



Humber Teaching
NHS Foundation Trust

Quality Account

Humber Teaching NHS Foundation Trust

2022/23



**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 2022/23, 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 2022/23.

Part Two: Outlines the progress we have made during 2022/23, in relation to the quality priorities set in our last Quality Account. We also share the priorities we have set for the coming year (2023/24), 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.

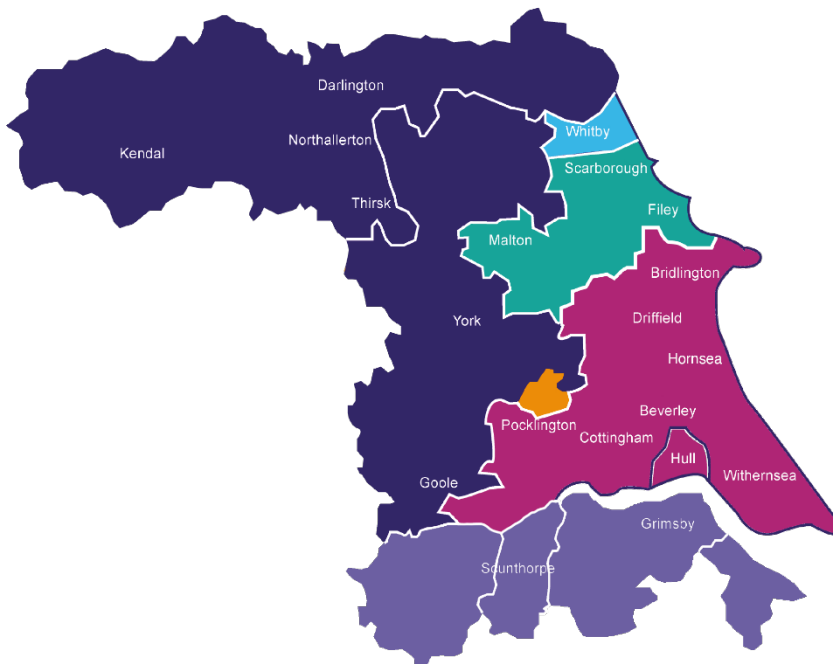
The purpose of Quality Accounts is to enable:

- 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, East Riding of Yorkshire, North Yorkshire and North and North-East Lincolnshire. 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.



Over 120 dedicated volunteers work across our services, giving their time and skills freely to support us and our patients and service users. They work alongside our staff to provide practical support to our patients, their families, and carers, and make a huge difference to our patients' experience.

We have approximately 16,000 Trust members who we encourage to get involved, have their say, and elect Governors. By becoming a member, you can make a difference to how local healthcare services are provided.

The views of members and the public are represented by our Council of Governors. We have 25 Governors, including Public, Nominated and Staff Governors.

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 forensic services support patients from the wider Yorkshire and Humber area and further afield.

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

As a teaching Trust, we work closely with our major academic partners, Hull York Medical School and The University of Hull, nurturing a workforce of tomorrow's doctors, nurses and health professionals. The research that we do helps to improve the health and wellbeing of the people we serve, our services and helps improve the care and treatment of people worldwide.

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 4.

1.1 Chief Executive's Statement

It gives me great pleasure to introduce our annual Quality Account, sharing with you our achievements and celebrations over the past year, as well as the challenges and the areas we have identified to support our continued improvement journey.

Over the last year, our Humbelievable teams have continued to inspire us all in the face of further unprecedented challenges. It has been my pleasure to work with such talented and resilient people who continue to put high quality patient care at the heart of everything they do, despite the pressures we continue to face.

As a Trust, we are incredibly proud of the achievements from the past twelve months, and we are encouraged by the outstanding work that continues to be delivered by our teams. There is no shortage of examples when we look to the good practice happening each and every day within our services, and I am grateful to see the positive impact this continues to have in our communities.

Looking back to this time last year, April 2022, we were pleased to start the year strong with several renewed contracts and accreditations, including our Integrated Specialist Public Health Nursing Team who support families across East Yorkshire, and our Social Prescribing team, who launched their brand-new Health and Wellbeing Connector Service, which continues to support healthier lifestyle habits in our local areas.

We also launched our new recruitment and retention 'Golden Hello' premium for Band 5 Nurses at this time, which has been successful in attracting new candidates to our workforce as an innovative incentive scheme.

Shortly thereafter, as we entered the summer of last year, we were shortlisted for several awards, including the RICS Award for Revitalisation Project of the Year with our brand-new community hospital in Whitby, and the Student Nursing Times Award shortlist for Community Nursing Placement of the Year, with our West and Central Hull locality mental health team.

We were also shortlisted for national awards such as the prestigious HSJ Awards and the NHS Parliamentary Awards, as well as several local ones, including the Teaching Excellence Awards hosted by Hull and York Medical School. We were pleased to see these great examples of good practice being recognised by organisations in the wider system.

In October 2022, we held our Whitby Community Hospital celebration and thank you event, which took place at the Whitby Pavilion and invited a great mix of staff, partners, suppliers and members of the public, to come together and acknowledge the end of the £13.1 million redevelopment project. Our local hospital has truly been brought into the modern age and the new facilities will be fit for purpose for the local community, for years to come.

In the same month, we were also excited to welcome ITV Doctor, Dr Amir Khan, to Hull as he hosted our Annual Members' Meeting at the MKM Stadium. The event included a showcase of our achievements and challenges from the previous year and a market stall event, where our services promoted their recent positive work to members of our local communities. The event was live streamed and attracted a sizeable audience on the day.

Ensuring that every member of our team has felt supported throughout Covid-19 and beyond remains a top priority for our Trust, and we have been pleased to strengthen this offer in the last year. In our latest staff survey results, our staff scored us above average in being a good place to work, and a place they would recommend being cared for by its services. We hope to continue to improve and develop in these areas, and have some excellent initiatives planned to launch this year which will truly make a difference to our people.

We want to be a leading organisation when it comes to our staff feeling valued and safe at work, and we also want to proactively create a culture of openness, so our people feel confident to speak up when things may require improvement. Our Humbelievable workforce teams and our Freedom to Speak Up initiatives continue to lead this endeavour with the full support of the Trust Board. It is important to us that our people can come into work every day feeling empowered and well enough to do their extraordinary jobs.

Recruitment and retention of professionally registered staff, particularly Nurses, Psychiatrists and General Practitioners, remains an area of challenge for the Trust, which mirrors the national picture.

In order to support the ongoing efforts to sustain our workforce, we continue to celebrate the brilliant work our Communications team are doing with regards to innovative and creative recruitment marketing campaigns. The team works proactively throughout each year, together with our services, to develop and deliver digital and traditional campaigns which illustrate our Trust as an employer of choice. Our workforce team's dedication to building upon schemes like our Staff Benefits offer complements this work brilliantly, and we were very pleased to see this work recognised at the HSJ Awards ceremony in London, in November 2022, where our Humbelievable recruitment marketing campaign was the highly commended entry for the Communications Initiative of the Year.

As part of this recruitment effort, our 'New Year, New Job' campaign was launched once again in late 2022. The campaign was launched across multiple channels, including both digital and traditional methods such as local newspapers, digital billboards, radio, and social media advertising, and saw over 1 million interactions from our target audiences.

Despite the challenges that we continue to face as an NHS organisation, we are exceptionally proud of how our teams consistently strive to make improvements both within their own roles and as part of their multidisciplinary teams. We are very pleased to highlight this great work in our report.

This Quality Account showcases examples of quality improvements achieved across all of our services throughout 2022/23.

The work that our organisation continues to achieve year on year never fails to inspire me. I am so very grateful for the work our people do every day. It is clear from these achievements that each and every one of our teams continue to put our communities at the heart of all they do, and for that I am very proud. As we move ahead into the next financial year, I look forward to seeing how we continue to overcome and improve, and how we continue to truly make a difference to people's lives.

Thank you for everything that you do. You are all truly Humbelievable.

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 Maisy about her experience with the Humber Youth Action Group (HYAG). Maisy has accessed our CAMHS services and joined HYAG because she wanted to make a difference and help improve young people's access to mental health support. Here, Maisy shares her views on what being part of HYAG means to her.

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

Maisie's story

Tell us a little about yourself

Hi! I'm Maisy, a 22-year-old Psychology student at the University of Hull. Alongside my studies I enjoy reading, spending time with family, musical theatre, and going to the gym. My favourite snack is sweet and salted popcorn, and my biggest dislike is salted caramel (unpopular opinion, I know!). I enjoy going on walks with my family at the weekends, and my dream holiday destination is New Zealand!

What was your motivation to join the HYAG?

I was motivated to join the group after reading about it online. As a Psychology student I have a passion for mental health and wellbeing, so I am very interested in getting involved in improving the services available to support people in any way possible! I am also very keen to improve the experiences of young people in seeking both physical and mental health support after some negative personal experiences.

What have you enjoyed most so far?

I have really enjoyed getting to speak to healthcare professionals from all different roles and getting an insight into what they do. One of my most memorable moments in the group is getting to sit on the interview panel for new Health Care Assistants at the Inspire unit, as this was a very unique opportunity that I am very grateful for.

Has it developed your skills and knowledge?

Yes, it has! I have learnt a lot more about the inner workings of the healthcare system, and the different roles people do to keep it going. I have developed my skills in speaking with professionals and having the confidence in myself to volunteer for opportunities I would have been too scared to partake in previously.

Has being a member of the group helped your studies or to develop your experience?

I believe it has, yes, as I am certain I want to work for the NHS, and I think that the group has given me a foot in the door that I would not have had previously.

What are your future goals and plans?

I am hoping to go on to be a clinical psychologist, specialising in young people with brain injuries.

Would you recommend the HYAG to others and why?

Yes, definitely! HYAG is an incredibly supportive environment with exclusive opportunities, and it is an amazing chance to further your skills whilst meeting new people!

Any other comments you would like to share about the HYAG?

I just want to say thank you to Bethia for organising all the amazing opportunities we get through the group, and for showing genuine care for the health of young people.

Patient and Carer Experience

Putting patients, service users and carers first is our priority at Humber Teaching NHS Foundation Trust (HTFT).

Involving patients, service users, their carers and our partners 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 patients, service users and carers, 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 2022/2023

2022	
April	<ul style="list-style-type: none"> ✓ Nursing recruitment and retention premium launched for all current and new Band 5 Nurses at the Trust. ✓ ISPHN service confirms new contract for 5 + 2 years as of April 1st. The service will continue to offer fully integrated 9 months – 19 years support for families and young people across East Yorkshire. ✓ Social Prescribing team confirm new contract on April 1st, with the launch of their Health and Wellbeing Connector service. This specialises in promoting healthier lifestyle habits and positively impacts local communities by offering free support and guidance. ✓ Launched our new Keyworker service for children and young people with a learning disability, autism or both with complex needs, who are at risk of being admitted to a mental health inpatient unit or are already an inpatient, ensuring that our young people are getting the right support, at the right time. ✓ Head of Patient and Carer Experience, Mandy Dawley, won national Experience Network Award from NHS England and Improvement, for her contribution to the PACE field of work. ✓ Whitby Hospital nominated for prestigious RICS Award for 'Refurbishment/Revitalisation Project' of the year.
May	<ul style="list-style-type: none"> ✓ Active Brains Research Study making good progress within our GP Practices, with over 70 patients aged 60-85 signed up to proactively take steps to keep their brains healthy. ✓ Your Health Stop Smoking service reports record low smoking in new mothers in the East Riding of Yorkshire. ✓ West and Central Hull locality mental health team shortlisted for Community Placement of the Year by the Student Nursing Times Awards.
June	<ul style="list-style-type: none"> ✓ Trust shortlisted for two NHS Parliamentary Awards for 'Rising Star' Jodi Roper, Child Psychological Wellbeing Practitioner and our Acute Community Services team for their work with older people with complex needs. ✓ Hull York Medical School's Teaching Excellence Awards are an exciting and successful night for our Trust as our staff won the 'Tutor of Excellence Award', the 'Administrative Support Award' and the high commendation for 'Exceptional Contribution to Student Experience'. ✓ Rebecca, Nursing Associate within our Hull Integrated Care team, highly commended by Health Education England for 'Making a Difference to Patient Experience'. ✓ ISPHN service re-accredited by the UNICEF Baby Friendly Gold Award. ✓ Humber Transforming Care Partnership launches the Active Support Project, which aims to work with local residential homes to support people to participate successfully in domestic tasks, meaningful activities and social opportunities. ✓ Chief Executive, Michele Moran, raises over £6,000 for Health Stars charity in 84-mile virtual cycle across Trust sites. ✓ Trust nominated for HSJ Patient Safety Awards, including the East Riding Partnership Addictions service recognised for their important work within 'Improving Outcomes for Minority Ethnic Communities'.
July	<ul style="list-style-type: none"> ✓ Our Humbelievable staff team up with local Hull charity 'Raise the Roof' to provide warm meals for those in need at city centre soup kitchen. A fantastic use of their encouraged teambuilding day.

	<ul style="list-style-type: none"> ✓ Your Health service encourages East Riding residents over the age of 40 to sign up for their free health checks, delivered across six accessible venues across the region.
<p>August</p>	<ul style="list-style-type: none"> ✓ Trust receives 3 nominations in the prestigious Health Service Journal Awards 2022. Including 'Communications Initiative of the Year', 'Community and Primary Care Provider of the Year' and 'Integrated Care System of the Year'. ✓ Our Speech and Language Therapy service works with project exhibition designers at Hull Maritime Museum to trial new accessible symbols and phrases, to improve experiences for those with learning disabilities. ✓ Granville Court team in Hornsea launch carer recruitment campaign and event to support and encourage local residents to consider a career in care.
<p>September</p>	<ul style="list-style-type: none"> ✓ Trust takes part in Suicide Prevention Day with the theme 'creating hope through action', encouraging local people to take the free suicide training available online and increasing awareness of avenues of support for those who need it. ✓ Social Worker, Elvis, from Trust mental health services is nominated for 'Mental Health Social Worker of the Year' by the Social Worker Awards 2022. ✓ Trust works with Dementia Champions to support World Alzheimer's Day and promote the ways in which those affected by dementia can seek support.
<p>October</p>	<ul style="list-style-type: none"> ✓ Whitby Community Hospital Celebration and Thank You Event takes place at Whitby Pavilion to acknowledge the end of the redevelopment project. ✓ ITV Doctor, Amir Khan, opens Trust Annual Members' Meeting at the MKM Stadium in Hull. The event includes a market stall event where services promoted their recent positive and impactful work in our local communities. ✓ Your Health service launch local Stoptober campaign to support East Riding of Yorkshire residents to kick the habit for good. ✓ Trust takes part in the national Speak Up Month to promote our dedicated Freedom to Speak Up Guardians and the important work they do year-round. ✓ Trust launches wide-reaching World Mental Health Day campaign to help local residents understand how they are feeling and the avenue of support for their needs. Also encourages therapeutic-led, arts and crafts activities involvement. ✓ Speech and Language therapists launch 'My Stammering Child' film at Hull premiere, in collaboration with Action for Stammering Children and My Pockets Films. Attendees included TV presenter Nick Hewer. ✓ Trust launches new 2022 – 2027 Trust Strategy, co-produced with staff, service users, carers and communities.
<p>November</p>	<ul style="list-style-type: none"> ✓ Trust charity Health Stars host comedy event with Hull Truck Theatre to raise money for health and social care services. ✓ Research and Development team host their annual Research Conference, with over 400 people from a wide range of organisations across the country in attendance. ✓ International Nurses campaign launched to show success stories from the four cohorts of international nurses that we have worked with since launching the programme of work in 2021. ✓ Safeguarding team support the national Safeguarding Adults Week with local campaign to help staff and service users better identify signs of abuse. ✓ Our 14-bed clinical decisions unit, Avondale, in Hull, teams up with local artist to create a beautiful mural in their outdoor areas, to brighten up the space for colleagues and service users.
<p>December</p>	<ul style="list-style-type: none"> ✓ Trust launches 'New Year, New Job' recruitment campaign to encourage those looking for a new opportunity to consider a role in the NHS.

2023

January

- ✓ Trust invites local communities to attend Council of Governors meeting to learn more about how it operates and see the latest Annual Report.
- ✓ Your Health service supports latest SEAFit programme in Hartlepool for members of the fishing community negatively impacted by the death of marine life.
- ✓ Trust shares commitment to reducing loneliness in the East Riding of Yorkshire with support offered by our Emotional Wellbeing Service.
- ✓ Trust launches North Yorkshire Virtual Wards to improve care at home. This is a national initiative that is expected to roll out across the Trust in the future and is led by our Community Services teams.

February

- ✓ Humber Recovery and Wellbeing College launches Spring Prospectus and hosts enrolment days across Hull and the East Riding to encourage engagement with this year's courses and activities.
- ✓ Trust supports Children's Mental Health Week with local campaign which was co-produced with young people from the Humber Youth Action Group, to hear their thoughts on mental wellbeing and self-care.
- ✓ Celebrated 100 locations across Bridlington becoming Breastfeeding Friendly as part of our initiative
- ✓ Held a variety of employment events to support those facing barriers to work across the East Riding of Yorkshire

March

- ✓ Trust continues to build upon positive results in the annual Staff Survey 2022
- ✓ Local health, care and children's services come together to boost awareness and reduce number of SIDS cases as part of Safer Sleep Week
- ✓ Trust was shortlisted for 2 Nursing Times Awards and a HSJ Digital Award
- ✓ Chief Executive, Michele Moran, listed in Top 50 NHS CEOs by the Health Service Journal
- ✓ Successfully launched Whitby UTC campaign to help local North Yorkshire residents identify how to get the right help, at the right time

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

2.1 Priorities for Improvement

In part two of our Quality Account, we outline our planned quality improvement priorities for 2023/24 and provide a series of statements of assurance from the Board on mandated items, as outlined in the 'Detailed requirements for quality reports 2019/20' from [NHSI](#).



In this section, we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2021/22 Quality Account.

Our Approach to Quality Improvement and Quality Governance

Quality Improvement

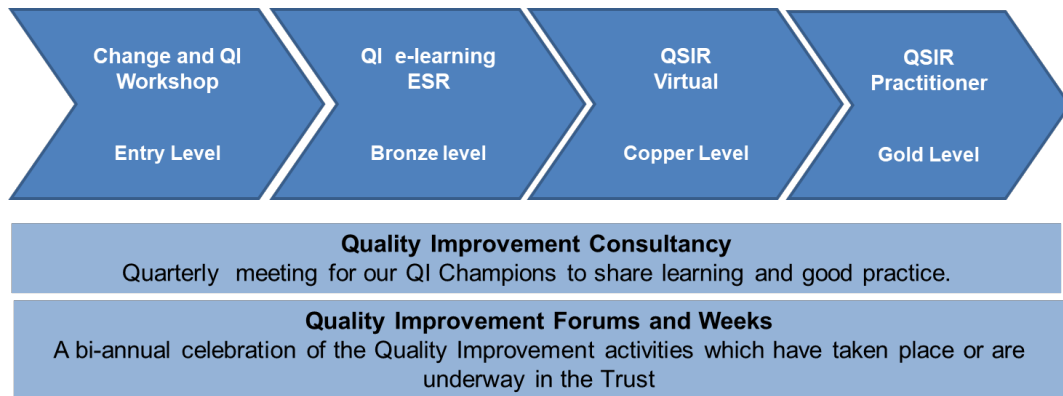
Our Executive Lead for Quality Improvement (QI) is the Medical Director.

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

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, the Patient Experience team, and the Patient Safety teams. To support the delivery of our Quality Improvement Strategy 2021-2026, the Joint Strategy Group with Patient and Carer Experience has been set up and includes representatives from Staff and Patients and Carers to support the delivery of the Strategy Activity tracker and provide assurance that the strategy delivery maintains its focus.

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 are investing in the QI capability of our staff and volunteers. The four-tier training offer continues to be available, and the face-to-face delivery of the Quality Service Improvement and RE-Design Practitioner training recommenced as a blended approach during the year. In addition, a QI module for staff, patients and carers was created as part of the Patient and Carer Experience package on Recovery College and bespoke training was provided to our nursing development programmes.

The advice and support, the consultancy for QI champions and the QI weeks and forums continue to provide support and build a culture of sharing and learning.



From April to March 2023, there were 393 training places provided and 20 short overview sessions to a total of 172 attendees.

We continue to track the QI activities and at the end of March 2023, there were 280 identified ideas. Of the viable and completed ideas, 61% recorded that our Patients and Carers had been involved and 25% had been in partnership with other organisations.

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

Quality Governance

The Board ensures robust Quality Governance through the Quality Committee, a subcommittee of the Board. The Quality Committee is chaired by a non-executive, meets quarterly each 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
- Assure the Trust Board that appropriate processes are in place to give confidence that:
 - Quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks
 - Ensure performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks

Each clinical division has established quality governance arrangements to address the key elements of quality and safety. These are outlined in divisional Standard Operating Procedures (SOPs). Divisional Clinical Networks report directly to the Divisional Clinical Governance Meetings which in turn report to the Quality and patient safety Group (QPAS) which reports 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.

To support our quality agenda further, the Governor led Workforce, Quality and Mental Health Legislation group has brought an increased understanding of the connections between quality and workforce for governors. This group has extended invitations to the Governance team to facilitate comprehensive discussions, which has allowed the group to influence the quality improvement

work of the organisation. The group reviews the Board Assurance Reports for Finance, Audit and Quality, providing feedback where appropriate to the management team of the Trust.

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

- My Assurance – an iPad-enabled tool that clinicians use to audit their practice and care environment. Results are immediate, ensuring any improvements required can be actioned instantly.
- Team Level DATIX Dashboards – enable teams to review patient safety incidents in ‘real time’.
- Electronic Risk Registers – ensures teams capture, manage and escalate risks appropriately.
- Staff Training and Development Opportunities – an in-house skills laboratory with support from our Learning Centre.
- Quality Improvement Skills Development – skill sharing, and development sessions delivered by our QI Lead.
- Leadership and Organisational Learning – group events and regular newsletter to keep people connected.
- Health Assure – to support the dissemination of evidence-based practice, the delivery of clinical audits, management of policies and patient safety alerts.

In addition to this, we have a range of approaches to gather patient, service user and carer real-time feedback and engagement, use an electronic platform for clinical audits, and have Clinical Audit interaction sessions planned for Clinical Audit week 2023.

Closed Cultures

In September 2022 a distressing Panorama programme highlighted alleged verbal and physical abuse of vulnerable patients with mental health problems and autism at the Edenfield Centre, run by Greater Manchester Mental Health NHS Foundation Trust. The programme raised serious concerns about the use of harmful and dangerous practices including unnecessary restraint and seclusion, near-mistakes with medication, falsification of observation records and physical and verbal abuse.

Following the airing of the programme Claire Murdoch (National Director, Mental Health) wrote to all Mental Health, Learning Disability and Autism provider Chief Executive Officers asking that trust Boards review care in their organisations and identify any immediate issues requiring action.

Our Trust responded to Claire Murdoch’s request and through working with our clinical staff and managers provided a report to the Board meeting held in public on 26th October 2022 detailing the quality monitoring systems and processes in place to give early warning that a closed culture may be at risk of developing. The Board confirmed the paper provided good assurance that appropriate processes were in place and noted the work being undertaken to further strengthen our approaches.

Discussions were held regarding senior leader visibility post pandemic. Board and Governor visits to teams have been re-established and leadership visibility across all of our services has been reviewed and strengthened.












A follow up report was submitted to the Board in March 2023 detailing progress made against the actions to further strengthen our approaches. The Board were assured regarding the progress being made to continuously improve our governance and staff leadership and support processes across all of our services.

Looking Back: Review of the Quality Priorities in 2022/23

At the meeting in November 2022, the Quality Committee reviewed progress against the Board-approved Quality Priorities identified in the 2021/22 Quality Account.

The priorities were determined and developed using a collaborative approach with patients, service users, carers and staff, utilising existing forums and patient experience group. The Trust Board approved the proposal of four priorities for delivery in 2022/23.

The delivery of these four quality priorities agreed in the 2021/22 Quality Accounts have progressed well across all four priorities and positive impacts are being achieved.

Priority	Strategic Goal
<p>Priority 1</p> <p>In line with national directives, move 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”.</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p> <p> Fostering integration, partnerships, and alliances</p>
<p>Priority 2</p> <p>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.</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p>
<p>Priority 3</p> <p>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’.</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p> <p> Optimising an efficient and sustainable organisation</p>
<p>Priority 4</p> <p>To ensure all our staff feel supported and confident in saying that caring for patients is our main priority as an organisation</p>	<p> Innovating quality and patient safety</p> <p> Developing an effective and empowered workforce</p> <p> Optimising an efficient and sustainable organisation</p>

Priority One: In line with national directives, move 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”.

Why this was important

Our first quality priority for 2022-23 aligned with the national priority for patient safety. The priority is being led by the Trust’s Patient Safety Specialists.

What we said we would do in 2022/23

We said we would...

In line with national requirements, we will ensure the organisation is prepared and staff are equipped to commence roll out of the Patient Safety Incident Response Framework (PSIRF) as set out by NHS England.

What we did

The national publication of the Patient Safety Incident Response Framework was published in August 2022

- We have set up a PSIRF steering group led by the Director of Nursing, Allied Health and Social Care Professionals. Terms of reference and governance structures have been agreed.
- A scoping exercise is underway to map out our services, stakeholders, incident response capacity and incident response plan.
- The PSIRF methodology is starting to be introduced into the Trusts existing processes for example we have trained 232 staff in systems-based investigation methodology which underpins the PSIRF ideology of focusing on systems rather than looking for root causes when investigating incidents.
- All incidents requiring investigation are all investigated utilising systems-based methodology.

Further work on this priority is required as we go into 2023-24. This is detailed in ‘Looking Forward: Our Quality Priorities for 2023/24’ section.

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.

Why this was important

Our second priority for 2022-23 was identified following audit information received in relation to adherence to national end of life standards. Whilst good care was found there were areas where we needed to improve compliance with the national standards. Consultation on the work required was undertaken with our clinical staff and in our Trusts Family Bereavement working group which consists of patients, carers and service users. This priority aligns to national workstreams and strengthens the Trust compliance with CQC’s end of life key line of enquiry requirements. The priority is led by our End-of-Life Professional Lead supported by the Trusts End of Life group.

What we said we would do in 2022/23

We said we would

- Promote and embed a proactive approach to end-of-life care planning
- Develop an empowered workforce who are equipped with the clinical skills to recognise when patients are approaching end of life
- Further develop all aspects of understanding and involving Patient and Carer experience feedback in supporting our pathways for Palliative & EOL Care. To further enhance the existing bereavement pack and mechanisms for feedback

What we did

- Teaching on fundamental aspects in palliative care available for all staff, with focus on identification of people in their last year of life, how to support meaningful conversations and to enable proactive Advance Care Planning to ultimately support a good death. Over 100 staff from all divisions, have attended this training in February and March 2023.
- Developing use of clinical records systems to support, document and communicate Advance Care Planning and including use of the shared care record; 'Electronic Palliative Care Coordination System'
- Consideration of use of the 'Supportive and Palliative Care Indicator Tool' to provide a robust and standardised approach to recognising people nearing their end of life
- Trust representation at local and regional Palliative and End of Life Care forums to support an integrated approach to palliative care for our communities
- Completed benchmarking against National Ambitions for Palliative Care 6 priorities, to inform our further focus of our quality improvements in Palliative Care and to contribute to ICB wide benchmarking
- Working with partner organisations to agree and adopt common approaches to use of Advance Care Plan documents.
- Additional work undertaken in our mental health, learning disability and children's teams to support recognising EOL and supporting advance care planning in complex cases
- Staff support and learning through reflective debrief sessions.
- Professional Lead in Palliative and End of Life Care contribution in PACE forums.
- Promotion of the use of Bereavement Packs across all divisions
- Processes for data collection agreed and commenced to enable use of data to monitor progress moving forward.

Further work on this priority is required as we go into 2023-24. This is detailed in 'Looking Forward: Our Quality Priorities for 2023/24' section.

Priority Three: 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'.

Why this was important

Our third priority for 2022-23 was identified following a review of incidents and survey findings and aims to strengthen service user/family involvement and carer involvement in the shaping and delivery of our patient safety priorities. We undertook wide consultation with our patient and carer experience groups, staff and with our governors' regarding this priority all of whom were supportive of this direction of travel. This priority also meets the requirements of both the national and trust patient safety strategy priorities and supports priority one regarding the roll out of PSIRF.

This priority is led by the Head of Patient and Carer Experience and Engagement working with our Patient Safety Specialists.

What we said we would do in 2022/23

We said we would

- Implement the framework for involving patients in patient safety as set out by NHS England.
- Ensure patients/service users/carers and families are proactively involved in identifying our patient safety priorities and the refresh of our Patient Safety Plans going forward.

What we did

- Patient Safety Partner (PSP) agreement, role description and recruitment pack have been developed and approved.
- We have successfully recruited one PSP and are supporting them in this role. A further expression of interest for more PSPs has been issued to Voluntary Services.
- 'Involving Patients, Families and Carers Subgroup' as part of PSIRF implementation overseen by the PSIRF steering group has commenced.

Further work on this priority is aligned to the roll out of the Patient Safety Incident Review Framework (PSIRF) as we go into 2023-24. This is detailed in 'Looking Forward: Our Quality Priorities for 2023/24' section, priority one.

Priority Four: To ensure all our staff feel supported and confident in saying that caring for patients is our main priority as an organisation

Why this was important

Our fourth priority was identified following receipt of our 2021 staff survey results which showed that 73.8% of staff felt care of patients/service users was the organisations top priority. This is below the NHS average of 78.5%. This priority was led by the Deputy Director of Nursing supported by the Executive Management Team.

What we said we would do in 2022/23

We said we would

- Understand what our staff say about how able they feel to prioritise caring for patients through surveys and listening sessions including the peer review process/professional forums and clinical visits by the executive.
- To establish enablers and barriers to prioritising caring with staff and develop local and Trust wide plans to support staff to prioritise their caring role

What we did

- Raised awareness through discussion in senior leadership forums and other staff group meetings. Leaders were encouraged to have discussions at a team level
- Clinical supervision week in May provided an opportunity for this to be discussed with staff across the Trust.
- We have appointed 15 Professional Nurse Advocates (PNAs) whose role it is to provide restorative supervision for staff. All PNAs focus on discussions with staff regarding patient care being the organisations priority in supervision. Compassion in practice and patient care being the Organisations priority is covered in the Preceptorship Programme which supports all newly registered professionals into practice.

The above actions have resulted in an improved response in the 2022 staff survey with 75.6% of staff saying that patient care is the organisations top priority compared to 73.8% in the previous year. Work will continue throughout 2023 and beyond to ensure that in a context where there is a

national focus on a number of quality metrics being achieved staff are constantly reminded that everything we do, including achieving targets is concerned with delivering high quality care to our patients, services users and their families as our priority.

Looking Forward: Our Quality Priorities for 2023/24

All of our quality priorities aim to deliver the highest quality care for our patients, service users and their families.

Workstreams to deliver the priorities from 2022-23 are now well established. Due to the transformational nature of some of the priorities from 2022-23 more work is required to be undertaken as described below to evidence the changes have been implemented and are embedded in practice demonstrating improved patient outcomes and continuous practice improvement. Please see priority one and two below.

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’.

What we will do in 2023/24

In line with national requirements, we will ensure the organisation is prepared and staff are equipped to commence roll out of the Patient Safety Incident Response Framework as set out by NHS England. Implementation of PSIRF is expected to commence in the autumn of 2023 to include 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.

We will

- Work with our key stakeholders to refresh our policies and procedures to implement PSIRF
- Roll out training specific to the range of new investigation and learning methodologies
- Switch to investigating patient safety incidents using the range of PSIRF methodologies by autumn 2023
- Develop systems to commence a robust approach to theming incidents to inform the approach to undertaking thematic reviews
- Further develop the role of the Patient Safety Partners (PSP) and ensure people from a diverse range of backgrounds and abilities are involved
- Continue to strengthen our approach to involving patients and families in patient safety through the Patient Safety Incident Response Framework (PSIRF) subgroups and Patient Carer Experience forums
- Ensure that patients and families are involved in the production of the Trust’s Patient Safety Plan and PSIRF Plan and associated policies
- Implement the framework for involving patients in patient safety as set out by NHS England.

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.

What we will do in 2023/24

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

We will

- Embed Palliative and End of Life tiered training programme for all staff, including communication and advance care planning skills.
- Coproduction with PACE representatives and other partners to develop, and make accessible, a collection of resources and information on key aspects of palliative and end of life care for patients and their families.
- Develop a rolling programme of audit to demonstrate the approach to quality improvement in Palliative and End of Life care is embedded in practice.

The following priorities are new for 2023-24 and have emerged following changes to national guidance in respect of clinical risk assessment and the national and Trust focus on closed cultures.

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

What we will do in 2023/24

Review and refresh the implementation of the Safeward 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. Complete a trend analysis of incidents of patient conflict and Use of Force

We will

- Establish a baseline of 'maturity' at ward level through a staff and patient survey in relation to awareness and implementation of the Safeward intervention and develop plans and pledges to address gaps through a Plan Do Study Act (PDSA) cycle of quality improvement
- Review previous 3 years data in relation to Seclusion; Restraint; Rapid Tranquilisation/Emergency PRN (containment behaviours) versus Self-Harm; Violence and Aggression and AWOL (conflict behaviours)
- Host a Humber Safewards Day –This will be an opportunity for each ward to showcase and share their Safewards interventions and the positive impact this has achieved
- Roll out the use of the Safewards Plans and Alternatives to Medication cards and use a PDSA cycle and pre and post intervention measures to enable impact to be demonstrated
- Monitor the impact on the Use of Force and restrictive interventions data.

Priority Four: We will ensure that we are undertaking clinical risk assessment management 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

What we will do in 2023/24

We will 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.

We will

- Review existing multi-disciplinary practice in relation to clinical risk practice through the development and roll out of a self and peer assessment tool
- Review risk assessment tools and identify which tools will be acceptable and how they will be utilised as part of structured professional judgement
- Identify how IT systems can be optimised to support meaningful and accessible documentation of risk assessment; formulation and safety planning including app-based opportunities
- Review and refresh the existing training package in line with developments and changes in national and local policy and guidance
- Review and refresh the Trust's Clinical Risk policy including service based standard operating procedures outlining clear minimum standards and principles around documentation and communication of risk assessment, formulation and safety planning

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 which are as follows:

- Services and sub-contracts provided by the Trust
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and Dentists in Training
- Progress made in 2021 in bolstering staff in adult and older adult CMHT services following additional investment from local CCGs baseline funding
- 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 2022/23, Humber Teaching NHS Foundation Trust provided or subcontracted 101 relevant health services.

Working with our commissioners 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 2022/23, the previously suspended contracting arrangements between commissioning bodies and NHS Trusts were reinstated and there were significant changes to the commissioning landscape across the NHS. Most notably, Integrated Care Boards replaced Clinical Commissioning Groups in the NHS in England from 1st July 2022.

The most significant services provided during 2022/23 were 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 101 of these relevant health services.

The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by Humber Teaching NHS Foundation Trust for 2022/23.

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. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment.

Response

Working in partnership with the Trust Board, staff members and staff governors; we have developed a Freedom to Speak Up Strategy (2019 - 2022) which is supported by the Freedom to Speak Up Policy and Procedure. The Strategy and Policy are currently under review in light of new information being made available by the National Guardian's Office.

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

The Trust's Executive Lead for Freedom to Speak Up (FTSU) is Michele Moran, Chief Executive, who is supported by a named non-executive. The Freedom to Speak Up Guardian is Alison Flack, Transformation 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. We have also appointed a speak up ambassador and plans are in place to increase the number of ambassadors across our operational areas. Staff have reported that in some instances, they feel more comfortable speaking in confidence to a familiar individual for help and support.

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. All new staff also complete the Level 1 National Freedom to Speak up training module.

The Guardians and ambassador visit Trust staff 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. 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 there are specific groups of staff where we are not receiving any concerns from and so we can look at alternative ways to reach out to these individuals. 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 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 occasion, 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.

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

The report on safe working hours for doctors in training looked at December 2022 to March 2023 rotation. There were 3 core trainees that were on maternity leave, and one on long-term sick leave.

The numbers of exceptions amounted to three this rotation. There did not appear to be a delay in this exception being reviewed and resolved. No issues were raised in being able to attend teaching/training.

The allocate issue has continued to be an issue and these exceptions were raised to the guardian through direct contact. The Foundation Doctors have been advised to contact the guardian directly if they have any concerns in the interim whilst allocate issues are being addressed regarding them being added to the system.

There were also concerns raised from the trainees both directly and through their clinical supervisors that the rest room despite being renovated was too small to accommodate the trainees on any given on-call shift.

Teaching is proposed to be moving to be in person. Guardian will observe attendance so as to ensure trainees are being able to attend education and training as they did whilst the programme was being delivered online. Teaching was disrupted due to strike action of junior doctors.

The recommendations to improve safer working were as follows:

- a. As part of the solution the guardian is awaiting confirmation on the mechanism where trainees living away from Humber can book a hotel to ensure they are well rested before driving home after the on-call shift.
- b. Furthermore, the guardian is also looking at trust management to provide additional rest space to accommodate the number of trainees on any given shift.
- c. Allocate system issue in allowing foundation doctors to be added – to be addressed as soon as possible. In the mean-time trainees not on allocate to contact the guardian directly if any concerns/exceptions.

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 the national workforce challenge 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 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 International Educated nurse recruitment programme, including a bespoke Preceptorship programme
- Marketing and communication plan including- Join Humber page, New Year New job campaign.

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 11.04%. There are 845.1 Nurses in the Trust compared to 761.9WTE 12 months ago.

Consultant vacancies remained a challenge with 14.15 vacancies and the majority of these roles were covered by agency. We have now employed a fixed term Talent Acquisition Specialist to help us source permanent substantive consultants.

Trust vacancies overall continue to reduce, dropping to under 10% for the first time since February 2022.

Safer staffing in our inpatients 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 re CHPPD.

Staffing in Adult and Older Adult Community Mental Health Services

The scope of CMHT Transformation has increased since the national roll out and now covers:

A Core Model – a community-based offer based on the redesign of mental health services around Primary Care Networks that integrates primary and secondary care, VCSE, and local authority services and improves access to psychological therapies for those with SMI. These are now all in place but are under review in the Hull area. From March 2022 to March 2023, we saw a further 11% rise in clients receiving mental health support and treatment across Hull and the East Riding of Yorkshire. There has also been a significant reduction in waiting times for access to Community Mental Health Teams and an increase in access to Psychological Therapies.

We have two areas of dedicated focus where we have improved access and treatment for adults and older adults with a diagnosis of 'personality disorder', and those in need of mental health rehabilitation'. Both teams are up and running and supporting an increase in number of clients.

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 offer support, treatment and recovery services (STaRS) have implemented 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. The team have supported repatriation as well as reduced out of area placements, the team are shortlisted for an HSJ award for their work.

We have been improving physical health for those with a Severe Mental Illness, by delivering an annual comprehensive physical health check and follow up interventions. Health Trainers are working in partnership with GP practices in the East Riding of Yorkshire to deliver these checks. In 2021/22 we made a huge improvement in the uptake of health checks and identified many

treatable health conditions. This year performance has improved further and to the end of March 2023 we have completed 1,058 SMI annual health checks which is an increase of 21.5% in the number of completed checks.

Early Intervention in Psychosis - we have been working to improve timely access and quality of care for people experiencing their first episode of psychosis and more clients are now being treated within two weeks after a first episode of psychosis.

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2022/23

In the 2022-23 NHSE EPRR core standards self-assessment, the number of core standards applicable to our Trust increased to 55 core standards and 13 deep dive standards. The introduction of new standards and the new requirement of Health Command Training determined our position as being 'partially compliant'. Our total compliance position is, out of 55 core standards we have complied with 46 therefore an overall standing at 84%.

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 be fully compliant with all of the core standards by March 2024.

The Trust's overall assurance rating has been signed off by the Trust Board.

Improving Care through Clinical Audit

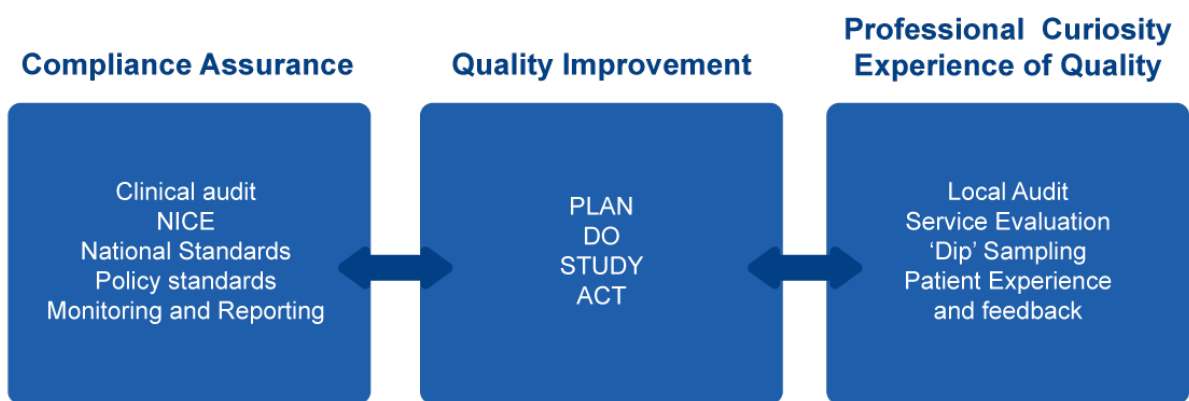
Clinical Audit enables the Trust Board, our service users, and our regulators to determine whether the care we are providing is in line with recognised standards.

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), Key Lines of Enquiries (2015). We also audit themes emerging from serious incidents, adverse events, and recorded complaints to fully inform our programme of clinical audit.

Each division is expected to complete a minimum of 5 clinical audits across the financial year and also 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.

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



Audits undertaken during 2022/23

During 2022/23, 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 91% 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.

The Quality Committee will be given an overview of the findings from the 2022 Confidential Inquiry in June 2023 and these findings continue to inform our patient safety programme.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2022/23 are as follows:

Eligible National Clinical Audits 2022/23
Topic 1h&3e: Prescribing high dose and combined antipsychotics (POMH)
Topic 20b: Valproate prescribing in adult mental health services (POMH)
Topic 7g: Monitoring of patients prescribed lithium (POMH)
Topic 21a: The use of Melatonin (POMH)
National Asthma and COPD Audit Programme (NACAP) – Pulmonary rehabilitation aspect
National Diabetes Audit (NDA)
National Clinical Audit Cardiovascular Disease Prevention CVDPREVENT (NCAPOP)
National Audit of Cardiac Rehabilitation (NACR)
National Audit of Inpatient Falls (NAIF)
National Audit of Care at End of Life (NACEL)
Sentinel Stroke National Audit Programme (SSNAP) Post-acute and rehabilitation services

Eligible National Confidential Inquiries 2022/23
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2022/23 are as follows:

National Clinical Audits 2022/23

Topic 1h&3e: Prescribing high dose and combined antipsychotics (POMH)
Topic 20b: Valproate prescribing in adult mental health services (POMH)
Topic 7g: Monitoring of patients prescribed lithium (POMH)
National Asthma and COPD Audit Programme (NACAP) – Pulmonary rehabilitation aspect
National Diabetes Audit (NDA)
National Clinical Audit Cardiovascular Disease Prevention CVDPREVENT (NCAPOP)
National Audit of Cardiac Rehabilitation (NACR)
National Audit of Inpatient Falls (NAIF)
National Audit of Care at End of Life (NACEL)
Sentinel Stroke National Audit Programme (SSNAP) Post-acute and rehabilitation services

Eligible National Confidential Enquiries 2022/23

National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)
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The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of cases submitted to each audit, or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2022/23	Cases Required	Cases Submitted
Topic 1h&3e: Prescribing high dose and combined antipsychotics (POMH)	No minimum requirement	193
Topic 20b: Valproate prescribing in adult mental health services (POMH)	No minimum requirement	Report not yet available
Topic 7g: Monitoring of patients prescribed lithium (POMH)	No minimum requirement	Data entry closes end April 2023
National Asthma and COPD Audit Programme (NACAP) – Pulmonary rehabilitation aspect	No minimum requirement	Patient records submitted (44) Organisational audit (1)
National Diabetes Audit (NDA)	No minimum requirement	Data extracted by NHS Digital
National Clinical Audit Cardiovascular Disease Prevention CVDPREVENT (NCAPOP)	No minimum requirement	Data extracted by NHS Digital
National Audit of Cardiac Rehabilitation (NACR)	Quality & Outcomes data - no minimum requirement Accreditation - 7 KPIs measured	Data submission deadline is 31 May 2023 (January – December 2022 data)
National Audit of Inpatient Falls (NAIF)	No minimum requirement - patients who sustained an inpatient hip fracture in 2022 No facilities audit for 2022	Organisational audit (1) Case note review (2) Staff survey (20) Quality survey to next of kin (7 issued/0 returned) Audit summary template (1)
National Audit of Care at End of Life (NACEL)	Organisational audit Case note review	Organisational audit (1) Case note review (2)

National Clinical Audits 2022/23	Cases Required	Cases Submitted
	Staff survey	Staff survey (20)
	Quality survey (next of kin)	Quality survey to next of kin (7 issued/0 returned)
	Audit summary template	Audit summary template (1)
Sentinel Stroke National Audit Programme (SSNAP) Post-acute and rehabilitation services	No minimum requirement	October – December 22: 167 cases (latest dashboard data available)

National Confidential Enquiries (2022/23)	Cases Required	Cases Submitted
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	N/A	17

A quarterly national clinical audit report is prepared and tabled at Audit and Effectiveness Group before being circulated to relevant clinical network groups.

The reports of 14 national clinical audits were reviewed by the provider in 2022/23 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audits 2022/23	Actions
Topic 19b: Prescribing for depression in adult mental health services (POMH)	Report published April 2022. Audit findings presented and discussed at Drugs & Therapeutics Group, July 2022. Five actions were identified A progress update on identified actions will be sought during quarter 4, 2022/23
Physical Health in Mental Health Hospitals (NCEPOD)	Report published April 2022 Report discussed at Physical Health & Medical Devices Group and shared with Mental Health Division Practice Network.
National Clinical Audit Cardiovascular Disease Prevention CVDPREVENT (NCAPOP)	Report published June 2022 based on the analysis of GP recorded data up to March 2021 A summary document was prepared and tabled at Primary Care Clinical Network Group. This included a synopsis of the key overall findings and recommendations with links to the full report. Information was also included on how to access local practice-specific data available through the Data and Quality Improvement Tool. Use of the Tool was explained including how to access a demo video and a navigation summary was provided. Further report due in 2023/24
National Asthma and COPD Audit Programme (NACAP) – Pulmonary rehabilitation aspect	Report published July 2022. Pulmonary Rehabilitation 2021 Organisational Audit: Summary report

National Clinical Audits 2022/23	Actions
	<p>Shared with Community Services Clinical Network Group. Update being sought in Q4 regarding any improvement actions in progress or completed</p> <p>Further report due in 2023/24</p>
National Clinical Audit of Psychosis (NCAP) 2021/22 - Early Intervention in Psychosis	<p>Report published July 2022</p> <p>Shared with the Mental Health Division Practice Network.</p>
National Audit of Care at End of Life (NACEL)	<p>Report published July 2022.</p> <p>The report was shared with the Community Services Clinical Network Group for information</p> <p>Trust participation occurred in round 4, report due publication during 2023</p>
National Audit of Care at End of Life (NACEL) Mental health spotlight audit summary report	<p>Report published July 2022 Based on data from June to October 2021. The overall findings were shared with the Mental Health Division Practice Network for information</p>
National Diabetes Audit (NDA)	<p>Report published July 2022</p> <p>Based on data from 2020-21 in England and Wales</p> <p>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</p> <p>Further report due in 2023/24</p>
National Audit of Dementia (NAD)	<p>Report published August 2022</p> <p>Report shared with Mental Health Division Practice Network and Older People's Mental Health sub-group.</p>
National Audit of Inpatient Falls (NAIF)	<p>Report published November 2022</p> <p>Additional work has been completed on the KPIs including medical representation at the falls working group, introduction of bed rail audit and recommendation within the Trust Falls policy regarding the use of flat lifting equipment on our inpatient units.</p>
National Audit of Cardiac Rehabilitation (NACR)	<p>Cardiac Rehabilitation Certification Report & Annual Quality and Outcomes Report published November 2022</p> <p>Relevant to Community Services Clinical Network Group. The Trust achieved Green/Certified status, meeting all seven KPIs based on NCP_CR agreed standards</p> <p>Key recommendations and recommended actions included in the Annual Quality and Outcomes Report will be discussed at the Community Services Clinical Network Group.</p> <p>Further reports due in 2023/24</p>
Sentinel Stroke National Audit Programme (SSNAP)	<p>Report published November 2022</p>

National Clinical Audits 2022/23	Actions
	<p>Relevant to Community Services Clinical Network Group. The Scarborough and Ryedale Community Stroke Service takes part in the post-acute non inpatient team aspect of the SSNAP Programme</p> <p>Report for discussion at Community Services Clinical Network Group meeting.</p> <p>Further report due in 2023/24</p>
Topic 1h&3e: Prescribing high dose and combined antipsychotics (POMH)	<p>Report published December 2022</p> <p>Report and actions for discussion at Drugs & Therapeutics Group before tabling at Mental Health Division Practice Network</p>
Topic 21a: The use of melatonin (POMH)	<p>Report published February 2023. The Trust did not submit data because using the inpatient CAMHS and Learning Disability service alone would not provide the sample size required to make the audit statistically significant.</p> <p>A non-participating Trusts report has been produced for the benefit of those NHS Trusts who did not take part in this project. Aggregated national and Trust level data from other participating Trusts are shown anonymously.</p> <p>This report will be tabled at the next Drugs and Therapeutics Group meeting for noting and discussion as to any further actions</p>

The reports of 8 local clinical audits were reviewed by the provider in 2022/23 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2022/23	Actions - summary
Audit on management of behavioural and psychological symptoms of dementia among dementia patients in Hull Integrated Care Team for Older Adults (HICTOP)	Clinical audit report presented. Action plan in place and progress reviewed regularly at the relevant Clinical Network Group. 2 of 3 actions are completed.
Perinatal mental health team audit	Clinical audit completed and action plan in progress. 5 improvement actions are being progressed including for example, production of a new induction pack to include standards of communication and a re-audit of patient discharges is planned
NICHE re-audit	Clinical audit report approved and action plan in progress
Autism (Under 19s) NICE guidance – CG128 assessment	Report and action plan presented at relevant Clinical Network Group. Action plan in progress
Interoperability within Humber CAMHS and neurodevelopmental services – access to Standard Operating Procedures (SOPs)	Report and action plan presented at relevant Clinical Network Group. Action plan in progress
Chat Health re-audit	Re-audit report complete and presented at relevant Clinical Network Group
Early Language Identification Measure (ELIM) Audit	Report discussed at relevant Clinical Network Group. All actions complete (4/4 recommendations). Actions included for example, introduction of an ELIM template on SystmOne, sharing of results with all practitioners and issue of a reminder that the ELIM tool is to be used at all universal 2 year reviews. A re-audit was planned

<p>Audit of National Institute for Health and Care Excellence (NICE) PH43 guidance – hepatitis B and C testing (Blood Borne Virus (BBV) Screening)</p>	<p>Audit report presented at the relevant Clinical Network Group. The action plan is being monitored (3 recommendations). Recommendations include reviewing the provision of hepatitis B inoculations for those with liver disease attending East Riding Partnership and developing staff advice on how to record hepatitis screening tests on the National Drug Treatment Monitoring System (NDTMS) and to cross reference on pathology results</p>
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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. The reports, including action plans, are reviewed through clinical network meetings and governance divisional meetings.

In addition, there is an ongoing rolling programme of compliance and monitoring audits with data being entered directly onto My Assurance. These audits are undertaken to provide assurance on compliance with key standards and to identify and address any areas where improvements are required. Topics include but are not limited to infection prevention and control, record keeping, seclusion, Mental Health Act, care plans, bedroom furniture and medication. Reports are presented to clinical network meetings, governance divisional meetings, and other meetings including discussion with clinical teams.

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 (see: [Embedding a research culture | NIHR](#)) 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.

The research team, and clinical staff delivering treatments as part of research, adapted their ways of working during the COVID-19 pandemic to enable studies to be conducted remotely and allow recruitment into studies to continue. These ways of working have continued, so that research participants are given more choice and flexibility, such that where appropriate they can choose whether they would prefer contact to be remote or in person.

“ I was pretty well down ...I couldn't seem to experience anything positive.... the study has taught me not to give up. ”

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2022/23, that were recruited during that period to participate in research approved by a research ethics committee, was 892.

Of these, 680 patients were recruited to NIHR Portfolio studies and 212 were recruited to local studies. In total, there were 52 Portfolio studies and 16 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. Approximately 40% of Portfolio studies have involved the evaluation of novel treatment interventions. Further information about research studies in the Trust is available at www.humber.nhs.uk/research/.

In 2022-23 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 are also now

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.

There are various national and regional performance targets for National Institute for Health Research (NIHR) Portfolio research. One national high-level objective is that 45% of GP practices should be recruiting into NIHR Portfolio studies; 100% of our Trust GP practices have recruited into studies in 2022-23, far exceeding the national target. 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).

Work is constantly 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 Recovery and Wellbeing College. New collaborations in 2022-23 with Chief Investigators we have not previously worked with, e.g. at Brighton and Sussex University Hospitals NHS Trust and Norfolk and Suffolk NHS Foundation Trust, demonstrates we are a site that national experts want to collaborate with. Indeed, we were the first Trust nationally to recruit into the DIAMONDS study; a randomised controlled trial of a novel support programme to help people with diabetes and mental health issues to manage their diabetes.

The Trust's sixth research conference took place online in November 2022. Every year the numbers registering has increased, with over 450 this year from more than 100 organisations. As well research-active clinicians in the Trust the presentations (see [highlight video](#)) included service users who had participated in research and high-profile speakers from across the country; a fantastic opportunity to share learning and to showcase the wide variety of research our Trust is involved in and the opportunities that brings to our communities.



Great to see and hear from so many active researchers.

Loved hearing about the involvement of people with lived experience. ”

It has motivated me to get involved.

The Trust's work in research was recognised at the first ever Yorkshire and Humber Clinical Research Network awards event in May 2022, where we were shortlisted in four categories; early career researcher of the year, best contribution in a non-NHS setting, best patient experience and best public engagement contribution.

Our Research Team are 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.

National research videos

feature Trust Research Champion and Assistant Director Research & Development

[Why people deserve to know about dementia research opportunities – YouTube](#)

[Wendy Mitchell, Research Champion - YouTube](#)

Patient & Carer Experience

online course launched - includes module 'Helping shape the future of Health and Social Care by taking part in research'

[Course | NHS Humber Recovery and Wellbeing College \(humberrecoverycollege.nhs.uk\)](#)

Recovery & Wellbeing College

Research Champion (living with dementia) facilitated 2 'sell-out' workshops

'It has inspired me to prioritise making my place of work dementia friendly'

Inclusion & Diversity

Partner in Hull *Research Ready Communities* initiative, working closely with the Yorkshire & Humber Ethnic Minority Research Inclusion group and their Reverse Mentoring programme

Animation played in waiting areas

My Research Journey (co-produced) now available in different languages

[Research - Humber Teaching NHS Foundation Trust \(Subtitles\) - YouTube](#)

We changed lives!

<https://www.youtube.com/watch?v=cDq74GyZ6WC>

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 2022/23 was conditional on achieving quality improvement and innovation goals agreed between Humber Teaching NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2022/23 and for the following 12-month period are available electronically on the [Trust webpage, CQUIN page](#).

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:

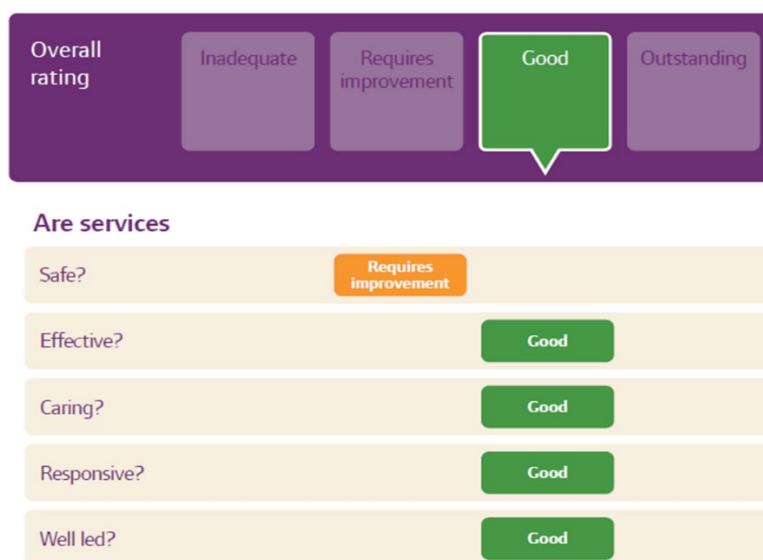
- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning (Primary Care only)
- Maternity and midwifery services (Primary Care only)
- Nursing care
- 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 2022/23.

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

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



Outstanding Practice from the 2019 Inspection



In the 2019 inspection report, areas of outstanding practice were identified within acute wards for adults of working age and psychiatric intensive care services, child and adolescent mental health services and Trust-wide.

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



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



Areas for Improvement from the 2019 CQC Inspection

The CQC identified 13 actions at the Trust must take in order to comply with legal obligations at the 2019 inspection. The actions included the following themes:

- Ensuring good standards of record keeping are maintained, i.e. records are accurate, risk assessments completed, care plans are personalised, holistic, reflect all the identified needs of patients and are regularly reviewed.
- Ensuring that the waiting lists for treatment for children and young people to meet national guidance.
- Ensuring that staff act in line with the Mental Capacity Act and code and practice in assessing capacity, making best interest decisions and allowing patients to make unwise decisions.
- Ensuring that staff complete consent to treatment records for all detained patients.
- Ensuring that nursing and medical reviews for patients in seclusion take place and are documented within required timescales.
- Ensuring that patients in seclusion must have individualised personal emergency evacuation plans in place.
- Ensuring that systems to report record and resolve maintenance issues in the service are in place that repairs to essential services are completed in a timely manner.
- Ensuring staff on the wards feel supported, valued and that they are consulted appropriately on service developments.

- Ensuring that systems and processes designed to monitor and improve services are implemented consistently and that staff are clear in relation to what is expected of them.
- Ensuring regular audits are conducted to assess, monitor and improve the quality and safety of services.
- Ensuring there are appropriate systems in place to monitor actions from incident investigations and share learning from incidents amongst the staff team.
- Ensuring all staff receive supervision and appraisals.
- Ensuring there are sufficient skilled and competent staff to safely meet the needs of patients.

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

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 2022/23 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

which included the patient's valid General Medical Practice Code was:
100% for admitted patient care

The source is [NHS Digital](#) (November 2022) DQMI published report for the months July to November 2022.

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 2022/23 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 documentation of Co-Morbidities.
- Better documentation of whether a patient is a current smoker.
- Document previous or long-standing Mental Health conditions
- Better discharge summaries for patients who have been an inpatient for multiple years.

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 2022/23 is 30 June 2023. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2022/23 as below. The DSP Toolkit was audited by an independent assessor and the audit assessment is:

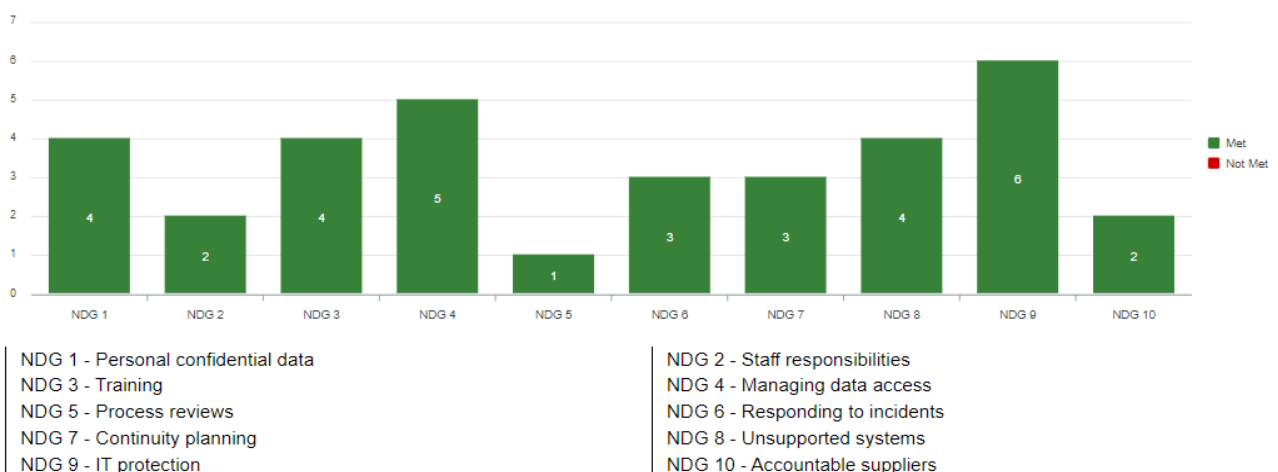
Risk Rating across all 10 NDG Standards	Substantial
Assurance level based on the confidence level of the Independent Assessor in the veracity of the self-assessment	High

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 36 assertions and 113 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 2022/23 DSP Toolkit is below; all assertions are "Met".



Key areas of development in the year 2022/23 have been:

IG Awareness Raising

The IG Team launched a campaign to raise awareness of all things IG. The campaign was approved at the IG Group and has included:

- **IG Survey**
Test of understanding to support current IG Training needs analysis. Results have informed IG training topics, global communications, policy and guidance.
- **IG Newsletter**
The IG Team launched 'Data Matters' a bi-monthly IG focused newsletter, updating staff on local and national changes, policy and guidance updates, breaches, IG facts and ICO fines and features a 'how to; topic box.
- **IG Q&A Sessions**
Sessions have a loose 'topic' for example the initial Q&A session was around information sharing but the session aim is to be very much open to; and informed by questions from attendees.
- **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 via global on protecting patient data and the importance of locking screens when not in use.
- **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 has 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.

Guidance

To protect staff and raise awareness of the risks of using technologies, information was circulated to staff on risks from cyber-attack, phishing and ransomware. Hints and tips on how to spot potential suspicious emails circulated as well as information on the importance of ensuring laptops and desktops are kept updated.

Cyber Security Awareness

The IG Team ensured that an awareness campaign has been undertaken, issuing guidance to alert staff on the risks posed by phishing emails, tips to spot them, a quiz for staff to test themselves on spotting phishing emails and information in the intranet banner.

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;

- Targeted communications and training for the staff who entered their credentials
- Targeted communications for all staff who clicked the link but did not enter credentials
- Cyber Enabled Fraud Masterclass training was made available to all users as a virtual session.
- Continued and strengthened cyber security communications and IG awareness raising

Cyber Enabled Fraud Masterclass

The IG Team facilitated the provision of five Cyber Enabled Fraud Masterclass sessions, provided courtesy of the Local Counter Fraud Specialist, Audit Yorkshire. The Masterclass aimed to educate staff to the risks posed by social engineering, phishing, whaling, and smishing, with useful tips on ways to spot them. All staff who clicked the link during the phishing exercise were booked onto the class. The Masterclass session was recorded and will be made available to all staff through ESR.

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

The IG Team support the Trust to be able to demonstrate compliance with the 'Accountability Principle' under Data Protection Law by ensuring:

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

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 Covid-19 Supplementary Notices were withdrawn. The Notice was updated to include the Trusts compliance with the National Data Opt-Out and GP Connect to support clinical care.

Staff Privacy Notices were updated to include information on the use of clinical system audit trails, the removal of the section regarding obtaining Covid -19 vaccination status and an update to the Covid-19 testing section.

Supporting New Ways of Working

The IG Team are supporting the introduction of Virtual Wards in the Trust which will ensure patients receive quality care and treatment in the comfort of their own home.

Humber and North Yorkshire Specialised Mental Health, Learning Disability and Autism Provider Collaborative

The IG Team provide information governance and legal services to the Humber and North Yorkshire Specialised Mental Health Learning Disability and Autism Provider Collaborative under an SLA. The IG Team have supported the collaborative with writing Information Sharing Agreement's, undertaking DPIA's, reviewing Data processing agreements and Service level agreements, contract due diligence and review, and advice. They have ensured that the Provider Collaborative are represented at the IG Group.

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 the new data protection legislation.

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

- National Data Opt Out
- Go Assemble Volunteer Management System
- GP Practice Online
- PocHi Blood Analyzer
- eReferral Service
- Patients Know Best
- Star Online
- Cerebral Palsy Integrated Pathway
- Cority Occupational Health
- STOP Therapy Research App
- 0-5 High Intensity ED Attendance

Information Sharing Agreements

Good work has continued in 2022/23, 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 for Children requiring Health Needs Assessment for Young Carers
- Humbercare's access to Lorenzo to support HCW note keeping for MHCIT/136 Suite
- Creation of the HCV Forensic Single Point of Access in Adult Secure Services
- CHCP's read-only access to the Hull Children and Young People's Community Unit for leaving care assessments
- Supporting the transfer of care between the Police Custody Suite and Acute Hospital
- The Autism Spectrum Conditions Assessment Service with the Owl Centre
- Information sharing for the Integrated Community Equipment Service using the Medequip system
- Health screening for asylum seekers
- National Child Measurement Programme and Health Lifestyles (NCMP)
- Access to Lorenzo for MerseyCare as part of the HOPE(S) project to reduce the use of seclusion/segregation and restraint
- SystemOne access to support Virtual Wards

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 2023.

Data Quality

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

The Trust has a Data Quality Group which provides a forum to consider performance against data quality standards, audits and ad hoc requirements across a range of Trust activities. The Data Quality Group co-ordinates action plans and reports progress to the IG Group and Audit Committee

(in respect of audits). The results of the audit feed into the evidence for Data Security Standard 1 in the Trust DSP Toolkit and the National Cost Collection.

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

Overall:

- 100% primary
- 98% 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 390 requests for information under the Freedom of Information Act. This is an increase of 45% at the same point in the previous year. 90 requests (23%) were not answered within the statutory 20-day timescale due to resourcing issues in some departments, the increase in requests and the additional time required to train new staff within the IG department. Despite the number of responses not answered within the statutory timescale, this is a 4% reduction from the previous year.

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.

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

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

Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2022/23, we have continued to strengthen our approach to learning from deaths.

All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a weekday basis, these are reviewed in a daily Corporate Safety Huddle that is held within the Patient Safety department. The corporate safety huddle is attended by a range of professionals which include safeguarding, pharmacy, matrons, senior managers, and senior clinicians.

Patient deaths are considered for mortality review where they are not subject to a serious incident (SI) investigation, significant event analysis (SEA) or Learning from Learning Disabilities (LeDeR) review.

The Trust continues with the daily Corporate Safety Huddle with good attendance across the divisions. The Governance and Patient Safety teams continue to meet each week, to review any additional information or requests made in the preceding week. This meeting monitors all responses and escalates to the weekly Clinical Risk Management Group when responses have not been received. The Corporate Safety Huddle review also closes any Datix where actions or requests have been completed.

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

Following the completion of all SEA's and SI's, a meeting is held within four weeks to feedback the findings of the review with all staff directly involved, this ensures all learning is explored and embedded. The Trust has also devised the seven-minute briefings which share the learning to all staff, and these are placed on the intranet for all staff to view. The patient safety team are also offering face to face sessions on the journey of a patient safety incident and has delivered 12 sessions across the divisions covering 128 staff, this forms part of the preceptorship and staff development programmes.

Royal College of Psychiatry Mortality Review Red Flags

The red flags are:

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

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

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

During 2022/23, 628 Humber Teaching NHS Foundation Trust patients died. Of the total number of deaths, 89.5% were from natural causes.

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

- 168 in the first quarter
- 143 in the second quarter
- 176 in the third quarter
- 139 in the fourth quarter

By 1 April 2023, Zero mortality reviews and 13 investigations have been carried out in relation to 628 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:

- 3 in the first quarter
- 3 in the second quarter
- 3 in the third quarter
- 4 in the fourth quarter

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

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

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

- Mental Capacity Act Training to be reviewed and embedded across the trust
- Complex Emotional Needs (CENs) clinical pathway to be completed and shared
- To identify what professionals / services and family members need to be at the discharge planning meeting.
- To review family and carer involvement processes
- Update and review the MDT standards
- Review of onward referrals following discharge in an inpatient unit

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

- Introduce webinars for all staff on the function and offer of CENS, to be delivered in a structured way covering different times of the day to reach as many staff as possible.
- Changes made to the Mental Capacity Act and embedded across the trust.
- Refresh and strengthened the discharge planning process to include onward referrals.
- 'Think Family' included in safeguarding training and discussed at MDT meetings and reviews. Bespoke awareness sessions given to teams.

The impact of the actions outlined above is as follows:

- Improved understanding of the Mental Capacity Act and when it's appropriate to use.
- Improved standards of discharge planning, to include family and carers, and onward referrals.
- Increased awareness of 'Think Family' approach throughout all staff groups
- Strengthen awareness of the CEN's provision

Deaths in 2020/21

Nil case record reviews and 12 investigations completed after 31 March 2022, which related to deaths which took place before the start of the reporting period.

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

None representing 0% of the patient deaths during 2022/23 are judged to be more likely than not to have been due to problems in the care provided to the patient.

How We Measure Performance – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England (NHSE) via NHS Improvement (NHSI), NHS Digital (NHSD) 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/KPI's which are included in schedule 4 and 6 of the respect 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 Trusts 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) is designed to highlight where 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 collections 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 you to compare your service nationally across several thousand metrics
- A high-level bespoke report tailored to our organisation, outlining key messages and metrics
- The opportunity to attend the various conference to hear from national speakers and member good practice sites

The findings are shared with the respective Divisions for their consideration and action. Any identical indicators in the Trusts 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

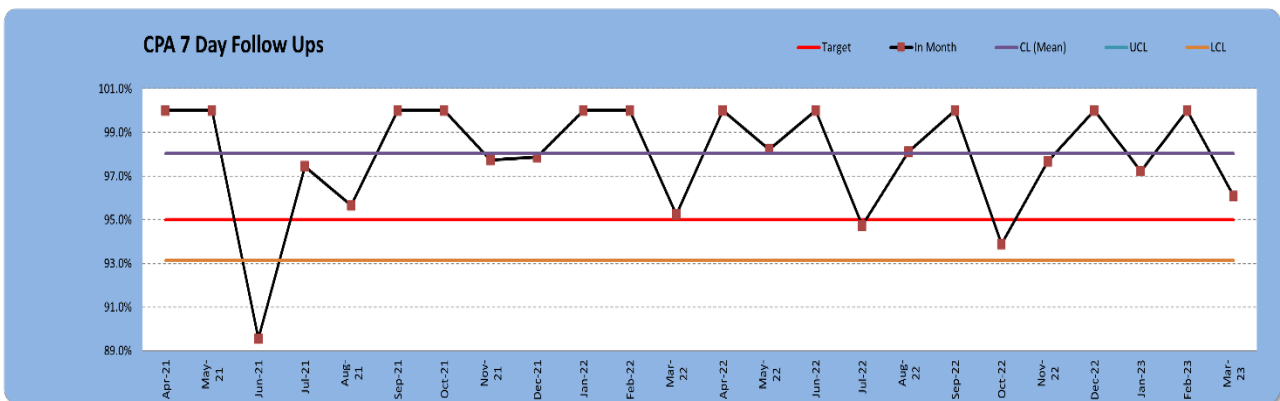
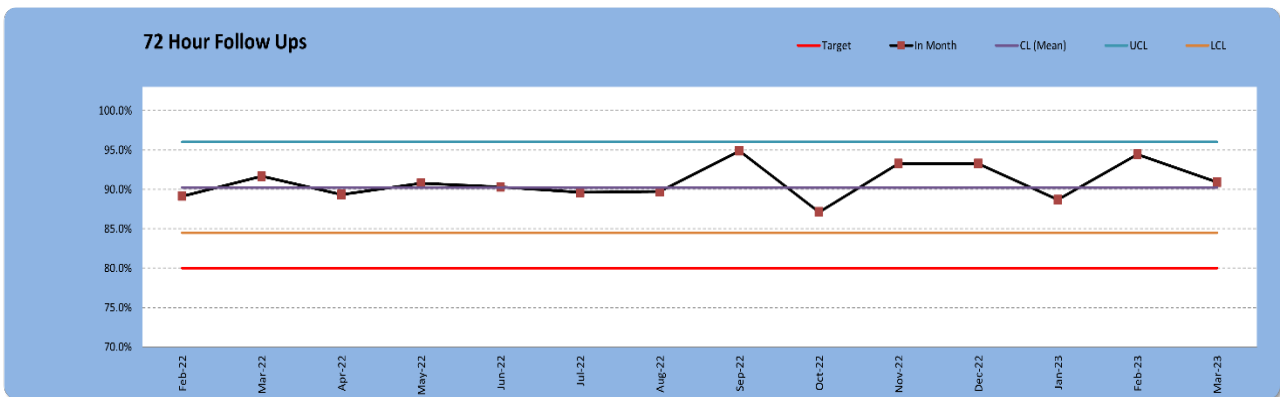
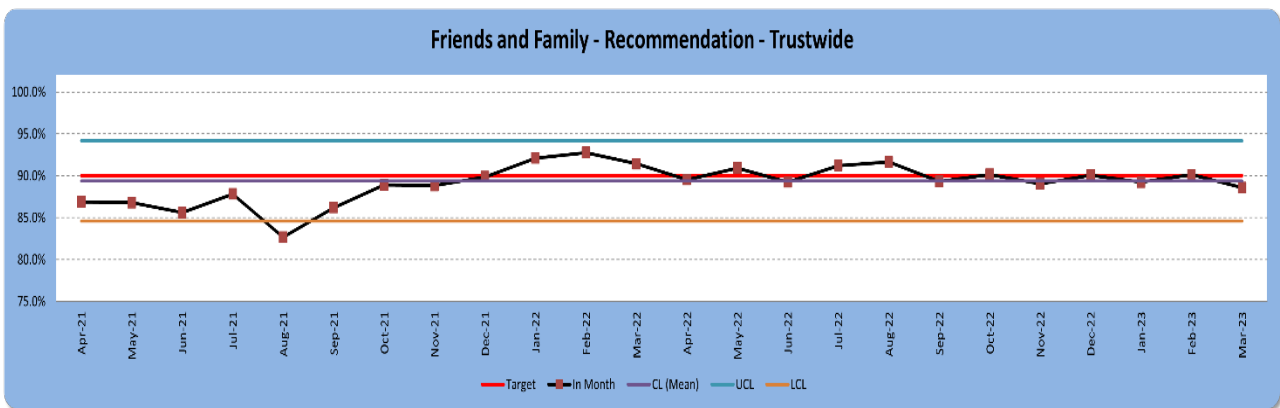
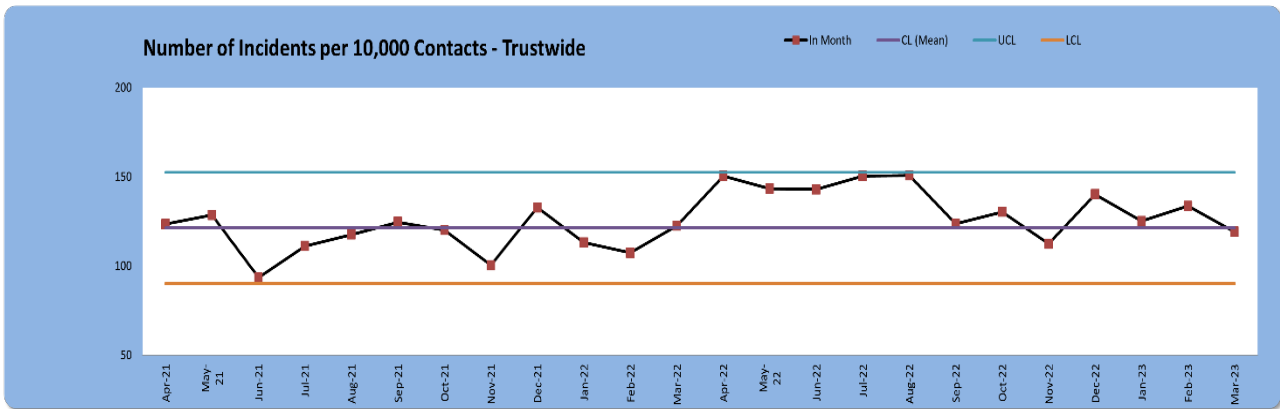
Where performance is not where it is expected and/or there is significant risk this is logged as a risk for the Trust which dependent upon its risk score appears on the divisional and the Corporate Risk Register and the Board Assurance Framework (BAF).

Performance during the year

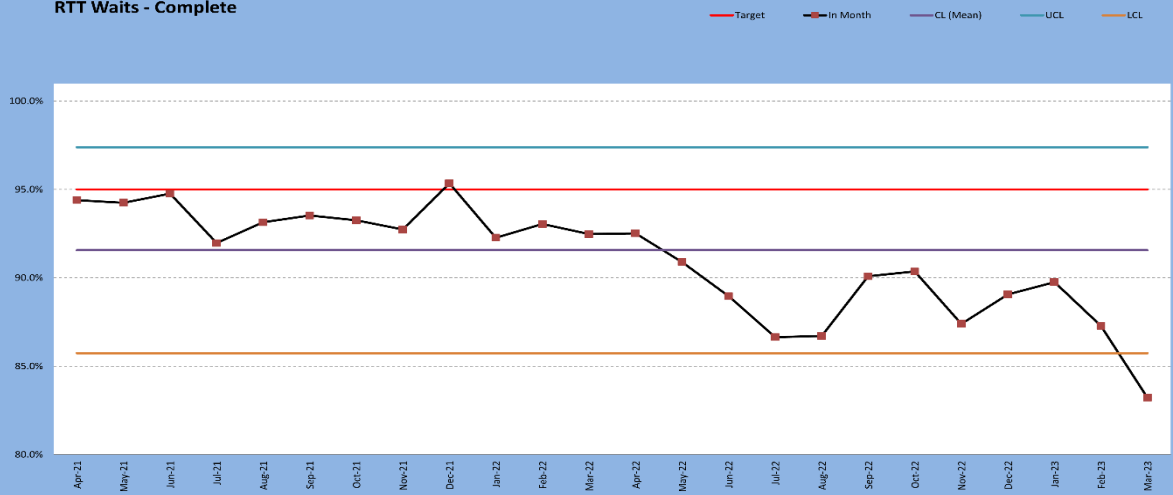
Information continues to be presented using Statistical Process Charts for a number of key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows key performance data to be analysed over a period of time to establish trends in performance, Upper and 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 monthly to the Trust Board and the comprehensive report is provided within our Board papers and available on our website.

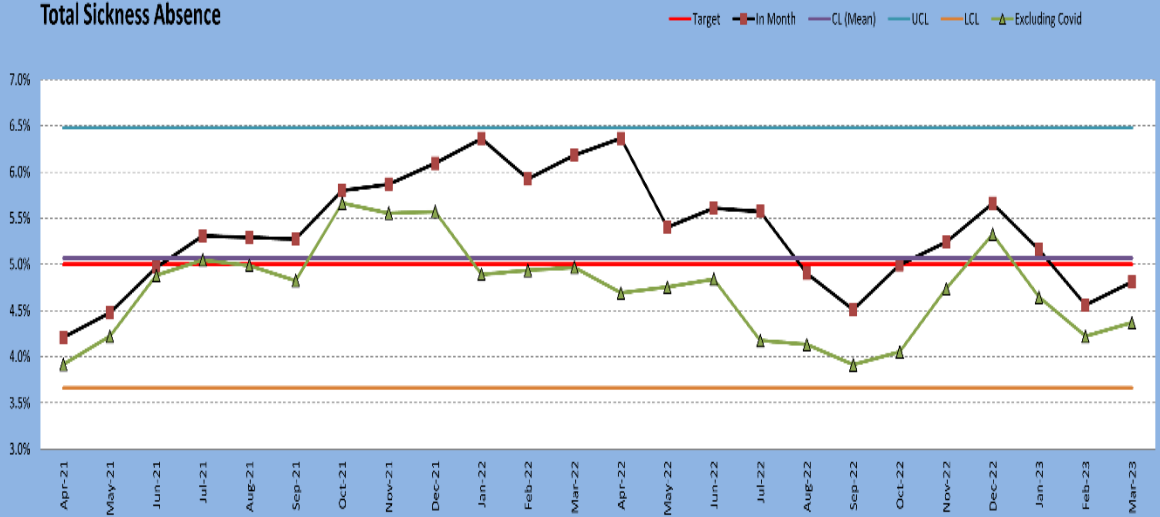
Statistical Process Charts (SPCs)



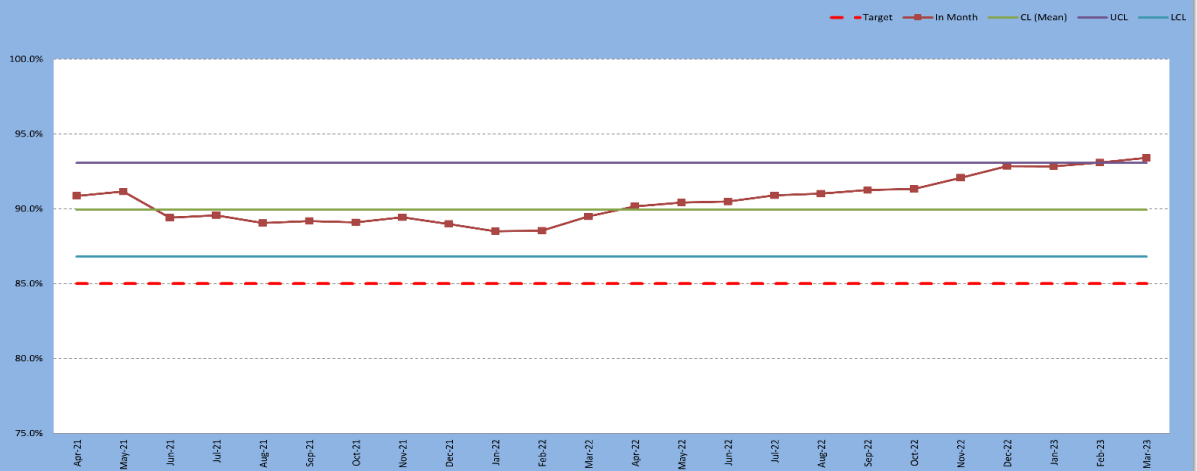
RTT Waits - Complete



Total Sickness Absence



Mandatory Training - Overall Compliance



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.

7 day follow up

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

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

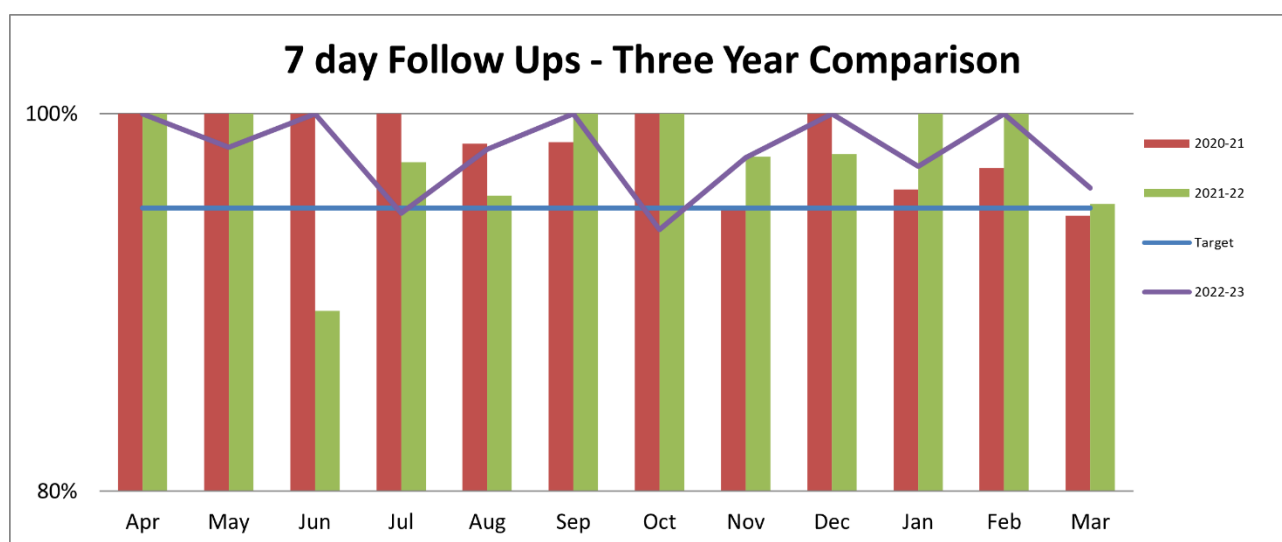
- People who die within seven days of discharge
- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment

Summary of progress

As at the end of March 2023, 12 patients were not seen within the 7 day follow up period (staff always attempt to make contact). This is similar to the same period last year. Each follow up breach is reported as an adverse incident and reviewed with the Division.

The Trust retained an average 98% compliance rate across all four quarters. This equates to 581 patients seen out of the 593 discharges. All incidents are investigated and reported on the Trust DATIX system. Appropriate actions and resolutions sought for individual cases.

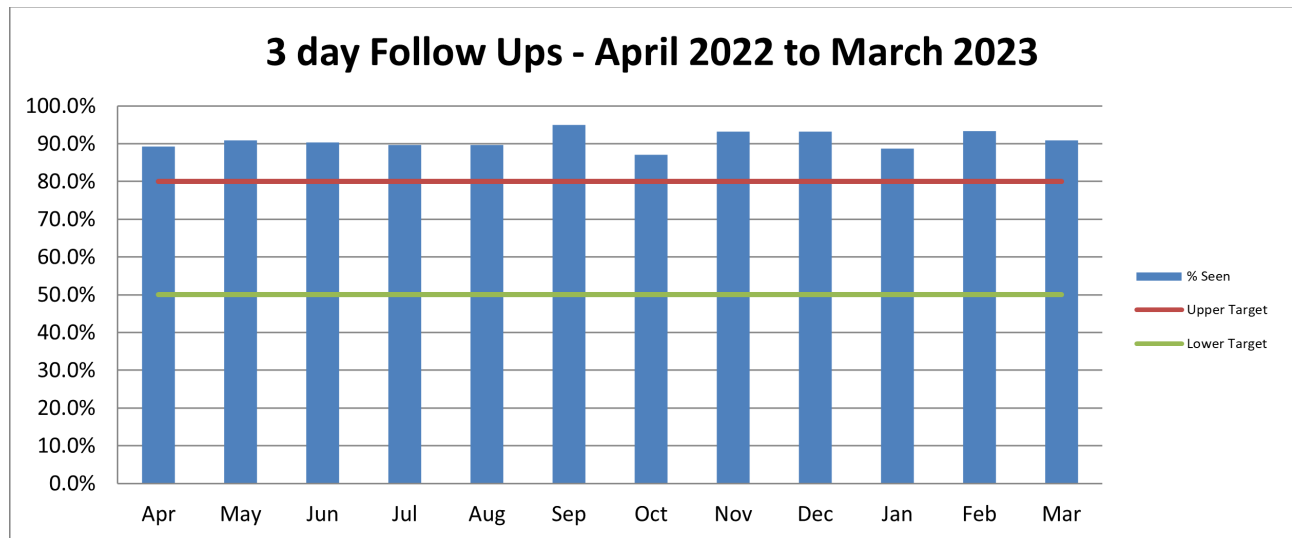
Three year comparison



3 day follow up

As part of the CQUIN process, the Trust monitored the percentage of all patients (barring exclusions) who were followed up within 3 days after discharge from psychiatric inpatient care during the reporting period. Exclusions included those as outlined in the 7 day follow up process but also excluded patients who were discharged from Secure Services.

Compliance is calculated over each quarter period. Minimum payment received upon achieving 50% compliance increasing in value until at least 80% compliance achieved, at which point full payment is received. Throughout the year, the Trust met the target for all Quarters. A total of 1146 patients were seen out of 1260 discharges with an average of 91%.



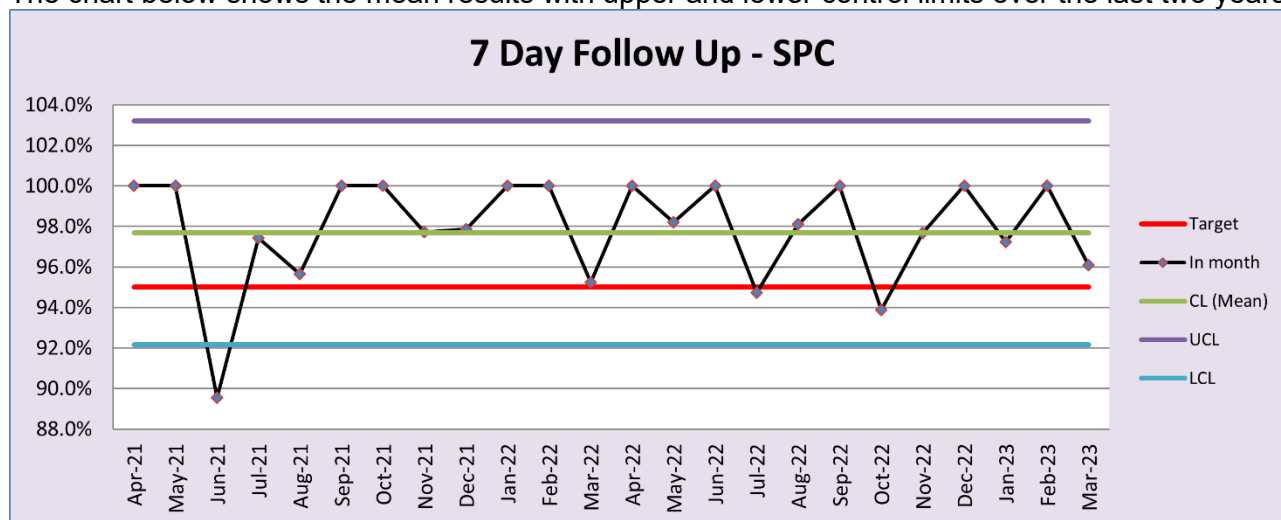
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- 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 7 day 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 7 day follow ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding as a consequence of an unavoidable set of circumstances preventing contact.

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



In April 2021 NHS England and NHS Improvement made the decision to retire this collection but the Trusts continues to monitor for quality purposes

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 to March 2023, 206 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

The monthly average number of patients stepped up to acute hospital has decreased from 5 (2021/2022) to 3 (2022/2023).

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 level care.
- Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step-down approach to the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds within community hospitals, have been shown 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) which had previously been carried out since April 2014. 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 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 2022/23

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-22	21%	72%	62%	65%
Q2	Jul-22		75%	63%	68%
Q3	Survey is not undertaken as this is the period the National Survey 2022 is live.				
Q4	Jan 23	19%	76%	63%	65%

The analysis of Q1, Q2 and Q4 NQPS indicates that an average of 66% of our staff would recommend us as a provider of care to friends and family, and 63% would recommend our Trust as a good place to work.

We have taken the following actions to improve this percentage:

- Continued investment in staff wellbeing and development
- Continued to develop the Trust estate (including provision of food and rest areas)
- Investment and Implementation of 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
- Increase provision for the Training Budget
- Increased training and support for staff and managers living with menopause
- Appointed a Health and Wellbeing Coordinator
- Allocated staff engagement/wellbeing funds to each directorate and division
- Reinvested in the Shiny Minds app to support the improvement of wellbeing and resilience of our staff
- Wellbeing initiatives for staff to be actively involved in to decrease 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.
 - Staff Benefits Booklet; 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 offered as well as flexibility in hours and working location
- Launched our Covid Recovery Plan developed by staff through shared ideas and suggestions on how we could support in teams and directorates with local initiatives
- ‘You’re a star celebrations’ rolled out to recognise staff and say thank you - teams were given funds to plan a team activity, to support with moral and engagement
- Received our White Ribbon Accreditation for our commitment to changing cultures that lead to gender-based violence
- Autism Strategic Framework supporting staff living with Autism
- Developing existing talent and recruiting new with apprenticeships, reviewing promotion and recruitment practices by ensuring staffing is reflective of the community
- Continuation of recruiting staff for HHPDS
- Mentoring scheme including a mentoring hub for mentees 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 our Retire and Return procedures
- Ensuring that each staff member is asked to complete the survey each quarter to ensure they have an opportunity have their say

The NHS Community Mental Health Users Survey

Each year, a national study takes place across the NHS to gather patients’ experiences of using community-based mental health services (CMHT). The most recent survey was sent to 1,250 service users.

The 2022 response rate was 21% (249 usable responses from a usable sample of 1,208). 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.

Six questions scored in the top 20% of Trusts surveyed and the majority of the scores sat in the intermediate range. Four questions scored in the bottom 20%.

Our Trust has a Community Mental Health Service User Survey working group which meets monthly and includes service users, carers and staff to make the survey more meaningful. Particular attention has been made to the questions where the Trust scored in the lowest 20% threshold, the Trust’s bottom five scoring questions and specific targeted questions of concern. These are discussed at each working group meeting where an action tracker is updated, to note any changes or developments.

The division continues to progress the following actions:

- To strengthen the approach to how teams distribute the Friends and Family Test (FFT) survey, monitor the response rates and analyse the feedback received.
- To explore perceptions of help needed/given through the Crisis Involvement Action Group.
- To continue to monitor the ongoing effects of changes to the ways in which service users contact the service.
- To pilot the nationally mandated plan for NHS 111 service with option 2 to be directed to Mental Health Services and triaged by MIND.
- To complete the ‘All About My Medication’ document at the start of the service user’s involvement and review it at least annually (unless medication changes are made prior to this). To audit through My Assure.
- To add the Family Inclusive Care Co-ordination training to the required competencies on ESR for all clinical staff to access in the Mental Health Services division.

- To ensure that all Mental Health Services division teams undertake the Family Inclusive Care Co-ordination refresher training.
- To roll out and audit Person Centred Care Planning.
- To advertise the Co-production and Involvement groups on the Trust website.
- To do a monthly communication through the Trust Global email to ask staff to direct service users to the involvement opportunities.
- To add a 'You Said – We Did' to the Trust website highlighting the improvements made to services as a result of feedback received.
- All teams have Staff Champions of Patient Experience (SCOPE) and attend regular SCOPE forums to share best practice and provide a voice of experience on behalf of their clinical networks.
- Service users and their carers are given the opportunity to attend regular Patient and Carer Experience forums where they can provide a public voice by bringing lived experiences and individual perspectives to the Trust.
- Service users and carers are supporting the Trust recruitment process; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high-quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience.

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 2022-23 for full details of the Trust Performance against our key objectives and our response to the pandemic from an infection control perspective. 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 cases within the Trust's Hull and East Riding of Yorkshire inpatient units (Hull and East Riding of Yorkshire Clinical Commissioning Group CCG)
- Not to exceed 4 cases for Whitby Community Hospital inpatient unit (Hambleton, Richmondshire and Whitby CCG)
- No target is currently set for Malton Hospital (based on the patient GP Practice the Vale of York CCG or the Scarborough and Ryedale CCG)

Summary of progress

During 1 April 2022 to 31 March 2023 it is noted there has been 4 Trust apportioned CDI cases have been apportioned to the Trust. Of those cases 2 were reported at Whitby Memorial Ward and 2 at Fitzwilliam Unit Malton Hospital.

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 using root cause analysis 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 2022-23, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

Methicillin-sensitive Staphylococcus aureus (MSSA) Bacteraemia

For the financial year 2022-23, it is noted there have been zero MSSA Bacteraemia cases apportioned to the Trust.

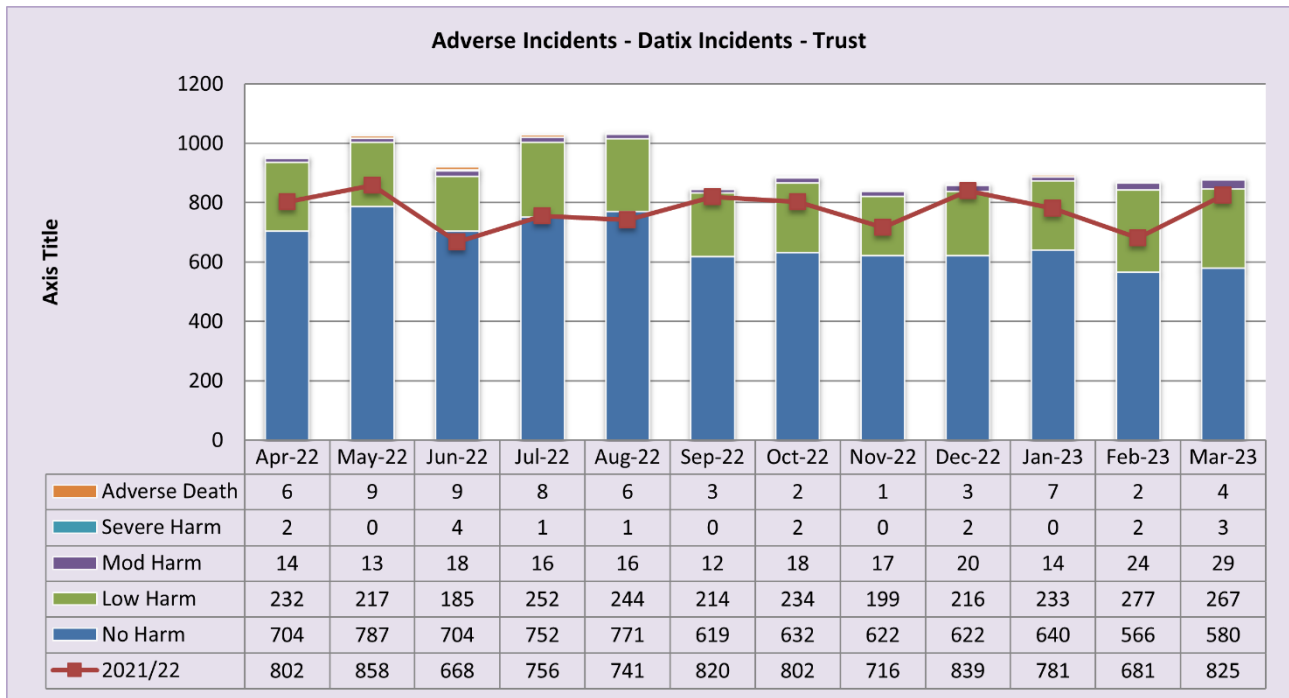
Escherichia coli (E.coli) Bacteraemia

For the financial year 2022-2023, it is noted there have been zero *E.coli* Bacteraemia cases apportioned to the Trust.

Patient Safety

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety in the NHS.

Within these figures, the national median rate for incident reporting from their last twelve-monthly report, which was published in October 2022 and covered the period April 2021 to March 2022, was 62.1 per 1,000 bed days.



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; the highest number of incidents per 1,000 bed days was 222.1. In terms of reported level of harm presented in the last NRLS twelve-monthly report, 81.8% of the Trust's reported patient safety incidents resulted in no harm and 15.0% of the total incidents resulted in low harm.

	Total Incidents 2021/22	Total Incidents 2022/23	Severe/Death 2021/22	Severe/Death 2022/23	Serious Incidents 2021/22	Serious Incidents 2022/23
1 April-30 June	1,493	1,950	19	22	6	3
1 July-30 September	1,561	2,128	13	15	4	0
1 October-31 December	1,711	1,965	21	9	3	2
1 January-31 March	1,698	2,179	13	17	3	4
Totals	6,463	8,025	66	63	16	5

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

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. Our reporting of low/no harm incidents indicates a healthy open reporting culture within the Trust.

There is a robust process in place to support staff who are undertaking Significant Event Analysis (SEA) investigations. These are incidents that do not meet the threshold of a serious incident but still warrant investigation to identify any learning. Staff report that they feel much better supported and find meeting throughout the process invaluable.

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

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

- We have reviewed our reporting forms to ensure they are as simple as possible to complete, thus minimising administrative burden and increasing use
- Datix Dashboards are live within the Datix system for team/ service level and Divisional dashboards have been made available in divisional clinical networks and Operational Delivery Groups. Bespoke dashboards have also been developed upon request and are now in use. Training around the use of dashboards will continue to be provided as part of the monthly Datix training modules for the monitoring of patient safety data
- We are delivering sessions on the 'Journey of a Patient Safety Incident', so staff are fully informed of the incident process.

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", which is part of our Datix incident reporting system and very quick and easy to use. 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.

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

Further details of our performance and developments in relation to patient safety are available in our annual report 2022-23.

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 2020/21 and the comments received from our stakeholders.

3.1 Key National Indicators

There are three domains which the Key National Priorities fall under, that the Trust has reported on in Part 3. This is explained in the table below.

Please note: 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.

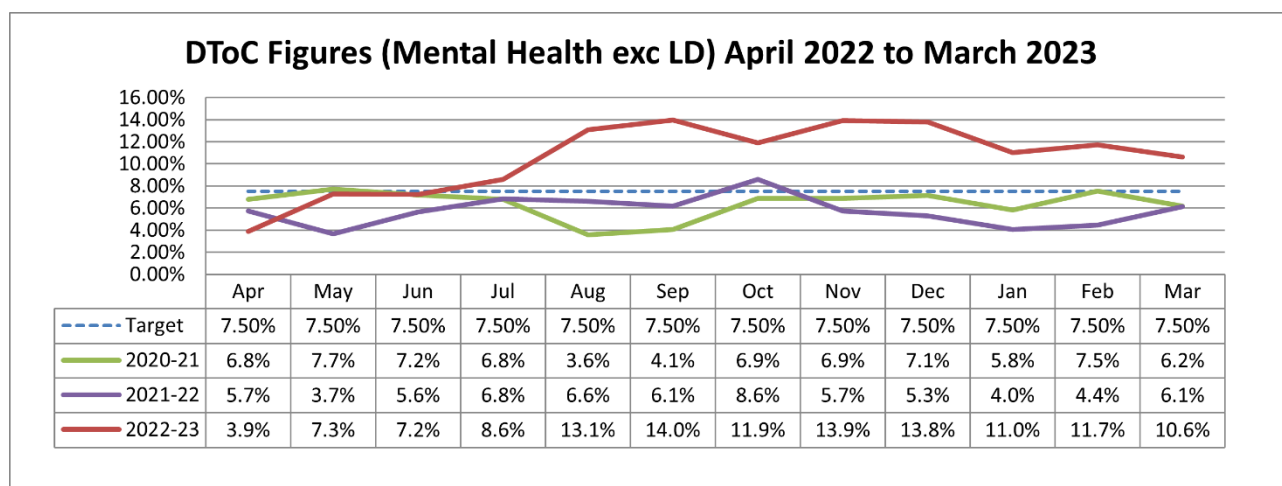
The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed as the numerator against the number of occupied bed days (OBDs) as the denominator. In accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for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

Summary of Progress

Due to the Covid-19 pandemic, NHS England and NHS Improvement suspended the collection of the Delayed Transfers of Care data. However, the trust has continued to monitor all delays.

At the end of March 2023, the Trust reported a percentage of 10.6% delayed transfers which is an increase on the same period last year of 6.1%.

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-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
MH OBDs	4226	4585	4252	4510	4662	4341	4312	4107	4351	4397	3922	4405
MH DToC	163	334	308	387	610	606	512	572	600	485	459	468
	3.9%	7.3%	7.2%	8.6%	13.1%	14.0%	11.9%	13.9%	13.8%	11.0%	11.7%	10.6%

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:

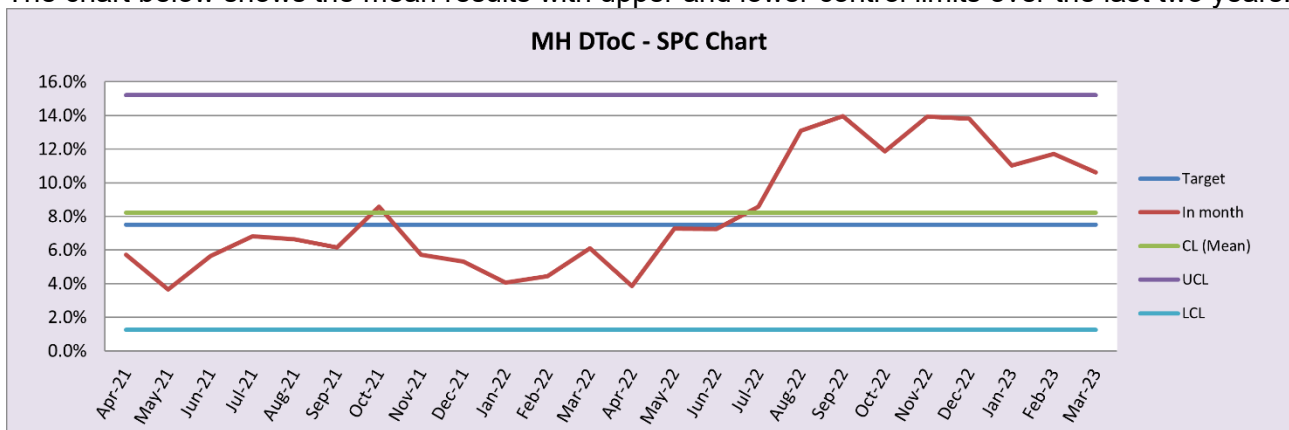
- Holding weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.
- Delayed Transfer of Care within Mental Health are routinely raised at a fortnightly patient flow and escalation meeting which is attended by Kingston Upon Hull City Council and East Riding of Yorkshire Council and representatives from Hull and East Riding Place. Equally all other delays are raised via the daily system wide meetings.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.

- 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.

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

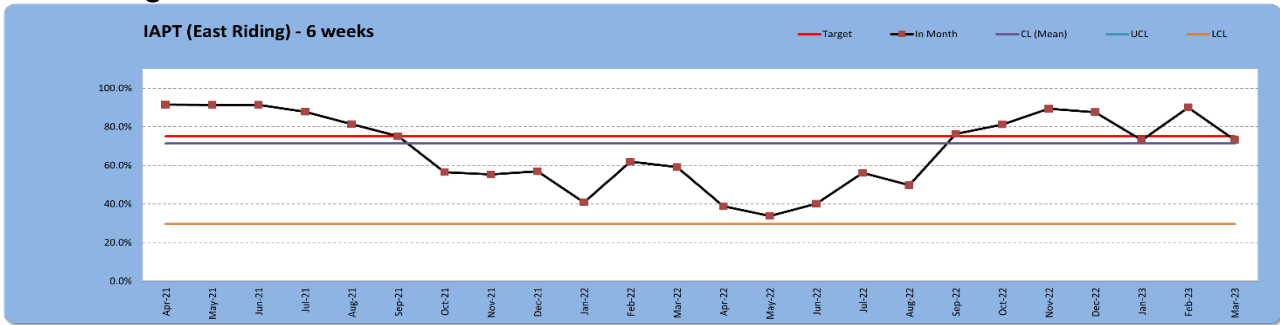
The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

Summary of progress

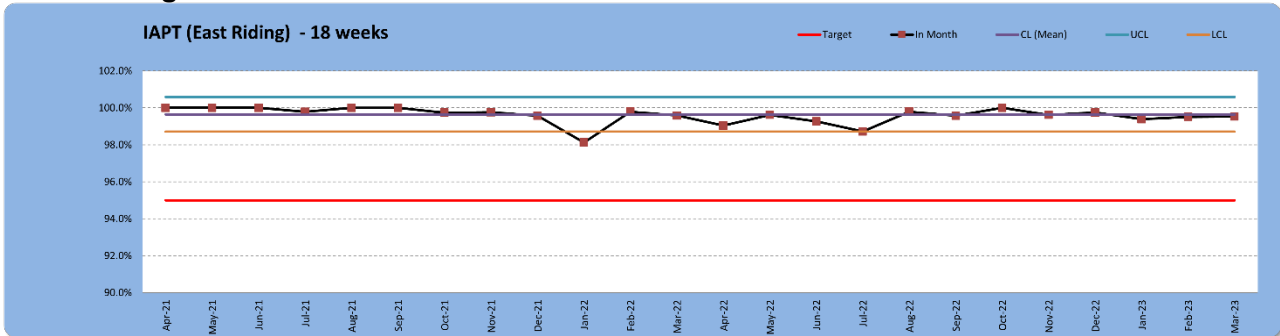
The IAPT team has been measured against this standard for the East Riding catchment area throughout 2022/23. 6 week performance had improved between May-22 and Mar-23. The main reason for the reduction in performance was due to Humber ceasing sending referrals to one of the sub-contractors as they come to the end of the contract. The Trust now have two new providers in place following a successful procurement process.

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:

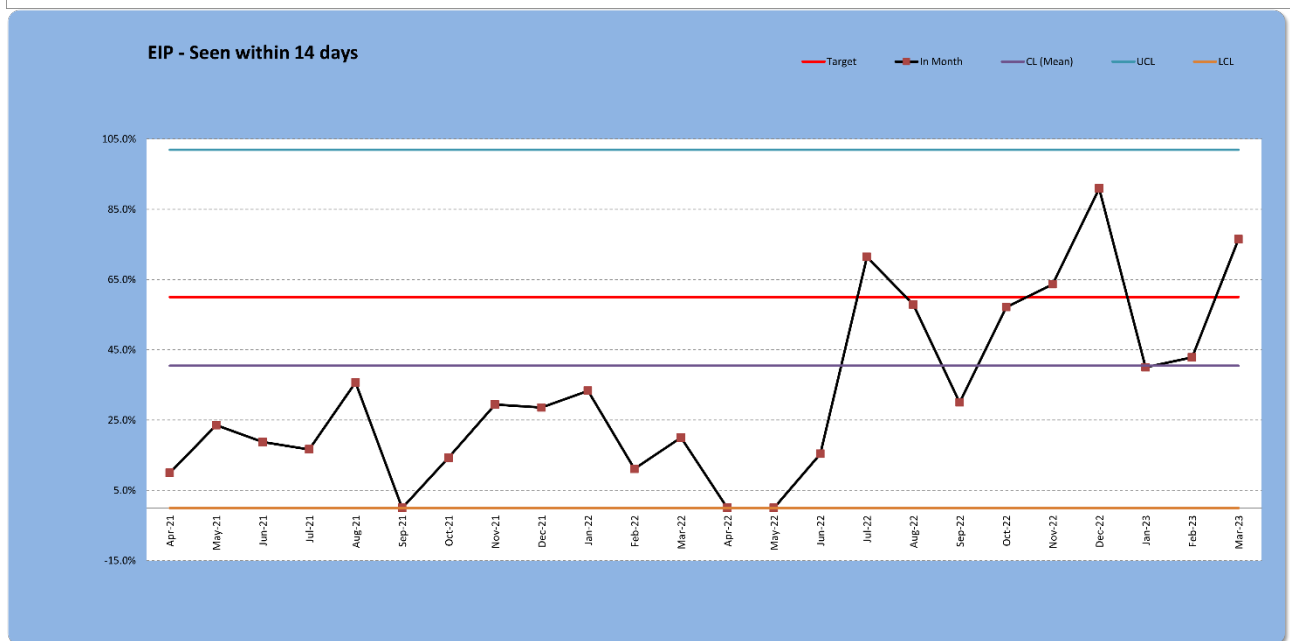
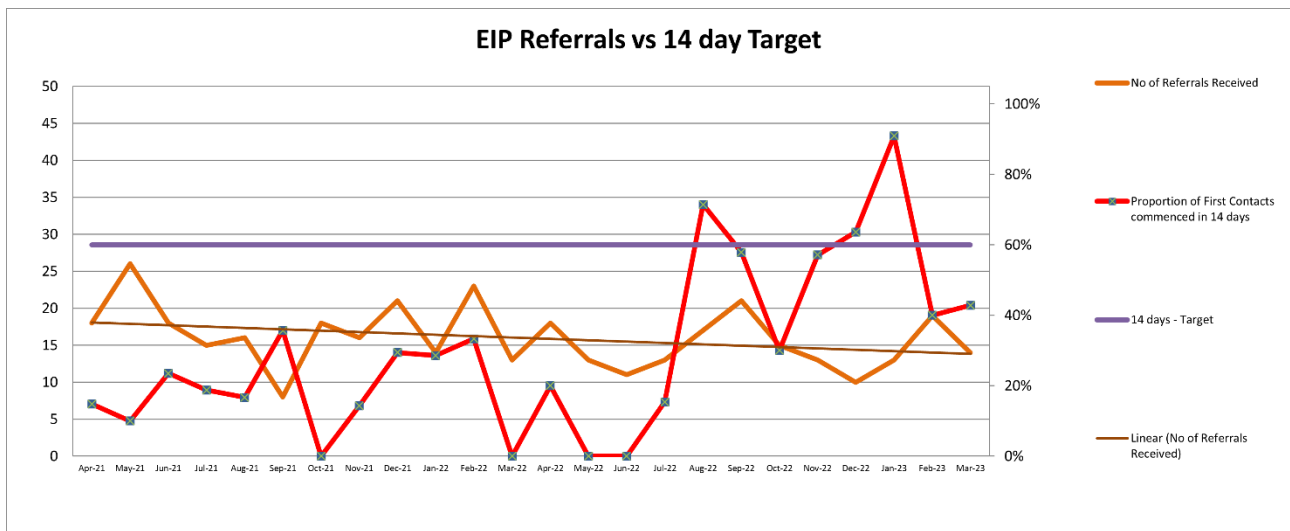
- monthly reporting from the Trusts PCMIS system.

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 76.5% is above the nationally mandated target of 60%. Performance levels have dropped since Aug-20, this is due to increased referral rates, increased vacancy levels and higher sickness/absence. Performance has since increased following a reduction in referral rates and an improved vacancy rate.



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 to March 2023 there were no admissions of Under 16's to adult inpatient units.

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

- The Trust opened a 13-bedded CAMHS inpatient unit on 22nd January 2020. The unit is a state of the art new build and is located on Walker Street in Hull.
- Prior to this, CAMHS inpatients from the area were placed in units outside the area.
- Currently, CAMHS inpatient beds are commissioned by NHS England and there is a very clear protocol for CAMHS services needing to access those beds.
- It is nationally acknowledged that there is a current shortage of beds. Young people are admitted to adult wards due to the lack of accessible and available beds CAMHS specific beds.

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

- The Trust was commissioned by NHS England to provide a 13-bedded CAMHS inpatient unit, which comprises of four PICU Beds and nine General Adolescent beds across two wards.
- NHS England has specifically commissioned this number of beds based on an audit of the regional usage.
- The new service supports young people from Hull, East Yorkshire, North and North East Lincolnshire.
- The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Young people's Mental Health services locally.
- Access to services is key, keeping young people close to the systems of support that aid recovery.

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 (CCG commissioned), is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

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

Out of area placements

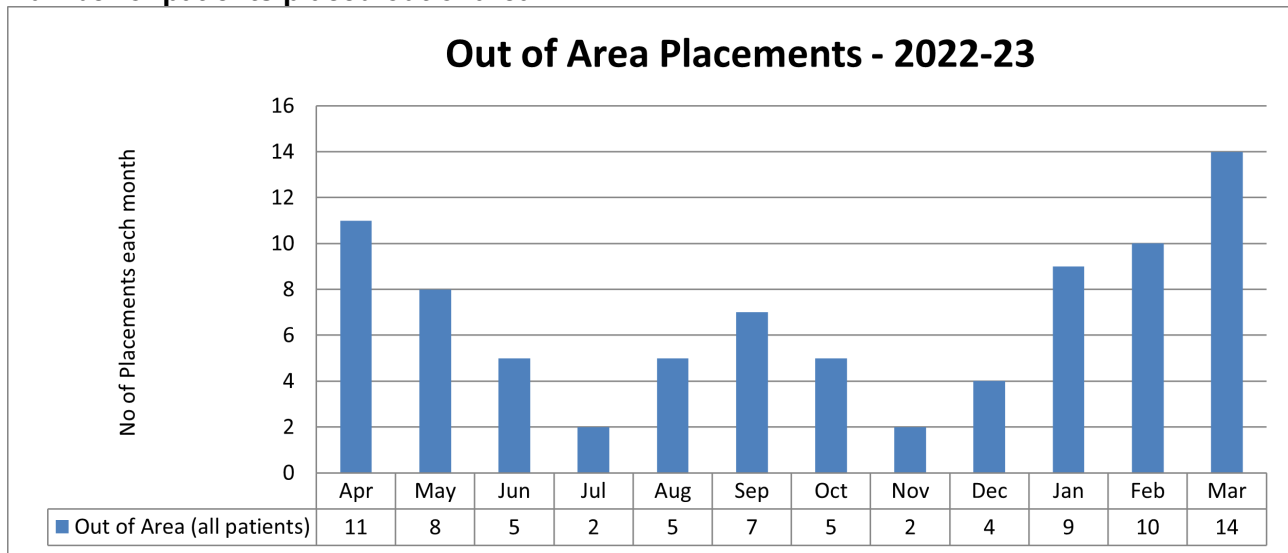
For 2022-23, the results of Out of Area Placements are documented in the Trust Performance Report (TPR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. This SPC graph is plotted over a 24 month period.

It was the Trust's intention that there will be zero inappropriate out of area placements by 2020/21 but due to the pandemic, social distancing in place and ongoing challenges around managing the coronavirus impact, inpatient beds were reduced meaning patients have been placed out of area on a regular basis. Reconfiguration of units and designated Covid19 wards has seen the start of patients beginning to be repatriated back into the local area. There has been a total of 50 new patients who were admitted to an out of area placement during 2022-2023. Early indications show the trend is now beginning to improve. Whilst there is improvement, the rise in the number of patients whose transfer of care is delayed has a direct impact on available beds and therefore impedes improvement in reducing out of area bed days.

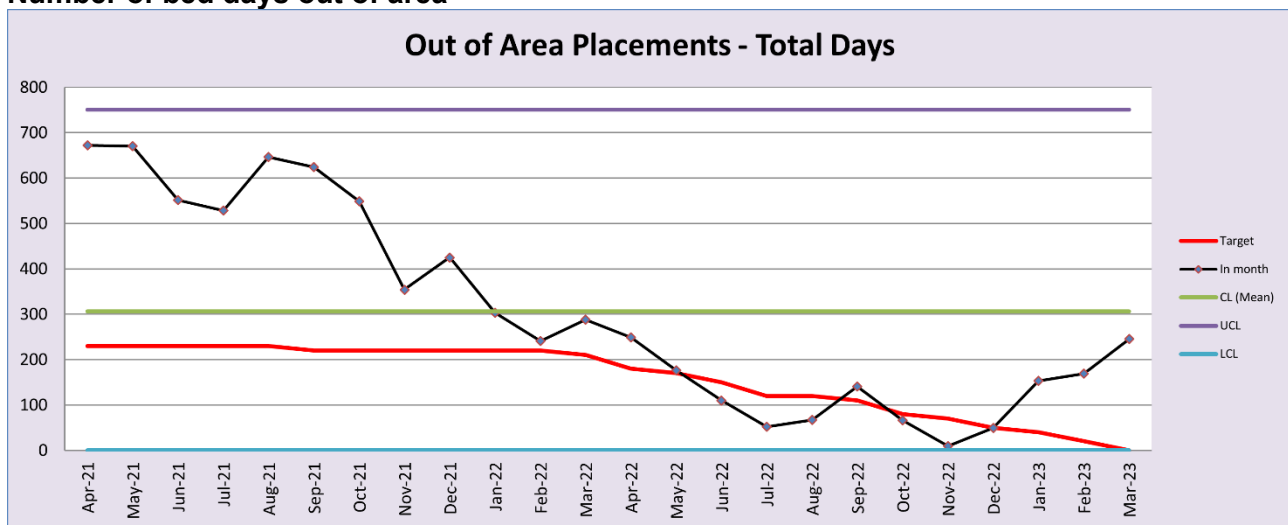
Summary of progress

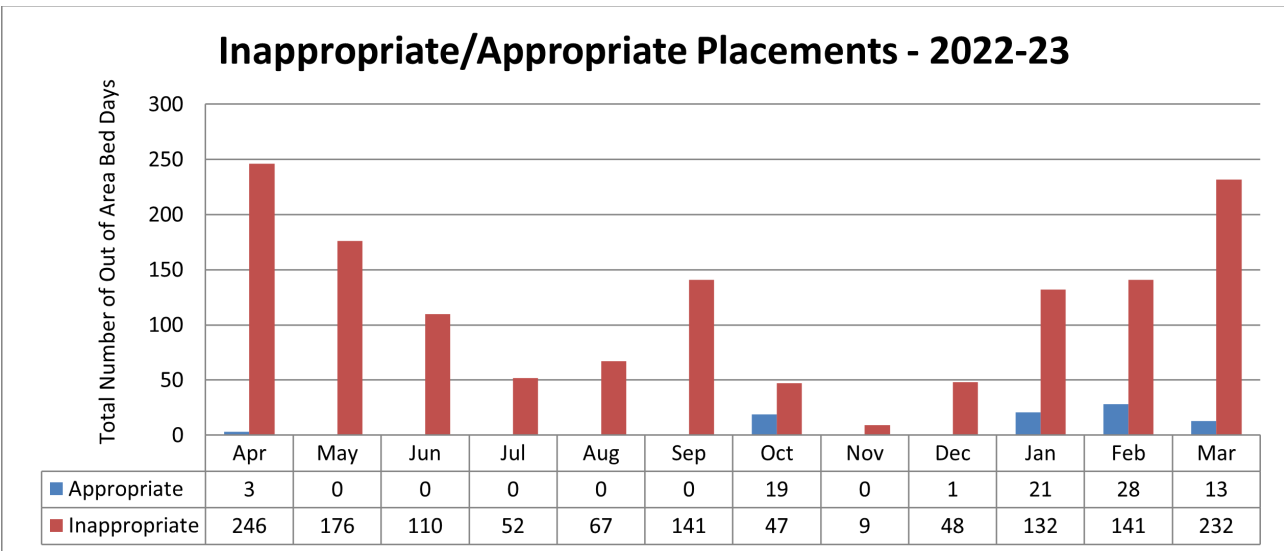
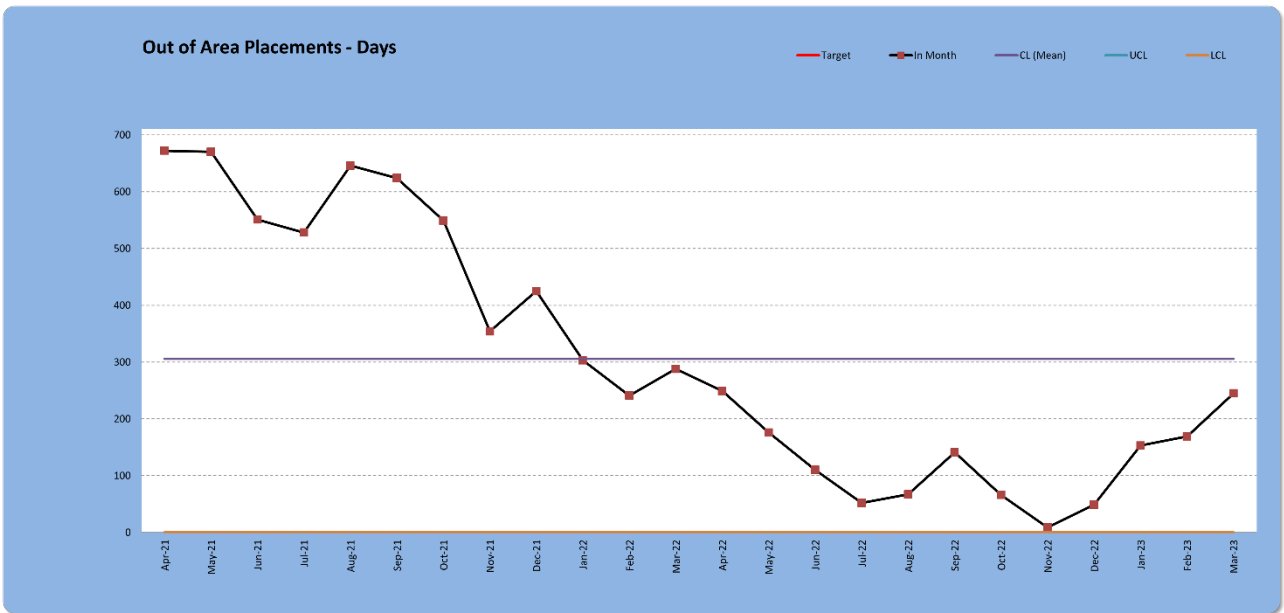
Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. Work continues to look at regional bed management and reduce the need for service users to go far from home when admitted out of their locality area. The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

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

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

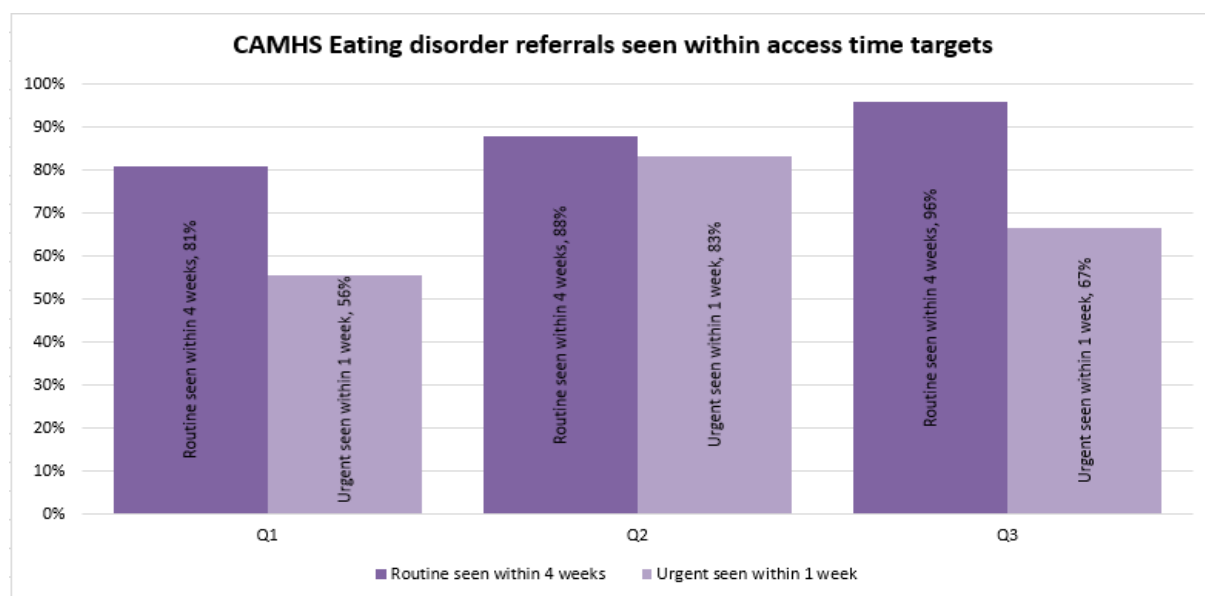
From April 2016, NHS England introduced a requirement for all children and young people's mental health service providers to establish a dedicated eating disorder team and introduced national access time targets for Children and Young People with an Eating Disorder (CYP ED).

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.



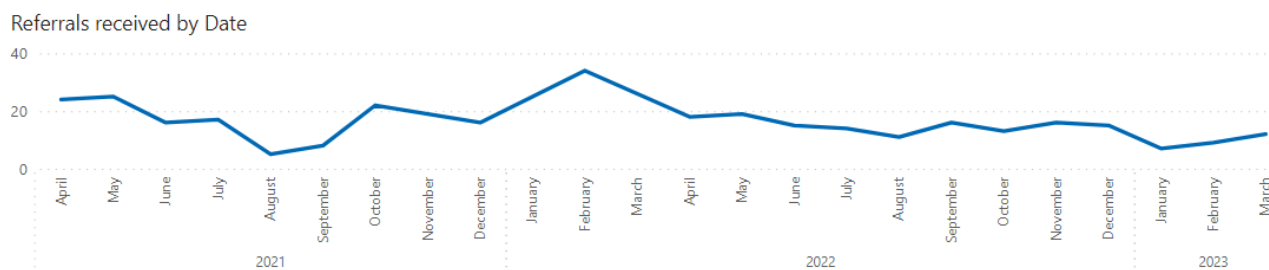
The chart above shows data for April 2022 to March 2023.

As of 31st March 2023, 20 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 14 (70%) 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 2023, 84 children and young people started treatment following a routine referral for a suspected eating disorder, of which 75 (89%) 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 17 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

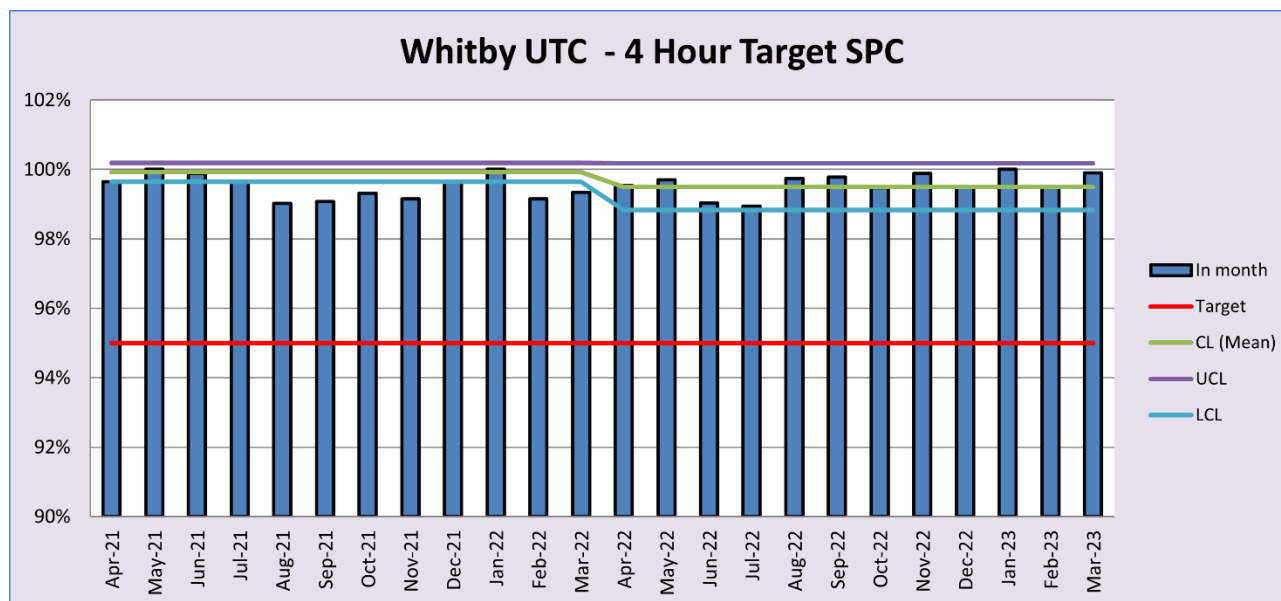
The national target for other Accident and Emergency departments, including Urgent Treatment Centres (UTC) and Minor Injury Units (MIU), is for at least 95% of patients attending to have a total time in the service less than 4 hours from arrival to discharge or transfer.

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 11547 patients in the year April 2022 to March 2023 (an average of 222 patients a week). 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 99.6% for April 2022 to March 2023 at Whitby UTC. This data is sourced via the SystmOne patient administration system.

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



3.2 Performance in Relation to other Indicators Monitored by the Board

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

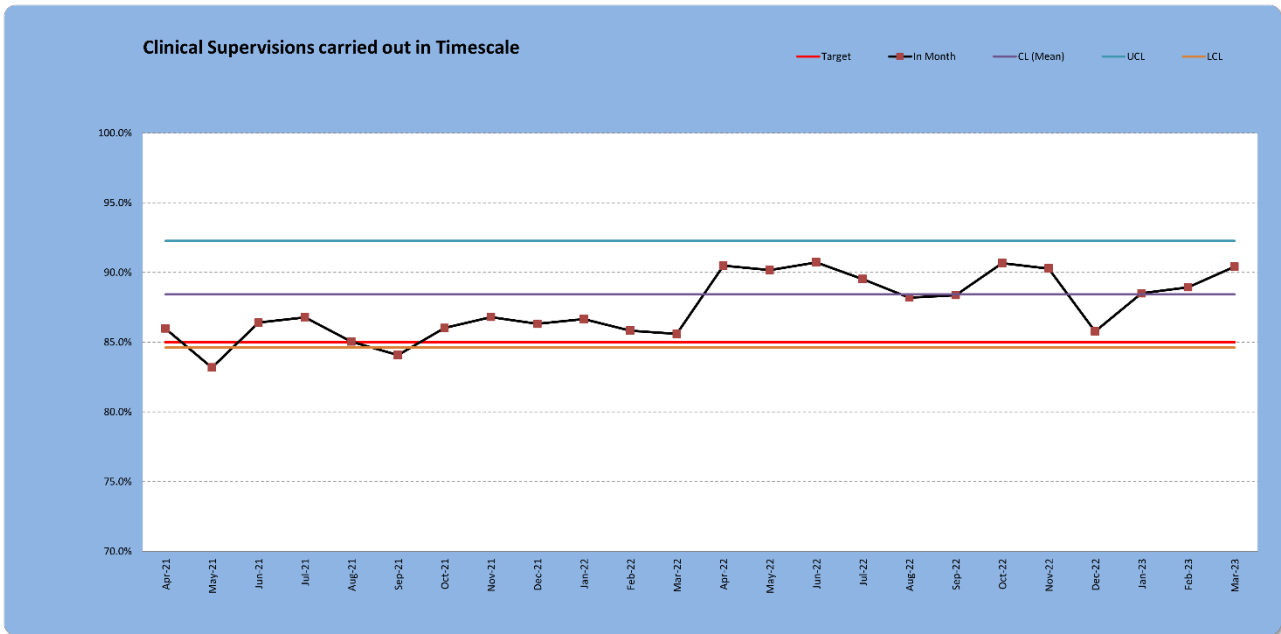
Clinical Supervision

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

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. Throughout 2022/23 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 throughout 2022/23, which as can be seen has been consistently meeting and exceeding the Trust target of 85% (April 2022 to March 2023).

Trust-level Clinical Supervision Compliance

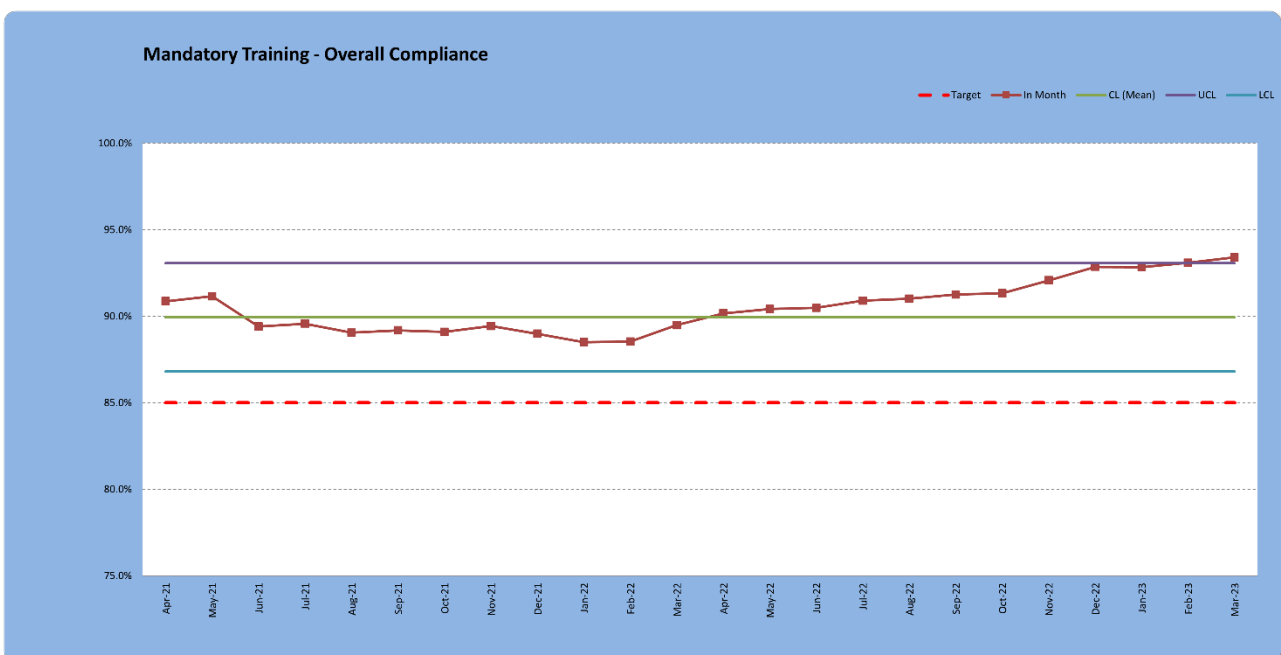


The reasons behind non-compliance with supervision standards are explored by divisions and action is taken to address areas of concern. Factors impacting on supervision compliance are in the main due to staff sickness.

Statutory and Mandatory Training Compliance

The Board places considerable emphasis on 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 at above the 85% target compliance for the Trust during 2022/23 reporting a compliance rate of 93.61% in March 2023.



Patient Complaints and Feedback

For the period 1 April 2022 to 31 March 2023, the Trust received 196 formal complaints, which compares to 229 for 2021-22 and 142 for 2020-21.

Each complaint is treated individually. Although the issue raised may be similar to others, the circumstances are often different for the individual concerned. During the pandemic, the Trust has aimed to respond to formal complaints within 40 or 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.

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

For the period 1 April 2022 to 31 March 2023, the Trust responded to 195 formal complaints which compares to 235 for 2021-22 and 133 for 2020-21.

The primary subjects for these complaints are as follows:

Primary subject	Number
Communication	40
Appointments	35
Patient care	35
Values and behaviours of staff	22
Trust admin/policies/procedures	20
Clinical treatment	12
Prescribing	14
Admissions/discharge	11
Facilities	3
Privacy, dignity, respect and safety	2
Access to treatment or drugs	1

Of the 195 responded to, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman for review. Two older cases were reviewed and closed with no further action for the Trust, and one is currently being considered that was closed in 2018.

The following are some examples of actions/learning from complaints responded to between 1 April 2022 and 31 March 2023:

Community Mental Health Teams – To be standard practice across all CMHTs that the team should review sickness daily and contact patients on that day if the member of staff is sick. This should be recorded in the patient record.

GP practice – Process put in place for chasing up advice and guidance letters, which are usually returned within seven to ten days.

CAMHS Inpatient – Admission flow chart to be created to go alongside checklist to prevent areas identified being missed; ward attire to be placed on mutual expectations board eg day clothes and ward routine audit in place and shift planner amendments to identify meal support bookings.

Adult Mental Health, Inpatient – All Trust staff to follow the Patients Property Procedure (2018) policy - all miscellaneous property and clothing should be listed in the property record with a copy of the entry forwarded to the next unit.

Learning Disability Service – Referrals when made to other services are monitored by the named worker and reviewed.

Community Hospital – Documentation was below standard; audit and supervision took place to ensure the standard was improved

Therapy Service - To look at the Accessible Information Standards (AIS) on the Trust’s website and on other Trust websites to identify learning and to work with Administration/Customer Access Service (CAS) Teams on adding a sentence to the Specialist Continence Service letter templates (to comply with AIS Legislation) and adding an email address

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 the action 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 2022 to 31 March 2023, the Trust responded to 387 informal complaints, and 22 queries/comments/suggestions. This compares to 300 informal complaints and 28 queries/comments in 2021-22 and 174 informal complaints and 25 queries/comments/suggestions for 2020-21.

Primary subject	Number
Communication	133
Patient care	114
Appointments	46
Trust admin/policies and procedures	29
Values and behaviour of staff	19
Prescribing	14
Facilities	9
Admissions/discharge	8
Waiting times	4
Other	3
Privacy, dignity, respect and safety	3
Access to treatment or drugs	2
Commissioning	2
Clinical treatment	1

Examples of compliments received

This team helped me set a realistic course of life and a way of handling any stress that may occur. I can now handle my stress and move on with a life worth living. Helping to stay calm and look inward at my way of handling my life. It was all such a great help" **CITOP**

Patient was very complimentary about the care she has received from a GP and an Advanced Nurse Practitioner. She was full of praise about the way she had been treated and the help she had received from both clinicians. **GP Practice**

A family gave a huge thanks following the completion of an autism assessment; complimenting the clinicians in the Humber Neurodevelopmental Team who completed the assessment. They stated that the report was exactly accurate in reflecting their child, they felt heard and the feedback/ information about autism which was made accessible for the young person was helpful. **CAMHS**

Patient stated the support worker intervention had really help her increase her confidence and how the positive relationship they had developed had given her the encouragement she needed to try new things and meet new people. Patient stated grateful she was for the help which had been provided. **Hull Memory Clinic**

Patient and wife complimented how every member of Community Nursing Team had been marvellous, supportive, informative and very helpful and how much the patient appreciated it. **Community Nursing**

Patient said she had really appreciated what the service had done for her and she would miss the visits from staff as they always cheered her up. **Stroke Service**

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.

The Trust continues to deliver on the priorities identified in our [Patient and Carer Experience Strategy 2018-2023](#).

This year we are refreshing our PACE strategy (to involve patients, service users and carers in Trust activities 2023 to 2028). We continue to work in partnership with everyone to capture their thoughts and opinions on how the Trust can effectively engage and involve our communities in Trust activities from volunteering, research and attending Patient and Carer Experience forums, to what services we provide, how they are delivered and how we can improve them in the future. There are several ways in which individuals are able to have their say to inform the next chapter of

patient and carer involvement and engagement across all our services to really make a difference including; attendance at workshops facilitated at the Trust's PACE forums, participating in surveys and/or becoming a member of the PACE Strategy Refresh working group to help with the co-production of the next five-year engagement and involvement plans.

Forums

The Trust continues to actively engage and involve the community by hosting 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.

Scarborough and Ryedale PACE Forum – to maximise engagement and involvement with our patients and carers in the Scarborough and Ryedale area, the Trust is coming together with York & Scarborough Teaching Hospitals NHS Foundation Trust to establish a joint forum to listen to patients, service-users, carers, and members of the public who use our services. The first forum will take place in the Spring where we will develop a joint vision for the new forum.

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 179 Staff Champions, and all teams are represented.

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.

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.

Strengthening our Approach to Collecting Demographical Data

To help us to understand who is accessing our services and their needs an enhanced data collection template has been implemented and is supported by a patient/staff information booklet. The demographical data (including protected characteristics and health inequalities questions) will help us to better identify what certain groups need attention and the most help. It will also help us to better personalise interactions and conversations with patients.

95%

of respondents find our staff friendly and helpful

90.6 %

feel they received sufficient information

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.

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

Earlier this 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. The Trust has identified Market Weighton surgery as its pilot site for this initiative. Monthly reports are highlighting thematic analysis of the FFT feedback responses (positive and negative) received by the practice. The feedback received will help us to better understand patients' positive and negative experiences so we can celebrate what is working well and develop Quality Improvement Charters where innovation is required.

Equality, Diversity and Inclusion Priorities for Staff

The Trust is committed to recruit, develop, and retain a workforce that reflects the local population and promote equality of opportunity for all employees. Our work around policy and procedure updates to disciplinary, bullying and harassment, recruitment and selection, and other leave support this commitment.

As a public sector body, the Trust has a duty towards the Public Sector Equality Duty (PSED). To that end, the Trust published its Equality, Diversity and Inclusion Annual Report and set EDI objectives for the forthcoming year. In addition to this, the Trust publishes annual reports for the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Gender Pay Gap Report. All reporting is made available on the Trust public facing website.

Collaboration and coproduction between the Head of Patient & Carer Experience and Engagement and the Equality, Diversity and Inclusion Business Partner continues to drive forward advocacy for the work diversity and inclusion can do, to ensure the NHS 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 the BAME Staff Network Annual General Meeting.

In working towards EDI objectives set for 2022/23, the Trust successfully developed local 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 and representation from lived experience.

Taking the bi annual EDI insight deep dive report to the Trust's EDI Working Group 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 leadership 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 97.6%, above the Trust target rate. Non-compliance with training is taken to operational areas and the EDI Working group via the EDI Insight report and also 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 Yorkshire and Humber Equality and Diversity Practitioners Network, 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 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 the MESMAC, the Disability Action Group and Hull and East Riding Lesbian, Gay, Bisexual and Trans (LGBT+) 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. 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.

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. The team also actively participate 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 February 2022 following the invasion of Ukraine, millions of people have been displaced leading to the fastest growing refugee crisis in recent history. Through the Modern Slavery panels and partnerships, cases are now beginning to arise whereby those displaced have become victims of modern slavery and human trafficking within the UK. The Safeguarding Team continues to work closely with the partnership and has recently linked in with Local Authorities to ensure information about access to mental health support is being shared across refugee services.

Post pandemic support

Following the pandemic, the safeguarding team have adopted a hybrid approach to working; both from home and in the new office base for at least one day per week. This flexible way of working allows the team to provide a safeguarding service across a growing staff and patient group. Working virtually means that practitioners can attend more meetings and across a larger demographic area than what would have been previously possible, however with restrictions no longer in place the team are now able to carry out more visits in person which allows for a more personable approach to work and increases the visibility of safeguarding staff to our patients.

The team have recruited two practitioners and one senior administration assistant in response to increasing demands and complexities of cases, including the taking on of a new service (Hull 0-19 service). In 2021-22 the duty desk received 1944 contacts and attended 269 meetings, though it is too early to report on 2022-23 figures, the cases that are being discussed are becoming increasingly complex which reflects the acuity of some of our services and the challenges and inequalities that our communities are facing.

Domestic Abuse

We are a White Ribbon accredited Trust, which is led and monitored by the team in the Safeguarding Learning and Development Forum. The team co-produced a training package on undertaking a DASH risk assessment and, so far, over 50% of the Trust have completed this training. The team also delivers domestic abuse champion training and there are over 100 champions across a variety of Trust services, who have been given bespoke domestic abuse training to support that role and are able to access supervision, training and support from the safeguarding team.

The Trust Domestic Abuse policy was updated in July 2021, this introduced the use of routine and targeted inquiry of domestic abuse. This was formally launched in July 2022 and there is ongoing work to audit the use of inquiry with patients and how this can be embedded across the Trust. A key focus area of the White Ribbon action plan is how the Trust supports employees of Humber who may be victims or perpetrators of domestic abuse, which reflects recommendations within the Department of Health Responding to Domestic Abuse: a resource for health professionals' document. To do this the safeguarding team have worked closely with the Human Resources (HR) department to develop guidance for managers that will sit alongside the current Domestic Abuse policy, this guidance will help managers understand how HR policies can assist them to support staff affected by domestic abuse.

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. These are then monitored in the Safeguarding Learning and Development Forum so assurances can be provided to partners of the action Humber is taking with regards to the identified learning. Learning from investigations and cases, both local and national, is also shared via lunch and learn sessions, training, supervision, newsletters, five-minute focus bulletins and clinical governance and network groups.

The safeguarding team are currently reviewing how clinicians and practitioners are supported following significant incidents or deaths resulting in safeguarding reviews and investigations, this is taking place in partnership with psychology and trauma informed practice leads across the Trust in order to ensure that learning can be identified and shared in a way that does not re-traumatise those involved in the initial incident.

Neglect

Neglect is the highest reason for child protection referrals nationally. The Safeguarding team have promoted the theme of neglect and abuse within the Trust, ensuring this remains a high priority and is not missed. This is also explored in mandatory safeguarding training and focussed lunch and learn sessions. Practitioners in the safeguarding team have been co-delivering child neglect training across the partnerships, including the NSPCC Graded Care Profile 2 accreditation programme. Trust staff are able to access this resource, and it is promoted via the safeguarding training program, increasing staff knowledge of child neglect and response to early identified needs.

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).

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; however, it is recognised that staff sometimes lack awareness of MCA in practice. Bespoke MCA training sessions are delivered to areas where issues are identified, including a course that is currently under development delivering training on mental capacity act and legal/court of protection matters.

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

There was a 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 local NHS Trust whose services enhance the health of over 800,000 people across the region, through community and mental health services.



Health Stars is here to provide patients and staff a 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.

Following the pandemic and more recently the cost of living crisis, Health Stars, like many other local charities has had to take a new look at the fundraising landscape through a different lens. We are excited to be exploring the world of digital income generation and embracing new technologies to connect funders with the projects.

The Whitby Hospital Fundraising Appeal continues to be a key focus, engaging the local community and local businesses to support this iconic local landmark.

Health Stars' Circle of Wishes is the mechanism that requests for charitable funds are managed and we have received over 100 'wishes' in the past 12 months. Health Stars has been proud to fund items to support with dementia items, gardening and outdoor equipment for patients and support groups as well as, support resources and craft resources.

Health Stars focus for the 2023/24 is to re-ignite the spark, increase brand awareness, grown our social media present, increase income generation and bring the charity to life again across the Trust, reaching out to staff and patients to further enhance the amazing working taking place

across the Humber Teaching NHS Trust and to make Health Stars the go-to charity supporting community and inpatient mental health services.

Celebrating Success – our 2022/23 highlights

In this section, we are pleased to share some of our key successes across 2022/23.

Whitby Hospital Celebration and Thank You Event

The £13.1m project renovation of Whitby Community Hospital came to a close in Summer 2022, with a celebration and thank you event taking place in September. We invited people from our engagement groups, staff teams, partners, and the public, to celebrate this fantastic achievement.

The transformation of the hospital, which is owned by NHS Property Services with the Trust as lead tenant, included the stripping and reconstruction of the internals of the tower block to create new hospital areas for house dental and podiatry services, inpatient facilities, including those for mental health, an audiology suite and a cafe on the ground floor.

Our Trust charity, Health Stars raised funds through the Whitby Hospital Appeal, which aimed to add the 'extra sparkle' to the refurbishment, supporting the development of the dementia friendly garden as a result.

New Year, New Job

As recruitment and retention remains a priority for the NHS nationally, we have taken a local and innovative approach to advertising in recent years. One of our most successful recruitment campaigns to date, 'New Year, New Job' took place between November 2022 and February 2023, covering a wide variety of digital and print channels, including TV, radio, newspapers, digital billboards, bus and phone kiosk advertising, Facebook and LinkedIn advertising and Google advertising.

The campaign was delivered across all areas of our geographical patch – Hull, the East Riding and North Yorkshire – and beyond. It covered all roles within the Trust, with a targeted approach towards our core hard to recruit areas: GP, Nursing and Psychiatry.

Awards Success

In 2022/23, we were shortlisted in 14 awards categories, across 10 different award ceremonies and won 8 individual awards in total (4 local, 4 national). This included Teaching Excellence and Patient and Carer Experience Awards, as well as two high commendations at the Health Service Journal (HSJ) Awards 2022.

Being Humber

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). Last year, we were pleased to hold this event once again, in person, at the MKM Stadium in Hull. Dr Amir Khan, ITV Doctor featured on programmes such as Good Morning Britain, was amongst the speakers on the day and attracted a significant audience.

Chief Executive, Michele Moran, along with other members of the executive team, spoke about highlights from 2021/22, how we performed against key targets, and future challenges that lie ahead. As part of the event, we also held a market stall event where attendees could find out more about our services, due to the success of the virtual version we held the year previous. The in-person event was live streamed on the day to ensure those who wanted to attend virtually could do so in an accessible way.

Research Conference

Our annual Research Conference took place on 3rd November 2022. This year, winter Covid-19 restrictions meant that the event had to be held online once again, though we were pleased to have live streaming provisions already in place to ensure that everyone could join us in an accessible way.

We welcomed over 450 delegates from more than 100 organisations heard from speakers covering a wide variety of topics, including those from overseas and from many different specialities and professions. The conference showcased a wide variety of research the Trust is involved in and included presentations from service users who had participated in research, alongside talks from high-profile health research experts.

Staff Photo Library

In 2023, we launched a new photo library online resource as part of our developing Brand Centre. The project, which responded to feedback from staff across the Trust, meets the need for high-quality photography to be readily available for use in various media formats.

To aid staff in being able to find the photography they needed, the bank of photography has been restructured and is filterable by service, location, profession and more within the system, as well as being downloadable in multiple sizes. This allows for quick and easy use, as staff are able to use the image that best represents their service. It also makes communications across the Trust more accessible as readers will be able to gain greater understanding through imagery, and it enhances our brand image as a leading organisation with high levels of service.

Leadership Development

Across our Leadership Development programmes, we have welcomed 73 senior leaders and 142 leaders over the year. We have enjoyed great attendance across both Senior Leadership and Leadership Forums this year, and we continue to hold these virtually.

We are now coming to a close on our second cohort of colleagues who have participated in the High Potential Development Scheme. This year we have seen great success from the programme with internal progression and additional qualifications being achieved. Applications for this year's cohort closed in February and the successful candidates were shortlisted and notified in March, ready to begin the programme from April 2023.



White Ribbon Accreditation

We are proud to be a White Ribbon accredited organisation that is involved in the initiative to end violence against women. To promote this involvement, once again we participated in the 16 days of action following White Ribbon Day in November 2022.

Our campaign included making the pledge to never commit, excuse or remain silent about male violence, improving resources for staff, and sharing our learnings so far on our social media channels. We now have almost 1,500 staff members who have undertaken DASH risk assessment and further domestic abuse champion training has resulted in over 100 local champions, to date.

Humber Events Calendar

As part of our latest Marketing and Communications Strategy, we developed a goal to improve the Humber annual events calendar. To help us achieve this goal, we appointed a new Events Officer. Their role includes the development of a new calendar for 2022/23, which involves Health Expo events, Staff Awards, Health Stars fundraisers, and much more.

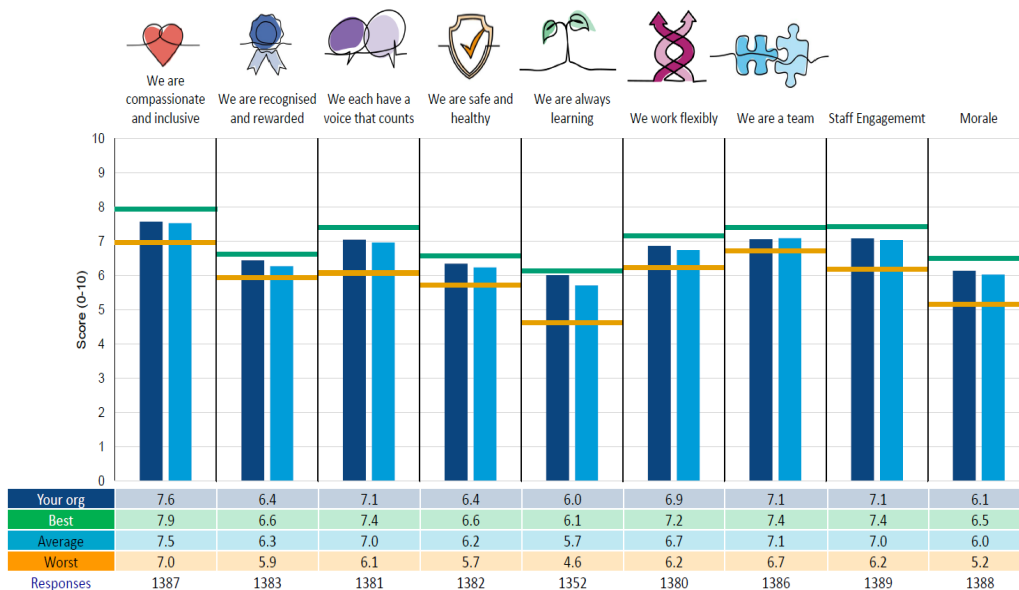
The corresponding actions for these events will include ensuring that we are working closely with our services to deliver events both internally and externally, to celebrate the great work our teams do. Further to this, it ensures that our collaborative working with ICS colleagues remains strong as we support wider event initiatives in across our patch.

Staff Survey Results 2023

The staff survey results for 2023 were received in March 2023. The Trust achieved a response rate of **43.9%** overall which represented **1391** responses from a sample of **3234** substantive staff plus **279** bank staff. The median response rate for all **51** organisations in the Benchmark group- Mental Health & Learning Disabilities Trusts and Mental Health, Learning Disability & Community Trusts- was **50%**.

The above represents a **0.2%** decrease in response rate in comparison to the 2021 survey (**1304** responses submitted: **44.1%**) and the breakdown of responses by area is provided below (2021 vs 2022).

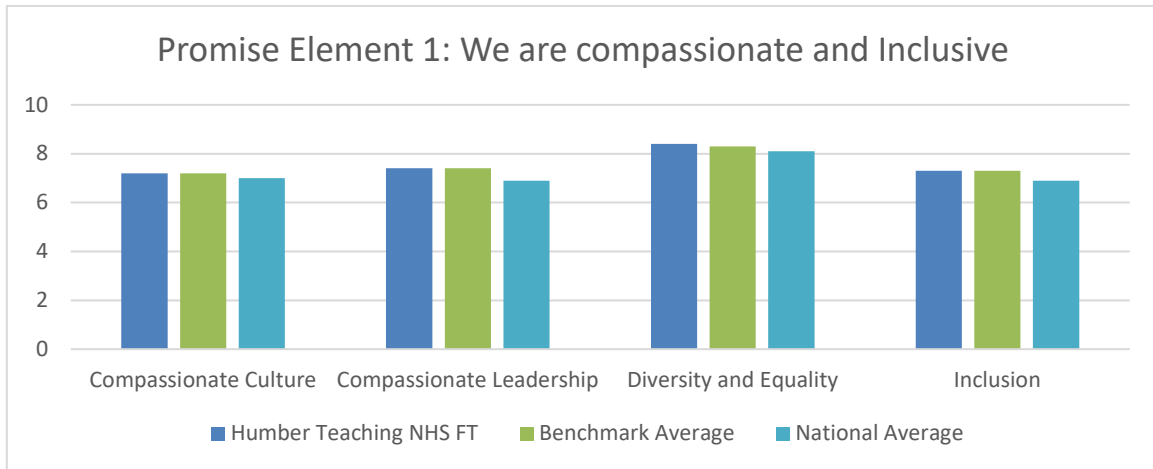
People Promise Themes Overview



The Trust is equal to or above the average benchmark group in all of the People Promise theme areas and the Trust is above the National average score in all the People Promise theme areas.

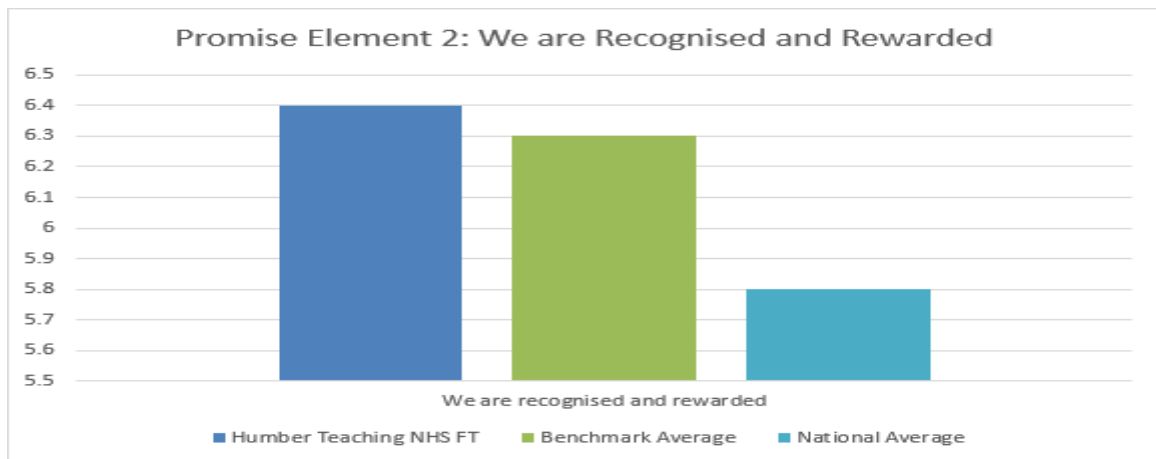
PEOPLE PROMISE 1 Compassionate and inclusive

(Trust Score 7.6. Benchmark Group Score 7.5. NHS Score 7.2)



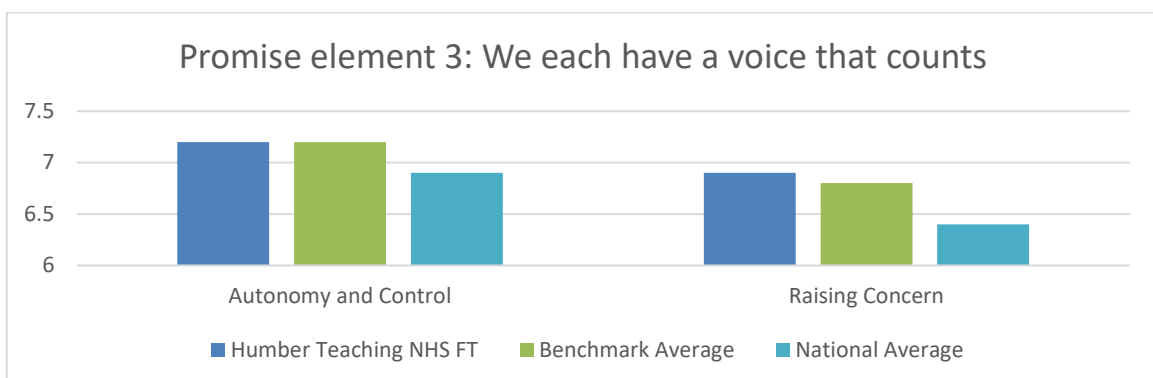
PEOPLE PROMISE 2 Recognised and rewarded

(Trust Score 6.4. Benchmark Group Score 6.3. NHS Score 5.8)



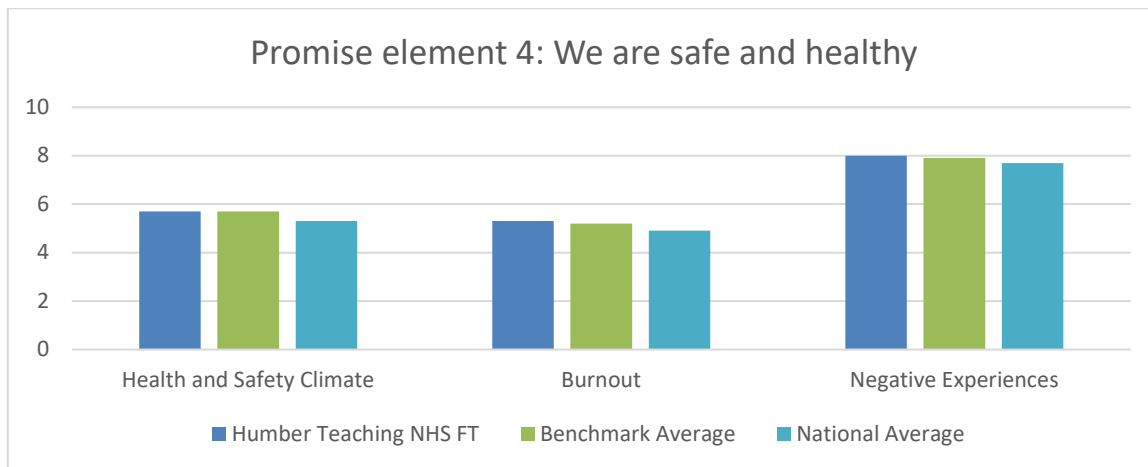
PEOPLE PROMISE 3 We each have a voice that counts

(Trust Score 7.1. Benchmark Group Score 7.0. NHS Score 6.7)



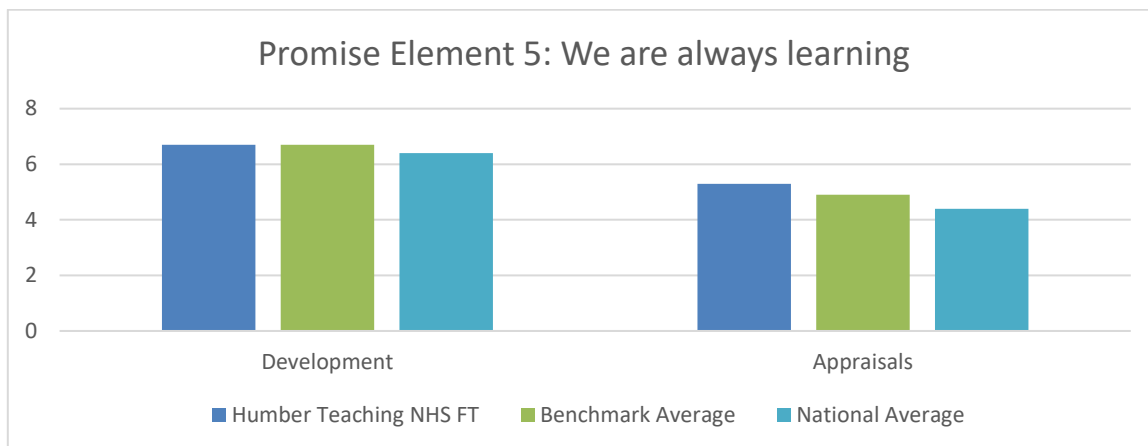
PEOPLE PROMISE 4
We are safe and healthy

(Trust Score 6.4. Benchmark Group Score 6.2. NHS Score 5.9)



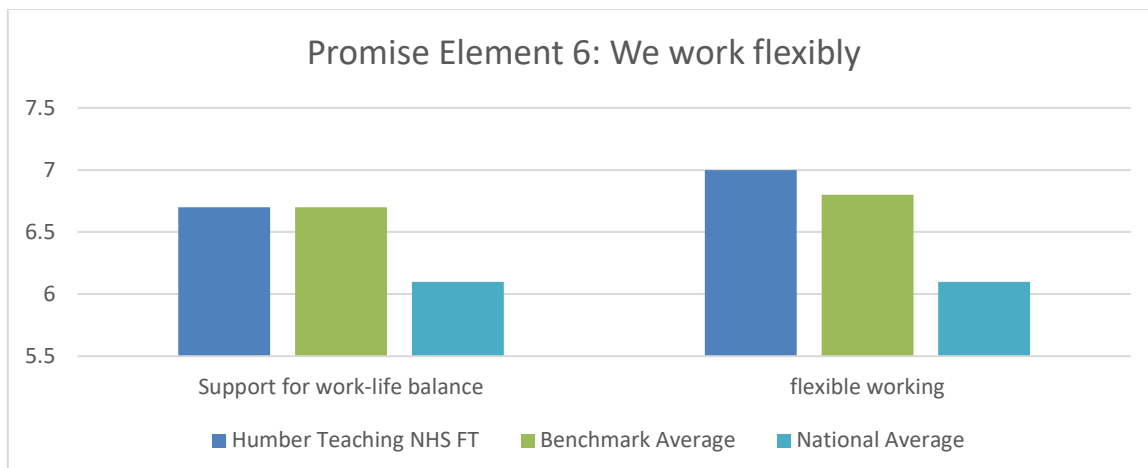
PEOPLE PROMISE 5
We are always learning

(Trust Score 6.0. Benchmark Group Score 5.7. NHS Score 5.4)



PEOPLE PROMISE 6
We work flexibly

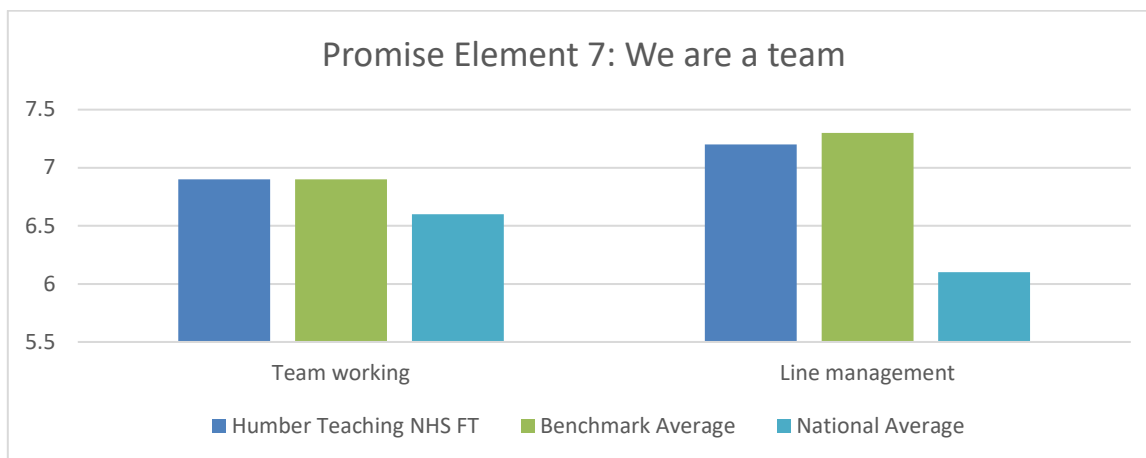
(Trust Score 6.9. Benchmark Group Score 6.7. NHS Score 6.1)



PEOPLE PROMISE 7

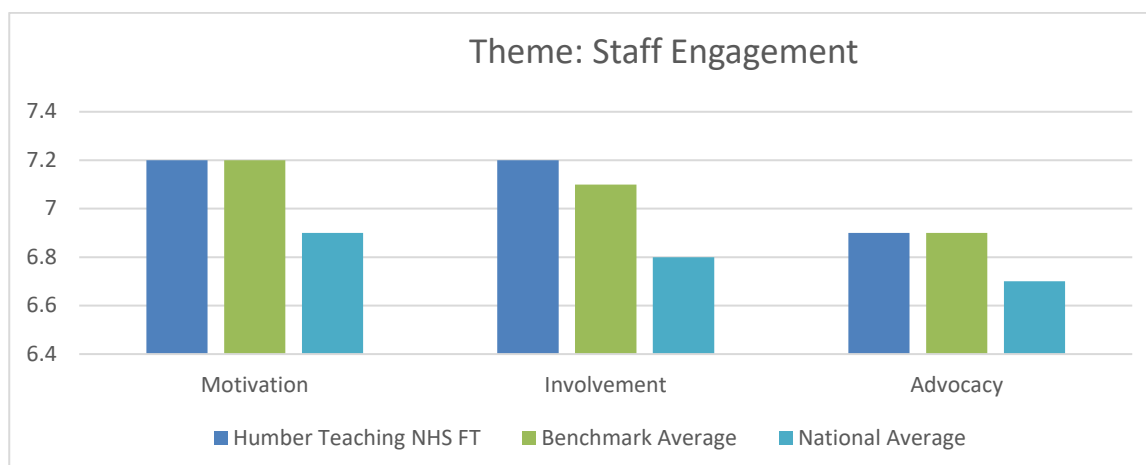
We are a team

(Trust Score 7.1. Benchmark Group Score 7.1. NHS Score 6.7)



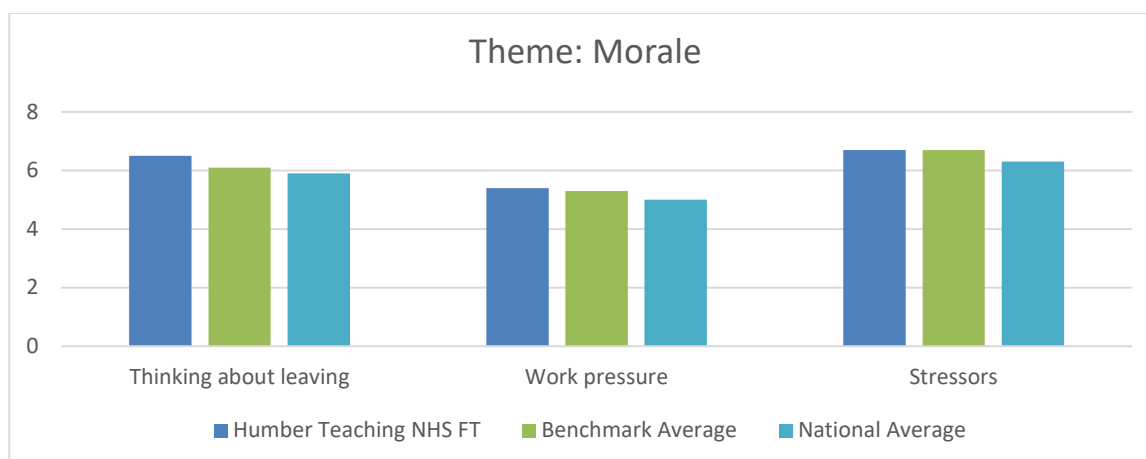
Theme: Staff engagement

(Trust Score 7.1. Benchmark Group Score 7.0. NHS Score 6.8)



Theme: Staff morale

(Trust Score 6.1. Benchmark Group Score 6.0. NHS Score 5.7)



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

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

No response received from consultation

East Riding Health and Wellbeing Overview and Scrutiny Commission

Humber Teaching NHS Foundation Trust has engaged with the Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee throughout its work programme 2022/23. The Sub-Committee welcomes the open and honest nature of the Quality Account and the opportunity to comment on this draft.

The Sub-Committee appreciate the challenges transferring patients out of occupied beds and are encouraged to see a commitment to joint working with East Riding of Yorkshire Council and the commissioning of stepdown beds. Additionally, the Sub-Committee would be supportive of the use of the High Impact Change Model as a method of improvement.

Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery aligns well with the Sub-Committee's endorsement of the active communities model. Furthermore, the Sub-Committee has registered an interest in promoting recovery by including it as an item for consideration in its 2023/24 work programme.

The regular references to co-produced work is pleasing to the Sub-Committee who were presented a report in December 2022 which they returned unanimously positive feedback.

While the areas for improvement identified by the CQC in 2019 raise some unease, the Sub-Committee are assured by the delivery of all the actions from the inspection. Moreover, the endeavour of Humber Teaching NHS foundation Trust to achieve an 'Outstanding' CQC rating is admirable and encouraging.

Robert Close (for the East Riding of Yorkshire Council Health Scrutiny Committee)

Senior Committee Manager

28 April 2023

Healthwatch Hull and East Riding of Yorkshire - joint response

No response received from consultation

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 2022/23. We note the Quality Account provides an informative overview of the Trust and its services which serves as a helpful introduction to the reader.

It was 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. We recognise how this approach is becoming further embedded within the Mental Health Services provided by the Trust. We look forward to hearing more on how the Trust is enhancing this further for Learning Disability and Autism and how you are working with both people with lived experience and their families and carers.

We note the Trust's ongoing work and approach to Quality Improvement (QI) and applaud how coproduction with patients and carers is central in the Trust's approach to improve the quality of patient care and patient outcomes. It is pleasing to see the tiered approach of Quality Improvement training opportunities available to Trust staff and volunteers as we support the view this will serve to develop the culture of continuous Quality Improvement the Trust aspires to. We look forward to working in collaboration with the Trust to drive forward Quality initiatives.

The Quality Accounts reflect the progress the Trust has been made towards the quality priorities identified in 2021/2022. We note many of the actions identified will continue to progress in 2023-24 and look forward to hearing more about how the improvements and changes in practice are embedded. We particularly welcome the opportunity to learn more on how the Trust will take forward the Patient Safety Incident Response

Framework by involving an increased number of patients and carers in safety discussions. We also note the challenges the Trust faced during the Covid-19 pandemic. That now and in partnership within the Integrated Care System we work in partnership to align with the Quality Priorities and consider new and emerging risks and issues.

In acknowledging the Trust were last inspected by the Care Quality Commission (CQC) in 2019, it is pleasing to read that all of the must and should do actions specified by the CQC were achieved. We welcome the introduction of the peer review process and audits which the Trust has subsequently introduced. We believe this affords a level of impartiality of an internal review process and coupled with the introduction of additional quality improvement plans aligned to the CQC key lines of enquiry, we recognise the efforts being taken by the Trust to sustain and make further improvements.

We would have welcomed seeing further detail within the quality account about how the Trust is responding to the national workforce challenge along with actions the Trust is taking to mitigate the impacts upon patient care, patient safety and patient experience. It would have been helpful to understand if the current workforce challenges have had a direct impact upon the care hours per patient day within the Trust inpatient services.

The Trust's participation in National Clinical Audits is acknowledged and we note the Trusts participation in the 2022 National Confidential Inquiry into Suicide and Safety in Mental Health and we will await the findings.

We note the Trust has continued to be a strong advocate for research, development, learning and teaching as evidenced in the Quality Account. It is evident from the quality account the Trust Humber are doing some great work. The link to the Research & Development webpage and video is insightful as it provided evidence of the lived experiences of individuals who had been involved in research and recognised the impact and benefits participation in research can bring. The Trust has continued to demonstrate how it effectively manages Healthcare Associated Infections (HCAI's). We look forward to seeing the Infection Prevention Control Annual Report for the detail behind the Clostridiodes Difficile cases.

We recognise the Trust is a valued partner within the Integrated Care System and at Place in the local Health and Social Care system, would welcome the opportunity to further understand how the Trust is establishing itself as a lead organisation in collaborating with non-statutory services.

In noting the diverse population the Trust serves, we would advocate the Trust ensures the quality account is produced in easy read format and is available in the native language of the communities who access Trust services.

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 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.

Nicki Sparling

**Deputy Director of Nursing & Quality, East Riding Place (On behalf of Humber & North Yorkshire ICB)
27 April 2023**

We have noted the feedback regarding safer staffing CHPPD and have added information into the final report in section 2.1, page 26.

Humber & North Yorkshire Health & Care Partnership Provider Collaborative

From the 1st October 2021, the Humber and North Yorkshire Specialised Provider Collaborative (HNY PC) took forward the responsibilities for quality assurance, planning and contracting of 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 from NHS England. Humber Teaching NHS Foundation Trust is the lead provider within the HNY PC and the Collaborative Planning and Quality team (CPaQT) undertake quality assurance, planning and contracting on behalf of HNY PC.

The CPaQT 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.

The CPaQT would like to take this opportunity to congratulate Humber Teaching NHS Foundation Trust on their successes as an organisation during 2023/23 and highlight the work being progressed by the Trust within the CAMHs and Secure Care services especially with

- The launched of the new Keyworker service for children and young people with a learning disability, autism or both with complex needs.
- The Trust launch of the new 2022 – 2027 Trust Strategy, co-produced with staff, service users, carers and communities.
- The Trusts support of the Children's Mental Health Week with local campaign which was co-produced with young people from the Humber Youth Action Group, to hear their thoughts on mental wellbeing and self-care.
- The work being progressed by the Trust with Patient Safety Incident Response Framework (PSIRF) and the move away from Root Cause Analysis
- The continued collaborative working with the HNY PC and its partner organisations.

The HNY PC and CPaQT welcomes and supports the Trusts building upon its values and maintaining the drive for the individuals needs to remain central in the Trust vision and direction. The development of co-production with patients and carers is evidenced and remains a key component in the Trusts quality improvement approach. We look forward to working in collaboration with the Trust to enable this to be embed into enablement practice.

We support the identified quality priorities for 2023-24, covering:

- Priority One: to fully implement and embed PSIRF, in line with national directives, and moving away from a root cause analysis approach
- Priority Two: For the Trust 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.
- Priority Three: As part of our approach to ensuring we are in line with national guidance in relation to Use of Force and avoidance of a closed culture in our inpatient units.
- Priority Four: To undertake clinical risk assessment management and formulation in mental health services in line with best practice and evolving national guidance.

HNY PC look forward to our continued collaboration with HTFT and their dedication to the delivery of high-quality care, as they build upon the 2022-23 priorities and implement the quality priorities and improvements set for 2023/24.

Gareth Flanders
Assistant Clinical and Quality Director
4th May 2023

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 2022/23 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 2022 to March 2023
 - papers relating to quality reported to the board over the period April 2022 to March 2023
 - feedback from commissioners during April 2023
 - feedback from governors
 - feedback from local Healthwatch organisations, during April 2023
 - feedback from overview and scrutiny committee during April 2023
 - 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 2022
 - the national staff survey 2022
 - 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:

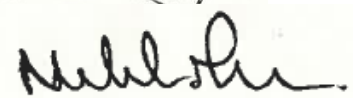
DATE 28/06/2023

Caroline Flint (Chairman)



DATE 28/06/2023

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: 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.

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: 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.

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.