



**Humber Teaching**  
NHS Foundation Trust

# Humber Teaching NHS Foundation Trust **Quality Account**

2020/21



**Caring, Learning  
& Growing Together**

# Contents

## **Welcome to the Quality Account**

**Error! Reference source not found.**

1.2 Patient and Family Stories

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

2.1 Priorities for Improvement

Our Approach to Quality Improvement and Quality Governance

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

Looking Forward: Our Quality Priorities for 2020/21

2.2 Statements of Assurance from the  
**Trust**

2.6 Mandatory Quality Indicators



## **Part Three: Other information on Quality Performance 2020/21**

### 3.1 Key National Indicators

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

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

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

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

**Annex 4:** Our Strategic Goals

**Annex 5:** Glossary and Further Information

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

## Welcome to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account. All providers of NHS care are required to produce an annual Quality Account, showcasing the work undertaken during the year to continuously improve the quality of our services, based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the fantastic work that our staff, patients and carers have completed together throughout 2020/21.

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

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

This section then includes two stories written by patients, one about Joan and her husband's experience with dementia and another about Richard's journey in our mental health services and the support he has received thereafter, and concludes by sharing with you a celebration of our successes over 2020/21.

**Part Two:** Outlines the progress we have made during 2020/21 in relation to the quality priorities we set in our last Quality Account. We also share the priorities we have set for the coming year (2021/22), which have been agreed with our patients, carers, staff and stakeholders.

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

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

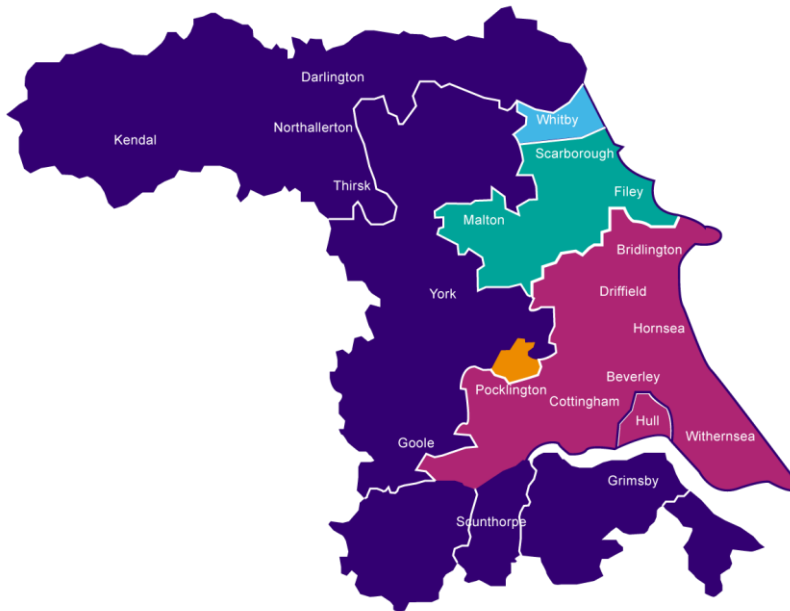
We also share with you the comments we have received in relation to the Quality Account from our Commissioners, Healthwatch and our external auditors. This section concludes with a glossary of terms used within the document.

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

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

## About the Trust

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



We employ approximately 2,800 staff working across over 79 sites within our five geographical areas.

Our members of staff provide community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

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

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

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

We have a dedicated Research and Development team who work to improve our involvement in both national and global medical research, which, in turn, improves the health and wellbeing of the people we serve, our services and helps improve the care and treatment of people worldwide.

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

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

As a teaching Trust, we work closely with our major academic partners, Hull York Medical School and The University of Hull and Coventry University, nurturing a workforce of tomorrow's doctors, nurses and allied health professionals.

## Our Values



### Caring, Learning & Growing Together

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

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

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

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

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

## Our Vision

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



## Our Strategic Goals



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

## 1.1 Chief Executive's Statement

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

It has been a proud year for the Trust as we have faced the ongoing challenges brought to NHS services by the Covid-19 pandemic. Our teams have showed great resilience, and we are inspired by the way staff continued to provide high quality patient care and innovative pathways throughout this time.

While we are incredibly proud of this year's achievements, we continue on our journey to be recognised as a Trust that continuously works to improve and deliver outstanding services to the communities we serve.

In March 2020, we saw the global pandemic begin to unfold. Many of our teams had to quickly develop plans and adapt to new ways of working, to overcome the kinds of challenges none of us could have predicted.

Our clinical response to Covid-19 was one which we are immensely proud of. While having to move at pace, we continued to put patient care and safety at the heart of all the decisions that needed to be made. Our teams efficiently manoeuvred challenges surrounding supply, including providing adequate personal protective equipment (PPE) for our frontline workers, in addition to being a pilot site for testing in the area, updating policies and procedures to meet ever-changing guidance and introducing new digital technologies which allowed our teams to stay connected, even when working from different locations.

Further to this, we took steps towards strengthening our staff health and wellbeing initiative, which was at the very centre of our response, with significant funding put in place to introduce new ways of supporting each individual through a number of challenges. We later published a book called 'Together We Can', all about this experience and what our teams learned during these unprecedented times.

Despite the challenges Covid-19 presented to NHS services, we continued our service improvement work with some excellent examples of improvements to our services highlighted in this report.

Investment in the wellbeing and development of our staff remains a key priority for us as a Trust. As Chief Executive, this is something I am extremely passionate about. I believe that investing in this is paramount to our success, and the challenges our staff have faced as a result of Covid-19 have only amplified this need, which we are grateful to have been able to support. This includes introducing the Shiny Mind app to support staff wellbeing, increasing emotional support services and access to, musculoskeletal services and creating the Health and Wellbeing Hub on our intranet.

We are currently piloting a clinical competency project with teams at our Mill View Court and Ryedale community locations, further allowing for the development of our staff and illustrating a new way in which we want to ensure they are adequately supported in their roles. This, in turn, better equips them to stay safe and well at work with confidence.

Recruitment and retention of professionally registered staff, particularly Nurses, Psychiatrists and General Practitioners, remains an area of challenge for the Trust which mirrors the national picture. As part of our recruitment efforts, we launched the Choose Psychiatry campaign, which was greatly received by people across the globe. With individuals from as far reaching as Hong Kong and South Africa joining our virtual courtroom event. Our recruitment efforts were later

complemented by our new jobs website, Humbelievable, which showcases why our Trust is a great place to work.

Throughout 2020/21, we continued to work towards our goal of reducing waiting lists. Our Community Mental Health Transformation programme had seen great success in these efforts; however, the nature of the pandemic meant that some of this improvement began to subside. It therefore remains a priority area for the Trust and we continue to ensure that patients are contacted regularly whilst they are on a waiting list, to mitigate the risks associated with waiting. Our ambition is that all of our waiting lists are reduced and compliant with national requirements.

In July 2020, we had the honour of joining other healthcare organisations nationally in 'lighting up blue' to mark the NHS 72<sup>nd</sup> Birthday. It was a great opportunity to shine a light on the fantastic work of our own team and to help them feel valued and celebrated. Events to mark this important date were successful and attracted over 25,000 views on our social media channels.

During the summer, we launched our new Trust website, which was designed to be mobile optimised with a restructured navigation and new features to improve usability and search. We were pleased to see this work acknowledged in March when Silktide, a company that compares millions of websites, analysed NHS Trust and CCG websites for usability and scored the Trust fourth out of 211 NHS Trusts nationwide.

In November 2020, our Trust was selected as a UK pilot site for asymptomatic staff testing. Since the launch, tens of thousands of lateral flow tests have been taken, helping to reduce the risk of COVID-19 to staff, patients and their visitors.

By January the following year, we were proud to have opened our Covid-19 vaccination site and to see the vaccination programme roll out for staff. The feedback we received during this time was excellent, which led to us becoming a Hospital Hub and a location that could be utilised by Harthill PCN, to help vaccinate healthcare workers across the region. We are immensely proud to say that, as of April 2021, we vaccinated over 20,000 people at our site. This achievement would not have been possible without our brilliant vaccinators, volunteers and management staff.

The Quality Account showcases further examples of quality improvements achieved across all of our services during 2020/21. I am immensely proud of everything we have achieved in the last year and this is testament to the hard work and dedication of our staff and the patients and carers who work with us to continuously improve the quality of services. This commitment to providing high quality care has become particularly evident as we continue to grapple with the effects of the Covid-19 pandemic. Our staff enabled service transformation at pace to support good patient care and support staff health and wellbeing.

Our teams have learned so much during this time, not only about how services can be provided in new and improved ways, but also about themselves. Every day I am amazed by the commitment and resilience that they have shown whilst working through not one but two national lockdowns and an ongoing crisis worldwide. Teams have gone above and beyond in their contribution to our services and we understand that this has often been at a great cost in their personal lives. We can only continue to thank them for all that they have done and continue to do as we move forwards.

As a Trust, we have shown our capacity to move at pace to ensure that we continue to provide a high quality care whilst minimising the risk of infection, through the use of technology. We have also placed considerable emphasis on the wellbeing of our staff, both psychologically and physically through ensuring the availability of appropriate personal protective equipment and additional wellbeing support.

As we move ahead into the next financial year, the Covid-19 pandemic will continue to challenge us all. However, I am looking forward to seeing the ways in which our teams continue to innovate and dedicate themselves to the communities we serve. I have no doubt that they will continue to

inspire me and continue to build on our successes whilst keeping quality at the heart of everything we do.

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



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

## 1.2 Patient and Family Stories

In this section, we are honoured to share with you two stories, one from Joan and her husband dealing with dementia and another from Richard, one of our mental health service users. Both Joan and Richard speak about the support they have received from teams in our Trust, and we feel privileged to hear the positive impact our services have had on their unique experiences.

**Please note: the patient stories have been added exactly as written and consented by each service user.**

### Joan and her husband's story

My husband was diagnosed with dementia in February 2013, however, we first noticed some memory problems in 2007. By 2009, his Dementia was impacting on our "Quality of Life. My husband is a very proud man and did not wish to be referred for support. In 2016, he agreed to us both attending a monthly Alzheimer's Support Group in Beverley. By this time, we were isolated as a couple, our previous very active social life had disappeared, one of the things that happens when you become a "Dementia Family".

We first entered the care of Humber Teaching NHS Foundation Trust in 2018 into the Community Mental Health Team (CMHT) in Beverley, although back in 2013 we were part of a control group researching Cognitive Behaviour Therapy and Dementia.

During August 2018, whilst out shopping with my husband, there were a number of incidents. Thankfully we were in a Dementia aware retailer in Beverley, and staff were able to help the issues to be resolved.

I contacted the GP who met with us both. I requested an urgent referral for Psychiatric Reassessment. The GP contacted Mental Health Services and attached two A4 sheets of Care Notes written by myself, raising behaviours of concern. The GP followed up on his referral to Mental Health Services on at least two occasions. It was about six weeks before I had contact from the CMHT. During these six weeks there were a number of other difficult incidents and it was obvious my husband was very distressed. One involved my husband refusing to come into the house one cold evening, The Out of Hours Service were called for advice and several days later my husband was admitted to HRI with a "Chest Infection/Pneumonia".

By the time my husband was allocated a very supportive Community Mental Health Nurse, my husband was receiving Day Care two days a week. On one occasion he found his way onto the roof garden and they had a real concern that he was going to throw himself off. I went to the day centre with some of his medication and to calm him down.

By the end of September, I was contacted by the Statutory run day service to advise that, due to his Challenging Behaviours they could no longer care for my husband and he was going to have to leave. This led me to source private residential homes for support. When I visited these it was apparent that they would not be suitable to support my husband, his needs were too challenging.

In November, I arranged Private Day Care (2 days a week), at a Private residential home in Hessle.

By the end of January 2019, my GP was so concerned about my health he referred me to a Cardiologist. I contacted the private home to advise I desperately needed some respite and asked if my husband could take the next available bed just for 1 week, before it was allocated to someone, which they agreed to. During this time I received support from the CMHT (Beverley, and linked support from Hessle CMHT) with counselling, and supporting me to make decisions about his long term residential care.

On 11 February 2019, I agreed to my husband's stay to be permanent. On Valentine's Day, following a Serious Incident the private home contacted Mental Health Services, a crisis meeting took place on 14<sup>th</sup> February and my husband was Sectioned (S2 MHA). He was admitted on 15<sup>th</sup> February to Maister Lodge. This process worked well and was very organised. Myself, Beverley and Hessle CMHT were all involved in the meeting.

Once admitted to Maister Lodge, I noticed a difference within my husband quite quickly. He could get agitated and aggressive, however, because he was in an environment with plenty of space which was run by skilled staff, a lot of his agitation and unpredictable behaviour could be managed appropriately.

There is a very clear traffic light system within Maister which works so well. The team has weekly MDT meetings and I had a link to the meeting through the psychologist, also during my visits I got to know the staff and they got to know me, they have a much more proactive approach.

I understand the difficulties the team has with the speed they have to work in admitting and transferring patients. The Doctor and the whole Staff Team were absolutely terrific at keeping me involved in decision making. My main concern is the lack of appropriate locally based move-on placements for people with Dementia who have challenging behaviour. We are one of the lucky few. When my husband was sectioned there was a bed at Maister. Similarly, when the assessment period was completed, there was a bed in Castle Lodge. Many families in crisis are separated because the only resources available are Out of County. As we are discovering with the Covid crisis, people with Dementia need regular contact with Friends and Family to prevent an accelerated deterioration in their illness.

At the end of May 2019, my husband was discharged to a specialist dementia unit in a residential nursing home. Goole CMHT and Maister Lodge offered extensive support to the unit, however, following a serious incident about a week after the admission, the placement broke down, and my husband was transferred back to Maister Lodge, by ambulance at 11:30pm.

Once back in Maister Lodge, the Deputy Charge Nurse was brilliant. We met early the following morning to review the Care Plan and the Multi-Disciplinary Team concluded that my husband required a longer stay, secure hospital placement. The Nurse liaised with the CCG and on 3<sup>rd</sup> June he was assessed by Castle Lodge Independent Hospital. I visited the Hospital and spoke to the Ward Manager, and my husband was transferred into Castle Lodge on 7<sup>th</sup> June.

With continued Psychiatric support and a skilled Nursing Team we were able to rescind the Section 3 MHA Order earlier this year. He is currently still a hospital inpatient under the Deprivation of Liberty Safeguards (DoLS) and I continue to be involved in his Care, attending every Ward Round by conference call. It is our hope that he will be discharged at some point to a Specialist Dementia Unit able to offer him appropriate support.

As my husband is now an inpatient, I was able to become involved in Carers groups. I joined the Carers Advisory Group (CAG) where I met Mandy Dawley, and found out about the work of the Patient and Carer Experience team. Mandy sent me an invitation to the next Forum.

Through the forum, I have become involved in a number of projects, from being part of an interview panel to recruit a Mental Health clinician, to presenting and talking with a Consultant Psychiatrist to Medical students. Currently, I am part of the Trust's Community Mental Health Transformation Programme, Mental Health Inpatient Redesign Programme and Dementia Diagnosis and Post Diagnosis Pathway Development Group. This involvement has had a positive impact on my own wellbeing, but I also truly believe that the current developments will improve services and support service users and carers in this area.

## Richard's story

I have struggled with mental health since childhood after a difficult upbringing and, as an adult, have been diagnosed with schizophrenia and a delusional disorder. Mental health and social issues are something I have been learning to live with for a long time.

In the past I have had a couple of stays in Miranda House when my illness has gotten the better of me.

Over the last 18 months I have been living alone in a Council Flat, in the centre of Hull, where I have had many challenges and upsetting experiences. I have been harassed and made to feel 'on guard' in my house due to constant threats and behaviour of local residents – many of which are drug users.

With constant complaints I have made requests for help during these 18 months, I got myself into such a mental state that it was recommended to me by social support that I was admitted again to Miranda House. I initially refused this option as I did not want admitting to a unit, I wanted the help and support I had been asking for. I was advised that if I went into Miranda House it would qualify me for a social worker, which may improve my position.

Feeling I had no options left, I was admitted to Miranda House in March 2020 and stayed there for 3 weeks.

On my discharge from the Home-based Mental Health Team, I became aware that my number had been passed on to the Voluntary Services Team at NHS Humber, as staff were concerned I would be returning to my flat and living alone. The Voluntary Services Team connected me with a telephone befriender, who has been ringing me 2 to 3 times a week to check on my welfare.

The first issue I had was returning to an empty house with no food and no money to buy any. Ann was very kind and asked the right questions. She quickly uncovered I had no food and passed this on to Sharon in Voluntary Services who got me a food parcel delivered for free. I was so grateful for the help and, at the time, still didn't 100% know who the Voluntary Services Team were and why they had been so kind.

Each day for the first 3 weeks I was visited by a member of the Home-based Mental Health Team and was also given access to a Welfare Officer from Hull City Council. It was mid-April when the Home-based Mental Health Team visited to diagnose me with hyperthermia, as I was sitting in my flat with my jumper and coat on when they arrived. I could not afford to put on my heating or electric.

The telephone calls with Ann were a constant source of comfort and the more I got to know her, I began to tell her I had no money to buy shopping and to put my heating on. I also was quite upset as the weekly shopping parcels I had been receiving had not arrived one week and all I had in my cupboard was half a tin of beans and 2 slices of bread. This information was again passed to Sharon. The next day I was contacted by various people asking about my welfare and found some money had been deposited in my bank. Ann also rang me back to say Sharon had found out my



shopping parcel had been delivered but it had been stolen from my front door by one of my neighbours.

At this, an emergency food parcel arrived from a food bank, then a Tesco food parcel came both delivered by volunteer drivers – then I couldn't believe my luck when Hull City Council then brought me more food as they had been informed my shopping had been stolen.

For as long as I can remember, I have not seen my food cupboard so full to the point I actually felt a bit guilty to have been given so much. Ann had been ringing me constantly that day to check on my situation. When she rang the final time I had just received a bag of fresh apples and was so excited I was in the middle of making myself an apple pie, which I hadn't been able to make in a long time.

I cannot thank Ann and Sharon from Voluntary Services enough and believe they have been watching over me since I was discharged from Miranda House. I have spent the last 18 months complaining and reaching out for help and feeling ignored, yet as soon as Voluntary Services have got involved, everything has started moving. I am receiving weekly food parcels set up by Sharon through Hull City Council, I have also had contact from social support who have now supplied me with a housing transfer form. I have money in my account and am starting to feel like I am finally getting somewhere.

I think Ann and Sharon have always asked the 'right questions' and have made sure I have the basics I need to live. I have always felt I talk to people but they don't truly 'listen'. I have been given contact numbers to get help but do not have the money to buy phone credit to ring them! They do not understand what it is like to literally have nothing and this has been my reality each day, until now. Ann and Sharon truly listen and I know that they care about me and my welfare. Without being referred to the Voluntary Services Telephone Befriending Services, I would not have received so much support. I do not know what would have happened to me over the last 2 months but feel sure my mental health would have suffered. I have experienced a few scary moments with lack of food and being hungry, hypothermia and also making sense of the negative behaviour of my neighbours. I perhaps would not be here as well as I am right now without the support of Ann and Sharon. I cannot thank them enough.

I hope from telling my story it helps to highlight some of the aftercare and day-to-day living issues someone like me struggles with and to also highlight the importance of feeling listened to and being truly 'heard'. It would have been helpful to of had a food parcel or some basic things provided when I was discharged until longer-term support was put in place.

## Patient and Carer Experience

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

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

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

## Our Development and Success Highlights for 2020 - 2021

2020	
January	<ul style="list-style-type: none"> <li>✓ The Trust's new children's and adolescent mental health inpatient unit, Inspire, serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened marking a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart.</li> <li>✓ Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features.</li> </ul>
February	<ul style="list-style-type: none"> <li>✓ The results of a Care Quality Commission (CQC) led survey of our mental health inpatient services has ranked our Trust better or equal to the national average compared to other NHS Trusts.</li> <li>✓ Our Trust was in the top 20% for patients being involved in decisions about their care and treatment (39.7%), the quality of our hospital food (72.5%), explaining the purpose of medications given to patients (55.9%), and not delaying discharge for any reason (86.3%) which was the highest score amongst all Trusts.</li> </ul>
March	<ul style="list-style-type: none"> <li>✓ The £13.1m project renovation of Whitby Community Hospital began. The work to the hospital included the stripping and reconstruction of the internals of the tower block to create new hospital areas to house dental and podiatry services, inpatient facilities, including those for mental health, an audiology suite and a cafe on the ground floor.</li> <li>✓ During March, the Covid-19 pandemic began to take hold nationally and the Trust moved into a phase of emergency preparedness. We established a dedicated Covid-19 rapid response team, developing Covid-19 treatment cohort wards; refreshing and developing a range of clinical policies and procedures to support clinicians and a range of measures, to further support staff to promote workforce resilience and patient safety during these unprecedented times. These measures were all in place by the time the Trust saw the first case of Covid-19.</li> </ul>
April	<ul style="list-style-type: none"> <li>✓ Launched our Back to Basics campaign to remind staff of the basics of staying safe at work. This work was commended and reused by other Trusts nationally.</li> <li>✓ Launched the ShinyMind App to support staff mental health and wellbeing during the pandemic. Over 11% of our staff have used the app accessing 665 hours of support including 6,596 sessions, 2,226 Masterclasses and 174 SOS requests.</li> <li>✓ Self-care and support packages were rolled out to staff across the Trust to support them during the ongoing pandemic. This included pamper packages and also donations from supermarkets with treats like Easter Eggs, of which we received over 1,000 for our staff.</li> </ul>
May	<ul style="list-style-type: none"> <li>✓ Marked International Nurses Day on 12 May, to reflect on the contribution of nurses not only within our Trust but also the contribution nurses around the world make to protect and promote health and care for those when they are at their most vulnerable.</li> </ul>



<h2>June</h2>	<ul style="list-style-type: none"> <li>✓ The Trust celebrated Veterans Awareness Week by holding a two-week programme of virtual events, with key speakers and attendees from local organisations, the Trust and the public. This was a brilliant opportunity to promote our status as a Veterans Aware accredited Trust.</li> </ul>
<h2>July</h2>	<ul style="list-style-type: none"> <li>✓ We launched the Trust's Wellbeing Week to reinforce the importance of staff wellbeing. During this time, we promoted methods of support for those affected by the pandemic both inside and outside of work, including support for stress and bereavement.</li> <li>✓ Trust website re-launch. The new site was designed to be mobile optimised with a restructured navigation and new features introduced to improve usability and search. We were pleased to see this work acknowledged in March when Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites for usability scored the Trust fourth out of 211 NHS Trusts nationwide.</li> <li>✓ A week-long programme of virtual events during Pride Month in July created and shared supportive content that contributes to increasing LGBT and Trans awareness. Speakers ranged from lived experiences, to individuals representing local and national organisations like MESMAC and Hull Pride.</li> </ul>
<h2>August</h2>	<ul style="list-style-type: none"> <li>✓ The Integrated Specialist Public Health Nursing Service (ISPHNS) joined thousands of breastfeeding mothers, babies and children across the world to gather in their communities to take part in the Global Big Latch On.</li> <li>✓ We launched our Trust recruitment marketing campaign, Humbelievable. Developed in partnership with staff from across our services, it shines a light on what makes our Trust special and unique. With over 20,000 visitors since its launch our website, <a href="http://join.humber.nhs.uk">join.humber.nhs.uk</a>, has drawn potential applicants from across the UK and beyond to learn more about the Trust and what we offer as an employer.</li> </ul>
<h2>September</h2>	<ul style="list-style-type: none"> <li>✓ We launched Poppulo, our new platform that provides all the software tools necessary to create, publish, measure, and improve employee communications. This new tool allows us to design and deliver personalised communications to our diverse staff population. Open rates and click through rates for our twice weekly emails have remained above national benchmarks since launch.</li> <li>✓ We marked 'Dementia Awareness Week' with a week long programme of virtual events for staff and members of the public. Held during World Alzheimer's Month it aimed to increase awareness and show support for those living with dementia. The event was attended by over 100 guests with topics including living with dementia, research and development and support for families.</li> <li>✓ We began working with Masters Students from the University of Hull who are developing a new digital platform of patient information. The platform will bring together all patient information in one place creating an accessible repository that can be used by patients, their families and Trust staff. The project is due to complete in May 2021.</li> </ul>
<h2>October</h2>	<ul style="list-style-type: none"> <li>✓ We joined forces with Hull University Teaching Hospitals Trust, Hull City Council, Humberside Fire and Rescue, and Humberside Police for a national campaign to support recruitment to the health and care workforce in Hull and East Yorkshire. Under the banner, East Yorkshire: 'the secret's out', the new</li> </ul>

## November

- campaign seeks to attract more people to vital roles in Hull and East Yorkshire from around the country and beyond.
- ✓ Our Cardiac Rehabilitation (CR) Service covering patient groups from the Scarborough, Ryedale, Pocklington and Whitby areas was awarded Full Green Certification by the National Certification Programme for Cardiac Rehabilitation (NCP\_CR). This certification demonstrates that we provide a recognised and good CR which meets agreed standards.
  - ✓ We worked with Hull York Medical Schools (HYMS) to host a one of a kind virtual event in support of the RCPsych [‘Choose Psychiatry’](#) campaign which aims to tackle the national shortage of Psychiatrists across the country. Over 750 students signed up for the virtual courtroom event with participants joining from as far as India, Hong Kong and Canada.
- ✓ Our fourth annual Research Conference had been due to take place in May 2020 with all 180 places filled, but had to be postponed due to the pandemic. Not wanting to miss the opportunity to share important research findings and highlight the incredibly varied research we are involved in, the Trust’s first virtual research conference took place over two half days 17-18 Nov 2020. Almost 300 people registered, including international delegates, and representing 50+ organisations and many professional groups.
- ✓ The Trust received confirmation of their White Ribbon accreditation, which marked our position to stand in solidarity with women who have been a victim of violence. This was publicised during our work for White Ribbon Day on 25 November.
- ✓ We became one of the first Trusts in the region to adopt and implement the Dr Toolbox, a secure online information resource to help to better orientate Junior Doctors within their Trust. Populated by a team of Trust clinicians supported by the Medical Education Team, the app works alongside the local induction providing secure online information including contact numbers, referral methods, ward handbooks & guidelines.

## December

- ✓ Our Senior Leadership Development Programme and Development Programme welcomed 120 senior leaders and 150 leaders over the year. We also refreshed and relaunched our Senior Leadership Forum and launched a new Leadership Forum and launched a new High Potential Development Scheme, aimed at our band 2 - 7 staff.
- ✓ Our Occupational Health team adapted and developed to provide additional support to our staff during this challenging year. We launched psychological support from 8am-8pm daily for staff who had witnessed a critical incident related to COVID-19 or to help them make sense of this unique and challenging situation. As our teams adapt to remote working we have also launched an MSK self-referral for all staff and developed online, bitesize Pilates sessions to help prevent MSK problems.
- ✓ Following an invitation from NHS England and Improvement, we were proud to share a series of uplifting and inspiration stories from during the pandemic as part of a national storytelling initiative. The Patient and Carer Experience (PACE) team worked with the Voluntary Services, SMASH and Chaplaincy teams to capture the stories using a variety of mediums including illustration, poetry, art and song.

## 2021

### January

- ✓ The new Trust brand was launched with our new corporate visual identity. This work is vital in positioning our Trust effectively amongst other providers, ensuring there is a connection between the high quality of care we provide and how we present ourselves to the world and ensuring that we have a professional and consistent public image that our teams can be proud of.
- ✓ Market Weighton Practice wins prestigious General Practice Award for Clinical Improvements: Chronic Conditions, for their work around improving care for patients with a diagnosis of Chronic Heart Failure.
- ✓ The Trust took part in the Care Quality Commission (CQC) Well Led Transitional Monitoring Assessment (TMA) call on the 26<sup>th</sup> January 2021 with no areas of concern raised by CQC.

### February

- ✓ Developed a campaign for Children's Mental Health Week which showcased the brilliant work being done by our SMASH team in schools across Hull and the East Riding. Including a media release about our new Mental Health Support Teams in advance of children returning to school after lockdown, next month.
- ✓ The Trust celebrated Mental Health Nurses Day on 21 February, for which we hosted several virtual events using Slido.io, an interactive web platform which allowed event attendees to submit answers and we then collated the data to learn more about staff and the public in relation to MH nursing recruitment, qualities and challenges.
- ✓ Development of beds at Maister lodge – When it became increasingly clear that the increasing demand for male service users meant using out of area beds, which impacts on distress and recovery, a proposal to create a five bedded unit secured funding with work starting in February 2021 and a planned completion date of July 2021.

### March

- ✓ The East Riding Social Prescribing team celebrated Social Prescribing Day on 18 March to promote their service and outstanding referral rates.
- ✓ One of the key ways that we can support our people is by listening to what they say and acting on their feedback. The results of the national NHS Staff Survey were published in March and we were delighted to see an improvement over all of our ten key themes and significant improvement against 68% of questions answered compared to 2019.
- ✓ The Trust was named in the Top 5 of Mental Health and Community Trusts for the theme of Equality, Diversity and Inclusion (EDI). Based on our National Staff Survey results, this is a significant achievement for us, as the Trust has risen from 19<sup>th</sup> position and to just 0.1 points away from the top spot in our category. We also believe that this provides evidence of how we are leading a culture of continuous EDI improvement, by facilitating plans and performance frameworks which enhance access, experience and health outcomes for our patients and visitors, as well as improving fairness, inclusion and respect with our staff.

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

### 2.1 Priorities for Improvement

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

In this section, we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2019/20 Quality Account.

### Our Approach to Quality Improvement and Quality Governance

#### Quality Improvement

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



We encourage an approach whereby service user involvement is considered central to our work. In order to enable this, the QI team works closely with colleagues in both Patient Experience and Patient Safety, to ensure the patient and carer voice is heard. This enables us to embed a QI culture within the Trust. The QI Charter now includes a question to prompt the inclusion of patients and their carers as part of the delivery of QI projects.

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



**Quality Improvement Consultancy**  
Bi-monthly catchups for anyone undertaking a QI project, or all QI Enthusiasts to share ideas and knowledge

**Quality Improvement Forum**  
Held quarterly to update all attendees about QI in the Trust

This Training was paused from 1 April 2020 to 29 June 2020 due to the Covid-19 pandemic. On its re-launch, the offer was reviewed and adapted to support remote delivery via MS Teams. The figures below show the training delivered from 29 June 2020 to 31 March 2021.

	Numbers	Update
Number of people attending Entry Level Change and QI workshops	43	Figures based on 9 months
Number of people undertaking training at Bronze Level QI e-learning on ESR	6	
No of people undertaking a Virtual QSIRV one hour Training module	174	This training was introduced from July 2020 to replace the QSIR Fundamentals which required face to face delivery
Number of people undertaking training at Gold Level QSIR Practitioner	0	This training is not suitable for virtual delivery
Number of attendees at ad hoc QI training	127	

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

## Quality Governance

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

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

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




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

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

- My Assurance – this is an iPad-enabled, in the moment audit tool that clinicians use to audit their practice and care environment. Results are immediate ensuring any improvements required can be taken immediately.
- Team level DATIX dashboards enabling teams to review patient safety incidents ‘real time’
- Electronic Risk Registers – this approach ensures teams capture, manage and escalate risks.
- Staff Training and Development opportunities supported by our Learning Centre and an in-house skills laboratory.
- A programme of Quality Improvement skills development and support sessions delivered by our QI lead.
- Leadership and organisational learning and sharing events and newsletter.
- A range of approaches to gather patient, service user and carer real-time feedback and engagement.
- The use of an electronic platform for clinical audits.
- Health Assure to support the dissemination of evidence-based practice, the delivery of clinical audits, management of policies and patient safety alerts
- Clinical Audit interactive session planned for June 2021

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

As part of our 2019/20 Quality Account, following consultation with our stakeholders, the Board of Directors agreed four quality priorities to be addressed via the Quality Account during 2020/21. In this section we outline the progress that we have made during 2010/21 in delivering the priorities.

Priority	Strategic Goal
<p style="text-align: center;"><b>Priority 1</b></p> <p>To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.</p>	<div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Innovating quality and patient safety</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Developing an effective and empowered workforce</p> </div> </div> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Fostering integration, partnerships and alliances</p> </div> </div> </div>

<p style="text-align: center;"><b>Priority 2</b></p> <p>Each division will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps.</p>	 Innovating quality and patient safety  Developing an effective and empowered workforce
<p style="text-align: center;"><b>Priority 3</b></p> <p>Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency.</p>	 Innovating quality and patient safety  Developing an effective and empowered workforce  Maximizing an efficient and sustainable organisation
<p style="text-align: center;"><b>Priority 4</b></p> <p>Ensure teams have access to patient safety data and that we can demonstrate improvements based on the data.</p>	<p>Innovating quality and patient safety</p>   Developing an effective and empowered workforce  Maximizing an efficient and sustainable organisation



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

### Why this was important

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

### What we said we would do in 2020/21

#### We said we would...

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

### What we did

- The working group has identified the specifics to help develop the training programme for panel volunteers and is working with the Recovery College to create a training module to be hosted on the Recovery College platform.
- The Information Governance team have agreed the consent form for sharing panel volunteer details with Trust staff and details of panel volunteer information required for the database (the storing of personal information and how staff can access the database).
- A first draft leaflet has been developed to share with patients, service users and carers. The purpose of the leaflet is to provide information on how to get involved in the Trust recruitment process and also highlights demographical information about the Trust to give Panel Volunteers an insight in how and where they can get involved in recruitment.

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

### Why this was important

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



## What we said we would do in 2020/21

### We said we would

- Each division will:
- Report the applicability and compliance of published NICE guidance using HealthAssure
  - Identify up to three pieces of guidance/quality standards where they have identified gaps in compliance that they have identified as a priority
  - Develop a locally owned action plan to address the gaps in compliance and report progress/exceptions

### What we did

Work has been undertaken with Health Assure to refine the reporting and allow us to provide reports at an organisation level and at a divisional level showing the position against published guidance in terms of applicability and levels of compliance.

Due to the pausing of the Clinical Networks, subsequent to the Covid-19 pandemic, the prioritisation of guidance has been variable. Some networks have identified guidance and they are developing action plans to drive improvement in compliance. The clinical audit facilitator has been supporting all networks to progress the development of these plans.

The Audit and Effectiveness Group monitors and reviews progress against the development of prioritised guidance and aligned action plans. The introduction of the NICE compliance review form is supporting the clinical networks with reviewing applicable guidance and determining their position against the guidance.

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

### Why this was important

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

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

## What we said we would do in 2020/21

### We said we would

- Confirm existing skills that are being utilised across the services through policy review and feedback from clinical leads
- Review new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills

- Develop inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency

## What we did

Skills inventory was created and shared with clinical areas responses have been limited despite being sent out twice.

Then, skills identified in the new nursing curriculum were included in the skills inventory tool. The benchmarking of our ability to deliver training against these competencies has not yet been completed. A fixed term post has been recruited to take this work forward over the next 18 months.

The Clinical Skills competency framework project proposal and standard operating procedure was drafted for approval at the Quality and Patient Safety Group.

Commencement of a core competency pilot with the mental health division with one planned for the community services. In addition, some role specific competencies are now underway.

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

### Why this was important

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

### What we said we would do in 2020/21

#### We said we would

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

## What we did

The dashboard module has been developed to allow teams to review and monitor patient safety data held on the Trust's Datix system. This means each service can access their own data and monitor themes and trends locally, allowing for transparency of patient safety information within Trust services. This will afford services the opportunity to further learn from incidents being reported and to implement measures to address recurring incident themes.

Dashboards have been developed and access enabled for all teams. Training has been delivered to clinical leads, divisional managers and service leads at divisional governance meetings.

Further training sessions are planned for Q1 2021/22 at team and service levels across the Trust, to encourage further uptake of the system and to fully embed use of the dashboard module, as part of local quality governance arrangements. Further developments to the dashboard module will be made in line with feedback from system users and any requests for additional monitoring metrics.

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

Although progress against the priorities for 2020-21 has been impacted upon by the pandemic, we continue to make progress against all 4 quality priorities agreed by the Trust board in 2020. At the time they were agreed it was noted that they were very transformational in nature and may take more than 12 months to deliver, therefore, it was also agreed that we would implement a further stretch for each of the 4 priorities above.

Due to the restriction of the pandemic, it was not possible to engage with stakeholders as in previous years. However, the refreshed priorities have been discussed at various staff groups and patient and career forums and discussed, presented and agreed at the Trust Quality Committee and Trust Board.

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

### What we will do in 2021/22

#### We will

- Ensure staff are familiar with the framework for involving patients, service users and carers in the recruitment process and the case for change
- Actively recruit patients, service users and carers to join a recruitment network
- Develop a co-produced training package for patients, service users, carers and staff to support them through the process
- Deliver the training package through a variety of different mediums; e.g. online training presentation, virtual training sessions, face to face training sessions and using the Recovery College platform wherever possible
- Commence a roll out across service areas

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

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

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

### What we will do in 2021/22

#### We will

- Each division will review and report the applicability and compliance of published NICE guidance using HealthAssure
- Each division will review progress via re audit for the identified prioritised NICE guidance/ Quality Standards

- Each division will update local action plans to address the gaps in compliance and report progress/exceptions via Audit and Effectiveness Group and Quality and Patient Safety Group

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

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

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

### What we will do in 2021/22

#### We will

- Confirm existing skills that are being utilised across the services at a team and practitioner level
- Confirm new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills
- Publish an inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency
- Benchmark teams and practitioners in terms of compliance with required competencies and develop local action plans to address any gaps

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

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

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

### What we will do in 2021/22

#### We will

- DATIX training package to be reviewed and online e-learning package to be developed in conjunction with Trust Learning Services
- Divisional level dashboards to be utilised by each Division at their operational and clinical network meetings
- Fully embed use of the dashboard at service level to ensure benefits are being fully embraced and effective learning and development actions are being undertaken

- Deliver training for divisions, to enable them to improve their knowledge of how to use data to identify themes and trends and improve care
- Further bespoke dashboards developed, such as mortality, to support current forums such as the Clinical Risk Management Group and Operational Delivery Group
- Co-produce a training package and ensure staff have access to quality improvement methodology, to enable them to undertake quality improvement informed by the data

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

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

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

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

## 2.2 Statements of Assurance from the Trust

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

- Services and sub-contracts provided by the Trust
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and Dentists in Training
- Progress made in 2021 in bolstering staff in adult and older adult CMHT services following additional investment from local CCGs baseline funding
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research and Innovations
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC) registration
- Data quality and coding
- Information Governance
- Learning from deaths

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

Working with our commissioners and other providers Humber Teaching NHS Foundation Trust leads on the provision of a range of services delivered either directly by the Trust or on behalf of the Trust by other providers (subcontractors). During 2020/21 the usual contracting arrangements commissioning bodies and NHS Trusts were ceased to enable a focussed response to the COVID19 pandemic.

The most significant services provided during 2020/21 were as follows:

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

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

### Freedom to Speak Up

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

Ahead of such legislation, NHS Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment.

## Response

Working in partnership with the Trust Board, staff members and staff governors; we have developed a Freedom to Speak Up Strategy (2019 - 2022) which is supported by the Freedom to Speak Up Policy and Procedure.

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

The Trust's Executive Lead for Freedom to Speak Up (FTSU) is Michele Moran, Chief Executive, and Peter Baren, Non-Executive, is the Senior Independent Director. The Freedom to Speak Up Guardian is Alison Flack, Transformation Director for Humber Coast and Vale, and the Deputy Freedom to Speak Up Guardians are Nikki Titchener, Service Manager, and Alec Saxby, Human Resources Advisor. The Guardians have completed the National Guardians Office (NGO) training and also participate in the regional networking meetings.

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

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

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

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

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

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

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) require the Trust to produce an annual report on rota gaps and vacancies.



This Quarterly Report on Safe Working Hours for doctors in training includes (Q3) up to December 2020 and Q4 March 2021. The report highlighted that the junior doctor workforce was working to a full complement and that there were no vacancies nor were there any major issues with safe working hours identified.

The recommendations were as follows:

- Optimisation of units being covered on the two rotas' so that distances travelled are significantly reduced and better supported for safer working hours
- Electronic prescribing enabled to reduce reasons for travel for routine interventions
- Review of seclusion to be discussed with consultant on call on a night when patient is asleep, as to reduce unnecessary travel thereby minimise fatigue and ensure safer working hours
- Support for junior doctors to have access to Trust smart phones whilst on call, with enabled GPS and SOS applications, given lone working when travelling to sites on night shifts. This includes Bluetooth technology to permit hands-free calls in the car
- The 2016 terms and conditions mandate the provision of adequate rest facilities or alternative arrangements for safe travel home. Property to be purchased to ensure reasonable rest facilities are available and fit for purpose. The property manager is reviewing potential sites with a further view of incorporating potential future rooms in the new mental health in patient facility. This is important for both patient safety as well as staff morale

## **Progress made in 2020/21 in bolstering staffing in adult and older adult community mental health services, following additional investment from local CCGs' baseline funding**

In line with the NHS Mental Health Implementation Plan we are undertaking transformational work across our adult and older adult Community Mental Health Teams (CMHT). We have been chosen by NHS England as an Early Implementer site to develop the mental health offer to bridge what is offered in Primary Care and Secondary Care. To do this we have developed 12 multi-disciplinary teams across Hull and the East Riding of Yorkshire that will deliver a new place-based, multidisciplinary service across health and social care aligned with primary care networks with a focus on early intervention and recovery. This work has been developed and underpinned by collaboration with those with Lived Experience.

These teams will enable:

- Faster access to advice from a Mental Health specialist in primary care
- A new service from Mental Health Wellbeing Coaches
- Reduced waiting times for those who need the support of a CMHT
- Support for recovery for those stepping down from CMHT support
- Faster access to pharmacy advice and medication reviews
- Improved access for those with Serious Mental Health illness to access annual health checks and develop individualised plans to manage their health and wellbeing.

This means that there will be new roles, new ways of working and fewer barriers between different organisations, teams and workers.



## Emergency Preparedness, Resilience and Response (EPRR) Assurance 2020/21

All NHS Trusts have a duty to plan for and respond to major, critical and business continuity incidents whilst maintaining services to patients. The executive lead for emergency preparedness is Lynn Parkinson, Chief Operating Officer and the non- executive lead is Mike Smith. Each year, Trusts are asked to assess overall whether they are 'full', 'substantial', 'partial' or 'non-compliant' with the 54 EPRR core standards and the additional deep dive element which underpins this duty. In 2020, due to the pressures of the Covid-19 pandemic, the full annual assurance process to self-assess was not possible. Therefore, a 'light touch' approach was taken in re-visiting the previous year's submission and updating the outstanding actions, enabling the Trust to achieve full compliance.

Improvement from the 'substantial' core compliance to 'full' compliance is a result of on call teams undertaking Joint Decision Model training as well as the testing and application of command and control arrangements during the Covid-19 pandemic.

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

### Improving Care through Clinical Audit

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

We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) quality standards and Care Quality Commission (CQC), Key Lines of Enquiries (2015). We also audit themes emerging from serious incidents, adverse events and recorded complaints to fully inform our programme of clinical audit.

Following a revision of our Clinical Audit policy each Division is now expected to complete a minimum of 5 audits across the financial year and also contribute to national and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

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

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



## Audits Undertaken During 2020/21

Foundation Trust provides. During that period Humber Teaching NHS Foundation Trust participated in 100% (10 of 10) of national clinical audits and 100% (1 of 1) of national confidential enquiries of the national clinical audits and national confidential inquiries in which it was eligible to participate in. The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death. All mental health trusts across the UK provide data to the confidential inquiry, which enables themes and trends to be investigated on a national level.

The Quality Committee were given an overview of the findings from the 2019 Confidential Inquiry in January 2020 and these findings continue to inform our patient safety programme.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2020/21 are as follows:

Eligible National Clinical Audits 2020/21
Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services
Topic 18b: The use of clozapine
National Asthma and COPD Audit Programme (NACAP)
National Audit of Care at the End of Life (NACEL)
National Clinical Audit of Psychosis (NCAP)
National Falls & Fragility Audit (FFAP)
National Diabetes Audit
National Clinical Audit of Psychosis (NCAP) 2020/21 Spotlight Audit
Physical Health in Mental Health Hospitals (NCEPOD)
Topic 14c alcohol detoxification - Preliminary identification of sample

Eligible National Confidential Inquiries 2020/21
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2020/21 are as follows:

## Eligible National Clinical Audits 2020/21

Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services
Topic 18b: The use of clozapine
National Asthma and COPD Audit Programme (NACAP)
National Audit of Care at the End of Life (NACEL)
National Clinical Audit of Psychosis (NCAP)
National Falls & Fragility Audit (FFAP)
Physical Health in Mental Health Hospitals (NCEPOD)
National Diabetes Audit

## Eligible National Confidential Enquiries 2020/21

Suicide, Homicide and Sudden Unexplained Death
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The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2020-21 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2020/21	Cases Required	Cases Submitted	%
Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services	No minimum requirement	23 cases	N/A
Topic 18b: The use of clozapine	No minimum requirement	0 cases	N/A
National Asthma and COPD Audit Programme (NACAP)	No minimum requirement	22 cases	N/A
National Audit of Care at the End of Life (NACEL)	No minimum requirement	0 cases	N/A
National Clinical Audit of Psychosis (NCAP)	No minimum requirement	99 cases	N/A
National Falls & Fragility Audit (FFAP)	No minimum requirement	0 cases	N/A
Physical Health in Mental Health Hospitals (NCEPOD)	15	14 cases	93
National Diabetes Audit	No minimum requirement	Undisclosed	N/A
National Clinical Audit of Psychosis (NCAP) 2020/21 Spotlight Audit	No Minimum requirement	0	N/A
Topic 14c alcohol detoxification - Preliminary identification of sample	No Minimum requirement	0	N/A

National Confidential Enquiries (2020/21)	Cases Required	Cases Submitted	%
Suicide, Homicide & Sudden Unexplained Death	N/A	1	N/A

No reports for national clinical audits have been received in 2020-21 and Humber Teaching NHS Foundation Trust can provide the following updates to improve the quality of healthcare provided:

National Clinical Audits 2020/21	Actions
Topic 20a: Improving the Quality of Valproate prescribing in Mental Health Services	Data analysis undergoing. Report to be disseminated in March 2021.
Topic 18b: The use of clozapine	Data collection ongoing data deadline 31 <sup>st</sup> March 21. Report scheduled for August 2021.
National Asthma and COPD Audit Programme (NACAP)	Data collection still ongoing. Contracted until March 2023.
National Audit of Care at the End of Life (NACEL)	Data collection of all patients who died between 1 <sup>st</sup> April and 31 <sup>st</sup> August 2021. Report scheduled for February 2022.
National Clinical Audit of Psychosis (NCAP)	Data collection completed. Report due for completion Summer 2021.
National Falls & Fragility Audit (FFAP)	Awaiting report, still ongoing.
Physical Health in Mental Health Hospitals (NCEPOD)	Case notes completed. Deadline for completion of organisational questionnaires 26 March 2021.
National Diabetes Audit	Data is drawn from each practice clinical system by CQRS on a quarterly basis.
National Clinical Audit of Psychosis (NCAP) 2020/21 Spotlight Audit	Data entry to begin on 21 April 2021.
Topic 14c alcohol detoxification - Preliminary identification of sample	Data entry to begin 03 May 2021

The reports of 24 local clinical audits were reviewed by the provider in 2020/21 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2020-21	Actions - summary
An assessment of the use of the Section 136 suite at Miranda House against the Royal College Guidelines	This audit recommended ongoing discussions for multi-agency working. Recommendations were to streamline the process of data collection, consideration of electronic data collection and improving liaison with the police and ambulance service.
An audit of letters to GP following an outpatient clinic appointment with the Community Mental Health Team at The Grange	All the letters had a management plan, 97% of the letters had the Diagnosis, Medications before review, medications after review and risks mentioned. The admin team send out to new doctors a clinical letter template. This template needs to be updated
An audit of the recording of allergy status on Lorenzo for patients on the CMHT caseload	Data collection ongoing, awaiting report.
Antipsychotic use & physical health monitoring in Hull Psypher	Data collection ongoing, awaiting report.

Antipsychotic use among dementia patients presented to old age psychiatry clinic	Data collection ongoing, awaiting report.
Are we appropriately performing ECGs alongside antipsychotic medication use on Avondale?	The audit results of poor compliance to the guidelines and best practice of performing ECG's has led to the recommendations of making ECG a part of the formal clerking process along with bloods and physical examination which are compulsory. A poster highlighting the location of the ECG machine off the ward and encouraging medical staff to perform ECG has been placed on the ward. On the clerking proforma there is a clear section asking for ECG findings as a prompt.
Audit on the Management of Cardiovascular Risk factors on Inpatient Wards	Data collection ongoing, awaiting report.
Cognitive and Affective Symptom Monitoring in ECT	CGI to be carried out by Dr during the brief pre-treatment assessment, if not already carried out by the referring team. CGI to be recorded on the ECT Prescription record on Lorenzo. AMT and AMT4 (cognitive screening) to be trialled by the ECT unit. AMT / AMT4 to be recorded on the ECT Prescription record on Lorenzo.
Evaluation of Video Conferencing in a Perinatal Mental Health Service	Data collection ongoing.
Re-audit of Compliance with routine physical health monitoring on admission	A dedicated section for documenting blood and ECG results on admission should be created under the medical tab on Lorenzo. Information about physical health monitoring requirements should be included in the induction for junior medical staff. Posters should be placed in clinical areas outlining the list of blood tests that are required on admission. Pre-printed pictures can be used for blood request forms on admission so that all the required bloods tests are requested.
Re-audit of Seclusion Medical review according to Trust Policy after introducing a template	There was a marked improvement in the quality of seclusion medical review after the introduction of the template based on Trust guidelines and Code of Practice.
Management of non-cognitive symptoms in dementia in older adults CMHT	Data collection ongoing, awaiting report.
Audit of referral paperwork and process to the Hull Children and Young People's Autism Assessment Team	Standardise the referral process so that all prospective referrers complete the same thorough referral documentation. The service should provide guidance to referrers on how the new referral documentation should be completed. Update the HAATCYP referral questionnaires so that it complies with all NICE standards listed in table 1. Communicate all of these changes to the HAATCYP referral process to all prospective referrers.
Consent to Treatment Documentation	Data collection ongoing, awaiting report.
April 2020 new Birth visit Audit Recommendations	139 records were audited of all 44 health visitors employed within the ISPHN service. Of the 139 babies born over the period 25 (18%) were seen face to face and the NBV was conducted virtually

	over the phone for 114 (82%). A proposed pro-forma which could be adapted and used to support health visitor's documentation in the health record.
Audit of Positive Behaviour Support Plans in the Adult Learning Disability Service	The audit highlighted that the service are not effectively detailing how plans are being implemented, monitored and reviewed in line with the PBS framework. A standardised updated PBSP template to be developed to be used across the service for staff to follow. The audit tool to be edited to include skills teaching and teaching functionally equivalent strategies. To create a PBS Standard Operating Procedure and pathway. To identify a lead PBS coach in each area of the service who can support colleagues and re-audit plans with dedicated time each week.
Section 17 leave audit at Townend Court Learning Disability wards.	The finding of this audit show a high compliance to standards was 100% however one parameter/ area which (compliance was 75%) has been missed is the crossing out of previous Section 17 leave forms. Nursing staff to ensure that all Section 17 forms have been crossed off.
Humber Centre baseline nursing clinical record baseline clinical record review - physical health component	On the main ward the staff physical health documentation reviewed demonstrated an improved and robust level of relevant information, there was a 38% increase in full compliance in the documented physical health assessment of the patient at time of contact. A high level of well documented patient physical health documentation was identified displaying a high level of assurance. Contextual information is being recorded and a clearly articulated and appropriate recommendations to refer the patient onward being evidenced in the patient record. There is a recommendation to deliver refresher training.
Management of Mild – Moderate None IgE –Mediated Cows Milk Protein Allergy	Data collection ongoing, awaiting report.
Assessment and Management of Pre-Diabetes in Primary Care	Data collection ongoing, awaiting report.
Humber Teaching NHS Foundation Trust: Short Audit of the quality of mental capacity assessments and best interest decisions carried out across inpatient units community wards and the mental health response service	Data collection ongoing, awaiting report.
A retrospective audit of the impact of COVID-19 on dementia inpatient mental health care at Maister Lodge	The findings demonstrate that overall this ward saw a decrease in demand during COVID-19, in contrast to pre-pandemic predictions and in comparison to other mental health wards which have seen spikes in demand. COVID-19 resulted in changes in patient journeys highlighting the complexity of factors involved in an inpatient admission and discharge. Further research is



	needed to explore the impact of COVID-19 on the care of people with BSPD in inpatient settings.
A clinical audit of the Hull Autism Assessment Team's referral process for children and young people (HAATCYP)	The findings of this audit report need to be disseminated in a HAATCYP team meeting. This discussion will enable the team to identify how the referral documentation could be improved to address its current weaknesses, and who shall take responsibility for this task. This process should take place as soon as possible to minimise the time that respondents are using non-complaint referral documentation. These changes will need to be communicated clearly to all prospective referrers. Written resources and meetings may be useful ways to explain to referrers why the referral process has changed. It will also be important to explain what information referrers need to include in a referral and how they can access and submit the new referral documentation.
6 – 8 week visit review	The audit showed that the 6-8 week contact is being offered to all children. Staff are very good at recording height, weight and head circumference measurements for all children. This ensures that they can assess growth, any discrepancies with growth can be an early indicator of disease or neglect. Staff are very good at asking mothers about their mental health at this contact. Clear interpretations of the contact were recorded in all visits with clear plans of care based upon this.
A retrospective audit of the impact of COVID-19 on dementia inpatient mental health care at Maister Lodge	The findings demonstrate that overall this ward saw a decrease in demand during COVID-19, in contrast to pre-pandemic predictions and in comparison to other mental health wards which have seen spikes in demand. COVID-19 resulted in changes in patient journeys highlighting the complexity of factors involved in an inpatient admission and discharge. Further research is needed to explore the impact of COVID-19 on the care of people with BSPD in inpatient settings.

Over the year, The Trust has identified a number of areas for targeted audit work across the organisation. These have been selected as areas of a potential risk or in order to support a strategic aim. The report including action plans, are reviewed through clinical network meetings and governance divisional meetings.

## Research and Innovation

The Covid-19 pandemic has highlighted the importance of research in public health. Early on, the Chief Medical Officer, Prof Chris Whitty advanced an action plan to coordinate the UK's response to Covid-19, of which one of the main elements was, research. The daily televised briefings from Downing Street often made reference to the importance of research and to the key discoveries this has brought around treatment and vaccination. Particular studies, addressing numerous questions

to help inform fast effective responses to Covid-19, were mandated as 'Urgent Public Health Research' and we prioritised these during 2020-21.

Within weeks of the first lockdown, our Research Team had adapted their ways of working to ensure people could still participate in research remotely. Feedback from participants identified that this work was valued as it helped to reduce the feeling of isolation during the national lockdown. As the number of Covid-19 cases reduced, we restarted the suspended studies, where it was safe to do so, and began opening new studies, whilst continuing to prioritise Covid-19 research.

*Talking with you and answering your questions has given me the opportunity to recognise that life is good – I am in a good place*

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

*The (research) intervention has made me feel very safe*

We are immensely proud of our increase in research activity that is now double the number of participants in the last four years. Based on the size of the population the Trust covers, it recruits a significantly larger proportion of people into National Institute for Health Research (NIHR) Portfolio studies than many other Trusts across the country, which provides similar services. Of the six mental health Trusts in Yorkshire and Humber, we were the highest recruiting in 2020-21 and 12<sup>th</sup> across all 22 Trusts, indicating our continued growth and increased opportunities to impact on future healthcare for our community.

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2020-21, who were recruited during that period to participate in research approved by a research ethics committee, was 1667.

1596 patients were recruited to NIHR Portfolio studies and 71 were recruited to local studies. In total, there were 43 Portfolio studies and 12 (non-Portfolio) local studies running in the Trust in 2020/21. This is a slightly lower number of studies than the previous year due to priority being given to urgent public health studies during 2020-21. However, the Trust still far exceeded its target of 660, set by the Yorkshire and Humber NIHR Clinical Research Network (CRN), for recruitment to Portfolio studies in 2020-21. It was also the first NHS site to open, the first to recruit and the first to reach its recruitment target on a number of national Portfolio studies. Patients accessing Trust services are offered a breadth of research opportunities spanning numerous health conditions and



many types of study design; approximately a third of Portfolio studies involved the evaluation of novel treatment interventions.

## **Research Strategy 2020-22**

The Trust's Research Strategy 2020-22 was built upon the successes of the previous strategy and sets out three main priorities, as well as new research ambitions. Whilst progress is being made against these three priorities, the process of achieving the objectives has required some adaptation in light of Covid-19 and the different ways of working. Developing an animation to help promote research and reach out to people in an increasingly virtual world is just one example of how we are adapting. Existing animations and national campaigns tend to be targeted and designed with hospital patients in mind. Those accessing mental health services or living with multi-morbidity are often not treated in hospital settings and find clinical images off-putting.

### **Priority 1**

*Research embedded as a core component of clinical services*

### **Priority 2**

*Enhanced community involvement and awareness*

### **Priority 3**

*Growing our strategic research presence and impact*

The Research department has continued to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017). This includes conducting specific tasks to 'assess, arrange and confirm local capacity and capability' to deliver each new study, as part of the national Health Research Authority (HRA) approval process. Work has continued in 2020-21 to adapt EDGE (local performance management system) to manage this information, and to enable the CRN to access more accurate study level data they require to monitor Trust performance, which has been incredibly important this year in relation to Covid-19 studies. The expectation is that the local system is kept up to date daily by the Research department. Certain elements of EDGE communicate automatically with the national central system for reporting research performance and in particular in monitoring equity issues around population access to research opportunities.

The Trust has published its performance in initiating and delivering (PID) research, a DHSC national benchmark. The quarterly PID data in relation to eligible studies (intervention trials) have been posted on the research pages of the Trust's website as well as submitted centrally. This indicator has been met in quarters one and two, with the exception of two studies for which the delay was not the fault of the Trust, it was down to being put on hold due to Covid-19.

Research performance data has been reported to the Board on a monthly basis, with a more detailed report provided six monthly, helping ensure research has remained high on the Trust's agenda. The Quality Committee also receives regular updates to ensure there has been appropriate research management, governance, participation in quality research and strengthening of the research culture. 'Research drop-in' sessions also commenced in 2020 to enable anyone within the Trust to meet the research team, find out how they can get more involved and ask any questions they might have about research. The Assistant Director for Research and Development

has continued to represent the Trust at various stakeholder meetings, including the Yorkshire and Humber CRN Partnership Group, which the Trust's Chief Executive also chairs.

It is important for research to have patient and public involvement and engagement (PPIE) and throughout 2020-21 there have been many examples of how the Trust has achieved this, including:

- Trust Patient Research Ambassador (PRA), someone living with dementia, helped promote research via a session they delivered online in September 2020, 'Living with dementia: the beginning of a different life', which they presented with someone from our research team
- Research participant as a presenter at the Trust's first virtual research conference in November 2020; they pre-recorded their story for playing on the day and afterwards
- Research participants shared their experiences in short clips and quotes as part of a 'Research Changes Lives' video made for the Trust's 2020 research conference, which has also been played at various internal training events to promote the importance of research and the benefits for patients, carers, service users and staff of being involved. Also available on the Trust's website – [Research \(humber.nhs.uk\)](https://www.humber.nhs.uk/research)
- Patients, carers and service users co-produced three minute animation video to promote research
- PPIE groups informed external research grant applications and representatives were included as co-applicants

*"Knowing that the research may be used to help other people can feel really empowering"*

*"I was able to learn about various techniques and coping strategies that I couldn't really get a grasp of by myself"*

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

**Quotes from research participants**


During 2020-21, the Research department helped to develop new local principal investigators and opened studies in specialties not previously involved in research. Despite the focus on Covid-19 research, work continued to establish stronger relationships with higher educational institutions, locally and nationally, and other key stakeholders to ensure as many research opportunities as possible for those accessing Trust services. Collaborating with Chief Investigators we have not previously worked with resulted in new research studies being opened in the Trust, including from Tees, Esk and Wear Valleys NHS Foundation Trust, University of Oxford and University of Leeds. The research team have worked hard throughout the year to ensure quality service has continued throughout the pandemic and that the Trust is a site that national experts want to work with.

*Really impressed with enthusiasm and passion of colleagues @ResearchHumber for research that makes a difference to patients*

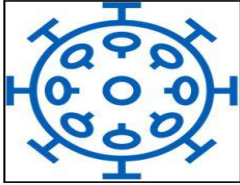
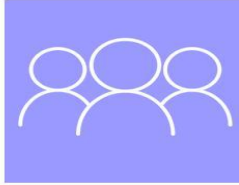

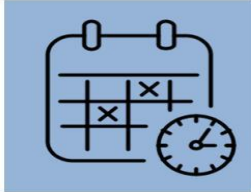



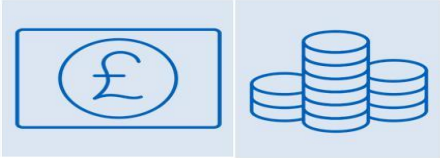
**Professor, University of Nottingham**

Almost 300 people registered, including international delegates, and representing 50+ organisations and many professional groups. External guest speakers included, amongst others, Professor Tony Avery of the University of Nottingham, Professor Shanaya Rathod of Southern Health NHS Foundation Trust, Dr Margaret Ikpoh of Holderness Health, Dr Mark Wilberforce of the University of York, Stephen Lock of National Institute for Health Research and Dr Rebekah Carney

of Greater Manchester West Mental Health NHS Foundation Trust, as well as Trust clinicians and research participants. Feedback was fantastic.



### Impact of Research 2020-21

<p style="text-align: center;"><b>Helped global fight against COVID-19</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">1435 people participated in COVID-19 studies</p>	<p style="text-align: center;"><b>Enhanced Clinical Skills</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">20 staff trained in new clinical interventions as part of research</p>
<p style="text-align: center;"><b>Changed Lives</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>I have better insight into how to resolve some of my negative feelings</i></p> <p><i>We've started talking to each other more</i></p> <p><i>Life is good, I am in a good place</i></p> </div> <div style="width: 10%; text-align: center;">  </div> <div style="width: 45%;"> <p><i>Taking part in the research has been an amazing experience</i></p> <p><i>Feel important and that we were doing something good</i></p> <p><i>Do not feel as isolated as I have been</i></p> </div> </div> <p style="text-align: center;">This is what research participants told us</p>	<p style="text-align: center;"><b>Increased Patient \ Carer Contact</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">More than 800 hours spent with patients\carers by researchers (over and above clinical contacts)</p>
<p style="text-align: center;"><b>Contributed to Evidence</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">23 national and international publications included authors from the Trust</p>	<p style="text-align: center;"><b>Shared Learning</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">Almost 300 delegates from 50+ organisations registered for 2020 Research Conference</p> <p style="text-align: center;"><i>'Really impressed with enthusiasm and passion at Humber for research that makes a difference to patients'</i></p>
<p style="text-align: center;"><b>Animation Co-produced</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">Animation co-produced with patients, carers, service users and staff to help explain research</p>	<p style="text-align: center;"><b>Generated Income</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">£391k research funding into the Trust</p>

## Commissioning for Quality and Innovation (CQUINs)

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

Humber Teaching NHS Foundation Trust income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because as per the NHS England website guidance, the operation of CQUIN (both CCG and specialised) will remain suspended for all providers until 31 March 2021; providers

do not need to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data. For Trusts, an allowance for CQUIN will continue to be built into nationally-set block payments; for non-NHS providers, commissioners should continue to make CQUIN payments at the full applicable rate.

## Care Quality Commission (CQC)

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

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

The Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against the Trust during 2020/21.

Humber Teaching NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period, but following participation the previous year in the restraint, segregation and seclusion review, the final report which was delayed due to Covid-19 and released in October 2020.

### Out of sight, - who cares? Restraint, segregation and seclusion review

As a Trust we are using the findings to continually assess and improve the care that we provide to our patients. It is important to note that our learning disability services are still rated as outstanding by the CQC.

Due to the pandemic and government mandated restrictions, the CQC ceased their routine site inspections but still maintained from late summer unannounced focused inspections where concerns were raised, these also had the aim of ensuring that organisations were being supported where required to manage with the Covid-19 crisis.

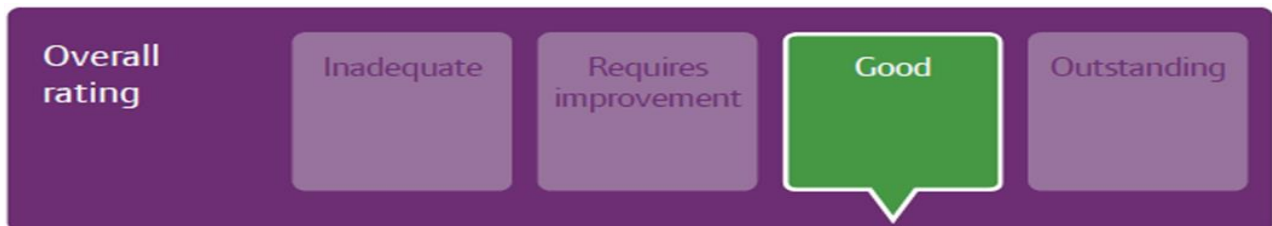
During the main pandemic, the CQC developed an Emergency Support Framework, which looked at providers to see how they were coping. The Trust participated in this process and the CQC gained assurance that we were continuing to deliver high quality services throughout the pandemic.

Consultation started in January 2021 on their latest strategy. During this time, the CQC moved to a Transitional Monitoring approach as progress of their new strategy delayed due to Covid-19. This changed the process of inspections from the CQC. Engagement with the CQC and the Trust continues through virtual CQC Engagement meetings each month along with virtual calls held fortnightly during the height of the pandemic.

A scheduled 'well-led' Transitional Monitoring Call was also held virtually in January 2021. This call would not change the rating for the Trust, but could trigger an inspection if concerns were raised. Feedback confirmed there were no concerns at this time.

Overall, the Trust remains rated as "Good" with the CQC rating the effective, caring and well-led domains as Good. The safe domain was rated as 'Requires improvement' at the last inspection in 2019, and therefore the Trust has made good progress against their internal action plan on the safe domain.

### CQC Rating from the last inspection in February 2019



### Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

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



## Outstanding Practice from the 2019 Inspection



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

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

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



## Areas for Improvement from the 2019 CQC Inspection

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

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

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

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



## Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

which included the patient's valid NHS number was:

100% for admitted patient care;  
*100% for Mental Health; and*  
*93% for Improving Access to Psychological Therapies*

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

100% for admitted patient care;  
*100% for Mental Health; and*  
*89% for Improving Access to Psychological Therapies.*

The source of these is NHS Digital's December 2020 DQMI published report for the months July to November 2020

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

## Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/2021 by the Audit Commission

## Actions to improve Data Quality

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

- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis, please note that coding was disrupted in 2020 due to the covid pandemic and retirement of the Trust's allocated coder.
- increasing WTE hours from April 2021;
- The Trust to promote regular clinical engagement with the Coder as part of a validation strategy programme.

## Information Governance

### Information Governance assessment report

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

The Data Security and Protection (DSP) Toolkit submission date for 2020/21 is the 30 June 2021. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2020/21 is **Standards Met**. The DSP Toolkit was audited by an independent assessor and the audit assessment is;

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

There is one low level finding relating to Standard 10.2.4 Checks on suppliers.

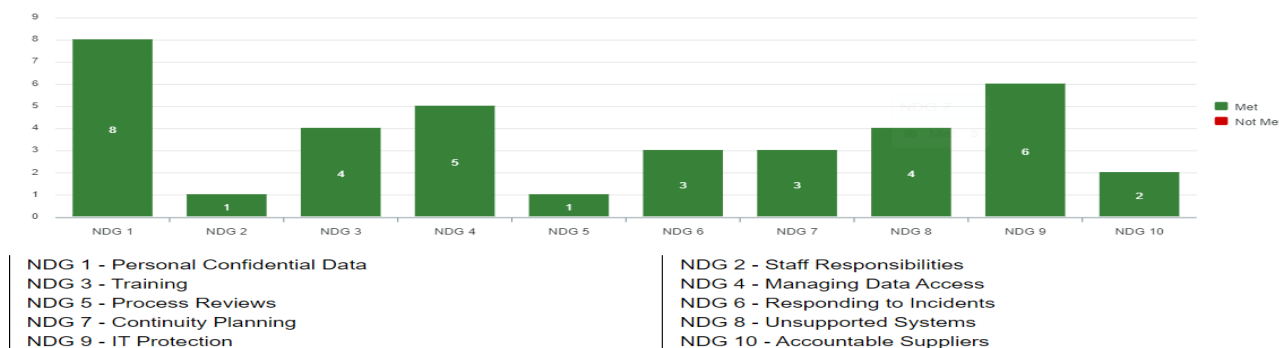
Work is underway to identify and record the security related responsibilities of the Trust and the third party suppliers as identified through the contracts/service level agreements. This work will be completed by the end of September 2021.

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

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

In the current version there are 42 assertions and 111 mandatory evidence items relevant to this Trust. For each assertion, the status can be “met” or “not met”. The Trust must ensure that all mandatory assertions are “met” for a “Standards Met” DSP Toolkit. If any of the assertions are “not met”, the Trust will receive a “Standards not met” DSP toolkit.

The Trust’s submission at the present time for the 2020/21 DSP Toolkit is below; all assertions are “met” prior to the 30 June 2021 submission deadline.



Key areas of development in the year 2020/21 have been:

## Accountability

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

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

- Data Breaches reported to the Information Commissioner's Office within 72 hours

## Data Security and Protection Toolkit

The Trust published a baseline assessment on 26 February 2021. The IG Team has reviewed the amendments made to the Data Security Protection Toolkit by NHS Digital. Evidence items will continue to be updated prior to the submission deadline.

A report on progress will be provided to the IG Group on a bi-monthly basis up to the submission date of the 30 June 2021.

## Coronavirus

The IG Team supported the Trust to maintain an appropriate level of information governance compliance as staff moved to home working during the Coronavirus pandemic;

- **Advice and Support**

The IG Team continued to provide advice and support to staff, via email and telephone. The advice continued to be logged and was themed and reported to the IG Group at the first post COVID-19 meeting.

- **Provision of IG Updates**

The updates provided clarity on any changes that impact on information sharing during COVID-19, reminders of Trust policies and procedures that support compliance, and advice and guidance to support new ways of working.

Updates were provided on;

- Control of Patient Information Regulations 2002 (COPI)
- Instant Messaging
- Videoconferencing
- Using Your Own Device
- Homeworking
- New Ways of Working

- **Covid-19 Privacy Notices**

To maintain transparency and accountability the IG Team provided a Supplementary Privacy Notice to inform patients specifically how their information is used to protect them during the Coronavirus pandemic and the lawful basis for this. The Patient Privacy Notices were updated with information about Care Mail.

Staff Privacy notices were updated to ensure transparency related to National Covid-19 and Flu vaccination programmes, Covid-19 Testing (antibody and lateral flow) and the Shiny Minds Wellbeing App.

The notices were reviewed frequently to ensure they took account of any changes of data use as the pandemic developed.

- **Data Privacy Impact Assessments (DPIA's)**

As the pandemic progressed NHSX advocated the use of mobile messaging and videoconferencing to communicate with colleagues and patients, although this did not abdicate the Trust's responsibility to perform a high level DPIA before use. The IG Team introduced a short form DPIA to support this process, new systems/apps were logged, a DPIA performed to identify risks/issues with no mitigation, and a summary circulated to the SIRO, Caldicott Guardian and DPO for noting.

DPIA's were completed for;

- WhatsApp
- Accurx
- Upstream Videoconferencing
- Google Online Education
- Eduflow
- Shiny Minds - Staff Wellbeing App

- **Helping patients stay in touch with friends and family**

The IG Team supported the Trust initiative to help friends and family stay connected to in-patients during the pandemic. The IG Team provided advice on how to maintain confidentiality and protect personal information to facilitate the introduction of Care Mail and Comfort Pebbles.

- **Videoconferencing**

The IG Team produced the 'Information Governance Guidance for Video Consultations with Patients' for all staff to follow whatever the medium used for consultations. This supported the introduction of videoconferencing technologies to protect the health of staff and patients during COVID-19.

The IG Team worked with the Clinical Systems Team, IT and Upstream providing advice and guidance for the introduction of Upstream Videoconferencing through the Clinical Portal and Upstream Engage App.

- **Guidance**

To protect staff and raise awareness of the risks of using technologies, information was circulated to staff on WhatsApp 'scams' that were circulating this also included a link for general advice on using Apps for Business and Social Use.

To support access to information TPP re-instated the consent override facility within SystmOne to support direct care, prevention, diagnosis and treatment of those with or at risk of COVID-19. This has been agreed by the Caldicott Guardian and an IG update on using this functionality was issued.

## **Information Governance Training Needs Analysis**

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

Two surveys were circulated this year, one quantitative with qualitative questions designed by the IG Team to assess any gaps in staff knowledge, and a cyber security awareness survey. Results of both surveys were collated and submitted to the IG Group. The results inform changes to the face-to-face training and development of help and guidance to staff around specific topics through 2020/21.

## **Supporting New Business**

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

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

When new services begin, new information processing systems are introduced or there are significant changes to existing information processing involving personal confidential information,

the Trust ensures that it remains compliant with legislation and NHS requirements. This process is a mandated requirement on the DSP Toolkit and the new data protection legislation.

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

## Information Sharing Agreements

This good work has continued in 2020/21 with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- Specialist Community Forensic team (SCFT) pilot with Navigo and RDASH
- Nutrica Homeward Connections via HUTH for the Dietetics Service
- Peer Support Workers Hull for Primary Care Mental Health Network provided by Hull and East Yorkshire MIND
- Continuing Health Care for Scarborough and Ryedale with the Scarborough and Ryedale CCG
- CAMHS online Autism Assessment Service with Healios
- Vaccination and Immunisations Services for delivery by Intrahealth in Hull and East Riding
- Assertive Engagement Team to support the Rough Sleeper and Sustainability Care Pathway
- Humber Local Resilience Forum Sharing Protocol providing a framework for sharing personal information with category 1 and 2 responder when responding to and recovering from emergencies
- Humber Coast and Vale Provider Collaborative for Mental Health and LD Patients
- Read only access to CHIS SystemOne unit for CHCP Safeguarding staff.

## Policies

Lawful and correct treatment of personal data is important. During 2020/21 a number of IG Policies were reviewed, they include:

- Patient Objections Procedure
- Electronic Communications and Internet Acceptable Use Procedure
- Information Security Policy
- Enhanced Data Sharing Model SOP
- Patient Online Access for GP Practices SOP
- Patient Video Consultation SOP
- Information Sharing Charter
- Claims Management Policy

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

## Information Assets

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

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

## Cyber Security

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

## Data Quality

Data quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality. The Trust has a Data Quality Group which provides a forum to consider performance against data quality standards, audits and ad hoc requirements across a range of Trust activities. The Data Quality Group co-ordinates action plans and reports progress to the IG Group and Audit Committee (in respect of audits). The results of the audit feed into the evidence for Data Security Standard 1 in the Trust DSP Toolkit and the National Cost Collection.

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

Overall:

- 100% primary
- 96.1% secondary

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

## Freedom of Information (FOI)

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

The Trust responded to 215 requests for information under the Freedom of Information Act, this is a reduction of 19% at the same point in the previous year. 58 requests (27%) were not answered within the statutory 20-day timescale due to delays in the information being supplied during the pandemic. This is an increase from 2.8% in the previous year.

## Registration Authority (RA)

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

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

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

## Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2020/21, we have continued to strengthen our approach to learning from deaths. All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a weekday basis, these are reviewed in a daily corporate safety huddle that is held within the Patient Safety department. The corporate safety huddle is attended by a range of professionals which include, safeguarding, pharmacy, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria shown below:

### Mazars LLP

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

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

In addition to the Mazars LLP criteria, we have also built Datix mandatory indicators into our Datix system (known as red flags) for mortality reviews that are developed by the Royal College of Psychiatrists.

Patient deaths that meet the red flag indicators listed below are considered for mortality review where they are not subject to a serious incident (SI) investigation, significant event analysis (SEA) or Learning from Learning Disabilities (LeDeR) review.

During the pandemic, the Trust continued with the daily Corporate Safety Huddle meeting. The governance and patient safety team continued to meet each week, to review any additional information requests made in the preceding week by the daily corporate safety huddle. This meeting monitors all responses and escalates to the Clinical Risk Management Group when responses have not been received. The Corporate Safety Huddle Review meeting also closes down any Datix where all actions or information requests have been completed.

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

### Royal College of Psychiatry Mortality Review Red Flags



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

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

During 2020/21, due to the pandemic, the Regional Mortality Steering Group and the Learning from Deaths Northern Alliance group were stood down but discussions are underway to restart these groups and the Trust will work closely with other trusts and organisations through these forums.

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

During 2020/21, 602 of Humber Teaching NHS Foundation Trust patients died. Of the total number of deaths 88.7% were from natural causes.

During 2020/21, 614 of Humber Teaching NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 181 in the first quarter
- 107 in the second quarter
- 192 in the third quarter
- 134 in the fourth quarter

By 1 April 2021, two mortality reviews and 23 investigations have been carried out in relation to 25 of the deaths included above. The number of deaths in each quarter, for which a case record review or an investigation was carried out, was:

- 3 in the first quarter
- 10 in the second quarter
- 6 in the third quarter
- 6 in the fourth quarter

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

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

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

- The staff need to understand their responsibilities in raising concerns to the Trust Safeguarding team
- The importance of maintaining high quality clinical records
- The importance of continuous comprehensive clinical assessments, continuity of care and clear designated case management

- The use of other media platforms to be considered in regard to ongoing assessments off site when face to face assessment are deemed/ unable to continue due to current restrictions within host environments
- Staff to ensure the care options are person centred and based on the best interests of the patient in the least restrictive way
- Staff to use the same assessment and approach to leave in all in patient mental health units
- Review the Mental health Response Triage process to effectively manage demand

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

- Ensure all staff raise safeguarding concerns with the Trust Safeguarding team appropriately
- Refresh and strengthen the record keeping audit across all services to ensure the quality of care plans, comprehensive clinical assessments and risk assessments in line with best practice guidelines
- Development of effective pathways across community nursing service that improves communication, prioritisation of high risk or complex patients, and facilitates escalation to a senior level
- Consider other methods of assessments/ person engagement when face-to-face methods cannot continue in host venues due to current restrictions during the pandemic to allow for person centred assessments/engagement to continue safely and effectively
- Review the way in which pre-leave risk assessments are undertaken and recorded in all in-patient units
- Review waiting List Standard Operating Procedure and clarify who should and who shouldn't be classed as being on a waiting list
- Review the demand on the service within the Mental Health Response Service

The impact of the actions outlined above is as follows:

- Improved understanding of the referral criteria and referral process to the Trust Safeguarding team
- Improved standards of record keeping
- Provision of person centred assessments delivered via alternative method, utilising available digital solutions, while maintaining safe and effective delivery of care
- Standardisation of pre-leave risk assessments across all in-patients mental health wards
- Strengthened triage processes within Mental Health Response

## Deaths in 2019/20

Nil case record reviews and 9 investigations completed after 31 March 2020 which related to deaths which took place before the start of the reporting period.

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

None representing 0% of the patient deaths during 2019/21 are judged to be more likely than not to have been due to problems in the care provided to the patient.

## How We Measure Performance – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England (NHSE) via NHS Improvement (NHSI), NHS Digital (NHSD), Mental Health Services Data Set (MHSDS) and Calculating Quality Reporting Services (CQRS). Key Performance Indicators (KPIs) are

mapped via the Integrated Board Report (IBR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

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

Our internal reporting is split into three levels:

**Level 1 (Board Level):**

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

**Level 2 (Divisional Level):**

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

**Level 3 (Team Level):**

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

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

We also report externally to our Commissioners via:

**Contract Activity Report (CAR)**

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

This system ensures that we can:

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

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

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

**Data Quality Improvement plans**

Data Quality Improvement Plans (DQIP) is designed to highlight where services may not be meeting required performance measures.

Indicators we are not able to provide data against for differing reasons will also be included in the DQIP. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

## Benchmarking

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

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

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

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

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

## Finance

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

## Risk Register

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

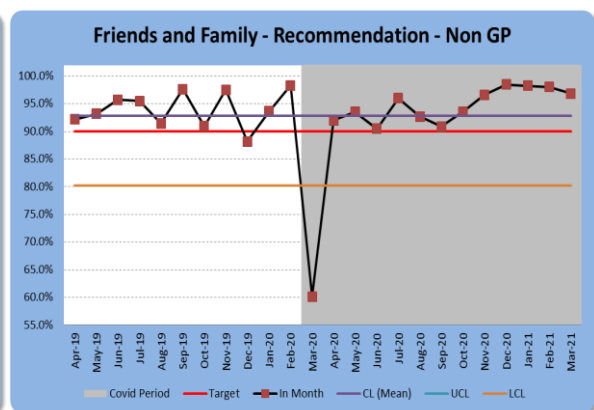
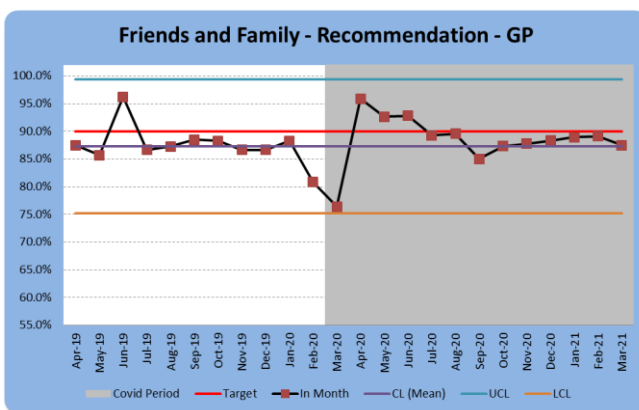
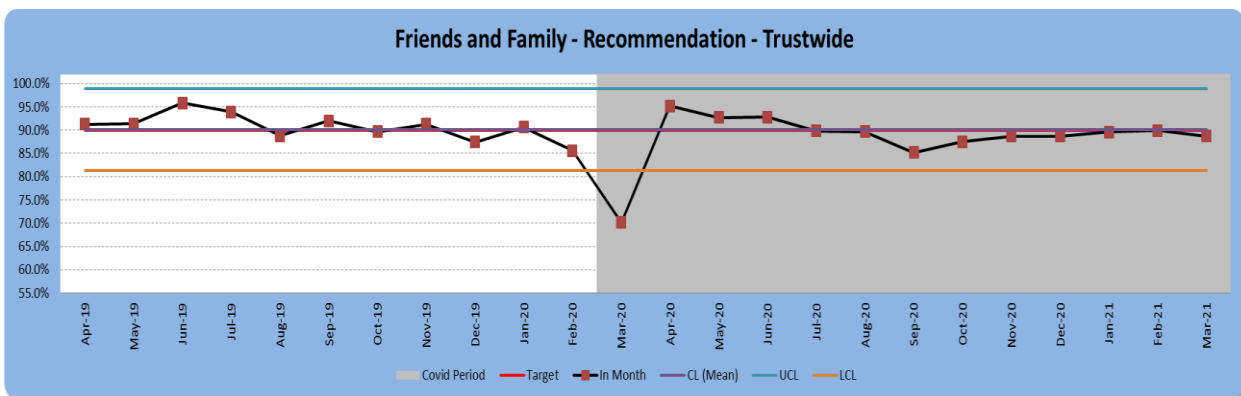
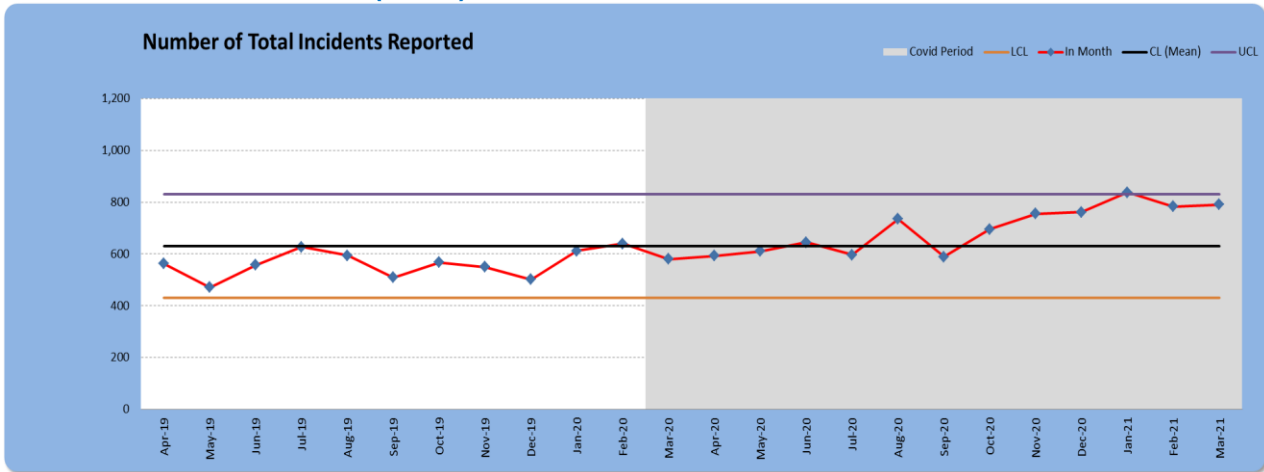
## Performance during the year

Information continues to be presented using Statistical Process Charts for a number of key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows key performance data to be analysed over a period of time to establish trends in performance, Upper and Lower statistical thresholds are utilised to analyse performance and

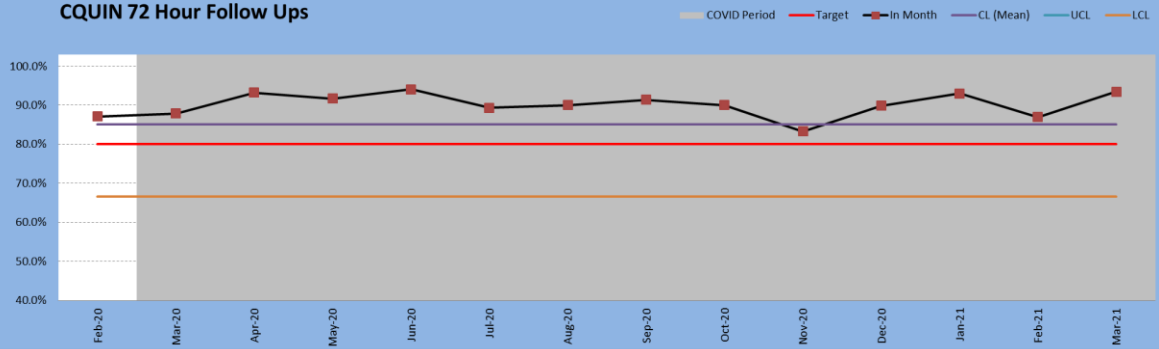
identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

Our performance is reported monthly to the Trust Board and the comprehensive report is provided within our Board papers and available on our website.

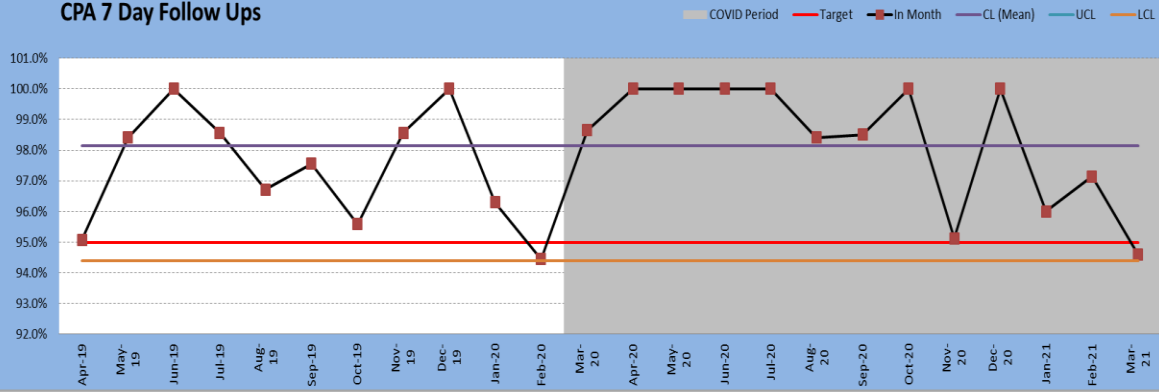
### Statistical Process Charts (SPCs)



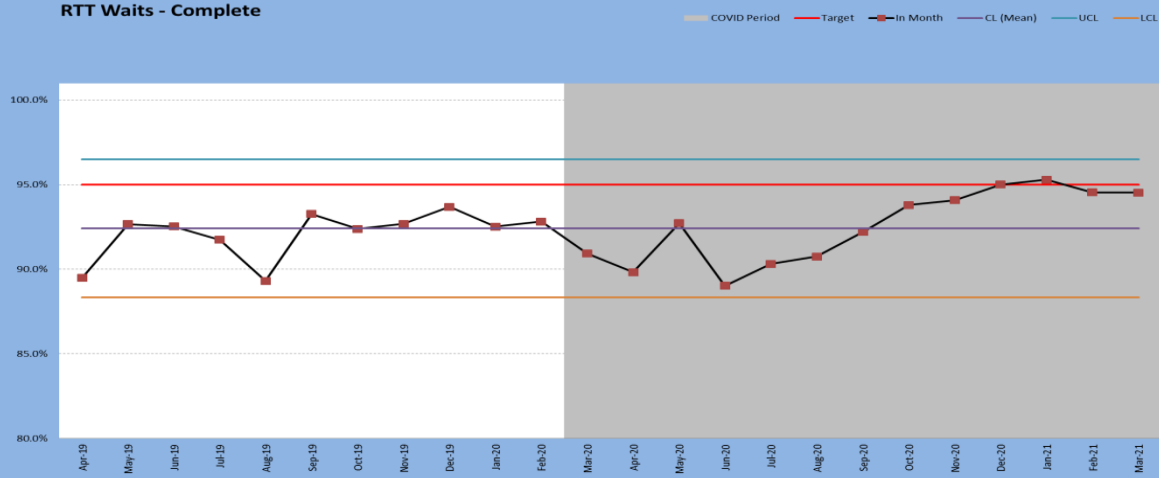
### QQUIN 72 Hour Follow Ups



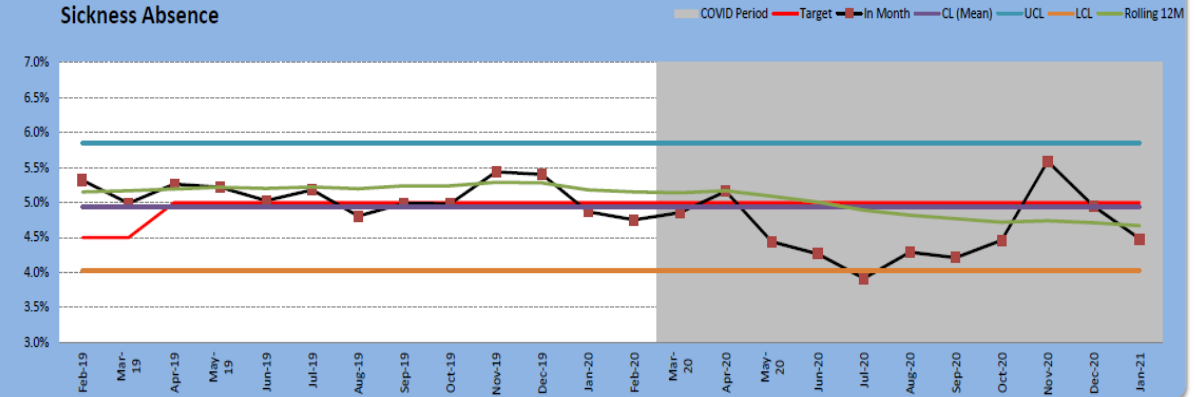
### CPA 7 Day Follow Ups

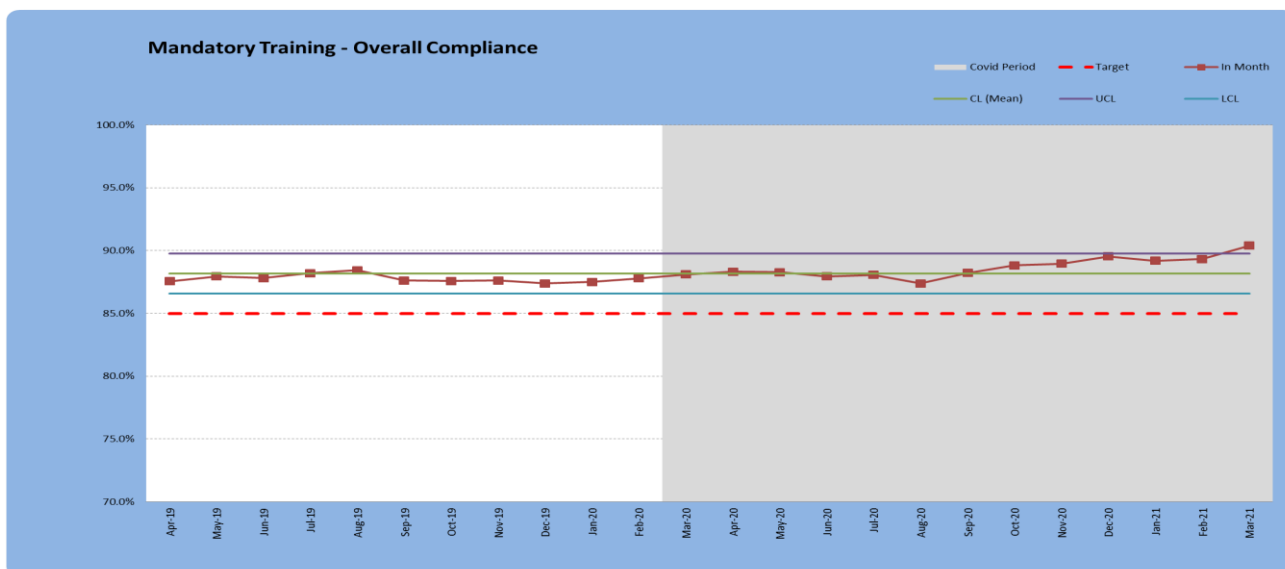


### RTT Waits - Complete



### Sickness Absence





## 2.6 Mandatory Quality Indicators

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

### 7 day follow up

The percentage of patients using the Care Programme Approach, who were followed up within seven days after discharge from psychiatric inpatient care, during the reporting period.

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

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

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

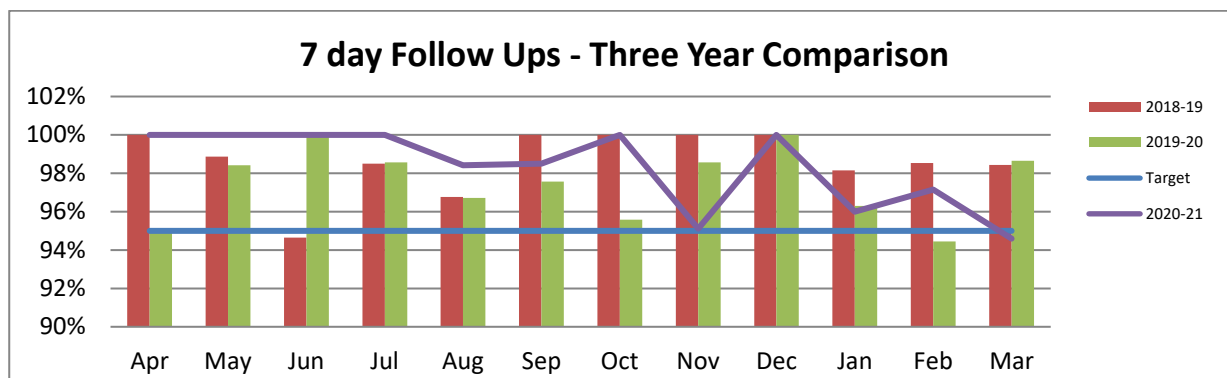
### Summary of progress

As at the end of March 2021, 9 patients were not seen within the 7 day follow up period. This is similar to the same period last year. Each follow up breach is reported as an adverse incident and reviewed with the Care Group and overall responsible to CRMG (Clinical Risk Management Group).

The Trust has retained an average 98.0% compliance rate across all four quarters. This equates to 599 patients seen out of the 608 discharges. All incidents are investigated and reported on the Trust DATIX system. Appropriate actions and resolutions sought for individual cases.



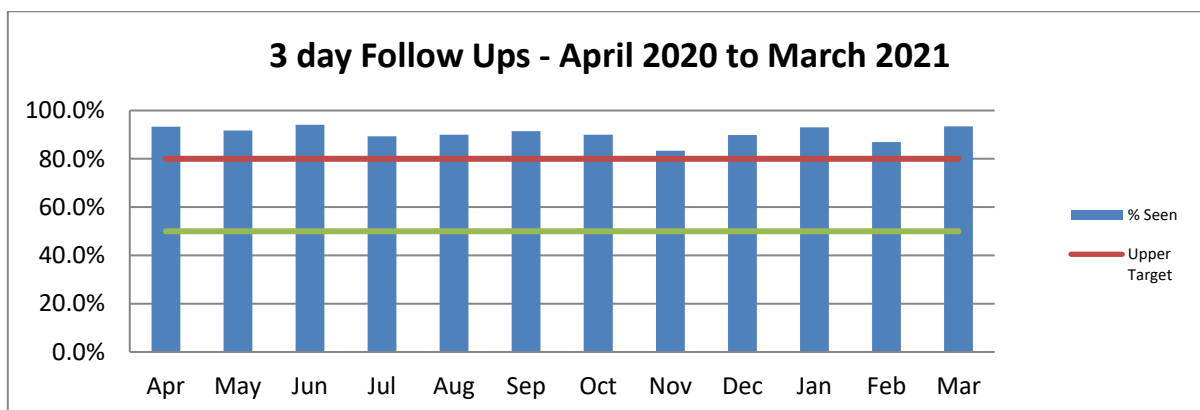
### Three year comparison



### 3 day follow up

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

Compliance is calculated over each quarter period. Minimum payment received upon achieving 50% compliance increasing in value until at least 80% compliance achieved, at which point full payment is received. Throughout the year, the Trust met the target for all Quarters. A total of 439 patients were seen out of 490 discharges with an average of 90.5%.



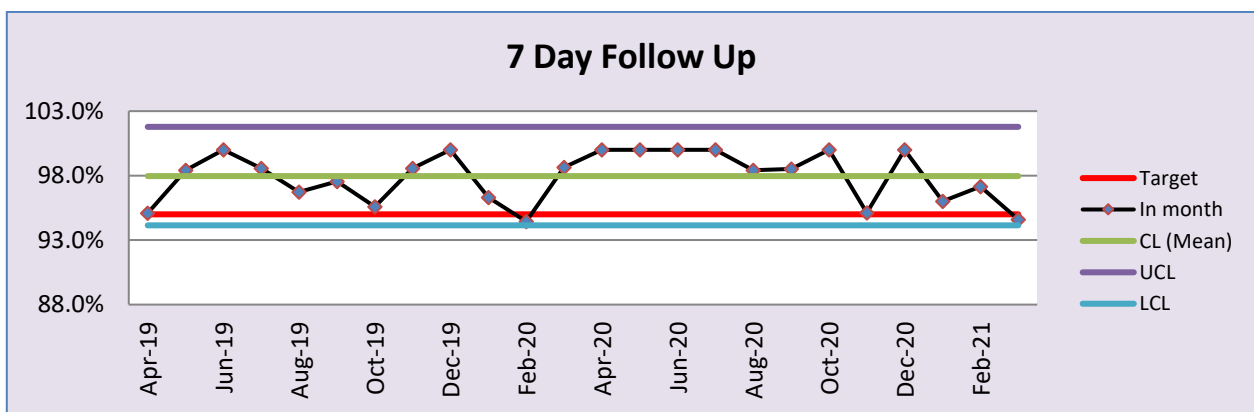
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

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

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

- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 7 day follow up contact. The Trust Care Group Directors, General Managers and Service Managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within 1-3 days.
- The reviewed all failed 7 day follow ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding as a consequence of an unavoidable set of circumstances preventing contact.

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



Due to the Covid-19 pandemic, NHS England and NHS Improvement suspended the collection of the 7 day follow up data. Therefore, there is no data available on the national average or best/worst scores for 2020-2021.

## Re-admissions (Community Hospitals)

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

### Whitby

For April to March 2021 there were 243 discharges at Whitby. Of these there were zero patients who were an unplanned readmission within 30 days of their previous discharge, which equates to 0%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.

### Fitzwilliam Ward, Malton

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients Stepped up to Acute Bed - 19/20	12	10	10	13	9	7	10	9	5	15	11	10
Number of Patients Stepped up to Acute Bed - 20/21	1	4	5	2	2	1	7	5	2	3	3	4

The monthly average number of patients stepped up to acute hospital has reduced from **10** (2019/20) to **3** (2020/21).

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

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

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

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

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

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

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

Due to the impact of the pandemic, the decision was made not to run the SFFT in Q1 (April-June) of 2020/21, therefore we surveyed the areas from Q1 in Q2.

The questions asked in our 2020/21 SFFT includes the two mandatory questions as well as 12 questions from our National Staff Survey that scored below 40% and were therefore deemed as 'must improve' areas. Adding these to the SFFT allows us to see if these scores are improving after being identified as areas of focus for the Trust.

## At a glance key metrics for 2020/21

Quarter	Live Dates	Invited to partake	Target Areas	Responses	% Response	% of staff likely to recommend as a place of care	% of staff unlikely to recommend as a place of care	% of staff likely to recommend as a place to work	% of staff unlikely to recommend as a place to work
1	Suspended due to Covid-19								
2	10.07.20 – 06.09.20	1,563	Secure Services Division, Mental Health Planned Division, Mental Health Unplanned Division, Finance Directorate, Workforce & Organisational Development Directorate, Estates, Informatics and BI, Chief Operating Officer area, Hotel Services	351	22%	73%	5%	62%	17%
3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live								
4	25.01.21- 21.02.21	1,309	Children and Learning Disability, Community and Primary Care, Medical, Nursing and Quality, Chief Executive	368	28%	82%	6%	70%	12%

The analysis of Q2 and Q4 Staff FFT indicates that over 75% of staff would recommend to friends and family the Trust as a place of care whilst over 60% would recommend as a place to work.

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

- Ensuring that each staff member is asked to complete a SFFT survey once in the year to ensure that they don't feel that they are filling in too many surveys
- Clear visual communications of staff survey to enable staff across the Trust so divisions and corporate areas can own their results by encouraging discussion, focus groups that will see changes owned and embedded
- The ongoing development of a Health, Wellbeing and Engagement group with a specific remit to make improvements to staff health and wellbeing with accountability to the Workforce and Organisational Development Committee
- The introduction of the TRAC recruitment system with the aim of improving manager and candidate experience and reducing the time taken to recruit.
- Development of a Staff Benefits document bringing together all of the benefits that the Trust offer to staff

- Ongoing development of an Equality, Diversity and Inclusion Group and Launched our staff networks including LGBT+, Humber Ability and BAME staff networks
- Ongoing development of the **PROUD** which includes some of the following initiatives and the introduction of a High Potential Development Scheme aimed at our band 2-7 staff in any role and senior staff coaching
- Extension of our Reward and recognition package to include; refreshed Staff Benefits Book offering a wide range of benefits to our staff, extended our staff benefits offer with our benefits partner Vivup – offering cycle to work, bike shop and home electronics schemes and launched an Employee Assistance Programme available to staff 24 hours per day, 365 days per year

## The NHS Community Mental Health Users Survey

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

The sample size has increased by 400 service users this year (an increase of 32%) and the 2020 response rate was 30% (372 usable responses from a usable sample of 1224).

The majority of scores were in the top 20% of Trusts surveyed by Quality Health, and the remaining scores sat in the intermediate range. In addition, many scores have improved since the last survey.

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

Humber Teaching NHS Foundation Trust is extremely pleased with this year's results. Many scores have improved since the last survey and will continue to improve this percentage and so the quality of its service by:

- Continuing to encourage service users to take part in the survey
- The Mental Health Division continuing to work in partnership with the Patient Experience Team and to host a co-produced workshop, to facilitate group discussions around next steps for the coming year, including: what has worked well, what hasn't worked so well and identification of work required to further enhance and embed existing actions
- A Community Mental Health Service User Survey working group to be introduced, to support clinical teams to make the survey more meaningful. Any improvements will be identified through the action planning process and this will be monitored on a regular basis

The division continues to progress the following actions:

- Care co-ordinator or case manager to ensure all service users are given clear information of how to contact them, the team and out of hours crisis services
- Medication to be discussed in Care Programme Approach (CPA) documentation, collaboration of social workers and nurses, involving pharmacy, information leaflets, simple language, involving family in information sharing to ensure this is discussed with service users and their carers
- All care co-ordinators and case managers to ensure they discuss NHS therapy options clearly and that they are explained to the individual in a manner that is understood. Information leaflets and information will be provided
- To ensure that peer support workers are employed in the CMHTs and that there is a clear link to the Patient and Carer Experience team from the CMHTs

- Dignity and respect to be embedded in CPA work underway and increase in co-production and patient involvement
- How service users are getting on with their medicines is to be discussed in regular planned reviews by medical and clinical staff
- The documentation and collaboration of social workers and nurses, involving Pharmacy, information leaflets, simple language and involving family in information sharing to ensure that such discussions take place with service users and their carers
- A training package for staff regarding the understanding of the CPA and administrating CPA in a family inclusive way continues to be delivered
- A re-design of our community mental health services to enable greater integration with primary care to meet the physical health needs of our service users through good shared care protocols
- All teams have Staff Champions of Patient Experience (SCOPE) and attend bi monthly SCOPE forums to share best practice and provide a voice of experience on behalf of their clinical networks (these are being held virtually at present)
- All of our CMHTs continue to receive excellent feedback via our Friends and Family Test (FFT) where live feedback is available by accessing the Trust's FFT dashboard
- Service users and their carers are given the opportunity to attend regular Patient and Carer Experience forums where they can provide a public voice by bringing lived experiences and individual perspectives to the Trust (these are being held virtually at present)
- Always Events have been developed and implemented in the early intervention service in relation to discharge planning, which is positively impacting on patient experience
- Service users and carers are supporting the Trust recruitment process; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience

## Healthcare Associated Infections

Healthcare Associated Infections (HCAI) remain one of the major causes of patient harm and, although nationally there continues to be a reduction in the number of patients developing serious infections, such as Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* in health care settings, the rates of other HCAI have risen due to an emergence of resistant organisms. In a year that has seen us have to provide services during a global pandemic never has infection prevention and control been so high on the Trusts agenda. It is therefore vital that the reduction of HCAI remains a high priority on the patient safety agenda within the Trust and indeed in any other NHS organisation.

During 2020-21 the Trust has increased the capacity of the infection control team to deal with the increasing demand on this team due to COVID pressures. The team have been instrumental in ensuring infection control policies were reviewed in line with new guidance supported by communications to staff, staff training and audits. Please refer to the Trusts Annual Infection Control Report 2020-21 for full details of the Trust response to the pandemic from an infection control perspective.

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

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

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

- Not to exceed 4 cases within the Trust's Hull and East Riding of Yorkshire inpatient units (Hull and East Riding of Yorkshire Clinical Commissioning Group CCG).
- Not to exceed 4 cases for Whitby Community Hospital inpatient unit (Hambleton, Richmondshire and Whitby CCG).
- No target is set for Malton Hospital (based on the patient GP Practice the Vale of York CCG or the Scarborough and Ryedale CCG are to be notified by the IPC team within 48 hours of notification).

## Summary of Progress

During 2020-21, it is noted there has been no CDI cases apportioned to the Trust.

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

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

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

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

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

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

For the financial year 2020-21, Q1 to Q4, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

## Escherichia coli (E.coli) Bacteraemia

For the financial year 2020-21, Q1 to Q4, it is noted there have been one *E.coli* Bacteraemia cases apportioned to the Trust in Quarter 1.



## Patient Safety

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

Within these figures, the national median rate for incident reporting from their last six-monthly report, which was published in September 2020 and covered the period October 2019 to March 2020, was 53.2 per 1,000 bed days. Humber Teaching NHS Foundation Trust's reporting rate was 94.4 incidents per 1,000 bed days which puts the Trust in the upper quartile; the highest number of incidents per 1,000 bed days was 145.5. In terms of reported level of harm presented in the last NRLS six-monthly report, 72.4% of the Trust's reported patient safety incidents resulted in no harm and 23.4% of the total incidents resulted in low harm.

	Total Incidents 2019/20	Total Incidents 2020/21	Severe/ Death 2019/20	Severe/ Death 2020/21	Serious Incidents 2019/20	Serious Incidents 2020/21
<b>1 April-30 June</b>	1,191	1,335	10	9	4	6
<b>1 July-30 September</b>	1,275	1,487	7	9	4	3
<b>1 October-31 December</b>	1,178	1,674	11	10	6	3
<b>1 January-31 March</b>	1,385	1820	9	11	3	3
<b>Totals</b>	5,029	5,494	37	32	17	15

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

All incidents are reviewed in the daily corporate safety huddle which is attended by a range of professionals which include, safeguarding, Pharmacy, matrons, senior managers, and senior clinicians. Within this meeting the severity rating and category of each incident is reviewed to ensure it is correct. Our reporting of low/no harm incidents indicates a healthy open reporting culture within the Trust.

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

- The risk department provides Datix training to all new staff and targeted teams. Where incidents are incorrectly categorised or the severity is not accurately recorded feedback is given to the reporter to enable them to understand why this is the case.
- We have reviewed our reporting forms to ensure they are as simple as possible to complete, thus minimising administrative burden and increasing use
- Datix Dashboards have been developed and access has been enabled for all teams and services, and further work is ongoing to increase uptake of their use with Trust services and to fully embed them into quality governance processes across the Trust. This will enable teams to ensure they focus their quality improvement initiatives on incident themes of concern and see how the reporting of incidents, provides essential data for use at team level.

In addition to learning from incidents, we recognise the importance of learning from what we have done well, this is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix" which is part of our Datix incident reporting system and very quick and easy to use. Each month we recognise the patient safety team/ individual of the month and had planned to introduce award at our annual staff awards ceremony for Patient Safety Team of the Year, which had to be put 'on hold' due to the pandemic but we hope to start this in 2022.

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

### Patient Safety Strategy Update 2020/21

In September 2019, the Trust launched the Patient Safety Strategy which is fully-aligned to the National Patient Safety Strategy.

Our vision is to develop a 'high reliability' culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners.

Embedded within the Trust approach to patient safety is the requirement that every person working in Humber Teaching NHS Foundation Trust is aware of their responsibilities, in relation to ensuring the safety of our patients, carers and families and takes appropriate action to maintain safety in our most vulnerable service users. Equally, we assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources, and safe in their daily work.



As an organisation, we recognise that our staff are our greatest asset and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety and make Humber Teaching NHS Foundation Trust an excellent place for staff to work.

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

### Insight Priorities

<p><b>Priority 1</b></p> <p>To develop a positive and proactive safety culture</p>	 <p>Innovating quality and patient safety</p>
<p><b>Priority 2</b></p> <p>To reduce the number of Patient Safety Incidents resulting in harm whilst maintaining high levels of reporting</p>	 <p>Enhancing prevention, wellbeing and recovery</p>

## Involvement Priorities

<p style="text-align: center;"><b>Priority 3</b></p> <p>To work with patients, carers and key partners to continuously improve patient safety</p>	 <p>Fostering integration, partnership and alliances</p>
<p style="text-align: center;"><b>Priority 4</b></p> <p>To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents</p>	 <p>Developing an effective and empowered workforce</p>

## Improvement Priorities

<p style="text-align: center;"><b>Priority 5</b></p> <p>To ensure a culture of learning and continuous improvement</p>	 <p>Maximising an efficient and sustainable organisation</p>
<p style="text-align: center;"><b>Priority 6</b></p> <p>To work with the wider community to improve patient safety</p>	 <p>Promoting people, communities and social values</p>

Despite the pandemic, steady progress has been made against all priorities during 2020-21 we have:

- Developed support guidance for staff and managers involved in incidents
- Increased access to support for staff and teams for de briefing purposes
- Continued to deliver our PROUD leadership programme
- Rolled our safety huddles across teams
- Implemented electronic medicines administration across all I patient units.
- Provided training in RCA methodology
- Gained accreditation as a White Ribbon Trust recognising our commitment to end male violence against women.
- Identified two Patient Safety Specialists to lead the patient safety agenda and undertake national patient safety training.

## Part Three: Other information on Quality Performance 2020/21

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

In this section, we also share some highlights of our successes throughout 2020/21 and the comments received from our stakeholders.

### 3.1 Key National Indicators

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

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

#### The Three Domains for Key National Indicators

Domain	Indicator
Patient Safety	Seven day follow up ( <b>Part Two</b> )
	Clostridium Difficile ( <b>Part Two</b> )
	Admissions of Young People under the age of 16 to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care
	Percentage of Patients Seen for Treatment within 14 Days of Referral
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Cardio-metabolic Assessments
	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway
	CAMHS eating disorders
Patient Experience	Percentage of patients seen and discharged/transferred within four hours for minor injury units
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Inappropriate out of area placements for adult mental health services
	Improving access to psychological therapies (IAPT)

## Mental Health Delayed Transfers of Care

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

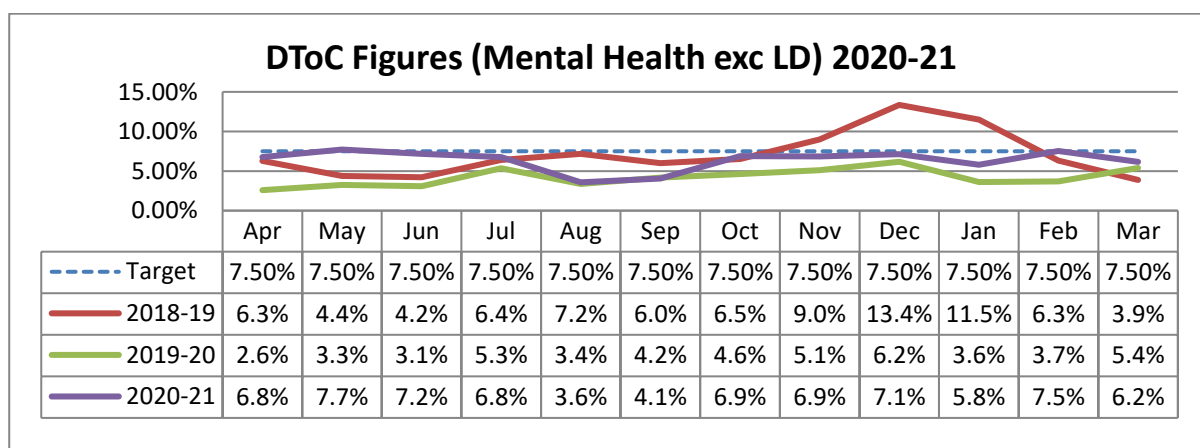
The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed as the numerator against the number of occupied bed days (OBDs) as the denominator. In accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for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

### Summary of Progress

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

At the end of March 2021 the Trust reported a percentage of 6.2% delayed transfers which is deterioration on last year's percentage of 5.4%.

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



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

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OBDs	<b>3409</b>	<b>3680</b>	<b>3961</b>	<b>3852</b>	<b>3716</b>	<b>3696</b>	<b>3905</b>	<b>3720</b>	<b>3707</b>	<b>3830</b>	<b>3526</b>	<b>3826</b>
Days Delayed	231	284	284	261	133	150	269	255	265	222	265	236
	6.8%	7.7%	7.2%	6.8%	3.6%	4.1%	6.9%	6.9%	7.1%	5.8%	7.5%	6.2%

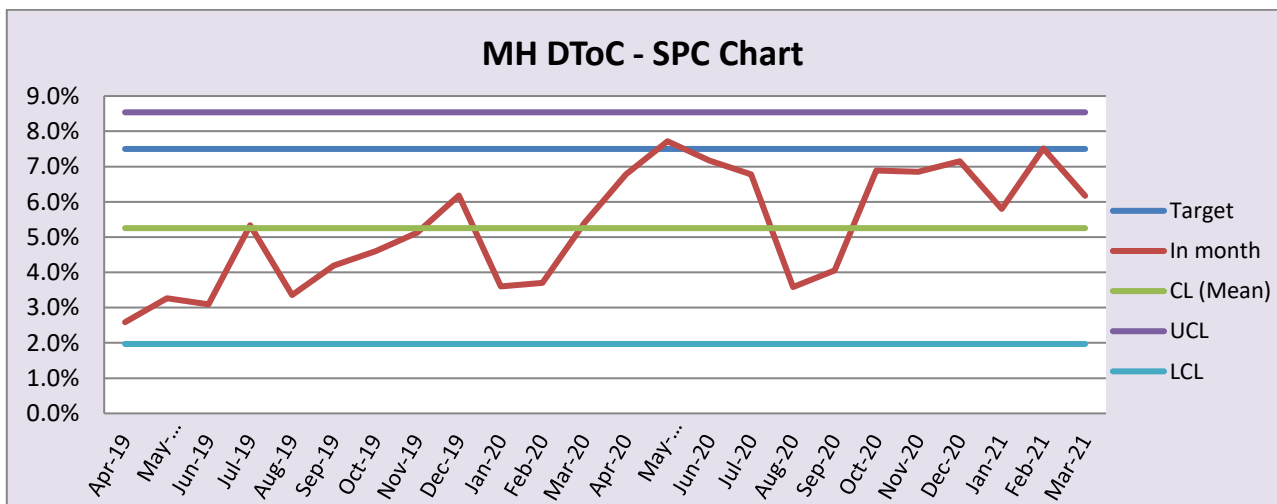
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

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

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

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

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



## Improving Access to Psychological Therapies (IAPT)

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

### IAPT access times / Goal

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

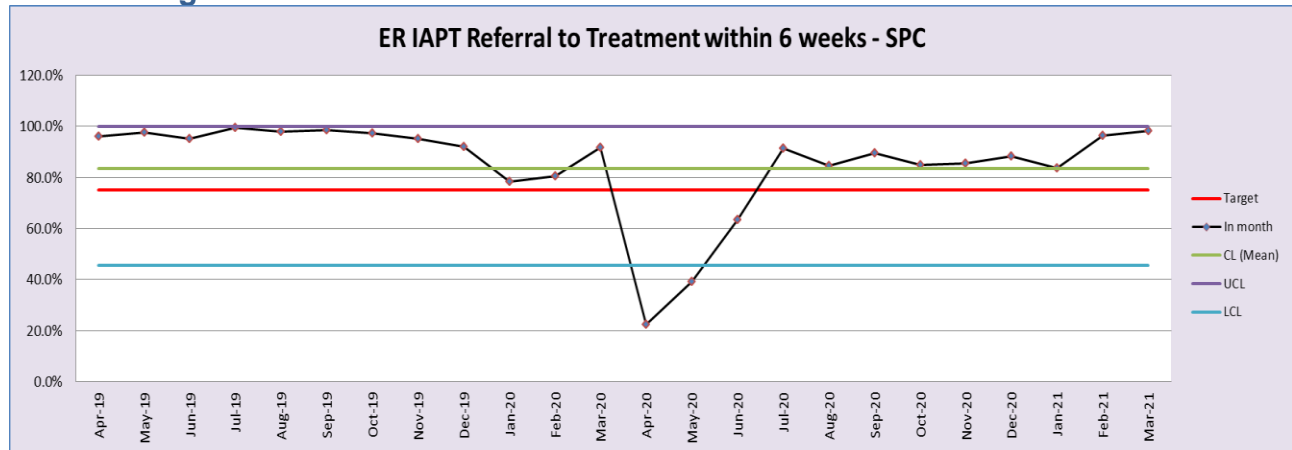
### Summary of progress

The IAPT team has been measured against this standard for the East Riding catchment area throughout 2020/21. 6 week performance had dropped between Apr-20 and Jun-20 which was due to two factors. New contract arrangements had taken place in Dec-19 with the Trust taking the lead provider role for IAPT services in East Riding. The Trust was running a waiting list during this time as sub-contract arrangements were being formalised and mobilised. The other factor for the

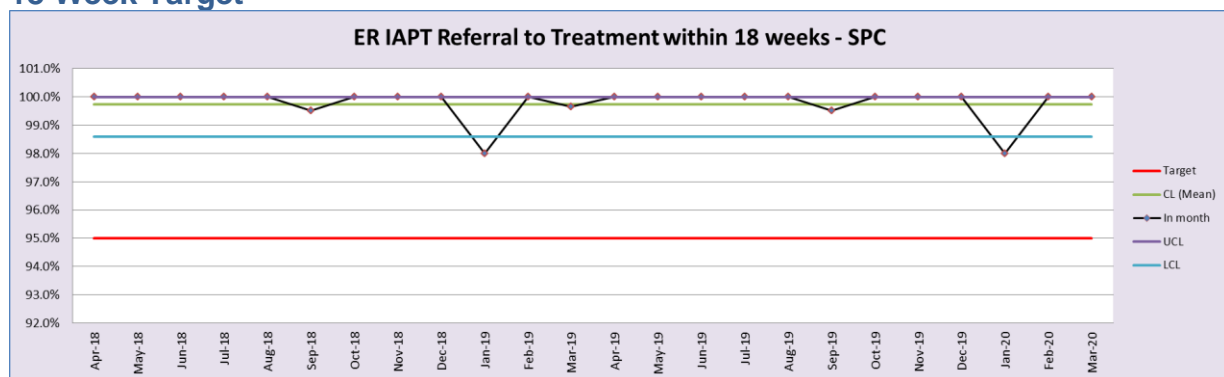
deteriorating performance was the impact of the COVID pandemic. In Apr-20, the service had to mobilise digital delivery of services which took a few weeks to resolve and as you can see from the data, performance started to increase from May-20 onwards.

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

### 6 Week Target



### 18 Week Target



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

- Monthly reporting from the Trusts PCMIS system

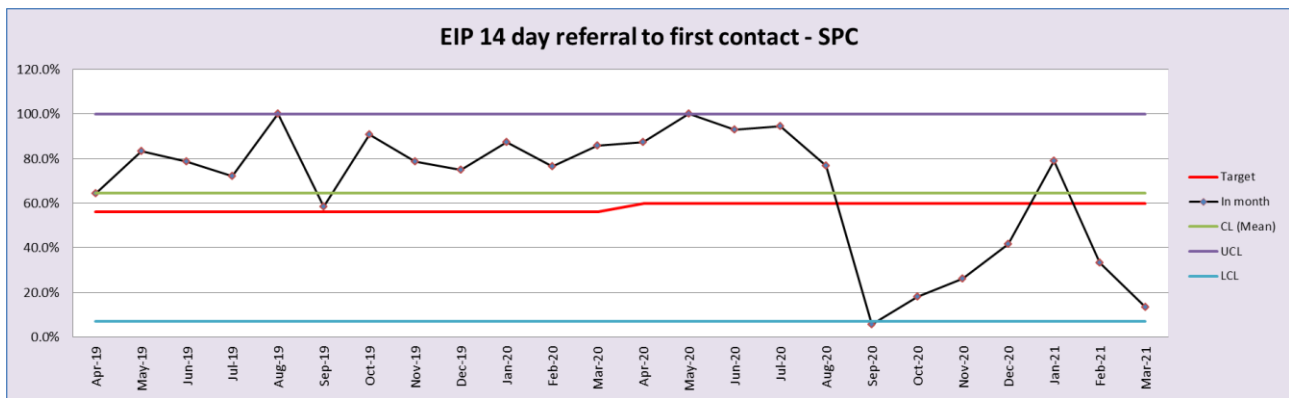
### Percentage of Patients Seen for Treatment within 14 Days of Referral

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

### Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the aged range of 14-64. The year to date performance of 52% is below the nationally mandated target of 60%.





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

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

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

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

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

- Inpatient wards
- Early Intervention in Psychosis
- Community Mental Health Services (CPA clients)

People with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15-20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months.

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

Although no longer a CQUIN, the following figures are a snapshot of the compliance rate for patients the Trust has identified on the SMI register as at 28 February 2021 as entered on Lorenzo.

Service	Target	% of patients with complete electronic HIP (as at 31/12/19)	% of patients with complete electronic HIP (as at 31/3/21)
Inpatient	90%	40.7%	76.0%
Community (non-EIP)	75%	32.6%	38.2%
Early Intervention Psychosis	90%	48.6%	80.7%

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

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

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

- The development of a clinician's caseload dashboard has progressed in year and clinicians and teams lead can view at clinical supervision sessions to aid improvement
- Compliance results shown in team performance reports to allow teams an opportunity to review and assess for improvement

## Admission of Young people under the age of 16 to Adult Facilities

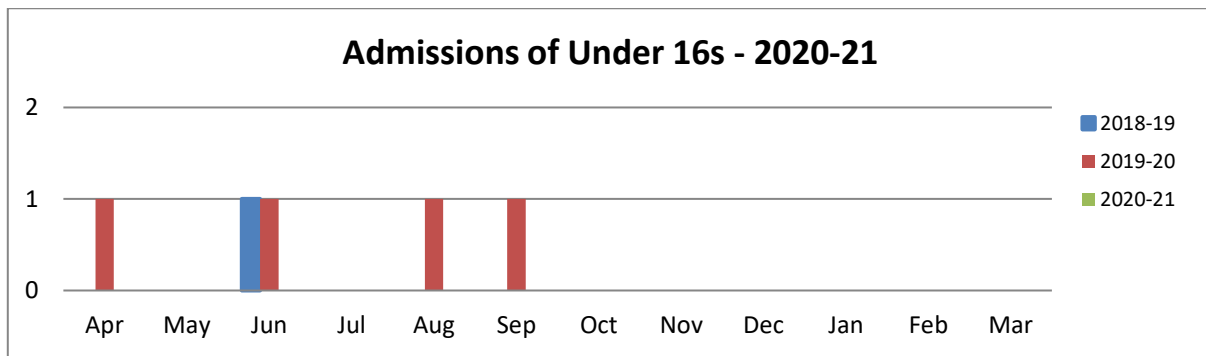
Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years), associated with significant impairment and/or significant risk to themselves or others, such that their needs cannot be safely and adequately met by community CAMHS. In January 2020, we opened a CAMHS inpatient unit in Hull. The unit, named Inspire has reduced the need for young people to be admitted to adult inpatient units during 2020-21, however, there are occasions when a bed or other CAMHS alternatives are not available and an adult bed has had to be used.

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

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

### Summary of progress

There is no national target set for this indicator but the Trust aims to have no admissions of children into adult wards. During 2020/21 there were no admissions of Under 16's to adult inpatient units.



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

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

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

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

## Out of Area Placements

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

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

## Summary for 2020/21

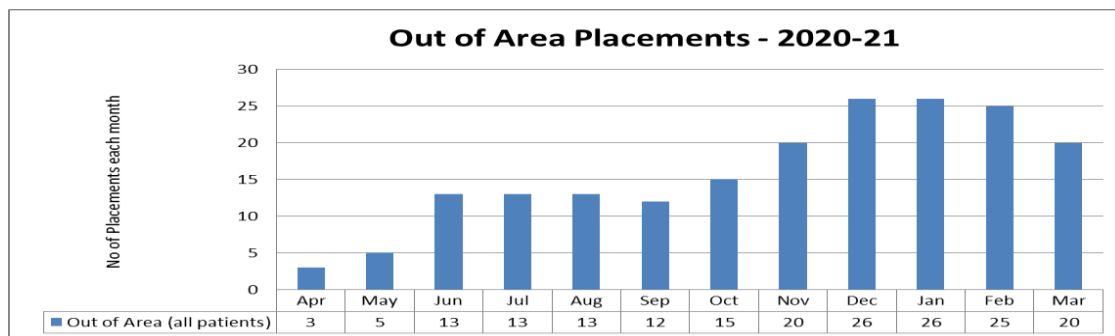
For 2020-21, the results of Out of Area Placements are documented in the Integrated Board Report (IBR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate.

It was the Trust's intention that there will be zero inappropriate out of area placements by 2020/21 but due to the pandemic and social distancing in place, Inpatient beds have been reduced meaning patients have been placed out of area on a regular basis. There were a total of 108 new patients who were admitted to an out of area placement during the year.

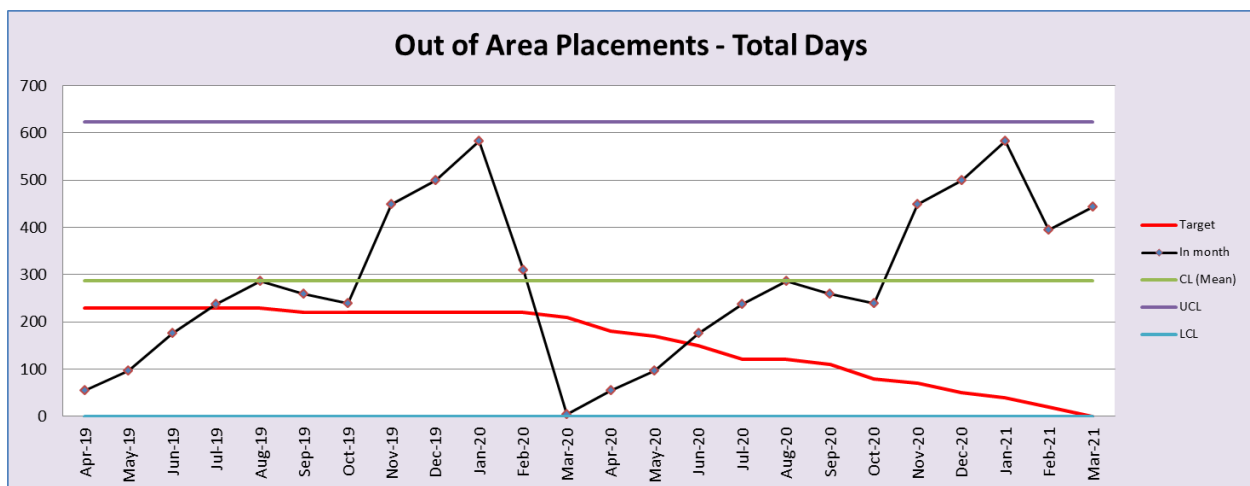
## Progress

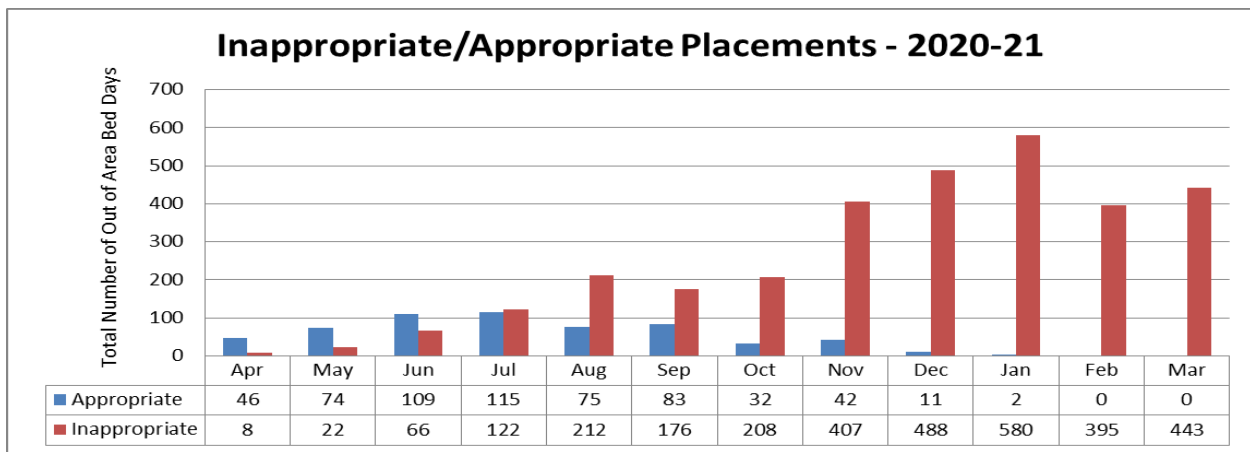
Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. Work continues to look at regional bed management and reduce the need for service users to go far from home when admitted out of their locality area. The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

**Graph 1 (Number of patients placed out of area)**



**Graph 2 (Number of Bed Days Out of Area) – SPC Chart**





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

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

## CAMHS Eating Disorders

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

### Children and Young People Eating Disorders

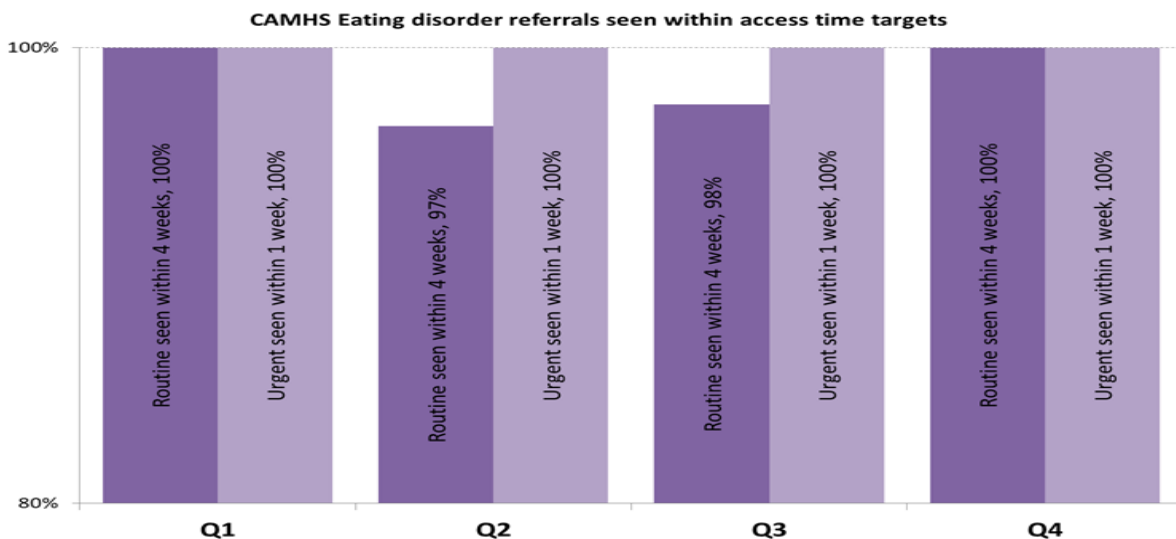
From April 2016, NHS England introduced a requirement for all children and young people's mental health service (CAMHS) providers to establish a dedicated Eating Disorder team and introduced national access time targets for children and young people with an eating disorder (CYP ED).

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

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

### Summary of progress

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



As at 31st March 2021, 13 children and young people started treatment following an urgent referral for a suspected eating disorder, all of which (100%) did so within one week of referral. Urgent referrals are prioritised and the service investigates each breach of this target, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As at 31st March 2020, 107 children and young people started treatment following a routine referral for a suspected eating disorder, of which 104 (97%) did so within four weeks of referral. Where the first contact happened later than four weeks this was due to reasons beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. Again, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

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

The rate of referral has increased each year since we started to monitor it, with the highest ever number in one month (23) recorded in October 2020, more than double the average of eleven per month.

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

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

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

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

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

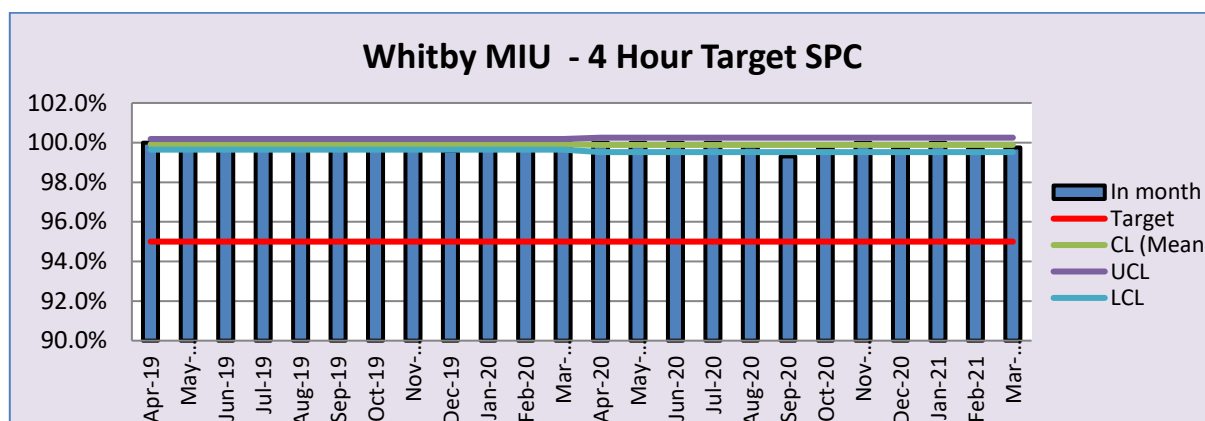
The national target for other Accident and Emergency departments, including Urgent Care Centre/Minor Injury Units, is for at least 95% of patients attending to have a total time in the service less than 4 hours from arrival to discharge or transfer.

Underlying of the 4-hour target, is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the reporting, the service has to have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one Minor Injuries Unit (MIU) in Whitby. The MIU has seen 5,274 patients in the year April 2020 to March 2021 (an average of 110 patients a week).

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred or discharged within 4 hours of their arrival. We can report an achievement of 99.8% for April 2020 to March 2021 at Whitby MIU. Data is sourced via the SystmOne patient administration system.

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



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

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

#### Clinical Supervision

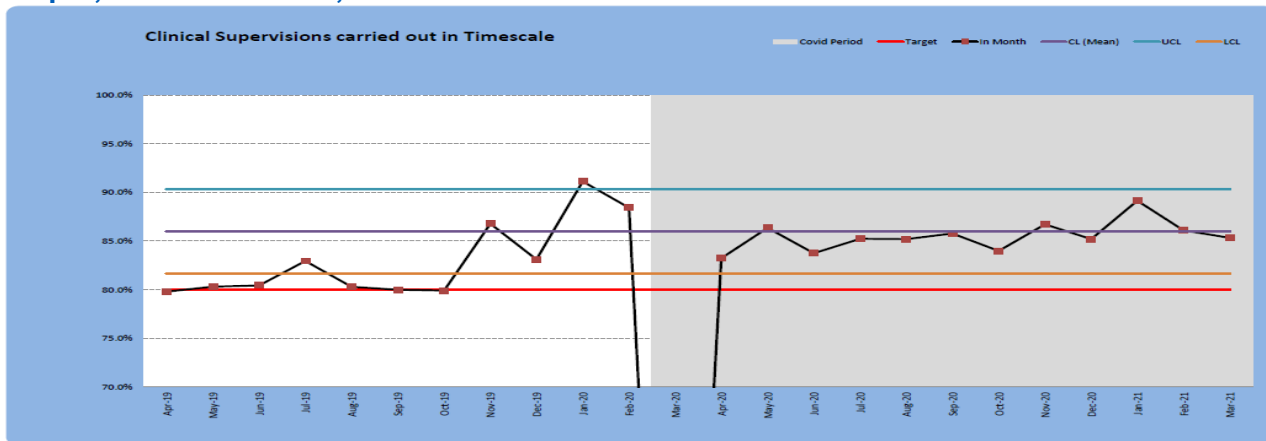
Clinical supervision is essential to the delivery of safe and effective care as it provides a safe environment for clinicians to actively engage with each other to reflect on their clinical practice and improve standards of care. The process of supervision facilitates the individual to develop knowledge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

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. Individual teams are required to achieve compliance with a target of 80% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.



The dashboard below shows clinical supervision compliance for the Trust, which as can be seen has been consistently meeting and exceeding the Trust target of 80% during 2020/21. Please note that March 2021 figures were not collected due to the Coronavirus pandemic.

### Trust-level Clinical Supervision Compliance 1 April, 2019 – 31 March, 2021

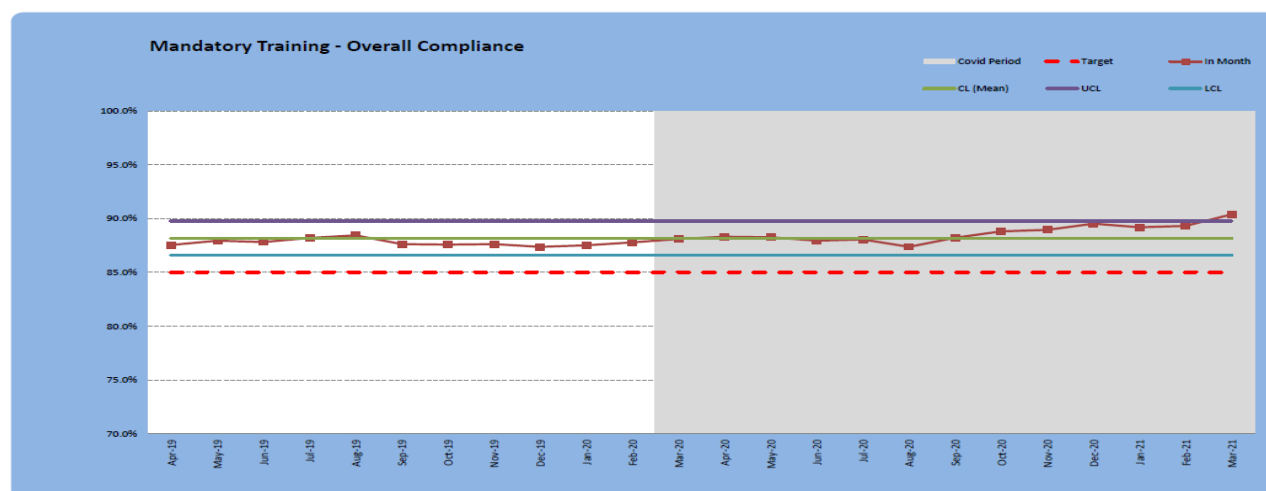


The reasons behind non-compliance with supervision standards are explored by divisions and action is taken to address areas of concern. Factors impacting on supervision compliance are complex; however, staffing levels can impact on the ability of staff to access supervision. Therefore, we monitor supervision compliance as one of the metrics within our safer staffing dashboard. This enables the Board to see when staffing is impacting on supervision compliance and take the appropriate action.

### Statutory and Mandatory Training Compliance

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

The performance across the Trust has maintained at above the 85% target compliance for the Trust during 2020/21.



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

### Complaints and Feedback

The Trust ensures that all potential complainants have the option to have their concerns dealt with informally or formally, via the NHS Complaints Procedure. All complaints, whether formal or informal, are monitored to see if there are any trends and to provide a consistent approach for patients, carers and the public.

At the end of March 2020, due to the Covid-19 pandemic, all formal complaints were placed on hold; this was both a local and national decision. During this period, where possible and in agreement with the complainant, complaints were resolved informally; this proved to be successful.

The Trust commenced progressing formal complaints again on 15 June 2020, which was earlier than the national guidance of 1 July 2021.

### Formal complaints

For the period 1 April 2020 to 31 March 2021, the Trust received 142 formal complaints, which compares to 235 for 2019-20 and 221 for 2018-19.

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

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

For the period 1 April 2020 to 31 March 2021, the Trust responded to 133 formal complaints which compares to 243 for 2019/20 and 218 for 2018/19.

The primary subjects for these complaints are as follows:

Primary subject	Number
Patient care	39
Communication	28
Values and behaviours of staff	20
Trust admin/policies and procedures	13
Appointments	7
Admissions/discharge	6
Clinical treatment	5
Prescribing	5
Access to treatment or drugs	4
Other	3
Privacy and dignity	2
Facilities	1

Of the 243 responded to, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman for review. One older case is being considered and two other cases have been resolved and closed.

The following are some examples of actions/learning from complaints responded to between 1 April 2020 and 31 March 2021:

**GP Practice** – create a step-by-step guide to requesting, accepting and delivering urine samples. Process needs to include communications to the patient and colleagues. Staff should ask what date the sample was brought in when giving out results, to guarantee the correct test is being discussed. Clinicians to annotate on the record if the test has been sent off and contact the patient to advise.

**Adult Mental Health Community** – there had been a lack of clarity regarding the review and discharge process from group interventions. It is important to improve the invitation letter, to make the clinical decision-making process more explicit and to avoid confusion.

**Adult Mental Health, Inpatient** - staff to be considerate of the number of people in the room when completing a clinical review meeting and to discuss this with the patient before the meeting. The discussion should be documented in the patient's notes.

**Community Hospital** – staff to familiarise themselves with any patients who are exempt from wearing face coverings, under the new Government guidance.

**Mental Health Response Service** – to clarify referrals with the staff team and reinforce that the time frame for first contact should be discussed and completed, in collaboration with the referrer and service user.

**Older People's Mental Health, Inpatient** – staff to have more regular contact with the care homes that patients are being discharged to. On day of discharge, the Staff Nurse must contact the home and give verbal hand over, as well as ensuring that an up to date care plan is sent.

**CAMHS** – all ADHD referrals must come through the Special Education Needs Co-ordinator (SENCO), accompanied by a completed neuro-developmental checklist and ADHD screening triage. Thereafter, the ADHD specialists accept the referrals from Contact Point for triage and assessment on a weekly basis. This process has been designed to identify accurate referrals and ensure nothing is overlooked.

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

### **Informal Complaints (Formerly PALS)**

During the 'pause' in processing formal complaints due to the Covid-19 pandemic, the Complaints and Feedback team tried to resolve as many complaints as possible, with the agreement of the complainant, through an informal process. The informal process gives complainants a swift response to their issue(s). This new process proved very successful and the Trust has since formalised the complaints process to triage complaints to an informal process where appropriate (formerly known as PALS). If a complainant remains unhappy following the informal process, they have the right to have their complaint investigated via the formal complaint process.

For the period 1 April 2020 to 30 June 2020, the Trust responded to 50 PALS contacts; 43 of these were concerns/complaints and 7 were queries, comments or suggestions.

For the period 1 July 2020 (when the new process was established) to 31 March 2021, the Trust responded to 161 informal complaints and 18 queries/comments/suggestions. The primary subjects for the informal complaints are as follows:

Primary subject	Number
Patient care	51
Communication	42
Trust admin/policies and procedures	15
Appointments	15
Values and behaviour of staff	11
Prescribing	9
Facilities	5
Clinical treatment	4
Access to treatment or drugs	2
Admissions/discharge	2
Other	2
Waiting times	1
Commissioning	1
Privacy and dignity	1

### Compliments received (examples)

“Service user who had been discharged thanked the Home Based Treatment Team. They wanted to thank them for all the support she had received whilst in crisis and the signposting to longer term services following this period of support.”

“An elderly gent and his wife presented just as the MIU was about to close. The gentleman rang to compliment the MIU staff on their wonderful caring service and how very charming the staff were, going the extra mile and staying back to assist them.”

“Patient’s wife rang to say thank you to a GP who had done a telephone consultation with her husband and told him to go straight to A&E as the GP suspected he was having a heart attack. He did and she was correct; he was treated and discharged a couple of days later. They had previously rang NHS111 and 999 and been told it was probably not a heart attack, thanks to the GP; the patient received the treatment he needed.”

**GP practice**

A patient wanted to thank the team for all they had done to help them toward sobriety. The patient became emotional when expressing how grateful they were; as they feel without the team the outcome of their illness could have ended very differently.

**Addictions**

## Patient Carer Experience

Mother of patient wanted to pass on her thanks and said the Physiotherapist was absolutely amazing and she had put their minds at rest and made the patient's experience fun and enjoyable.

"To all the staff I want to thank you all so much for helping me through this hard, dark time and most of all for being on the front line".

and

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

The Trust continues to deliver on the priorities identified in our Patient and Carer Experience Strategy 2018-2023. You can find a one-page summary on the next page.

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

### Forums

Due to Covid-19 the Trust has had to adapt to different ways of engaging and involving patients, service users, carers, staff and partner organisations. Virtual meetings commenced in May of this year to enable our forums to continue to meet safely.

95.3%

of respondents find our staff friendly and helpful

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

**Hull and East Riding Staff Champions of Patient Experience (SCoPE)** – staff (Champions) attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan. The Trust currently has 179 Staff Champions and all teams are represented.

96.9%

feel they are involved as much as they want to be in their care

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

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

**Humber Co-production Network** – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve. The Humber Co-production network meets every six months to help to build stronger relationships. At present we have 81 members signed up to the network. Each meeting includes either a presentation or workshop from a partner organisation and an update or workshop from a service within the Trust.

**Patchwide PACE Forum** - As a result of the virtual forums, a patch wide PACE forum has been established; this has created a platform for our patients, service users, carers and partner organisations to network and build relationships. In the past patch wide forums did not happen because of the large geography of the Trust and travel time for individuals to access a central meeting.

### Virtual Services

Since the outbreak of Covid-19, our Trust Chaplain, Eve Rose, has worked differently to bring people together for a traditional church service. Eve started hosting church services from the spring of this year. The purpose of the services is to bring people together for pastoral and spiritual support. Each themed service is hosted by our Chaplain where faith leaders, patients, carers, service users and our partner organisations come together to support the service.

Patients and members of the public share their lived experiences and poems and readings are shared with the congregation; many are written by our patients, service users and carers. On reflecting on the services Eve highlights: “the role of a Chaplain is to walk alongside people and our virtual services have enabled me to walk alongside more people than I ever have been able to before. And they have helped me to call out to a lot of our patients and staff in the community and the harder to reach groups of people”.

### Virtual Awareness Weeks

Events have not taken place in their usual format during Covid-19. The Trust had to think about how it could reach out and support individuals and communities differently. One way to engage, involve and support local events was to host virtual events. Some topics warranted a whole week of events, with others spanning an entire fortnight.

The Armed Forces Fortnight saw the first of our series of events weeks. Followed by ‘Pride in Humber’, this included a service by Eve Rose and a week-long programme of virtual events, during the week that would’ve been Hull Pride. We hosted training sessions, shared lived experiences and listened to the great work taking place in the Trust to support our LBGT+ staff.

The Trust also strengthened its relationship with partner organisations and individuals, in particular the Lord Mayor of Hull. To this end, in September our Chaplain co-hosted a service with the Lord Mayor of Hull in the Lord Mayor’s Chamber. At this service they both officially opened Hull’s annual Freedom Festival.

Most recently the Trust held a Dementia Awareness Week, where several events took place to raise awareness and provide information on how we can work together to improve the lives of those living with dementia.

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

A framework called 'Involving Patients, Service Users and Carers in Recruitment' has been approved and will be implemented during the next year. The purpose of this framework is to initiate and implement a consistent approach for patient, service user and carer involvement in the recruitment process for public facing roles across the Trust. A training programme is in development to support patients, service users, carers and staff when participating in the process.

## **Veterans**

The Trust is proud to announce that it has been awarded Veterans Aware Hospital Status.

This means that we have been accredited as an exemplar organisation of the best care for veterans, helping to drive improvements in NHS care for people who serve or have served in the UK armed forces and their families. Veterans Aware Trusts are leading the way in improving veterans' care within the NHS, as part of the Veterans Covenant Healthcare Alliance (VCHA).

The Trust celebrated this achievement by hosting a series of events over a fortnight, in conjunction with National Armed Forces day, 27<sup>th</sup> June 2020. The events included a Veteran and a Veteran's wife sharing their lived experiences.

We are implementing three priority areas across our services:

### **Priority One**

To develop the role of the Armed Forces Community Navigator and this will then lead on to identification of a navigator within each of our teams; this can be a member of staff who is a veteran, family member of a veteran, family member of service member currently serving, Veteran ally or Veteran. A Veterans' forum has been established in the Trust where individuals attend to network, share experiences and offer support to each other.

### **Priority Two**

To offer front line staff training in areas where first contact with ex-service personnel may be needed and additional levels of training will be offered dependant on role and requirements.

### **Priority Three**

To provide ex-service personnel with employment opportunities within the Trust. We have signed up to Step into Health (NHS scheme to increase the number of ex-service (and reservists) into NHS employment.

## **Pathway to Support; Supporting families, carers and loved ones following a Patient Safety Incident Booklet**

This booklet has been coproduced with families and staff for families, carers and loved ones when someone close to them has been involved in a patient safety incident resulting in significant harm or death. We understand that this can be a very difficult and distressing time and hope that the booklet will help people to understand what can be expected from the Trust. The booklet aims to explain what happens next, including additional information and services that are available for additional support.

## **Patient and Carer Experience (PACE) Development Plans**

All teams are completing a PACE Development Plan where they will identify a minimum of three patient and carer experience actions to implement. The purpose of the plans are for teams to identify how they will improve engagement and involvement with their patients, service users and carers to collect feedback on their services to make improvements or celebrate success.

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



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

### Head of Patient Experience (HOPE) network and platform

The HOPE network and platform enables patient experience leads from across the country to connect. Best practice is shared either on the platform or by attendance at regular meetings.

The platform provides an opportunity to reach out to patient experience leads across the country to find out what other areas are doing; you can reach out to the wider NHS to learn from others to prevent reinventing the wheel. The Trust has contributed to the platform on a number of occasions to either share ideas or to reach out to other Trusts for information.

### Equality, Diversity and Inclusion (EDI) Priorities for Patients, Carers Service Users 2020/21

Over the past year work the Trust has been delivering on the patient, service user and carer EDI priorities identified in the 8 March 2020 workshop. Due to the national Covid-19 restrictions we will continue to work on these priorities during 2021/22.

The table below highlights progress made on the priorities over the past twelve months:

N°	Priority	Progress
1	To improve access to digital technology in particular for hard to reach groups.	<p>The Trust renewed its Browsealoud licence for a further three years.</p> <p>Due to Covid- 19 digital platforms (in particular MS Teams) were introduced and this is helping some of our patients, service users and carers access meetings in particular where they find it difficult to leave the house to get to a meeting.</p> <p>The Trust has made significant improvements to the website, including enhancements for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance. To this end it has been scored number 4 out of 211 NHS Trusts nationwide for website accessibility.</p> <p>The Patient Information Project commenced in the Autumn of 2020 and will create a single online repository of patient information resources on our Trust website in a searchable, accessible and supportive way for patients and their families. It aims to improve patient communication and ensure that everyone has access to a range of useful health and wellbeing information resources, ensuring consistency of patient information across services, improves accessibility and allowing staff to share patient information across services.</p> <p>The project is a collaboration between the Communications Team, Patient Experience Team and University of Hull Students Computer Science Masters Students who are completing the project as part of their course. It has been done at no cost to the Trust and is due for complete in May 2021. There has been patient, carer and stakeholder engagement through a workshop and a future plan is in place for a panel of testers once the second phase of development has taken place.</p>
2	To co-produce a variety of training packages with people from a diverse	<p>The Patient Experience Team is working with patients, service users, carers and staff to develop an Patient and Carer Experience (PACE) training package. Work is underway to develop PACE training modules which will be hosted on the new Recovery College platform.</p>

N°	Priority	Progress
	background so that it is representative of the protected characteristics.	The Trust has been working with local Carers Support organisations to develop a training package to support staff and carers. The Carers Champion training is now available for our staff to access on ESR and soon our patients, service users and carers will be able to access the training on our Recovery College platform. The training has been designed to help identify unpaid carers, raise awareness in our services, families or community and be fully equipped to signpost a carer to the support available from local carers support service organisations. By undertaking this training individuals and teams are able to help carers access the right support to improve their wellbeing and those who they are caring for.
3	To continue to develop interpretation and translation services for people who speak English as their second language.	The Trust continues to provide these services to our patients; Hull City Council provide Interpretation and Translation services for people living in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language. At the start of Covid- 19 the Trust rolled out Language Line's three way telephone Interpretation service to all teams across the Trust.
4	To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.	An Equality, Diversity, Inclusion and Inequalities Operational Group was created in November 2020 and has representation from all four Divisions and Corporate Services and has a patient/carer representative . A task and finish group has been created to develop strengthened reporting processes for collecting demographical data including protected characteristics and inequalities personal information on people accessing our services. A co-produced patient information leaflet is in the design phase to support patients, service users, carers and staff to help inform people as to why we collect this information.

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

In working towards the objectives set for 2020/21, the Trust successfully facilitated an EDI Priorities 20/21 workshop with over ninety patients, service users, carers and staff to ensure our equality agenda for the coming year was truly co-produced in collaboration with our primary stakeholders and that our key drivers for improvement are the experiences of our patients, service users, carers and staff.

Staff networks have been established for BAME and disabled staff groups, who work alongside our existing LGBT Staff Network. Collaborative practices across the Trust have led to new policies and procedures such as supporting transgender patients, reducing aggression towards staff from patients, carers and the public.

In response to the Staff Survey, new training in Bullying and Harassment, as well as Recruitment and Selection, has been developed.

Mandatory training through the Trusts e-learning training package continues to ensure Equality & Diversity training is mandatory, with a completion rate of 94%, above the Trust target rate.

Links continue to grow with local groups who represent people with Protected Characteristics within our communities including the Disability Action Group and Hull and East Riding Lesbian, Gay, Bisexual and Trans (LGBT+), Humber All Nations Alliance (HANA)

As well as the ongoing regional Equality, Diversity and Inclusion Partnership between local NHS organizations, the Trust is a member of the Yorkshire and Humber Equality and Diversity Practitioners Network, as well as the recently formed East Riding Equalities Group and the Humber Equality and Diversity Network, a group for EDI practitioners from all public sector organizations in the Humber region.

## **Safeguarding and Working with Adult and Children's Safeguarding Boards**

### **Working with Adult and Children's Safeguarding Boards**

The Humber safeguarding team works alongside the safeguarding children partnerships and safeguarding adult boards throughout all of the statutory processes. This process identifies learning for Humber (and other agencies) and Humber safeguarding is a key part in multi-agency working, developing policies, training and protocols together. The Humber safeguarding service is a key contributor to the Vulnerable Adult Risk Management (VARM) processes in Hull, East Riding and the MASM process in North Yorkshire via strategic work groups.

### **Covid-19**

During the Covid-19 pandemic the safeguarding team have continued to work with the partnerships and boards in delivering safeguarding and ensuring that children, young people and adults at risk continued to be supported. At the start of the pandemic the safeguarding team moved from office based to working from home, initially meetings with the partnership's and boards were put on hold, however were soon re-established in a virtual format making attendance at the meetings more accessible. Regular updates have been shared between partners on referrals, areas of concern and emerging safeguarding issues. Information and communication have been distributed between each partner organisation and shared across the organisation, this has been done through communications, Twitter and the Safeguarding Forum meeting.

Domestic abuse has increased nationally and locally due to the Covid-19 pandemic and this has been monitored through the partnerships and boards. Multi Agency training has been implemented and domestic abuse champions and ambassadors are now in place. Humber safeguarding has a domestic abuse policy reflecting national practice and has raised awareness with staff via a series of events which included a safeguarding week, White Ribbon 16 days of action specifically with a focus on domestic abuse. The Safeguarding team also are active members of the ER MARAC process and are involved in the domestic abuse sub groups in Hull, ER and North Yorkshire.

### **Prevent**

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

## **Mental Capacity (Amendment) Act 2019**

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

## **Learning from cases**

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

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

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

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

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

### **Covid-19 and the delivery of safeguarding across the Trust**

At the start of the pandemic, the Safeguarding team moved from office based to working from home. Throughout this period, the team continued to offer a duty desk 9am – 5pm, Monday to Friday.

The Safeguarding team has moved to a virtual format which has had a positive impact as the team are now much more accessible for meetings and contacts with Trust services. The contacts to the safeguarding team have increased, which is being monitored through the quarterly assurance reports.

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

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

Mental Capacity Act (2005) training remains in place and was recently reviewed to ensure that it remains relevant and up to date. Training compliance continues to be above the expected level, however, it is recognised that staff sometimes lack awareness of MCA in practice. Bespoke MCA training sessions are delivered to areas where issues are identified and face-to-face monthly sessions will re-commence throughout the year.

### **Early Help**

There has been a focus on Early Help over the previous several years, reflective of changes within local safeguarding children partnerships. This ensures that interventions are provided to children as soon as issues emerge, helping to reduce risks and increase protective factors.

The Safeguarding team have shared relevant learning materials and guidance regarding access to early help services to ensure this help is accessible by staff when required. The team is also working closely with systems leaders in the Trust, to ensure data regarding early help referrals and their outcome is available and is reported within quarterly assurance reports.

### **Neglect**

Neglect is the highest reason for child protection referrals nationally however Trust data does not reflect this. The Safeguarding team have promoted the theme of neglect and abuse within the Trust ensuring this remains a high priority and is not missed. Neglect is included in mandatory safeguarding training. In addition, information and briefings have been shared across the Trust with all staff encouraged to attend specific neglect training available within local safeguarding children partnerships.

A review of neglect assessment tools has been undertaken in records confirming that these are not effectively utilised in patient care. In response, a working group has been established with Trust services and the local safeguarding children partnership to co facilitate training across the multi-agency arrangements, deliver neglect assessment training directly to Trust staff in line with NSPCC Graded Care Profile2 accreditation programme and ensures that neglect is embedded and considered during all interventions and contact with children and adults. This will ensure that children's needs are considered throughout all services and intervention is provided at the earliest opportunity to ensure their wellbeing.

### **Domestic Abuse**

Domestic Abuse has increased nationally and locally due to the Covid-19 pandemic. The Safeguarding team recognise that additional support is needed to support staff and services, resources and information has been distributed across the Trust. A prompt tool was developed to support staff in identifying safeguarding concerns where virtual visits were being undertaken, and a Domestic Abuse Lead was also identified within the team.

In November 2020, the Trust also gained White Ribbon Accreditation, which is a commitment to end male violence against women. Multi-agency training has been implemented and domestic abuse champions and ambassadors are now in place. Our Safeguarding procedures contain a Domestic Abuse Policy, which reflects national practice and has raised awareness with staff. The team also hosted a series of events throughout the year, including Safeguarding Week, White Ribbon's 16 Days of Action and Domestic Abuse awareness. The policy will be reviewed once the Domestic Abuse Bill has been agreed through Parliament.

The Safeguarding team also are active members of the ER MARAC process and are involved in the domestic abuse sub-groups in Hull, East Riding and North Yorkshire.

## Supervision

In order to protect patients and support staff, safeguarding supervision must provide opportunity for reflection and analysis. Data collection demonstrates that this activity either does not regularly take place or is not recorded correctly on Trust systems. From further discussions with service areas, it appears that it is the latter.

In order to ensure processes, accountability and expectations are clear, the safeguarding team has reviewed the wider Trust supervision policy and training offer to ensure that safeguarding supervision is included and embedded in the Trust supervision framework as much as possible.

## Sexual Abuse and Patient Safety

This has been identified in both internal and external statutory processes as an issue in inpatient areas. Humber Safeguarding continues to contribute to the sexual safety planning and development across the Trust. A standard operating procedure has now been developed and implemented. This issue is also reflected in the level three safeguarding training which encourages the identification and response to such incidents.

## Raising awareness of the Safeguarding Agenda

Over the previous year, the Safeguarding team have been committed to raising awareness of safeguarding themes and topics, this is reflective of the team's priorities identified in the safeguarding strategy.

The team has worked hard to ensure they have a presence across Trust service areas and to be seen as a resources to support staff. There is a weekly heading within the weekly internal communication bulletin, a Twitter account and regular briefings and newsletters produced for staff information. Awareness days have also been advertised, campaigns promoted and resources for staff produced, ensuring that staff are able to access relevant information and guidance as and when required.

## Our Charity, Health Stars

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



Health Stars provides the added sparkle, over and above what the core NHS can provide. To do this, we rely on the support of businesses, community groups and the generosity of our friends and neighbours. This support helps us to improve the experiences of both patients and staff at the trust.

The last year has been a special year with the focus very much being on the pandemic. Thanks to local and national fundraising efforts millions of pounds were raised for NHS Charities Together. As a member of NHS Charities Together, Health Stars quickly benefited from these funds and were able to speedily put them to good use for our staff.

April 2021 saw the beginning of the Health Stars Food Hampers, in partnership with the volunteering team, for six weeks the hampers were delivered to all inpatient and community sites



where staff were present. This was at a time when it was difficult to get into the supermarkets and staff were extremely grateful for the snacks whilst they were on shift. The hampers were then repeated again at key points in the year.

In addition to the Food Hampers, Health Stars continued to fund wishes, many of these directly related to the pandemic. For example Health Stars supported the creation of “wobble rooms” across the trust to create a calming space for staff to take a break. Another example later in the year was the supply of gazebos so that patients could have their families visit them outside and socially distanced.

Health Stars also launched its second major appeal whilst in lockdown. Fundraising has started for the Whitby Hospital Appeal to add sparkle to the transformation of the hospital. Task and Finish groups have been established to engage the local community on fundraising, artwork, outdoor spaces and the naming wards and spaces.

Health Stars are excited to continue the Whitby Hospital Appeal this year and are already looking out for what the next major appeal could be to support patients and staff. Health Stars will continue to grant wishes across the Trust and provide fun and engaging ways to get involved in fundraising in 2021/2022.



## Celebrating Success – our 2020/21 highlights

In this section we are pleased to share some of our key successes across 2020/21:

### CQC Rating of “Good”



The Trust took part in the Care Quality Commission (CQC) Well Led Transitional Monitoring Assessment (TMA) call with no concerns raised by CQC in respect of compliance with the Key Lines of Enquiry.

Furthermore, the results of a Care Quality Commission (CQC) led survey of our mental health inpatient services has ranked our Trust better or equal to the national average compared to other NHS Trusts.

Our Trust was in the top 20% for patients being involved in decisions about their care and treatment (39.7%), the quality of our hospital food (72.5%), explaining the purpose of medications given to patients (55.9%), and not delaying discharge for any reason (86.3%) which was the highest score amongst all Trusts.

### Whitby Hospital and Gardens Renovation

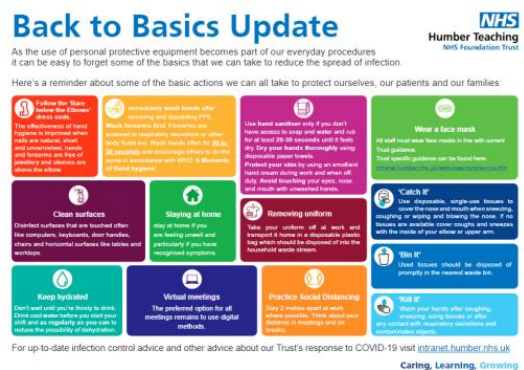
The £13.1m project renovation of Whitby Community Hospital began in March 2020. The work to the hospital, which is owned by NHS Property Services with the Trust as lead tenant, included the stripping and reconstruction of the internals of the tower block to create new hospital areas for house dental and podiatry services, inpatient facilities, including those for mental health, an audiology suite and a cafe on the ground floor.

Later, our Trust charity, Health Stars launches the Whitby Hospital Appeal which aims to raise £200,000 to add the extra sparkle to the redevelopment including a garden project, artwork and dementia friendly wards.

The project is on track to have the first phases complete within the originally agreed timescale of July 2021.

### Back to Basics

Following the outbreak of Coronavirus, we launched our Back to Basics campaign. This reminds staff of the basics of staying safe at work, including how to use Personal Protective Equipment (PPE) correctly and Infection Prevention and Control (IPC) guidance. This work was commended and reused by other Trusts nationally.



## Launched ShinyMind app

In April 2020, we launched [ShinyMind](#) to support staff mental health and wellbeing during the pandemic.



ShinyMind is an app that can be accessed on a device and is a uniquely interactive mind set resource that improved wellbeing, resilience and teamwork. It's proven to help reduce the stress and anxiety of everyday life, leaving people feeling happier and more productive.

Over 11% of our staff have used the app accessing 665 hours of support including 6,596 sessions, 2,226 Masterclasses and 174 SOS requests. The app has been recommissioned for 2021/22.

Later, in July, we also launched the Trust's Wellbeing Week to reinforce the importance of staff wellbeing. During this time, we promoted methods of support for those affected by the pandemic both inside and outside of work, including support for stress and bereavement.

## New website

The Trust website re-launch was marked in July 2020. The new site was designed to be mobile optimised with a restructured navigation and new features introduced to improve usability and search. We were pleased to see this work acknowledged in March when Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites for usability scored the Trust fourth out of 211 NHS Trusts nationwide.

## 'Humbleivable' campaign



We launched our Trust recruitment marketing campaign, [Humbleivable](#). Developed in partnership with staff from across our services, it shines a light on what makes our Trust special and unique. With over 20,000 visitors since its launch, our website has drawn potential applicants from across the UK and beyond to learn more about the Trust and what we offer as an employer. The website can also be used to apply for live jobs as it is backed by Trac.

## Annual Members Meeting goes virtual

Every year, we open our doors to the public to share what the Trust has achieved that year at our Annual Members Meeting (AMM). This year, due to COVID-19, the Trust held their event virtually for the first time. Chief Executive, Michele Moran, along with other members of the executive team, spoke to a well-attended audience about highlights from 2019/20, how we performed against key targets, and future challenges that lie ahead. We also achieved some positive press on this event for the first time.

## New digital platform for patient information

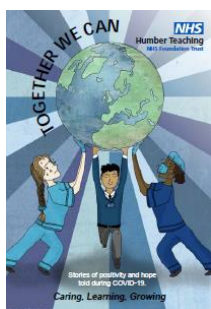
In September 2020, we began working with Masters Students from the University of Hull who are developing a new digital platform of patient information. The platform will bring together all patient information in one place creating an accessible repository that can be used by patients, their families and Trust staff. The project is due to complete in May 2021.

## East Yorkshire 'The Secret's Out'

We joined forces with Hull University Teaching Hospitals Trust, Hull City Council, Humberside Fire and Rescue, and Humberside Police for a national campaign to support recruitment to the health and care workforce in Hull and East Yorkshire. Under the banner, [East Yorkshire: 'the secret's out'](#), the new campaign seeks to attract more people to vital roles in Hull and East Yorkshire from around the country and beyond.



## Together We Can book published



Published Together We Can, a book filled with stories, photographs, poems and artwork by staff, service users and relatives from the first wave of the pandemic.

The book was launched in collaboration with Health Stars and promoted fundraising goals as well as the excellent work our teams do and the challenges they faced during the first months of the pandemic. The book was relaunched in March 2021 with a new set of stories from the second wave.

## Cardiac Rehabilitation (CR) Service awarded Full Green certification

Our Cardiac Rehabilitation (CR) Service covering patient groups from the Scarborough, Ryedale, Pocklington and Whitby areas was awarded Full Green Certification by the National Certification Programme for Cardiac Rehabilitation (NCP\_CR). This certification means demonstrates that we provide a recognised and good CR giving our patients confidence that the service offered meets agreed standards.

## Choose Psychiatry recruitment drive

We worked with Hull York Medical Schools (HYMS) to host a one of a kind virtual event in support of the RCPsych ['Choose Psychiatry'](#) campaign which aims to tackle the national shortage of Psychiatrists across the country.

Over 750 students signed up for the virtual courtroom event, 'Murder in Mind' with participants joining from as far as India, Hong Kong and Canada.

## Physio Direct referral service launched

Physio Direct, a new self-referral service for Scarborough and Ryedale was launched for patients over the age of 18. This service has been set up to allow patients to get advice quickly from professionals about neck or back pain, recent injuries and any muscular or joint problems. Similar services in other parts of the country have shown that offering direct access to a physiotherapist for musculoskeletal problems reduces demand on GP services, decreases referrals to secondary care and results in high levels of satisfaction for patients.

## First virtual Research Conference

Our fourth annual Research Conference had been due to take place in May 2020 with all 180 places filled, but had to be postponed due to the pandemic. Not wanting to miss the opportunity to share important Teaching research findings and highlight the incredibly varied research we are involved in,

the Trust's first virtual research conference took place over two half days 17-18 Nov 2020. Almost 300 people registered, including international delegates, and representing 50+ organisations and many professional groups.

### White Ribbon accreditation

The Trust received confirmation of their [White Ribbon](#) accreditation. This marked our position to stand in solidarity with women who have been a victim of violence. This was publicised during our work for White Ribbon Day on 25 November.

White Ribbon UK is part of the global White Ribbon movement to end male violence against women\*.

### First Trust in region to adopt Dr Toolbox app

We became one of the first Trusts in the region to adopt and implement the Dr Toolbox, a secure online information resource to help to better orientate Junior Doctors within their Trust. Populated by a team of Trust clinicians supported by the Medical Education Team, the app works alongside the local induction providing secure online information including contact numbers, referral methods, ward handbooks and guidelines.



### Yorkshire and Humber Care Record awarded Computing Technology Product Award

In a year of digital transformation across the NHS we were thrilled that Yorkshire and Humber Care Record, a programme we host on behalf of the Yorkshire and Humber region, was awarded the Computing Technology Product Awards 2020 - Best Digital Transformation Product or Service – Public and Third Sector.

### Senior Leadership Development Programme

Our Senior Leadership Development Programme and Development Programme welcomed 120 senior leaders and 150 leaders over the year. We also refreshed and relaunched our Senior Leadership Forum and launched a new Leadership Forum and launched a new High Potential Development Scheme, aimed at our band 2 - 7 staff.

### Covid-19 vaccination programme

As we entered 2021, we were proud to launch our Trust COVID-19 vaccination programme as a Hospital Hub. Over 20,000 people were vaccinated at our site by mid-April, 2021.

Please see link for a video about the vaccination hub: <https://youtu.be/3mzDnN3pECM>

### Market Weighton Practice wins General Practice Award



Market Weighton Practice wins prestigious General Practice Award for Clinical Improvements: Chronic Conditions, for their work around improving care for patients with a diagnosis of Chronic Heart Failure. This is a great achievement which acknowledged the brilliant work completed by the team

## Staff Survey results 2021

One of the key ways that we can support our people is by listening to what they say and acting on their feedback. The results of the national NHS Staff Survey were published in March and we were delighted to see an improvement over all of our ten key themes and significant improvement against 68% of questions answered compared to 2019. Across the Trust we also recorded a number of areas of strength, including the following highlights:

- 92% of colleagues believe that the Trust takes positive action on Health and Wellbeing (+6% increase vs 2019)
- 77% believe that there are frequent opportunities to show initiative in their role (+6% increase vs 2019)
- 75% of colleagues say their immediate manager can be counted on to help with a difficult task at work (+5% increase vs 2019)

These results can be linked to the following actions that were taken based on our 2019 Staff Survey Results:

- Continued financial investment in Health and Wellbeing Support
- Increased training budget and launch of career development programmes
- Introduction of a new appraisal toolkit to support managers and colleagues in appraisal conversations

Based on the results of our 2020 Staff Survey, the Trust has refreshed its People Strategy for 2021/22 and developed the following priorities:

- Increasing the number of staff across our workforce to reduce the pressure colleagues have felt over the last 12 months
- 'Resetting' our establishments as we enter into a recovery from the pandemic
- Continue to develop our health and wellbeing offer to staff
- Listening and acting upon what staff have said in the national survey at a departmental level
- Providing development and support for our leaders and managers
- Improving our estate and staff working environments

## Trust named in Top 5 for Equality, Diversity and Inclusion

The Trust was named in the Top 5 of Mental Health and Community Trusts for the theme of Equality, Diversity and Inclusion (EDI). Based on our National Staff Survey results, this is a significant achievement for us, as the Trust has risen from 19<sup>th</sup> position and to just 0.1 points away from the top spot in our category. We also believe that this provides evidence of how we are leading a culture of continuous EDI improvement, by facilitating plans and performance frameworks which enhance access, experience and health outcomes for our patients and visitors, as well as improving fairness, inclusion and respect with our staff.



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

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

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission considered the Humber Teaching NHS Foundation Trust Quality Account 2020-21, at their meeting on the 18<sup>th</sup> of June, 2021.

The Commission endorsed the Quality Account while making the following recommendations:

- Future Quality Accounts include examples of where things may have gone wrong, with a view to highlighting lessons learnt and how those lessons have informed the quality and safety improvement priorities for the year ahead.
- That clear timeliness be applied to the Strategic Goals (Annex 4) with a view to driving improvement and supporting the performance monitoring process.

Antony Spouse, Scrutiny Officer  
17 June 2021

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

No response from East Riding Health and Wellbeing Overview and Scrutiny Commission was received in relation to the Trust's Quality Account.

### **Healthwatch Hull and East Riding of Yorkshire - joint response**

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

Once again, Healthwatch are delighted to be asked to comment on the Trusts Quality Accounts for this year 2020/21 and we would like to acknowledge that this year has unquestionably been the most challenging year to date.

The pandemic posed lots of challenges for the Trust and credit to all the staff who found themselves having to quickly adjust to new ways of working to ensure patient care and safety was at the centre of the decision making process. The staff teams successfully mitigated those challenges to ensure there was adequate supplies of PPE for front line workers, and ensuring all policies and procedures were updated to meet the ever changing Government guidance.

The Trust also quickly mobilised a Testing Centre and actively recruited Volunteers to support the vaccination program.

Over the past year we have continued to be involved in and consulted on some aspects of the Trust's work which we have been happy to participate in. This was made possible by the Trust introducing new Digital platforms that helped them to stay connected with their staff, service users, carers and other organisations.

The accounts continue to demonstrate the Trusts ongoing commitment to involve patients, carers and the wider public in the development of their services. Healthwatch would have liked to have seen more patient, carers and/or public stories that reflect just how they have been involved in the design and delivery of services.

It was pleasing to read that the Trust have continued to deliver on "the should do" and "must do" actions highlighted in the CQC inspection 2019 by persisting with their peer reviews and audits throughout the pandemic to ensure continuous improvements are being made however we note that although the overall CQC rating is 'good', under safe it 'requires improvement'.

It was pleasing to read that the Trust has continued to work hard and not perturbed by the pandemic to achieve their outcomes which is accredit to them. However, Healthwatch would welcome improvements to the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team - the service to date, performance of 52% is below the nationally mandated target of 60% and also improvements to the out of area placements in particular there is an increasing number of inappropriate placements.

Healthwatch would have liked to have seen what plans are there to improve and expand the mental health service in line with the increasing need for ongoing support along with the criteria used for the referral process to get support from the community response teams.

Healthwatch acknowledges the positive experiences of good practice but would also like to see examples of negative experiences and how these have been resolved and any learning as a result of them.

In conclusion Healthwatch welcomes the opportunity to comment on the Trusts Quality Accounts and would like to thank all members, including staff, patients, carers for all their hard work during what has been a very difficult and challenging year. We also welcome the opportunity to work more closely with the Trust to facilitate independent engagement with patients, carers and the public.

Moira Harrison, Delivery Manager, Healthwatch Hull  
Julie Dearing, Delivery Manager, Healthwatch East Riding of Yorkshire  
30<sup>th</sup> June 2021

### **Healthwatch North Yorkshire**

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

### **North Yorkshire CCG**

North Yorkshire Clinical Quality Group (NYCCG) welcome the opportunity to review and are pleased to provide a response statement for the Trust's Quality Report for 2020/21. It is noted that the Quality Account is in draft and some information is awaiting therefore NYCCG comments are on the draft account. This Quality Account has been reviewed in accordance with the Department of Health and Social Care (Quality Accounts) Amendment Regulations 2017.

This report has been shared with key individuals across NYCCG and their views have been collated into my response. As Commissioners of healthcare, we are committed to ensuring the provision of high-quality services for our population and take seriously our responsibility to commission services that not only meet quality and safety standards, but also listen and respond to patient feedback to help inform service developments.

Firstly, we would like to take this opportunity to thank all staff at the Trust for their hard work and dedication during the on-going COVID19 pandemic, which we acknowledge has had an impact on the achievement of some of the priorities and targets set for 2020/21. The system response to this issue has been incredible and seen a requirement for a flexible approach to patient care and we would like to express our appreciation to Humber Teaching NHS Foundation Trust for your part in the local NHS and wider system response.

Overall NYCCG considers the Quality Account of 2020/2021 to be a fair reflection of the Trust performance and acknowledges the progress made to improve patient safety, outcomes and experience.

The key successes and challenges of the priorities are clearly reflected in the Quality Account. NYCCG note the achievements that have been made against the priorities set by the Trust for 2020/21 and accept that due to the pandemic and system pressures further stretch has been applied to the four quality priorities for 2021/22



NYCCG particularly notes:

- The extensive renovation work for Whitby Community Hospital
- The work carried out for supporting staff's mental health and wellbeing which is particularly important given the additional pressure during the Covid-19 pandemic
- The Cardiac Rehabilitation Service covering patient groups from the Scarborough, Ryedale, Pocklington and Whitby areas award of Full Green Certification by the National Certification Programme for Cardiac Rehabilitation.
- The significant improvement in the NHS staff survey results
- The inclusion of patient stories make the Quality Account "real" and demonstrates the Trust's commitment to listening to patients and using their experience to improve and enhance services

NYCCG welcome the opportunity to review the Quality Account and confirm that the account is a fair reflection of the Trust performance and acknowledges the progress made to improve patient safety and experience despite the challenges brought about by the ongoing pandemic. The key successes and challenges of the 2019/20 quality priorities are reflected in the Quality Account. We look forward to continued partnership working to ensure that there remains a coordinated, collaborative approach towards safeguarding the quality and safety of services provided to our patient population, whilst developing new ways of working to deliver improvements across pathways of care that have local impact

Sue Peckitt, Director of Nursing and Quality  
19 July 2021

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

Firstly, NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Groups would like to take this opportunity to thank all the staff at Humber Teaching NHS Foundation Trust for their hard work and dedication during the COVID19 pandemic that has been ongoing for a significant period of time. The efforts taken in responding to this global health crisis have been truly impressive across the health system. We would like to extend our gratitude and appreciation to you all, for your part in the local NHS response and the wider system response.

NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Groups are pleased to be given the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2020/21. The Quality Account provides Commissioners with an informative overview of the progress that has been made by the Trust and the challenges that the Trust has encountered during 2020/21.

We are pleased to see the Quality Account once again starts with patient stories. These reflections and detailed patient journeys gives an excellent insight into the services offered by the Trust and the impact on patient and carer outcomes. It is pleasing to see the work of the Trust in supporting carers having a voice in their loved ones care and in co-designing future inpatient services to best serve those who are our most vulnerable. We note the approach taken by the Trust to support individuals on discharge and the collaborative approach to meeting an individual's needs.

Commissioners note January 2020 was a significant time for the Trust in the opening of the Children's and Adolescent mental health inpatient unit, Inspire. We recognise the importance for families having a local facility to prevent young people being separated from their families as much as is possible.

We note the four Quality priorities which were identified for 2020/ 2021. We are cognisant of the impact the Covid-19 pandemic had upon the NHS and applaud the progress the Trust has been able to make towards these transformational priorities despite this. It is pleasing the see the Trust supports a further stretch for each of these priorities in to 2021/2022. We look forward to receiving updates on the Quality priorities throughout the coming year.

As commissioners we would have liked to have seen something within the quality accounts that reflects Humber Teaching Foundation Trust's commitment to continued development of the Crisis Team.

Both Clinical Commissioning Groups acknowledge the focussed work which has been undertaken to ensure patient safety remains an area of high focus for the Trust. It is pleasing to see the introduction of Datix dashboards at team level which will enable teams to focus their quality improvement initiatives on incident themes of concern. We applaud the ongoing focus on learning from what has gone well, capturing instances of excellent practice via the introduction of 'GREATix' with the Trust recognising the patient safety team/individual of the month.

We would like to congratulate the Trust on becoming an Early Implementer site to develop the mental health offer to bridge what is offered in primary and secondary care. We recognise the positive impact the alignment of multidisciplinary services across health, social care and primary care networks can have upon people who use services. It is positive to note this work has been developed and underpinned by collaboration with those with lived experience. We are keen to see and understand the impact this integration will have upon access to crisis services.

Commissioners were fully aware of the need for NHS organisations to pause business as usual meetings during the Covid-19 pandemic so recognise this included the Trust Clinical Network meetings which has meant prioritisation of NICE guidance where there were known gaps in compliance has been variable. It is positive to note the Clinical Audit Facilitator remained engaged with all networks during this time to support the development of actions plans to drive improvements in compliance.

We are pleased to learn of the revision of the Trust clinical audit policy and the requirement that each division will now be completing a minimum of five audits across the financial year as well as contributing to National and the Prescribing Observatory for Mental Health UK (POMH-UK) audits. We note the variety of Clinical Audits reflective of the services the Trust provides which were undertaken during 2020/2021 and the actions taken to improve patient care. We acknowledge the participation of the Trust in 100% of the National Clinical Audits and the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death.

As commissioners, we recognise the benefit and importance of research and are cognisant that the Covid-19 pandemic highlighted the importance of research in public health. We recognise the Trust as a strong advocate for research and acknowledge how the Trust adapted its approach to research during the pandemic to ensure where possible, research continued during this time helping participants feel less isolated.

Commissioners note that within the 2019/2020 Quality Account feedback we congratulated the Trust on the outcome of the Well-led inspection which had begun in February 2019. We note the Trust has no conditions on its registration with the Care Quality Commission and that no enforcement action has been taken against the Trust during 2020/2021. We were pleased to note the outcome of the Care Quality Commission announced scheduled 'well-led' Transitional Monitoring call held virtually in January 2021 which confirmed the Care Quality Commission had no areas of concern to raise with the Trust.

We note the Trust commitment to learning from deaths and the actions the Trust will be taking, whilst not causal, to support and embed learning. We are keen to see the outcome of the work the trust will be undertaken to review the waiting list standard operating procedure which will clarify who should and who should not be classed as being on a waiting list. We are Supportive of the Trust reviewing the triage and demand on the Mental Health Response service. Commissioners are keen to support the Trust in this work.

Commissioners note the details of the 2020/2021 Staff friends and Family Test and are pleased to note over 75% of staff would recommend the Trust to friends and family as a place of care with 60%

recommending the Trust as a place to work. We recognise the actions the Trust taken to improve this percentage and the quality of its services.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for our population and look forward to working with the Trust to continue to deliver better outcomes for all of our patients.

The Commissioners confirm to the best of their knowledge, that the information contained in the report is accurate and consistent with that which has been shared with Commissioners.

Nicki Sparling, Assistant Director of Quality & Improvement / Deputy Lead Nurse

Deborah Lowe, Deputy Director of Quality and Clinical Governance / Lead Nurse

Emma Latimer, Interim Accountably Officer

2 July 2021

### **NHS England/NHS Improvement**

No response from NHS England/NHS Improvement was received in relation to the Trust's Quality Account.

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

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

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

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

- the content of the quality report meets the requirements set out for the year 2020/21 and supporting guidance detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2020 to March 2021
  - papers relating to quality reported to the board over the period April 2020 to March 2021
  - feedback from commissioners dated 1 July 2021
  - feedback from governors, the draft Quality Report was circulated to Governors, no comments were received however, they were involved in the development of the report
  - feedback from local Healthwatch organisations, although sent out for consultation, no feedback was received from our local HealthWatch organisations
  - feedback from overview and scrutiny committee dated 17 June 2021
  - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, which will be submitted to the September Board
  - the national patient survey 2020
  - the national staff survey 2020
  - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

DATE  ..... Sharon Mays (Chairman)

DATE ...  ..... Michele Moran (Chief Executive)

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

In line with revised guidance published January 2021, “*NHS Foundation Trusts are not required to commission assurance on their quality report for 2020-21*” and therefore external audit has not taken place. Therefore, this section is intentionally blank.

## Annex 4: Our Strategic Goals

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

#### What we will do

We will:

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

#### How will we know we have achieved it

We will demonstrate:

- An 'outstanding' CQC rating;
- Timely access to safe services delivered by excellent clinical staff;
- National recognition for best practice through specialist research and benchmarking.

### Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

#### What we will do

We will:

- Ensure patients, carers and families play a key role in the planning and delivery of our services;
- Empower people to work with us so they can manage their own health and social care needs;
- Deliver responsive care that improves health and reduces health inequalities;
- Develop an ambitious prevention and recovery strategy

#### How will we know we have achieved it

We will demonstrate:

- Pioneering innovation that promotes access, patient/carers engagement, empowerment, self-management and peer support;
- A zero suicide death rate in our inpatient services;
- A jointly managed transformation of services based on people's needs;
- Nationally recognised leadership demonstrated across all health and social care pathways.

## Strategic Goal Three: Fostering Integration, Partnership and Alliances

### What we will do

We will:

- Be a leader in delivering Sustainability and Transformation Partnership plans;
- Foster innovation to develop new health and social care service delivery models;
- Strive to maximise our research-based approach through education and teaching initiatives;
- Build trusted alliances with voluntary, statutory/non-statutory agencies and the private sector.

### How will we know we have achieved it

There will be::

- System-wide solutions to long-term problems with our partners;
- Recognition of the Trust as a world-class specialist education and teaching provider;
- Joint ventures that enhance our ability to deliver excellent services.

## Strategic Goal Four: Developing and Effective and Empowered Workforce

### What we will do

We will:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

### How will we know we have achieved it

We will demonstrate:

- Teams built around their members and which deliver services tailored to individual needs;
- Staff who are nationally recognised as excellent leaders;
- Motivated staff influencing decision-making and delivering change.



## Strategic Goal Five: Maximising an Efficient and Sustainable Workforce

### What we will do

We will:

- Be a flexible organisation that responds positively to business opportunities;
- Be a leading provider of integrated services;
- Exceed requirements set by NHS Improvement regarding financial sustainability;
- Build state-of-the-art care facilities.

### How will we know we have achieved it

We will demonstrate:

- Business growth that exceeds £30 million;
- A physically and financially efficient business built on sound integrated models of care.

## Strategic Goal Six : Promoting People, Communities and Social Values

### What we will do

We will:

- Apply the principles outlined in the Social Value Act (2013);
- Ensure our human resource priorities and services have a measurable social impact;
- Improve recruitment and apprenticeship schemes and promote career opportunities;
- 'Make every contact count' via an integrated approach designed to make communities healthier.

### How will we know we have achieved it

There Will be:

- A robust social values policy implemented across the organisation;
- Social impact measures as core performance measures for all services;
- A clear demonstration of the social impact return on investment for apprenticeship schemes;
- Reduced demand for services.

## Annex 5: Glossary and Further Information

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

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

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

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