch-up sessions, as school nurses visit the schools regularly. We expect coverage to reach similar levels to last year, well above target.



## Domain Three – Patient Experience

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

#### Description of Priority

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

#### Aim/Goal

NHS Foundation Trust Boards are required to certify that their Trusts meet requirements at the annual plan stage and in each quarter

#### Summary of Progress

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

Period 2015-16	Q3	Q4	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Activity			100.0%			100.0%			100.0%			100.0%
Target/Plan	met	met	met			met			met			met
Variance to plan												

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

The Trust can confirm that each of the 6 criteria have been achieved for each quarter during 2015/16.

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

### Description of Priority

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

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

Although the breastfeeding prevalence remains an important indicator for public health, comparing the breastfeeding status of each child at six weeks with what it was at ten days is a better measure of how effective the Health Visitors are at supporting mothers who are breastfeeding to continue doing so, and our commissioners are now measuring our performance on this basis. The drop-off between the two is referred to as the attrition rate.

### Aim/Goal

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

### Summary of progress

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

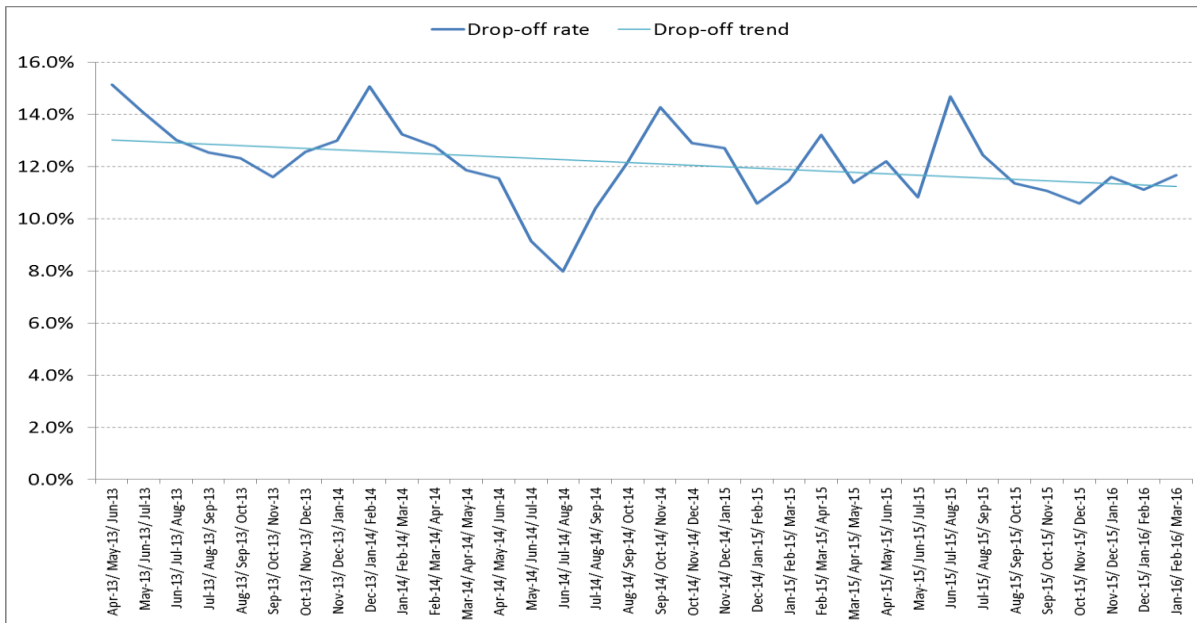
From 1 October 2015, East Riding Council took over responsibility from NHS England for commissioning (planning and paying for) public health services for children aged 0-5 years old. This includes Health Visiting and Family Nurse Partnership (targeted services for teenage mothers).

The population definition has changed from babies registered with East Riding GPs to babies' resident in the East Riding.

At the same time the key indicator for measuring our performance on supporting breastfeeding changed from using the six-week prevalence rate to measuring the attrition rate.

The attrition rate fluctuates considerably each month, but comparing longer periods gives a more useful indication of progress. A lower attrition rate indicates good performance, as it indicates that

a greater proportion of the mothers who were breastfeeding at ten days have been supported to continue breastfeeding until at least six weeks. Graph 1 illustrates that the long-term trend shows a clear reduction (improvement) in the attrition rate.



The average attrition rate for 2015/16 was 11.7%.

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

- Breastfeeding is initially supported by the midwife. Midwives continue to be responsible for supporting babies and their mothers for the first 10-14 days after birth, after which they become the responsibility of the Health Visitors until the child enters school. In the East Riding Humber Foundation Trust provides the Health Visitor element of the support for mothers and babies, starting with the Birth Visit, which takes place 10-14 days after birth.
- Breastfeeding prevalence at six weeks is highly dependent on whether or not mothers initiate breastfeeding the babies; any rise or fall in initiation rates directly impacts on the percentage of mothers who will be breastfeeding at six to eight weeks.
- We do not monitor initiation rates as we do not provide that part of the service. However, we do monitor the proportion of babies being breastfed at ten to 14 days (our first point of contact). Comparing that with the rate at six to eight weeks helps us to understand the impact our Health Visitors are able to make once the mother and baby have left the hospital. The data is collected on our Health Visitor unit on SystmOne.
- The proportion of babies who are breastfed at ten days dropped by 0.6%, from 54.9% in 2014/15 to 54.3% in 2015/16. The proportion of babies who are breastfed at six weeks remained the same at 43% in 2014/15 and 2015/16. The attrition rate dropped (improved) from 11.85% in 2014/15 to 11.25% in 2015/16.

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

- The Trust's Children Services Management team are committed to and very supportive of the UNICEF BFI and are proud to have achieved Level 3 of the UNICEF BFI accreditation scheme in 2015. Government policy, underpinned by NICE guidance, promotes the adoption and implementation of the UNICEF Baby Friendly Initiative (BFI) as the best evidence-based vehicle to raise levels of breastfeeding prevalence. Evidence suggests that mothers delivering in Baby Friendly accredited hospitals are more likely to initiate breastfeeding and Community accreditation improves the length of time a mother breastfeeds.
- The Trust is continuing to work closely with Children's Centres to increase the amount of antenatal (pre-birth) contact pregnant women receive to help them make informed and healthy choices about breastfeeding.



## Percentage of Patients Seen within 18 Weeks for (Admitted & Non-Admitted Pathways (Community Services))

### Description of Priority

The Trust provides consultant-led outpatient clinics at the Alfred Bean Hospital for a limited range of acute specialities including Orthopaedics and Cardiology in order to make the clinics more accessible to patients who would otherwise need to travel to the acute trusts in the region. The national target is for at least 95% of patients receiving outpatient care for these specialities to start their treatment within 18 weeks of referral. Clinics at the Alfred Bean Hospital only provide consultant-led outpatient care and do not undertake any inpatient care. For patients on an incomplete pathway, the national target is set at 92%.

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

### Aim/Goal

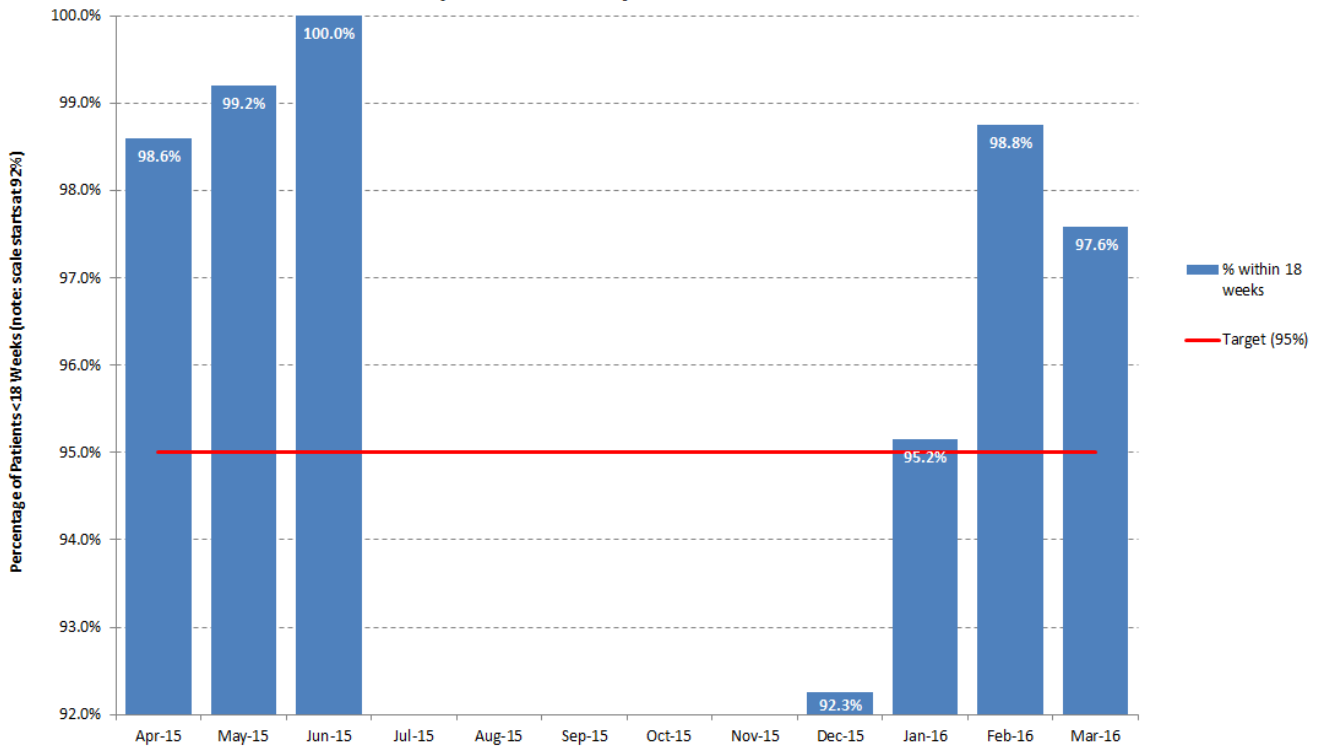
Because the target relates to the start of treatment, this will involve the majority of patients having had at least two appointments. The first appointment is to assess the patients' needs and potentially order diagnostic tests, and the second (or potentially third) is to start treatment. Therefore,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

### Summary of progress

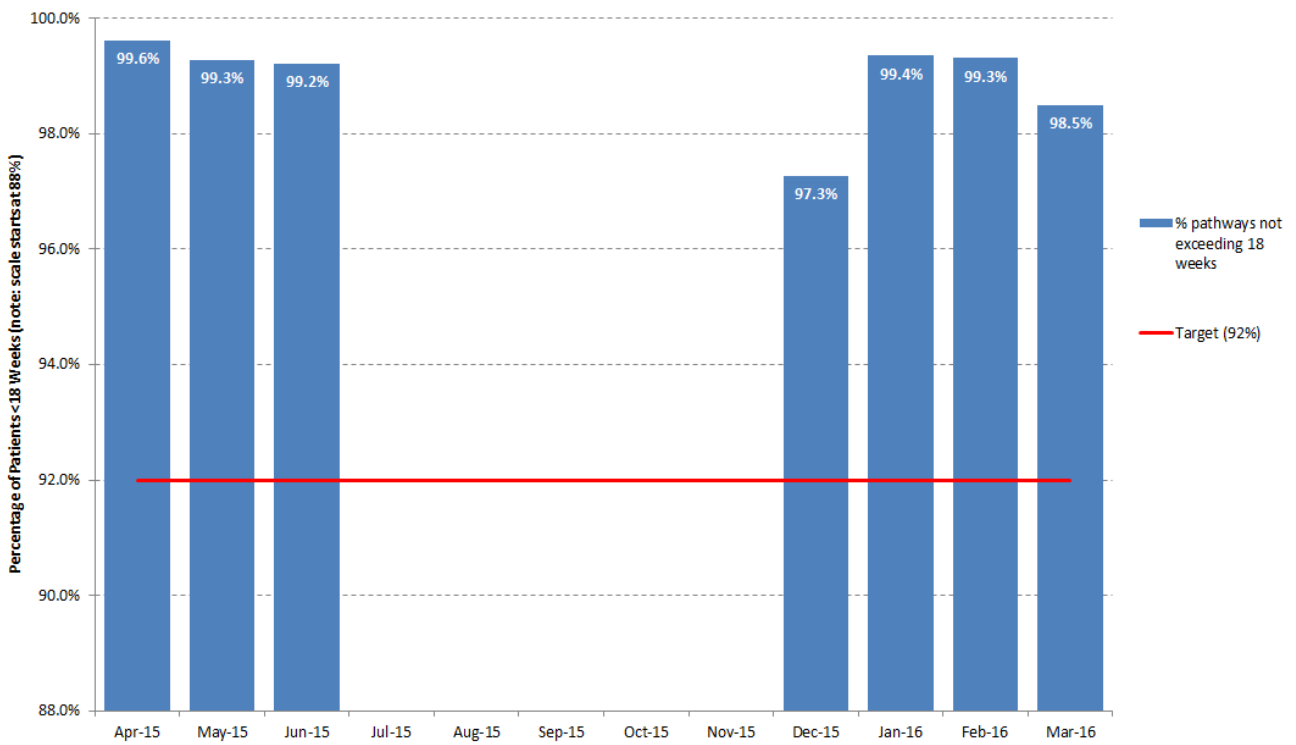
During the reporting year, our acute provider of the 18 Weeks PAS System "Clinicom" moved to a new PAS system "Lorenzo" on the 8th June 2015, which unfortunately caused 5 months where data was not available due to inability to extract the correct data. The Trust treated patients in the consultant led outpatient clinics provided at Alfred Bean Hospital during April 2015 to March 2016, and has consistently ensured that over 95% of patients attending the clinics start their treatment within 18 weeks.

## Graph

### Completed Pathways - Non-admitted Patients



### Incomplete Pathways - Non-admitted patients



### **The HFT considers that this data is as described for the following reasons:**

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

Data is sourced via the Clinicom April-June 2015 and Lorenzo since December 2015 patient administration systems

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

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





## Percentage of Patients Seen and discharged / transferred within 4 hours for Minor Injuries Units

### Description of Priority

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

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

Underlying of the 4-hour target within Accident and Emergency and other Urgent Care Centre / Minor Injury Units is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment at a minor injury or illness. The service has to have an average weekly attendance of more than 50 people, which is calculated over a quarter.

### Aim / Goal

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

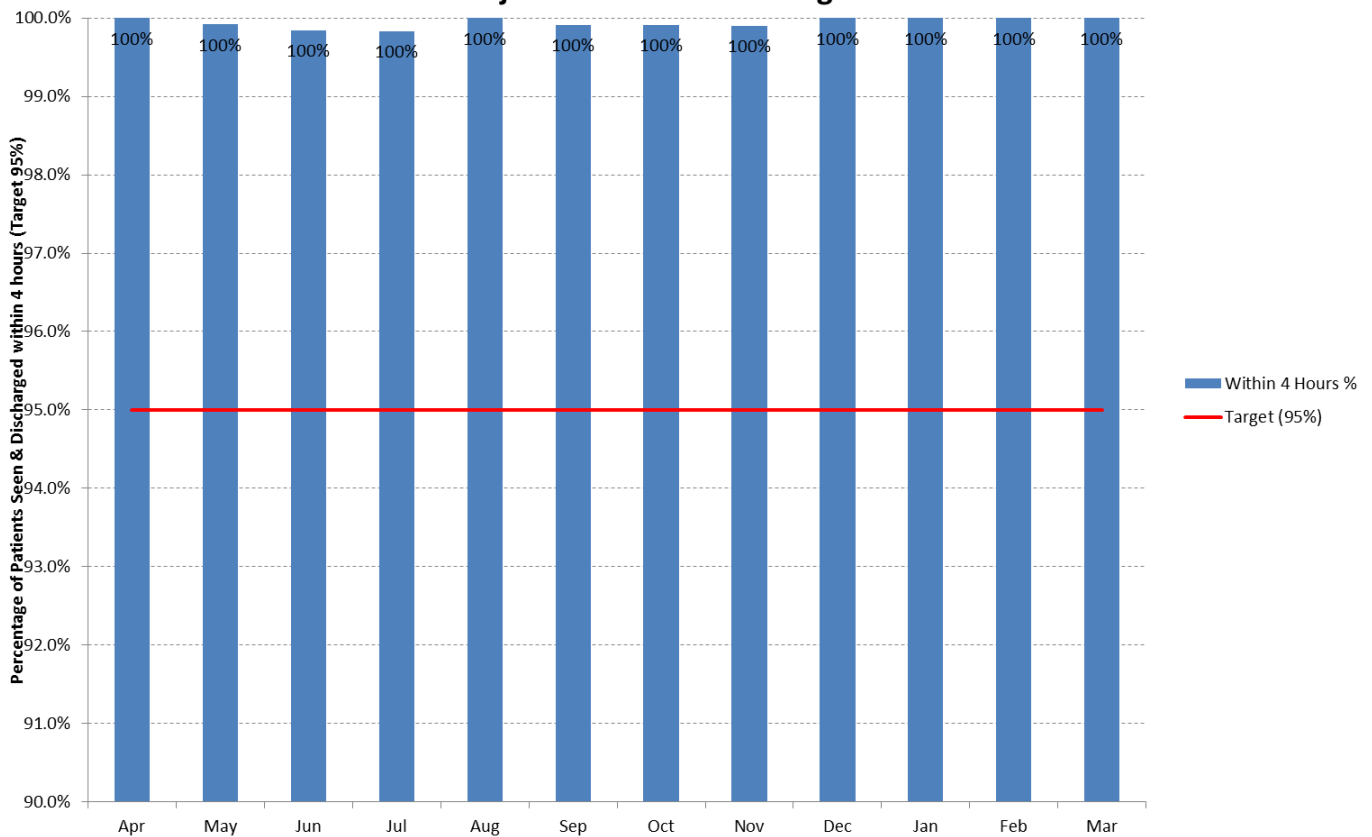
The arrival time is logged on the patient administration system using the 24-hour clock and is then ended as the time of discharge or transfer is entered on the system. Taking into account ambulance transfers this would be no later than 15 minutes after the ambulance has arrived.

### Summary of progress

The Trust saw 12,981 East Riding patients and 2770 Out of Area patients totalling 15,751 in the MIUs at Driffield, Hornsea and Withernsea during April 2015 to March 2016, and has consistently attained 100% of patients seen and discharged / transferred within 4 hours of arrival.

### Graph

### Minor Injuries Unit - 4 Hour Target - 2015-16



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

Time of Departure and Total time in the Department ends when the patient is discharged home or transferred.

Discharged home; Time of discharge home is defined as when the patient's clinical episode is finished unless they are waiting for hospital arranged transport or social care/social service support. In these cases, the time of departure is the time the patient actually leaves the department. Patients awaiting family or 'private' transport or who wish to make their own arrangements should be considered discharged once the clinical episode is complete whether or not they have actually left the department.

Transferred; Transfer is defined as transfer to the care of another NHS organisation or other public/private sector agency (for example social services). Time of transfer is defined as when the patient leaves the department.

Data is sourced via the SystmOne patient administration system.

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.

## Safer Staffing

All hospitals in England are required to publish information about whether the amount of nursing care provided on wards/units meets the planned levels for those wards/unit. The information is presented as percentage 'fill rates' based on total hours actually worked as a proportion of the total planned hours.

This is part of the NHS response to the Francis report which said patients and their families needed a lot more information about how hospitals were being managed and run.

### Safer Staffing links to the following Strategic Aims of the Trust:

- Deliver high quality, safe and effective services;
- Prioritise prevention, early intervention, recovery and rehabilitation; and
- Maintain a sustainable business to ensure that we can continue to care in the future.

What we are presenting in this report is a brief summary of the six-monthly board report that was presented to the public meeting of our Trust Board in March 2016, based on the six months to the end of December 2016 – the full report is available on our website. The purpose of the six-monthly safer staffing review is to provide intelligence to the Board and public with regards to:

- The staffing levels across the inpatient services of the Trust;
- How safe staffing levels are being maintained; and
- Where staffing levels fall short of establishment requirements, the impact this had on patients and staff in terms of delivering safe services that meet required quality outcomes.

### The report is split into four sections based on our four Care Groups:

- Adult Mental Health Services
- Children's Services and Learning Disability Services
- Community Services and Older People's Care
- Specialist Services

There are no nationally set thresholds for rating the percentage nursing fill rates but we have benchmarked against similar trusts in setting our own thresholds. Although we have used a Red/Amber/Green (RAG) rating system in our reports, these are used to draw attention to the areas of concern rather than indicated poor performance, as the position on each unit needs to be understood in a wider context in terms of factors such as bed occupancy and the complexity and acuity of the patients on the ward/unit, which may require more (or occasionally less) staff than the standard planned level. We have set the following thresholds:

Lower thresholds, indicating staffing levels were below the planned levels and require investigation	<ul style="list-style-type: none"> <li>• Below 75% of planned: <b>Red</b></li> <li>• 75% to &gt;90% = <b>Amber</b></li> </ul>
Within expected parameters, no further action	<ul style="list-style-type: none"> <li>• 90% to &gt;110% = <b>Green</b></li> </ul>
Higher thresholds, indicating that the staffing levels were above the planned levels, requires investigation	<ul style="list-style-type: none"> <li>• 110% to &gt;120% = <b>Amber</b></li> <li>• Above 120% = <b>Red</b></li> </ul>

The upper thresholds are in place because it important to identify where a unit consistently requires staffing levels above the planned and budgeted levels, as this can indicate that the bed occupancy and complexity/acuity of patients regularly exceeds the expected levels and the staffing of the unit requires review.

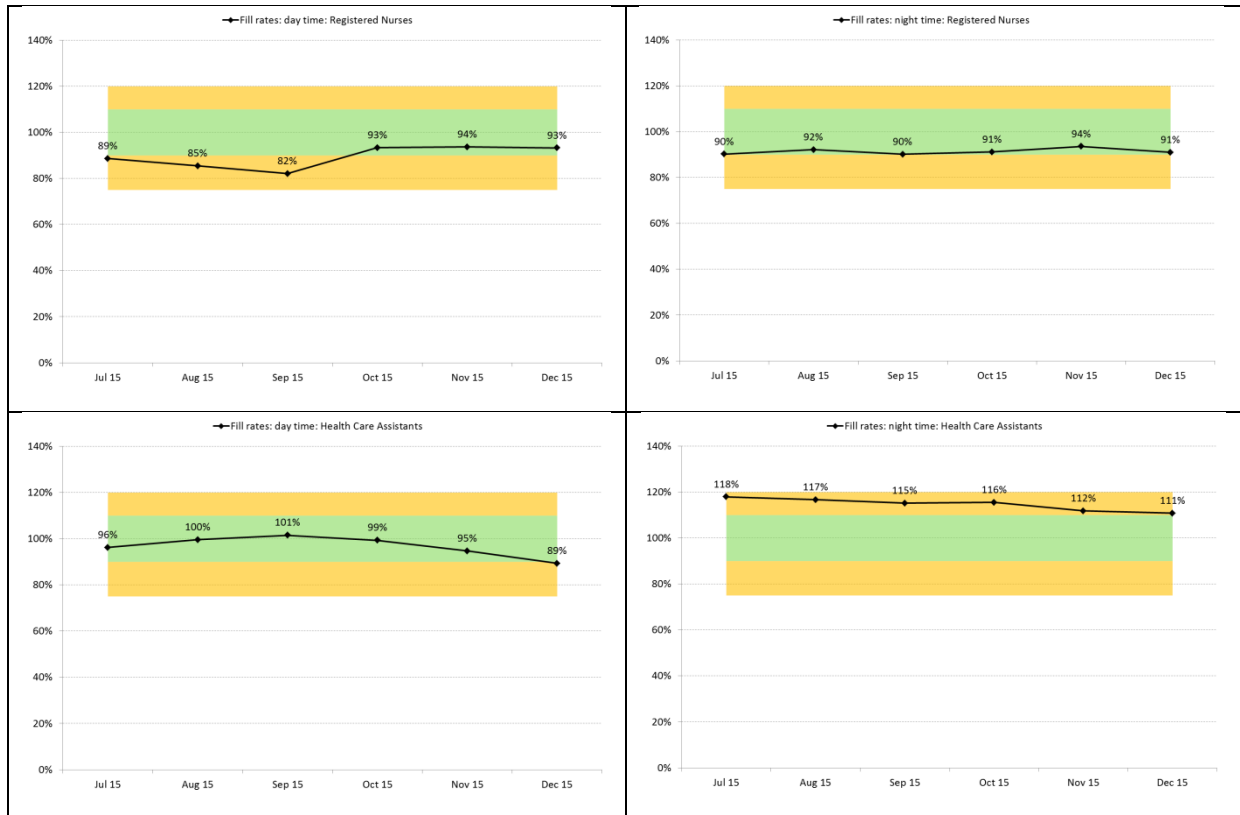
## Summary

The main risk issue identified in the March 2016 Safer Staffing report is the ability to attract and retain registered nurses within the organisation against the national background of limited registered nurse availability. This risk is predominantly mitigated within the Trust by the use of bank staff and senior clinical staff covering shifts. The report highlights the planned work within the Trust to review current funded establishments, shift patterns and clinical roles, led by the Care Groups supported by the Nursing and Quality Directorate.

Further work is planned during 2016 to revisit the staffing establishments for the wards, utilising some of the nationally available tools, safety and audit data and the clinical skills and knowledge from the Care Groups to review every staffing establishment within inpatient services. The Care Group Directors and Clinical Care Group Directors are leading on this work across their inpatient services.

The Trust is also planning to review the role of Assistant Practitioners within inpatient services. This will enable a focused competency-based approach to aligning clear roles and responsibilities to the Assistant Practitioners that may have previously been assigned to RNs.

## Adult Mental Health Services

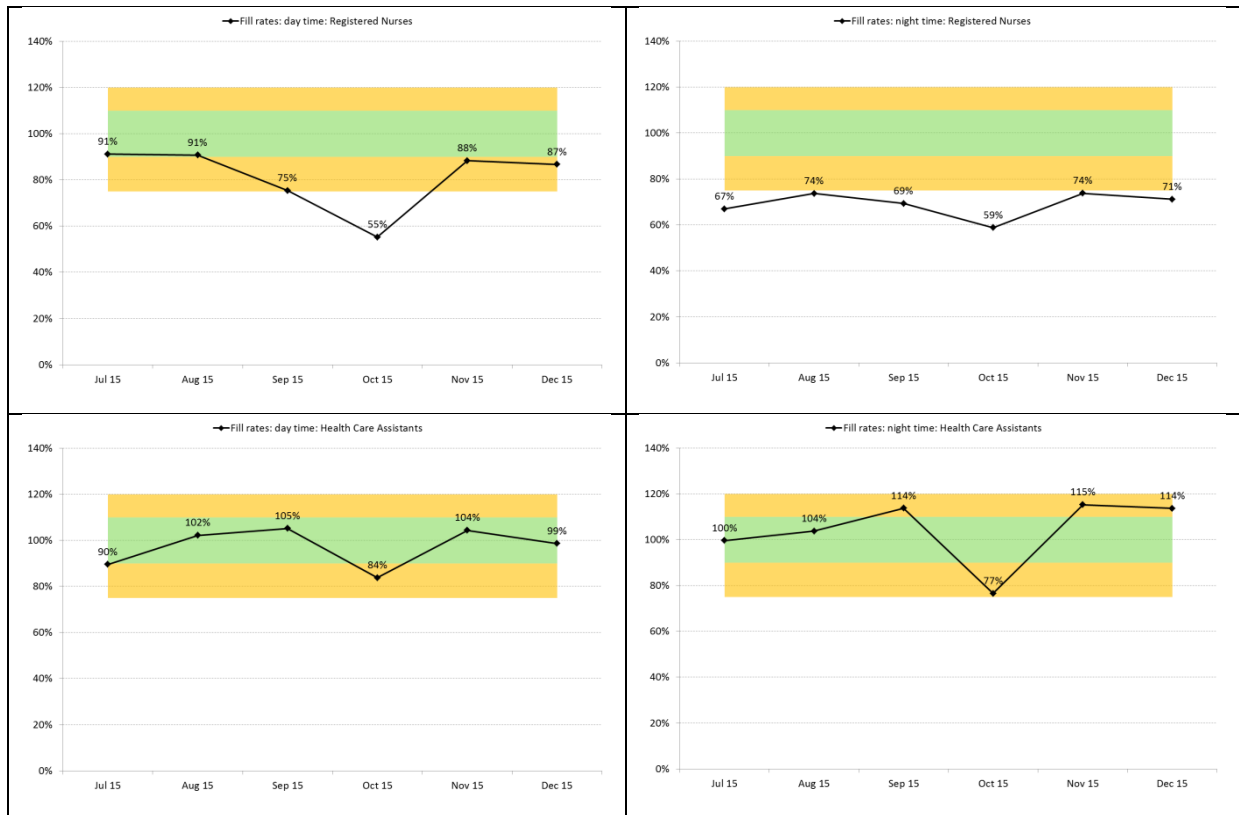


The adult mental health care group six-month summary focused on the arrangements made for managing vacancies for Registered Nurses (RNs). Where two RNs could not be secured on duty, additional support workers were booked to cover shifts.

Over the six months reviewed, the adult mental health care group was very proactive in looking for ways in which to attract nurses into the area including recruitment incentives/ premiums on appointment and a further incentive after one-year service and commitment to further 6 months' retention in post. This incentive was aimed at nurses for Band 5 and 6 posts.

In addition, the care group was supported to undertake national advertising through the Royal College of Nursing (RCN) bulletin and radio and newspaper campaigns across Yorkshire and the Humber.

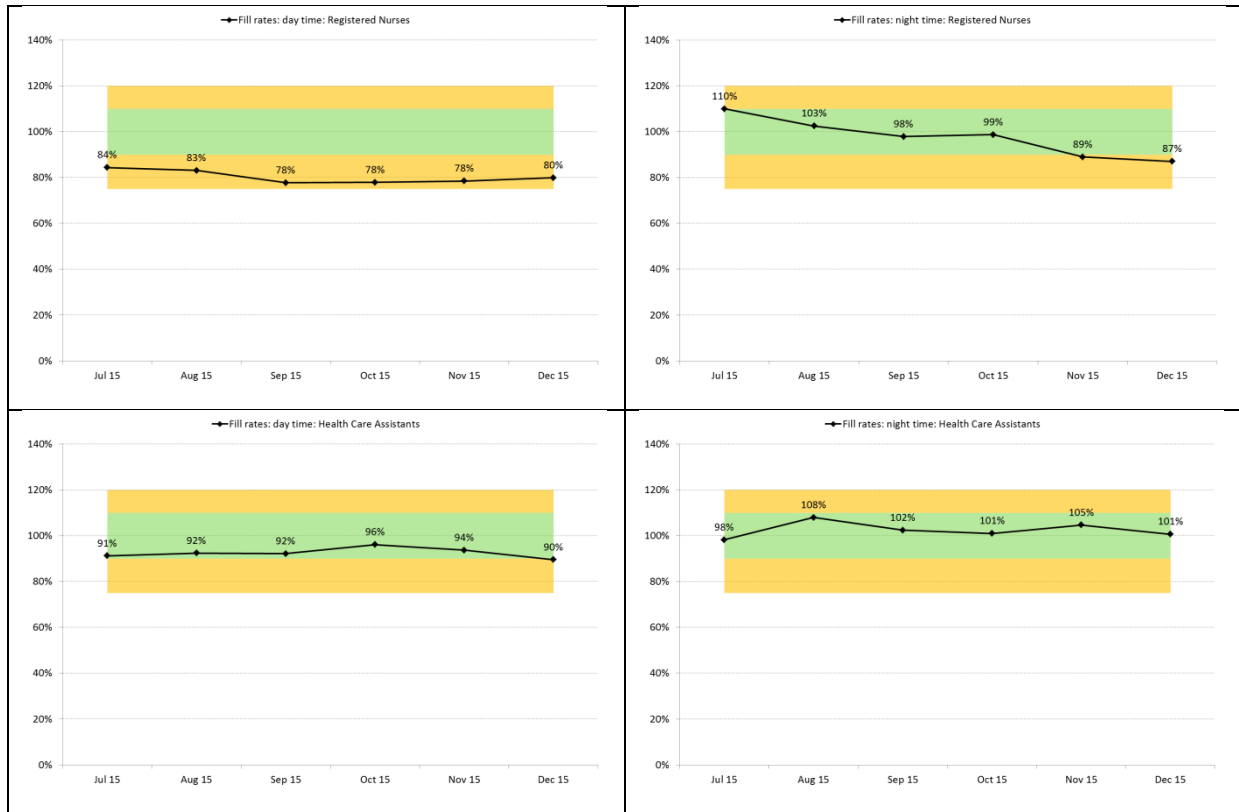
## Children’s Services and Learning Disability Services (learning disability wards only)



During the six-month period reported the staffing data for Townend Court was brought together from Lilac and Willow wards to better represent the two wards are managed and staffed together with a single roster. Overall Townend Court did not meet safer staffing levels in the past 3 months, with a significant deficit in the RN staffing numbers, particularly at night which has flagged red for the past 6 months.

A review of the staffing establishment was undertaken and adjustments made to the number of registered nurses required across the service to meet safer staffing on a night. The establishment has been reduced from three RNs to two to reflect the function of the third unit that is a step-down rehabilitation service with only settled patients being admitted. Adjustment in the establishment has resulted in the optimum staffing levels being realised consistently. At the time of the report there were five Band 5 nurses out for recruitment to the Townend Court Services; although some recruitment has taken place, as at the end of April 2016 the service was still carrying five Band 5 nurse vacancies.

## Community Services and Older People’s Care



**The Community Services and Older People’s Care Group clinical and service leads manage the acuity and dependency of the resident patients using a series of measures including:**

- Management of unplanned absence with deployment of managers and Allied Health Professionals (AHPs) into the delivery of direct patient care where appropriate;
- Employment of long-term bank contracts to cover vacancies;
- Reduction in the release of staff for non-essential duties as necessary; and
- Assessment on a daily basis of the acuity and dependency of patients in our care.

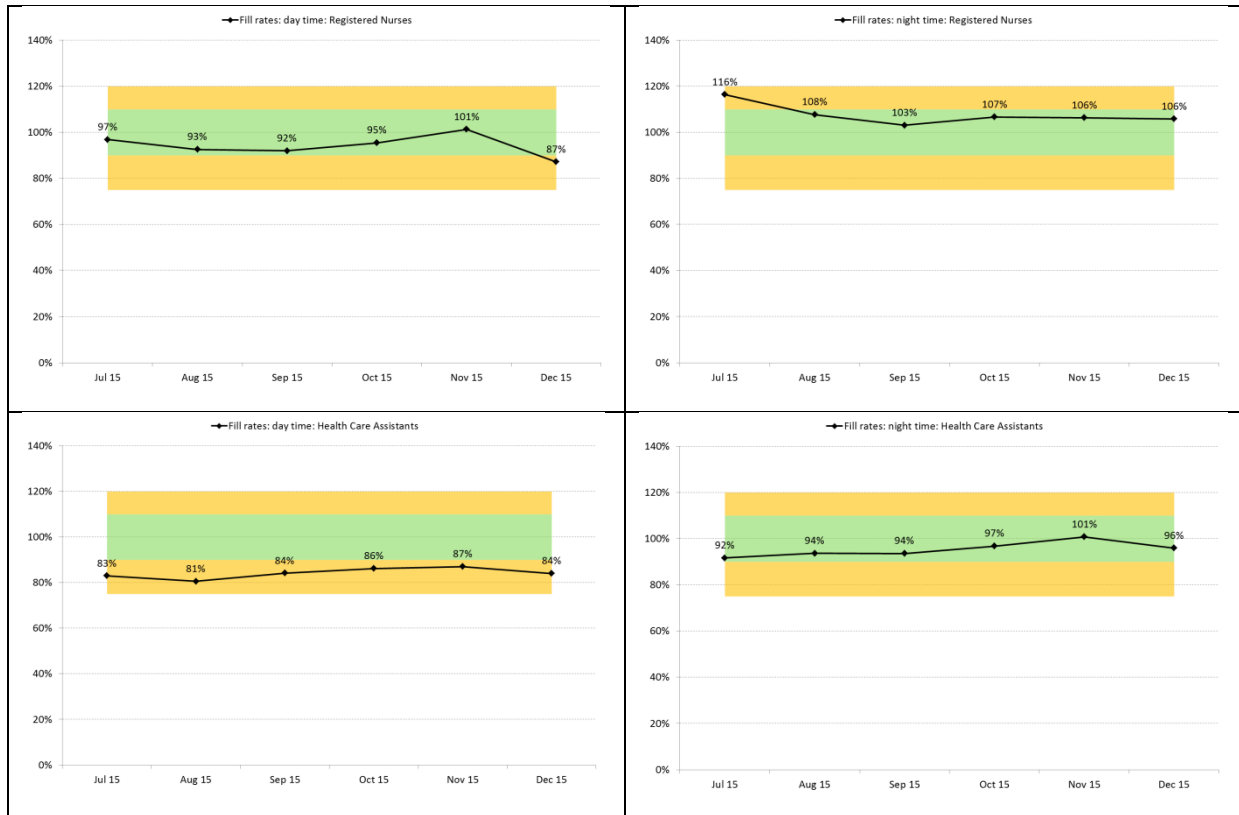
In addition, the occupancy rate in each unit varies significantly as does the presenting needs of the resident patient group, meaning at times the Care Group is able to provide additional staff or reduce the number of staff to address the variables concerned with safety.

Although the community wards ran below the safer staffing numbers on the roster template in this reporting period, occupancy has not been above 85% at some points and have not required full staffing complement. In our other inpatient settings occupancy varies from 65% - 90% though again acuity and dependency is more variable than staffing numbers and occupancy rates.

East Riding Community Hospital (ERCH) averaged a fill rate of approximately 85% over the reporting period. Fill rates were not met during both day and night for RNs and for support staff during the day. Flexible workforce solutions were used with use of bank staff averaging at 26% over the period. As at the end of April 2016 staffing continues to be a challenge at ERCH.



## Specialist Services



Within the Specialist Services Care Group, the safer staffing report highlighted that Darley House appeared to be overfilling against planned staffing levels for RNs. This relates to the change of function of the unit and the consequent need to review staffing levels.

Work is ongoing within the Care Group to amend the template roster to ensure it reflects the working requirements.

### During an audit of safer staffing figures reported on the following discrepancies were found:

- Adult day Registered October 93% (96% in report) Unregistered 99% (97% in report)
- Children Unregistered October 84% (85% in report)
- Community Night –
  - Registered July 110% (111%)
  - August Unregistered 108% (109% in report)
  - September Unregistered 102% (104% in report)
  - November Registered 89% (88%) Unregistered 105% (106% in report)
  - December Registered 87% (86% in report)

Whilst these don't affect the overall auditor's opinion we have a duty to disclose the above data discrepancies which have previously been published in the public domain.

Overall the shortage of applicants with the right skills, abilities and experience in many professions has created a more competitive market, coupled with an aging workforce and increasing turnover due to retirement. The ability to deliver high quality, compassionate care depends upon recruiting and retaining the right people with the right skills. Therefore, an effective recruitment and retention strategy that complements the Trusts workforce strategy and Trust objectives and vision is essential.

### The Trust will aim to achieve the following:

1. We will recruit high calibre healthcare professionals to ensure the provision of safe integrated care and high-level clinical services and work towards a Value Based approach.
2. We will manage talent effectively so that it always has the right staff and skill mix to be able to respond speedily and effectively to necessary changes.
3. Ensure staff work effectively in their roles and find their working life to be an enjoyable and rewarding experience by the use of Supervision and PADR policies. Flexible patterns of work are also encouraged and managed in the context of Trust objectives
4. Reduce the Trusts dependency on bank staff and eliminate reliance on agency, reducing overall workforce costs as well as ensure the provision of consistently high-quality care.
5. Continue to raise the profile of the Trust as the place to work and be treated
6. Maximise cost effectiveness of Recruitment Advertising and use of multimedia platforms
7. Improve the efficiency and dispel the perception of the recruitment process being lengthy and with unnecessary delays.
8. Reduce the time taken to recruit and fill a vacancy by stopping unnecessary checks for internal staff moves.

**The Trust will advertise all posts on the NHS Jobs. However, NHS Jobs alone will not attract the significant calibre of applicants we aspire to, therefore, the following media have been and will continue to be considered:**

- Job fairs
- Open days
- On-line advertising campaigns
- Digital media
- Professional Networking
- Work Shadowing
- Facebook
- Twitter
- LinkedIn
- Text alerts
- Web banners
- Work experience
- Apprenticeship Schemes
- Internships and placements
- Local/national newspapers (cost attached)
- Recruitment agencies

For those areas which have a high vacancy rate due to national shortages, we could consider running focussed campaigns agreed by recruiting managers who would own the activity.

### **These could include:**

- Vacancy and Directorate specific recruitment literature
- Ensuring a Trust presence at profession-specific events
- Continued Social Media presence
- Open Days for specific professions or Divisions



## 3.2 Improving Services

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

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

#### Formal complaints

For the period 1 April 2015 to 31 March 2016, the Trust received 164 formal complaints which compare to 223 for 2014/15. The Trust responded to 167 formal complaints for 2015/16 which compares to 213 for 2014/15.

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

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



The primary subject areas of the 167 formal complaints responded to are as follows:

Communications	48
Patient Care	28
Values and behaviours of staff	22
Appointments	21
Trust admin/policies/procedures	10
Admissions and discharge	7
Other	6
Prescribing	5
Access to treatment or drugs	5
Facilities	5
Clinical treatment	4
Staff numbers	2
Waiting times	2
All aspects of restraint	1
Integrated care	1

Of the 167 responded to, none of the complaints have taken their case to the Parliamentary and Health Service Ombudsman.

The following are some examples of actions/learning from complaints responded to between 1 April 2015 and 31 March 2016; all patient specific actions have been excluded.

- Adult Mental Health Community – All conversations, letter, documentation relating to referrals, assessments and appointments must be recorded on SystmOne and Lorenzo at the time this takes place to ensure this is not missed off the system for future use.
- Paediatric Speech and Language Therapy - To ensure that written report with advice and recommendations for future speech and language therapy interventions is completed for all children receiving an initial assessment with the Hull pre-school service.
- Adult Mental Health, Inpatient - Trained nurse dispensing medication to observe the health care assistant identify/administer giving patients their medication and inform all junior doctors to speak to patients about their medications before writing them on the medication card. To ask questions such as: has the GP made any changes to the dose(s) recently and have they been taking the medication at the dose(e) shown in the GP summary before admission.
- District Nursing - To increase the time slots for both blood clinics to a minimum of 10-minute time slots and to have a maximum number of patients for the clinics due to time constraints of 2.5 hours. Also to discuss with the GP practice that if they wish to continue booking patients for the clinic then they will need to adhere to above recommendations, if not, then the patients to be referred to the clinic via a normal pathway which is the patient contacting little SPOC for an appointment.

- Podiatry - Training to all staff in staff meeting that patients must be kept onto Podiatry service with increased risk of Diabetes - foot problems such as verruca/callus on a pressure area will need treatment regularly
- Secure Services - CPA reports should be given to the patient at least two weeks before their meeting, as per CPA standards, so that they can read and digest information. The professional who has compiled the CPA report should also sit down with the patient and go through it with them in case the patient needs anything clarifying.
- Older People's Mental Health - Joint review meetings between the Intensive Home Treatment Team and the unit each morning to discuss shared patients to include any issues relating to safeguarding and care plans to be documented in patients' case notes with a clear plan of who is to action any issues

## Patient Advice and Liaison Service (PALS)

For the period 1 April 2015 to 31 March 2016, the Trust responded to 745 PALS contacts which compare to 639 for the previous year.

Of the 745 contacts, 202 were referrals to other Trusts. Of the 543 contacts for this Trust, 161 of these were compliments; the remainders were concerns or queries.

## Priorities for 2015/16

To continue to manage and respond to complaints, concerns, comments and compliments for all our services. To aim to ensure staff are aware of the importance of a professional and informative response to patients and carers when they raise a concern or complaint.





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

**Adult Mental Health, Inpatient** - "I would just like to say that you are all wonderful people and thank you for trying to help me. I know you did your best. I really appreciate everything you have done for me and I will never forget you. You saved my life literally. I wouldn't be here if it wasn't for you so thank you from the bottom of my heart. You are all great at your job. I now know that you all do care about me and I will miss you and I will try not to come back this time. I love you all and thank you."

**District Nursing** - "About 3 months ago I badly hurt my leg. I want you to know that your District Nurses have cared for my leg and it is now ok. A nurse looked after me most of the time, she was very professional and I had great faith in her - she is a credit to the NHS."

**Community Hospital** - "To all the staff, thank you so much, for all the help that you have given me over the last 6 weeks. I have really enjoyed myself and really appreciate all the support you have given me."

**Older People's Mental Health, Inpatient** - "I can't believe how well I am after 6 months it is amazing that I feel confident to tackle anything. I would like to thank everyone for the care and friendliness I have been given. I hope to keep in touch - possibly by volunteering. I will miss you!"

**Learning Disability Service** - "(Patient's name) was transferred to your care from another unit where he had been sent after his behaviour had become unmanageable. With the treatment he has received and gradual reduction of his medication we have seen a tremendous improvement in his condition, both physical in his posture and energy levels, and mental he no longer presents as being very agitated and anxious. We are both tremendously grateful for all the staffs support to enable (patient's name) to become more like himself and are surprised at the speed this recovery has occurred."

**Physiotherapy** - "Just to say thank you very much for all the time, care and skills you have given to me. Together we have had a lot of success, more than expected"

## Staff Survey

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

The findings of the Annual Staff Survey are presented and considered by the Trust Board and the newly formed Workforce Strategy group will be monitoring the delivery of the action plan against the agreed key areas for improvement. The staff survey identifies the top and bottom ranking scores. The table below identifies these, alongside the scores (where available) from 2013.

Top 5 ranking scores	2014		2015	
	Trust	National	Trust	National
KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	93%	86%	92%	89%
KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month	91%	92%	94%	92%
K28 Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	18%	25%	20%	22%
KF27 Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	41%	50%	50%	48%
KF26 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	22%	20%	21%	21%



Bottom 5 ranking scores	2014		2015	
	Trust	National	Trust	National
K10 Support from immediate managers	3.69	3.80	3.66	3.86
KF9 Effective team working	3.71	3.84	3.65	3.86
KF5 Recognition and value of staff by managers and the organisation	-	-	3.30	3.52
KF32 Effective use of patient / service user feedback	3.41	3.63	3.36	3.69
KF18 Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell	70%	61%	74%	60%

Staff told us that there were 3 areas that we needed to focus on to improve their experience of working for the Trust which were also confirmed within the 2014 staff survey results. We have focussed on developing these 3 areas during 2015 as follows and recognise there is still more to do.

Another area of improvement is access to and compliance with mandatory/professional training for staff. For example, during 2015/16 compliance with MCA/DOLS training was not at an acceptable level. An improvement target of 75% has been set and at the 30 April 2016, the Trust was performing at 65% against this target. The Trust continues to closely monitor this key indicator.

<p><b>Leadership, vision and values</b></p>	<ul style="list-style-type: none"> <li>• We consulted with staff on a strategic framework which includes a proposed vision, values and strategic aims which has now been finalised.</li> <li>• An organisational development plan was developed with an action plan to help bring about some of the changes needed.</li> <li>• We agreed a leadership development programme with input from external support via Zeal Solutions which focuses on the development of supportive leadership behaviours. The programme has initially been used in specific service areas with very positive results and it will be rolled out in other areas of the Trust throughout the year.</li> <li>• We introduced a “new style” leadership forum and to date 4 events have taken place with around 100 attendees at each event.</li> </ul>
---	---

	<ul style="list-style-type: none"> <li>• The new care group structures are now in place which will help to improve the leadership within the organisation</li> </ul>
<p><b>Meaningful communications</b></p>	<ul style="list-style-type: none"> <li>• The Trust engaged staff in the development of revised values during 2015. Staff's views were sought using various methods such as focus groups, written correspondence from the chief executive and in induction sessions for new staff.</li> <li>• We have developed a behaviour framework based on our agreed values with the aim of living our values in the workplace which we need to consult on.</li> <li>• A staff communications charter has been developed which will be rolled out.</li> <li>• The Director of Nursing has developed a revised director visibility programme, with all Board members aligned to service areas. More informal visits and pastoral visits by executive and non-executive directors also continue, with a number of visits across a range of services over the Christmas and New Year period including Christmas Day.</li> <li>• The new care group structure will help clarify lines of responsibility, accountability and improve communications within teams and across the organisation.</li> </ul>
<p><b>Improved information (electronic and non-electronic)</b></p>	<ul style="list-style-type: none"> <li>• An Information Technology (IT) strategy is in place which includes work to enable us to get the most out of our two clinical systems.</li> <li>• Various E-projects are being developed (e.g. total mobile and digital pens) which will help to support staff in their work.</li> </ul>

## Staff Awards

Our Staff Awards recognise and celebrate the inspiring and innovative work our staff do across the Trust every day to improve the lives of our patients and service users.

**Staff from across the Trust were invited to nominate their colleagues and teams in any one of the following categories:**

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

**In addition, there was also the Chairman's Award and Chief Executive's Award.**

The winners and runners-up were announced at a special ceremony on 2 December 2015. Our Trust's very own Strokestra, an amazing collaboration between our Hull Integrated Community Stroke Service and the Royal Philharmonic Orchestra, opened the ceremony with a moving performance that included a song they had written especially for the awards ceremony.

We were joined by a special guest, local BBC Health Reporter Vicky Johnson, who helped to present the awards to the winners.

This year our event was sponsored by Citycare, along with Sewell and Safe at Home who sponsored an award.

## Strokestra

**STROKESTRA** is a pioneering collaboration between the Royal Philharmonic Orchestra (RPO) and Hull Integrated Community Stroke Service (HICSS) which uses group creative music-making to drive patient-led rehabilitation work in stroke survivors and their carers.

From May to October 2015, a total of 40 patients and carers took part in 16 days of intensive project work during which they tried out instruments, listened to music, conducted musicians, improvised and created music alongside world-class professional musicians, all supporting their work towards their stroke recovery goals.

Over a six-month period, the team saw such a big difference in a lot of them – not just through mood but through physical movement, and also articulating. Some that have speech problems now are talking better – more fluent – it's given them a purpose and something to look forward to. The pilot programme (funded by the Hull City Council Public Health department) culminated in a high-profile performance outcome ahead of the Royal Philharmonic Orchestra's (RPO) season opening concert at Hull City Hall on Thursday 1 October 2015, featuring stroke survivors, carers, therapists and professional musicians performing original pieces of music in a celebratory showcase of their creative and rehabilitative successes with family and friends.

Watch our video to find out more about the positive effects STROKESTRA has had on stroke patients, their carers and Trust staff. Following the successful pilot last year, the RPO and members of our Stroke Service are continuing work on STROKESTRA and patients, carers, clinicians and musicians are working together to devise original pieces of music to be performed live in a public concert as part of the national BBC Music Day celebrations on Friday 3 June, 2016.

**Watch the STROKESTRA video here**

<https://www.youtube.com/watch?v=0oroOmStN7M&feature=youtu.be>

## Recovery College

Our **Recovery College** was launched late last year and were delighted to see all 12 courses (including mind mapping, wellbeing through creativity and managing anger) **fill up within the space of a month**. The college is centred on three core principles:

- Hope that it is possible to work towards your own goals as defined by you
- Control of your own symptoms and future
- Opportunity to build a meaningful and satisfying life irrespective of your illness

It offers a range of recovery-focused educational courses and workshops free of charge for people who use our services and their carers/supporters as well as Trust staff. The courses are co-produced and co-delivered at community venues across Hull and the East Riding by people with personal and/or professional experience of mental health issues.

## Proud to work for Humber

Wendy Cooper community nurse from the Beverley Neighbourhood Care Team has kindly shared her thoughts with us. Names and details have been changed for patient confidentiality.

“As a nurse I am from a breed that do not normally praise ourselves, in fact, we are the opposite, always worried in case we could have done that better or should we have picked up on that sign...we are al-ways wanting to improve the care we give our patients, but this reflective piece is not about what I should have done that day but for once what I did do.

“At 10 am I arrived at the home of Simon and Sarah. Simon has battled with cancer for many years. On entering, the house was in chaos. Simon was an extremely poorly gentleman, he was semi-conscious and in his own bed, he was agitated, in pain and nauseous. Sarah was trying her hardest to hold her husband’s head up while offering him a vomit bowl and trying at the same time to help him take pain medication, which he clearly couldn’t swallow. Sarah was distressed and as I looked at her I could see tears streaming down her face. A truly desperate situation. “By 10.30am the “just in case” medication I had administered began to work and Simon became settled and was sleeping. “By 11am I had arranged an urgent GP visit and by 11.30am, I had organised the same-day delivery of a profiling bed and air mattress.

“By 12 noon I had arranged a Marie Curie nurse to sit that evening and by 12.30pm, I had arranged for a carer to visit later that day to care for Simon’s personal needs.

“On returning that afternoon, the GP had visited and completed the medication chart for me to commence the syringe driver and Simon was already sleeping on the profiling bed I had ordered that morning. With the help of a family member, we attended to Simon’s personal needs and combed his hair. “My shift was coming to an end and my work here was done. As Sarah thanked me and I opened the front door I looked around me and at that split second I felt like I was Nanny McPhee when she taps her stick on the floor and everything is in its place and calm has descended throughout the house.

“That night, Simon died peacefully in his sleep with his wife and the Marie Curie nurse by his side. “I felt I had made a real connection with Simon and Sarah that day. Was it because they were a similar age to me and my own husband? or was it because the care I gave Simon allowed him to have a “good” death? Or was it because of the resources I had available to me? Who knows? One thing I do know is how proud I am to work for the Trust ‘s adult services because the care we offer our patients in Beverley is truly outstanding.”

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

NHS Hull Clinical Commissioning group welcomes the opportunity to review and comment on Humber NHS Foundation Trust's Quality Account 2015/16. It is pleasing to note that the report highlights the quality improvements made within the year which are contributing to the transformation of services.

We recognise that a new quality team and governance structure was established this year under the Director of Nursing, Quality and Patient Experience. We welcome the immediate impact and appreciate that the further changes will require time to embed and drive sustained improvements across the care groups.

We appreciate the Trust's support of the Hull 2020 transformation programme, especially the collaborative work on falls and are pleased to see the strengthened approach to patient safety. We welcome actions taken regarding the serious incidents process and we look forward to ongoing assurance from the Trust regarding the sharing and embedding of lessons learnt across the health groups. Participation from an organisational representative in the commissioner led collaborative Serious Incident Panel will facilitate this.

We acknowledged the work that the Trust have completed arising from the priorities identified in previous years and we welcome the approach taken by the Trusts to consult with the CCG and the stakeholders in developing the priorities for 2016-17.

The report demonstrates participation in both local and national clinical audits in 2015-16 across the range of mental health and community services which reinforces Humber Foundation Trusts' commitment to improving practice through review and action. The audit outcomes and subsequent intended actions are acknowledged and we look forward to seeing these actions convert into improving clinical practice. The introduction of the research strategy 2015-17 and core funding for research demonstrates the Trust's desire to improve organisational engagement with research.

It was disappointing to note that Trust's Information Governance Assessment's Report overall score for 2015-16 grading as unsatisfactory due to the Trusts being unable to achieve compliance with Information Governance Training by the end of March 2016. Assurance in the actions being taken to rectify this would have enhanced the report.

The inclusion of examples of compliments received from in-patient and community services supports feedback from the Friends and Family Test and the Community Mental Health Survey. Whilst we are pleased to note the positive impact that the Trust is having on patient experience it would have been appropriate to mention areas of development or actions taken where services are not seemed as successful as the Trust would wish.

We are pleased to see that the organisation is focussing on improving staff experience in the three areas that were highlighted within the staff survey.

The draft report reflects an accurate picture on the Trusts on data included to date which in some areas is awaiting year-end data. Taking that into account and the comments noted above, we can confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber NHS Foundation Trust and that the data and information contained in the report is accurate. NHS Hull CCG looks forward to continuing to work with the Trust to improve the quality of services available for our patients in order to improve patient outcomes.

## Emma Latimer

Chief Officer

NHS Hull Clinical Commissioning Group





NHS East Riding of Yorkshire Clinical Commissioning Group is pleased to be given the opportunity to review and comment on the Humber NHS Foundation Trust's Quality Report for 2015-16.

We are aware of the work the Trust has undertaken in the past year to restructure its services into care groups and are supportive of the work the Trust has done in the past year to establish a new quality team and a new governance structure to embed and drive quality improvements across the domains of patient safety, clinical effectiveness and patient and carer experience across the care groups.

We note the actions taken by the Trusts across the care groups in response to learning from complaints. We look forward to receiving assurance from the Trust that the actions and lessons learnt from Serious Incidents are shared across all care groups to ensure organisational learning from such incidents is consistently embedded in practice. An operational representative in attendance at the Serious Incidents Review panel with commissioners will be useful in achieving this.

Feedback from patients and carers through the Friends and Family Test and from the Community Mental Health Survey has shown that the majority of services provided by the Trust are regarded by those who use them as effective and as having a positive impact on the lives of people using them. It would be helpful to be made aware of the areas of development and actions which will be taken where services were not deemed as effective as the Trust would wish.

We acknowledge that work the Trust have completed arising from priorities identified in previous years and we welcomed the approach taken by the Trust to consult with the CCG and other key stakeholders in developing the priorities for 2016-17.

With regard to the Trust's Information Governance Assessment Report's overall score for 2015-16 graded as unsatisfactory due to the Trust being unable to achieve the requisite Information Governance training compliance standard by the end of March 2016, further information to explain the actions the Trust will be taking to resolve this would have been useful in this report

In relation to the staff survey, we note the ongoing commitment made by the Trust over the past year to improve Leadership, Vision and Values, Meaningful communications and improved Information Technology.

The Trust has continued to demonstrate participation in national and local clinical audits, confirming the Trust's ongoing commitment to improving practice through review and action. The audits are focused on both mental health and community services. The outcomes of the audits and actions taken have been acknowledged and provide an insight into the work undertaken.

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

The challenges the Trust continues to face regarding mandatory training compliance particularly in regards to Safeguarding and MCA/DOLS, this is not cited.



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

We are aware the Trust has faced adverse publicity within the local media from Serious Incidents which have been in the public domain via Coroners inquests, this is not cited.

Information about the closures of the Minor Injuries units due to staffing issues.

The draft reports reflect an accurate picture on the Trust based on data included to date which in some areas is awaiting year-end data. Taking that into account and the comments noted above, we can confirm that to the best of our knowledge, that the report is a true and accurate reflection of the quality of care delivered by Humber NHS Foundation Trust and that the data and information contained in the report is accurate.

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

## **Jane Hawkard**

**Chief Officer**

**NHS East Riding of Yorkshire Clinical Commissioning Group**



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

We are happy with the progress that has been made in the areas of priorities identified in the 2014-2015 Quality Accounts. We recognise the difficulties faced in implementing a mobile working solution for mental health staff but welcome the focus on finding solutions to this challenge. In general we are satisfied that the ongoing priority actions will be completed in due course.

We are pleased that dementia remains a key priority in 2015-2016 and specifically dementia training for staff as this is an area we have identified as needing further improvement. We are also pleased that groups such as Mind and Rethink were involved in the consultation process and would recommend the strengthening of links with these and other VCS partner organisations.

It is disappointing that the Trust received an unsatisfactory rating in regards to Information Governance. However, we recognise that this was due to missing only one out of forty-five requirements and we trust that this will be rectified very swiftly.

Despite the reported cases of Clostridium Difficile, we are satisfied that the Core Quality Indicator targets are being met, as are the National Key Priorities, and that patient safety remains a key priority of the Trust. We encourage the Trust to continue close surveillance in this area to ensure all targets are met and exceeded for the coming year.

In conclusion, we welcome the information provided in the Humber NHS Foundation Trust's 2015-2016 Quality Accounts and congratulate all members of staff for their hard work. We welcome any opportunities to work more closely with the Trust to facilitate greater engagement with patients and the public in relation to the services provided by the Trust.

## **Gail Purcell**

**Delivery Manager**  
**Hull Healthwatch**

## **Linsay Cunningham**

**Delivery Manager**  
**East Riding of Yorkshire Healthwatch**

The Humber Foundation Trust has engaged with the Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee throughout its work programme 2015/16. This has included monitoring performance against the Trust's current priorities and previous CQC inspection outcomes. The Sub-Committee also welcomed the opportunity to participate and comment on the development of the 2015/16 Quality Accounts through an engagement workshop and were pleased to see that comments raised at that workshop have been taken into account.

The Draft Quality Accounts are set out in a clear and easy to understand format, with the progress made against previous year priorities clear to see. The Sub-Committee welcome the transparency of the Draft Quality Accounts, with the relevant evidence and data provided to support the outcomes.

Whilst the Sub-Committee recognise that a number of work streams are underway to improve and increase CAMHS provision across Hull and the East Riding, it is disappointing that CAMHS is not seen as a priority for 2016/17 Quality Accounts.

However, aside from that, the Sub-committee welcome the priorities set for 2016/17, particularly around the development of dementia training pathway for staff as with an ever increasing older population in the East Riding, this will area of work will be vital for future dementia patients and their families.

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

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission considered the Draft Quality Accounts on Friday, 15 April, 2016. The Commission supported the Draft Quality Accounts but raised wider concerns about the Trust's ability to recruit and retain staff as well as the financial pressures facing all healthcare providers and the potential impact on service users.

## **Hull City Council – Health and Wellbeing Overview and Scrutiny Committee**

I believe that the Quality account is representative of the work which was undertaken by The Trust in the previous year.

It highlights many areas, some for concern and where new ways of working are striving to ensure that the best quality of care is provided to patients, carers, families and staff. Learning the lessons will be key to ensure a safe, sound and effective environment for all.

There are many innovative pieces of work being undertaken within the Trust, Research and Development will be key for the future, but innovative projects are making a difference now. One which struck a chord with so many people was the collaboration between the Royal Philharmonic Orchestra and Hull Integrated Stroke Services. The Recovery College has the potential to make a massive difference to enable and empower people to take control of their own future.

The comments from people who have received care from the Trust and the narrative from colleague Wendy Cooper from the Beverley Neighbourhood Team are inspirational and a testament to the continued hard work of staff and volunteers within the Trust.

**Julie Hastings**  
Trust Governor



## 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.

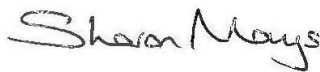
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

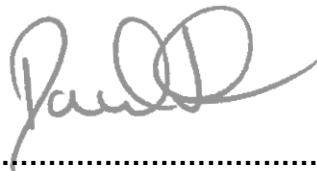
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2015 to April 2016
  - papers relating to Quality reported to the board over the period April 2015 to April 2016
  - feedback from commissioners April 2016, which the Trust has addressed in this final version of the accounts.
  - feedback from local Healthwatch organisations dated April 2016
  - feedback from Overview and Scrutiny Committee dated April 2016
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2016
  - the [latest] national patient survey 2015
  - the [latest] national staff survey 2015
  - the Head of Internal Audit's annual opinion over the trust's control environment dated April 2016
  - CQC Intelligent Monitoring Report dated April 2015 to February 2016
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Trust has taken a number of steps to ensure itself of the robustness of data quality. Over the past 12 months, the Data Quality policy has continued to be implemented. The Trust has met the data quality requirements of all our contracts. However, our work in this area is not yet complete and we will continue to address the issues during 2016/17, this includes the set and implementation of an internal data quality group to oversee improvements
- the Quality Report has been prepared in accordance with Monitor’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



26 May 2016..... Chairman



26 May 2016..... Chief Executive



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

We have been engaged by the Council of Governors of Humber NHS Foundation Trust to perform an independent assurance engagement in respect of Humber NHS Foundation Trust's quality report for the year ended 31 March 2016 (the "quality report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Humber NHS Foundation Trust as a body, to assist the Council of Governors in reporting Humber NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Humber NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital; and
- Minimising delayed transfers of care.

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

### Respective responsibilities of the directors and auditors

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

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the Monitor 2015/16 Detailed guidance for external assurance on quality reports; and

- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

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

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

- board minutes for the period April 2015 to April 2016;
- papers relating to quality reported to the board over the period April 2015 to April 2016;
- feedback from the Commissioners dated May 2016;
- feedback from the Governors dated April 2016;
- feedback from local Healthwatch organisations dated May 2016;
- feedback from the Overview and Scrutiny committee dated May 2016;
- Complaints report for 2015/16 Quarter 4;
- the latest national patient survey;
- the latest national staff survey;
- Care Quality Commission Intelligence Risk Monitoring report dated February 2016; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2016.

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

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

## Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back



to supporting documentation;

- comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report; and
- reading the documents.

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

## Limitations

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

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

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

## Conclusion

Based on our results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31<sup>st</sup> March 2016

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



Deloitte LLP  
Chartered  
Accountants Leeds  
26 May 2016

## Glossary

<b>AIMS - Accreditation for Inpatient Mental Health Services</b>	Accreditation which assures staff, patients and their carers of the quality of service that is being provided.
<b>BMI - Body Mass Index</b>	A measure of body fat based on height and weight.
<b>Care Coordinators</b>	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
<b>Care Plan</b>	A document which plans a patient's care and can be personalised and standardised.
<b>Care Review</b>	A review of the care a patient is receiving, usually carried out between a healthcare professional and the patient to ensure that the care given is still meeting the needs of the patient.
<b>CCG - Clinical Commissioning Group</b>	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
<b>Clostridium difficile</b>	A type of bacterial infection affecting the digestive system.
<b>Community Hospitals</b>	The Trust has three Community wards providing short term 24-hour clinical care and rehabilitation Macmillan Wolds, Withernsea and East Riding Community Hospital.
<b>CPA - Care Programme Approach</b>	A multi-agency system used to assess, plan and coordinate care for patients receiving mental health services.

<b>CQC - Care Quality Commission</b>	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
<b>CQUIN - Commissioning for Quality and Innovation</b>	A framework rewarding excellence in healthcare by linking achievement with income.
<b>CRHT - Crisis Resolution Home Treatment</b>	A way of treating patients at home who are requiring intensive mental health treatment rather than at the hospital.
<b>DoH - Department of Health</b>	Responsible for Government policy on health and social care in England.
<b>FFT - Friends and Family Test</b>	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
<b>GP Practice RISC</b>	A risk stratification tool that identifies patients who would benefit from preventative care
<b>HDAT</b>	High Dose anti-psychotic therapy
<b>KPI - Key Performance Indicators</b>	Indicators which help an organisation to measure progress towards goals.
<b>Lorenzo</b>	An electronic health record for patient records.
<b>MONITOR</b>	<b>Independent regulator for NHS Foundation Trusts</b>
<b>MRSA - Methicillin-resistant</b>	A bacterial infection, resistant to a number of antibiotics.

staphylococcus aureus	
<b>MSNAP</b>	Memory Assessment Service Accreditation Programme
<b>NCS - Neighbourhood Care Services</b>	The Neighborhood Care Team is a partnership between health and social services. It provides an integrated service which delivers services closer to home for people aged 18 and older who are registered with an East Riding of Yorkshire GP.
<b>NHS England</b>	NHS England is an executive non-departmental public body of the Department of Health.
<b>NPSA - National Patient Safety Agency</b>	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
<b>Nursing Dashboard</b>	Provides nurse sensitive indicators around patient safety
<b>Palliative care</b>	End of Life Care
<b>PDSA</b>	
<b>PREM - Patient-Reported Experience Measure</b>	Assess the quality of care delivered to NHS patients from the patient perspective.
<b>PROMS - Patient Reported Outcome Measures</b>	Assess the quality of care delivered to NHS patients from the patient perspective.

<p><b>SEQOHS - Safe Effective Quality Occupational Health Services</b></p>	<p>Accreditation which recognises Occupational Health services that provide safe, appropriate and effective care for staff.</p>
<p><b>SitReps – Situation Reports</b></p>	<p>A report on the current situation to inform of any issues within services at that time.</p>
<p><b>SystemOne</b></p>	<p>An electronic health record for patient records.</p>
<p><b>Talking Therapies</b></p>	<p>Talking Therapies is a friendly and approachable service that helps people with common problems such as anxiety, depression, stress and phobias</p>
<p><b>Trust Board</b></p>	<p>The Trust Board has overall responsibility for the activity, integrity and strategy of the Trust and is accountable, through its Chairman, to the NHS Trust. ...</p>

