



Humber Teaching
NHS Foundation Trust

Quality Account 2023-24

Humber Teaching NHS Foundation Trust



**Caring, Learning
& Growing Together**

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



Part One: Welcome to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account.

All providers of NHS care are required to produce an annual Quality Account, showcasing the work undertaken during the year to continuously improve the quality of our services, based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the brilliant work that our staff, patients, and carers have achieved together throughout 2023/24, as well as some of the challenges we have faced along the way.

This document is divided into three sections:

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

This section then includes a patient story and concludes with a celebration of our successes in 2023/24.

Part Two: Outlines the progress we have made during 2023/24, in relation to the quality priorities set in our last Quality Account. We also share the priorities we have set for the coming year (2024/25), which have been agreed with our patients, carers, staff, and stakeholders.

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

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

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

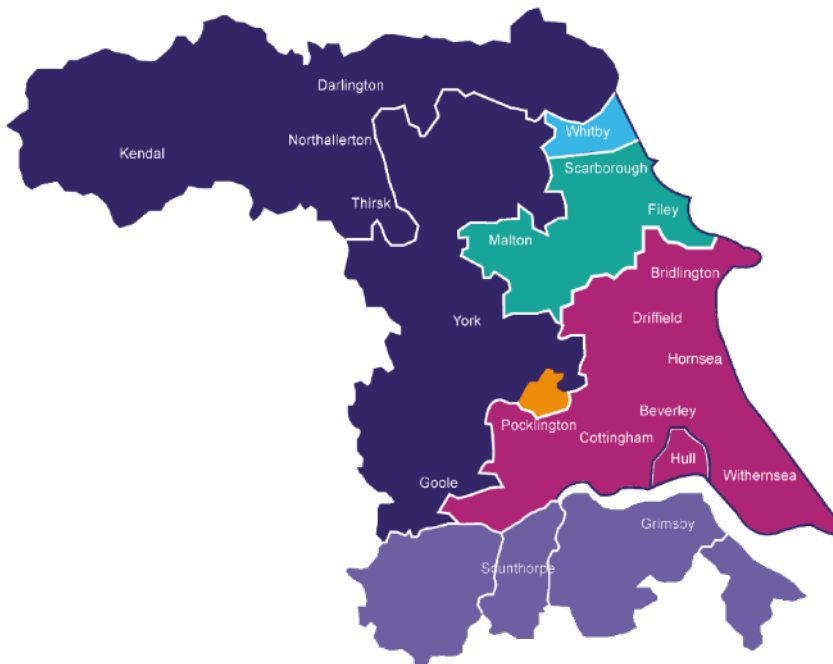
The purpose of Quality Accounts is to enable:

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

About the Trust

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

We employ approximately 3,600 staff working across 79 sites and covering several geographical areas, including: Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale, and parts of North and North-East Lincolnshire.



Our Services

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

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

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

The Trust also runs Whitby Hospital, a community hospital providing inpatient, outpatient and community services to Whitby and the surrounding area, and three GP practices in the East Riding of Yorkshire.

Our Values

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

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

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

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

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

Our Vision

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

Our Strategic Goals



For further information on our strategic goals, please see Annex 3.

1.1 Chief Executive's Statement

I am pleased to present our annual Quality Account, providing a comprehensive overview of our successes and celebrations from the past year. Additionally, we present the challenges encountered and outline the specific areas we've identified for focussed efforts, contributing to our continuous journey of improvement.

Over the past year, our Humbelievable teams have been a constant source of inspiration, facing challenges with unwavering determination. Working alongside these talented and resilient individuals has been a pleasure, as they consistently prioritise placing high-quality patient care at the forefront of their efforts, regardless of the pressures we encounter.

As a Trust, we take immense pride in the accomplishments of the last twelve months, and we find inspiration in the exceptional work consistently carried out by our dedicated teams. Improving the quality of our services comes from innovation and actions. The implementation of good practices within our services has a positive and lasting impact on our communities. Some highlights from this year are as follows.

One way in which we are improving the efficacy of all our services is through our work on Health Inequalities. The Trust is committed to understanding and supporting service users who may have poorer access, outcomes and experiences within our services. In 2023/24, we established a targeted programme of work to increase our understanding of the health inequalities in our services and communities and support staff to address these inequalities. Our programme is based around four workstreams, underpinned by a co-production-based approach and informed by the voice of lived experience.

The innovation which has come through from having a Single Point of Access (SPA) within our Forensics division has immensely improved the quality of service provided. The referrals are now reviewed by a clinical lead who determines the best course of action for each patient. This ensures our patients are cared for within the correct and most appropriate setting. The Humber and North Yorkshire SPA is one of only two nationally which is clinically led, and this has made a profound difference to the service quality.

In April, we were pleased to start the year with the introduction of a new Keyworker Service. The service was made available to children and young people with a learning disability and /or who are autistic with complex needs. This service aims to ensure children and their families get the right support at the right time, and that local systems are responsive to meeting their needs in a holistic and cohesive way.

Further enhancing our digital scope, in the later part of 2023 we announced our new, single supplier of Electronic Patient Records, SystmOne. This change will improve the way our clinicians access patient records and introduce new functionality, as well as the cohesive use of data which will support us with our continued dedication to patient safety.

We were particularly proud to have received accreditation with the National Preceptorship Interim Quality Mark. As one of the first Trusts to be nationally accredited for the high-quality support we provide to newly registered nurses, this was a key moment of achievement. The purpose of Preceptorship is to provide support and guidance for all newly registered practitioners to build confidence and develop full competence as they transition into an autonomous professional.

Throughout 2023/24, we were proud to be shortlisted for a variety of local and national awards. This includes the prestigious HSJ Awards, where we were highly commended for our 'Right Care Right Person' initiative. And the HSJ Patient Safety Awards, which shortlisted our Trust for four awards in total and took home a 'Highly Commended' award for the Follow My Lead initiative. We were pleased to see these great examples being recognised by organisations in the wider system.

We aim to lead in ensuring our staff feel valued, safe, and empowered at work. Our Humbelievable teams and Freedom to Speak Up initiatives, supported by the Trust Board, actively foster a culture of openness, encouraging staff to voice concerns and contribute to continuous improvement. Our goal is for our people to feel confident and well-supported in their work every day.

Demand on our services remains consistently high and we are addressing the needs of our service users across the breadth of our Trust. Children's Autism and ADHD services have seen a significant increase in demand and this has challenged their recovery objective, yet the service has still managed to deliver the assessment level as outlined in their recovery plan.

A number of our service areas have seen growth in demand which has challenged their waiting times. They continue to focus on efficiency and productivity to ensure best possible use of capacity. Services are engaging well with undertaking capacity and demand work where possible, which in some cases has been supported with identifying improvement schemes.

The achievements across our organisation each year are a constant source of inspiration to me. The commitment to placing our communities at the forefront is evident in these accomplishments. As we approach the next financial year, I eagerly anticipate our continued progress, resilience, and the meaningful impact we have on people's lives.

This Quality Account showcases examples of quality improvements achieved across all of our services throughout 2023/24. Our teams consistently work hard to improve, both in their individual roles and as part of their service. Thank you to you all for the Humbelievable work that you do.

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



Michele Moran
Chief Executive
Humber Teaching NHS Foundation Trust

1.2 Patient Story

In this section, we are honoured to share with you a patient case study from Ruby about her experience as a patient and volunteer at Market Weighton Group Practice.

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

Ruby's story

I have been a patient with Market Weighton Practice for fourteen years, my son was with them for ten years prior to this. My Mum was also with the practice for thirteen years, very well cared for and always had home visits to meet her needs, there have been a few changes since then. I have rarely needed appointments however, my son needed many with his many conditions. Being profoundly deaf, communication was never easy, I was his registered carer so always in attendance to support but with patience and respect, the staff at the surgery did a fantastic job. I have lots of lovely memories of these times.

I think the first very noticeable change that caused a stir was when the practice was taken under the umbrella of the Humber Teaching NHS Foundation Trust and the retirement of long serving staff. There were still familiar faces and the practice, in my experience, was running smoothly until COVID arrived. A devastating time for everyone and difficult to know where to go for help, advice and support especially with all the guidelines and restrictions in place. I know by experience that during the usual surgery hours the telephone at Market Weighton practice would be answered. The day before lockdown, my son passed away (not as a result of COVID), it was a devastating time for people everywhere. Living alone with all the restrictions of COVID and lockdown and the realisation I wasn't coping too well, I rang the surgery. I didn't need to explain, the receptionist was aware of my bereavement and was going to request the help of our Community Link Worker. Within half an hour I received a phone call, the support I was given by the Community Link Worker was brilliant, I was supported for quite a long time for which I was very thankful. Coming out of lockdown all the guidelines were adhered to, it wasn't easy for the practice and they had lots of press at times which was totally unnecessary but, in spite of this, all the staff stayed strong and carried on.

I am a member of the practice's Patient Participation Group (PPG) where patients have a voice to air their views and representatives from the practice, attend to give explanations and information where possible, it hasn't been an easy time for either. One of the issues at every meeting is the online system, as not everyone can manage this for various reasons but, there are other options and always help available. I don't mind technology but am no great expert however, I do represent the PPG on a new technology the practice is piloting named 'Scale, Spread and Embed'. I find it interesting and can follow the information and feel comfortable to ask questions. Like I said, I am no expert so please don't ask me to explain but I know a man who can...

I volunteer at the practice on a Monday morning helping patients where I can, using the booking in computer and directing them to where they need to be, answering questions and giving information where I am able. There have been changes in the practice which is not well accepted and sometimes I am able to have a sensible conversation regarding the changes. I do enjoy my volunteering, it is very rewarding and can be funny at times. I am always supported by our Practice Manager and all the staff. They work as a team and make me feel part of the team.

I will end my story on a high for the practice. There was an emergency during one of my shifts, it was amazing how it was dealt with calmly and quickly. A mother came in carrying an unwell child and was directed to the Duty Doctor and a Health Care Assistant. A colleague on duty took the Health Care Assistant's appointments until she was able to return. The ambulance arrived and Mum and child were transported off to the hospital. Amazing team work, quickly and calmly.

Patient and Carer Experience

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

Involving our communities in all that we do has become an integral part of our culture and everyday thinking. To embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread, which is woven throughout the patient and carer experience agenda.

Due to the range of diverse services we provide, we believe there is an immense wealth of knowledge and experience that we can access from our communities, to help us with our improvement journey and transformation plans.

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

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

Our Development and Success Highlights for 2023/2024

2023	
April	<ul style="list-style-type: none"> ✓ Your Leave Plus benefits scheme launched to all staff to include new types of paid leave. ✓ New Intensive Support Pathway (ISP) launched for young and vulnerable families.
May	<ul style="list-style-type: none"> ✓ Trust begins its transition to NHS England's new Patient Safety Incident Response Framework (PSIRF). ✓ Trust launches new Quality, Service Improvement and Redesign (QSIR) Training to support implementing a more efficient person-centred service. ✓ The Adult Mental Health Co-production Group co-produced a poster aimed at helping local adults in accessing mental health support.
June	<ul style="list-style-type: none"> ✓ Trust partnered with pregnancy charity Tommy's to provide Pregnancy and Parenting at Work training, supporting pregnancy and parenting at work. ✓ Trust shortlisted for Hull and York Medical School Teaching Excellence Awards and wins in Undergraduate Medicine Phase II and III Tutor of Excellence category. ✓ BBC's The One Show puts Trust Health Visitors in the spotlight in televised piece featuring Health visitors from the Hull 0-19's service. ✓ Trust services shortlisted for four awards at the HSJ Patient Safety Awards 2023.
July	<ul style="list-style-type: none"> ✓ Patients at King Street GP surgery in Cottingham are given the chance to take part in high quality research projects with some of the top UK universities and research teams. ✓ Our Social Prescribing Link Worker service supports international medical graduates and trainees to provide Social Prescribing services. ✓ Launch of the Youth Wellbeing and Recovery College ✓ Trust achieved Pastoral Care Award to recognise the high-quality pastoral care to internationally educated nurses
August	<ul style="list-style-type: none"> ✓ Trust is shortlisted for a HSJ Awards for Right Care Right Person initiative. ✓ Kirsten Bingham, AMHP Lead at our Trust announced as finalist for the AMHP (Approved Mental Health Professional) Social Worker of the Year 2023 and is announced the winner in November. ✓ Trust announces the launch of Values Based Recruitment ✓ Trust accredited with the National Preceptorship Interim Quality Mark
September	<ul style="list-style-type: none"> ✓ Trust is reaccredited as Veteran Aware ✓ Trust receives 'Highly Commended' for Follow My Lead project by Hull Profound and Multiple Learning Disabilities Service at the HSJ Patient Safety Awards in Learning Disability Initiative of the year category.
October	<ul style="list-style-type: none"> ✓ Trust teams participating in a national initiative called Scale, Spread and Embed, along with 9 other organisations, win at the Patient Experience Network Awards. ✓ Trust marks World Mental Health Day with crafting activity making bunting to

November	<ul style="list-style-type: none"> show visions of mental health. ✓ New garden area at Inspire unit begins work to create new therapeutic outdoor space for patients. ✓ Achieved White Ribbon accreditation for the work to address violence against women
	<ul style="list-style-type: none"> ✓ Staff Celebration Event recognises 'Humbelievable' staff and teams. ✓ Launch of new Dignity and Respect at Work Campaign developing a safe culture to report 'staff to staff' incidents of bullying, harassment, or discrimination. ✓ SeaFit secures 10 life-saving automated defibrillators in Bridlington.
December	<ul style="list-style-type: none"> ✓ Patients from Pine View and Humber Centre receive their awards from their art submissions to the Koestler Arts Awards. ✓ Trust collaboration on Research project sees staff attending European Conference in Slovenia to present work on transitioning inpatients from our Forensic division back into the community.

2024	
January	<ul style="list-style-type: none"> ✓ East Riding Mental Health Support Teams announce they are now working with fourteen placement schools across the local area to engage with and better understand the mental health needs of the school's populations. ✓ Trust holds Healthcare Support Worker recruitment event at Princes Quay Shopping Centre and receives over 1,000 applications for the role. ✓ Trust celebrates one year since the launch of Virtual Wards having now increased the Frailty Ward provision up to 15 beds. ✓ Trust launches new Eating Disorder Intensive Treatment Team to provide community-based alternative to unit admission for children and young people. ✓ Trust holds its Long Service Awards ceremony to recognise and reward staff for their loyalty and service in the Trust.
February	<ul style="list-style-type: none"> ✓ Trust taking part in a project to revamp crisis referral pathways, enhance collaboration with mental health charity Mind, and streamline services for faster patient treatment. ✓ New messaging service launched for parents of 0-5 years olds in East Riding to improve contact Health Visitors called ParentLine. ✓ Trust announces it will be the first to offer staff Zero Suicide Alliance Training. ✓ Trust is recognised and featured in an editorial by NHS Providers to highlight the work we do on coproduction and inclusion in our children's division.
March	<ul style="list-style-type: none"> ✓ Trust launches Safer Sleep Week campaign in partnership with local services across Hull and the East Riding, to provide welcome to the world card to new parents. ✓ YourHealth offers social prescribing workshops and events at locations around Hull and East Riding. ✓ Communications team win 'Highly Commended' at NHS Communicate Awards in Health and Wellbeing category for programme of staff health and wellbeing events.

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

2.1 Priorities for Quality Improvement

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

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

Co-production with our patients and carers is central to our approach and, to achieve this, the QI team works closely with representatives from our patients and carer groups. To support the delivery of our Quality Improvement Strategy 2021-2026 we have established a Joint Strategy Group which includes representatives from staff, patients and carers to support delivery and ensure the strategy delivery maintains its focus. At the end of March 2024, there were 403 QI ideas put forward. Of the viable and completed ideas from our teams, 66% have recorded that our Patients and Carers had been involved and 32% had been in partnership with other organisations.

We continue to recognise that developing a culture of continuous Quality Improvement takes time, effort and persistence. To support the development of a culture of continuous QI, we have invested in training for our staff and volunteers. From April to March 2024, there were 490 training places provided and 7 short overview sessions to approximately 90 attendees.

During 2023/24, the Trust has participated in the national NHS IMPACT (Improving Patient Care Together) programme. This is a new, single, shared NHS improvement approach which aims to create the right conditions for continuous improvement and high performance to enable organisations to respond to today's challenges, deliver better care for patients and give better outcomes for communities.

For more information about our Quality Improvement work please refer to the Quality Improvement Annual report which can be found on our website.

Quality Governance

The Board ensures a robust approach to quality governance through the Quality Committee which is a subcommittee of the Board.

The Quality Committee is chaired by a Non-Executive Director. It meets five times a year and its purpose is to:

- Oversee and support quality improvement to support the journey of the Trust becoming a 'high-performing organisation' that delivers excellence in patient care.
- Provide assurance to the Board that appropriate processes are in place to give confidence that quality and patient safety performance and research and quality improvement work are monitored effectively, and that appropriate actions are taken to address any deviation from accepted standards to maximise quality and manage identified risks.

Each clinical division has established quality governance arrangements to address the key elements of quality and safety improvement. These are outlined in divisional Standard Operating

Procedures (SOPs). Divisional Clinical Networks report directly to the Divisional Clinical Governance Meetings to ensure the clinical voice is driving improvements. The overarching divisional clinical governance groups report to the Quality and Patient Safety Group (QPAS) which reports directly to the Quality Committee.




Each clinical division is required to provide assurance to the Quality Committee against its quality improvement plans. Formal accountability reviews are held regularly with each division where quality priorities, performance and developments are discussed.

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

- My Assurance which is an iPad-enabled tool that clinicians use to audit their practice and care environment. Results are immediate, identifying good practice and ensuring any required improvements can be actioned instantly.
- Team level DATIX dashboards enable teams to review patient safety incidents in ‘real time’ allowing teams to discuss their main safety issues for discussion in team meetings and the established team safety huddles.
- Established methodologies to review and learn from patient safety incidents aligned to the Patient Safety Incident Response Framework, (PSIRF).
- A robust risk management process and electronic risk registers to capture, manage and escalate risks.
- Access to staff training and development opportunities including an in-house skills laboratory with support from our learning centre.
- Health Assure, a data software system to support the dissemination of evidence based. Practice, management of policies and patient safety alerts.
- Utilisation of a range of approaches to gather patient, service user and carer real-time feedback and engagement to inform service improvements.

Audit of Quality Governance systems.

During 2023-24 the following audits have been undertaken by Audit Yorkshire to provide assurance to the Board in respect of quality and clinical governance across the Trust.

Audit and Objective	Planned Timing	Overall Opinion	No of Recs		
			Major	Moderate	Minor
Quality and Safety					
Patient Safety Governance – to provide assurance on the oversight of patient safety including actions taken and lessons learnt	Q3/Q4	 Significant	0	0	0
Safer Staffing – to provide assurance that the Safer Staffing Framework effectively manages, and controls risks in order to maintain patient safety standards.	Q2	 Significant	0	0	7
Service User Engagement – to provide assurance on the plans in place to improve those areas identified within the latest service user engagement survey.	Q2	 Limited	0	4	4

Service User Engagement: This audit took place in the Summer of 2023 with a key objective to provide assurance on the plans in place to improve areas identified as requiring improvement in the 2022 Community Mental Health Service User Survey. All required actions associated with the audit report were completed ahead of timescale and the Trust has carried out further testing to confirm that actions have been taken as described.

Closed Cultures

Following the airing of the Panorama programme into Edenfield Centre Prestwich, in September 2022, Humber Teaching NHS Foundation Trust has undertaken significant work with all staff in relation to the identification and management of closed cultures. Regular assurance and progress reports have been presented to the Trust Board, outlining the governance arrangements in place and areas of continuous development to mitigate against closed cultures.

Visibility of senior leaders is key. Post pandemic the Board has re-established visits to teams to include out of hours and unannounced visits to services. The visits and feedback is captured in the Chief Executives report to the Board.

All services leaders are required to ensure a regular presence in teams to encourage staff to raise concerns and provide support whilst also seeking assurance regarding the quality of their services, taking appropriate action where there are concerns.

We have an established peer review programme in place. The reviews are led by the Nursing Directorate with support from divisional staff and increasing involvement from patients/service users to ensure there is a level of independence. There is a standard peer review framework in place, which is inclusive of the new CQC quality statements and closed culture indicators.

Co production is embedded across the organisation to ensure that patient voice and experience informs our service delivery and development. Work to ensure we build and maintain a compassionate, psychologically safe culture is ongoing underpinned by the 'Humber Behavioural Framework' which describes the values and behaviours required from our staff.

We strongly recognise organisations cannot be complacent in respect of closed cultures developing. At Humber we continue to focus on ensuring that we work to mitigate against closed cultures through supporting a skilled, empowered, valued and respected workforce, to deliver safe care to the people we work with.

Looking Back: Review of the Quality Priorities in 2023/24

The Trust Board approved the continuation of the four quality improvement priorities identified for delivery in 2022/23. Noting the work that had been undertaken in year one of the priorities and the work that needed to be done in 2023/24 to ensure the improvements were embedded in practice.

The delivery of the four quality priorities has progressed well across all four priorities and positive impacts are being achieved as follows.

Priority One: To fully implement and embed the Patient Safety Incident Response Framework (PSIRF), in line with national directives, moving away from a root cause analysis approach to investigating serious incidents which can inadvertently lead to individual/team blame and therefore a poor patient safety culture, to one of reviewing the systems within which staff work which

facilitates inquisitive examination of a wider range of patient safety incidents “in the spirit of reflection and learning” rather than as part of a “framework of accountability”.

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

We said we would:

Ensure the organisation is prepared to commence roll out of the Patient Safety Incident Response Framework (PSIRF) as set out by NHS England. Implementation of PSIRF includes an increased number of patients and carers involved in patient safety discussions and work in the Trust through the established patient forums and establishing the role of the Patient Safety Partners. The outcome from this will result in a strengthened approach to maximising patient safety through co production.

What we did:

- Full implementation commenced October 1st 2023, with all required policies and plans produced and approved by the Board and the Integrated Care Board.
- Patient Safety Partners in place and actively engaging in the patient safety agenda and participating in the Trusts Peer Review process.
- Thematic review of incidents and complaints undertaken. Patient safety priorities identified and agreed aligned to the themes underpinned with QI methodology.
- Patient Safety level 1a mandated across the Trust. Compliance figures below.

Org L1	338 LOCAL Patient Safety - Level 1 (Board) - 3 Years General	NHS MAND Patient Safety - Level 1 - 3 Years	NHS MAND Patient Safety - Level 2 - 3 Years
338 Humber NHS Foundation Trust	90.00%	92.93%	80.00%

- We have trained over 260 staff in using systems review methodology to investigate patient safety incidents.
- Continued to have in place robust oversight and scrutiny of patient safety issues through daily incident reporting, review at daily huddles, quarterly reporting and undertaking further analysis on areas which require further understanding.
- Plan for ongoing implementation in place, to embed the full range of investigation/review methodologies endorsed by NHS England and to review of implementation to date. In 2024 23 to develop a policy to capture how we learn from patient safety incidents.

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

We said we would:

Further roll out of the work in 2023 with a specific focus on ensuring data demonstrates that our staff are equipped with the knowledge and skills to support patients and their families in line with national standards

What we did:

Developed and commenced implementation of:

- An end-of-life strategic plan.
- A Palliative and End of Life Care Training plan.

This has positively impacted patients care by ensuring:

- Timely support to palliative patients dying at home.
- Prompt holistic symptom management.
- Timely care after death and reduced reliance on Out of Hours GP services.

Patient and family feedback:

Our teams have received very positive compliments and thanks. Here are a few examples:

“I just wanted to thank you for all the care you gave to my dad in the last years of his life. He really wanted to stay in his own home and that was possible because of your amazing team of nurses who responded so quickly when needed. The care you gave during the last few days of his life was so appreciated by and myself. many, many thanks”

“...thank you for supporting us and caring for my family member. To be able to keep his wishes of staying at home was a special gift, not easiest living in the middle of nowhere. You are all compassionate, professional, and also fun at a difficult time.”

“Thank you very much for your loving care of my mum. Your care enabled her to have a peaceful and dignified death at home, for which we are extremely grateful.”

“... you battled with the field gates, the sheep, the bad weather and the ski slope (the drive!). Turning up each time with solid support and advice, positivity and smiles meant so much to my mum and dad. You are amazing people with the biggest hearts.”

Training and Education:

Headlines:

- 400 attendances at Palliative and End of Life Training in 2023
- Evidence of improved confidence and understanding
- Positive feedback with evidence of specific learning and relation to practice
- Full education programme in place for 2024 and beyond

Examples of training feedback comments from staff:

“More knowledge of treating symptoms. Being able to explain the dying process and reassure family and patient.”

“I will feel more confident and be better able to "be alongside" a person who is dying and their families and carers.”

“Learning techniques to assess pain which doesn't rely on the patient communicating their pain on a number scale, as working in the Learning Disability field this is not always an option.”

Priority Three: As part of our approach to ensuring we are in line with the Use of Force national guidance and avoidance of a closed culture in our inpatient units we will refresh and embed Safewards interventions, which aim to improve safety for both patients and staff by focussing on reducing conflict and reducing restrictive interventions in our mental health, CAMHS and learning disability inpatient units.

We said we would:

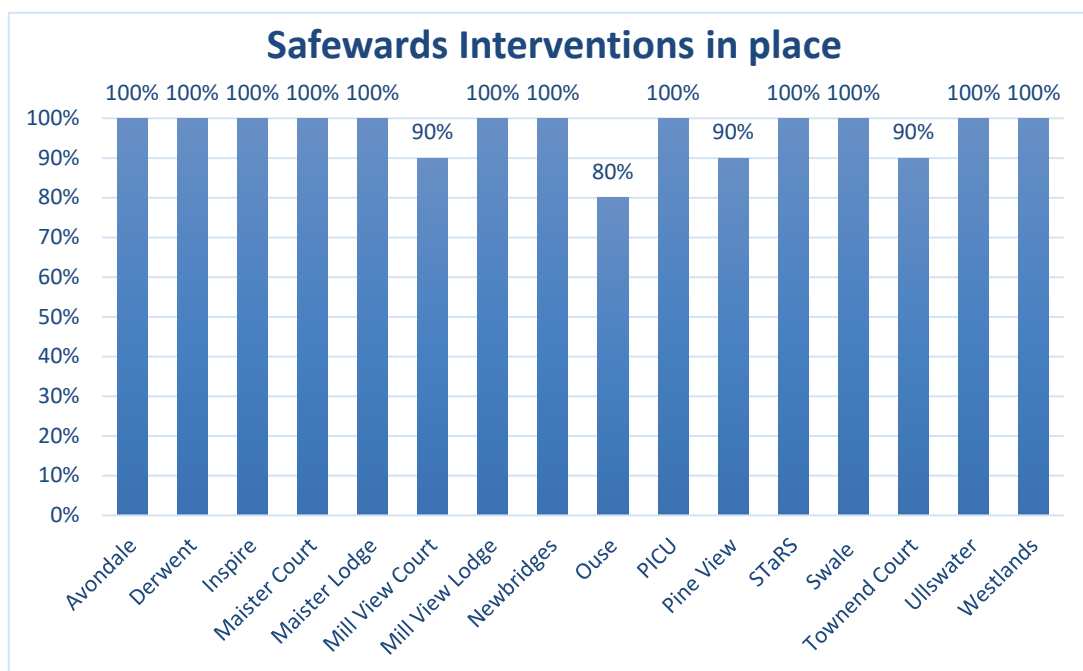
Review and refresh the implementation of the Safewards interventions at a ward and service level. Establish a framework and strategic plan for implementing the interventions and measuring impact through a reduction in reported conflict and containment behaviours.

What we did:

'Safewards' are becoming embedded in our in-patient units. All wards now have established self-assessment in relation to the implementation of the 10 Safeward interventions. These have informed their reducing restrictive intervention pledges and local quality improvement plans to focus on embedding and evaluating those interventions they have already implemented and approaches for introducing new ones.

A report to the Mental Health Act Committee in January 2024 indicated all units have agreed pledges and are at different stages of completing the work aligned to the pledges.

Safewards implementation (Q4 position)



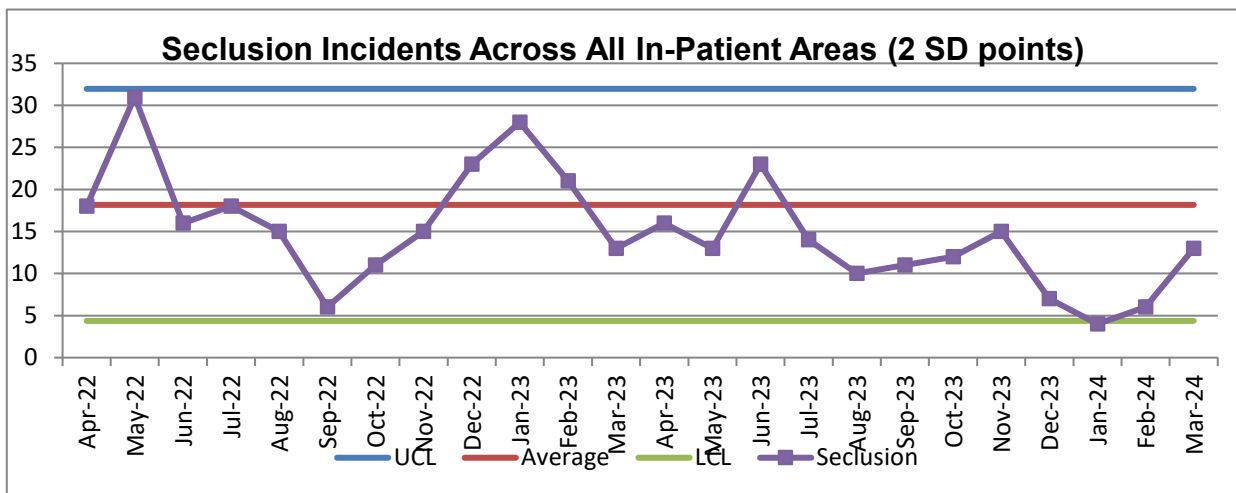
The latest round of audits looking at the percentage of interventions in place has now been concluded with 75% of our units achieving 100% attainment of interventions in place which is a massive improvement from the previous 12.5%. The overall average has increased from 80% to 97% across all 16 units.

Ouse, Pine View and Townend Court, who previously recorded between 30%-60%, have all significantly increased with each unit having identified leads to continue the implementation and sustainment of each intervention.

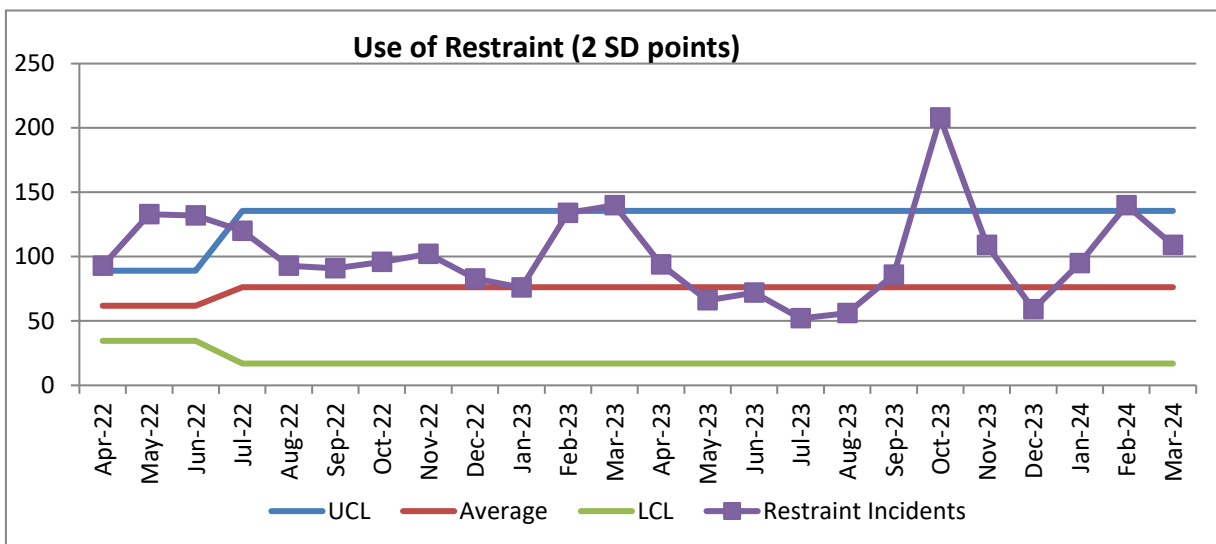
As part of the Safewards work we have:

- Established reporting of the use of restrictive interventions. These are reviewed via the daily safety huddle with quarterly reports presented to the Reducing Restrictive Interventions Group for action and the MHA Committee for monitoring purposes.
- Ensured the Use of Force reporting is in place to include self-harm and AWOL and that it is triangulated with a maturity rating for the implementation of the Safeward interventions at ward level.
- Continued to deliver training to our newly registered nurses to establish their knowledge of Safewards and support in further embedding Safewards as standard practice.

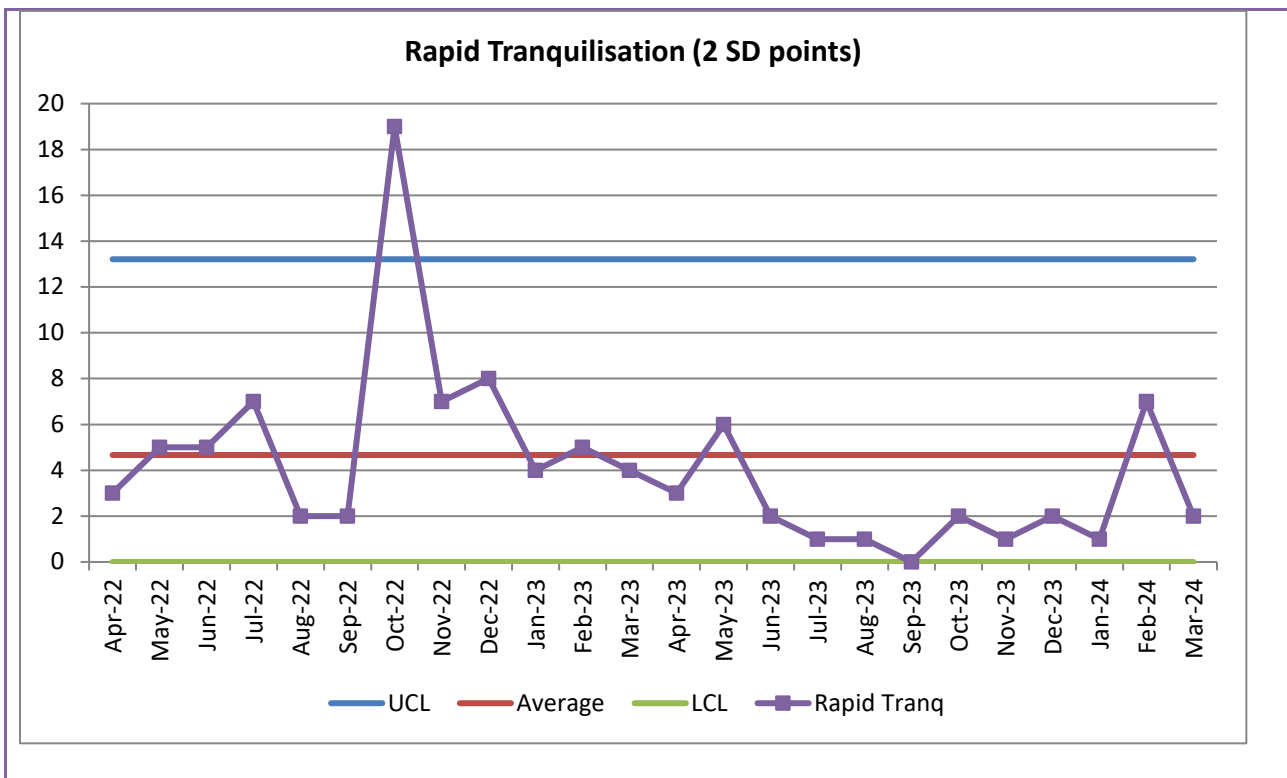
During quarter 4 we have continued to see a quarter-on-quarter reduction in the use of seclusion.



During quarter 4 there has been a reduction in the use of restraint despite an increased number of young people with a complex eating disorder who have planned restraint to support restoring nutritional needs.



During quarter 4 there has been a slight increase in the use of rapid tranquilisation, although this has been used with a small number of people to support reduction in extreme distress.



Priority Four: We will ensure that we are undertaking clinical risk assessment and formulation in mental health services in line with best practice and evolving national guidance; providing collaborative person-centred approaches; moving away from a reliance on risk assessment tools to predict future risk, with a focus on using structured professional judgement to inform decisions about support and interventions.

We said we would:

Revise our existing policy and guidance in relation to risk assessment practice and develop and implement a project plan to deliver the required changes in practice and culture based on the new national guidance which promotes a move away from using risk assessment tools to assess clinical risk in mental health in conjunction with professional judgement.

What we did:

The clinical risk steering group has overseen several workstreams in relation to reviewing and updating our approach to clinical risk assessment, including a revision of our policy. This is in line with several national drivers around the use of risk assessment tools in mental health and a move away from using tools to predict future behaviours and making decisions about treatment in isolation.

Specific improvement work has included:

- A revised policy has been approved with an agreed implementation plan to address some of the significant changes and ensure that during this transition staff feel safe and supported in their practice. The focus of improvement has been on ensuring staff are equipped with the knowledge and skills to confidently assess risk in mental health.
- A training programme has been implemented focusing on clinical risk assessment which also captures learning points from related patient safety investigations. The quarter 4 training compliance for the 2-day clinical risk assessment programme is 72.6%. The training has been running for 2 years with a 3 yearly renewal required. More than enough places have been made available over 2024 to ensure compliance above 85% by the

end of the year with renewal becoming business as usual. Of the remaining non complaint staff 75% are booked onto a date and that will give us 93.3% compliance by the end of 2024.

Building on increased staff knowledge regarding risk assessment a broader piece of work looking at assessment and formulation in clinical practice is now required. This work is captured in Quality Priority 2 - 2024/25.

These four priorities from 2023/24 each have a lead, an implementation plan and established monitoring and reporting arrangements to ensure improvements continue within the established quality improvement and governance frameworks. New priorities have therefore been agreed for 2024/25.

Looking Forward: Our Quality Priorities for 2024-26

All of our quality priorities aim to deliver the highest quality care for our patients, service users and their families aligned to the best available improvement evidence. The priorities have been identified through the Trusts overarching strategic intentions, national best practice initiatives and learning from patient safety incidents and feedback.

Due to the transformational nature of our new priorities, these will run over two years with year one determining the approaches to be taken, implementing the changes and identifying outcome metrics and year two focusing on reporting against outcomes. Outlined below are the steps we will take during 2024/25.

	Priority	What we will do in 2024-25	Source
1	Strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients and service users.	Develop and commence implementation of a Trust wide Physical Health Strategy.	CQC KLOE 5 Year Forward view 2016. National Confidential Enquiry into Patient Outcome and Death 'A Picture of Health?' (2022). Trust Strategy.
2	Maximise quality of care through roll out of a strengthened person-centred approach to assessment and formulation in mental health, learning disability, CAMHS and forensic services. Streamline the information we gather to ensure it is relevant, accurate, up to date and accessible and avoids unnecessary repetition for service users and is aligned to person centred planning review process and the introduction of the Dialog+ as our patient reported outcome measure (PROM).	Establish and commence delivery of a project plan to review and update the approaches we take to assessment and formulation. To include local and divisional standard operating procedures for gathering and recording core information, aligned to the PROM and articulate how this will support collaborative safety and care and intervention planning with service users and carers. Review and streamline the clinical forms and templates as part of the move to the new Electronic Patient Record	National Confidential Inquiry into suicide and self-harm. Trust Suicide Strategy. Long Term Plan Community MH Framework
3	Roll out the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (2022) to support cultural change	Working with partners embed the national Cultural Change Transformation Programme for Adult mental health and learning disabilities.	Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme

	Priority	What we will do in 2024-25	Source
	and a new model of care across all NHS-funded mental health, learning disability and autism inpatient settings.	<p>Specifically:</p> <p>Explore and accelerate different therapeutic offers, including community-based alternatives to admission and a culture within inpatient care that is safe, personalised and enables patients and staff to flourish.</p> <p>Have a clear oversight and support structure that is sustainable and transparent, where issues are identified early. Services that are challenged will have timely, effective, and coordinated recovery support.</p>	

Quality Improvement plans are in the process of being produced for the priorities with monitoring and oversight via the established governance arrangements.

2.2 Statements of Assurance from the Trust

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

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

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

During 2023/24, Humber Teaching NHS Foundation Trust provided or subcontracted 101 relevant health services.

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

During 2023/24, the Trust re-established itself within the contracting arrangements that had been previously in place prior to Covid 19 and this focussed on encompassing all activity within contract arrangements including any previous cost per case services that continued to exist. The Trust embarked on undertaking service demand and capacity reviews on a range of its service areas to understand the changes in demand since re-entering into a fixed contract arrangement.

The most significant services provided during 2023/24 are as follows:

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

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

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by Humber Teaching NHS Foundation Trust for 2023/24.

Freedom to Speak Up

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

Ahead of such legislation, NHS Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment.

Response

Our updated Freedom to Speak Up Strategy (2024-2027) is supported by the Freedom to Speak up Policy and Procedure and includes changes made by the National Guardian's Office. Our speaking up policy and procedure has recently been amended in line with the recommendations made by the National Guardian's Office.

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

The Trust's Executive Lead for Freedom to Speak Up (FTSU) is Michele Moran, Chief Executive, who is supported by a named Non-Executive Director. The Freedom to Speak Up Guardian is Alison Flack, Programme Director for Humber and North Yorkshire Health and Care Partnership and the Deputy Freedom to Speak Up Guardian is Nikki Titchener. The Guardians have completed the National Guardians Office (NGO) training and participate in the regional networking meetings. Staff have reported that in some instances, they feel more comfortable speaking in confidence to a familiar individual for help and support, we have therefore appointed a number of speak up ambassadors to increase the number of ambassadors across our operational areas.

There are several ways in which staff can contact the Guardians to raise their concerns, including using the confidential speak up email address and direct phone contact. Staff can also use the Guardians NHS email addresses. In addition, the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details. The Level 1 National Freedom to Speak up training module is now a mandatory training requirement for all staff to complete.

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

An annual Speak Up report is presented to the Trust Board, and this includes details of the number of staff who have spoken up, details of the concerns and learning and actions taken. Future reports will also contain details of individuals ethnicity, gender and age. This will enable us to identify if underrepresented groups are disadvantaged by our internal processes and to ensure our processes are fully inclusive and widen participation and accessibility. The Trust Board also holds development sessions to measure progress against the NHSE/I FTSU Board self-assessment, and regular updates are provided to the Trust's Workforce and Organisational Development Committee which is a sub-committee of the Trust Board.

Throughout the FTSU process, staff who have raised concerns are kept informed about the progress of the concerns they have raised and are also offered, if appropriate, a confidential meeting with an Executive Director of the Trust. When the concerns have been investigated, feedback is offered and provided to the staff member. On occasions, it is difficult to provide

feedback on any actions the Trust has taken, for example, if the concern was raised anonymously or if it concerns another member of staff. Generally, however, the investigator assigned by the Guardian will meet with the staff member who raised the concern and provide feedback on what action has been taken.

At the conclusion of a speak up concern being investigated and an outcome report, staff receive a letter from the Chief Executive to thank them for raising their concerns and asking for their feedback on the process by completing an anonymous questionnaire.

It is pleasing to see in the staff survey results for 2023 that the Trust positions better than the national average across all People Promise theme areas with improvements across a range of indicators. The response rate of 55.62% is also an improvement compared to 2022 when the response rate was 43.90%.

Below are the results of the indicators closely aligned to demonstrating a positive FTSU and patient safety culture.

Indicator	National	Humber	Benchmark
Manager listens	71.02	79.15	79.15
Manager takes effective action	67.84	74.13	74.90
Feel secure raising concerns about unsafe clinical practice	71.28	77.46	76.82
Confident that their organisation would address their concern	56.81	64.48	61.79
Feel safe to speak up about anything that concerns them	62.31	70.26	68.14

Annual Report on Rota Gaps and Vacancies: Doctors and Dentists in Training

The report on safe working hours for doctors in training looked at the period from November 2023 to January 2024. As of January 2024, there were:

- Full-time Core Trainees: 19
- Less Than Full Time Core Trainees: 3 (one at 50%, two at 80%)
- Full-time LAS Doctors: 0
- Foundation Year 1 doctors: 9
- Foundation Year 2 doctors: 4
- 6-month GP Trainees: 7
- 4-month GP Trainees: 0
- Higher Trainees (HT): 7

These numbers include a trainee that we have on maternity leave, and two core trainees on long-term sickness absence.

There have been no significant issues related to the rota. Three exceptions were raised during on call shifts which were all swiftly resolved. A review of the data exceptions raised did not result in immediate patient safety concerns and there was no impact on accessing educational and training requirements. Furthermore, there have been no reported challenges regarding attendance in teaching and training sessions.

There have been no further issues noted with the allocation process.

Safer Staffing

The Trust is committed to caring, learning and growing and we're equally passionate about supporting our staff to be healthy, engaged and empowered to make a difference.

In response to national workforce challenges the Trust has strengthened the existing approaches to attract new staff and retain our existing workforce. These include:

- An annual workforce planning cycle with all divisions
- Recruitment and Retention Task & Finish group monthly monitoring and annual forecasting
- Grow our own approaches - degree apprenticeships, nurse associate to degree top-up, return to practice.
- Robust process to employing our student nurses and attracting newly qualified nurses from other universities.
- Successful mechanisms to recruit internationally educated nurses, including a bespoke Preceptorship programme.
- Marketing and communication plan including Join Humber page, New Year New job campaign.
- Developed our Trust People Strategy which is guided by our values of caring, learning and growing. It aims to attract and keep our Humberbelievable people by harnessing their talents, supporting meaningful development and ensuring positive workplace experiences throughout their employment journey.

We also have a range of Recruitment and Retention Initiatives available to staff who work for the Trust.

Nursing vacancies have reduced through the year and are now at 6.30%. There are 860.57 FTE Nurses in the Trust compared to 845.1 FTE 12 months ago.

Consultant vacancies are improved however remain challenging with 9 FTE vacancies and all of these are covered by agency locums. We have had success in hiring internationally educated medics and this accounts for us having no vacancies at Speciality Doctor level. It is hoped that in the longer term these individuals will be suitable candidates to replace the agency locums and take up substantive Consultant positions.

Safer staffing in our inpatient areas is reported monthly to the Board with a full report produced every six months. Whilst there are challenges, we are consistently above the national benchmark for Care Hours Per Patient Day (CHPPD).

Staffing in Adult and Older Adult Community Mental Health Services

The scope of Community Mental Health Transformation has increased since the national roll out and now covers:

- A core model spanning primary and secondary care.
- A service for those with a Personality Disorder
- A rehabilitation service.
- Access to Individual Placement Support.
- Early Intervention in Psychosis
- Annual health checks for those who have a severe mental health condition.

The transformation has been underpinned by co-production. There are now 210 people signed up to our Adult Mental Health Involvement mailing list. There are 125 people with lived experience, 56 staff and 29 additional contacts who are receiving regular co-production updates and opportunities to get involved.

Nationally to support improvement a 'Road Map' is in place to guide the elements needed to fully transform services. The last evaluation showed a high level of compliance and priorities were set for 2023/24.

The extended core model spans Primary and Secondary Care across Hull and the East Riding of Yorkshire. This has meant an increase in clients receiving mental health support and treatment across Hull and the East Riding of Yorkshire. At the end of December 2023, performance against the base line set in Q4 2021/22 showed an increase of 17%.

Our Complex Emotional Needs service for people with a diagnosis of a Personality Disorder service has been working to support carers, families and friends by offering the Family Connections programme as well as refining their offer for care leavers and for those transitioning from Child and Adolescent services.

Our Rehabilitation team offers support, treatment and recovery services (STaRS) and deliver a community-based rehabilitation model with a flexible in reach and outreach approach with 5 beds to support transition from inpatient /longer term care placements to community-based care. This approach is seen as an exemplar.

Individual Placement support - 96% of those referred to the service achieve the 13 week 'sustainment' target. The service is also achieving the High-Fidelity Quality Mark.

In our Early Intervention in Psychosis service it is noted that referrals have been the highest since monitoring began in 2018/19. We continue to work to improve timely access and quality of care for people experiencing their first episode of psychosis. Physical Health Monitoring has also been established in the service as well as a new team model for Family Therapy. The service has commenced using the nationally recommended Patient Reported Outcome Measures.

We continue to improve physical health for those with a severe mental illness in the East Riding of Yorkshire by delivering an annual comprehensive physical health check with Health Trainers working in partnership with GP practices to improve uptake. In 2021/22 we made a huge improvement in the uptake of health checks and identified many treatable health conditions. This continued to improve in 23/24. Final 23/24 figures will not be available until July 24. But comparison of performance Q3 22/23 (48.7%) and Q3 23/24 (54.3%) indicates a year-on-year improvement.

Small Grants Scheme – As part of the Transformation programme £150,000 was made available (non-recurrently) to support 'grass root organisations' to support the development of individual and community mental health resilience. To date 32 projects have been supported across Hull and The East Riding of Yorkshire targeting 133,322 individuals and a diverse range of communities. Evaluation shows positive outcomes. The successes have been acknowledged with a Celebration event in April 2024.

The services continue to receive very positive feedback. For example, 100% of those who accessed Peer Support Workers in Hull between September and December 2023 reported a positive experience. 100% of those who accessed Mental Health Wellbeing Coaches across Hull and the East Riding of Yorkshire reported a positive experience between October and December 2023.

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2023/24

A new process was introduced by NHS England for the 2023-24 NHSE EPRR core standards self-assessment for the Humber and North Yorkshire region as part of a phased rollout incorporating an evidence-based check and challenge process requiring NHS organisations to submit evidence to support their annual self-assessment.

The number of core standards applicable to each organisation type is different, Humber Teaching NHS Foundation Trust had 58 applicable core standards to self-assess against and rated itself as partially compliant. On completion of the check and challenge process by NHSE the compliance rating was lowered to non-compliant and, although this does not signal a material change or deterioration in preparedness, it is considered a revised and more rigorous baseline in which to improve plans for preparedness going forward. The Trust has a comprehensive action plan in place to address the improvement and as part of the monitoring process will update the ICB on a monthly basis.

The Trust continues to improve care and service safety, resilience, and response through a programme of training, testing, learning from incidents internally and through work with partners and external networks. Through this work the Trust will increase its compliance with the core standards for the next assurance round for 2024/25.

The Trusts compliance rating was signed off by the Trust Board on 29 November 2023.

Improving Care through Clinical Audit

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

We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) clinical guidelines and quality standards and Care Quality Commission (CQC), Quality Statements. We also audit learning from Patient Safety Investigations and complaints to fully inform our programme of clinical audit.

Each division is expected to complete a minimum of 5 clinical audits across the financial year and contribute to national and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

Proposals for new clinical audits and service evaluations are reviewed by the Divisional Clinical Network Groups and priority and relevance agreed. Completed project reports are also presented and approved and planned actions reviewed. The Audit and Effectiveness Group provides oversight and tracking of agreed audit and other improvement activity with six monthly reporting to the Quality and Patient Safety Group and thereafter the Quality Committee.

Audits undertaken during 2023/24

During 2023/24, 11 national clinical audits and 1 national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides.

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

The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). All mental health trusts across the UK provide data to the confidential inquiry, which enables themes and trends to be investigated on a national level.

National audits during 2023/24

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2023/24 are as follows:

Eligible National Clinical Audits 2023/24	Completed	Progress update
POMH 20b: Valproate prescribing in adult mental health services	√	Report published September 2023. Reviewed at Drug and Therapeutic Group.
POMH 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	√	Report published February 2024. Awaiting review at Drug and Therapeutic Group.
POMH 7g: Monitoring of patients prescribed lithium	√	Report published September 2023. Reviewed at Drug and Therapeutic Group
Learning disability and autism Programme	√	Audit complete awaiting publication of national report
Mental Health Clinical Outcome Review Programme Suicide (and homicide) by people under mental health care	√	Audit complete, awaiting report
Mental Health Clinical Outcome Review Programme – Suicide by people in contact with substance misuse services	√	Audit complete awaiting publication of national report
National Adult Diabetes Audit (NDA) – National Core Diabetes Audit	√	Data extracted by NHS Digital - Report published December 2023.
National Adult Diabetes Audit (NDA) – National Integrated Specialist Survey	√	Data extracted by NHS Digital
National Respiratory Audit Programme (NRAP)	√	Data extracted by NHS Digital
National Audit of Care at the End of LIFE (NACEL)		2023 – no national audit in 2023 as undergoing extensive review of the audit process. 2024 – Audit commenced to be completed in Dec 2024. New audit process will enable more of our patient deaths to be considered
National Audit of Cardiac Rehabilitation (NACR)		Data submission deadline is 31 May 2024 (January – December 2023 data)

Eligible National Confidential Inquiries 2023/24	Progress update
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	On-going data collection – HTFT submitted 22 cases from April 2023 to March 2024

The reports of 5 national clinical audits were reviewed by the provider in 2023/24 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audits 2023/24	Actions
POMH 20b: Valproate prescribing in adult mental health services	Audit findings presented and discussed at Drugs & Therapeutics Group, September 2023. One action was identified: Standard template for a Valproate database to be created once SystemOne is in place.
POMH 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Audit findings to be presented at Drug and Therapeutics Group, May 2024.
POMH 7g: Monitoring of patients prescribed lithium	Audit finding presented and discussed at Drugs and Therapeutics Group, Jan 2023. Two actions were identified: The Chief Pharmacist and Deputy Chief Pharmacist to be included in the Lithium Care Plan follow up. The second action to include further discussions around the findings of the audit.
National Diabetes Audit (NDA)	Based on data from 2021-23 in England and Wales Tabled at Primary Care Clinical Network Group. Summary provided of key overall findings and recommendations. Guidance provided on how to access local practice-specific data/results.
National Audit of Inpatient Falls (NAIF) 2022-23	Report published November 2023. Additional work has been completed including a review of the Falls Policy to align with post falls Look: Feel: Move model and NICE head injury guidance. Introduced a delirium clinical skill competency, bed rails audit and assessments, updated falls training package. Report shared with Falls working group, Community Services Division and Older People's Mental Health sub-group.

Local audits during 2023/24

In 2023/24 a total of 42 local clinical audits were completed across the four divisions. Of these, 37 action plans have been completed and 5 action plans are currently in progress. The actions from clinical audits are monitored by the clinical networks, overseen by the divisional governance groups.

Over the year, the Trust has identified areas for targeted audit work across the organisation. These have been selected as areas of a potential risk or to support a strategic aim. Clinical audit over the past 12 months has covered a broad range of topics. An example of this year's audit themes include:

- Physical health monitoring
- Bed rails risk assessment
- Falls prevention.
- Care plans
- Naso-gastric feeding
- Medication

In addition to clinical audits, the Trust has completed a number of compliance and assurance audits on MyAssurance as follows:

Compliance and assurance audits	Number completed	Overall compliance score
Record keeping audits	4207	≥90%
Mental Health Act audit	833	≥90%
Patients audit	368	≥90%
Mental Capacity and DoLs Safeguards	334	100%
Seclusion audits	191	≥90%
Ward based dispensing	161	≥90%
Controlled drugs audit	148	≥90%
IPC – hand hygiene	105	100%
IPC quarterly inpatient practice compliance	74	≥90%
IPC ward managers – compliance	70	89%
Long term segregation	37	86%

Research and Innovation

We continue to recognise the importance of investing in research; enabling our staff to be at the cutting edge of new treatments and our community to participate in health improvement. There is evidence that people perform well in organisations that focus on research, therefore ensuring provision of research opportunities for people accessing our services is core business for the Trust.

“ Being involved with research has added a new aspect to my role and is helping to improve patient care at our practice. ”

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2023-24, that were recruited during that period to participate in research approved by a research ethics committee, was 1175.

Of these, 1147 patients were recruited to NIHR Portfolio studies and 28 were recruited to local studies. In total, there were 48 Portfolio studies and 15 non-Portfolio/local studies running in the Trust. Patients accessing Trust services have been offered a breadth of research opportunities spanning numerous health conditions and many types of study design. All of our Trust GP practices have recruited into research studies during 2023-24. Approximately 46% of Portfolio studies have involved the evaluation of novel treatment interventions. Further information about research studies in the Trust is available at <http://www.humber.nhs.uk/research/>.

In 2023-24 the Trust continued to provide core funding for a small number of key research posts, as well as receiving external research funding, including from the Yorkshire and Humber Clinical Research Network to support delivery of NIHR Portfolio studies, grant funding for staff named as applicants in particular research and DHSC Research Capability Funding to support clinicians working with academic colleagues to develop new research opportunities. The Trust is also funded to host various regional posts as part of the Yorkshire and Humber Agile Research Team, providing research support across the Humber and North Yorkshire Health and Care Partnership.

The Research department also continues to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017). A refreshed Trust Research Strategy for 2024-26 is in development, which is being refreshed considering changes in national policy, in the way research is delivered and in how we collaborate regionally and nationally.

Work is ongoing to strengthen research collaborations and to bring studies to the Trust in areas where there has been limited previous involvement, with notable successes this year being within our Trust GP practices and involving our Pharmacy team. New collaborations in 2023-24 with Chief Investigators we have not previously worked with, e.g. at Edinburgh Napier University, Sheffield Teaching Hospitals NHS Foundation Trust and Ranvier Health Ltd, demonstrates we are a site that national experts want to collaborate with. Indeed, we were the highest recruiting Trust nationally for the DiSCOVERY study, which is looking at post-diagnostic dementia support within the Recovery College model. Further successes can be found in our quarterly research newsletters available at [Research News and Publications \(humber.nhs.uk\)](http://Research News and Publications (humber.nhs.uk)).

In autumn 2023 we were the first pilot site for a national project to embed research into mental health student nurse training, such that research becomes an integral part of the clinical placement and students view research as a core part of their clinical role. In 2023-24 we trained two cohorts of student nurses. This national pilot is backed by Professor Ruth Endacott, NIHR Director of Nursing and Midwifery. The feedback from student nurses has been really positive.

“ A truly brilliant experience and I have to admit that it went well beyond my expectations. Thank you for inspiring me to regain the passion I had for research in my past career. ”

The Trust's work in research was recognised at the annual Yorkshire and Humber Clinical Research Network awards 2023, where we received 'highly commended' in two categories, the early career researcher and best patient experience, and a regional research group, which included a staff member from our 0-19 services, won the award for best contribution in a non-NHS setting.

Our Research Team is constantly adapting and finding new ways to help reach out to more of our community, to promote the benefits of being involved in research and to change lives.

Commissioning for Quality and Innovation (CQUINs)

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

A proportion of Humber Teaching NHS Foundation Trust's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between Humber Teaching NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, where the NHS payment system rules for the Aligned Payment and Incentive apply.

Further details of the agreed goals for 2023/24 are available electronically on the [Trust webpage, CQUIN page](#).

A consultation on [Proposed Amendments 2023/25 NHS Payment Scheme](#) was published by NHS England on 22/12/2023. It is proposed that the nationally mandated CQUIN scheme is paused for 2024/25, with providers and commissioners having the option to agree CQUINs locally if they choose.

Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered to provide the following regulated activity:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning (Primary Care only)
- Maternity and midwifery services (Primary Care only)
- Nursing care
- Personal Care
- Surgical procedures (Primary Care only)
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Humber Teaching NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Humber Teaching NHS Foundation Trust during 2023/24.

Two targeted responsive assessments in respect of Humber Primary Care and Market Weighton GP practice have been undertaken by the CQC in 2023/24. For both practices the overall rating remains Good, however the rating for both was Requires Improvement in respect of the responsive domain.

The CQC found a breach of regulations for Humber Primary Care. The provider must:

- Ensure that care and treatment is provided in a safe way to patients.

In addition, the CQC identified 2 'should do' recommendations:

- Continue to review and improve patient satisfaction with access by phone and appointment availability.
- Continue to review the amount of patients attending accident and emergency.

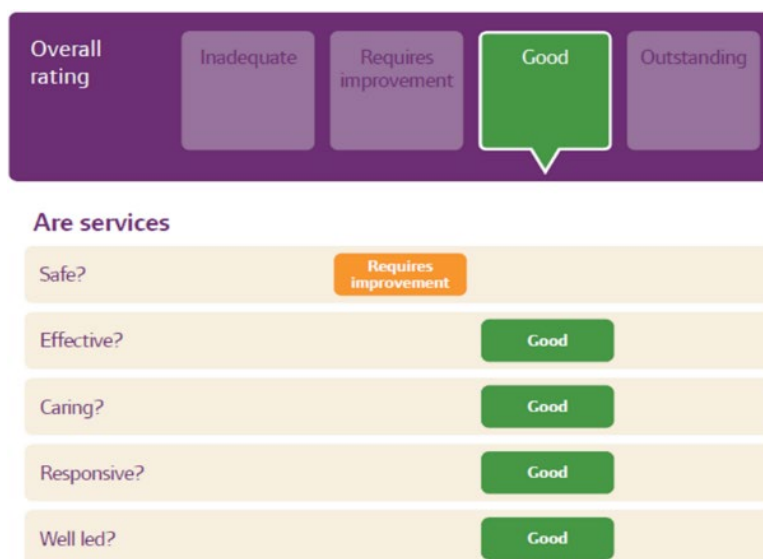
No breaches of regulation were found, in respect of Market Weighton, but there was one 'should do' action.

- Continue to monitor access to the practice, audit and analyse the new appointment system and continue to monitor patient feedback.

An action plan and response has been submitted to CQC to outline the work ongoing in respect of addressing these areas.

Overall, the Trust remains rated as "Good" with the CQC rating the effective, caring and well-led domains as Good. The safe domain was rated as 'requires improvement' at the last inspection in 2019. The Trust continues to make good progress against the requirements of the safe domain.

CQC Rating from the last inspection in February 2019



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

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service, for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was 100% for admitted patient care.

The percentage of records in the published data which included the General Medical Practice Code was 100% for admitted patient care.

The source is [NHS Digital](#) DQMI published report as of November 2023.

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

Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

Actions to improve data quality

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

- Better recording of patient protected characteristics.
- Increase the use of SNOMED coding.

Information Governance

Information Governance Assessment Report

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

The Data Security and Protection (DSP) Toolkit submission date for 2023/24 is 30 June 2023. Humber Teaching NHS Foundation Trust’s DSP Toolkit overall score for 2023/24 is below. The DSP Toolkit was audited by an independent assessor and the audit assessment is:

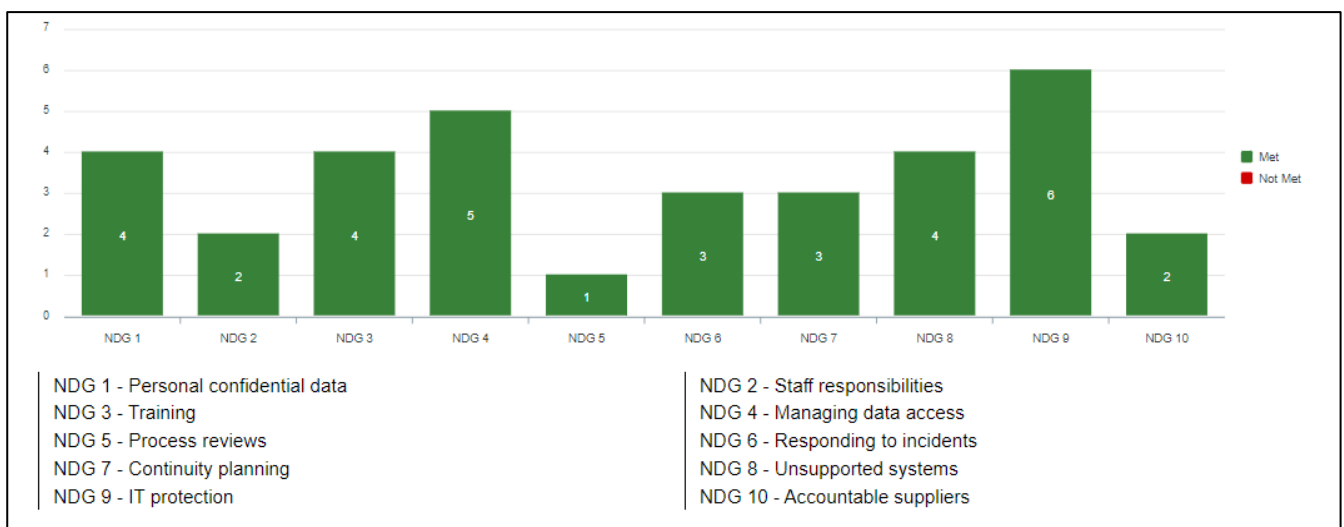
Risk Rating across all 10 NDG Standards	Substantial
Assurance level based on the confidence level of the Independent Assessor in the veracity of the self-assessment	High

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

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

In the current version, there are 34 assertions and 108 mandatory evidence items relevant to this Trust. For each assertion, the status can be “met” or “not met”. The Trust must ensure that all mandatory assertions are “met” for a “Standards Met” DSP Toolkit. If any of the assertions are “not met”, the Trust will receive a “Standards not met” DSP Toolkit.

The Trust’s submission for the 2023/24 DSP Toolkit is below; all assertions are “Met”.



Key areas of development in the year 2023/24 have been:

Information Governance Awareness Raising

The IG team launched a campaign to raise awareness of all things IG as follows.

- **IG Awareness Survey**
Test of understanding to support current IG Training needs analysis. Results have informed IG training topics, global communications, policy and guidance.
- **IG Newsletter**
A bi-monthly IG focused newsletter is produced, updating staff on local and national changes, policy updates, breaches, IG facts and ICO fines and a 'how to'; topic box.
- **IG Q&A Sessions**
The Q&A sessions have been relaunched and now feature a panel-style discussion, each featuring a guest panellist. Attendees are asked to submit questions in advance. A feedback survey is circulated at the end of the session which has produced some positive feedback for the IG Team.
NHS Digital short video campaign
Short videos circulated to all staff bi-monthly on relevant IG issues, videos are part of a national campaign. The first short was on Phishing, and others on Tailgating, Social engineering, Protecting NHS data and Messy files followed through the year.
- **Desktop messages/Posters/IG Intranet Banners**
Wallpaper on risks from phishing, how to spot them and what to do if you receive a suspicious message, was added to every staff desktop. IG banners on weak passwords, unlocked screens, and phishing were added to the Trust homepage intranet banner and posters sent out on protecting patient data.
- **IG Training**
Short interactive IG training sessions to all new starters to support the online Data Security Awareness Training. The IG Team are available and have delivered bespoke training sessions on specific information governance topics; Understanding the Data Protection Act 2018 and applying the data protection principles, The essentials of confidentiality in line with the duty of confidence, sanctions and breach of duty, Dealing with subject access requests and Safe Haven Practices.

Cyber Security Awareness

The IG Team has ensured that a Cyber Security awareness campaign has been undertaken. The campaign has included issuing guidance to alert staff on the risks posed by phishing emails and tips to spot them. Information on cyber security and scams has been provided to staff via the IG newsletter *Data Matters*, a specific newsletter for Data Privacy Day in line with the theme 'take control of your privacy', Counter Fraud newsletters, and a podcast-style Q&A session with the Counter Fraud team.

The IG Team supported the launch of a 'phishing' exercise to identify continued weakness in our staff members cyber security awareness. The exercise was a follow-up to an earlier phishing exercise. Post exercise the IG Team ensured;

- Dissemination of a targeted video for the staff who entered their credentials,
- Dissemination of a targeted video for all staff who clicked the link but did not enter credentials,
- Continued and strengthened cyber security communications and IG awareness raising.

A further phishing exercise is planned for 2024/25.

Cyber Security and Information Governance Learning Platform

The Data Security and Protection Toolkit has been updated this year to ensure that "staff must have an appropriate understanding of information governance and cyber security with an effective range of approaches taken to training and awareness". The IG Team have procured software to allow cyber security and information governance learning campaigns to be developed. The

campaigns will include a range of activities including videos, quizzes, and general communications. As well as the pro-active campaigns, the software will be used as a learning tool in response to IG incidents. The software will also be excellent evidence to demonstrate compliance with CAF Objective B - Protecting against cyber-attacks. The software will be rolled out in the 2024/25 year.

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

Accountability and Transparency

Privacy Notices

To maintain transparency and accountability, the IG team review and maintain the Privacy Notice ensuring patients are specifically informed how their information is used, and the lawful basis for this. The Notice was updated to include information regarding data sharing within the PCN to support the provision of care and treatment, and information on the trusted research environment 'Open Safely' to support COVID-19 research and analysis.

A new Trust-wide CCTV Privacy Notice has been implemented to provide information on the processing of personal data via CCTV. The privacy notice explains to data subjects why their data is processed, the retention period, and data subjects' rights under data protection legislation. Details of the IG Team and methods to make a complaint or provide feedback are also included.

Subject Access Requests

The Trust supports the right of data subjects to have access to their personal data and to understand how that is used within the organisation and regularly receives Data Protection Subject Access Requests. The statutory timeframe to respond is one calendar month. Performance against the statutory timescales is monitored and reported to the IG Group.

In 2023/24 1146 patient Subject Access Requests have been processed by the Trust. 30 (2.6%) of these were outside of the statutory one month timescale.

Supporting New Ways of Working

The IG team has supported the introduction of the OneCall Telephony system to improve patient experience when accessing GP services via the telephone. The system has implemented a call back from queue system to reduce the wait times in answering calls, the system allows the patient to choose the option to hold their place in the queue and receive a call back when they have reached their turn.

The IG team has also supported the effective use of SharePoint and OneDrive to store Trust documentation, moving away from the current practice of using network drives, which will provide a significant cost-saving to the organisation. This supports the NHS's long-term plan for digital collaboration and contributes towards the Trust's attainment of the Cyber Essentials accreditation.

New Systems/Data Protection Impact Assessment (DPIA)

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

Information Sharing Agreements

Good work has continued in 2023/24, with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- The sharing of information with the Youth Justice Service to support KPIs
- SystemOne sharing of information with the Yorkshire and Humber Care Record
- Temporary sharing of payroll data with RDaSH NHS
- The sharing of de-identified data for referral analysis to Childrens' Neurodiversity Front Door services
- Provision of referrals to Age UK's befriending service
- Data analytics for Hepatitis C using de-identified data
- Sharing of patient information with HUTH NHS to refer patients who have been identified as having Hepatitis C but have no record of treatment.

Information Assets

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

Data Security and Protection Toolkit

The Trust published a baseline assessment on 28 February 2023. The IG Team has reviewed the amendments made to the Data Security Protection Toolkit by NHS Digital. Evidence items will continue to be updated prior to the submission deadline.

A report on progress will be provided to the IG Group on a bi-monthly basis up to the submission date of the 30 June 2024.

Data Quality

Data Quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality.

A clinical coding audit was performed on discharged patient records in December 2023. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 99% primary
- 99% secondary

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

Freedom of Information (FOI)

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

The Trust received 427 requests for information under the Freedom of Information Act in 2023/24. This is an increase of 10% compared to the previous year. 78 requests (18%) were not answered within the statutory 20-day timescale due to the increase in requests however this is a 1% reduction in comparison to late responses sent in 22/23.

Registration Authority (RA)

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

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

How We Measure Performance – Meeting Framework Targets

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

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

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

Our internal reporting is split into three levels:

Level 1 (Board Level):

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

Level 2 (Divisional Level):

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

Level 3 (Team Level):

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

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

We also report externally to our commissioners using the following:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The metrics/Key Performance Indicators (KPIs) are included in schedule 4 and 6 of the respective contracts.

This system ensures that we can:

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

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

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

Data Quality Improvement Plans

Data Quality Improvement Plans (DQIP) are designed to highlight gaps in reporting and any identified/known data issues that require attention within clinical services. These are reviewed as part of the Data Quality Group which meets quarterly. Indicators we are not able to provide data against for differing reasons will also be included in the DQIP. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

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

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

The Trust utilises several outputs from the data collection, such as:

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

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

Finance

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

Risk Register

Where performance is not where it is expected and/or there is significant risk, this is logged as a risk for the Trust which dependent upon its risk score appears on the divisional and the Corporate Risk Register.

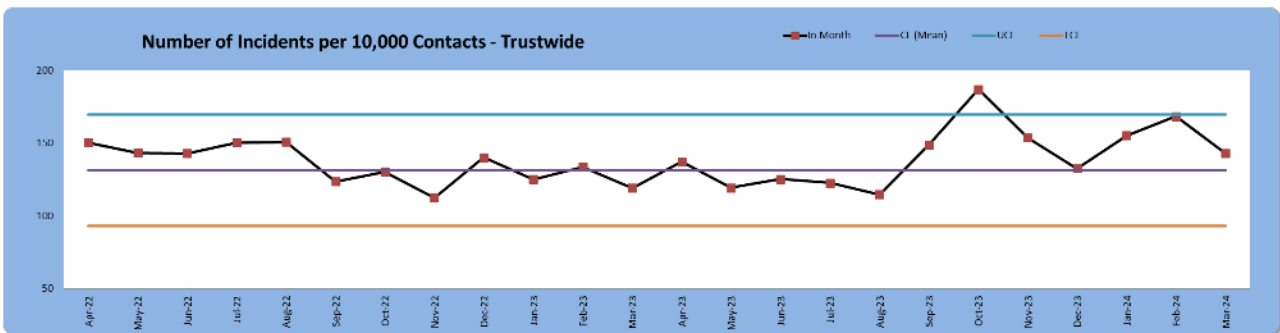
Performance during the year

Information continues to be presented using Statistical Process Charts for a number of indicators mapped against each of the Trust's Strategic Goals. The use of Statistical Process Charts allows data to be analysed over a period of time to establish trends in performance. Upper and lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (common cause variation) or require further investigation /understanding (special cause variation).

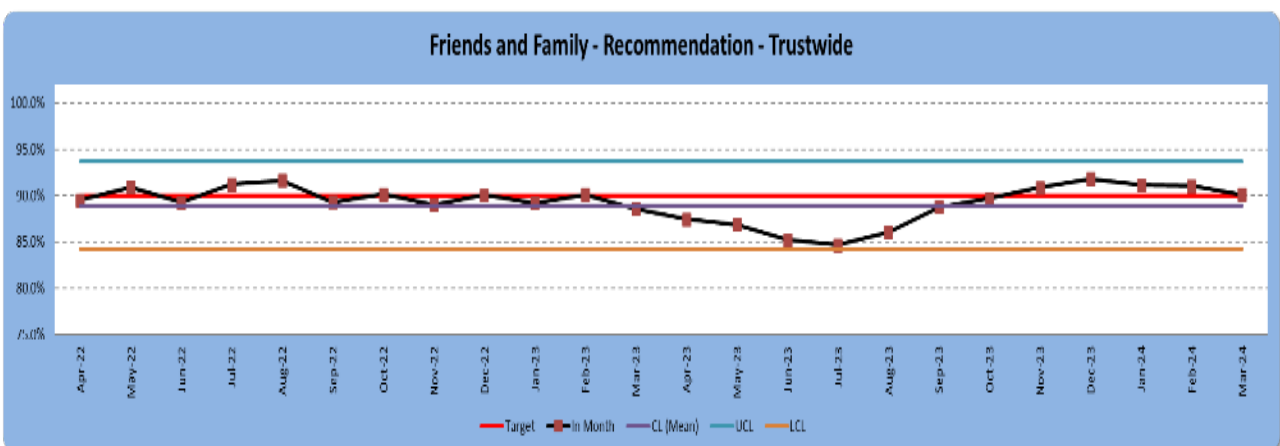
Our performance is reported to the Trust Board and is available on our website. Examples of our performance reported to the Board are below.

Key Performance Indicators 2023/24

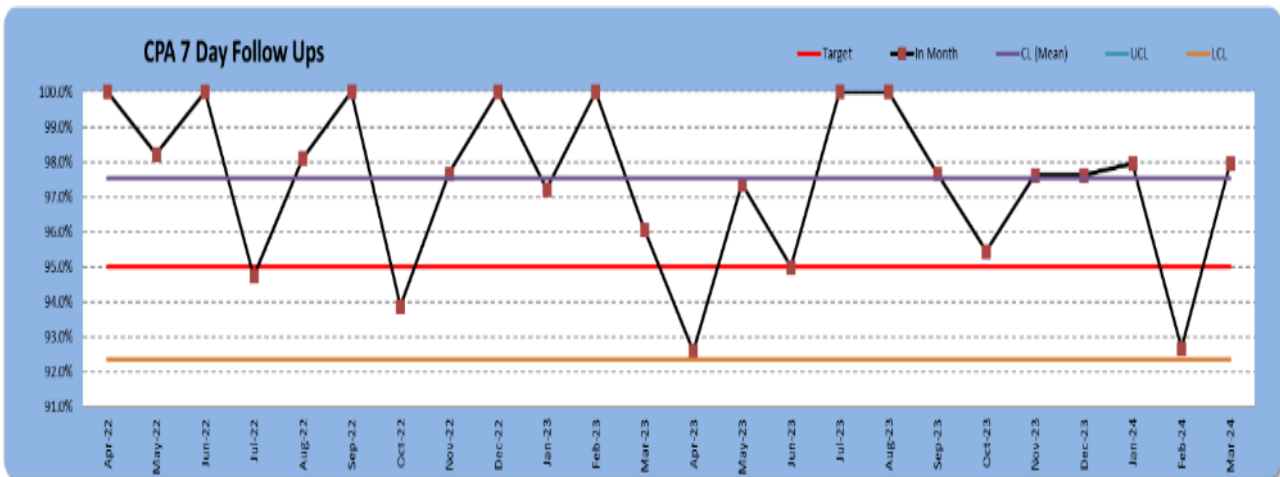
Patient Safety



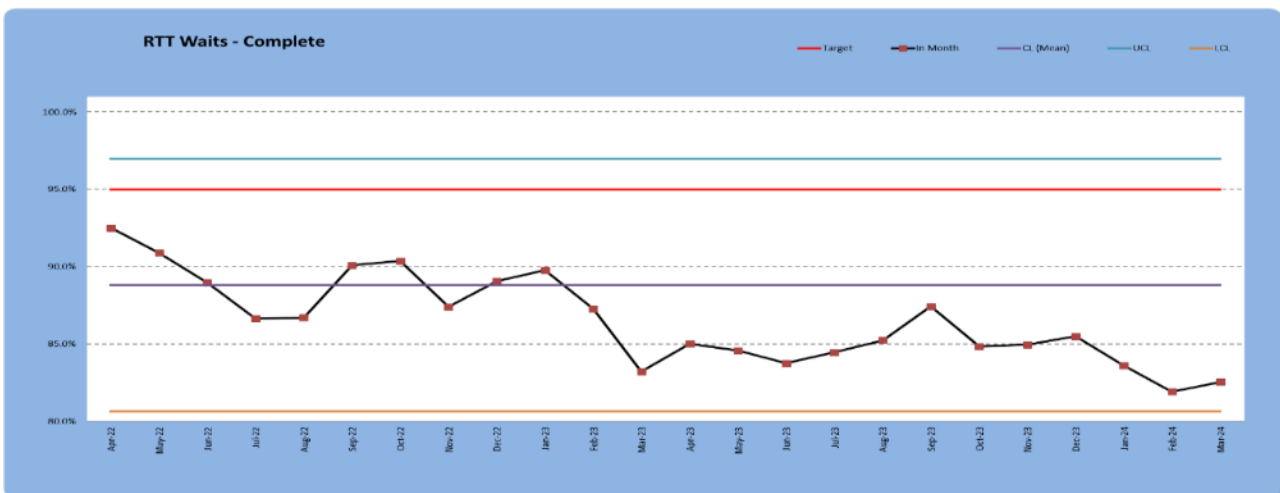
Patient Experience/feedback



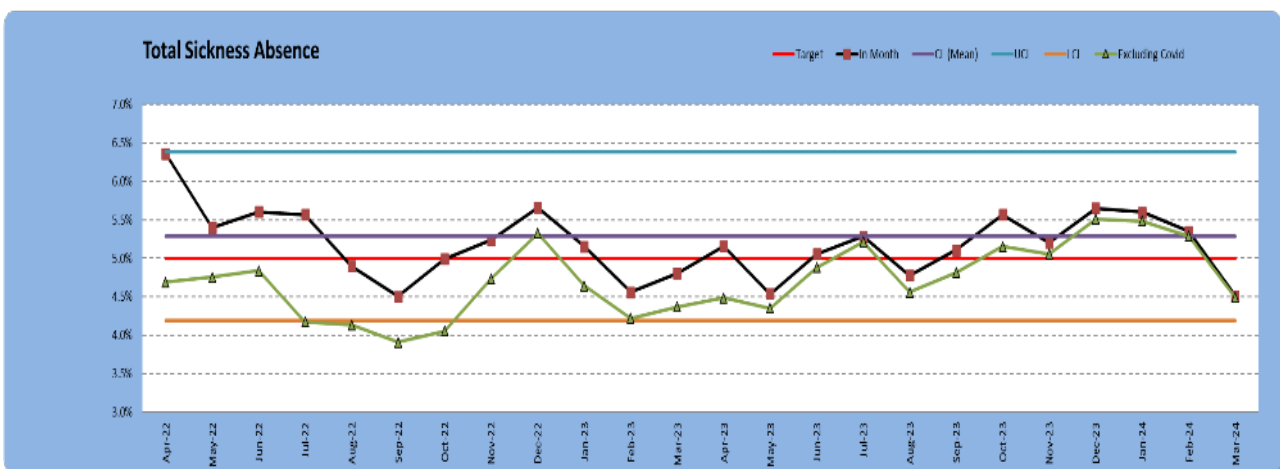
Mental Health Care Programme Approach (CPA)

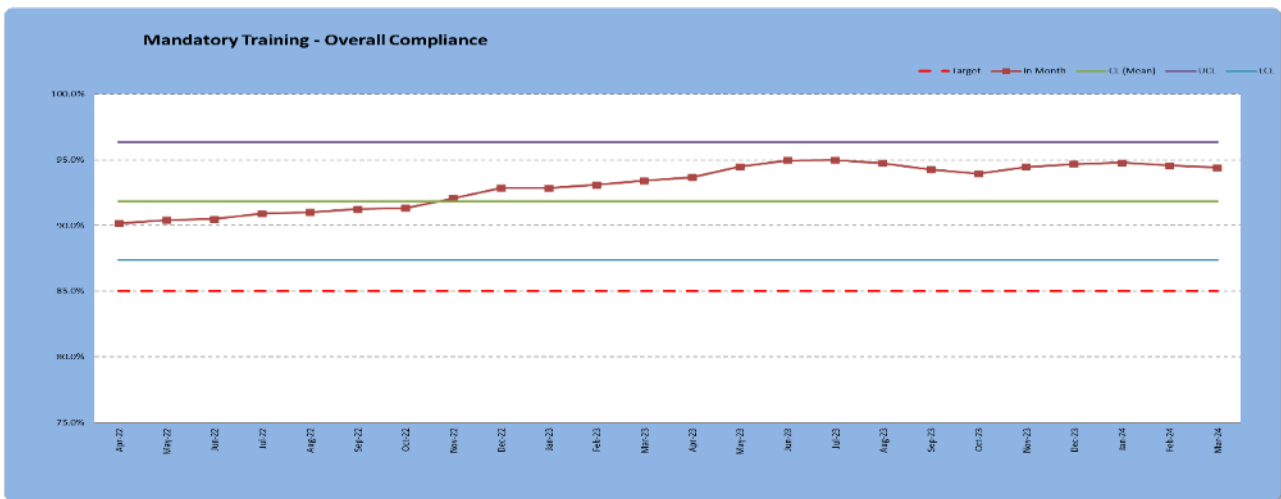


Access to Services



Workforce



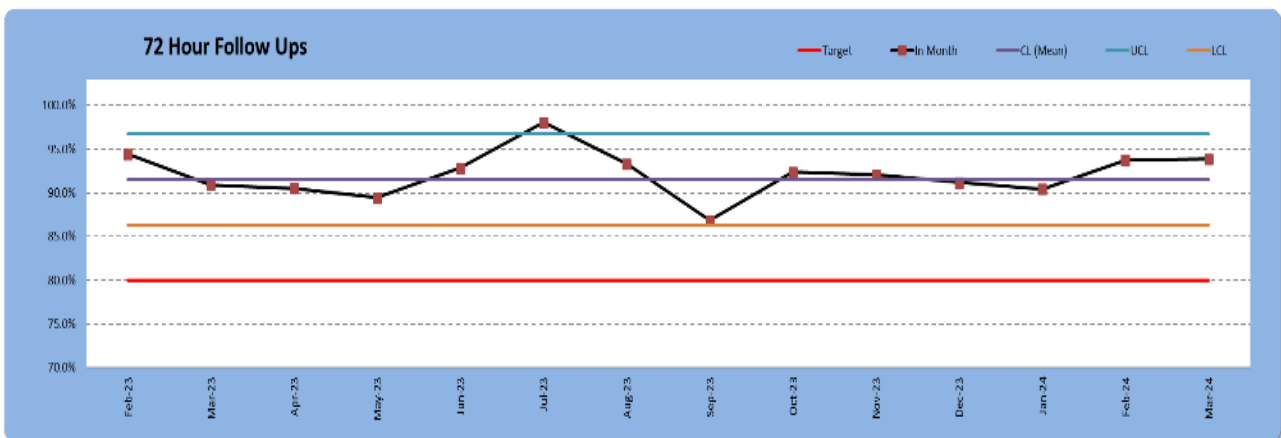


2.3 Mandatory Quality Indicators

In this section, we report against a national core set of quality indicators, which were jointly proposed by the Department of Health and Social Care and Monitor for inclusion in Trusts' Quality Accounts from 2012-13 onwards.

72-hour follow up

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care should be contacted by a mental health professional within 72 hours of discharge. The Trust has set a local performance standard of 80% of all patients should be seen face to face within 72 hours of discharge. Phone contact is acceptable where face to face is either not geographically viable or safe.



Our goal is to ensure at least 80% of all patients are contacted within 72-hours of discharge each quarter. Exceptions to the national target are:

- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment

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

- This indicator is closely monitored on a daily basis. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Trusts Performance Report. It is also reported to Clinical Directors and clinical leads at individual team level.
- Reported contractually to Commissioners as part monthly contract reports.

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

- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 72-hour follow up contact. The Trust Divisional General Managers and Service Managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within 1-3 days.
- The Trust reviews all failed 72-hour follow ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding because of an unavoidable set of circumstances preventing contact. If a patient is not follow-up within 72-hours the clinical teams will continue with their attempts to contact the patient and provide support.

Re-admissions (Community Hospitals)

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

Whitby Community Hospital

For April 2023 to March 2024, there were 213 discharges at Whitby. Of these, there were zero patients with an unplanned readmission within 30 days of their previous discharge, which equates to 0%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.

Fitzwilliam Ward, Malton Community Hospital

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients Stepped up to Acute Bed - 21/22	4	8	1	4	6	1	5	8	6	8	4	6
Number of Patients Stepped up to Acute Bed - 22/23	10	2	2	4	3	4	2	2	1	3	1	6
Number of Patients Stepped up to Acute Bed - 23/24	6	0	2	6	1	5	0	6	5	7	5	4

The monthly average number of patients stepped up to acute hospital has increased from 3 to 4.

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

- A community bed provides short term (usually no longer than 3 weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute care.
- Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step-down approach to the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds within community hospitals, have been shown to deliver beneficial outcomes for patients nationwide.

Recommending our Trust as a Provider of Care

The National Quarterly Pulse Survey (NQPS) was implemented in July 2021, replacing the Staff Friends and Family Test (SFFT). The NQPS is implemented in all NHS trusts providing acute, community, ambulance, and mental health services in England.

The NQPS supports the Trust's strategy most notably 'Innovating for quality and patient safety' and 'Developing an effective and empowered workforce'. The NQPS also supports the newly refreshed People Strategy and contributes towards delivering the NHS People Promise, notably giving our staff 'a voice that counts'.

Alongside the annual NHS Staff Survey, the NQPS provides a more regular insight into the working experience of our people. Allowing us to adapt according to what our staff are saying.

Key metrics for 2023/24

Quarter	Month (survey open for 4 weeks)	Response Rate	% of staff say care of patients / service users is my organisations top priority	% of staff say they would recommend the organisation as a place to work	% of staff say if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
Q1	Apr-23	18%	79%	67%	70%
Q2	Jul-23	19%	79%	69%	69%
Q3	Survey is not undertaken as this is the period the National Survey 2023 is live.				
Q4	Jan 24	15%	82%	71%	74%

The analysis of Q1, Q2 and Q4 NQPS indicates that an average of 71% of our staff would recommend us as a provider of care to friends and family, and 69% would recommend our Trust as a good place to work. This is an improvement on 2022/23 data, with an increase from 66% of our staff recommending us as a provider of care to friends and family and 63% recommending our Trust as a good place to work.

We have taken the following actions to improve this percentage:

- Continued to develop the Trust estate to include improvements to outside areas for staff and provision of food and rest areas
- Investment into the Workforce Wellbeing team providing various health and wellbeing focussed initiatives for employees, including physical and emotional health checks.
- Organisation wide campaign focussed on 28 days of wellness.
- Increase provision for staff engagement
- Increased training and support for staff and managers living with menopause
- Wellbeing initiatives for staff to be actively involved in decreasing work related stress

- Additional provisions within the Trust Leave Policy to provide enhanced leave and pay in the event of pregnancy loss, child bereavement, IVF and supporting dependents through terminal illness.
- Accreditation with Tommy's and The Smallest Things to support pregnancy complications, miscarriage, stillbirth and premature births.
- Staff Benefits hub created and launched, providing a variety of benefits from financial wellbeing, health and mental wellbeing and retail benefits.
- Continuing to develop our Equality Diversity and Inclusion networks to maximise voice, involvement and representation of BAME, Disabled and LTbQ+ groups.
- Introduced enhanced flexible working opportunities as well as flexibility in hours and working location.
- Developed an Autism Strategic Framework supporting autistic staff.
- Developing existing talent and recruiting new with apprenticeships, reviewing promotion and recruitment practices by ensuring staffing is reflective of the community
- Continuation of the talent development programme the Humber High Potential Development Scheme.
- Mentoring scheme including a mentoring hub for mentees and mentor.
- Career and health and wellbeing conversations are incorporated into appraisals, plus tailored CPD and enhancements to e-learning
- Retirement Policy and more pension information is available for our staff, including clarity on all flexible retirement options .
- Programme of work developed to support working Carers within the Trust
- Respect Campaign launched to encourage individuals to report any bullying, harassment or discrimination, creating a safe environment for staff to report incidents.
- Signed up to the Sexual Safety Charter to ensure as a Trust we enforce a zero tolerance approach to any unwanted, inappropriate or harmful sexual behaviours.

The NHS Community Mental Health Service Users Survey

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). This year the survey took place nine months later than previous years (between August and December 2023). This was due to several changes to the survey including:

- The survey has changed from a paper based self-completion postal questionnaire to a mixed-mode survey where service users are able to complete either an online or paper version of the questionnaire. In addition, two text message reminders will be sent including a unique link to the online survey.
- Eligibility criteria has changed to include 16–17-year-olds to be eligible to participate, however Memory Clinics have been excluded.
- Major revisions to the questions have been implemented. Twenty-three new questions have been added, nineteen removed, and fourteen amended. A new section has been introduced to capture the experience of younger people transitioning from Children and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.
- The covering letter to support the survey now offers Trusts to add bespoke information on how they have used the previous survey data to improve care for service users.

This year's survey was sent to 1,250 service users and the 2023 response rate was 18% (216 usable responses from a usable sample of 1250). Humber Teaching NHS Foundation Trust considers that the data is collected nationally from a randomly selected sample. The Trust does not introduce any selection bias into the sample selection. We are therefore confident that the sample is as reflective of our patient population as possible.

5 questions scored in the top 20% of Trusts surveyed and the majority of the scores sat in the intermediate range. 1 question scored in the bottom 20%, 'has your NHS mental health team

asked how you are getting on with your medication` with a response of 73% from 156 responders to the question.

Our Trust has a Community Mental Health Service User Survey working group meets monthly to review the survey results, identify areas of concern, oversee implementation of the actions to address areas where improvements are required. The working group carries out focused work paying particular attention to; the questions were the Trust scored in the lowest 20% threshold compared to the national picture, the Trust's bottom five scoring questions and specific targeted questions of concern ie areas that that have been targeted for improvement in the past and actions have been implemented to address however improvements have not been realised in the current survey results, therefore further work is required.

Healthcare Associated Infections

Healthcare Associated Infections (HCAI) remain one of the major causes of patient harm and, although nationally there continues to be a reduction in the number of patients developing serious infection, such as MRSA bacteraemia, the rates of other HCAI have risen. For example, *Clostridioides difficile* and the continuing emergence of newly resistant organisms.

The Infection Prevention and Control Team have been instrumental in ensuring all infection control policies have been reviewed in line with new guidance, supported by communications to staff, staff training, and audits.

Please refer to the Trusts Annual Infection Control Report 2023-24 for full details of the Trust Performance against our key objectives. Our Trust web page for [Infection Prevention and Control](#) gives further information and the annual report will be available to view once published later in the year

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

Clostridioides difficile Infection (CDI) Measure

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

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

- Not to exceed 4 Trust apportioned cases within the Trust's Hull and East Riding of Yorkshire inpatient units
- Not to exceed 4 Trust apportioned cases for Whitby Community Hospital inpatient unit
- No target is currently set for Malton Hospital

Summary of progress

During 1 April 2023 to 31 March 2024 there has been 0 CDI cases apportioned to the Trust.

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

A *Clostridioides difficile* Infection (prevention and management) Policy is available on the Trust intranet for all staff. It is expected that staff manage any suspected cases as per Trust policy. The diagnosis of CDI is based upon the presence of the *Clostridium difficile* toxin.

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

- Any CDI cases where the sample is obtained after 3 days from admission are reviewed to determine any areas of learning and whether the case of CDI could have been avoided, regardless of whether the case was attributable to the Trust
- Ensuring antibiotics were prescribed and administered in accordance with the respective locally agreed antibiotic guidelines
- Increase the opportunities to work collaboratively across the health economy to prevent and control CDIs
- Identifying and eliminating (where applicable) any potential risks of cross contamination and other possible risk factors

Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia

For the financial year 2023-24, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

Methicillin-sensitive *Staphylococcus aureus* (MSSA) Bacteraemia

For the financial year 2023-24, it is noted there have been zero MSSA Bacteraemia cases apportioned to the Trust.

Escherichia coli (E.coli) Bacteraemia

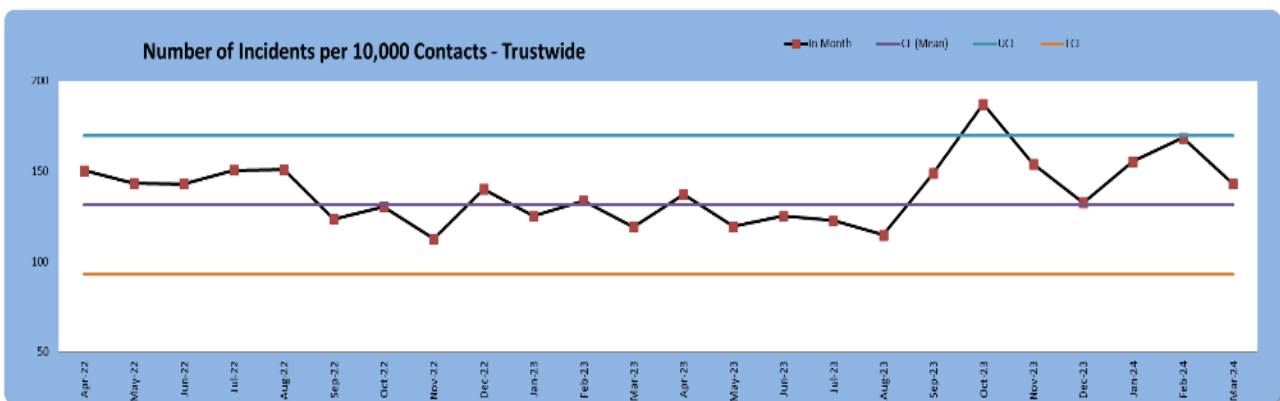
For the financial year 2023-2024, it is noted there have been zero *E.coli* Bacteraemia cases apportioned to the Trust.

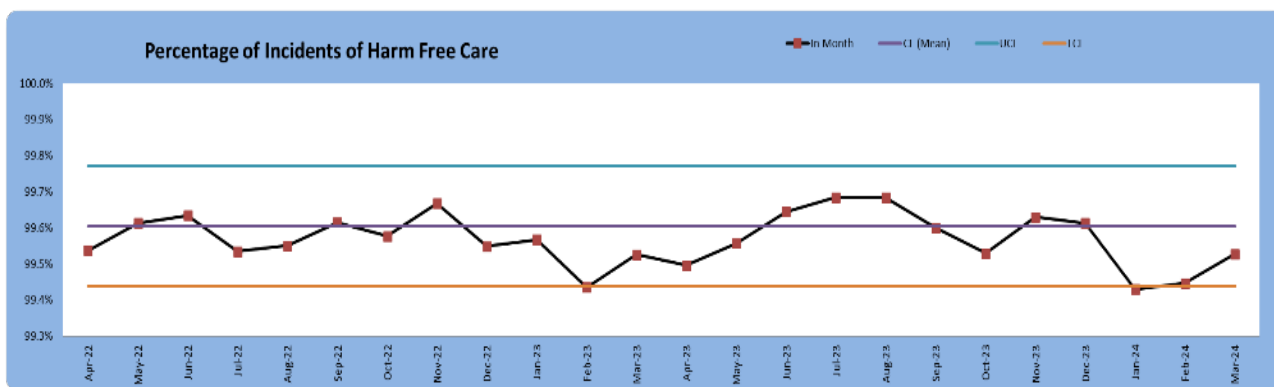
Patient Safety

Incident Reporting

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety in the NHS. Latest reports (September 2022) indicate Humber Teaching NHS Foundation Trust's reporting rate was 120.4 incidents per 1,000 bed days which puts the Trust in the upper quartile with the highest number of incidents per 1,000 bed days reported as 222.1.

In terms of reported level of harm, 75.7% of the Trust's reported patient safety incidents resulted in no harm and 21.9% of the total incidents resulted in low harm. This confirms a positive patient safety culture in that we can demonstrate high reporting and low/no harm.





All incidents are reviewed in the daily Corporate Safety Huddle which is attended by a range of professionals which include safeguarding, pharmacy, matrons, senior managers, and senior clinicians. Within this meeting, the severity rating and category of each incident is reviewed to ensure it is correct in line with national patient safety reporting guidance and further investigation is directed as applicable.

Patient Safety Incident Response Framework

In October 2023 the Trust moved to utilising the Patient Safety Incident Response Framework (PSIRF). The PSIRF replaces the Serious Incident Framework (SIF) (2015) and makes no distinction between 'patient safety incidents' and 'Serious Incidents'. As such it removes the 'Serious Incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

The PSIRF is not an investigation framework that prescribes what to investigate. Instead, it:

- advocates a co-ordinated and data-driven approach to patient safety incident responses that prioritises compassionate engagement with those affected by patient safety incidents
- embeds patient safety incident responses within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Organisations are required to develop a thorough understanding of their patient safety incident profile, ongoing safety actions (in response to recommendations from investigations) and established improvement programmes. To do so, information is collected and synthesised from a wide variety of sources, including wide stakeholder engagement.

To date 207 members of staff have been trained in utilising a systems-based approach to investigating incidents rather than looking for a root cause which can apportion blame.

There is a robust process in place to support staff who are undertaking investigations in line with the national Patient Safety Incident Reporting Framework. Staff report that they feel much better supported and find meeting throughout the process invaluable.

PSIRF focuses on learning from incidents with organisations required to theme up learning, identify safety priorities for delivery underpinned with quality improvement methodology. The thematic analysis of incidents, patient complaints and patient safety performance undertaken in July 2023 resulting in the following patient safety priorities being identified:

- Self-harm and falls related head injuries will be managed as per NICE guidance and local policy/procedures
- Venous Thromboembolism (VTE) assessment to be undertaken within 14 hours of admission to our inpatient units
- Seclusion reviews to be undertaken in line with the Mental Health Act Code of Practice
- Families and carers to be involved in discharge planning (where consent has been given by the patient)

- Medication to be administered to the correct patient (community and inpatient settings)
- Ensure we have systems and processes in place to action onward referrals for patients in our care

All are underpinned with an improvement programme with oversight by the Quality & patient safety Group and the Quality Committee.

Learning from Incidents.

We have established robust processes to ensure recommendations from incident investigations are embedded in practice with all divisions reporting the learning into a central Closing the Loop Group, chaired by the Director of Nursing. This approach serves to approve the evidence to in support of the learning and encourage learning across the divisions.

In addition to learning from incidents, we recognise the importance of learning from what we have done well, this is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix". Each month we recognise the team or individual of the month who has gone above and beyond in terms of maximising safety for our patients/ service users and their families and/or carers, culminating in an overall winner in the patient safety annual staff awards.

Patient Safety Culture

We continue to embed the 'Just Culture' tool launched by NHSI in March 2018. This ensures that staff are supported to report and be open about incidents, this is reflected positively in our staff survey results 2023 (see staff survey related results in the FTSU and Staff Survey sections in this report).

Further details of our incident reporting, management and learning is presented in our Patient Safety Annual Report 2023/24 which will be available from July 2024.

Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2023/24, we have continued to strengthen our approach to learning from deaths.

All incidents (including all deaths) that occur within our services are reported via our Datix incident management system and are reviewed in the daily Corporate Safety Huddle.

Patient deaths are considered for mortality review where they are not subject to a patient safety investigation/review in line with PSIRF.

A quarterly Patient Safety report is produced which is reviewed by the Quality and Patient Safety group. This provides an overview of any Patient Safety Incident Investigations/reviews that are underway or complete. Any issues that may have the potential to impact on the delivery of the organisational objectives are escalated to the Executive Management Team via the appropriate risk register.

An Initial Incident Review (IIR) report is completed within 72 hours for deaths deemed by the daily Corporate Safety Huddle as where a potential for further learning is identified. All Datix reports related to deaths are reviewed in the weekly Clinical Risk Management group (CRMG) along with all Initial Incident Review reports. Following an IIR, as per our Patient Safety Incident Response Plan, further exploration may be required at which point an appropriate investigation/review will be commissioned in line with our PSIRF policy.

Learning from all deaths is disseminated across the organisation through the weekly Clinical Risk Management group (CRMG), divisional governance processes, and via the Quality & Patient Safety Group.

During 2023/24, 652 Humber Teaching NHS Foundation Trust patients died. Of the total number of deaths, 86.5% were from natural causes.

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

- 158 in the first quarter
- 156 in the second quarter
- 183 in the third quarter
- 155 in the fourth quarter

By 1 April 2024, no mortality reviews and 28 investigations have been carried out in relation to 652 of the deaths included above. In zero cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter, for which a case record review or an investigation was carried out, was:

- 9 in the first quarter
- 10 in the second quarter
- 4 in the third quarter
- 5 in the fourth quarter

Learning from all incidents

As a result of the learning from investigations/reviews the Trust has completed the following:

Improved family/ carer engagement by:

- Development of leaflets and posters on community nursing to be included in residential homes.
- Undertaken audits on ensuring next of kin details are evidenced.
- Developed and distributed practice notes on the importance of checking contact details with patients and families.
- Development and circulation to families of suicide awareness training and a leaflet on suicide awareness is available on line.
- Audited the involvement of carers and families in admission.
- Developed and disseminated a practice note on the rights of the nearest relative to request a mental health act assessment.
- Developed and disseminated a practice note on information sharing with families and carers.
- Revised the use of interpreters SOP.
- Updated the policy on engagement of families and carers.

Improved physical health support through:

- Reviewing and revising the diabetes review and learning group
- Reviewed and recirculated the physical health policy.
- Ensured in forensic units` physical health is documented in care planning and included in handovers
- Delivered insulin training and training on blood glucose monitoring.
- Reviewed the competency assessments and training packages on physical health.
- Escalated and addressed access to dental appointments for patients in forensic units.
- Provided support and training in respect of sleep hygiene.
- Delivered wound care and body mapping training.
- Delivered MUST training.
- Ensured care plans for inpatients include physical health needs and audited these.
- Developed a diabetes management standard operating procedure.

Improved risk assessment and formulation by:

- Development and delivery of clinical risk training
- Developed and disseminated a practice note on when to complete a Domestic Abuse Stalking and Honour based violence (DASH) risk assessment.
- Updated the seclusion policy.
- Strengthened the MDT arrangements and audited how these are working.

- Strengthen the escalation processes.
- Developed a dual diagnosis protocol.
- Audited staff clinical supervision.
- Audited decision making around discharge.
- Audited care plans and pre and post leave risk assessments.
- Audited that patients have signed up to their care plans.
- Further developed the transition pathway between children and adult services.
- Delivered training on trauma informed care.

Part Three: Other information on Quality Performance 2022/23

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

We also share some highlights of our successes throughout 2023/24 and the comments received from our stakeholders.

3.1 Key National Indicators

There are three domains which the Key National Priorities fall under for the Trust to report on in Part 3. This is explained in the table below.

Please note: some of these indicators have already been included in Part Two of the report. Where this is the case, reference is made to Part Two.

The Three Domains for Key National Indicators

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

Mental Health Delayed Transfers of Care

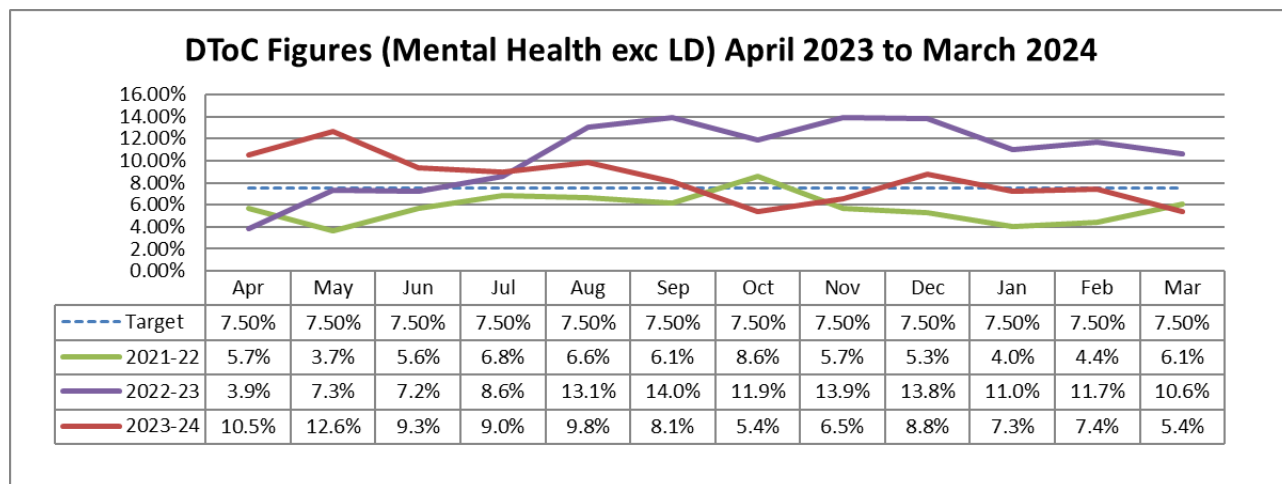
This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

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

Summary of Progress

At the end of March 2024, the Trust reported a percentage of 8.4% delayed transfers which is a decrease on the same period last year, 10.2%.

The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients effected, and the number of days delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.



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

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

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
MH OBDs	4158	4375	4471	4354	4243	4144	4078	4003	4099	4336	4024	4285
MH DToC	436	553	418	391	416	334	221	262	361	315	298	231
	10.5%	12.6%	9.3%	9.0%	9.8%	8.1%	5.4%	6.5%	8.8%	7.3%	7.4%	5.4%

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

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

Our patients who are delayed transfers of care are waiting for residential accommodation, packages of care or NHS hospital provision not provided by the Trust. Working with our system partners is key to addressing delays.

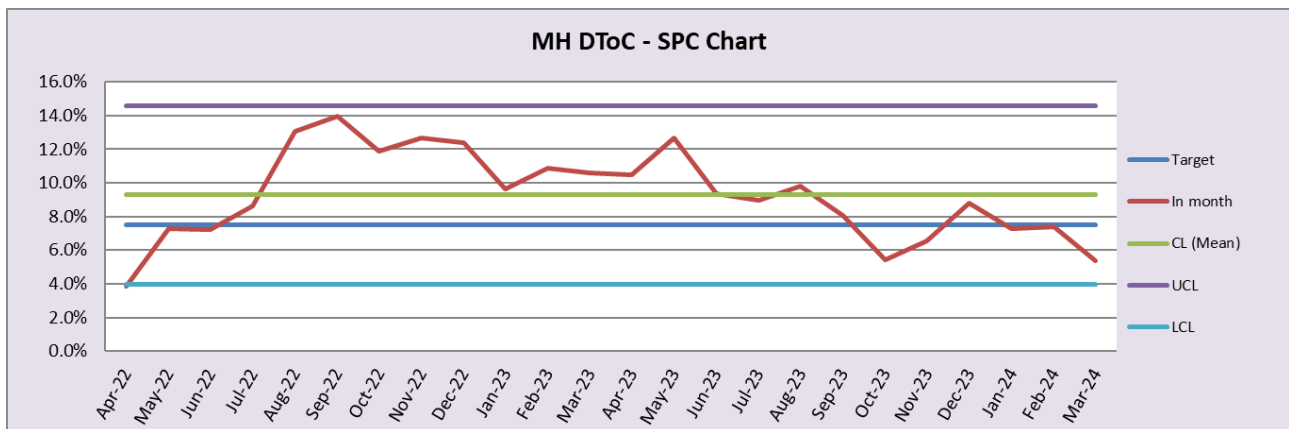
The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Continue with weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.
- Escalation meetings are now established with Kingston Upon Hull City Council and East Riding of Yorkshire Council and representatives from Hull and East Riding Place. These meetings focussed on any patient discharge delay beyond 30 days, but this focus has been reduced to 20 days as progress has been made.
- A system review is taking place to identify any opportunities to improve the discharge planning process for complex cases requiring bespoke packages of care.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.

- Validation meetings to cross-reference electronic recording and reporting.
- Weekly and monthly automated reports to senior clinical leads identifying current patient delays.
- Project team set up to review the process and adopt within community hospital wards.
- Commissioning of step-down beds to provide alternatives for those delayed as a result of housing need was explored as part of Winter Plans though suitable alternatives were not identified.
- Similar arrangements are in place to address delays from our community beds at Malton and Whitby hospitals.

Patients who are delayed discharges from our learning disability beds have oversight from the system wide Transformation Programme Board.

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



Improving Access to Psychological Therapies (IAPT)

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

IAPT access times and goals

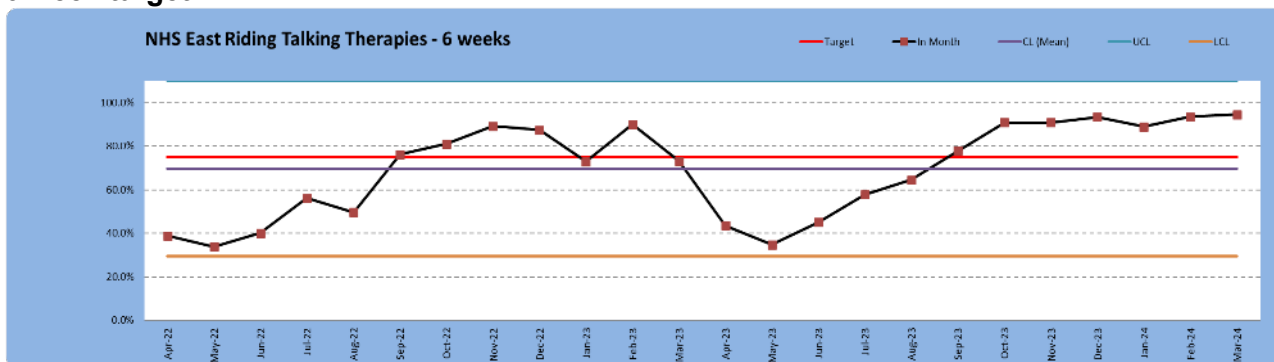
The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

Summary of progress

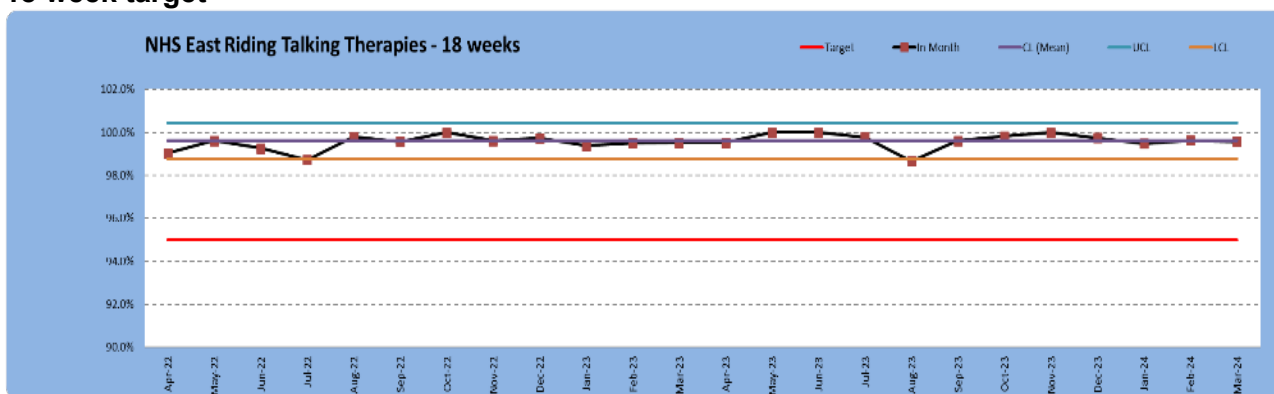
The IAPT team has been measured against this standard for the East Riding catchment area throughout 2023/24. 6 week performance had improved since May-23.

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

6 week target



18 week target



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

- monthly reporting from the Trusts PCMIS system.

Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016, NHS England introduced a series of standards for Early Intervention for Psychosis teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that more than 60% of people experiencing first episode psychosis will be treated, with a NICE-approved care package, within two weeks of referral. The standard is targeted at people aged 14-65.

Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the aged range of 14-64. The year to date performance of 67% is above the nationally mandated target of 60%.

The challenges associated with this target are as follows:

- Variation in referral levels in a low volume service
- Recruitment and retention
- Absence of investment

Performance levels have dropped in quarter 4 due to new starters being able to take new cases onto caseload whilst in perceptorship.



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

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

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

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

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

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

Summary of progress

There is no national target set for this indicator, but the Trust aims to have no admissions of children into adult wards. During April 2023 to March 2024 there were no admissions of Under 16's to adult inpatient units.

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

- The Service developed the inpatient skill and workforce to manage eating disorder conditions which has been a significant improvement for the service and its users.
- The Service has worked with the Provider Collaborative to review the use of its commissioned beds and workforce to meet the needs of the regional usage. NHS England has previously commissioned the number of general and PICU beds based on an audit of the regional usage.
- The service continues supports young people from Hull, East Yorkshire, North and North East Lincolnshire.

- The service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of young people's Mental Health services locally.
- Access to services is key, keeping young people close to the systems of support that aid recovery.
- The Division ensure that early intervention, crisis and inpatient services work closely together to minimise inpatient admission.

Out of Area Placements

An out of area placement is when a patient with assessed acute mental health needs who requires non-specialised inpatient care is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

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

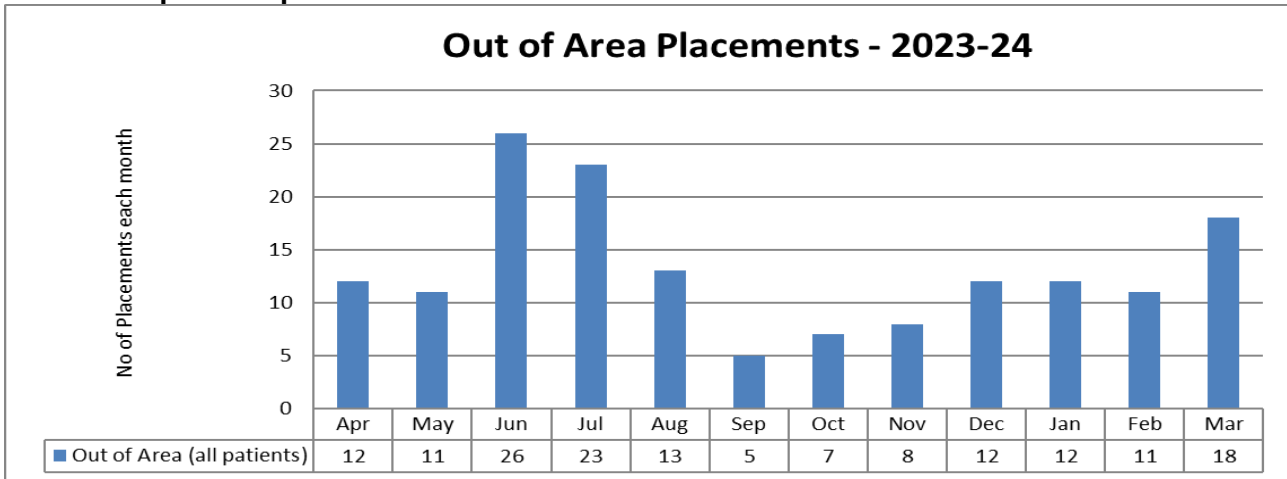
For 2023-24, the results of Out of Area Placements are documented in the Trust Performance Report (TPR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. This SPC graph is plotted over a 24 month period.

It was the Trust's intention that there will be zero inappropriate out of area placements for the year 23/24, however, this was not achieved with pressures in two key areas which includes older adult functional bed availability and specific challenges with PICU and the forensic pathway. Proposals are in development with Place colleagues to review the funded provision and determine alternative options for resolving variations in demand.

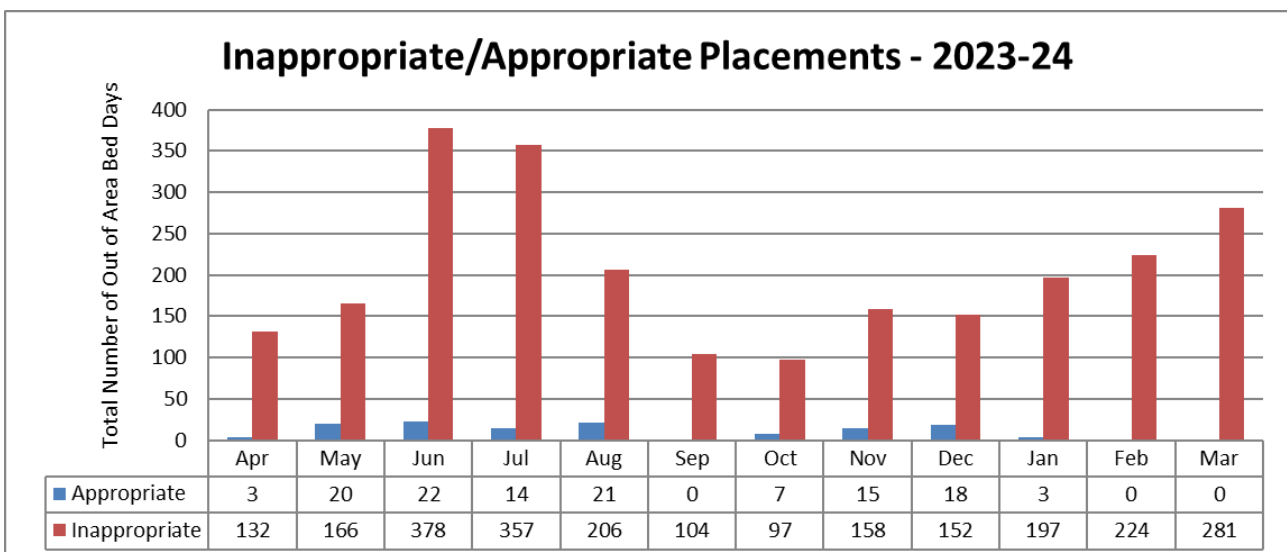
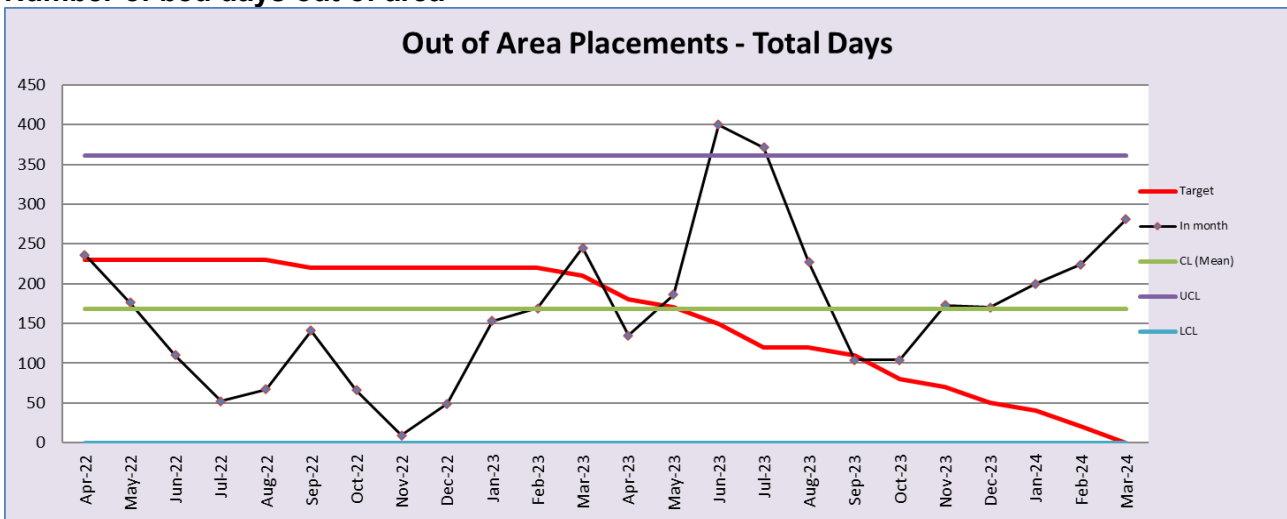
Summary of progress

Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. The closer someone is to their home Trust, the more beneficial this is for family and enable on-going care needs to be met. During 2023/24 we have worked with ICB Place colleagues to adjust capacity for older adult functional beds to enable more patients to remain local. Additionally, we are working closely with the MH/LD collaborative working group focussed on Out of Area Placements which will include proposals to review PICU provision to minimise out of areas placements across the wider system.

Number of patients placed out of area



Number of bed days out of area



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

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

CAMHS Eating Disorders

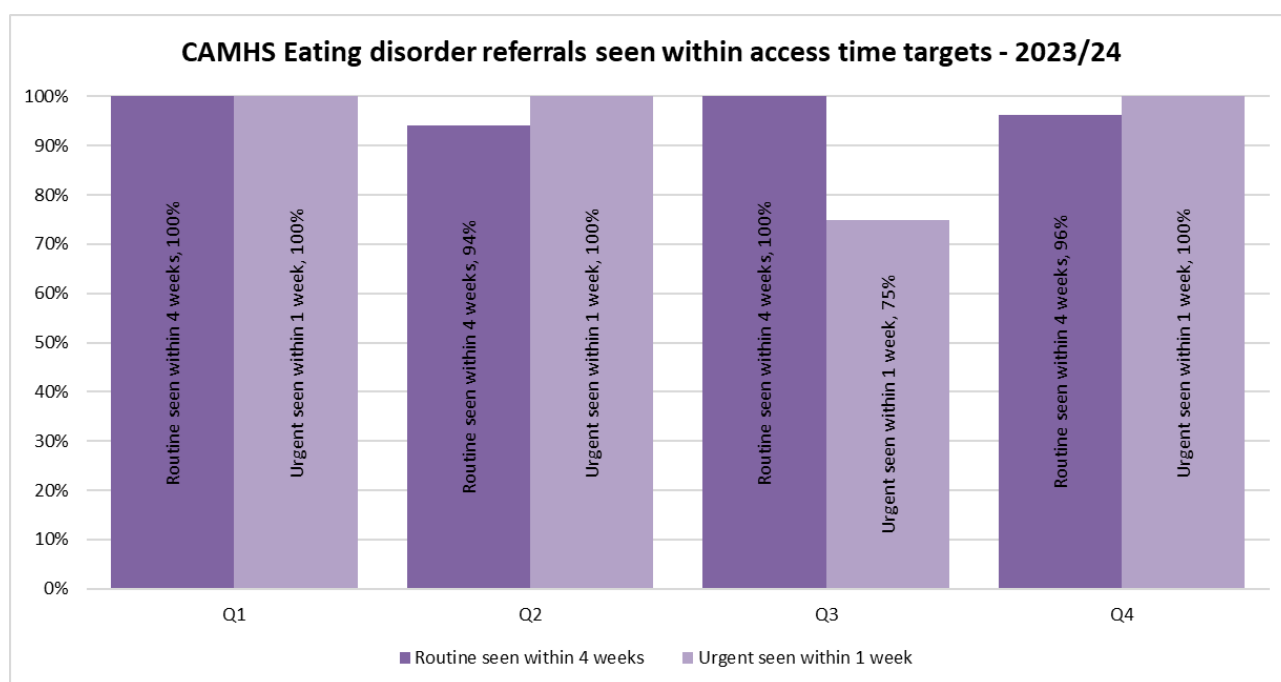
From April 2016, NHS England introduced a requirement for all children and young people’s mental health service providers to establish a dedicated eating disorder team and introduced national access time targets for Children and Young People with an Eating Disorder (CYP ED).

The indicators look at the number of children and young people who have accessed, or are waiting for, treatment following a routine or urgent referral for a suspected eating disorder. Eating disorders present both an immediate risk to life and long terms health risks due to the pressure placed on internal organs by a severely restricted diet. For this reason, the access time targets for CYP ED are tighter than most other mental health conditions.

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

Summary of progress

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



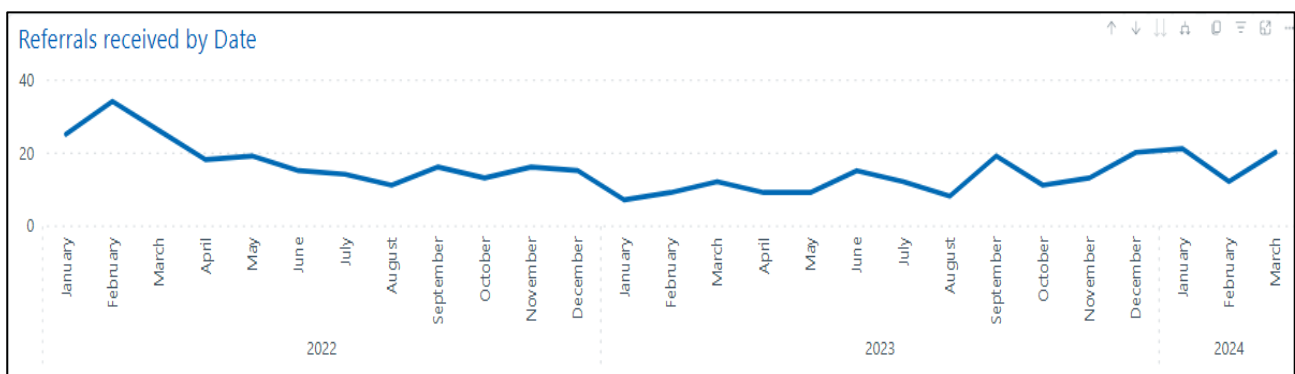
The chart above shows data for April 2023 to March 2024.

As of 31st March 2024, 28 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 26 (93%) did so within one week of referral. Urgent referrals are prioritised, and the service investigates each breach of this target, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As of 31st March 2024, 73 children and young people started treatment following a routine referral for a suspected eating disorder, of which 71 (97%) did so within four weeks of referral.

Numbers of referrals are small compared with other CAMHS pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and require more intensive/frequent intervention than other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge, as even five or six more referrals than usual in a quarter places a much greater demand on the team.

The rate of referral had increased each year since we started to monitor it, with the highest ever number in one month (33) recorded in February 2022. In addition to this, the service has noted a marked increase in the severity/acuity of cases presenting since the start of the Covid-19 pandemic. Referrals for CYP Eating Disorders have started to flatline since it peaked in February 2022. On average the service received 14 new referrals per month.



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

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

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

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

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

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

Underlying of the 4-hour target, is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the

reporting, the service must have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one UTC, in Whitby, which has seen 13537 patients in the year April 2023 to March 2024 (an average of 1128 patients a month). The service was designated as a MIU from April 2021 to August 2021 when it changed its status to UTC offering increased opening hours for the local community.

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred, or discharged within 4 hours of their arrival. We can report an achievement of 99.7% for April 2023 to March 2024 at Whitby UTC. This data is sourced via the SystemOne patient administration system.

3.2 Performance in Relation to other Indicators Monitored by the Board

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

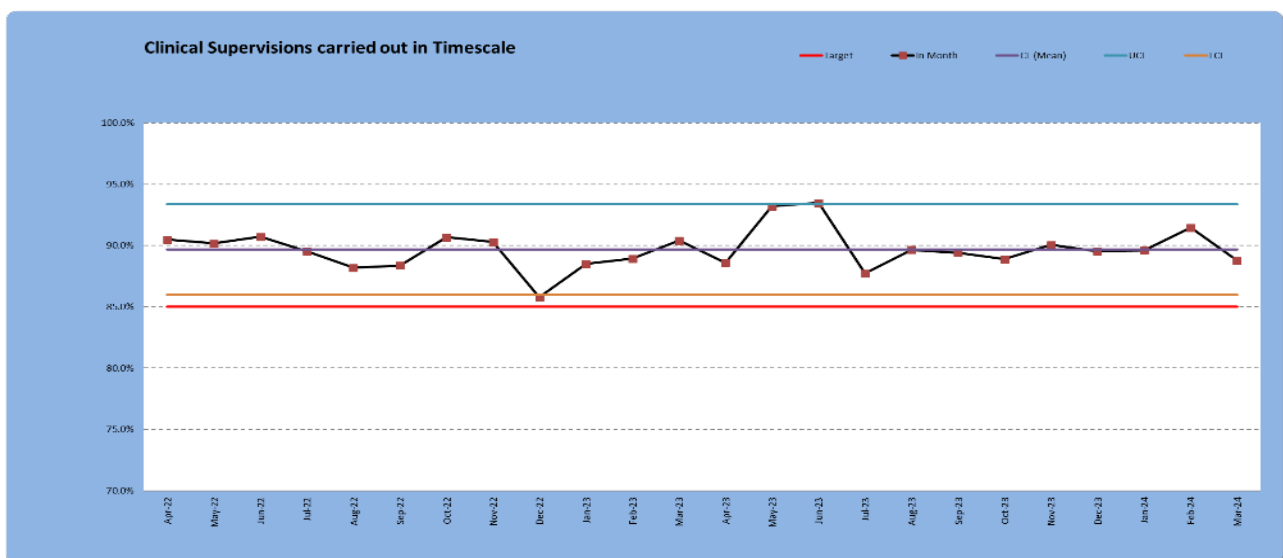
Clinical Supervision

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

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. Throughout 2023/24 individual teams have been required to achieve compliance with a target of 85% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The SPC chart below shows clinical supervision compliance for the Trust over the past 24-months, which as can be seen has been consistently meeting and exceeding the Trust target of 85% over the past 2 years.

Trust-level Clinical Supervision Compliance

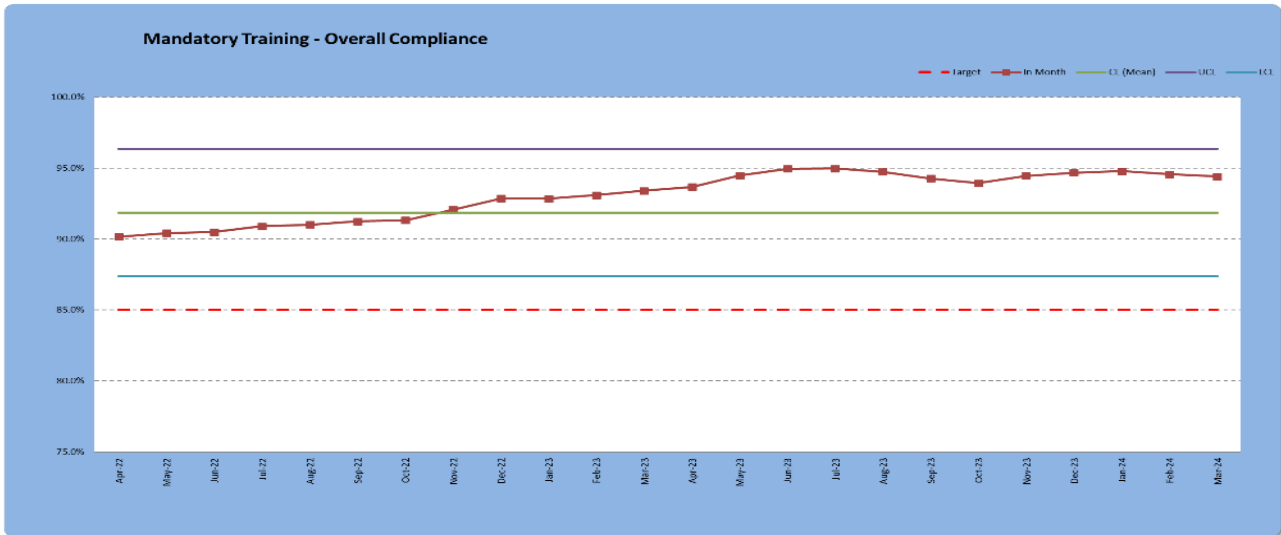


The reasons behind non-compliance with supervision standards are explored by divisions and action is taken to address areas of concern. Factors impacting on supervision compliance are in the main due to staff sickness.

Statutory and Mandatory Training Compliance

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

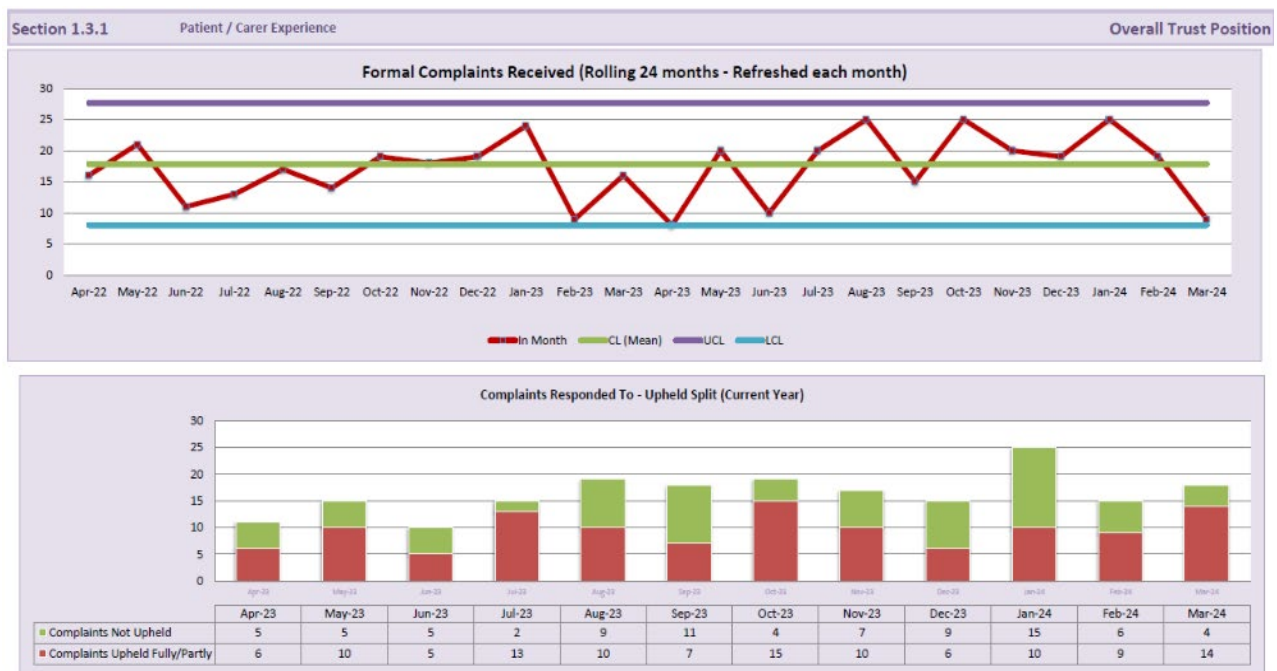
The performance across the Trust has maintained above the 85% target compliance during 2023/24 reporting a compliance rate of 94.61% in March 2024.



Patient Complaints and Feedback

Formal Complaints

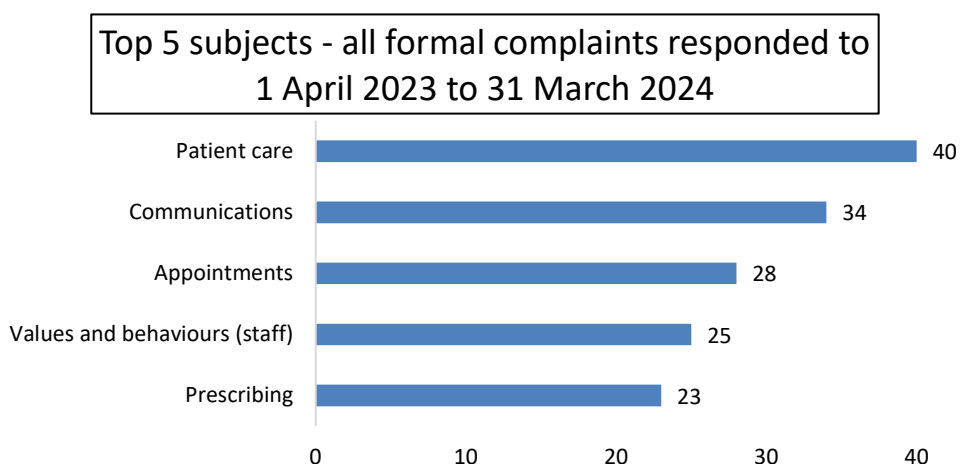
For the period 1 April 2023 to 31 March 2024, the Trust received 216 formal complaints, which compares to 197 for 2022-23 and 229 for 2021-22.



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

For the period 1 April 2023 to 31 March 2024, the Trust responded to 198 formal complaints which compares to 195 for 2022-23 and 235 for 2021-22.

Of the 198 responded to, 6 of the complainants have, to date, requested their case is reviewed by the Parliamentary and Health Service Ombudsman. One older case that was closed in 2022 is currently under investigation by the Ombudsman.



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

Informal Complaints

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

For the period 1 April 2023 to 31 March 2024, the Trust responded to 356 informal complaints. This compares to 388 informal complaints in 2022-23 and 300 informal complaints in 2021-22.

Patient and Carer Experience

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

This year we launched our Patient and Carer Experience Five Year Forward plan (2023 to 2028). This plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion. We engaged and involved our communities to support with the development and content of the plan together with a plethora of resources including a three minute film, easy read and detailed versions of the plan, pull up banners, posters and information leaflets. To view the full plan please visit [Patient and Carer Experience](#).



Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

The Trust values the lives, opinions and experiences of everyone and is dedicated to developing services that are right for our communities to effectively meet everyone's needs, whilst addressing health inequalities they may experience. It is so important to make sure that individuals and those who support them are not only included in the care journey to make informed decisions, but are also provided with opportunities to influence, shape and improve healthcare services.

Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Working together with our partner organisations to further strengthen existing relationships to understand and respond to the changing needs of our communities is a key priority for our Trust. We strive to continually improve our care by building strong alliances with our communities and partner organisations. We break down barriers to address health-inequalities and ensure the best possible outcomes for our patient population.

Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

A happy workforce who are proud to work for the Trust is key to positive patient and carer experience and engagement. We equip our staff with the knowledge, skills and experience to genuinely co-produce services with our communities. Patient and carer experience and engagement informs our investments in services, estates and technologies to make sure no one is excluded.

Forums

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

Hull and East Riding and Whitby & District and Patient and Carer Experience Forums (PACE)

– our patients, service users and their carers are invited to attend these forums to provide them with a public voice by bringing

lived experiences and individual perspectives. We also have representatives from patient and carer support groups on the forum.

93.1%

of respondents find our staff friendly and helpful

Joint Scarborough and Ryedale PACE Forum (with York and Scarborough Teaching Hospitals NHS Foundation Trust)

– to maximise engagement and involvement with our patients and carers in the Scarborough and Ryedale area, the Trust works in partnership with York and Scarborough Teaching Hospitals NHS Foundation Trust to host joint forums to listen to patients, service-users, carers, and members of the public who use our services. The first forum took place in May 2023 where attendees worked together to produce the aims and objectives for the forum together with the development of a logo to help inform an identity for the group moving forwards.

Staff Champions of Patient Experience (SCoPE)

Forum – staff attend this forum to share best practice and provide a voice of experience on behalf of their teams.

The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan. The Trust currently has 192 Staff Champions, and most of our teams are represented.

90.1 %

feel they received sufficient information

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

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

Humber Youth Action Group - to bring those aged 11-25 together, with the goal of helping our organisation improve its services for children and young people. Young people have an important part to play in improving NHS services. The group meets virtually every 3 weeks for approximately 1.5 hours, as well as face-to-face workshops across different locations in Hull and East Riding throughout the year.

Involving Patients, Families and Carers Sub- Group of the Patient Safety Incident Response Framework (PSIRF) steering group

Earlier this year saw the introduction of the Involving Patients, Families and Carers Sub- Group of the Patient Safety Incident Response Framework (PSIRF) steering group. The group has been instrumental in providing a patient/carers voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures.

Co-production Logo Stamp

The Trust has developed a co-production logo stamp. New work which has been developed alongside patients, service users, carers and individuals with lived experience can display the co-production logo to add value and recognition to the hard work that goes into co-produced work and to showcase where co-production has taken place. Since the launch of the coproduction logo stamp, forty-nine pieces of work have been awarded the logo stamp.

Experts by Experience (EbE)

The Trust has introduced paying Experts by Experience for their time when getting involved in Trust activities. EbE are people with experience of using services as either a patient, service user or a carer who are interested in undertaking activities with the Trust. Our Trust is committed to involving our communities in its work and values their time and effort to support the Trust in activities. For effective involvement, people need to feel supported, and their contribution valued. The level of involvement that EbE have in supporting the work of the Trust will vary. Engaging EbE in paid work, where appropriate, mirrors the Trust's co-production philosophy whereby EbE and staff work together as equal partners to develop and improve services. Since the launch of our Experts by Experience (EbE) initiative in January 2023, twenty-seven individuals have completed an application form to join our bank of Experts by Experience.

Scale, Spread and Embed Friends and Family Test (FFT) National Initiative

Last year, the Trust commenced phase 2 of the Scale, Spread and Embed national project which involves digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. The project builds on the Imperial College's experience and aims to test and evaluate the usability of the Natural Language Processing (NLP) technology.

Veterans Covenant Healthcare Alliance (VCHA) Re-accreditation

The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).

Youth Recovery and Wellbeing College

July 2023 saw the launch of the Youth Recovery and Wellbeing College which was marked by a celebration event which took place in the Trust's Lecture Theatre. The college offers a range of non-clinical, fun, and creative sessions to young people aged 11-18 living within Hull and the East Riding, all with a focus on promoting wellbeing.

Integrated Care System (ICS) 'A Good Experience' Engagement Project

A Good Experience is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS and will also support staff from all organisations within the ICS. A steering group made up of partner organisations and patient partners has been created to drive forwards the initiative, provide governance and assurance and monitor and review progress. The output of this project will be a co-produced Communications Engagement charter for organisations across the ICS to sign up to. A tool kit will be developed to support organisations when displaying the charter to enable them to measure its effectiveness following implementation.

Equality, Diversity and Inclusion Priorities for Staff

The Trust is dedicated to attracting, nurturing, and retaining a workforce that mirrors the local demographics and fostering an environment of equal opportunities for all staff members. Our efforts in implementing policy updates and procedures related to disciplinary matters, bullying and harassment, recruitment and selection, as well as other forms of leave support this commitment.

The Trust, as a public sector body, has an obligation to adhere to the Public Sector Equality Duty (PSED). In order to fulfil this duty, the Trust has released its Equality, Diversity, and Inclusion (EDI)

Annual Report, outlining its goals and objectives for the coming year. Moreover, the Trust produces annual reports for the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and the Gender Pay Gap Report, including a new Ethnicity Pay Gap for 2024. These reports are made available on the Trust's public-facing website, ensuring that information is easily accessible to the public. By consistently reporting on these key areas, the Trust demonstrates its commitment to promoting equality, diversity, and inclusion within the workforce and the organisation as a whole.

Collaboration and coproduction between the Assistant Director of Patient and Carer Experience and Co-production and the Equality, Diversity and Inclusion Workforce Partner continues to drive forward advocacy for the work diversity and inclusion can do, to ensure the Trust has a motivated, included, and valued workforce to help deliver high quality patient care, increased patient satisfaction and better patient safety. This can be seen through key engagement with events such as Equality, Diversity and Inclusion celebratory Workshop and celebratory events such as Black History Month, LGBT+ History Month, Disability History Month, PRIDE, International Day of Trans Visibility, Ramadan and Diwali.

In working towards EDI objectives set for 2023/24, the Trust successfully developed local targeted action plans. Inclusivity has come from collaborating and coproducing the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) action plans with staff networks such as the Race Equality Network and the Disability Staff network, with representation from lived experience.

The EDI Workplan report is taken to the Trust's EDI Steering Group and has allowed improved challenge and support for operational areas to address local equality issues. The introduction of bullying and harassment and recruitment and selection training supports the Trust to underpin inclusive employment processes and further enhances leaders to support positive culture and embrace diversity. Staff networks have been reviewed to ensure consistency in approach and to ensure support and sponsorship from the Executive Team is provided.

Mandatory training through the Trusts e-learning package continues to ensure Equality, Diversity and Human Rights training is mandatory with a completion rate of 98.3%, above the Trust target rate. Non-compliance with training is taken to operational areas via the workforce scorecard into the Workforce & OD Committee, to ensure completion in a timely fashion.

The Trust is a supporter of local and regional EDI committees or working groups such as the ICB led Inclusion Academy, East Riding Equalities Group and the Humber Equality and Diversity Network, a group for EDI practitioners from all public sector organisations in the Humber region.

The Trust continue to build links with EDI teams across the Humber and North Yorkshire ICB system such as with NLAG, HUTH and York and Scarborough Trust. The Trust continues to work with local groups who represent people with Protected Characteristics within communities such as Trans Peer Support Group, Corner House LGBTQ charity, MESMAC, the Disability Action Group and Hull and East Riding LGBT+ Forum and the Humber All Nations Alliance (HANA).

Safeguarding and Working with Adult and Children's Safeguarding Boards and Partnerships

Partnership Working

The Humber Safeguarding team works alongside the Safeguarding Children Partnerships and Safeguarding Adult Boards in three local authority areas, supporting statutory processes to enable the team and wider Trust to identify and share learning. These processes include statutory reviews such as Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. In 2023/24 there has been an increase in the number of statutory investigations across

all areas, particularly for Domestic Homicide Reviews (5 declared or ongoing in 2022/2023 and 9 declared or ongoing in 2023/24 with one month to go).

The Named Professional for Adult Safeguarding and Named Nurse for Safeguarding Children attend partnership meetings across all areas on behalf of the Trust, not only to identify and share learning, but to work together to develop policies, procedures, multi-agency training and protocols that support the delivery of an effective safeguarding service to our community. Safeguarding Practitioners attend and support Partnership sub-group meetings on behalf of the Trust, this includes sub-group meetings for statutory safeguarding reviews, sub-groups with specific focusses such as child neglect and exploitation, audits of safeguarding activity across the local authority area and training and development groups.

The Safeguarding team supports staff who are working with patients who are vulnerable to radicalisation, this includes providing guidance for staff making Prevent referrals.

The team attends monthly Prevent meetings across the Humber and often contribute to complex case discussions for high-risk patients, working closely with Humberside Police, Probation and other relevant agencies. In 2023/24 the Home Office updated its Prevent duty guidance; the Safeguarding Team completed a review of this guidance and updated the Trusts Prevent Policy in order to reflect the new guidance.

The Trust also actively participates in other multi-agency safeguarding process, such as the Multi agency risk assessment conference (MARAC – Domestic Abuse) and the Multi agency child exploitation meeting (MACE), both of which are showing increasing numbers of referrals and children, young people and adults being discussed. In 2023/24 two new multiagency partnership meetings were introduced; firstly the Multi agency tasking and coordination (MATAC) group which focusses on perpetrators of domestic abuse, and more recently the Multi agency cuckooing advisory panel (MACAP) which brings professionals together to reduce harmful behaviour associated with cuckooing. The Trust are represented at both Hull and East Riding MATAC, and actively refer into and participate in MACAP meetings where a patient has been open to the process.

Alongside the Boards and Partnerships, the Named Professional and Named Nurse meets on a quarterly basis with Designated Leads of Safeguarding Adults and Children for the Humber and North Yorkshire Integrated Care Board, in all three places, to discuss safeguarding activity across the Trust and provide assurances that the Trust is meeting its statutory safeguarding responsibilities.

Humber Trust Safeguarding Plan 2023-2026

The Safeguarding Plan for 2023-2026 was approved by the Board in 2023, highlighting our priorities for the next three years. These include:

- Recognising and responding appropriately to those who are at risk of or are experiencing or perpetrating domestic violence and abuse.
- Recognising and responding appropriately to children and young people who are at risk of or are experiencing child neglect and abuse.
- Recognising signs of self-neglect and responding appropriately whilst adopting a preventive approach.
- Thinking about the whole family when working with a service user, and understanding how trauma can impact families.
- Increasing the safeguarding team's visibility across our patient and staff group.
- Empowering our workforce to prevent, recognise and respond to safeguarding issues confidently and with out patients at the heart of this process.
- Improving efficiency and effectiveness across safeguarding systems and introducing a Trust wide safeguarding information template.

These priorities are delivered through a Safeguarding Development Plan which is monitored at the bi-monthly Safeguarding Business meeting and quarterly Safeguarding Learning and Development Forum. Some of our successes against this plan so far are:

Successful White Ribbon reaccreditation for 2023-2026	Coproduction of resources alongside those with lived experience of mental health services	Trust wide Sexual Safety Group implemented
Delivery of partnership child neglect training to professionals including Trust staff	Review of MCA/DOLS, self neglect and PIPOT policies	Development of bespoke self-neglect training package to be delivered across Trust
White Ribbon Roadshow 2023 held November 2023	Safeguarding Link Worker role and quarterly Forums established	Maintaining compliance above 85% for all safeguarding and MCA packages

Domestic Abuse

We are a White Ribbon accredited Trust, and we have just renewed our White Ribbon accreditation for another three-year period. The team continue to deliver Domestic Abuse Champion training to all services across the Trust including non-clinical, with 136 staff now fully trained, and recently hosted a White Ribbon roadshow in November 2023.

During this roadshow the team worked alongside partners such as the Police, Age UK and Sexual Assault Referral Centre to hold a launch event, and then visited several services. This included working alongside the Youth Action Group who were represented at the launch event and who have created a number of resources on Domestic Abuse, Race, Disability and Sexuality.

The image shows four informational posters from NHS Number 101:

- Domestic Abuse:** Features a rainbow background and asks questions like "Does your partner want to know your whereabouts or call/text?" and "Are you able to make your own choices/decisions?". It states "This is NOT Healthy. This is ABUSIVE." and lists that young people experience the highest rates of domestic abuse.
- Domestic Abuse (continued):** Asks "Does your partner constantly text, call or stalk you?" and "Does your partner blame you for their behaviour?". It also states "This is NOT Healthy. This is ABUSIVE." and notes that research shows high levels of acceptance of abuse within relationships.
- Race and Sexual Violence:** States "Between 2018 and 2020 the Crime Survey for England and Wales revealed that those in Black or Black British and Mixed ethnic groups were significantly more likely compared to those in the White, Asian or Other ethnic groups to experience sexual assault within the last year." It includes a QR code and the text "If you feel like you are always scared, controlled, tied to or isolated from others? You may be in an abusive relationship. SEEK HELP!"
- Race & Sexual Violence (continued):** States "Women with disabilities are more likely to experience sexual assault compared with women without disabilities." and "37% of disabled people aged 16 to 69 years reported experiencing any sexual assault in the last year in England or Wales, compared with 15% of non-disabled people." It includes a QR code and the text "If you feel like you are always scared, controlled, tied to or isolated from others? You may be in an abusive relationship. SEEK HELP!"

Learning from Cases

The Safeguarding team is involved in all related safeguarding Practice Reviews (SPR), Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) and Learning Lessons Review (LLR) meetings and is part of the multi-agency review process throughout.

The team attends relevant subgroups and is involved in strategic work throughout all three local authorities. Action plans are devised and shared within the panels that reflect all the required learning objectives. Key areas of learning include:

- Support for young people as they transition into adulthood
- Effective communication and information sharing between services
- Application of MCA 2005
- Use of multi-agency protocols when a person is declining services and is at significant risk of harm or death
- Safe sleeping for babies
- Meeting the needs of parents/carers/Think Family

The safeguarding team has been involved in the roll out of the Patient Safety Incident Response Framework and the work to ensure people involved in reviews receive appropriate trauma informed support. Members of the he Safeguarding Team have received training to facilitate the Swarm huddles that are undertaken following a patient safety incident.

Training

The safeguarding training package was reviewed in March 2022 and a refresh of the Level 3 packages is in place. Since the review in 2022 was completed training compliance has steadily increased:

- Trust wide children`s safeguarding training has increased from 82.3% to 92.7%
- Trust wide adult safeguarding training has increased from 81.7% to 90.1%

The safeguarding team are also responsible for the development and delivery of Mental Capacity Act training which Trust wide is currently 92.5%.

As well as the packages above the team support bespoke packages where a learning need has been identified within a service and is developing self-neglect and neglect training packages to deliver across the Trust in the coming year as part of the Development Plan 2023-2026. A safeguarding supervision course has recently been introduced to build on the Trusts supervision training for all supervisors, this course focusses specifically on safeguarding and gives practitioners the skills needed to be able to carry out effective safeguarding supervision.

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

The Mental Health Legislation Committee meets quarterly to undertake its delegated function on behalf of the Trust Board, in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Health Steering Group reports into the committee and MCA 2005 audits are reported into this group, reviewed and any areas for learning shared.

Mental Capacity Act (2005) training remains in place and is undergoing a training needs analysis to ensure staff are receiving the right level of training and input with regards to complex mental capacity matters. Training compliance continues to be above the expected level as above.

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

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

Our Charity, Health Stars

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



Health Stars is here to provide patients and staff with some added sparkle, to enhance their health service journey. Charitable funds which are raised and donated, are used to pay for items, equipment and services which are over and above what core NHS funding can provide.

We don't do this alone and are so grateful for the support we get from businesses, community groups, grant funders and especially the generosity of our friends and neighbours who help us make things brighter for local patients.

The Trust will be bringing the management of the charity in house from the 1st April 2024, our priorities for 2024 include:

- Improving the wish process
- Simplifying Fund Zones
- Launching a programme of fundraising events for staff engagement
- Increasing local governance and oversight
- Relaunching the Staff Lottery

Celebrating Success – our 2023/24 highlights

In this section, we are pleased to share some of our key successes across 2023/24.

Launch of the Youth Recovery and Wellbeing College

Following the success of the Recovery and Wellbeing College aimed at supporting adults with their mental health, the service expanded to offer young people the same service. The Youth Recovery and Wellbeing College provides a transitional and supportive service for young people who would benefit from support with their mental health. These young people could be awaiting treatment from services or transitioning back into the community having previously been a service user themselves.

Providing a mix of online and in person courses, the college aims to provide a broad spectrum of support and learning opportunities for the young people.

Co-production was used throughout the process of setting up the Youth Recovery and Wellbeing College, including working with the Humber Youth Action Group (HYAG) to advise on the look and feel of the website and literature. The HYAG was also brought in through the recruitment process when selecting candidates for the course leaders.

Recruitment

Recruitment remains a priority for the NHS, both nationally and across our local area. Our Trust has taken an increasingly innovative approach to our recruitment efforts. The 'New Year, New Job' campaign combined a mix of paid advertising with organic press and social media content running consistently over the period. This variety of promotion saw the visits to our Join Humber website increase by 66% year on year.

During the campaign, we also ran a Healthcare Support Worker recruitment event in January 2024 which invited local people with an interest in joining our Trust to come and meet teams. It was an unprecedented success with our staff taking in over 1,000 CV's and job application.

The campaign was delivered across all areas of our geographical patch – Hull, the East Riding and North Yorkshire. However, we also targeted beyond this area, including West Yorkshire and North Lincolnshire to invite those currently working further afield to consider Humber with a keen emphasis on our benefits packages.

Benefits Website

In 2023 we added to the Trust's staff benefits offering to include Your Leave Plus which provides staff with more options to purchase and gain additional leave where a need arises.

This new package was incapsulated, along with all other benefits, in the brand-new bespoke Benefits website. The website was created for staff to access all elements of their employment benefits in one place, with easy-to-use sections and pathways.

Around the same time as the launch of the website, we also created a benefits newsletter as an additional way of keeping staff informed of offers and new additions to the packages.

NHS Cadets

At our Trust, we have a way of doing things that makes us, us. For most of us, 'Being Humber' is just who we are and how we approach our work. Our 'Being Humber' guide sets out the values and behaviours we should all expect from one another in a simple framework for us all to use.

We launched our refreshed framework in October 2022, following feedback from colleagues that they wanted a simple and more relatable guide. Workshops and feedback sessions helped build the final version of the framework and the campaign to launch started on the 31 October. We continue to embed the framework in all that we do, including in our recruitment, appraisals, and our staff charter.

Annual Members Meeting

Every year, we open our doors to the public to share what the Trust has achieved that year at our Annual Members Meeting (AMM). In 2023 we welcomed Team GB's Lizzie Simmonds to attend and meet teams from services across the Trust. Lizzie then gave a presentation regarding her own personal sporting career experiences, drawing parallels to the focus and drives of our Trust's services.

Chief Executive, Michele Moran, and Trust Chair, Caroline Flint spoke about highlights from 2022/23, how we performed against key targets, and future challenges that lie ahead.

The event began with market stalls where attendees could learn more about our services and teams could exhibit the work they were doing in our local area. Whilst being an in-person event, it was also live streamed so that more attendees could join.

Health Inequalities

We have launched a Trust-wide approach to addressing the health inequalities of our service users, focused on raising awareness and empowering staff at all levels to take action, ranging from individual practice to service and pathway redesign.

In July 2023, our Executive Management Team (EMT) approved the proposal to address health inequalities based on a strategic framework. This framework was informed by conversations with system partners from across Humber and North Yorkshire and aligns with emerging system-wide thinking.

Since then, we have established a Health Inequalities Operational Group with a cross-divisional membership to oversee our health inequalities work and launched a suite of intranet pages to provide staff with accessible resources on health inequalities. Bringing the consideration of health inequalities into Trust systems and process such as business cases, project management documentation and QI Charters, ensures we touch all areas of our service provisions.

To support our staff, we have created a programme of support for teams who are thinking about developing projects to address health inequalities. This includes facilitated workshops, support to utilise data and research, business case writing and supporting development of deeper connections with communities through local voluntary and community sector organisations.

Media Training

As part of our Emergency Planning procedures, in 2023 we ran a number of media training courses to support the Executive Management Team and a number of senior leaders across our divisions. We have since broadened this approach and begun offering staff a bespoke, in-house course.

By bringing the training in house we have been able to improve the quality of its delivery and align it more closely to our internal processes and desired outcomes. The media training offers our staff an education on how our Trust uses media opportunities to garner positive public perception and promoting our Trust reputation. It also empowers them with a range of techniques and skills that can be used when representing the Trust for both positive and negative aspects of media attention.

As part of our commitment to drive quality improvement and sharing of good practice, we know that fostering a good relationship with the media is important. The training aims to instil confidence and skill into a range of potential spokespeople for the Trust, so we are prepared for all eventualities and can put forward our experts for a variety of opportunities.

National Preceptorship Interim Quality Mark Accreditation

We are proud to be one of the first organisations nationally to receive this accreditation. Offering a Preceptorship programme not only sets us apart as an exceptional place to work, it also helps develop and support our newly qualified clinicians.

The purpose of Preceptorship is to provide support, guidance, and development for all newly registered practitioners to build confidence and develop full competence as they transition on to an autonomous professional.

The national Preceptorship Framework for nursing includes a core set of standards for inclusive and multi-disciplinary programmes, with health and social organisations aiming for Gold Standard when developing and delivering their own Preceptorship programmes locally.

28 Days of Wellbeing

The Trust places a great deal of emphasis on supporting the health and wellbeing of its staff. As part of our commitment to providing this support our Communications team, along with the Workforce Wellbeing team, provide a range of ways to improve wellbeing.

Across the 28 days running through January and February, a different task or offering is shared with staff and the uptake is fantastic. Staff can choose from physical workouts provided by trained professionals, creative mindfulness activities or wellbeing tasks, with a different one offered each of the 28 days.

This key initiative in promoting staff health and wellbeing was also part of the Highly Commended award received at the NHS Communicate Awards 2024.

Staff Survey Results 2024

The Trust achieved a response rate of 55.62% overall which represented 1,847 responses from a sample of 3,321. The overall response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts is 52% (51 Trusts)

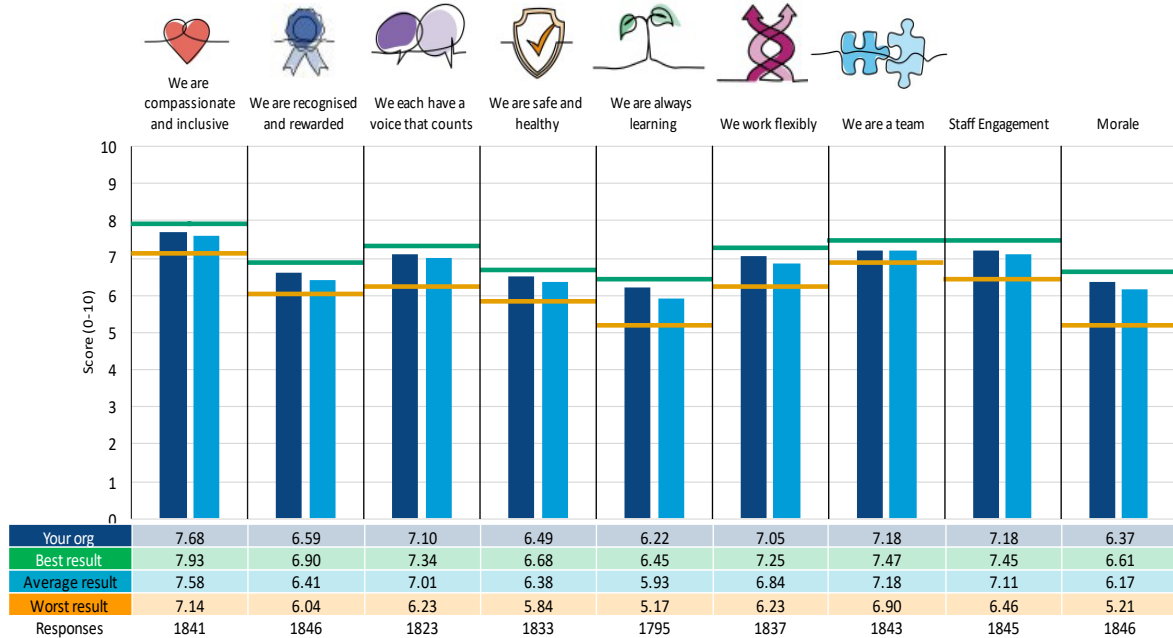
The above represents a 11.72% increase in response rate in comparison to the 2022 survey.

People Promise Themes Overview

People Promise elements and themes: Overview



People Promise elements, themes and scores are scored on a 0-10 scale, where a higher score is more positive than a lower score



Humber Teaching NHS Foundation Trust Benchmark report

The Trust is above the national average score in all but one people promise theme areas, where it is equal to the average.

Work will continue during 2024/25 to continue to take action to continually improve both the response rate and the results to ensure Humber Teaching NHSFT remains an employer of choice, attracting and developing great staff who deliver great care.

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

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Hull City Council Health and Wellbeing Overview and Scrutiny Commission continues to support the work of the Humber Teaching NHS Foundation Trust. The Commission welcomes the production of the Trust's 2023/24 Quality Accounts, and the priorities identified, with a view to strengthening service delivery and improving patient care. The Commission looks forward to the timely production of the 2025/26 Quality Accounts to enable the full consideration of them at a formal meeting, and the inclusion of informed comments and recommendations in the associated consultation.

Fiona Harbord

Hull City Council Health and Wellbeing Overview and Scrutiny Commission - Scrutiny Officer
21st May 2024

East Riding Health and Wellbeing Overview and Scrutiny Commission

Humber Teaching NHS Foundation Trust (HTFT) has engaged with the Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee throughout its work programme 2023/24. The Sub-Committee notes the transparency of HTFT's Quality Account and appreciates the opportunity to comment on this draft.

Health inequalities is a significant multifaceted problem in health today. HTFT's efforts to tackle this are to be commended and, as work continues, this Sub-Committee suggested consideration be given to how access can impact to health outcomes for those in areas of higher deprivation.

A growth in waiting times for services can have significant ramifications. Over the last two years, the Sub-Committee have repeatedly examined the impact of waiting services, both primary and secondary, and would note that the detrimental effects to patients' mental health can not be understated. Additionally, the Sub-Committee found that, while efforts to increase service supply should be prioritised, efforts to manage patient expectations should be made as early as possible.

Robert Close

East Riding of Yorkshire Council Health, Care and Wellbeing Overview and Scrutiny Committee - Senior Committee Manager
24th May 2024

Healthwatch Hull and Healthwatch East Riding of Yorkshire - Joint Response

Healthwatch Hull and Healthwatch East Riding of Yorkshire welcome the opportunity to make a statement on the NHS Humber Quality Account.

It is encouraging to see quotes and case studies from patients and family members embedded throughout the Quality Accounts. On a local level Healthwatch Hull has received generally positive feedback, people feel they have been treated well and supported. Access to Mental Health support due to long waiting lists has been raised as a concern to Healthwatch Hull. Healthwatch East Riding are pleased that both positive and negative patient feedback is reviewed and reported.

The report highlighted key achievements against the Quality Priorities 23/24, particularly the work around ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care.

The NQPS (National Quarterly Pulse Survey) has highlighted some positive results in terms of staff recommending Humber as a provider of care to friends and family, recommending the Trust as a

good place to work. The results are an improvement on 2022/23 data, although it is disappointing to see that the response rate is low, between 15% and 19%.

A learning culture in the Trust is evident from the accounts, the Trust highlights how they learn from incidents and learn from deaths. It is encouraging to see that the Trust continues to maintain above the 85% target compliance during 2023/24 reporting a compliance rate of 94.61% in March 2024 for statutory and mandatory training.

It is disappointing to hear there continues to be inappropriate out of area placements for patients assessed to require non-specialised inpatient care for acute mental health needs. The intention of zero inappropriate out of area placements was not achieved due to pressures in two key areas which includes older adult functional bed availability and specific challenges with PICU and the forensic pathway, inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards.

We are pleased to see that East Riding of Yorkshire residents are being given the opportunity to take part in research projects with universities and research teams. We receive a great deal of intelligence relating to service users wanting to take a proactive approach to helping progress local healthcare.

It is encouraging to see that the Market Weighton GP practise has retained its CQC rated of good, however there is concern surrounding the breach of regulations relating to the safe provision of care and treatment to patients.

Healthwatch East Riding of Yorkshire is pleased to see that there has been an introduction of a new telephony system to improve the patient experience when contacting the practise. We suspect that this will resolve a reoccurring theme of intelligence that relates to access to appointments.

Information sharing continually proves to be difficult and problematic between trusts and partner organisations. We are pleased with the progressions that have been made in 2023/24 and hope this collaborative approach to information continues and involves a more thorough link with the voluntary and community sector.

Ellie Whitfield (Kingston upon Hull) and James Dennis (East Riding of Yorkshire)
Healthwatch Hull and East Riding of Yorkshire - Delivery Managers
21st May 2024

Healthwatch North Yorkshire

No response received from consultation

Humber & North Yorkshire Integrated Care Board (ICB)

The Humber & North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2023/24. The Account has been reviewed across the Hull and East Riding of Yorkshire Places and North Yorkshire place. We note the Quality Account provides an informative overview of the Trust and it's services which serves as a helpful introduction to the reader.

Once again, it is pleasing to see the Quality Account begins with a patient story which demonstrates the value the Trust places on working in partnership with people who have lived experience of using Trust services.

The Integrated Care Board note the development and success highlighted for the Trust during 2023/2024 and would like to congratulate the Trust in achieving local and national recognition of its services.

The ongoing commitment of the Trust in recognising and ensuring that staff, partners and carers are collaborative co-production partners in driving forward quality improvements is once again to be applauded. It is pleasing to see the number of quality improvement initiatives which had been identified along with the investment in training staff and volunteers.

The work towards building and maintaining a compassionate, psychologically safe culture underpinned by the 'Humber Behavioural Framework' demonstrates a pro-active approach to mitigate against a closed culture developing.

The Quality Accounts reflect the progress the Trust has been made towards the four quality priorities identified in 2023/2024:

- It is really pleasing to see the excellent progress that has been made in relation to the implementation of the Patient Safety Incident Response Framework (PSIRF). The number of staff that have been trained in the methodology is impressive and it will be interesting to see the impact that PSIRF will have on service users, carers and family experiences of investigation and the impact of Quality Improvement Initiatives aligned to your Patient Safety priorities. We very much welcome the introduction of the Involving Patients, Families and Carers Sub-Group of the PSIRF steering group, ensuring the voice of the patient/ carer is helping to inform the Trust wide approach to supporting the patient safety agenda. The ICB were grateful to have had the opportunity to support the trust in the transition to PSIRF and in approving the Trust's approach to meeting the new policy requirements.
- The development of the End of Life Strategy and associated training is particularly welcome and aligns with the wider strategic intentions of the ICB in relation to end of life care. It is positive to see that emphasis has also been placed on reducing reliance on out of hours GP services. The inclusion of feedback from families in relation to end of life care really shines a light on why the strategy is so important and is making a significant difference to people's experience of care.
- The work which has been undertaken in refreshing and implementing the 10 Safewards interventions at ward and service level is welcomed and we applaud the commitment towards reducing restrictive interventions and the quarter-on quarter reduction in the use of seclusion.
- We recognise the approach the Trust has taken with regards to improving clinical risk assessment and formulation in mental health services. It is positive to see the increasing levels of compliance with regards to staff attending the clinical risk assessment training which will enhance the delivery of care to those in receipt of Trust mental health services.

We note the transformational nature of the Quality Priorities identified for 2024- 2026 and look forward to seeing the outcomes of this work.

The Integrated Care Board recognise the positive approaches taken by the Trust to strengthen the existing approaches to attract new staff and retain the existing workforce. It is pleasing to see the reduction in nurse vacancies over the past year and the ongoing commitment to safer staffing and being consistently above the national benchmark of care hours per patient day. We would like to congratulate the Trust on becoming one of the first organisations nationally to receive the National Preceptorship Interim Quality Mark Accreditation for the work to develop and support newly qualified clinicians.

The Trust's participation in National Clinical Audits is acknowledged and we note the Trusts ongoing participation in the 2023 National Confidential Inquiry into Suicide and Safety in Mental Health. It is reassuring to see each of the four divisions within the Trust have participated in targeted work to improve patient safety.

The Integrated Care Board would like to congratulate the Trust for the work which is being undertaken in research which was recognised at the annual Yorkshire and Humber Clinical Research Network awards in 2023. It is pleasing to see the importance of Research to the community and staff within the organisation and we applaud how research is 'core' business in the

Trust. A positive example of this is the student nurse placement options in Research and Innovation.

We acknowledge the targeted responsive assessments in respect of Humber Primary Care and Market GP practices and the work required in the responsiveness domain. We look forward to hearing more on this work and improvement activity. The Trust has continued to demonstrate how it effectively manages Healthcare Associated Infections (HCAI's). We note the positive contribution of the Trust Infection Prevention and Control Team in ensuring new guidance has been applied into policy and implemented with Trust staff trained accordingly.

The Integrated Care Board would like to thank the Trust for sharing with us a review of the work undertaken by the Trust's Safeguarding team as we acknowledge the associated statutory duties and commend the team on their work across both internal and external multi-agency partners, in protecting vulnerable groups and working into our community partnerships.

Finally, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber Teaching NHS Foundation Trust and that the data and information contained in the report is accurate. The Quality Account is an honest and really positive document which demonstrates the Trusts continued commitment to co-production and quality improvement.

The Humber & North Yorkshire Integrated Care Board remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of each of our places in order to improve patient care, patient safety and patient outcomes.

Deborah Lowe
Humber and North Yorkshire ICB - Place Nurse Director, Hull & East Riding of Yorkshire Place
28th May 2024

Humber & North Yorkshire Health & Care Partnership Provider Collaborative

From the 1 October 2021, the Humber and North Yorkshire Provider Collaborative (HNY PC) gained the commissioning responsibilities for inpatient services for Adult Secure Care based at the Humber Centre and for Children and Adolescence Mental Health Services based at the Inspire Services in Hull. In addition, HNY PC also commission the Specialist Community Forensic Services and the EDIT (alternatives to hospital admission) for Children and Adolescence Mental Health Services

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

We would like to congratulate the Humber Teaching NHS Foundation Trust on the successes they have achieved during 2023-24. The HCV PC would like to highlight the work being progressed by the Trust within the CAMHs and Secure Care services especially with:

- The progression of all the Quality Priorities that were identified for 2023/24
- The Trust transition to NHS England's new Patient Safety Incident Response Framework (PSIRF).
- The Trust services being shortlisted for four awards at the HSJ Patient Safety Awards 2023.
- Patients from Pine View and Humber Centre receive their awards from their art submissions to the Koestler Arts Awards.
- The Trust launching the new Eating Disorder Intensive Treatment Team to provide community-based alternative to unit admission for children and young people.
- The Trust being recognised and featured in an editorial by NHS Providers to highlight the work we do on coproduction and inclusion in our children's division.

- Attaining and demonstrating high quality care through the CAMHS National Commissioning for Quality and Innovation (CQUINs)
- The Trust achieving the goal of no admissions of children into adult wards.
- Within the CAMHS service, the development the inpatient skill and workforce to manage eating disorder conditions.
- The Services joint working with the Provider Collaborative in the review of the Trusts commissioned beds and workforce to meet the needs of the regional usage.
- The CAMHS services shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of young people's Mental Health services locally.
- The services early intervention, crisis and inpatient services working closely together to minimise inpatient admission.

The HNYPC wish to note the Trust's overall high compliance rates for clinical supervision, statutory and mandatory training, and appraisal rates. The PC also wishes to welcome the progress and continued emphasis on culture and values at Humber Teaching NHS Foundation Trust and that the Trust has maintained and enhanced engagement of staff including the national feedback survey.

The HNY PC continues to support the Trust's values and strategic goals of the service users, families, carers, and staff being central to all activities and decision-making processes. This approach has enabled people to fulfil their potential, within and beyond their experience of mental illness and other chronic conditions.

We support the identified quality priorities for 2024-26, covering:

- Priority One: Strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients and service users.
- Priority Two: Maximise quality of care through roll out of a strengthened person-centred approach to assessment and formulation in mental health, learning disability, CAMHS and forensic services.
- Priority Three: Roll out the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (2022) to support cultural change and a new model of care across all NHS-funded mental health, learning disability and autism inpatient settings.

The HNY PC look forward to continued collaboration on the quality agenda and working with Humber Teaching NHS Foundation Trust as they implement the quality priorities and improvements set for 2024/26 and improve the quality of services provided to service users.

Gareth Flanders
HNY PC Assistant Clinical and Quality Director
16 May 2024

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

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

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

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

- the content of the quality report meets the requirements set out for the year 2023/24 and supporting guidance detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2023 to March 2024
 - papers relating to quality reported to the board over the period April 2023 to March 2024
 - feedback from commissioners during May 2024
 - feedback from governors
 - feedback from local Healthwatch organisations, during May 2024
 - feedback from overview and scrutiny committee during May 2024
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, which will be submitted to the September Trust Board
 - the national patient survey 2023
 - the national staff survey 2023
 - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board:

DATE 26/06/2024



Caroline Flint (Chairman)

DATE 26/06/2024



Michele Moran (Chief Executive)

Annex 3: Our Strategic Goals

Strategic Goal One: Innovating for Quality and Patient Safety

How we will achieve this

We will:

- Use patient experience and best available evidence to inform developments;
- Work collaboratively with stakeholders;
- Attain an 'Outstanding' CQC rating;
- Continually strive to improve access to our services;
- Shape the future of health services with research studies.

How will we know we have achieved it

We will demonstrate:

- An 'Outstanding' CQC rating;
- Measure health outcomes and inform continuous service improvements;
- Access to our services will be in the top quartile in our region;
- High quality research opportunities will increase;
- Evidence that research and audit are used to promote change.

Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

How we will achieve this

We will:

- Focus on putting recovery at the heart of our care;
- Embed a trauma informed approach to supporting the people who use our services;
- Empower adults, young people, children and their families to become experts in their own self-care;
- Work in partnership with our stakeholders to co-produce integrated services.

How will we know we have achieved it

We will demonstrate:

- A recovery focused approach in our policies and procedures;
- Dedicated resources allocated to transformative projects;
- Shared decision making embedded in all services;
- Involvement of people with lived experience in all new or changing services;
- Expanded availability of volunteer roles, including Patient Safety Partners.

Strategic Goal Three: Fostering Integration, Partnership and Alliances

How we will achieve this

We will:

- Work alongside our partners and stakeholders to develop integrated services;
- Take a collaborative approach to the provision of modern innovative services;
- Work closely with all six place-based partnerships to empower local systems;
- Empower our staff to work with partners across organisational boundaries;
- Use our system-wide understanding of our local population's health needs.

How will we know we have achieved it

We will demonstrate:

- A maximised role in leading and supporting provider collaboratives;
- Our ambitions and service delivery aligned with local health and wellbeing strategies;
- System wide solutions to long-term problems;
- A strong ICS and leadership role;
- Data from across the partnership used to inform effective services.

Strategic Goal Four: Promoting People, Communities and Social Values

How we will achieve this

We will:

- Take action to address health inequalities;
- Work collaboratively with partners in the voluntary sector;
- Strengthen our relationship with statutory partners;
- Celebrate increasing cultural diversity in our teams;
- Ensure our investments benefit local communities;
- Offer simplified routes into good employment for local people;
- Provide opportunities to people with lived experience.

How will we know we have achieved it

We will demonstrate:

- A strong understanding and awareness of the principles of health inequalities;
- Strong relationships with voluntary sector organisations and networks;
- A wide range of statutory partners involved in strategic decision making;
- Our organisation will represent the diversity of the communities we serve;
- Information will be gathered about the views of our workforce;
- Our Social Values Report will continue to demonstrate the value our work generates;
- Help people facing barriers to access employment to entry level roles.

Strategic Goal Five: Developing an Effective and Empowered Workforce

How we will achieve this

We will:

- Attract, recruit and retain the best people;
- Grow a community of leaders and managers;
- Maximise a diverse and inclusive workforce;
- Enable new ways of working and delivering care;
- Prioritise the health and wellbeing of our staff;
- Engage with schools, colleges and universities to create a highly skills and engaged workforce who want to grow and develop high quality care;
- Create a great employer experience;
- Develop a culture of learning, high engagement, continuous improvement and high performance.

How will we know we have achieved it

We will demonstrate:

- Score above average for each of the People Promise themes in the NHS National Staff Survey;
- 80% or more staff recommending us as a place to work;
- Positions filled increase to 95% and retention rate to 92%;
- Number of disabled, black and ethnic minority, and LGBTQ+ staff in leadership roles equivalent to the communities we service;
- Sickness rates lower than the ICS average.

Strategic Goal Six: Optimising an Efficient and Sustainable Organisation

How we will achieve this

We will:

- Empower staff to contribute to our decision making about the efficient use of resources;
- Work with partners to optimise efficiency;
- Continue to develop our estate;
- Embrace new, safe and secure technologies;
- Work with partners to minimise our effect on the environment.

How will we know we have achieved it

We will demonstrate:

- A financial position in line with targets set by NHS England;
- In the top 25% for efficiency and sustainability nationally;
- A leader provider role for an increased number of services;
- Score above the national domain for 'Condition Appearance and Maintenance';
- Achieve the Government backed Cyber Essentials accreditation;
- Data Quality Maturity Index (DQMI) scores maintained above the national average;
- Meet our Green Plan Target to reduce CO2 by 25% by 2024/25.

Annex 4: Glossary and Further Information

Term	Definition
136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety.
BIA – Best Interests Assessor	Best Interests Assessors are responsible for ascertaining that the person is 18 or older. They are solely responsible for assessing whether there are any lawful decision-makers who object to what is proposed. If qualified also as Approved Mental Health Professionals, they are able to carry out an eligibility assessment, to decide whether a person's rights should be protected by the use of the MHA or the MCA, via the Safeguards.
BMI – Body Mass Index	A measure of body fat based on height and weight.
C. Diff – <i>Clostridium difficile</i>	A type of bacterial infection affecting the digestive system.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient's care and can be personalised and standardised.
CCG – Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital.
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
CROMS – Clinical Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the clinical perspective.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

Term	Definition
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
<i>E. coli</i> – <i>Escherichia coli</i>	<i>Escherichia coli</i> (abbreviated as <i>E. coli</i>) are bacteria found in the environment, foods, and intestines of people and animals. <i>E. coli</i> are a large and diverse group of bacteria.
EDGE	Clinical Research Management System
FACE – Functional Analysis of Care Environments	The FACE risk profile is part of the toolkits for calculating risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death and works to ensure that these are not repeated elsewhere.
Lorenzo	An electronic health record for patient records.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.

Term	Definition
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Midweek Mail	A communication email sent weekly to Humber Teaching NHS Foundation Trust.
MRSA – Methicillin-resistant <i>Staphylococcus aureus</i>	A bacterial infection, resistant to a number of anti-biotics.
MyAssurance	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting.
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work.
NPSA – National Patient Safety Agency	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
PALS – Patient Advice and Liaison Service	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
QOF – Quality Outcome Framework	Part of the General Medical Services contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Term	Definition
SEA – Significant Event Analysis	A qualitative method of clinical audit which highlights and reviews events in a non-threatening meaningful way; involving a range of people to review the issues, to gain a collective understanding of what happened, why it happened and identify areas for learning and or areas for change or improvement to reduce the likelihood or prevent recurrence.
SitRep – Situation Report	A report on the current situation to inform of any issues within services at that time.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.
STP – Sustainability and Transformation Partnerships	The purpose of Sustainability and Transformation Partnerships is to help ensure health and social care services in England are built around the needs of local populations.
SystemOne	An electronic health record for patient records.