



# Humber NHS Foundation Trust Quality Accounts 2014/15



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## Part One

### 1.1 Quality Statement

Welcome to our Quality Report for 2014/15. This document not only sets out the quality of the services we provided over the past 12 months but hopefully will give you a greater understanding of our Trust and what we are doing to drive our standards even higher during 2015/16 and the years to come.

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

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

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

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

- Care Quality Commission (CQC) Inspectors found a high standard of person-centred care delivered by a team of staff who are passionate about what they do in our East Riding Addictions Service, provided in partnership with the Alcohol and Drugs Service and East Riding of Yorkshire Council.
- Families are now able to refer themselves to Child and Adolescent Mental Health Services by calling one of our Contact Point numbers and speaking directly to a clinician.
- We have launched a new mobile APP and an internet portal to make it easier for people to refer themselves for talking therapies in the East Riding.
- We are embedding Children and Young People Improving Access to Psychological Therapies into our services to give families a greater say in decisions about their care and the way the services that are important to them are developed with a number of our staff currently undergoing training.
- Introduction of a Single Point of Contact (SPOC) for our neighbourhood care services in the East Riding.
- Our Occupational Health Service was awarded the Safe Effective Quality Occupational Health Services (SEQOHS) Accreditation that recognises Occupational Health Services that provide safe, appropriate and effective quality care for staff in the NHS and Independent Sector.
- Our East Riding Health Trainers began regular clinics in GP surgeries throughout rural Holderness and other locations in the East Riding. Health trainers also attend major events such as Driffield Show.

- Hawthorne Court achieved AIMS (Accreditation for Inpatient Mental Health Services) accreditation with excellence for the second time. This is the Royal College of Psychiatry mark of good practice designed to guarantee a high quality of care in mental health wards.
- We achieved Stage 2 Accreditation of the UNICEF Baby Friendly Initiative (BFI) designed to support breastfeeding and parent infant relationships.
- We began recruiting a team of Patient Voice Volunteers who support people spending time on our units to speak up about the care they are receiving.
- We joined other public sector organisations in Hull to launch Hull 2020, an ambitious transformation programme to enable local people to take control of their health and wellbeing and support them towards achieving their aspirations.
- We launched our Practice Health Champions website, a new programme in partnership with East Riding GP surgeries for people who want to improve health and wellbeing in their local community by establishing groups and projects and advising others.

Humber staff continue to excel not only in their professional commitment to quality, improvement and the patient experience but in the way they so often go the extra mile to motivate and inspire each other and provide care that is exemplary. Our committed team of caring, compassionate, responsive professionals were acknowledged when a team of 55 inspectors from the Care Quality Commission (CQC) visited 15 different service areas over 71 sites in April last year.

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

Seven essential improvements were flagged by the CQC at the time of the inspection and we either put them right or immediately started to make improvements. Other feedback from the inspectors has been used throughout the year as we work with our commissioners and partners to create even more responsive, patient-centred services.

The CQC reports highlighted issues around the length of time people sometimes have to wait for our services, particularly Child and Adolescent Mental Health Services.

Sadly, more young people are in need of this kind of support than ever before. This isn't just the case here in Hull and the East Riding, across the country more families are asking for help to deal with some serious mental health issues including anxiety, self-harm, behavioural problems and eating disorders.

For example, there are three times more teenagers self-harming in England than there were ten years ago. We are working with our partners to try and understand why this is the case and how our services can respond flexibly to deal with this rise and make sure local children and young people get the most appropriate care and support.

The current demand means we can't avoid that some young people will have to wait to be assessed and treated although young people who are very unwell are prioritised and we work closely with their GP to make sure their condition is monitored. While we are working very hard to reduce waiting lists for these important services, reflected later in the Quality Report as a priority to take forward for 2015-16, we recognise some families still have to wait for too long and we are very sorry about this.

Innovation continues to be important to us with many exciting new initiatives coming directly from our own teams. Just three examples;

- Trust dietitians have launched an exciting new scheme to empower care home staff in Hull and the East Riding with the most up-to-date knowledge about food and diet. The project – called the Nutrition Mission – is an award-based incentive scheme which will award bronze, silver, gold and platinum standards to care homes.
- Trust-wide professional lead for Arts Therapies Karl Tamminen has designed and is leading on a seclusion and restraint reduction in our Psychiatric Intensive Care Unit (PICU) that has had input from all of the different professions working in our low and medium secure services. Karl will be speaking at a national conference on reducing restrictive practices.
- East Riding Community Hospital continues to go from strength to strength. You will recall back in 2013 the Trust took the decision to temporarily reduce bed numbers on the community ward following a visit by the CQC. One year on the CQC carried out another inspection and reported that "improvements on the ward are really impressive." One of these improvements was the development of a Nursing Dashboard that provides nurse sensitive indicators around patient safety to drive improvements in practice and immediately identify areas of risk so real time learning takes place. Combined with improved electronic incident reporting, service level risk registers, real time patient experience information and the development of a managerial dashboard, it enables triangulation of current information to ensure that patient safety risks, clinical practice issues and patient experience feedback are identified accurately and systematically analysed to improve the way we deliver our services.

There is a greater acknowledgement than ever before that we are all in this together and this year has seen some fantastic examples of joint working with our partners and commissioners.

The Integrated Care pilot, which is being hosted by Pocklington Group Practice, focuses on delivering the right care by the most appropriate person at the best time and place for patients that have a health and social care need. Delivered by a joint team of doctors, nurses, social workers, care assistants and therapists, the service will run between 8am - 6pm, along with the current Out of Hours services that support patients who require care or treatment in the evening and throughout the night.

The trust is working with East Riding of Yorkshire Council's Lifeline scheme to use advances in technology to improve patient safety on the ward at East Riding Community hospital. The equipment enables our team to have a greater awareness of patient movement – something that it is vital in a busy ward. By reducing the risk of patients mobilising un-aided, we can reduce the risks of falls.

We recognise that a highly skilled, confident and caring workforce is fundamental to delivering compassionate services in settings that are the very best we are able to provide. The Trust continues to see improvements in compliance with mandatory training and individual personal appraisal and development reviews. We are continuing to develop our Apprentice Training Scheme to create our dedicated workforce of the future. All future bands 1-3 vacancies will be recruited to as an Apprenticeship role. This is a mechanism by which to "grow our own" and to address recruitment and retention difficulties.

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

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

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



**David Hill**

Chief Executive, Humber NHS Foundation Trust



## 1.2 About us

- We employ more than 3,000 staff providing a wide range of services and therapies including mental health, community, children's, learning disability and addictions.
- We are a Teaching Trust with close relationships with academic partners Hull York Medical School and the University of Hull.
- Our community mental health patients have trust and confidence in the people looking after them (the highest score of all trusts surveyed, Community Mental Health Survey 2014).
- Based on their experience of our care, the vast majority of patients and their carers (94% from October 14 – January 15) would recommend us to their family and friends if they needed our support (Friends and Family Test data).
- We provide secure services for people from across Yorkshire and the Humber, using innovation and award-winning activities to enhance the physical and mental wellbeing of our forensic patients, you can see examples further down the page.
- Our specialist clinicians are nationally-recognised experts involved in high-level research that directly benefits our patients and service users.
- We are constantly improving the way our integrated teams work together to make sure people are treated in the setting that's best for them, including intensive home treatment and early discharge with excellent support.
- Our working age adult inpatient units are AIMS accredited.
- Both our Hull and East Riding Crisis Resolution Home Treatment (CRHT) Teams are now Home Treatment Accreditation Scheme accredited.
- As a Foundation Trust, we constantly re-invest back into healthcare and improving the environments in which our patients are treated.

Here are some examples of our innovation and award winning services:

- Jacqui Bilton, a Mental Health Support Worker at the Trust's Psychiatric Intensive Care Unit, at Miranda House, was awarded 'Highly Commended' in the Advanced/Higher Clinical Apprentice of the Year.
- Our psychiatric trainee Dr Sonia Sangha won a prestigious regional award. Sonia was named Health Education Yorkshire and the Humber Core Psychiatric Trainee of the Year. Sonia has worked in a number of services since she came to Hull in 2011 for her Core Psychiatry Training. Sonia said she was delighted as the award would really put the area on the map, especially for other young doctors looking at where in the country to do their psychiatry training.
- Our Falls service was invited by the Northern Falls Network to take part in first North of England Falls Summit to showcase innovative work we are doing in the East Riding. Significant investment was put into the existing falls team by NHS East Riding of Yorkshire CCG. The service now consists of nurses, physiotherapists, occupational therapists, assistant practitioners, a pharmacist and rehabilitation assistants. We use state of the art technology equipment including bed sensors, chair sensors and falls detectors within our community hospitals to reduce the risk of falls and improve patient safety. This is facilitated by the East Riding of Yorkshire Council's lifeline telecare service.

### 1.3 Services we deliver

We are proud to provide a broad range of mental health, learning disability, community, children's and addictions services to the people of Hull and the East Riding of Yorkshire, a population of almost 600,000. We also offer specialist, award-winning forensic and offender health services to patients from the wider Yorkshire and Humber area and further afield.

Our comprehensive portfolio of services is listed below:

- A&E mental health liaison for working age adults and older people
- addictions, including inpatient alcohol detox
- bladder and bowel specialist care
- child and adolescent mental health services (CAMHS)
- children's services
- chronic fatigue
- counselling
- community hospitals in Beverley, Withernsea and Bridlington providing inpatient medical beds and in Hornsea and Driffield providing outpatient services
- community nursing
- diabetes services
- forensic services for mental health, learning disability patients and personality disorder patients, health services in prisons including mental health in-reach
- health trainers
- health visiting
- Huntington's disease team
- inpatient and community mental health for working age adults and older people
- intermediate care
- learning disability community and inpatient services
- long-term conditions
- Macmillan nurses
- multidisciplinary falls prevention
- nutrition and dietetics
- out of hours and unscheduled care
- palliative care
- perinatal mental health
- pain
- physiotherapy
- podiatry
- psychiatric liaison
- psychological interventions
- psychotherapy
- school nursing
- self-harm



- speech and language therapy
- stroke services
- tissue viability
- traumatic stress
- unscheduled care
- veterans' mental health

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

## 1.4 Our Vision

To improve the health and wellbeing of the communities we serve.



## 1.5 Our Strategic Goals

The Trust has 9 Strategic Goals which form the direction and aspirations of the organisation and underpin our vision. These are listed below.

1. Provide services that are safe, person centred, delivered in appropriate environments and sensitive to the needs of the individual.
2. Retain the confidence of patients, carers and commissioners by upholding the principles of the NHS.
3. Be an excellent employer maximising the skills and talents of our valued workforce.
4. Ensure a firm financial foundation underpins the delivery of our vision.
5. To work in partnership with other organisations and local authorities to develop seamless service provision.
6. Through the use of evidence based practice, provide high quality services to establish a reputation for exceptional standards of care.
7. Use our positive reputation to develop new services and expand existing ones.
8. Provide and develop services that are efficient, cost effective and responsive to the needs of the people who use them.
9. Work with members to achieve our vision.

Goal number two outlines our commitment to uphold the principles and values of the NHS. We do this in the following way:

VALUE	IMPACT
Compassion	We will make sure we take the time to listen and understand
Respect and dignity	We will ensure people are treated as individuals, in environments where their dignity is maintained
Commitment to the quality of care	By getting the basics right we will maintain and improve the quality of care
Improving lives	We will strive to deliver continuous quality improvement, improving people's health and wellbeing. We will promote activities that make a positive impact on the 'work life balance' of our staff
Working together for patients	We will work with partners across organisational boundaries to improve user and carer experience
Everyone counts	We will maintain clear focus on people as well as services

## Part Two

### 2.1 Working with our Commissioners

During 2014/15 Humber NHS Foundation Trust provided 109 and sub-contracted 49 relevant health services.

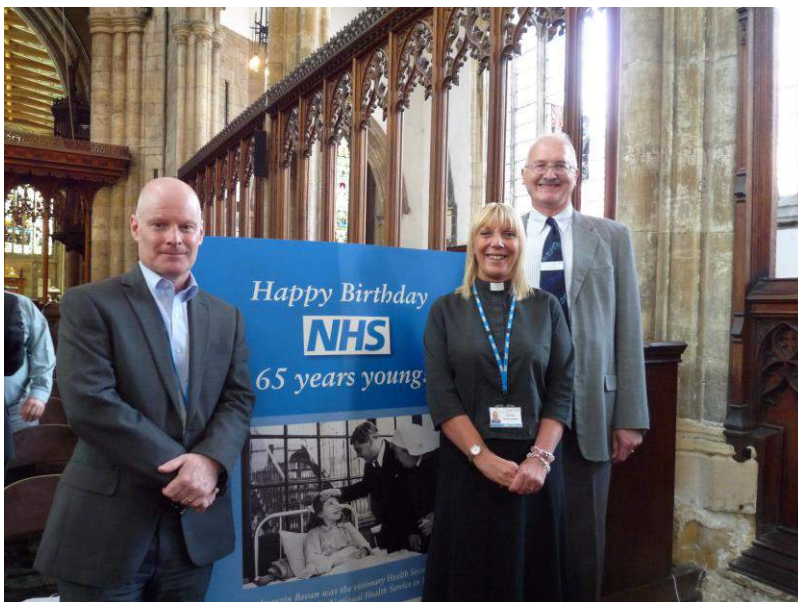
Humber NHS Foundation Trust held a number of contracts for the services delivered by the Trust and for services delivered for the Trust by other providers. The most significant contracts agreed were as follows:

Commissioners:

- NHS East Riding of Yorkshire Clinical Commissioning Group
- NHS Hull Clinical Commissioning Group
- NHS Vale of York Clinical Commissioning Group
- NHS England
- Kingston upon Hull Local Authority
- East Riding of Yorkshire Local Authority

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

The income generated by the relevant health services reviewed in 2014/15 represents 97% of the total income generated from the provision of relevant health services by the Humber NHS Foundation Trust for 2014/15.



## 2.2 Update on Priorities

For the 2012-13 Quality Report, the Trust held an engagement event with Trust stakeholders, patient group representatives and members of the public. It was agreed by the Trust Board that these priorities would be rolled over for three years until the 2015-16 report. However, many of these priorities are now completed and some are no longer relevant, therefore decision is taken that 2014-15 is the final year to report on these priorities and new ones have been set for 2015-16 after a full consultation process with Stakeholders (see page 23).

Each priority was allocated to a respective Clinical Network to develop a set of milestones. These milestones are monitored on a quarterly basis and the outcomes are presented in the Trust's Level 1 Performance Board Report.

The 12 priorities are split into the following for overall indicators:

- Improving the diagnosis, care and treatment for people with Dementia.
- Improving the care treatment for people with long term and chronic health conditions.
- Improving the care for people approaching the end of life.
- Improving the alternatives to admission through care and treatment for people with unplanned care needs.

Each of the fore mentioned four indicators have three 'sub indicators' equalling the twelve priorities. The 'sub-indicators' (priorities) are made up of the following domains:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

An update of each priority can be found, starting on the next page.

### What are Clinical Networks?

There are a number of Clinical Networks within the Trust covering our different service areas. The main function of the Clinical Networks is to set the clinical direction for their group of patients, supporting and informing the service's clinical governance objectives and actions.

## Measure: Improving the diagnosis, care and treatment for people with Dementia

Priority: Audit of Essence of Care Standards (Pressure Ulcers, Nutrition, Record Keeping) in Older People's Mental Health – Patient Safety

Quarter	Milestones	Completed/Update
1	Verbal feedback to Clinical Network Group August 2014 on audit and any action plan required.	<b>COMPLETE</b>
2	Written report of audit findings from 2013-14 Q1 and 2014-15 Q1, Q2, Q3.	This audit was discontinued in Q1. Previous audits were reported to the Clinical Network Group.
3	The dashboard used at East Riding Community Hospital to be put in to practice in Older People's Mental Health inpatients on a monthly basis for 50% of inpatients. This will continue the monitoring.	<b>COMPLETE</b>
4	Verbal feedback to Clinical Network Group on audit and any action plan as required.	<b>COMPLETE</b>
<p>This priority is now complete.</p> <p>No further work to be done, all milestones are completed or no longer relevant to the service.</p>		



**Standard: Develop a Dementia and Early Detection Assessment and Diagnosis Pathway – Clinical Effectiveness**

Quarter	Milestones	Complete/Update
1	<ul style="list-style-type: none"> <li>- Referral and eligibility criteria agreed with relevant CCGs</li> <li>- Memory Assessment and Intervention Key Performance Indicators (KPIs) agreed with both Hull and ER CCGs</li> <li>- Funding in place to support and implement agreed business development opportunities.</li> <li>-</li> <li>- East Riding – Initial project evaluated and further funding for 2014-15 agreed</li> </ul>	<p><b>COMPLETE</b></p> <p><b>COMPLETE</b></p> <p>£60k additional income provided by ER CCG.</p> <p><b>COMPLETE</b></p>
2	<ul style="list-style-type: none"> <li>- Memory Assessment Service apply for accreditation with MSNAP.</li> <li>- Evaluation of feedback demonstrates that patient and carers report a positive service experience –(friends and family test)</li> </ul>	<p><b>COMPLETE</b></p> <p><b>COMPLETE</b></p>
3	<ul style="list-style-type: none"> <li>- Objectives for Memory Assessment and Treatment within Older People Mental Health Strategy have been reviewed and updated</li> <li>- At least one qualified nurse working within Memory Assessment Services are enrolled on the non medical prescribing course</li> </ul>	<p><b>COMPLETE</b></p> <p><b>COMPLETE</b></p>
4	<ul style="list-style-type: none"> <li>- Psycho social interventions across Hull and ER are evaluated and reviewed.</li> <li>-</li> <li>- Waiting times for assessment and treatment are aligned to Humberwide CCG Key Performance Indicators</li> </ul>	<p>This milestone has not been sufficiently progressed due to resource however informal work has been undertaken with a view to progressing this further in the future.</p> <p>Work is being carried out at present to achieve this Key Performance Indicator.</p>

**Standard: Roll Out of Real Time Patient Experience Survey (Meridian) – Patient Experience**

Quarter	Milestones	Complete/Update
1	<ul style="list-style-type: none"> <li>- Use outcomes of feedback from previous year to establish communication with relevant Older People’s Consultation and Monitoring Groups and provide feedback to service users, supporters and carers</li> <li>- To review draft Patient Reported Experience Measure (PREM) and ensure it captures the minimum data set within the Trusts wide patient survey to avoid duplication and ensure compliance with relevant standards</li> <li>- To ensure input from service users/carers and supporters, in relation to the commercial strategy</li> </ul>	<p>Carer’s Group is now held regularly allowing for communication between patients and their carers and the service.</p> <p>PREM not taken forward, friends and family test replaced.</p> <p>This milestone has not been sufficiently progressed due to resource however informal work has been undertaken with a view to progressing this further in the future.</p>
2	<p>Take forward two multi agency consultation events involving people with dementia and their carers</p> <p>To consider findings of Patient Reported Outcome Measures (PROMS). Research undertaken in Q3 2013-14 and prepare response/action plan –</p>	<p>The team have been represented at various public events coordinated by other partner agencies.</p> <p>The second part of this research has now been completed in the memory clinic.</p>
3	No milestones set	
4	See comments below	
Input from service users is now taken in the form of the Friends and Family Test.		



## Measure: Improving the care treatment for people with long term and chronic health conditions

**Standard: Regular and Ongoing Audit of SystmOne measuring compliance with National Standards in Children's and Young People's Services – Patient Safety**

Quarter	Milestones	Complete/Update
1	Produce report and action plan from clinical audit	COMPLETE
2	Plan and preparation for mainstreaming auditing of electronic care records	COMPLETE
3	Mainstream auditing of electronic care records	COMPLETE
4	No milestones set.	

**Standard: Develop clinical cardiac pathways in Cardiac Service – Clinical Effectiveness**

Quarter	Milestones	Complete/Update
1	Complete Heart Failure mapping and identify gaps	COMPLETE
2	Evaluation and reporting of Bridlington cardiac rehabilitation pilot	COMPLETE
3	Complete mapping for MI patients and identify gaps	COMPLETE
4	No milestones set.	





**Standard: Implementation of CAMHS (Child and Adolescent Mental Health Services) 'Participation framework' to include user/carer satisfaction – Patient Experience**

Quarter	Milestones	Complete/Update
1	All teams to have service user feedback strategy in buildings  To establish a working party to develop focus groups for service user/carer participation	COMPLETE  COMPLETE
2	Some teams have established user feedback strategy in buildings	COMPLETE
3	No milestones set	
4	No milestones set	

Implementation of the Children and Young People's Improving Access to Psychological Therapies project has commenced in CAMHS. This is a significant service transformation programme with a Participation and Engagement framework being an integral element. A participation plan has been developed which focusses on the development of a children and Young Peoples forum and work is also underway to develop a parent's forum. For 2015-16 there will be a parent representation on the steering group in Q1 and links to young people planned for Q1/Q2. The use of technology is being explored for a Cognitive Behaviour Therapy (CBT) pilot.

Training has been given in Q4 on outcome measures, delivered by Northumbria University, work is in progress to use session outcome monitoring by Q1.



**Measure: Improving the Care for People Approaching the End of Life****Standard: Advanced care planning to be reviewed for end of life care management (Palliative care)**

Quarter	Milestones	Complete/Update
1	New End of Life Assessment and Management Plan rolled out across the East Riding in line with DoH recommendations	COMPLETE
2/3	No milestones identified	
4	No milestones identified	
<p>Approval has been given for the roll out of the Caring for Me in the Last Days of my Life documents to all care settings across East Riding. The Humber Macmillan Team have begun rolling out training linked to the documentation. A standard operating Procedure is being developed to ensure all essential elements of the Assessment and Care delivered are captured both in the patient held 'Caring for Me' and in the NHS held record.</p>		

**Standard: Develop end of life dementia pathway (Palliative and Older People's Mental Health) – Clinical Effectiveness**

Quarter	Milestones	Complete/Update
1	<ul style="list-style-type: none"> <li>- Final research study Focus Group within the research study 'Impact of Dementia Palliative and End of Life Integrated Care Pathway on Staff Perceptions and Responses'</li> <li>- Research report produced by the Centre for End of Life Studies for the study</li> </ul>	COMPLETE
2	<ul style="list-style-type: none"> <li>- Research report to inform the development of a good practice tool to support the local implementation of the Dementia Palliative and EoL Pathway</li> <li>- Local Dementia Palliative and EoL Working Group produce annual progress report with updated action plan</li> </ul>	COMPLETE
3	The good practice tool supporting the implementation of the Dementia Palliative and EoL Pathways is launched locally.	COMPLETE
4	Dementia Palliative and EoL pathway starts to be embedded in local practice.	The 'Caring for Me in the Last Days of my Life' documents are now being rolled out across East Riding.

**Standard: Review of patient information leaflets (Palliative Care) – Patient Experience**

Quarter	Milestones	Complete/Update
1-4	No further work to be done. All leaflets are now developed, completed and disseminated and are used on a regular basis by Trust teams.	



## Measure: Improving the Alternatives to Admission Through Care and Treatment for People with Unplanned Care Needs

**Standard: To develop systems to enable unscheduled care clinicians to access SystemOne summary care records at point of access, to improve safety and inform the clinician's decision making process (Unscheduled Care) – Patient Safety**

Quarter	Milestones	Complete/Update
1	To enable electronic referral via SystemOne between unscheduled care clinicians in Trust MIUs, Safeguarding and Neighbourhood Care Teams – Robust and full auditable framework to be provided that ensures safe and quality referrals are made, acted upon and outcome of the referral reported back to original referrer. This will ensure that all referrals are acted upon and outcomes monitored.	Partly completed and ongoing - SystemOne project lead liaising with Humber IT services and Adastra regarding enabling permission to facilitate cross team referrals.
2/3	Resilience work to support Hull and East Yorkshire Hospitals Trust and GPs and ensure sufficient capacity for winter has been successfully completed	<b>COMPLETE</b>
4	Guidance on how to make referrals has been drawn up and will be rolled out/demonstrated to staff by the end of April 2015.	<b>COMPLETE</b>



**Standard: Development of a Single Team in the Neighbourhood Care and Older Peoples Mental Health Services – Clinical Effectiveness**

Quarter	Milestones	Complete/Update
1	<ul style="list-style-type: none"> <li>- To establish regular Multi-Disciplinary process for all of the disciplines within the Neighbourhood Care Services (NCS) for those patients seen by more than one discipline. This will achieve streamlined and cost effective care. CCM meetings established and held on a monthly basis and recorded on SystmOne/Lorenzo</li> <li>- To establish a Multi-Disciplinary attendance at the established GP Practice RISC meetings. Tool is currently being updated and due to be re-launched.</li> <li>- PADR's completed for all registered and non-registered Nursing and Therapies staff.</li> </ul>	<p>COMPLETE</p> <p>COMPLETE</p> <p>COMPLETE</p>
2/3	<ul style="list-style-type: none"> <li>- Review Operational/Service costs in relation to Overtime and Skill Mix through Managerial Supervision with the relevant Service Manager</li> <li>- Utilising the existing IT infrastructure to map and identify LTC patients who are seen by more than one of the therapeutic disciplines within the NCS having regular joint MDT meetings and lists are circulated</li> </ul>	<p>COMPLETE AND ONGOING</p> <p>COMPLETE</p>
4	<p>The current work programme for the network was completed pending review of priorities and the network overall</p>	



**Standard: Carer Project (Crisis and Acute Mental Health) – Patient Experience**

Quarter	Milestones	Complete/Update
1	<ul style="list-style-type: none"> <li>- Feasibility pilot around carer involvement in risk</li> <li>- Revised protocol/guidelines for reception meetings to be developed</li> <li>- Project objectives and 'Plan, Do, Study, Act' (PDSA) cycle to be reviewed</li> </ul>	<p><b>COMPLETE</b></p> <p><b>COMPLETE AND ONGOING</b></p> <p><b>COMPLETE</b></p>
2	<ul style="list-style-type: none"> <li>- Data collection and analysis – need to make ethics submission</li> <li>- Revised protocol/guidelines for reception meetings to be piloted</li> <li>- Regular project meetings schedules</li> <li>- RfPB – data collection/analysis</li> </ul>	<p><b>COMPLETE</b></p> <p><b>COMPLETE AND ONGOING</b></p> <p><b>COMPLETE</b></p> <p>no longer relevant</p>
3/4	The current work programme for the networks was completed pending the review of priorities and the network overall	
4	<ul style="list-style-type: none"> <li>- Second stage of carer involvement in risk/trial project</li> <li>- Evaluation of pilot of reception meetings</li> <li>- Regular project meetings scheduled</li> </ul>	<p>Work is currently underway.</p> <p><b>COMPLETE</b> – reception meetings are now carried out.</p> <p><b>COMPLETE</b> – monthly meetings.</p>
<p>The research project was funded by Hull CCG. A research nurse has been seconded and a research assistant position created to support the project. Ethical approval has been gained and data collection has started. In order to demonstrate statistically significant finding it is anticipated that sampling and data collection will need to continue until September or October 2015. Findings of the research will help revise practice in relation to engaging with carers including reviewing and updating the use of reception meetings.</p>		



## 2.3 Priorities for 2015-16

### How did we select new priorities?

In the run up to the publication of this report, a number of events were held at various locations for our key stakeholders, Governors, staff and patient group representatives. In attendance at the events were representatives from;

NHS East Riding of Yorkshire Clinical Commissioning Group  
Hull City Council Health and Wellbeing Overview and Scrutiny Committee  
East Riding of Yorkshire Council Health and Wellbeing Overview and Scrutiny Committee  
East Riding Addictions Commissioners  
Carers Information and Support Service

The following were also invited;

NHS Hull Clinical Commissioning Group  
East Riding of Yorkshire HealthWatch  
Rethink  
Hull and East Riding Mind  
Alzheimers Society  
Rethink  
Hull Addictions Commissioners

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



## Priorities

The priorities to be taken forward next year, along with how they will be monitored are listed in the table below:

Priority	Measures	Implementation Date
<b>Improve access to and support from Child and Adolescent Mental Health Service</b>	To complete external review of Hull and East Riding CAMHS to inform future service model.	30 <sup>th</sup> June 2015
	To implement new cross organisational waiting list policy for CAMHS to ensure patient safety and delivery a high quality of care	30 <sup>th</sup> June 2015
	Implement a 24 hour, 7 days a week Crisis Team	30 <sup>th</sup> September 2015
<b>Improve communications with patients, relatives, carers and our staff</b>	To review complaints and friends and family data to identify priorities for improvement in communications for patient and carers	31 <sup>st</sup> March 2015 <b>COMPLETE</b>
	Hold focus groups with staff to identify communication issues and gaps	30 <sup>th</sup> June 2015
	To have gathered and analysed the data from the focus groups and present implementation plan to the Trust Board	31 <sup>st</sup> July 2015
	To review the friends and family data/staff survey and develop an action plan improve staff communications with HR	31 August 2015
	To have fully implemented program of communications channels and modes of media for people who use our services	31 <sup>st</sup> January 2016
<b>Ensure systems are in place to support organisational learning across the Trust and release staff time for patient care and professional development through increased use of technology</b>	The implementation of total mobile for mental health staff. This will allow the Lorenzo electronic clinical record to be used in a connected and disconnected way which will remove the duplication in the use of paper and electronic records.	31 <sup>st</sup> December 2015
	Complete the e-transcribing proof of concept to identify the effectivity and productivity saving.	30 <sup>th</sup> June 2015
	The implementation of SystemOne mobile worker in the NCS teams, to reduce the need for staff to travel to and from their bases as they will have access to SystemOne electronic clinical record.	31 <sup>st</sup> December 2015
<b>Increase awareness of the needs of dementia patients and carers across trust services</b>	To engage the “Grandma remember me” Theatre Company for 2 sessions initially to raise awareness of Alzheimer’s and dementia focusing on staff who work in minor injuries and out of hours services and Neighbourhood care Teams	30 <sup>th</sup> September 2015
	To launch the “dementia friend” scheme across the Trust encouraging all staff to sign up	30 <sup>th</sup> September 2015
	To undertake a specific Friends and Family questionnaire to identify changes in patient/carer experience	29 <sup>th</sup> February 2016
<b>Review our Neighbourhood Care Teams to ensure they are able to be responsive to future service needs</b>	To undertake a multi-agency review of Neighbourhood Care Services to inform future service model.	31 <sup>st</sup> December 2015
	To improve access to Neighbourhood care services by integrating the current multiple points of access to the service into a single entry point.	31 <sup>st</sup> December 2015
	To change the current shift patterns for community nurses to improve capacity across the whole 24 hour period, seven days a week.	31 <sup>st</sup> December 2015



## 2.4 How we review our services

### Participation in Clinical Audit

During 2014-15, 10 national clinical audits and 1 national confidential enquiry covered relevant health services that Humber Foundation Trust provides.

During that period Humber NHS Foundation Trust participated in 80% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust was eligible to participate in during 2014-15 are as follows:

National Pulmonary Rehabilitation Audit

National Diabetes Foot Care Audit

National Audit of Intermediate Care

National Audit of Schizophrenia (second round)

The Sentinel Stroke Audit

Prescribing Observatory for Mental Health (UK) (POMH-UK) – 10c Use of Antipsychotic Medication in CAMHS

Prescribing Observatory for Mental Health (UK) (POMH-UK) – 4b Prescribing of Anti-Dementia Drugs

Prescribing Observatory for Mental Health (UK) (POMH-UK) – 12b Prescribing for people with Personality Disorder (re-audit)

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

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

The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust participated in during 2014-15 are as follows:

National Audit of Schizophrenia (second round)

National Audit of Intermediate Care

National Pulmonary Rehabilitation Audit

National Diabetes Foot Care Audit

Prescribing Observatory for Mental Health (UK) (POMH-UK) – 10c Use of Antipsychotic Medication in CAMHS

Prescribing Observatory for Mental Health (UK) (POMH-UK) – 4b Prescribing of Anti-Dementia Drugs

Prescribing Observatory for Mental Health (UK) (POMH-UK) – 12b Prescribing for people with Personality Disorder (re-audit)

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

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

The national clinical audits and national confidential enquiries that Humber NHS Foundation Trust participated in, and for which data collection was completed during 2014-15 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Clinical Audits – Eligible to participate in	Participated in	Sponsoring Body	Cases Submitted	Data Complete
The National Audit of Schizophrenia second round	Yes	Royal College of Psychiatrists	97 %	Yes
The Sentinel Stroke Audit	No IT systems unable to get data	Royal College of Physicians	0	No
National Audit of Intermediate Care	Yes	NHS Benchmarking Network	60%	Yes
National Pulmonary Rehabilitation Audit	Yes	Royal College of Physicians	Ongoing	Ongoing
National Diabetes Foot Care Audit	Yes	HQIP	Ongoing	Ongoing
Prescribing Observatory for Mental Health (UK) (POMH-UK) - 10c Use of Anti- psychotic Medication in CAMHS	Yes	National Audit sponsored by POMH-UK	100%	Yes
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 14a Prescribing for Substance Misuse	Not applicable to the Trust	National Audit sponsored by POMH-UK	0	No
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 4b Prescribing of Anti-Dementia Drugs	Yes	National Audit sponsored by POMH-UK	100%	Yes
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 12b Prescribing for people with Personality Disorder (re-audit)	Yes	National Audit sponsored by POMH-UK	100%	Yes
Prescribing Observatory for Mental Health (UK) (POMH-UK) – 9c Antipsychotic Prescribing for People with a learning Disability	Yes	National Audit sponsored by POMH-UK	Ongoing	Ongoing
National confidential enquiry into Suicide and Homicide by People with Mental Illness	Yes	Centre for Suicide Prevention	11	Yes

The reports of 3 national clinical audits were reviewed by the provider 2014-15 and Humber NHS

Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Raise awareness of current recommendations for prescribing medication to patients with personality disorder
- Improve rates of prescribing of cognitive enhancers compared to national sample
- Improve rate of documentation of pulse and ECG when appropriate
- Ensure local prescribing frameworks include current recommendations for use of cholinesterase inhibitors and meantime
- Ensure patients with relevant cardiovascular risk factors (sick sinus or heart block) are not exposed to AChE inhibitors
- Check pulse rates to assess early tolerability of AChE inhibitors
- Establish Rationale for inclusion of blood pressure measurement as an audit standard

The reports of 7 local clinical audits were reviewed by the provider in 2014-15 and Humber NHS

Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

### **Actions**

- Improve compliance with the requirement for a completed High Dose Antipsychotic Therapy (HDAT) checklist to be kept with the medicines administration record chart
- Improve compliance with the requirements for Biochemical Profile (BCP) and ECG, both baseline and repeat, detailed within the trust HDAT guidance for new initiations and existing prescriptions
- Increase the use of validated rating scales to monitor improvement in psychotic symptoms
- Promote the selection of side-effect monitoring tools to detect expected adverse effects for the specific antipsychotic(s) prescribed e.g. using Glasgow Antipsychotics Side Effect Scale to detect metabolic adverse effects for “second generation” agents
- An explanation about the Consent to treatment and Forms T2/ T3 to be highlighted during the Induction process as part of the Introduction to the Mental Health Act.

Within West Hull Older People CMHT:

- Agreement in the trust to have specified standards of information at triage.
- Trust to liaise with CCG and highlight the need of standards for single point of access.
- Implementation of standard referral screening tool, which is computerised and would not allow referrals to be made unless all necessary information is included.

- All patients should have input regarding consent for the referrals. In cases where it is considered that a referral is made in the best interest of the person, this should be included in the referral.

Within inpatient units and community hospitals regarding CQC Outcome 5:

- Nutritional screening tool to be used routinely for necessary processes in place to identify specific nutritional risks and to follow up such identification with explicit nutritional care pathways, as stated in NICE guidance on Nutrition Support in Adults.
- All patients Body Mass Index (BMI) should be recorded on admission to avoid under-detection and failure to treat malnutrition.
- Further investigation of the data to be carried out to identify units requiring a training needs analysis to improve nutritional care.
- Staff to ensure that the Trust's Nutrition and Hydration policy is put into practice.
- Regarding defensible documentation: to continue providing monthly results of the Trust's ongoing defensible documentation audit to operational managers.

Regarding care for drug users in treatment (using QC 23 guideline standards):

- Discuss with Commissioner the cost and possibility of offering HIV testing services, and contingency management to improve completed HBV vaccination rates
- Improve compliance with testing and treatment of Hepatitis B and C HBV vaccination: test and offer vaccination and appropriate treatment to all clients with East Riding Specialist Drug Service.
- Review policy on Blood Borne Viruses testing, treatment and HBV vaccination.



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

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

This year's scheme is worth around £2.46 million. Mental health and community services areas are collecting information from patients who use our community hospitals, adult mental health inpatient units and community district nursing services as part of this year's CQUIN payment framework.

A proportion of Humber NHS Foundation Trust's income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between Humber NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at:

<http://www.humber.nhs.uk/about-our-trust/CQUIN-scheme-2014-15.htm>

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

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

Commissioner	14-15 CQUIN Available	Total 14-15 CQUIN Achieved	2014-15 Shortfall	Total % Achieved
	£000's	£000's	£000's	%
NHS Hull CCG	838	767	71	92%
NHS East Riding CCG	1,284	1,069	215	83%
NHS York CCG				
NHS England	333	314	19	94%
<b>Total</b>	<b>2,456</b>	<b>2,150</b>	<b>305</b>	<b>88%</b>

*Includes projected Quarter 4 achievement. Awaiting confirmation*

### **Commissioning for Quality and Innovation (CQUIN) 2015/16**

During 2015/16, Humber NHS Foundation Trust will be working towards CQUINs which have been agreed with its commissioners. Over the last four years the Trust has agreed a number of indicators with local commissioners. The indicators have been developed with a key focus on the local priorities that the Trust and the commissioners feel need to be addressed.

## Mental Health and Community Services CQUINs for 2015/16

No	Indicator Name	Indicator Description
1	National – National Audit of Schizophrenia	Audit of physical health information collected and shared with GPs to reduce premature mortality rates in people with mental health conditions.
2	National – Improving Diagnoses and Re-attendance Rates of Patients with Mental Health Needs at A&E	Improved co-produced care plans which agree safe alternatives to A&E presentation for patients with mental health conditions.
3	Safe Wards	Developing portfolios of learning to increase patient engagement to reduce conflict and containment on psychiatric units.
4	Health Improvement Profile (HIP)	Develop learning around HIP completion, the HIP results and working with primary care colleagues to improve information sharing.
5	Patient Experience (PE)	Further develop Trustwide PE reporting and improvement through staff, carer and patient engagement.
6	Wound Care – Specialist Pathway	Developing a specialist wound management pathway for patients with signs of infection. Monitoring appropriate dressing usage and infection management.
7	Mortality Review	Holistic review of Mental Health and Learning Disability deaths on caseload where patients had physical health conditions alongside their mental health conditions.
8	Recovery College	Developing partnerships, training the trainers, growing established courses.
9	Intravenous usage in Community Hospitals	Implementation of IV usage in the 3 community hospitals.

## Participation in Clinical Research

The number of patients receiving relevant health services provided or sub contracted by Humber NHS Foundation Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 1016.

674 patients were recruited to the National Institute of Health (NIHR) Research Portfolio studies and 342 were recruited to local studies. In total there were 28 Portfolio studies and 23 (non-Portfolio) local studies running in the Trust in 2014/15.

There is currently no Trust core funding for R&D staff, however as the Trust is a Partner Organisation in the Yorkshire and Humber NIHR Clinical Research Network (Y&H CRN) £292k of ring-fenced funding was provided to support research delivery within the Trust in 2014/15. The Trust also received £58,682 Research Capability Funding from DoH.

Moving forward for 2015-17 the Trust has developed a new research strategy document with the focus predominantly being on participating in and successfully delivering NIHR Portfolio studies. Our objectives, as listed in the research strategy, are:

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

There are a number of national high level objectives (HLOs) that the Y&H CRN is measured against, one of which is for 'studies to obtain NHS permissions within 40 days. To enable the CRN to achieve this there is a target of 30 days for Trust R&D departments to approve Portfolio studies locally, and for all studies in 2014/15 this target was achieved by the Trust. Another HLO is to achieve 'first participant recruited within 30 days' and for those Portfolio studies that were approved in 2014/15, 89% met this target.

For any new research grant application that Trust staff are involved in there is an expectation that they include patient and public involvement (PPI). An example of this is for dementia research grants where Prof Esme Moniz-Cook, Consultant Clinical Psychologist, is an applicant in which PPI representatives have been members of the programme steering committees, contributed to dissemination material and helped with promotion and recruitment to studies. The Trust R&D

Department also actively supports and works with the local 'Join Dementia Research' (JDR) Champion who, along with his wife, has taken part in a number of Trust research studies. Following its official launch in Feb 2015 the Trust has begun actively promoting the JDR national research register as a way for more patients and carers to get involved in research. We also link in with local support groups.

### **Care Quality Commission**

Humber NHS Foundation Trust is required to register with the Care Quality Commission, and its current registration status is 'registered without conditions'.

The Care Quality Commission has not taken enforcement action against Humber NHS Foundation Trust during 2014/15.

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

The Care Quality Commission (CQC) are the regulators of quality standards within all NHS Trusts. They monitor our standard of care through inspections, patient feedback and other external sources of information. The Care Quality Commission publishes which Trusts are compliant with all the essential standards of care they monitor and which organisations have 'conditions' against their services which require improvements to be made.

In the year 2014/15, our services were inspected by the CQC on two separate occasions. In March 2014, we were informed by the CQC that we were to be involved in a second wave pilot of the new style CQC inspections. The new style looks at five areas:

- Are we caring?
- Are we safe?
- Are we responsive?
- Are we effective?
- Are we well led?

Our first inspection took place in May 2014, with around 50 inspectors spending three days visiting a variety of the services we provide over our 71 sites. Following this inspection, we received five 'must do' actions and a list of 'should do' recommendations.

We immediately produced an improvement plan for the CQC with assurance that we would address the 'must do' actions. Four of the five actions highlighted were completed on notification whilst the CQC were still on site. One action will take longer to complete as the work is part of a wider refurbishment programme of three wards within our forensic services.

We are also acting on the recommendations categorised as 'should do' by the CQC and assure our Board with monthly progress reports.



The second inspection was an unannounced inspection. This took place at HMP Wakefield in July, 2014. We provide a specialist forensic service at HMP Wakefield along with two other providers. The CQC report highlighted improvements that could be made in joint working practices. All three providers worked together to improve this and following a re-inspection in March, 2015, verbal feedback from the CQC was very positive.

As Trustwide inspection was part of the pilot inspections, we do not have a rating issued by the CQC. This will be issued when they next inspect us.

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

### **Data Quality and Coding**

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

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

99.6% for admitted patient care

99.9% for outpatient care

100% for accident and emergency care

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

100% for admitted patient care

100% for outpatient care

100% for accident and emergency care

### **Payment by Results**

Humber NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

### **Information Governance and Toolkit**

**Humber NHS Foundation Trust's Information Governance Assessment Report overall score for 2014-15 is 81% and rated as Green.**

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

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

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

In the current version (Version 12) there are 45 requirements relevant to this Trust. Each requirement has an attainment level from level 0 (no compliance) to level 3 (full compliance). Trusts must score a minimum of level 2 or above in all requirements to achieve an overall rating of Satisfactory. If any one of the 45 requirements is assessed at level 0 or 1, the Trust will be rated Unsatisfactory.

The Trust's submission for version 12 of the Information Governance is as follows: These

Level 0	No requirements rated at this level
Level 1	No requirements rated at this level
Level 2	25 requirements rated at this level
Level 3	19 requirements rated at this level
Not relevant	1 requirement assessed as not relevant

Key areas of development in the year 2014/2015 have been:

#### **'Spot Check' Audits**

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

#### **Information Sharing**

Along with partner organisations from across the Humber region, the Trust has signed up to the *Information Sharing Charter*. It provides a framework for the effective and secure sharing of information in accordance with legal requirements, ethical boundaries and good practice.

This good work has continued in 2014/15 with the development of information sharing agreements and records management agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust to support its local partners;

- in the planning of school places in future years
- to maintain the independence of the population in the prevention of falls and fall related injuries.
- to ensure the co-ordinated and seamless services in relation to stroke provision.

### Process of the Management of Records Adoption

A process for the management of both paper and electronic patient records has been developed and implemented. This will ensure a standard consistent approach across the Trust and ensures: -

- there is no link in the post adoptive health records to the pre-adoptive identity.
- that a summary of relevant health information is transferred into the post adoptive record.
- that there is a system in place to retrieve all pre-adoption health records should that be necessary.

It is expected that legislation will be passed regarding the issuing of new NHS numbers, with the preferred option being not to issue a new NHS number unless the child is deemed 'at risk'. This procedure will be updated once the national policy is published.

In cases where an adoption has been confirmed, the electronic and manual records will be reviewed to ensure the requirements of this procedure have been carried out.

### ECase Notes

The Secretary of State for Health has set the challenge for the NHS to "go 'paperless' by 2018, to save billions, improve services and help meet the challenges of an ageing population". (The Digital Challenge: <http://digitalchallenge.dh.gov.uk/2013/01/16/paperless/>)

The eCase notes project is been undertaken using Prince 2 methodology. A Business Case has been submitted and signed off by the Board. The Project Initiation Document, project structures, project plan and quality plan are established and it will be monitored and reviewed at identified points in line with Prince 2.

Three underpinning principles have been identified to achieving a paperless NHS.

- Capturing information digitally
- Sharing information digitally
- Using information digitally

Achieving this whilst respecting and protecting patient privacy is a key consideration and requirement in all three areas.

Information Governance is supporting the Trust towards the implementation of a full electronic patient record. This supports the requirements on the NHS to be paper-light by 2018.

### Data Quality

High-quality coded clinical data is essential when developing reliable and effective statistical analysis. Data must be accurate, consistent and comparable across time and between sources. A clinical coding audit was performed on discharge patient records in 2014/15. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode.

Overall

- 100% primary
- 94.5% secondary

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

### **Freedom of Information**

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

During 2014/15 the Trust responded to a 28% rise in requests for information under the Freedom of Information Act. All requests were answered all request within the statutory 20 day timescale.

### **Registration Authority (RA)**

Organisations that deliver NHS care, and need to access patient information within NHS systems and other national services must set up Registration Authorities to manage this process. The roles and responsibilities of Registration Authorities are defined by NHS policy. Their key tasks are first to verify the identity of all healthcare staff who need to have access to sensitive data, and second to establish and provide only the degree of access they need to do their jobs.

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

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

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



## 2.5 Core Quality Indicators

All Trusts are required to report against a core set of indicators for quality. The following data in this section provides the information on progress required.

### Seven-day follow up

#### Description of Priority

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

#### Aim/Goal

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

National exceptions to this are:

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

For any other instances which fall outside of these categories, then advice and support is sought from the Department of Health and Monitor. These include patients transferred to private mental health providers and to other NHS Trusts for community-based treatment. Patients with a learning disability (LD) who have an episode of inpatient stay on one of our mental health units are also contacted if they are on CPA and recorded on our reports.

#### Summary of Progress

Throughout the year 9 incidents occurred when patients were unable to be contacted within the seven days. One incident involved a patient classified as 'out of area' (patients with GPs outside of the local commissioning groups).

During 2014-15 there have been 43 patients who were classified as having a GP outside of the local commissioning group.

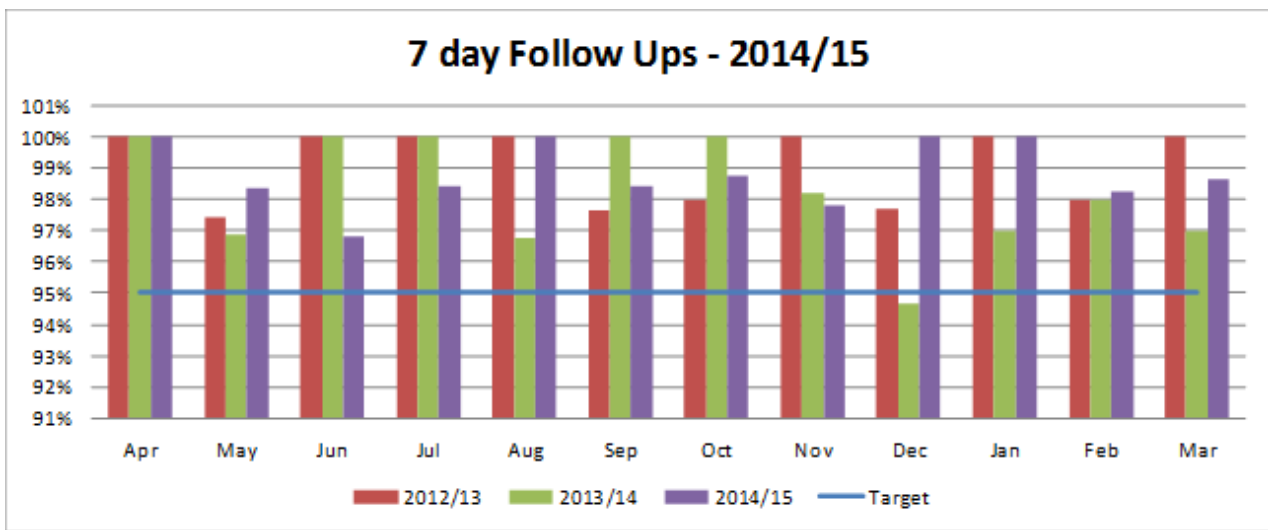
The Trust achieved a year end performance rate of 99%. This equates to 763 patients seen out of 772 discharges. The 1% of patients that were not seen were reported as adverse incidents and fully investigated. This includes patients who choose not to engage with services following their discharge.

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

Q1	98.4%
Q2	98.9%
Q3	99%
Q4	99%

The seven-day follow-up process is pro-actively managed on a daily basis to ensure continued success in achieving this. Previous yearly averages were 99.12% in 12/13 and 98.11% in 13/14.

### Graph



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

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

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

- 1) The Trust reports on patients who are discharged out of area for their continuing community care.
- 2) The teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 7 day follow up contact
- 3) Making aware of the current Monitor and Department of Health requirements within the Compliance Framework

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

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre Performance Data (2014-2015)				
			Q1	Q2	Q3	Q4
Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	1. Preventing people from dying prematurely 2. Enhancing quality of life for people with long-term conditions	Humber	98.9	98.9	99	99
		National average	97	97.3	97.3	97.2
		National best score	100	100	100	100
		National worst score	93	91.5	90	93.1



## Gate keeping

### Description of Priority

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

### Aim/Goal

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

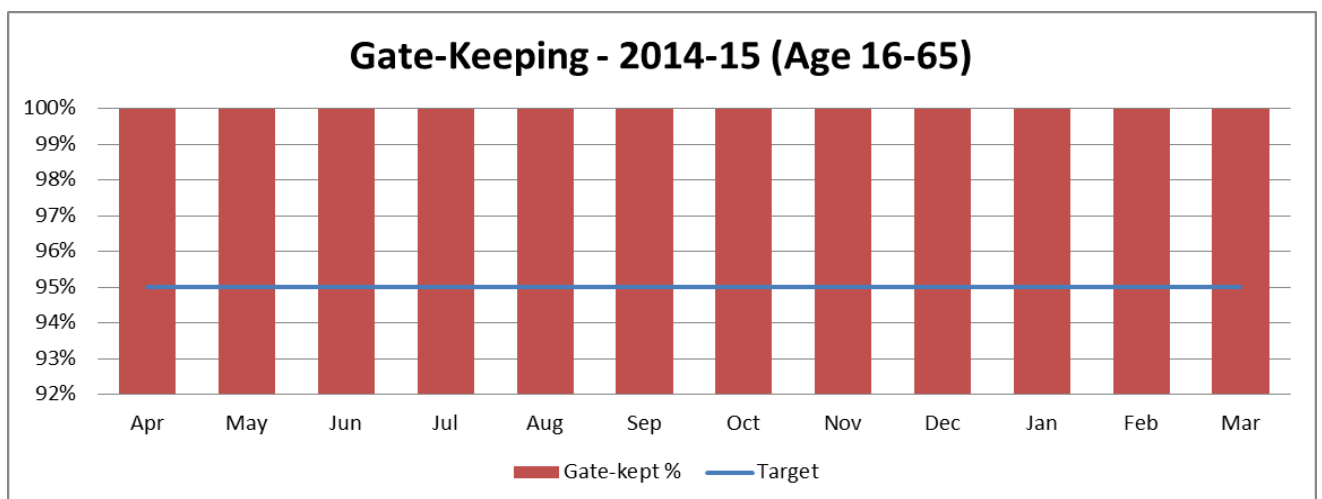
### Summary of Progress

As per Monitor guidelines, only adults aged 16-65 are gate-kept. During 2014/15 there were a total of 401 admissions of patients in this age group. The Trust reported that all of these admissions were gate-kept. (see graph 1).

The Trust also reports to the Department of Health (DoH). The guidelines for DoH require that ALL patients aged 16 and over are gate-kept and these are benchmarked against other Trusts. There were a total of 479 patients aged 16 and over admitted to Trust units and all gate-kept. (See graph 2).

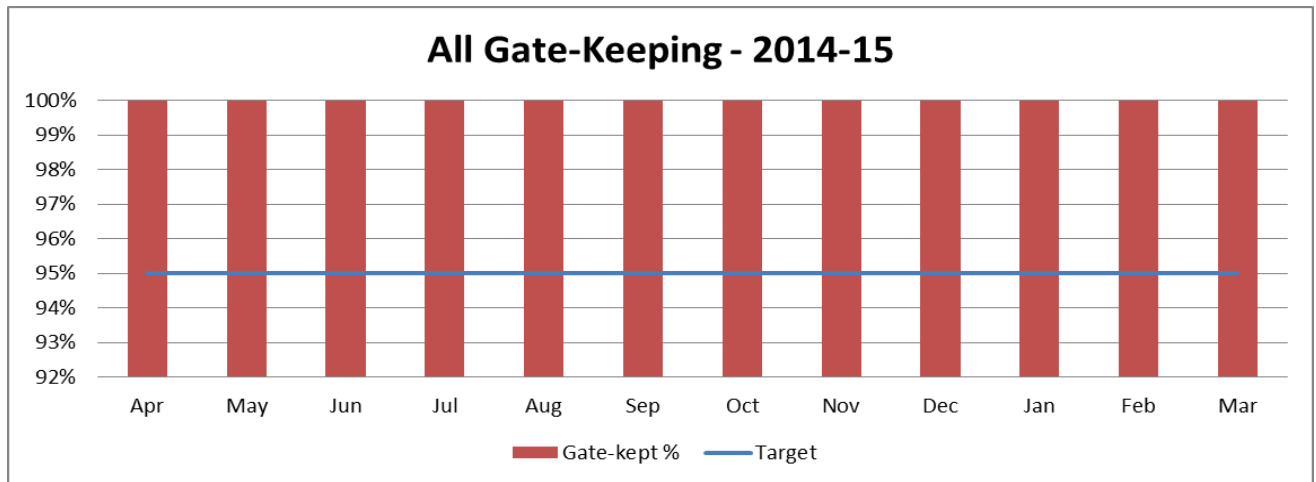
The data below does not include admissions to the Trust's Psychiatric Intensive Care Unit, Learning Disability or Forensic units and does not include transfers in from other hospital wards.

### Graph 1





Graph 2



**Benchmarking Table**

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

Indicator	NHS Outcomes Framework Domain	Health & Saocial Care Information Centre Performance Data (2014-2015)				
			Q1	Q2	Q3	Q4
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	2. Enhancing quality of life for people with long-term conditions	Humber	100	100	100	100
		National average	98	98.5	97.8	
		National best score	100	100	100	100
		National worst score	33.3	91.5	73	

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

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

Gate-keeping is monitored weekly to ensure consistency and accuracy of data recording remains across the Trust and is governed by standard national definitions.

**The Trust has not had to take any actions to improve the % but will maintain its good practice and quality of service.**



## Emergency Re-admissions (mental health)

### Description of Priority

Helping people to recover from episodes of ill health.

### Aim/Goal

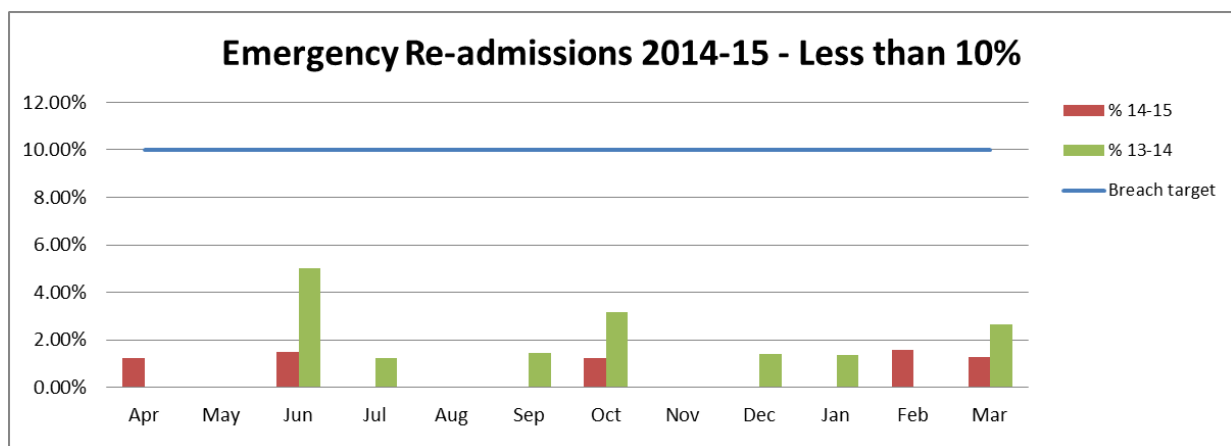
To monitor all patients who have been re-admitted within 28 days of discharge. Although the national target is to be confirmed, the Trust has set an internal target of 10% or less. The percentage target is worked out by dividing the number of re-admissions by the number of discharges per month. The data below is based on patients re-admitted to adult and older adult mental health units.

### Summary of Progress

For 2014-15 there were a total of 840 discharges and 5 emergency re-admissions (0.6%).

Not all patients who are re-admitted are classified as an emergency. Some patients are recalled as part of their treatment. Patients may also be discharged earlier as part of the home treatment and care plan with a view to them being re-admitted if the patient and care co-ordinator feel it is more beneficial to their overall recovery. They are not included as emergency readmissions. Patients who are readmitted as an emergency will also be gate-kept by a Crisis Resolution Team or Intensive Home Care Team (See gate-keeping).

### Graph



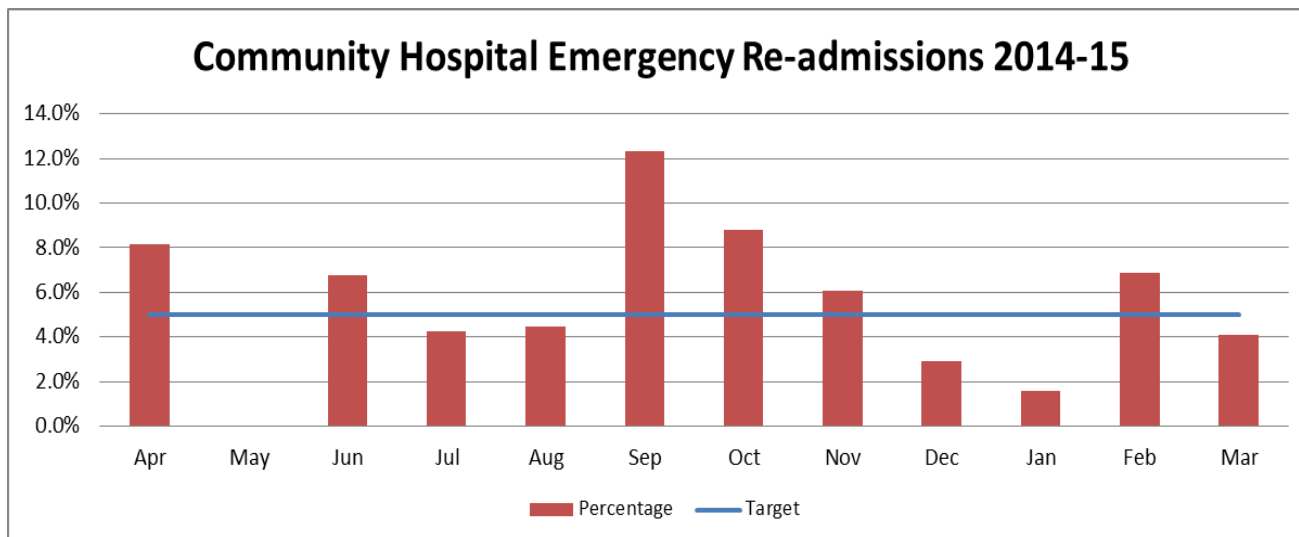
### The Trust considers that this data is as described for the following reasons:

- 1) Patients who have to be transferred from another bed either within the Trust or from another Trust are not included.
- 2) It does not include patients who have been recalled under a Community Treatment Order (CTO).
- 3) It is monitored on a weekly basis between performance and unit managers

**The Trust has not had to take any actions to improve the % but will maintain its good practice and quality of service.**

## Emergency Re-admissions (Community Hospitals)

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



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

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

- 1) 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.
- 2) Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step down approach to the management of individual episodes of need and long term conditions. This, together with flexible and accessible community beds, within community hospitals have been shown nationwide to deliver beneficial outcomes for patients.

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

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

## The NHS Community Mental Health User's Survey 2014

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

The survey has 43 questions in total and comprises of nine sections, these include;

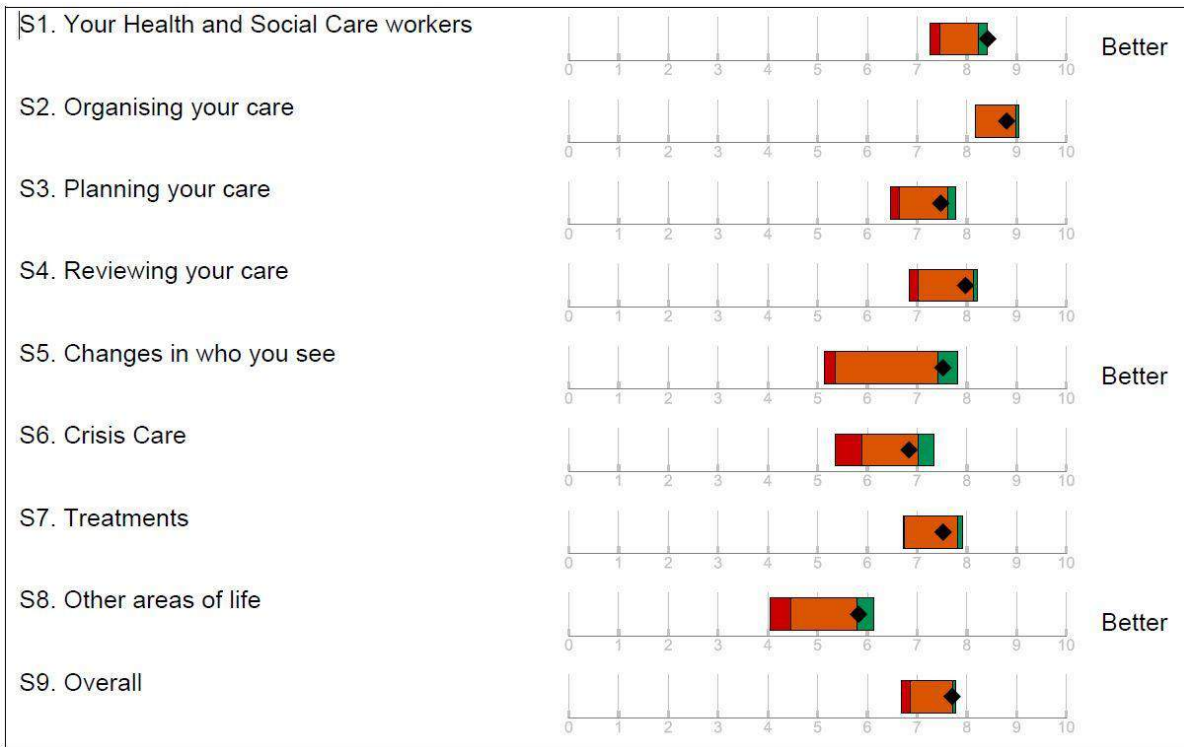
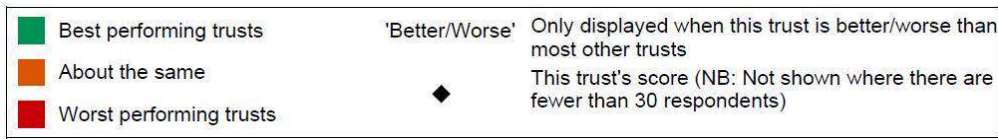
1. Health and Social care workers
2. Medications
3. Talking Therapies
4. Care Co-ordinators
5. Care Plan
6. Care Review
7. Crisis Care
8. Day to day Living
9. Overall

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

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

Section descriptor	Score 2012	Score 2013	Score 2014
S1. Health and Social Care Workers	Same	Same	Better
S2. Medications	Same	Same	Same
S3. Talking Therapies	Same	Same	Same
S4. Care Co-ordinator	Same	Same	Same
S5. Care Plan	Same	Same	Better
S6. Care Review	Same	Better	Same
S7. Crisis Care	Same	Same	Same
S8. Day to Day Living	Same	Unscored	Better
S9. Overall	Same	Same	Same

At the start of 2014, the survey was sent to 850 people chosen at random who received community mental health services. 254 responses were received (29.8%). The results are shown below;



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

The response rate for the Trust for the 2014 National Patient Survey was 29.8% which is almost the same as the national average of 29%. The demographic characteristics for the Trust was also generally in line with the national picture and therefore we can conclude that the results in this survey are reliable.

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

- 1) The Friends and Family test has been commenced throughout Trust services allowing for feedback from patients on their experience and whether they would recommend the services to a family member or friend.
- 2) Learning from Serious Incidents events have been initiated with a number of events available for staff throughout the year. This is aimed at widening learning across the Trust to ensure best practice is across all services.
- 3) Patient experience groups have been set up across the Trust’s services to give patients and carers a forum to discuss their experiences within a group setting. The groups also provide activities, such as gardening, football and workshops teaching patients new skills.

## Patient Safety/Incidents

Over the past year, the Trust has undertaken an in depth review of its approach to serious incidents. In the middle of 2014, a dedicated team of serious incident investigators were recruited to allow for a more thorough investigation process from initial enquiries to learning lessons from the completed report. This also allowed for clinicians who were acting as investigators alongside their day job to be released and therefore allowing more time for patient care.

Trust-wide learning events for staff were also commenced, taking place every six weeks. The events look at lessons learned from recent serious incidents and allows for those lessons to be shared throughout our services. The sessions focus on particular service areas, with one session aimed at mental health staff and another at community services to avoid staff attending sessions which may not be relevant to their area of work. The Head of Nursing now attends the Commissioner's Serious Incident Review Panel which is held monthly. This communication has aided the process of reviewing investigation reports and responding to queries raised at the Commissioners SI Review Panel meaning the investigations can be closed in a more efficient way, lending to more prompt learning outcomes.

During the past year there has been discussion regarding the reporting of grade 3 & 4 pressure ulcers as Serious Incidents. The Trust has now agreed a new process so that any grade 3 or 4 pressure ulcers that were acquired within the Trusts care now have a mini Root Cause Analysis carried out. This report is then submitted to the CCG and as long as the pressure ulcer was unavoidable then no further action is taken, if the pressure ulcer was deemed to be avoidable then a full Serious Incident investigation will be carried out. During the reporting period, Humber NHS Foundation Trust had 3,819 patient incidents reported. Of these, 66 resulted in severe harm or death, which equates to 1.73%.

	Total Incidents 2013/14	Total Incidents 2014/15	No Causing Severe Harm or Death 2013/14	No Causing Severe Harm or Death 2014/15	Serious Incidents Reported Externally by the Trust 2013/14	Serious Incidents Reported Externally by the Trust 2014/15
April – June	857	902	29 (3.38%)	17 (1.88%)	23	18
July - September	623	1005	19 (3.04%)	16 (1.59%)	8	21
October - December	721	960	18 (2.50%)	16 (1.67%)	17	10
January - March	603	952	13 (1.86%)	17 (1.79%)	11	8
<b>Total</b>	<b>2894</b>	3819	<b>79 (2.72%)</b>	66 (1.73%)	<b>60</b>	57

The National Reporting & Learning System (NRLS) reports nationally on all incidents relating to patient safety. Within these figures, the national median rate for incident reporting from their last six monthly report, which was published during April 2015 and covered the six month period ending September 2014

was 33.27 per 1000 bed days. Humber NHS Foundation Trust's reporting rate was 51.72 incidents per 1000 bed days. This puts the Trust in the mid-range for incident reporting. The highest number of incidents per 1000 bed days was 90.4. The median rate for incidents reported to the NRLS that resulted in severe harm or death is 34 incidents, the Trust reported 33 incidents to the NRLS during the reporting period.

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

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

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

Over the past year the change over from the use of paper incident forms to electronic incident reporting has now been completed, this has resulted in 99% of incidents been reported via the electronic system. There has also been an increase in incident reporting, this has been noted by other Trusts when they have switched to electronic incident reporting. Concerns have been expressed by some managers regarding the investigation form being too complicated on the system, there is currently a revised incident and investigation form being piloted on a couple of units which staff have found easier to use. The revised form is currently going through the final approve stage before been used Trust-wide, this should be completed by the start of May 2015.

There is currently a review being carried out into the Trusts SI process to identify any further actions that need to be taken to improve the efficiency of the process.





## Part Three

### 3.1 Key National Priorities

#### How We Measure Performance - Meeting Monitor targets

Our Trust uses a 'traffic Light' or 'RAG Rating' system to report on performance and quality against our selected priorities, e.g. Red = Weak, Amber = Fair and Green = Good. This is translated to reflect the organisation's performance on the selected priorities and initiatives. Our internal reporting is split into three levels:

**Level 1:**

Monthly and quarterly performance reports to the Trust Board

**Level 2:**

Monthly Dashboard reports to the Operational Business Units

**Level 3:**

Monthly performance reports to operational teams

We also report externally to our Commissioners via:

**Contract Activity Report (CAR)**

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

**This system ensures that we can:**

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

Meetings are held regularly with Commissioners, Board Members, General Managers, Service Managers and with Team Leaders and their teams. Internal and external audits are undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

**Performance Improvement Plans**

Performance Improvement Plans (PIPs) are put into place where the Trust is failing to either meet a target, or an indicator is showing a continued downward trajectory and subsequently at risk of breaching a target. PIPs are discussed with clinicians and managers to understand the issues and problems. Action plans are

agreed that would support the development of services and make improvements that will enable the Trust to meet its contractual obligations.

### National Key Priorities

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

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



## Domain 1 - Patient Safety

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

#### Description of Priority

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

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

The commissioning of HPV immunisation moved from the demising East Riding PCT to NHS England on 1<sup>st</sup> April 2013.

The programme of vaccinations is delivered in schools by the Trust's School Nurses, supported by our Health Visitors because of the scale of the programme. Delivery of the doses has to be spread out over a six month period to work properly, and this has to be fitted in around the academic school year.

In the 2013/14 academic year (September 2013 to July 2014) the vaccination for HPV was delivered in three doses. This is the period we are reporting on.

From September 2014 onwards a new vaccination is being used (nationally) which is delivered in two doses, at least six months apart. For the first cohort of girls receiving the new vaccine, the first dose will be delivered in schools in the summer term of 2015 and the second dose will be delivered in the summer term of 2016 (at the same time as the first dose for the next cohort).

#### Aim/Goal

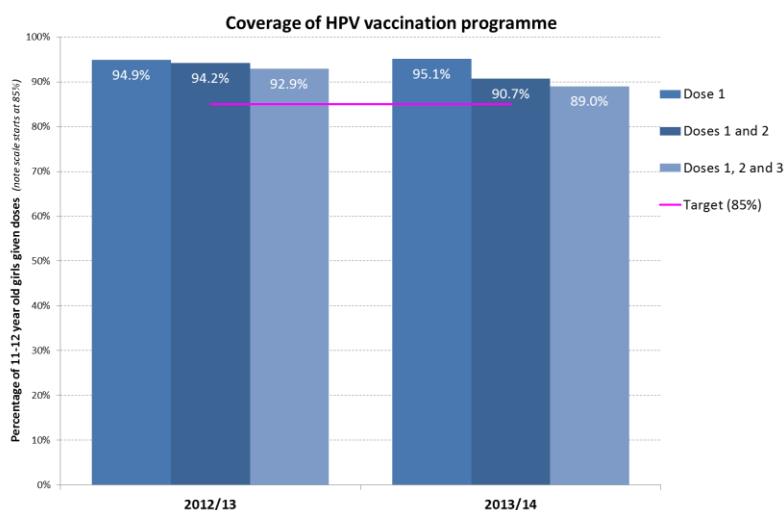
In order to achieve a level of immunity in the population 85% of girls aged 12-13 should have completed a full course (all required doses) of immunisation against HPV within the timescales prescribed for delivery.

### **Summary of progress**

Due to the difference between the financial year we are describing in this report (April 2014 to March 2015) and the academic year that dictates the delivery timings of the vaccination doses (September 2014 to July 2015), we are not able to report the completed vaccination cycle for 2014/15, as vaccination for Dose 2 will take place in 2016.

Between September 2013 and July 2014 the Trust delivered all three doses of HPV immunisation to 89% of girls aged 12-13 in East Riding Schools, against the target of 85%.

## Graph



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

The Trust set its own internal targets of 90% for Dose 1 and 88% for Doses 1 and 2, to ensure that there was sufficient coverage of girls receiving the first two doses to achievement least 85% coverage for receiving all three doses. We will follow the same principle for the new vaccine, with a target of 88% for Dose 1 in the summer term of 2015.

The immunisation programme is recorded against the record of each child individually on SystemOne (our electronic patient record system) and the output is compared with a master list of all eligible children. We are therefore able to accurately identify the overall percentage coverage. The Trust monitors the delivery of each dose to ensure there is enough scope in the delivery of doses one and two to be able to achieve 85% for all three doses, allowing for some drop out between each dose, as shown by the 2012/13 figures below:

Percentage of girls receiving vaccination	2012/13	2013/14
Dose 1	94.9%	95.1%
Doses 1 and 2	94.2%	90.7%
Doses 1, 2 and 3	92.4%	89.0%

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

During 2013 the storage and distribution of childhood vaccines was restructured to ensure that it meets national standards of best practice. The vaccine delivery programme for 2013/14 was commenced as early as possible in September (the start of the school year) to give as much time as possible to identify any girls missed in the first rollout and vaccinate them during catch-up sessions.

## Domain 2 – Clinical Effectiveness

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

#### Description of Priority

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

#### Aim/Goal

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

#### Summary of Progress

As at Year End the Trust reported a percentage of 5.22% delayed transfers which is 2.28% within the measure and deemed excellent. The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients affected and the number of days that they were delayed by are reported via weekly unit submissions. The data is governed by standard national definitions.

Patients fit for discharge and classed as delayed are identified following multi-disciplinary meetings between professionals.

Such instances are then recorded in patient case notes and reported to performance via weekly returns. In accordance with Monitor guidelines, only mental health inpatient delayed discharges are recorded for patients aged 18 and over. All reasons for delay include those attributable to social care when the definition changed in 2013/14.

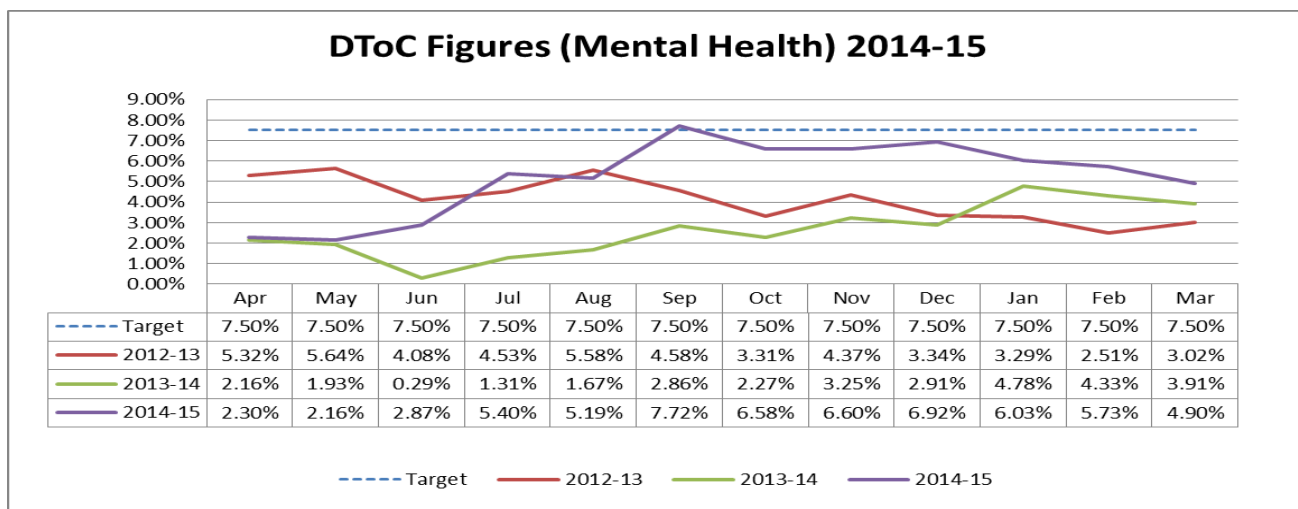
Delayed Discharges (or Delayed Transfers of Care) are also reported to the Department of Health. The Department of Health return (SitReps) looks at the count of all (community hospitals and mental health) patients who were delayed as at midnight on the last Thursday of each month and the total number of days delayed during the month. It does not compare against Occupied Bed Days.

The Trust is embarking on a joint working initiative with MIND to identify suitable supported housing stock for patients who may be a challenge to accommodate. We have already undertaken a half day workshop which was proven to be very successful. We now have clear leads on housing and a clear work stream to increase joint working with MIND. This will assist in reducing delays for some of our rehabilitation patients.

The Trust have also introduced an Out Of Area (OOA) working group jointly attended with Yorkshire and Humber Commissioning Support which meet on a monthly basis. This group will be attended by relevant key Trust managers from Working Age, Older People and Specialist Services. These managers will be supported by senior clinicians from each care group who are tasked to fully assess the clinical need of a patient before agreeing/ recommending OOA placements and also to discuss and agree how to bring patients back from existing OOA placements.

The aim of this meeting is to reduce the need for any delay in finding appropriate accommodation, agreed funding streams and to identify any clinical themes that could be managed by HFT as an alternative to OOA placements.

**Graph**



The graph above compares three years data by month. Below are the quarterly figures as at year end refresh.

	Q1	Q2	Q3	Q4
Occupied Bed Days	<b>16829</b>	<b>17798</b>	<b>17303</b>	<b>16561</b>
Patient Delayed Days	411	1085	1159	919
	2.4%	6.1%	6.7%	5.6%

**Number of patients (acute and non-acute, aged 18 and over) whose transfer of care was delayed, averaged over the quarter.**

	Q1	Q2	Q3	Q4
No. of patients delayed	9	15	17	13
No. of beds occupied	185	194	188	185
%	4.86%	7.73%	9.04	7.02%

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

- 1) Both the Care Quality Commission and Monitor measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of both Social Care and the NHS.
- 2) Regular internal audits take place to validate data entry and ensure all casenotes are accurate and in line with the information reported. This is shared with unit managers.

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

- 1) Regular internal audits to ensure consistency and good practice across the Trust
- 2) Difficulties faced by units when finding appropriate accommodation for patients with challenging needs. However, the units have a good working knowledge of what placements are available and are proactive in ensuring all systems and processes are followed by attending panel meetings and sharing information. Regular liaison takes place with residential homes to give support/advice and ensure patients settle in well.
- 3) Units continue to address these issues by ensuring that individual patients are regularly discussed in Recovery meetings and appropriate measures are in place.
- 4) Actions from audits and recommendations are undertaken including communicating internally with teams to ensure consistency and awareness of policy.
- 5) Liaising with families, carers and housing providers.





## Data Completeness: Identifiers

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

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

As at end March 2015, the Trust achieved 99.3% against a national target of 99%.

## Data Completeness: Outcomes

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

As at December 2014 the Trust achieved 87.2% against a national target of 50%.



## Community Information Data Set (CIDS)

### Description of Priority

Data completeness for Community Hospital on Referral Pathways

### Aim/Goal

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

### Summary of Progress

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

The table below shows the status as at the end of the financial year

### Table

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

Records submitted	2014/15
Referral to Treatment Information	100%
Community treatment activity - referrals; and	66%
Community treatment activity - care contact activity	75%
Patient Identifier Information (TBC)	
Patients Deaths at Home Information (TBC)	
	80%



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

### Description of Priority:

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

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

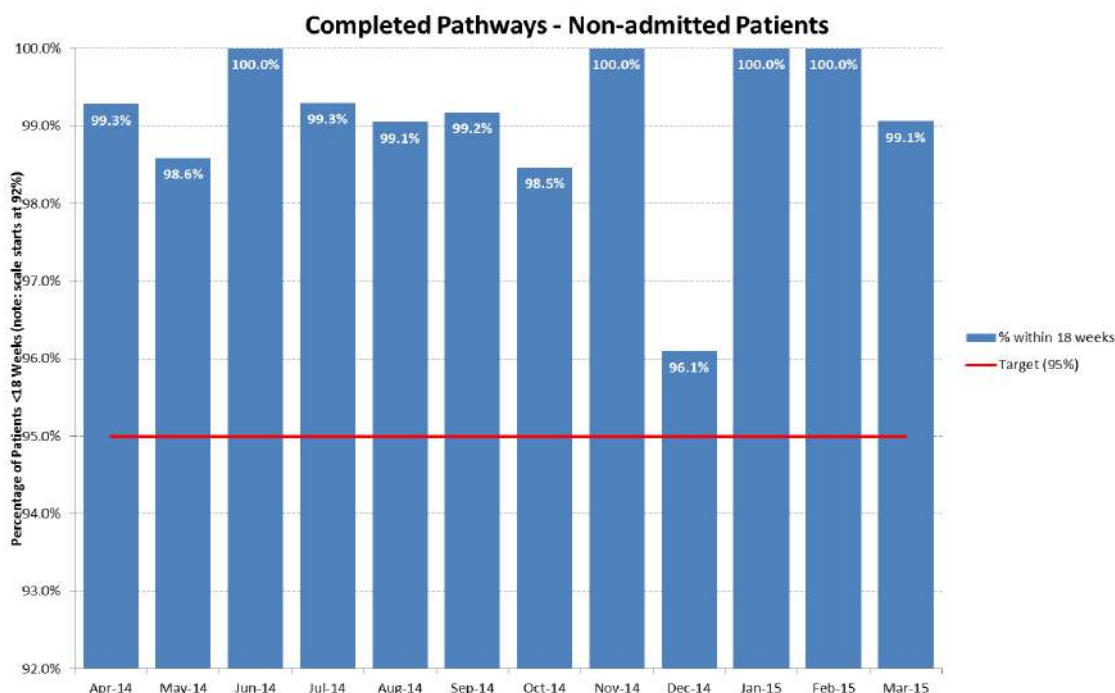
### Aim/Goal:

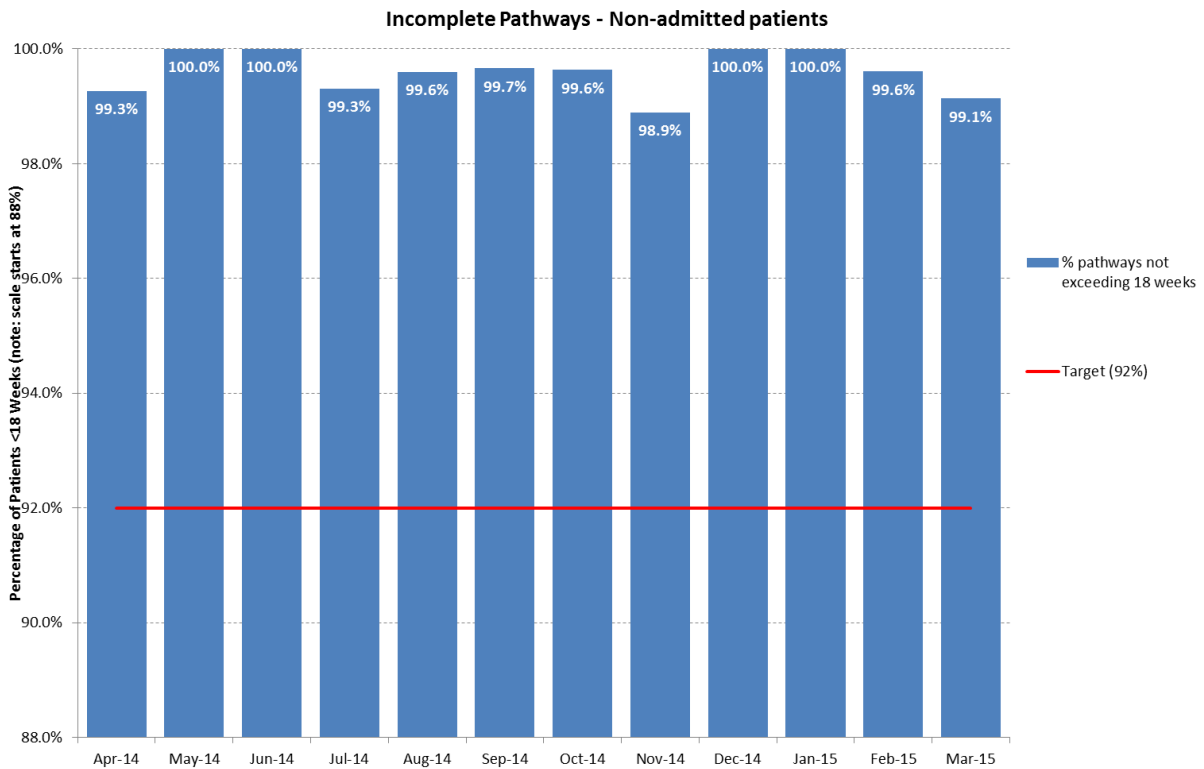
Because the target relates to the start of treatment, this will involve the majority of patients having at least two appointments. The first appointment is to assess the patients' needs and potentially order diagnostic tests, and the second (or third) is to start treatment. The team therefore works towards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

### Summary of Progress

The Trust treated 1,598 patients in the consultant led outpatient clinics provided at Alfred Bean Hospital during April 2014 to March 2015, and has consistently ensured that over 96% of patients attending the clinics start their treatment within 18 weeks, against the target of 95%.

### Graph





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

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

Data is sourced via the SystemOne patient administration system.

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

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



## Early Intervention in Psychosis

### Description of Priority

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

### Aim/Goal

Meeting commitment to serve new psychosis cases for ages 14-35

At year end it is the Trust’s aim to meet the agreed local commissioner target of 76 new cases for 2014.15. Figures for new cases and caseload are now electronically collected and shared with the team on a regular basis for validation and monitoring.

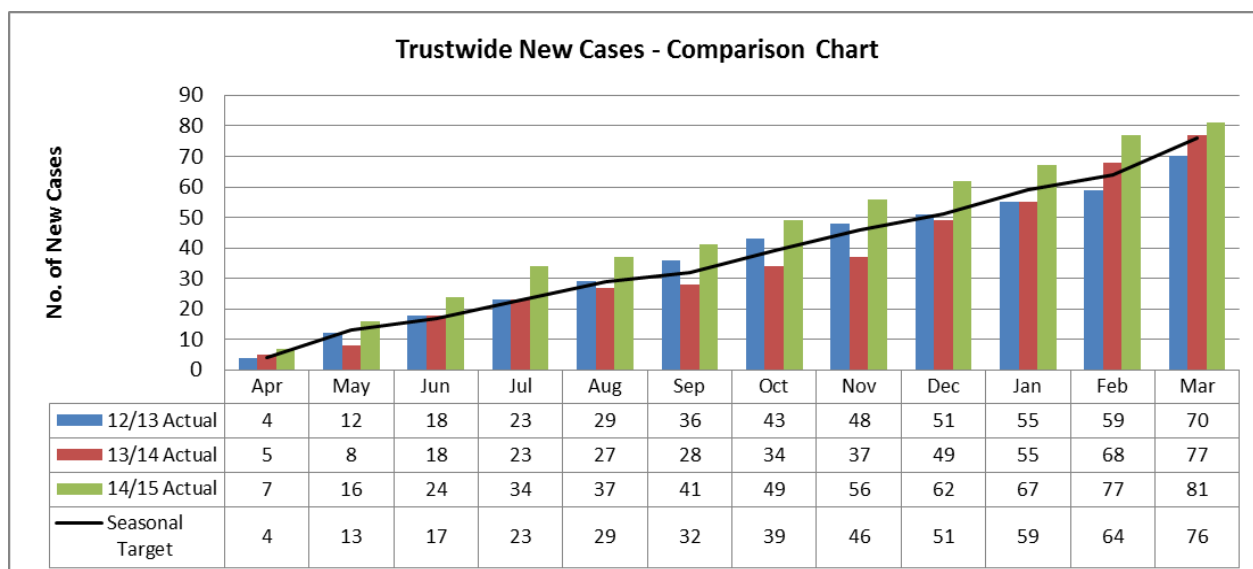
### Summary of Progress

There has been a higher than average increase in the number of referrals coming through from East Riding over the year and a drop in referrals from Hull. This can vary from year to year. The team continue to work hard with local GPs and the local authority/education to identify strategies to promote the service. The overall caseload is now being managed more effectively and discussed at monthly team meetings.

During these meetings, the allocation of caseloads is reviewed and discussions take place on patients’ length of wait and priority of need. During this time, patients who are undergoing assessment and awaiting allocation of a care co-ordinator are provided with basic care and support.

As at year end there were 42 new Hull cases and 39 new East Riding cases (81 in total). The Trust is therefore exceeding its target (106.6%)

### Graph



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

A fairly significant increase in the number of new referrals coming through for East Riding

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

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



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

### Description of Priority

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

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

### Aim/Goal

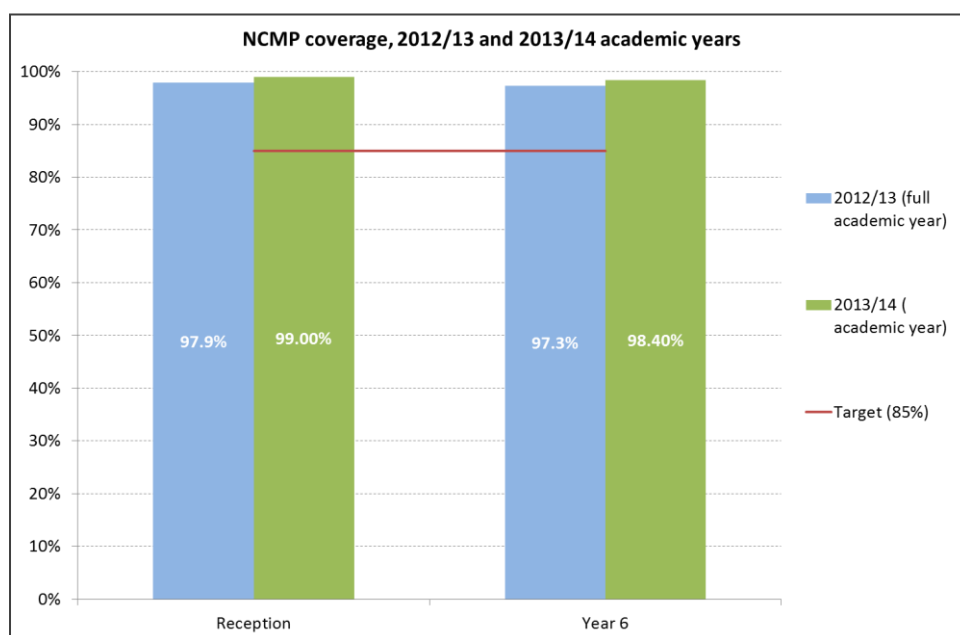
This is a nationally mandated indicator with a target of 85% coverage. Every school child is measured for height and weight in Reception (age 5-6 years old), and again in Year 6 (age 10-11 years old). In the East Riding this is done in schools each year by School Nurses, between February and May. Because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

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

### Summary of Progress

In 2014 School Nurses recorded the height and weight for 99% of children in Reception and 98.4% of children in Year 6.

### Graph







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

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

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

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



## Domain 3 – Patient Experience

### Certification Against Compliance with Requirements Regarding Access to Healthcare for People with a Learning Disability

#### Description of Priority

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







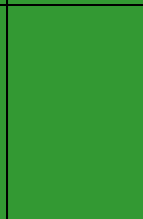

















#### Aim/Goal

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

#### Summary of Progress

This key indicator has also being monitored closely at the monthly Trust board meetings via Level 1 Performance Report.

 =Met

	Q1	Q2	Q3	Q4
1. Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?				
2. Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria? <ul style="list-style-type: none"> <li>• Treatment options;</li> <li>• complaints procedures; and</li> <li>• appointments.</li> </ul>				
3. Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning Disabilities?				
4. Does the NHS foundation trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?				
5. Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?				
6. Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?				

The Trust can confirm that each of the 6 criteria have been achieved for each quarter during 2014/15.

## Percentage of Infants Breastfed at Six to Eight Weeks

### Description of Priority

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

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

### Aim/Goal

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

### Summary of Progress

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

At the end of 2012/13 the commissioning Primary Care Trust ceased to exist, and responsibility for commissioning Health Visiting moved to NHS England. Responsibility for the breastfeeding target remained with Public Health, but the public health function moved to East Riding Council. East Riding Council set a breastfeeding prevalence target of 46.0%.

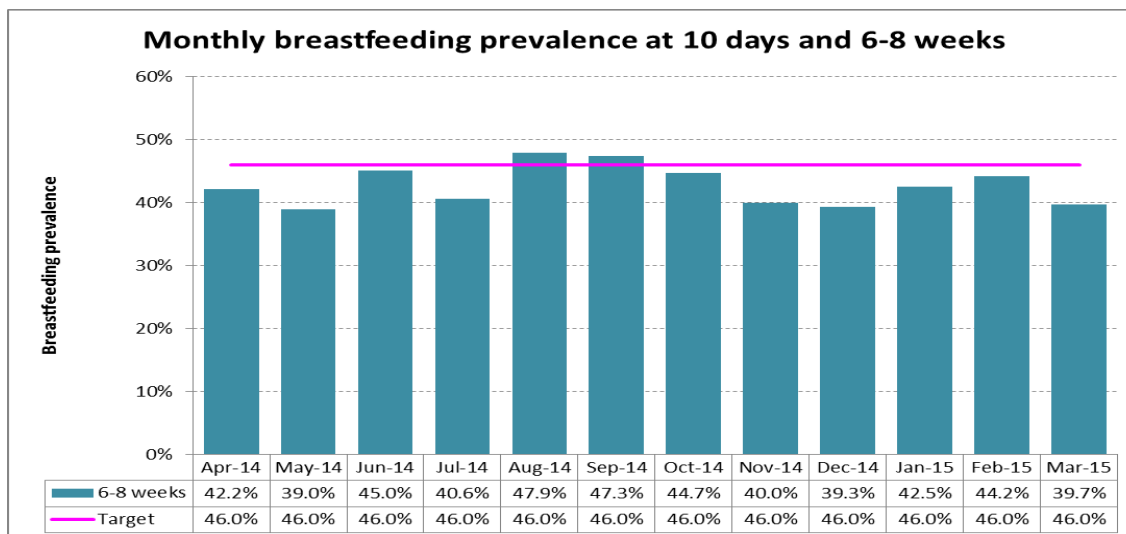
From 1 October 2015, the Government intends that local authorities (LAs) take over responsibility from NHS England for commissioning (planning and paying for) public health services for children aged 0-5 years old. This includes Health Visiting and Family Nurse Partnership (targeted services for teenage mothers).

For the purposes of this report we have used the population definition of babies registered with East Riding GPs, but for 2015/16 onwards the definition will change to babies resident in the East Riding resident.

The Trust was close to the target trajectory in quarter 1 and achieved it in quarter 2, however in quarters three and four performance dropped off. This is in line with the historical trend of higher breastfeeding prevalence in spring and summer.



Graph 1



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

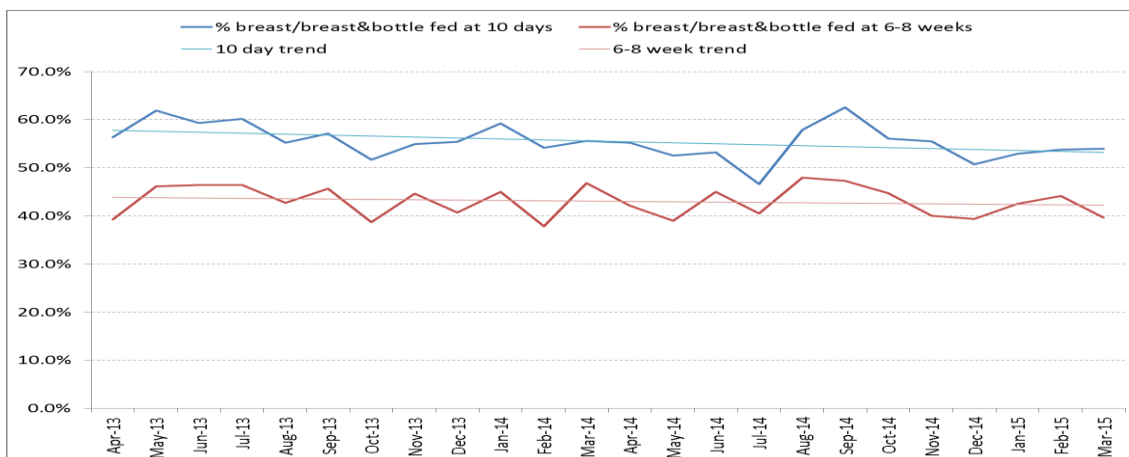
Breastfeeding starts in hospital, supported by the Hospital's midwives. Midwives continue to be responsible for supporting babies and their mothers for the first 28 days after they leave hospital, after which they become the responsibility of the Health Visitors until the child's fifth birthday. In the East Riding Humber Foundation Trust provides the Health Visitor element of the support for mothers and babies, starting with the Birth Visit, which takes place within the first two weeks after birth.

Achievement of the target for breastfeeding prevalence at six weeks is highly dependent on whether or not mothers initiate breastfeeding their babies whilst still in hospital; any drop in initiation rates directly impacts on the percentage of mothers who will be breastfeeding at six to eight weeks.

We do not monitor initiation rates as we do not provide that part of the service, although we will be looking towards working with the acute Trust's midwives in order to monitor this in the future. We do, however, monitor the proportion of babies being breastfeeding at ten days (our first point of contact). Comparing that with the rate at six to eight weeks helps us to understand the impact our Health Visitors are able to make once the mother and baby have left hospital. The data is collected on our Health Visitor unit on SystemOne.

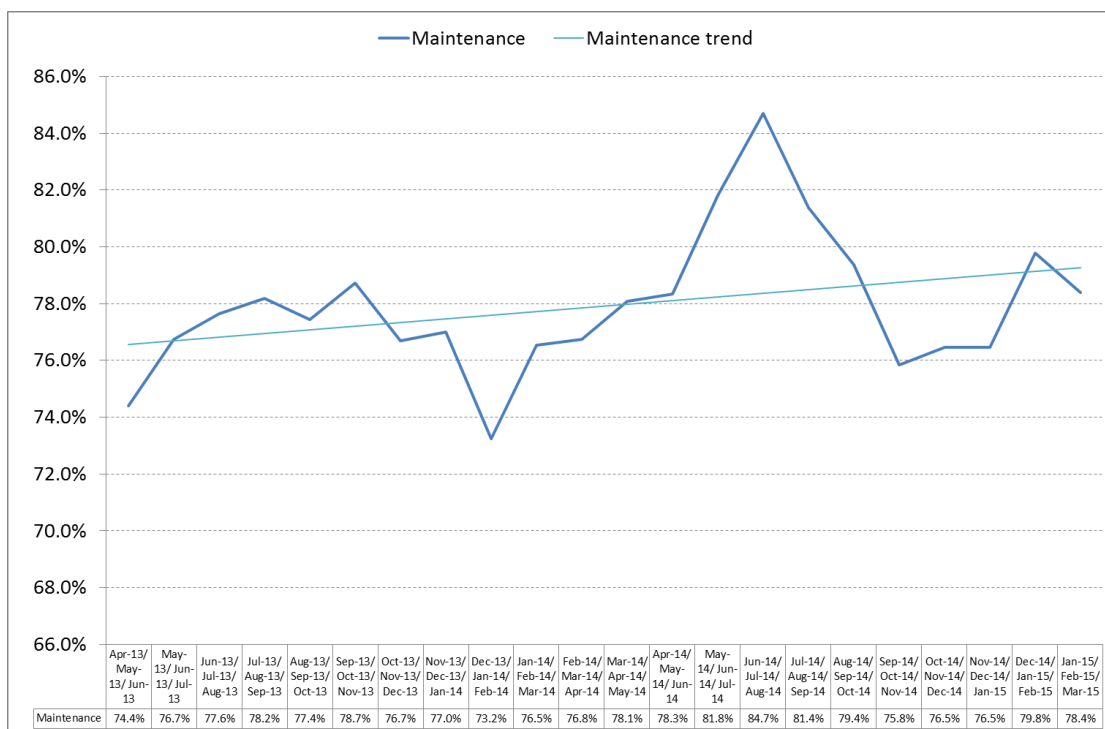
The proportion of babies breastfed at ten days dropped by 2.53%, from 43.37% in 2013/14 to 42.7% in 2014/15. Between April 2014 and March 2015 the proportion of babies being breastfed at ten days and at six to eight weeks has varied considerably. However, in most months the proportion breastfed at ten days was below the level necessary to allow Health Visitors to achieve the target of 46% at 6-8 weeks due to the drop-off rate.

**Graph 2: comparison of breastfeeding prevalence at 10 days and 6-8 weeks**



The maintenance rate is the difference between prevalence at ten days and at six to eight weeks. It fluctuates considerably each month, but comparing longer periods gives a more useful indication of progress. The maintenance rate for the 12 months from April 2014 to March 2015 is 78.9%, which is 2.2% higher than the 76.7% maintenance rate for the 12 months from April 2013 to March 2014 (graph 3 below). A higher prevalence rate indicates good performance, as it indicates that a greater proportion of the mothers who were breastfeeding at ten days have been supported to continue breastfeeding until at least 6-8 weeks.

**Graph 3: comparison of 2013/14 and 2014/15 breastfeeding prevalence drop-off rates between 10 days and 6-8 weeks**



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

The Trust has appointed a breastfeeding coordinator to work with the teams, and is continuing to work closely with Children's Centres to increase the amount of antenatal (pre-birth) contact pregnant women receive to help them make informed and healthy choices about breastfeeding.

Government policy, underpinned by NICE guidance, promotes the adoption and implementation of the UNICEF Baby Friendly Initiative (BFI) as the best evidence-based vehicle to raise levels of breastfeeding prevalence. Evidence suggests that mothers delivering in Baby Friendly accredited hospitals are more likely to initiate breastfeeding and Community accreditation improves the length of time a mother breastfeeds. The Trust's Children Services Management team are committed to and very supportive of the UNICEF BFI. There has been significant investment in resources and time, and the Trust's Health Visitor team achieved Level 2 of the UNICEF BFI accreditation scheme in 2014 and is working towards Level 3.



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

### Description of Priority

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

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

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

### Aim / Goal

Because the target relates to when the patient arrives in MIU and stops when the patient leaves the service for example is either discharged or referred to an acute hospital for further management or admission.

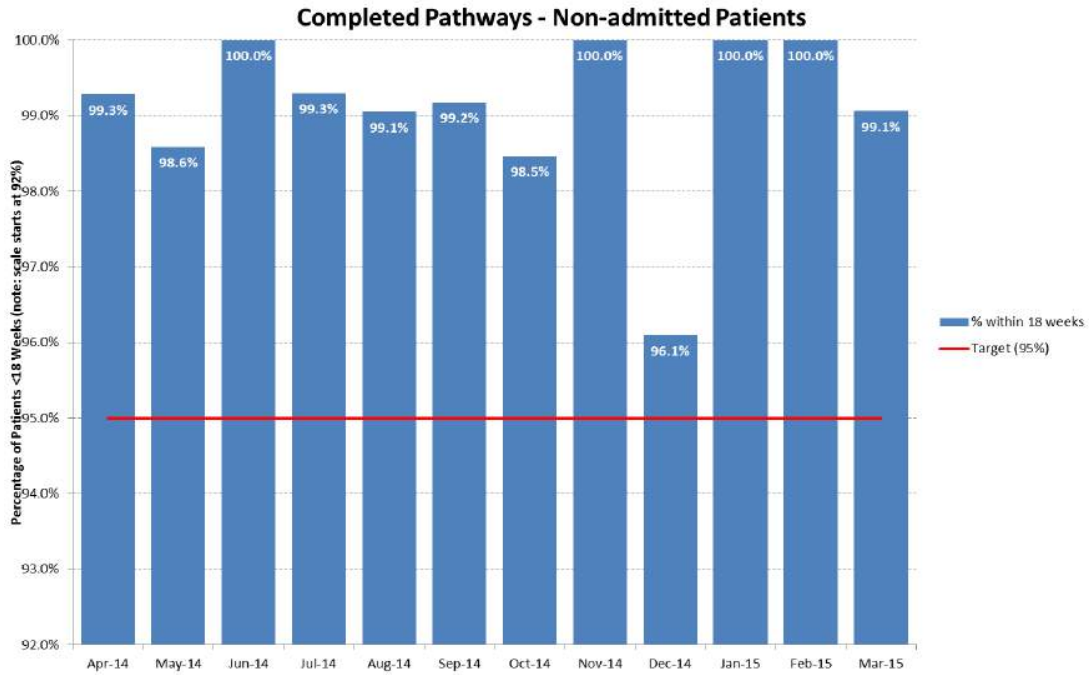
The arrival time is logged on the patient administration system using the 24 hour clock and is then ended as the time of discharge or transfer on the system. Taking into account ambulance transfers this would be no later than 15 minutes after the ambulance has arrived.

### Summary of progress

The Trust seen 13,482 patients in the MIUs at Drifffield, Hornsea and Withernsea during April 2014 to March 2015, and has consistently attained 100% of patients have been seen and discharged / transferred within 4 hours of arrival at the centre against the target of 95%.



**Graph**



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

**Time of Departure**

Total time in the Department ends when the patient is discharged home or transferred.

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

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

Data is sourced via the SystemOne patient administration system.





## 3.2 Improving Services

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

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

#### Formal complaints

For the period 1 April 2014 to 31 March 2015, the Trust received 223 formal complaints which compares to 167 for 2013/14. The Trust responded to 214 formal complaints for the same period which compares to 167 for 2013/14.

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

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

The primary subject areas of the 214 formal complaints responded to are as follows:-

Clinical treatment	87
Communication/information to patients	39
Appointments delay/cancel – outpatients	26
Attitude of staff	20
Failure to follow agreed procedures	7
Communication/information to carers/relatives	6
Patient's property and expenses	6
Patient's privacy, dignity, respect and safety	5
Admission, discharge, transfer arrangements	4
Appointments delay/cancel – inpatients	3
Assessment process	3
Other	3
Confidentiality	2
Hotel services, including food	2
Policy and commercial decisions of the Trust	1

Of the 214 responded to, two complainants took their cases to the Parliamentary and Health Service Ombudsman; one was closed with no further action for the Trust and one is still being considered.

The following are some examples of actions/learning from complaints responded to between 1 April 2014 and 31 March 2015; all patient specific actions have been excluded.

- Adult Mental Health Inpatient – Where possible the Health Improvement Profile questions should be asked by a staff member of the same gender, to take account of any potential sensitivities or if the therapeutic relationship allows the person with the best rapport to carry out the assessment.
- Paediatric Speech and Language Therapy - Therapists to ensure that all children on their caseload are discussed at caseload review meetings and ensure families are informed if agreed intervention is delayed or unable to take place.
- Secure Mental Health Service - Unit care co-ordinators to ensure that the CPA standards are adhered to when organising reviews and ensure that service users are given the opportunity to invite whom they feel necessary to these meetings. Unit staff to be reminded of the CPA policy and the importance of adhering to the identified standards.
- Addictions - Documentation - Clinicians need to document in the case notes every telephone call or contact with patients' family carers to ensure defensible documentation.
- School Nursing - To ensure that the information on Looked After Children Health Assessment Requests should be checked for accuracy prior to being sent to practitioner as an inaccurate phone number did build delays in process.

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

For the period 1 April 2014 to 31 March 2015, the Trust responded to 642 PALS contacts which compares to 783 for the previous year.

Of the 642 contacts, 158 were referrals to other Trusts. Of the 484 contacts for this Trust, 113 of these were compliments; the remainder were concerns or queries.

The reduction in PALS contacts is not viewed as a concern; staff are encouraged to try to resolve issues with patients and their relatives carers as soon as they are aware of an issue. There has also been an increase in people choosing to have their issues handled a formal complaint.

Of the complaints responded to 44 were fully upheld and 59 were partly upheld.

### **Priorities for 2014/15**

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

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

**Chronic Fatigue Service** – “This service has been life changing for me only begins to touch the surface. Firstly the warmth, acceptance and understanding of the Team Manager enabled me to explore and understand my condition and how I could take back some control of my life psychologically. This ultimately led to an increase in physical strength and wellbeing. The individual approach that allowed for flexibility within each session meant that I felt supported while I considered the plethora of reasons that contributed to my condition. I now feel stronger physically and mentally and can see a future without this life limiting condition and for that I will be eternally grateful. With extreme gratitude.”

**Community Hospital** - Thank you card received from family member thanking team for the care given. "I can't tell you how worried I've been when he was admitted but he soon picked up with all your help and for this I am very grateful"

**Adult Mental Health, Community** - "I know we haven't always seen eye to eye or sometimes our personality has clashed a bit but I think we have now sorted this and I don't want to end on a bad note. I do see your reasons about phone calls etc and I want to thank you for that because everything you did was to help me in the long run and has helped me move on in my life and from the team. I am now in a good place in my life now and can't wait for my future. Thank you"

**Physio Direct** - "I thought you might like to hear my comments regarding Physio Direct. On advice from my GP I contacted the team this morning and was advised that the Physio would return my call this afternoon which he duly did. I was then contacted by a member of staff who emailed me with some exercises. Brilliant service!!!!"

**Podiatry** - "I felt I must write to you about the excellent care I have been receiving from the service. (*Staff name*) has been excellent and my foot so much better in her care"

**Adult Mental Health, Hull, Community Team** - "I am just writing to say thank you to yourself and your team for all the help that you have given us over the last year. It has made a considerable difference to us (and I think especially to me) to know that we were meeting you. All of you were friendly and kind to us. It always seemed that you were on our side. (*name*) seems much happier now and he has begun to improve amazingly during the last week. Thank you

## Staff Survey

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

The findings of the Annual Staff Survey are presented and considered by the Trust Board and the Staff Health and Wellbeing Group who monitors the delivery of the action plan against the agreed key areas for improvement. The staff survey identifies the top and bottom ranking scores. The table below identifies these, alongside the scores (where available) from 2013.

Top 5 ranking scores	2013		2014	
	Trust	National	Trust	National
KF12 percentage of staff witnessing potentially harmful error, near misses or incidents in last month	25%	26%	14%	26%
KF27 percentage of staff believing the trust provides equal opportunities for career progression or promotion	92%	89%	92%	86%
KF7 percentage of staff appraised in last 12 months	90%	87%	93%	88%
KF18 percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	27%	30%	23%	29%
KF16 percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	14%	4%	15%	18%

Bottom 5 ranking scores	2013		2014	
	Trust	National	Trust	National
KF21 percentage of staff reporting good communication between senior management and staff	28%	31%	23%	30%
KF29 percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department	-	-	42%	53%
KF22 percentage of staff able to contribute towards improvements at work	69%	72%	66%	72%
KF26 percentage of staff having equality and diversity training in last 12 months	51%	67%	43%	67%
KF4 effective team working	3.71	3.83	3.71	3.84

Key area taken from the 2013 staff survey focussed on:

- Improving staff engagement within key occupational groups where responses were less positive than others

Achievements to date include:

- Mindfulness training that was delivered during 2013/14 was very well received and this has led the trust to focus on Compassion Fatigue that builds on the mindfulness strategies in a broader way. The Trust is holding a series of focus groups during 2014 to engage with staff and gain their views of what strategies and support staff require going forward to enable personal resilience during times of change and economic austerity
- Staff engagement events within Children's Services of teams/professions post CQC visits to feedback on findings from visits, review of initial actions taken and progress to date
- The Trust continues to consult and involve staff in service improvement and service redesign wherever possible, however this has been particularly challenging for some service areas that have undergone or a undergoing re tendering of their services

The Trust has just received the 2014 results from the Annual Staff Survey and will begin the communication and analysis of results in order to identify key areas for action for 2014/15.

Last year we reviewed the results from the quarter 1 staff family and friends test, our internal stress audit and the annual staff survey and there were 3 key areas which staff told us we needed to focus on. Below are the 3 key areas identified and the actions we have taken so far to help improve our organisation.

Area	Actions taken
Leadership, vision and values	<ul style="list-style-type: none"> <li>• A strategic framework which includes a proposed vision, values and strategic aims is out for consultation with staff.</li> <li>• An organisational development plan has been developed which will be submitted to the board for approval.</li> <li>• Leadership events have taken place and feedback is being used to develop a leadership framework which will be presented to staff at the leadership event on 4 June 2015.</li> <li>• Staff have been consulted on the new care group structures which are currently being put in place. The new structure will help to improve the leadership within the organisation.</li> </ul>
Meaningful communication	<ul style="list-style-type: none"> <li>• David Hill, Chief Executive has engaged with many staff across the trust around the vision and values.</li> <li>• Communications and HR are developing a staff charter and will be meeting with staff for their views.</li> <li>• The new care group structure will help clarify lines of responsibility, accountability and improve communications within teams and across the organisation.</li> </ul>
Improved information (electronic and non-electronic)	<ul style="list-style-type: none"> <li>• An Information Technology (IT) strategy is in place which includes work to enable us to get the most out of our two clinical systems.</li> <li>• Various E-projects are being developed (eg total mobile and digital pens) which will help to support staff in their work.</li> </ul>

## Working with Our Commissioners

### Dementia Waiting Lists

Humber NHS Foundation Trust received a contract information notice from East Riding Clinical Commissioning Group (CCG) on behalf of Hull Clinical Commissioning Group (CCG) and themselves in relation to specific concerns around our waiting times particularly in dementia services. The Trust responded to the concerns raised around quality impacts and patient outcomes and subsequently identified a lead Executive Director to take forward better engagement with commissioners around actions being undertaken and agreement to monitor waiting lists based on a mutually agreed set of priorities. The work to date has focused on the memory assessment services and there has been some progress in reducing the waiting times by moving to a single assessment process and also ensuring referrals are appropriate. In Hull this has been supported with the addition of the CANTAB tool, a cognitive assessment, used by primary care as a precursor to referral into the service. There is still a lot of work to be done within the service to make the required changes to meet the waiting times target and this is being progressed and monitored via the Trust waiting list meeting which is jointly run with the commissioners.

### Child and Adolescent Mental Health Services (CAMHS)

Humber NHS Foundation Trust (FT) has developed an operational and strategic relationship with the two key partners for the Children's Mental Health Service (CAMHS) in both Hull and East Riding.

In Hull there is a monthly operational liaison meeting which includes a representative from Hull Local Authority, Yorkshire and the Humber Commissioning Support and Humber FT leads. This group monitors current progress of the service including staffing, waiting lists, communications, performance and organisational developments.

In addition there is a weekly meeting between the Care Group Director of Children's and Learning Disabilities Service (HFT) and the Director of Children's Commissioning and Partnerships (Hull CCG) which monitors via an action tracker key delivery areas including waiting lists, workforce, investment and service change.

The CCG and LA are integral to service development, transformation and review and this can be demonstrated through involvement with the :

- Independent Review by Northumberland Tyne and Wear- 7 and 8 May 2015- report due 29 May 2015.
- Crisis Service – A presentation by Tees, Esk and Wear Valley Trust of their model of delivery- May 2015
- Online counselling – e.g. KOOTH model- May 2015- CCG and LA attended

## Staff Awards

Staff from across the organisation received recognition for their hard work and dedication at our Annual Staff Awards.

Taking place as part of the Annual Members Meeting (formerly our Annual General Meeting) around 400 staff and members of the public attended the event at The Country Park Inn in Hessle to hear about the Trust's achievements over the year and to applaud the winners in nine categories.

These included the Chairman's 'Who Cares, Wins' award, which recognises someone who has really gone the extra mile in a caring role. This year's award was won by Community Stroke Support Worker Tracy Webb who goes above and beyond the call of duty in her mission to help people recover from the sudden and life-changing effects of a stroke.

A stroke can change the lives of people of all ages, often leaving patients and the people who care for them feeling isolated and helpless. As well as her "day job" supporting people who have had a stroke, Tracy has put in hours of her own free time to organise a series of celebration dinners which boost the confidence of stroke survivors and help them to get their sparkle back.

Tracy was recently handed the 'Who Cares, Wins' award by Humber NHS Foundation Trust chairman Sharon Mays. She is one of the many healthcare heroes whose hard work, compassion and dedication was recognised at the Trust's annual staff awards.

"So many people have been in touch to tell us what a huge difference Tracy has made to them or someone they care about," explained Mrs Mays. "This is all done in Tracy's own free time and she puts so much of herself into making these events to remember and cherish for people who have been through a very tough time."

The Trust is fortunate to have a workforce that is committed to providing the very best mental health, learning disability, children's services and community care services for people living in Hull and the East Riding of Yorkshire. While many of our staff view going the extra mile as just a part of their job, the Trust recognises the achievements of teams and individuals with a series of awards and also gives staff the chance to nominate colleagues as Unsung Heroes.

Highlights include the Inspirational Leader of Year award which this year went to Trish Bailey who leads our Learning Disability services, and the Chief Executive's 'Making a Difference' award which had a very popular recipient in the form of Matron of Withernsea and Bridlington Community Hospitals, Karen Gordon-Russell.

The Trust's Chief Executive David Hill said he was overwhelmed by the quality of the entries and moved by many of the stories that accompanied them.

"Winning our awards is not easy," explained Mr Hill. "Each entry has to meet a set of tough criteria including evidence of significant improvement through innovative ways of working, offering real benefits

for our patients and their carers and other members of staff as well as contributing to the value for money and on-going affordability of the services we provide. Reading out the names of the nominees, runners up and winners, telling their stories and watching the delighted reaction of the many staff members who had gathered to celebrate these incredible achievements was humbling.”

Category winners:

### **Service Delivery Winners**

Hull Memory Clinic; for reducing waiting times and increasing dementia detection rates for older adults who required a memory assessment and diagnosis.

### **Innovation and Progress Winners**

Recovery and Psychological Interventions Team (Hull); for developing a recovery skills course to equip clients with skills to promote recovery within a supportive environment.

### **Improving Patient Dignity and Respect**

Inpatient Intermediate Care Service HMP Wakefield; this service has gone from strength to strength in the 16 months it's been operating. Providing nursing care and interventions for 750 inmates within a high security prison it aims to facilitate early hospital discharge from acute hospitals and preventing admission. Providing end of life/palliative care and supporting those during acute episodes of illness.

### **Improving Patient Safety**

Safer Staffing Team; This multi-disciplinary group have worked together to produce and publish our safer staffing levels in a way that supports our quality agenda rather than simply filing the statutory data.

### **Promoting Equality in Service Provision**

Andrea Court – Community Learning Disability Nurse; for helping a profoundly disabled lady who was afraid of ophthalmologists, due to previous treatment, to access these services as she was in danger of losing her eyesight.

### **Most Inspirational Leader**

Trish Bailey - Trish has been an Inspirational Leader to the staff she has worked with for many years. Everyone who has the privilege of working with Trish has greeted the news that she was put forward for this award with enthusiasm.



Trish has always been an advocate for people with a learning disability. Her commitment and passion is infectious and her staff have modelled themselves on her values. Over the years, Trish has influenced and empowered both her staff and the people who use our services in equal measure.

She is well known across the Trust and her reputation precedes her as someone who expects high standards of care and commitment from her staff. Trish demonstrates the ability to think outside of the box, is always up to date with current drivers and has the ability to make an influence across the Trust.

Trish knows her teams well and is aware of individual skills and ambitions. Trish is always keen to promote her services and will utilise all resources to take projects forward and give a voice to the needs of the service users and their families. If there is the opportunity to create a new service or facilitate links with another service which will have a positive effect on real lives, Trish will endeavour to support that opportunity by either securing funding, preparing business plans or sitting with clinicians to support their planning.

Trish has faced pressures in her job that may have overwhelmed other managers, but her courage and commitment has enabled her to endure all adversities with the poise and determination that is evident when you see her.

Trish has the ability to adapt her leadership style to compliment any situation, whether that's comforting an anxious staff member at 9am, meeting with commissioners at 10am, heading a MAPPA meeting at Trust headquarters at 12pm and supporting a grieving relative at 3pm. Although this could reflect a typical day for Trish, she always makes time for her staff and service users despite her busy schedule.

Trish is a truly an inspirational woman, nurse and manager who is clearly deserving of this award.

### **Team of the Year**

This year has seen some incredible work by our teams as we all strive to deliver excellent, safe and compassionate care to the people who use our services and their carers and families.

It has been incredibly difficult to select one winner from the many submissions right across the staff awards so we have actually selected two.

These are:

- East Riding Community Ward (ERCH) and
- PICU, our Psychiatric Intensive Care Unit

ERCH

2013 saw a difficult time for staff working on the community ward at East Riding Community Hospital when we took the decision to temporarily reduce bed numbers following issues raised by a visit from the CQC.

This was the beginning of a transformational process which saw:

The development of a listening, open, challenging, learning and sharing culture

Meaningful engagement of patients and their carers

The development of effective real time systems and processes which moved from a traditionally reactive system to one of reduction in levels of harm and ultimately prevention

Leadership, commitment and passion of all the staff working in the ward environment e.g. nurses, managers, HCAs, AHPs, medics, ward clerks, cooks etc to make it happen.

This is an on-going journey that continues with a rejuvenated team whose ownership of areas that once created difficulties enables us to constantly drive up quality and deliver a safe, effective and caring service.

## PICU

The Psychiatric Intensive Care Unit based at Miranda House in Hull is a 14 bedded, purpose built unit for men and women who are in absolute crisis. These are some of our most vulnerable service users who have been compulsorily detained for their own or for other people's safety.

Providing compassionate and excellent care for people who are experiencing an acutely disturbed phase of serious mental disorder requires a dedicated team of staff. Our visits to the unit have highlighted the often challenging situations the team face and the professionalism and compassion with which the multi-disciplinary team provides care, patient-centred solutions and manages risk.

As well as the nursing and medical staff the team is also made up of a psychologist, occupational therapist with visiting pharmacist and chaplaincy intervention.

PICU is a 14 bedded, mixed sex, purpose built Psychiatric Intensive Care service. Psychiatric Intensive Care is offered to service users who are compulsorily detained and require treatment in low secure conditions during an acutely disturbed phase of serious mental disorder.

Within PICU all aspects of health, including physical health, social care needs and risk are jointly assessed by the multi-disciplinary team. Treatment and care is then planned with the service user within the Care Programme Approach. Risk assessments and management plans are an integral part of this. As well as the nursing and medical staff we also have a psychologist, occupational therapist, a visiting pharmacist and chaplaincy intervention.

The PICU is a member of the National Association of Psychiatric Intensive and Low Secure Units (NAPICU).

### Chairman's Award 'Who Cares, Wins'

Tracy Webb, Community Stroke Support Worker

Tracy has truly gone above and beyond the call of duty to improve the lives of many service users and their loved ones.

She has used countless hours of her own free time over the past three years to plan and deliver two major celebrations that have delighted people recovering from the traumatic and life-changing effects of a stroke and already has plans well underway for another Stroke Survivors Dinner in 2015.

Tracey has motivated patients and carers to get involved with the event. The last one in 2013 was a huge success and many people have contacted the Trust to say what it meant to them and their recovery or the recovery of a loved one.



### Chief Executive's Award for 'Making a Difference'

Karen Gordon-Russell, Matron for the Community Hospitals at Withernsea and Bridlington.

Karen is a valued colleague to everyone she works with, regardless of grade or position within the organisation. She leads by example and is an excellent role model for all her clinical colleagues.

This is a compassionate nurse who puts the patient, their carers and loved ones at the centre of everything she does. She is always willing to go the extra mile (or hundred) to support the staff and patients.

Karen responds to service need and gives her all often at the expense of herself. She is known for being very unassuming so often her efforts go unrecognised or the results have not been attributed to her. When David Hill asked members of staff to discreetly engineer her coming to these awards without letting her in on why, He was met with delight at the news her dedication to the services she is clinically responsible for is being acknowledged in this way.



## **East Riding Community Hospital**

There have been significant changes to the community ward at East Riding Community Hospital which has shown it to be a responsive service in relation to surge and escalation. The ward has been successful in working as part of a whole health economy and was able to demonstrate this by opening an additional 6 surge beds, provided by our Commissioners, over the winter period. This was achieved in a very short period of time and included a wide range of staff to achieve it, including, estates, clinical and medical staff, hotel services, managerial support and Human Resources support.

The additional beds were occupied for a large majority of the time which contributed to easing the pressure on acute services. Staff responded in a professional and enthusiastic manner and provided high quality care for the additional patients.

The implementation of intravenous therapies has also progressed, pathways have been agreed and a programme of staff training is well under way.

The Integrated Hospitals Team also responded to the surge and escalation crisis by operating a 'pull' model of identifying patients who could be discharged or transferred. Additional hours were worked to ensure patients were discharged or transferred appropriately. Patients were in effect identified and moved from acute beds into more appropriate settings. Patients were also identified at an earlier stage to prevent admissions to acute base wards.

A trial project of integrating a pharmacist into the team was also successful in ensuring a more efficient transfer, identification of potential patient safety incidents and increased safe and effective use of medications which reduced the workload of community nursing staff.

## **Integrated Hospitals Team**

The Integrated Hospitals Team (IHT) work in A&E, Acute Medical Unit, Elderly Assessment Unit, ambulatory care unit and the short stay wards at Hull Royal Infirmary. The team actively case seek patients who do not require an admission into the acute trust and complete holistic multi-disciplinary assessments with patients to identify the most appropriate discharge plan from the acute trust. These plans can include transfer to a community hospital, referral to Neighbourhood Care Services/Long Term Condition, provision of care packages, access to respite care in residential homes or support from the voluntary sector e.g. practical home support.

IHT also assess all patients referred from the wards in the acute trust for a community hospital bed. The purpose of this assessment is to ensure that patients who are transferred to the community hospitals are appropriate and medically fit for transfer. IHT will also ask for further medical reviews/investigations to be completed prior to transfer. The aim of this is to ensure that patients wherever possible do not require immediate medical review when they arrive at the community hospital. Should the IHT feel that a community bed is not appropriate they will always make a recommendation for the discharge plan.

The benefits are:

- Appropriate patients being transferred to community wards, this should assist the community wards in meeting their EDD targets.
- Patients who are transferred to the community wards/ community are medically fit for transfer, therefore reducing the need for out of hour's medical cover.
- Community staff have a completed patient assessment available to them on systm1 that can be accessed via the "share" that IHT create. This can reduce the workload for nurses on the community wards as much of the patient assessment has been completed.
- IHT are a useful resource for the community should patients require readmission to the acute trust for any reason. If community staff inform IHT of the readmission then IHT are able to monitor the progress of the patient and facilitate transfer back to the community if appropriate.



## Patient Stories

### Working Towards Recovery!

“These guys came along and showed us what to do and how to be decorators,” says Humber Centre patient Chris, nodding towards the team from the Trust’s Facilities department. “We didn’t have the right skills but they worked with us from the start, training us in everything we needed to know. We decorated our own rooms to start with. Now we’re doing everything, our wards and other rooms around here.”

Chris is one of a number of patients who took part in a pilot project to give people at the Humber Centre the chance to begin vocational training in painting and decorating. The centre is a medium secure hospital for people with mental health problems, learning disabilities or personality disorders who need assessment, treatment and rehabilitation in a secure setting.

The project is now being expanded to offer training in other areas such as gardening, catering and domestic services. The training was showcased to patients at a special workshop in the Humber Centre with demonstrations by staff from throughout the organisation. Local suppliers also donated equipment to use as demonstrations on the day with B&Q supplying a door and door frame and plumbing merchants WH Halmshaw a toilet and basin.



Yvonne Flynn, Modern Matron, explained the programme aims to promote recovery and better outcomes from their time in the Humber Centre through work and other meaningful activity.

“The support and involvement of Hotel Services and Facilities has been excellent,” said Yvonne. “Since the project started, Carol is now offering catering and Jo, Domestic and Porter skills.

“The ethos is introducing a 9 to 5, “normal” working week into the lives of patients. It’s about getting up, getting ready and going to work - with their working day perhaps including an appointment with their psychologist in between shifts of painting and decorating. It’s about enabling people to develop useful vocational skills as well as other important skills that prepare them for living back in the community.

“The decorating course was the pilot and we watched people develop negotiating skills, learn how to resolve disagreements and learn to work together as a team – even if it’s around something as simple as choosing paint colours.

“While the scheme started as a way of normalising life for patients and showing they can contribute in a worthwhile way, we are now looking to try and develop this as a full apprenticeship scheme with vocational qualifications at the end.”

Because of the secure nature of their care, finding vocational training is not always straightforward and Trust staff have had to be innovative in finding jobs and training that can be done within the Centre. So far ten people have progressed through the Painting and Decorating scheme with three of the original team working hard to support and encourage new people to the project. Elsewhere in the centre, occupational therapy assistant Mike Chapman is training patients in carpentry skills and also giving them a grounding in basic plastering, plumbing and the DIY skills most of us lack.

“One of the guys from the Painting and Decorating project has taken on the task of developing and decorating a new library here,” said Yvonne. “The others are supporting him but also actively standing back to allow him to make the decisions himself. These are real management skills and it’s really encouraging to watch this kind of leadership coming out in our patients.”

When patients join the Painting and Decorating project they are issued with a course manual and portfolio to track their progress. Paul Booth, from Facilities, explained the patients were learning real skills.

“The work is of an extremely high quality,” he said. “This is beyond just DIY or hobby skills, they are now working to a professional standard and under minimal supervision from us. Everyone is delighted with the progress.”

Patients Chris, Alan and Craig have been working in the decorating project since the beginning and all are eager to stress how useful it has been.

“Every day can be the same if you haven’t got a lot to do,” says Alan. “This gives you a real purpose, something to want to get up for.”

“These are skills you can take with you,” says Chris. “And we get on really well with the guys from Estates, so it’s not just useful, it’s actually something you can really enjoy.”



## Warren and Irene – helping the fight against dementia

Research is essential in the fight against dementia and people living with the effects of memory loss in Hull and the East Riding are being encouraged to take part in ground-breaking studies.

Taking part in research can not only have long term benefits for future generations, some of the studies have already been able to make a positive difference in the lives of people living with dementia and their loved ones and carers now.

For example people attending our Memory Clinic and Centre for Dementia Research and Practice have taken part in a series of studies into the benefits of Individual Cognitive Stimulation Therapy, something that can be delivered in a patient's own home, by their carer or other family members.

This had led to the creation of a manual, developed at Bangor University, which is giving carers the tools to help their loved one stay more engaged and interested in life by taking part regularly in enjoyable activities, conversations and games.

Researchers often find it difficult recruiting people to take part in research. At the same time, there are people who would like to take part in studies but don't know where to find out about them. The NIHR has joined forces with Alzheimer's Research UK and the Alzheimer's Society, to launch Join Dementia Research, a new service that matches interested people to suitable studies

Join Dementia Research is being backed by local man Warren Branton who is a full time carer for his wife Irene who was diagnosed with Dementia in 2011. So far, the couple have benefitted by taking part in three major local studies.



“Research into other diseases such as cancer has resulted in tremendous improvements in treatments,” said Warren. “It is time for research into dementia – how to live with it, how to treat it and most importantly how to limit its impact and hopefully to find a cure or cures.

“This disease affects everyone differently, so there are limitless ways in which it presents itself. I meet other carers and I can see the strain, emotional, physical and mental that they are going through. This is a relentless disease which is normally protracted over many years, slowly dismantling the brains of the cared for and grinding down their carers.

“So it is a wonderful opportunity to be able to take part in something where we can all make a difference. Every 3.2 minutes someone in the UK develops dementia. Research is essential if this disease is to be beaten. I would urge anyone with an interest to register. Healthy volunteers are encouraged to register too.

Irene and I have both registered on the JDR (Join Dementia Research) website. It is possible to register by telephone, on the web or by filling in a form.

People with dementia, their carers and anyone interested in participating can register. They must be over the age of 18 years and have mental capacity. It is possible for carers to register their loved ones who they care for. Just like the blood transfusion service, a little giving can help to make a huge difference in someone’s life.”

The studies Warren and Irene have taken part in have involved developing therapies which can make a real difference to the quality of life of someone with dementia through stimulating activities.

Once registered you can subscribe to receive regular updates and information on research that matches your information. To find out more, please visit [www.joindementiaresearch.nihr.ac.uk](http://www.joindementiaresearch.nihr.ac.uk)

### **Tracey’s Recovery Story**

Recovery for me means not letting my Bipolar define me. Knowing it will always be a part of me but is managed well and I have become much more than just my diagnosis. Being able to move on from it and build a happy healthy and fulfilling life beyond it.

What helped firstly was correct diagnosis and appropriate medication. Second was finding the right support. For me that was Positive Assets, a Humber NHS Foundation Trust employment project specifically for people with mental illness looking to gain employment. I could have quite easily sat back in my home and taken my meds watching endless episodes of Jeremy Kyle and if that’s not depressing I don’t know what is! I did exactly that for the first four years and I found that the isolation I felt, also the lack of confidence and self- esteem, were paralysing and the safe haven I thought I had created instead became my prison. I had no purpose, every day was the same and I knew I needed to do more with my life. Positive Assets helped me start to become the confident person I am today. I am now employed as a support worker and life is now in my control and that feels great.

Life before recovery was a living nightmare for me. I became unwell at 17 and it took 15yrs before I got a diagnosis. I had no quality of life apart from two years where I managed to stay stable, the rest of the time I was either manic or depressed and too ill to think straight. Once ill, I would be manic for 3-4 months then depressed for 5-6 months. I have had numerous hospital admissions often on a Section and have been in most of the mental health units in Hull and spent quite a lot of time in the old De La Pole hospital in my teens and early 20's. I had lost all hope of staying well and the thought of spending the rest of my life like that led me to three suicide attempts. Life was such a struggle for me during those years I saw no light at the end of the tunnel.

I started my recovery journey when I was diagnosed at 32. I have been well with no further bouts of illness for 9 yrs now and as each year passes, the stronger I feel. The knowledge that my bipolar is manageable gives me the hope and motivation to keep moving forward never looking back. My next goal is to learn to drive so if you are behind someone doing 20 mph in the next 6 months don't beep that horn to quick as it may be me! Recovery has given me my life back. Not only that, I have gained a new positive identity and purpose, with a bright outlook on life and a can do attitude. The value of that for me is absolutely priceless.

## **Annex 1: Statements from Commissioners, Local Health Watch Organisations and Overview and Scrutiny Committees**

East Riding of Yorkshire Clinical Commissioning Group is pleased to be given the opportunity to review and comment on Humber NHS Foundation Trust's Quality Report for 2014/15. We are pleased to note that the report reflects continued improvement in patient satisfaction and experience during the year which is evidenced by the patient stories

The CCG supports the rolling priorities which are now in their final year and acknowledge the progress made within the priority areas. Interim progress updates relating to the priorities not yet achieved would have been useful to include

The staff survey results are not as strong; as the previous years in areas relating to communication between staff and senior managers and the use of patient feedback to inform decisions. However we recognise findings of the CQC who found evidence of passionate and caring staff within the Trust.

Humber FT has demonstrated participation in both national and local clinical audits, which confirms the trust has a commitment to improving practice through review and action. The audits are focused on both mental health and community services. The outcomes of the audits and actions taken have been acknowledged and provide a valued insight into the work undertaken.

Humber FT has demonstrated participation in clinical research throughout 2014/15; however the information provided is limited. A detailed account of the research programme undertaken would provide more context to the data.

In relation to patient safety incidents, the report reflects the data reported to commissioners. The report provides comprehensive analysis and narrative in areas of work that has been undertaken to improve services against all data sources, including, for example learning and service changes from, patient complaints and incidents. Commissioners feel that this has provided further assurance in relation to the work undertaken by the Trust to improve patient experience and the quality of care. However further information and analysis of the incidents would prove more meaningful

The Trusts continued efforts in relation to improving quality of services and care delivery through CQUIN schemes for 2014/15 and moving forward is acknowledged. However more in-depth information of the schemes and the outcomes would have been beneficial.

Generally, this report reflects an accurate picture of the Trust in relation to quality data indicators based on the data provided. There are a range of data included relating to specific quality indicators and information on positive improvement as well as indicators that have not been met. However a more balanced approach would have been useful in order to provide commissioners with a complete picture of all services within Humber FT. The report in general does lend itself to mental health services; therefore it is difficult to establish the quality of care provided within the community setting (non-mental health).

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

NHS Hull Clinical Commissioning group (CCG) welcomes the opportunity to review and comment on Humber NHS Foundation Trust's Quality Account 2014/15. It is pleasing to note that the report reflects on-going improvement in patient satisfaction and positive feedback from service users which is supported by patient stories.

We endorse the findings of the CQC who acknowledged the compassionate, responsive staff across the organisation, however, the 2014 staff survey findings have not improved from the previous year. An area of development for the Trust is the decline in the percentage of staff reporting good communication between senior management and staff and the percentage of staff that feel able to contribute towards improvements at work. However we would expect to see this improve in the future with the new organisation structure.

We support the rolling priorities which have completed their second of a three year programme and acknowledge the progress made to date, however it would have been advantageous to supply progress updates on the priorities not yet achieved.

The report demonstrates participation in both local and national clinical audits in 2014/15 across the range of mental health and community services, which reinforces Humber Foundation Trust's commitment to improve practice through review and action. The audit outcomes and subsequent intended actions are acknowledged and we look forward to seeing these actions convert into improving clinical practice.

The report includes a brief outline of Clinical Research which is succinct but does not give a full, extensive picture of the dimensions for the inclusion and participation of clinical research at the Trust. More information would have strengthened this section and provided evidence of the forward thinking approach to improving services.

The section on patient safety incidents is representative in the data reported to commissioners and the actions taken by the organisation to improve the Serious Incident process and the introduction of Trust Wide learning events to share and embed lessons learnt. However, whilst NHS Hull CCG has gained assurance from collaboration with the organisation regarding these improvements, it would enhance the report if analysis of the themes and trends identified from incidents were included within the report.

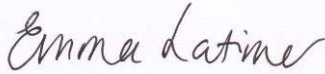
The sustained effort to improve the quality of services and care delivery through CQUIN schemes for 2014/15 and into 2015/16 is acknowledged. The report would be enhanced if more information on the schemes and the outcomes was included.

The report provides a number of case examples and review of the community services provided in the East Riding of Yorkshire. NHS Hull CCG would like to have seen examples for mental health in Hull.

NHS Hull CCG looks forward to continue the joint work on data validation and the introduction of national waiting list indicators.

Finally, we note that the draft report is based on data up to and including Quarter Three 2013/14. Taking that into account and the comments noted above, we can confirm that to the best of our knowledge, that

the report is a true and accurate reflection of the quality of care delivered by Humber NHS Foundation Trust and that the data and information contained in the report is accurate. NHS Hull CCG looks forward to continuing to work with the Trust to improve the quality of services available for our patients in order to improve patient outcomes.



Chief Officer  
**NHS Hull Clinical Commissioning Group**

The Humber Foundation Trust has continued to engage Hull City Council's Health and Wellbeing Overview and Scrutiny Commission in the Quality Account process. This has included monitoring performance against the 2014/15 Quality Account and scrutinising the development of the 2015/16 Quality Account. While the Commission welcomed the broader consultation process put in place to support the development of the 2015/16 Quality Account, Members felt the main priority facing the local area was the lack of Tier 4 service provision, and recommended that if possible, this should be reflected in the 2015/16 Quality Account.

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

Healthwatch East Riding of Yorkshire welcomes the development of the Single Point Of Contact and trust that users' experiences of this model are sought during 2015/16 and any issues are acted upon.

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

## **Annex 2: Comments from our Governors**

“It is good to see in print the celebration of the successes of our staff, recognition of new and innovative ways of working and their dedication to the people we support.”

**Julie Hastings.**

“I think it is very good and clear with standards and good figures in it and good clear explanations. If I could feedback anything constructive it would be could we make it more colourful and perhaps have some illustrations. Such as when using some of the direct quotes from service users and perhaps some photos. Other than that I think it clearly covers all points.”

**Kirsty Fishburn.**



## Annex 3: Statement of Directors Responsibility for the Quality Report

### Annex 3: Statement of Directors Responsibility for the Quality Report

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

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

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

- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2014/15*;
- 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 2014 to April 2015
  - papers relating to Quality reported to the Board over the period April 2014 to April 2015
  - feedback from commissioners dated April 2015
  - feedback from governors dated April 2015
  - feedback from local Healthwatch organisations dated April 2015
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015
  - national patient survey 2014
  - national staff survey 2014
  - the head of internal audit's annual opinion over the trust's control environment dated April 2015
  - CQC quality and risk profiles dated October 2014
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information 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 in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the quality report has been prepared in accordance with Monitor's annual reporting 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

22 May 2015..........Chairman

22 May 2015..........Chief Executive



## **Annex 4: 2014-15 limited assurance report on the content of the quality report and mandated performance indicators**

### **Independent auditor's report to the Council of Governors of Humber NHS Foundation Trust on the quality report**

We have been engaged by the Council of Governors of Humber NHS Foundation Trust to perform an independent assurance engagement in respect of Humber NHS Foundation Trust's quality report for the year ended 31 March 2015 (the "quality report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Humber NHS Foundation Trust as a body, to assist the Council of Governors in reporting Humber NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Humber NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Scope and subject matter**

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

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

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

### **Respective responsibilities of the directors and auditors**

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

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

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in the guidance;

and

- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

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

We read the other information contained in the quality report and consider whether it is materially inconsistent with either refer back to the specified documents in the list below:

- board minutes for the period April 2014 to May 2015;
- papers relating to quality reported to the board over the period April 2014 to May 2015;
- feedback from the Commissioners dated May 2015;
- feedback from the Governors dated April 2015;
- feedback from local Healthwatch organisations dated May 2015;
- feedback from the overview and Scrutiny committee dated May 2015;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2014 to March 2015;
- the latest national patient survey;
- the latest national staff survey;
- Care Quality Commission Intelligence Risk Monitoring report dated October 2014; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2015 .

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

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

## **Assurance work performed**

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

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.

- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation .
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report.
- Reading the documents.

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

## Limitations

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

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

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

## Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

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

*Deloitte LLP*

## Glossary

<b>AIMS</b> - Accreditation for Inpatient Mental Health Services	Accreditation which assures staff, patients and their carers of the quality of service that is being provided.
<b>BMI</b> - Body Mass Index	A measure of body fat based on height and weight.
<b>Care Co-ordinators</b>	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
<b>Care Plan</b>	A document which plans a patient's care and can be personalised and standardised.
<b>Care Review</b>	A review of the care a patient is receiving, usually carried out between a healthcare professional and the patient to ensure that the care given is still meeting the needs of the patient.
<b>CCG</b> - Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
<b>Clostridium difficile</b>	A type of bacterial infection affecting the digestive system.
<b>Community Hospitals</b>	The Trust has three Community wards providing short term 24 hour clinical care and rehabilitation Macmillan Wolds, Withernsea and East Riding Community Hospital.
<b>CPA</b> - Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
<b>CQC</b> - 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.
<b>CQUIN</b> - Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
<b>CRHT</b> - Crisis Resolution Home Treatment	A way of treating patients at home who are requiring intensive mental health treatment rather than at hospital.
<b>DoH</b> - Department of Health	Responsible for Government policy on health and social care in England.

<b>FFT - Friends and Family Test</b>	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
<b>GP Practice RISC</b>	A risk stratification tool that identifies patients who would benefit from preventative care
<b>HDAT</b>	High Dose anti-psychotic therapy
<b>KPI - Key Performance Indicators</b>	Indicators which help an organisation to measure progress towards goals.
<b>Lorenzo</b>	An electronic health record for patient records.
<b>MONITOR</b>	<b>Independent regulator for NHS Foundation Trusts</b>
<b>MRSA - Methicillin-resistant staphylococcus aureus</b>	A bacterial infection, resistant to a number of anti-biotics.
<b>MSNAP</b>	Memory Assessment Service Accreditation Programme
<b>NCS - Neighbourhood Care Services</b>	The Neighbourhood Care Team is a partnership between health and social services. It provides an integrated service which delivers services closer to home for people aged 18 and older who are registered with an East Riding of Yorkshire GP.
<b>NHS England</b>	NHS England is an executive non-departmental public body of the Department of Health.
<b>NPSA - National Patient Safety Agency</b>	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
<b>Nursing Dashboard</b>	Provides nurse sensitive indicators around patient safety
<b>Palliative care</b>	End of Life Care
<b>PDSA</b>	
<b>PREM - Patient Reported Experience Measure</b>	Assess the quality of care delivered to NHS patients from the patient perspective.

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

