the huntercombe group

Believing and achieving together

# Quality Account

## 2017 / 2018

# Contents



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Believing and achieving together

# Part 1

## Statement from the CEO and Medical Director

# Statement from the CEO and Medical Director

We are in awe of the commitment and dedication of the people who work with our patients and residents and, on a daily basis, provide optimistic and empathetic care. Like our teams, we share the same ambition, that our patients are able to live the best lives they can. Believing and Achieving Together is an integral part of our ethos.

A key element of our Care Model is the implementation of Positive Behaviour Support (PBS), which we are in phase three of implementing. We now have coaches fully trained in 22 of our 23 services and our PBS lead, Jill Dawson, recently won a BILD award for Coach of the Year. Data from the first site to fully implement and monitor the outcomes of PBS show a 37% reduction in restraints overall since the PBS programme was implemented, while the use of the most restrictive forms of restraint fell by 53%. We're encouraged by these outcomes and will continue to monitor across services. Feedback so far has been really positive and we look forward to better understanding the impact of PBS on staff wellbeing, as well as for patients and residents.

Staff wellbeing will continue to be a major focus for us this year, with our overall staff engagement scores increasing from 3.73 to 3.82. We are delighted at this and are pleased to see that our on-going Conversation Into Action programme, to put staff and patients at the heart of improvements, is having on-going benefit. At the Huntercombe Academy our Grow Your Own Nurses and Nurse Leadership Programmes will continue this year; with an increased focus on developing the Grow Your Own Nurses in light of funding and placement changes.

Patient engagement will remain a key focus for the coming year, with a full strategy being developed for implementation in 2018/2019. Glamour for your Manor goes from strength to strength, with plans getting even more ambitious. One of our secure services is in the final phase of having a patient-designed treehouse being submitted for planning permission.

We know it is important to evolve our services to respond to on-going demand and, in response to the Transforming Care Agenda, Ashley House has changed to become Eldertree Lodge, a service with two specific pathways for male neurodevelopmental and female complex care. Both services include assessment and treatment wards with the option to step down to a pre-discharge service. The aim of these services is to ensure that patients receive optimal assessment and treatment for their conditions before being assessed for discharge, ideally to the community or if not, to the most suitable long-term placement for that individual.

The Quality Account covers services that provide NHS-commissioned care. It has been produced in accordance with guidance issued by the Department of Health and will be published on our website at www.huntercombe.com and via the NHS Choices website. In this report you will find information about The Huntercombe Group and how we approach and monitor the delivery of our services. We will report on the progress we have made, against the priorities we set ourselves last year and how we are continuously working to improve the care we deliver. We will also share the priorities we have set ourselves for the coming year and how we will monitor and report against them.

The information contained in this report is an accurate representation of our services and care that we have delivered, to the best of our knowledge. Please do get in touch if you have any questions or would like to know more.

**Valerie Michie**

Chief Executive

**Amlan Basu**

Medical Director

# About
# The Huntercombe Group

**We help young people with mental disorders, adults with mental disorders or learning difficulties, and people who have suffered a brain injury.**


We care for up to 800 patients and residents every day, across 23 hospitals and centres. Our dedicated medical teams, therapists and carers are experts in at what they do. They've chosen to be at Huntercombe because they want to work alongside other professionals who are leaders in their field.

We're specialists. We're innovators. We're never complacent. But we also know this: to get the best results you need not only expertise but also compassion. Kindness is at the heart of what we do. That's why we're proud to nurture the world, one person at a time.

We know that words such as recovery and rehabilitation do not work in every environment, but that in every case Huntercombe will enable and support people in reaching what is possible for them. This strikes at the heart of what it means to nurture.

**We have been embedding our aspiration of 'nurturing the world one person at a time' across our organisation.**

Our values run through our organisation and are a core part of the delivery of our services:

**We understand:** we listen, we learn, we respect and we care. Insight is fundamental to the way we shape our services and we know that each person's care needs to be different and appropriate for them.

**We are innovative:** we are creative, dynamic and flexible in our service delivery, our learning, and how we go about our business. Yet in everything we do, we take a measured approach.

**Person first:** we put those in our care first; they are at the heart of everything we do. We also recognise the commitment of our staff and stakeholders and the need to continually strengthen our relationships with our external partners.

**Towards excellence:** we strive for excellence across our whole service, through our clinical expertise and within our care environments. Through good teamwork, we will always aim higher, are never complacent, and lead by example.

**Reliable:** ours is a name to be trusted. We deliver results through transparent service delivery and safety is paramount across all aspects of our business.

**Accessible**: we offer accessible care pathways to meet geographical and specialist needs.





## Our Services

**We have four areas of specialist expertise:**

### Adult Mental Health and Learning Disability Services

At Huntercombe, we've been looking after people with mental health issues and/or a learning disability for two decades. Our aim is to reduce risk, encourage rehabilitation and help patients learn to cope with their condition.

We provide services in this area in a range of settings covering Forensic Mental Health Services, Autism Spectrum Conditions and Psychiatric Intensive Care Units.

### Child and Adolescent Mental Health Services

Today, we provide children's and adolescent mental health services in five of our hospitals. These services are for young people aged between 12 and 18, although our specialist eating disorder service at Cotswold Spa also treats 18 to 25 year olds. The conditions we treat include eating disorders and mental health issues such as self-harm and emerging personality disorders.

We provide services in this area in a range of settings covering General Adolescent Units, Eating Disorder Units and Psychiatric Intensive Care Units.

We also have two centres that specialise in the treatment and care of children and adolescents with specialist needs.

### Brain Injury and Neurological Care Services

We offer specialist and slow stream rehabilitation inpatient services for patients with a traumatic or acquired brain injury.

We also provide residential and respite care for individuals with a brain injury or who have been diagnosed with a progressive condition such as Parkinson's Disease, Motor Neurone Disease and Huntington's Disease.

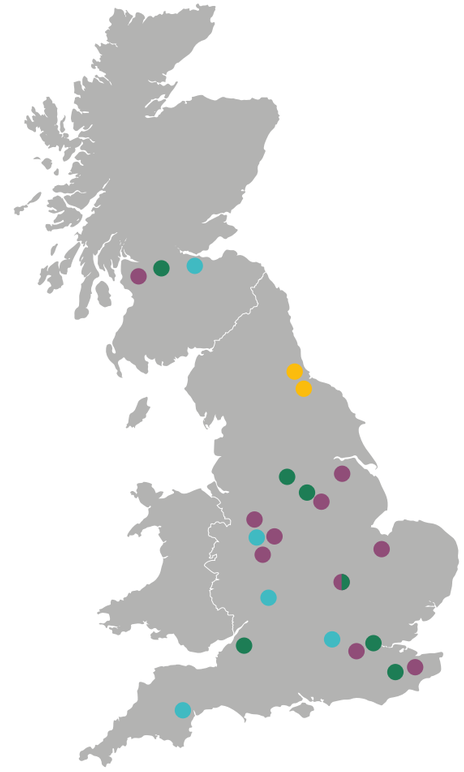
### Young people with complex health needs

We offer two different services for children and young people with complex health needs or behavioural problems.

Granville Lodge in Hartlepool provides residential care for patients up to the age of 18 years old with complex physical or mental health problems, who cannot be looked after at home.



At Huntercombe House Stockton, we care for young people whose severe behavioural issues make it difficult for them to live at home or go to a mainstream school. This service is suitable for those with learning disabilities who need either short-term or long-term support.



**Services**

- Services for adults with a mental illness, learning disability or autism
- Services for young people with a mental illness (CAMHS) or eating disorder
- Services for people with a brain injury or neurological condition
- Services for young people with complex health needs

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# Part 2

## Our Quality Priorities

# Review of performance against 2017/2018 priorities


## Quality Priority 1: Patient Safety

**Implementing New Models of Care and Quality Assurance**

| What we will do | How we will monitor | Achieved |
|---|---|---|
| **Continue to develop and implement New Models of Care** | On-going feedback and improvement of services | Focus on effective CAMHS implementation |
| **Continue to develop our Quality Assurance Process** | Ability to view variations in data and link to improvements in patient safety | SPCs used to highlight variations and link to clinical discussion |
| **Develop and implement PBS strategy** | Completion of identified stages of the implementation strategy<br>Audit of PBS practice at sites<br>Analysis of key restrictive practice | Stage two completed as planned<br>22/23 sites now have PBS coaches<br>102 PBS coaches now in the organisation |

### New Models of Care

Rightfully so, our focus has remained on our CAMHs services and ensuring our new Models of Care are implemented effectively and developed where needed. There is a well-established process in place to ensure that changes are iterative.

One of the most recent developments is the way in which we communicate with patients and carers around the new Models of Care, with a 25-page, comprehensive booklet designed to ensure that those involved in the patient's care are fully informed about the process and desired aims.

All of our Models of Care are based on latest evidence and guidelines; Randomised Controlled Trials, NICE Guidelines, NHSE Service Specifications. Patient and carer feedback was also used to develop the model.

### Quality Assurance Processes

The role of the Quality Assurance Teams has evolved with a change of focus. There are now less comprehensive audits taking place but more fundamental audits that focus on priorities such as Safe Care and Treatment.

The Early Warning and Escalation Scorecard (EWES) has also been improved with a focus on patients having delayed transfer of care or needing to be placed in more secure services. There has also been a focus on acuity and those patients needing enhanced observations.

Statistical Process Control (SPC) has enabled us to highlight variations in trends that then becomes a platform for clinical discussion and focus on areas of concern for patient safety.

### PBS Strategy

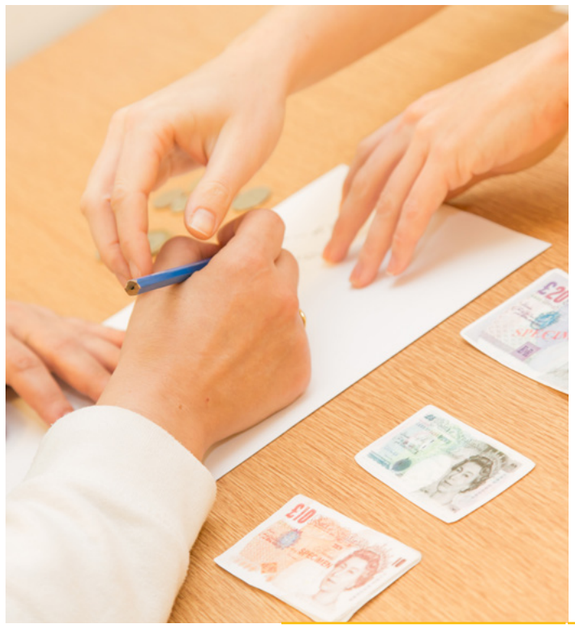
THG decided to adopt PBS as a model because it has been developed within settings relevant to those we run and the values are entirely consistent with the governing principles of our Models of Care.

**Key aims of PBS**

1. A preventative culture is developed in services that promotes quality of life and focuses on meeting needs before challenging behaviour arises
2. Support is provided in person-centred, developmental and inclusive ways (Done 'with', not 'to')
3. There is a positive impact on workforce wellbeing and practice (stress, retention, attributions, competence)
4. Data is used to inform practice at individual, service and organisational level
5. There is a reduction in the use of physical restraint and seclusion and other restrictive practices
6. A consistent but individualised approach to managing challenging behaviour is established. This works together with and complements existing approaches to ensure people receive the right level of support at the right time
7. Promoting a culture of dignity and respect where the individual is safeguarded and staff are supported by having the skills and understanding to successfully manage those individuals with challenging behavior

In collaboration with BILD we are delivering our PBS Strategy in four phases (see page 14). 2017/2018 saw the completion of phases one and two, with 102 trained coaches now embedding PBS across the organisation.

We aim to complete the next two phases over an 18-month period via our twelve point plan.



## The Four Stages of Implementation

| | | | | |
|---|---|---|---|---|
| **Focus:** | Should we do it? | Work to do it right | Work to do it better | |
| **Stage:** | **Exploration / Adoption** | **Installation** | **Initial Implementation** | **Full Implementation** |
| | Decision regarding commitment to adopting the programme/ practices and supporting successful implementation. | Set up infrastructure so that succesful implementation can take place and be supported. Establish team and data systems, conduct audit, develop plan. | Try out practices, work out details, learn and improve before expanding to other contexts. | Scaled-up and adopted into the system as standard practice. Benefits of the EBPs and programme show up in data. |

PBS is a key element of our Models of Care and the implementation of the PBS Strategy has enabled each site to tailor how it uses PBS to best suit the needs of the patients in their care. For example, Frenchay, one of our Brain Injury Units, has taken an MDT approach, training the OTs and SLTs who may play a larger part in their patients' care than, for example, in other services where care and consequently PBS training is primarily undertaken by nurses and health care assistants.

THG has developed a twelve point plan for delivery of phases three and four of the PBS strategy.

1. Skills and Knowledge Audit
2. Training Framework
3. Reconfigure Steering Group/Site Managers Development Group
4. Coaches Support Menu
5. Site Support
6. Policy
7. PBS Data Recording
8. PBS Tools and Resources
9. Participation Initiative
10. Reducing Restrictive Practices Initiative
11. Support Team
12. Develop PBS Lead Responsibilities

This twelve point plan is based on: Allen framework, BILD PBS Org and WDF PBS implementation blueprints, PBS competence framework Minnesota state-wide implementation blueprints.

*"The team are very professional, hard working and have a very person-centred approach to all of the patients."*

*- Referrer, Eldertree Lodge, 14/9/17*



## PBS in practice

One example of PBS being successfully applied (in Eldertree Lodge) was that of a 55 year-old patient with a high frequency of challenging behaviour, most of it self-harm. This meant the patient missed out on activities she enjoyed, impacting upon her quality of life.

Based on a functional assessment and information from the DATIX system, which records behaviour of concern, the patient was recommended for a Positive Behaviour Support intervention. The main function of self-harm was identified as "attention". Ward staff said the patient was bored and believed staff were rejecting her or had no time to talk with her.

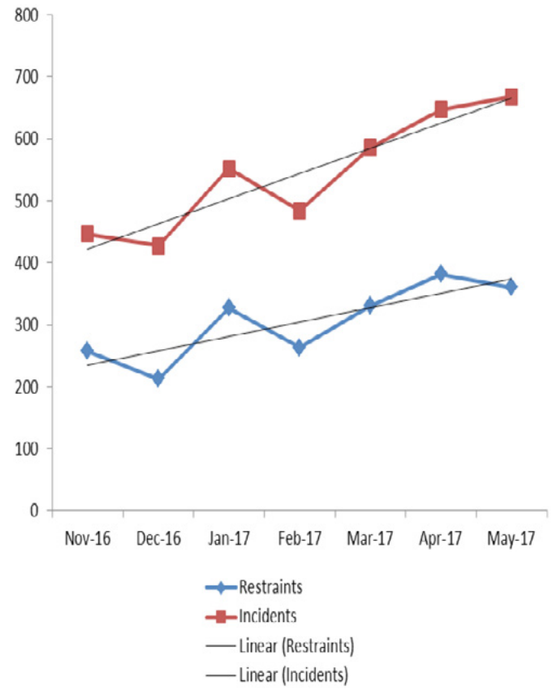
The PBS plan included communication strategies, to ensure the patient felt "looked after", and a PBS timetable providing alternative means of gaining staff attention, such as hand massages, pampering, one-to-one talk time and additional off-site trips.

Before the intervention, the patient was having an average of 25.8 challenging incidents per week. A DATIX sample during the two months post-intervention showed this frequency reduced to an average of 4.6 incidents per week.

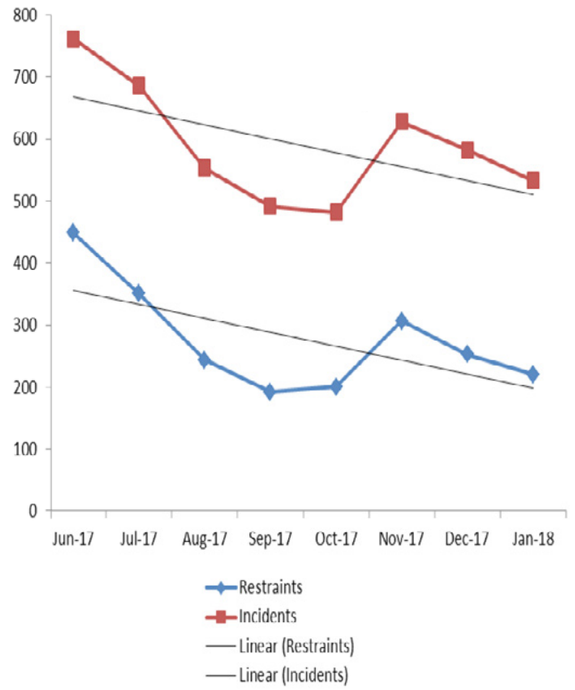
The Positive Behaviour Support strategies delivered the patient's desired outcome of more attention and improved her quality of life by enabling more frequent access to the community, where she started to attend weekly coffee mornings at the local church.

A recent cohort study of PBS outcomes at Eldertree Lodge found there had been a 37% reduction in restraints overall since the PBS programme was implemented. Use of the most restrictive forms of restraint fell by 53%, and of the least restrictive restraints by 37%.

**Eldertree Lodge Outcomes Pre-PBS Training**




**Eldertree Lodge Outcomes Post-PBS Training**



# Quality Priority 2: Clinical Effectiveness

**Clinical Outcome Measures and evolution of new Models of Care**

| What we will do | How we will monitor | Achieved |
|---|---|---|
| **Implement a strategy that will make use of outcome measures by generating and systematically collecting them** | Through local and divisional governance structures. | On-going |

THG recognise that the collection and analysis of Clinical Outcome Measures enables the organisation to improve the clinical effectiveness of their services. We have implemented a strategy that will make further use of outcome measures by generating and systematically collecting measures that we feel to be clinically meaningful to our services. Data sets include:

1. Patient activity data
2. Outcome and clinical data
3. Patient experience data
4. Quality of life measures

These measures have then been used to continue to develop new Models of Care for a number of our CAMHs services, with an on-going cycle of review to ensure that models are effective. Actions identified from outcome data analysis are incorporated into the Quality Improvement Plans for sites and monitored by the Registered Manager and Quality Assurance Partner. Data is reviewed at patient-level, ward-level, site-level and across services.

The above datasets are also reviewed at least quarterly by a multi-disciplinary meeting including Quality Partners and Clinicians. This enables us to review the reasons behind outcomes data from a clinical perspective, ensuring shared learning and improvements.

There has been a particular focus on outcomes and evolution of the new Models of Care in our CAMHS services, to ensure improvements in the standard of care provided, as well as monitoring young people placed "out of area" or further away from home.

This enabled us to ensure that, where admitted further away from home, these young people did not experience poorer care as a direct consequence.

Analysis of Huntercombe data* has shown that for Tier 4 CAMHS patients:

- there is no correlation between distance from home and length of stay for non-LAC (Looked After Children)
- there is a positive link between distance from home and care outcomes for LAC

This suggests a need to differentiate between patient groups with respect to how far from home they receive treatment.

* The data show that between April 2016 and May 2017, on average, LAC were treated 120 miles from home, while non-LAC were treated 88 miles away. Despite being treated further from home, LAC showed similarly positive outcomes on CGAS and HoNOSCA ratings as non-LAC.



## Service User Engagement in the evolution of new Models of Care

When parents and young people were consulted on what mattered to them with regard to in-patient CAMHS care, we were told the following:

- Patient priorities for their care include the quality of the care environment, positive relationships with staff, and smooth running and links between services
- Their parents are focused on ensuring their child receives the best possible care and that they are able to support their child's care and advocate on their child's behalf
- There should be a focus on how to support parents when their child needs to access care out of the local area e.g. through local accommodation and good transport

When our clinicians were asked what clinical outcomes were the most important to focus on, they told us that these were their top outcome priorities (in no particular order):

- Risk reduction to young people and others
- Symptom reduction
- Smooth transition between inpatient and outpatient services
- Engagement of family in the therapeutic process
- Family contact
- Consistency of care between inpatient and outpatient services
- Ability to cope with and self-manage condition following discharge

The above considerations have all been factored in to the development of our CAMHS model of care.

*"I think of Huntercombe at this time of year each year, it was around this time I was admitted. Believe it or not I have very fond memories of my time there. There were difficult days but that's not what stands out.*

*What I remember is feeling safe for the first time in my life. Without Huntercombe I wouldn't be alive today. I don't say that lightly, it's the truth. I'm forever grateful."*

*- Former patient, Maidenhead, 18/12/17*

# Difficult to place patients

**With the focus on reducing inpatient beds, the level of severity of those patients referred to inpatient care has increased.**

Bed pressures continue to prevail and providers are sometimes hard pressed to find appropriate placements. This can lead to patients feeling that "Nobody wants me" or that they are passed around a system that "doesn't want me". At Huntercombe we endeavour to help patients wherever we are able, and their care is our single-minded priority. Some of their stories are shared below:

## Patient A

**20 year old man with a diagnosis of ASD, Mild LD & ADHD detained subject to S3 of the MHA.**

A transferred from Long Term Segregation in a Low Secure service and had been assessed by multiple providers prior to his admission to Eldertree Lodge Hospital.

A's problems were described in the following ways:

"He caused property damage, including damage to the whole room and smashing windows. Staff attempted to contain the situation, however police assistance had to be called and the decision was made to transfer him to a more secure placement to contain his risks. He was directly admitted to ICS on 2:1 (Seclusion). There were periods that he had to be secluded for various on-going risk behaviour. In the latter stages of his stay the frequency of seclusion appeared to escalate in response to significant increase in non-compliance and risk behaviour."

A was admitted in April 2017 on 2:1 Special Observations (24hrs).

Following assessment and MDT discussion, we removed the ADHD diagnosis and diagnosed Sleep Apnoea. The anti-ADHD medication was stopped and a PBS plan introduced alongside engagement in therapeutic activities.

From September 2017 we were able to reduce A to 1:1 Special Observations. This resulted in a significant improvement in clinical presentation and reduction in incidents. In January 2018 we were able to further reduce observations to 15 minute intervals. A was given regular access to the hospital grounds on 1:1 supervision and to the community on S17 leave.

In April 2018 A was able to move to one of our Pre-Discharge Wards.

## Patient B

**25 year old male with a diagnosis of ASD, Moderate ID, Epilepsy and detained subject to Section 3 MHA.**

B was being nursed in a dedicated part of the ATU on 2:1 with "special measures" (episodes of seclusion and segregation). Before admission to Eldertree Lodge Hospital, B had been assessed by approximately 10 other providers: all of whom found him not suitable.

B's problems were described in the following ways:

"The staff used protective equipment and padded shields as protection, however due to B's strength and physique he was able to overcome these measures and still injure staff. To date, two members of staff have required hospital treatment for their injuries; the majority of the staff have sustained bruising and scratches, some of which are significant; windows and doors have been smashed; fixings have been ripped from the walls and toilets have been blocked and flooded. Some staff members have required sick leave due to the stress of the situation and some staff requested transfers. B's challenging behaviour escalated still further causing injury to staff and patients and requiring the unit to be closed to admissions. "

B was admitted in June 2017 on 2:1 Special Observations (24hrs).

The MDT reviewed B's medication and difficulties, and decided to introduce a PBS plan and enable B to engage in therapeutic activities.

From September 2017 we were able to reduce observations to 1:1 in the day with 15 min checks at night. There had by this time been a significant reduction in challenging behaviour, meaning that no protective equipment was necessary and there was no damage to property. B was then given regular access to the hospital grounds on 1:1 supervision and regular access to the community.

In April 2018 B was able to be "stepped down" to Chestnut Ward (Eldertree Lodge Admission service).

## Patient C

**21 year old male with a diagnosis of ASD, Mild LD, uncontrolled Epilepsy, detained subject to Section 3 MHA.**

C was admitted from Long Term Segregation on 2:1 observations having been assessed by numerous providers prior to his admission to Eldertree Lodge.

C's problems were described as following:

"In March 2017 C was transferred to the Annex on a 2:1 staffing ratio. The Annex is a quiet area away from the main ward and other patients. There have been numerous incidents of physical assaults on staff requiring restraining in the Annex. On one occasion during a leave for walk within hospital grounds with 2 staff, he went behind the male member of staff and grabbed him by his neck, pulling him down on the ground."

C was admitted in July 2017 on 2:1 Special Observations (24hrs). His medication was reviewed and Epilepsy stabilized. C's presentation was reviewed by the MDT and a PBS plan introduced alongside engagement in therapeutic activities.

From September 2017 observations were reduced to 1:1 in the day (due to uncontrolled Epilepsy). C was given regular access to the hospital grounds on 1:1 supervision and access to the community on S17 leave 1:1.

In April 2018 C was moved to one of our Pre-Discharge Wards.

# Quality Priority 3: Patient Experience

**Patient and Resident Engagement Strategy**

| What we will do | How we will monitor | Achieved |
|---|---|---|
| **Develop a Patient and Resident Engagement Strategy** | Through the Patient and Resident Engagement Forum | Completed |

The Huntercombe Group is committed to improving Patient and Resident Engagement in monitoring and improving the services offered, and this was a key priority for 2017/2018. The strategy has been developed and implemented.

Our Patient and Resident Engagement Strategy is informed by the Care Quality Commission's (CQC) Public Engagement Strategy. THG recognises the need to broaden and engage more widely with a range of people, so that we are more likely to make the right decisions and continue to deliver services that meet not only our patients' and residents' needs and expectations, but also that of families and carers.

The strategy consists of 2 key areas:

- Meaningful Patient and Resident Engagement
- Patient and Resident, Carer and Family Feedback

*"It's difficult for me to believe that my brother will be leaving your wonderful family and facility in just a few days… I'm so happy that my husband and I were able to spend some time at Stocksbridge.*

*I felt so welcomed. So very comfortable to be there. Your wonderful staff assured me that it was my brother's home. I felt at home!!! So no worries for his wellbeing. The next time I come home I will come back to see everyone. Really do have to check out the new cafe!!! And if possible have a wander around and remember how good I felt with all of you.*

*Thank you so very much for all the wonderful care you gave my brother. It will never be forgotten."*

*- Family member, Stocksbridge, 16/4/18*

## Meaningful Patient and Resident Engagement

There are a number of aspects that we will ensure lead to meaningful patient and resident engagement within our services.

**Recruitment** is a priority area for ensuring patient and resident engagement. Our HR Policy for Recruitment and Selection was reviewed to incorporate a requirement for patients and residents to be involved in the recruitment process. Each service has a local protocol as to how this will be practically managed at site level.

It is important that the views of patients and residents are gathered when recruiting and selecting the right candidates to work within our services. Patients and residents must be empowered to have equality in the recruitment process. Consideration has been given at sites as to how patients and residents are trained and equipped to take part in the recruitment process.


**Staff training** is critical in ensuring high quality care in our services; sites ensure that training on the patient and resident experience is provided as part of the induction process. This involves patients and residents, past and present, supporting the training of staff on what it is like to experience care in our services and how staff can ensure that they always provide care in a professional, caring and dignified manner. To ensure that patients and residents are empowered to deliver this training, sites consider what training and preparatory support are required to enable the patients and residents to co-deliver training to staff.

Each service holds a regular **patient and resident forum** that is led and supported by the independent advocacy service for the site. We recognise that these forums will take place at different frequencies, in different formats and under different names, depending on the type of service and the needs preferences of the patients and residents on site. These forums are documented and the minutes shared with the Corporate Patient and Resident Engagement Forum. The sites also produce "You Said, We Did" feedback posters to evidence and feedback actions taken in response to patient and resident feedback.

**Corporate Patient and Resident Engagement Forums** are held quarterly and rotated across sites in each division. The agenda includes a workshop for patients or residents of that site to attend the meeting and work with the forum on areas of identified service improvements required in that specific division.

A **peer to peer audit system** is in place across THG. This has been developed to include a patient or resident supporting the audits – where risk-assessed to be safe to do so. These audits may be part of the PLACE schedule or consider common themes such as environment, food and activities. This process is supported by the Quality Assurance Partner for the site, with a clear remit for the patient and resident audit and measures, to ensure confidentiality of clinical information is not compromised.

## Patient and Resident, Carer and Family Feedback

We carry out annual Patient and Resident Surveys and Carer/Family Surveys supported by the Picker Institute. The results of these surveys are analysed by the Registered Manager and Quality and Assurance Partner for each site. Areas of improvement identified from these surveys are developed into actions on the individual sites' Quality Improvement Plan.

THG uses FFT+5 to measure patient and resident and carer/family opinion on services. The results of FFT+5 surveys are monitored individually by sites, and organisational trends and themes are reviewed and actioned accordingly through the Corporate Patient and Resident Engagement Forum.

Where there have been organisational changes made either through policy, quality or operational strategy, intermittent surveys are completed to assess the impact this has had on services and patient and resident experiences.

The Corporate Patient and Resident Engagement Forum is responsible for ensuring that service user feedback is provided by either attendance or video feedback at the quarterly divisional Clinical Governance meetings and quarterly Quality Assurance Group meetings.

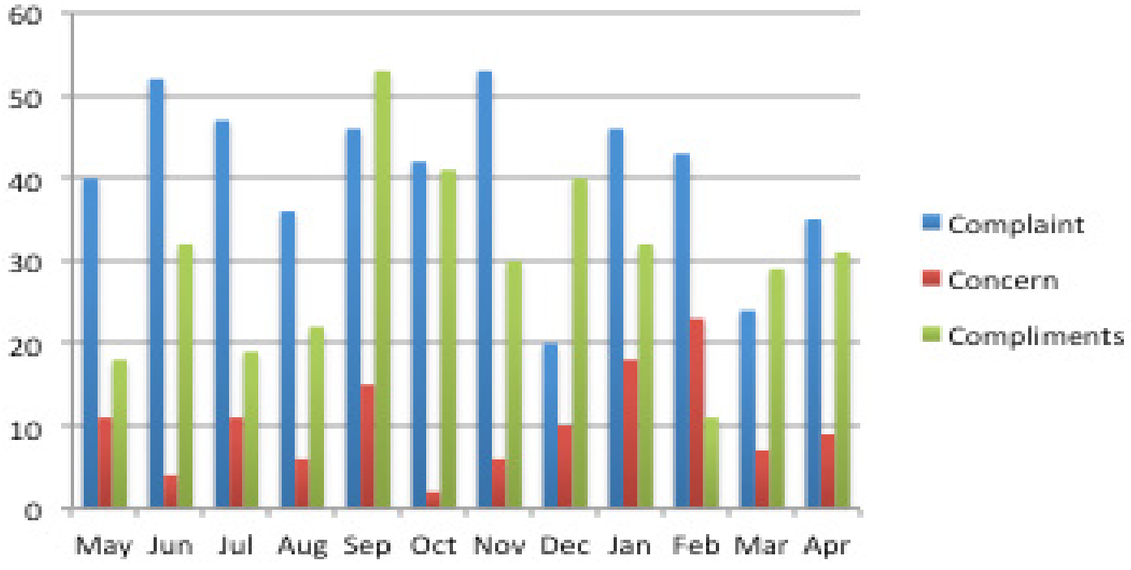
## Listening to feedback

Our patient and resident engagement strategy's effectiveness is, and will continue to be, measured against numbers and types of complaints, concerns and compliments as well as the annual patient and carer survey and FFT+5.

## Complaints, Concerns and Compliments

We have seen a downward trend in complaints and a slight upward trend in concerns, indicating that patients' and residents' concerns are being dealt with effectively and therefore not escalating to complaint level.

The analysis of the themes of patient complaints through the Patient and Resident Forum has led to changes in organisational practice, such as the introduction of more patient-centred training for staff on the organisation training matrix and changes to environments: for example, the altering of the staff alarm call so it is not as distressing or disruptive to the rest of the patients.




## The annual patient survey

This shows improvements in a lot of areas around engagement and involvement. There are differences across divisions, often with CAMHs responders not being as positive as for example Brain Injury/Neurological patients and carers. These results are then used to inform areas of focus such as the new Models of Care where there has been a CAMHs focus.

### Your care

- 89% believe staff listen carefully to what they have to say
- 90.1% of patients have confidence and trust in staff
- 75% rate their care so far as good/excellent
- 70.3% report often/always feeling safe
- 66.1% of patients feel the care they receive is helping

### Planning and reviewing your care

- 71.9% know what the plan for their care is
- 96.9% of patients feel involved in reviewing their care plan

### Your voice

- 72.6% of patients feel they can approach staff with concerns or problems
- 94.6% of patients say information on advocacy is available
- 85.6% of patients know how to raise a complaint or pay a compliment

### Your team

- 80.8% of patients know who is in charge of their care
- 63.6% of patients can meet a member of their clinical or care team when needed
- 70.2% of people understand why they have been restrained
- 62.9% feel they have a chance to talk it through afterwards

*"Pathfields is a warm and welcoming place where our daughter is happy which means we are happy too.*

*Our daughter is well cared for by the professional and dedicated staff in a friendly relaxed atmosphere. There are plenty of activities to suit all ages and abilities, including visiting entertainers, plenty of social functions and trips to outside venues."*

*- Mother, Pathfields, 9/3/18*

### Your experience

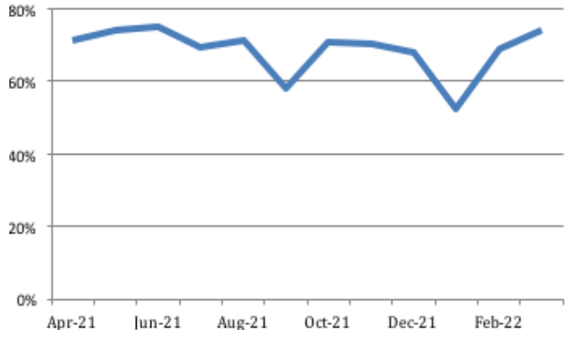
- 75.8% of individuals or family were given information when they arrived at their Huntercombe site
- 90.3% found it useful
- 84.5% of people are happy with arrangements for visitors
- 71.8% of patients say the appearance of their site is good or excellent
- 73.6% say the cleanliness is good or excellent

### Overall feedback

- 69.6% of patients would recommend
- 84.3% of carers would recommend

## FFT+5

With the exception of September and January the percentage of people who would recommend our services ranges between 69% and 75%. Given the nature of some of our services, and that some do not have large numbers of discharges on a regular basis, we sometimes experience significant peaks and troughs in response levels which can skew results.






# Quality Priority 4: Staff Engagement

### Attraction and Retention Strategy

| What we will do | How we will monitor | Achieved |
|---|---|---|
| **Launch new pay and grading structure** | Annual review, staff survey, attrition rates and recruitment rates | Completed |
| **Launch Huntercombe Rewards** | Uptake by staff | Completed |
| **Launch new maternity and paternity benefits** | Staff survey, attrition rates in specific groups of staff | Completed with on-going monitoring |
| **Roll out Soft Skills Training** | Uptake by staff and staff survey results | Completed |
| **Evolve Continued Professional Development programme** | Uptake by staff and staff survey results | On-going and to continue in 2018/2019 |
| **Create a revised induction programme** | Feedback from on-boarding surveys, staff surveys and attrition rates in first 6 months of employment | On-going |
| **Re-train all recruitment managers** | Number of managers trained | On-going |

The chronic national workforce shortage of healthcare staff creates an additional challenge for all healthcare providers. To enable us to deliver high quality care in our highly specialised services, we need to ensure the same focus on recruitment as engagement and retention of the existing workforce.

We are running services that are inherently complex, in a system that is under huge pressure. We believe that colleagues need to connect with the purpose of their work, which is what often attracts colleagues to our services but that can be hard at times. The increasing complexity of patients combined with delayed discharges can leave staff questioning how it all ties together. We need to help mitigate the risks of burnout, support wellbeing and consider the physicality of the work.

Our teams are relatively small and isolated (in comparison to large NHS trusts), and we are very aware that the culture and engagement of a minority can have a big impact, positive or otherwise.

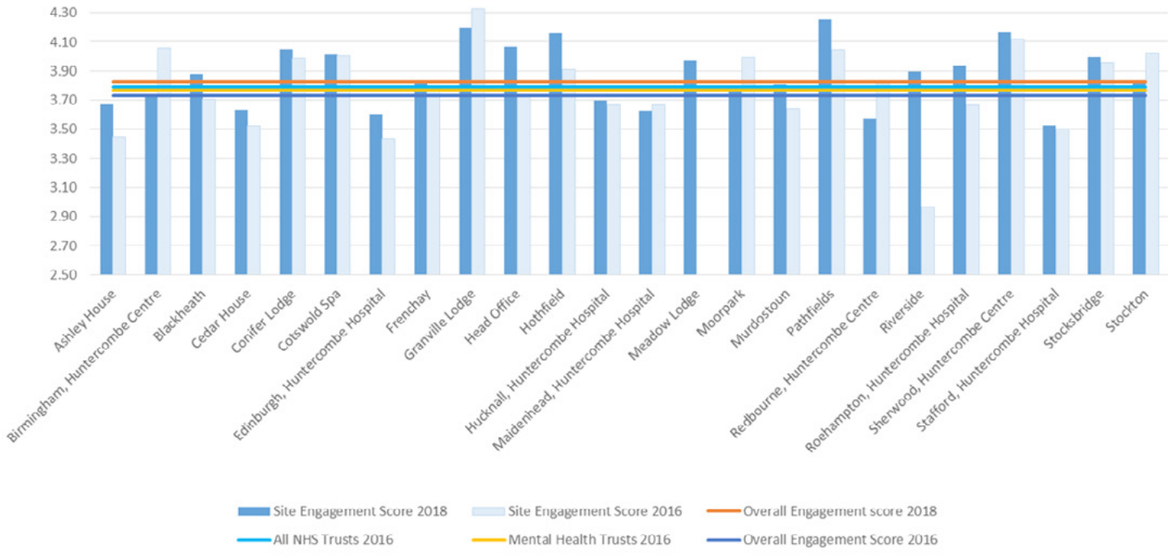
Our vacancy levels are at the forefront of our focus and whilst it is our desire to have a wholly substantative workforce, this is not realistic. To ensure quality of care and staff engagement is not impacted by this, we have deliberately moved from using agency nursing in the traditional way to fill vacancy gaps, to agreeing a long term contract for regular skilled agency nurses. We believe this is an innovative and sensible response to the worsening UK nurse shortages. We are well aware of the risks of using agency staff (lack of tenure, lack of continuity, unfamiliarity with patients and care systems) and believe that switching to long term contracted staff allows us to mitigate these risks by ensuring we have a stable and experienced nursing workforce.

THG regularly monitors staff attrition levels across all job families but closer attention is paid to attrition in our nursing and support workers' job families.

Our rates of attrition are above the average in the healthcare sector, and we believe this is reflective of the specialist and demanding nature of our care. That said, we are pleased that in contrast to the national trend, our attrition has reduced overall in our nursing job family by 19%.

Our staff survey for 2018 showed an overall engagement score of 3.82, which is up from 3.73 in 2016. This is higher than the National Staff Survey 2016 overall score of 3.79 and higher than the Mental Health Trusts 2016 Score of 3.77.

**Staff Engagement Score by Site**




## Payscale and Progression

We launched our new pay and grading structure in January 2018. This is a clear and transparent pay structure with progression points for each grade.

This was negotiated and agreed with unions in full consultation with the staff. This will be reviewed annually to ensure it remains competitive.

## Benefits

### Huntercombe Rewards

We have launched Huntercombe rewards and staff are making savings on a range of products and services.

We currently have 434 employees signed up and since the beginning of Huntercombe Rewards, our staff have spent £12,600 through the system and have saved more than 10%.

We also launched new maternity and paternity pay benefits to aid our staff through these life-changing events.

We asked, in our staff survey, for feedback on improvements staff have seen. It was positive, with staff highlighting the following improvements:

*"The employee benefits packages that have been put in place such as enhanced maternity pay, optional pension top-up scheme, availability of counselling services"*

*"Introduction of maternity pay"*

*"Maternity pay increased"*

*"The helpful and friendly home / hospital managers who are always a pleasure to deal with"*

*"The accessibility of the company newsletter"*

## Key Headlines

### How is Huntercombe Rewards doing?

**434** Registered users

**21** People welcomed to the programme

**£12.6k** Spent, saving employees £1.2k

**4.7k** Shopping discounts pages accessed

**110** In-store and Online orders placed

## Training and Development

### Soft Skills Training

We have rolled out a number of programmes for Soft Skills and will continue to develop these into 2019:

- Licence to Recruit – to upskill our managers in recruiting right first time and safely. We have completed four programmes, with more scheduled for next year
- Serious incident training – for all staff involved in managing incidents. We have completed four programmes already with more scheduled for next year
- Introduced national training providers for critical training; i.e. Safeguarding, Fire Awareness, First Aid etc, to ensure consistency and quality
- Continued with our Grow Our Own Nurses programme and will develop this further in 2019

### Continued Professional Development

We have begun work on producing Neuro and CAMHS-specific training for staff development in these services and these will be launched in 2018/2019.

We began working with the Open University in 2017 and continue to do so, supporting our qualified staff in furthering their education. We have a number of nurses enrolled on MSc and BSc in healthcare-related subjects.

### Recruitment

We have reorganised the structure of our recruitment team to better reflect specialisms and hired additional support in key areas of demand. We now have 7 recruiters (3 Nursing, 2 Support Workers, 1 Medical, 1 Therapies & Non-clinical) plus 1 Recruitment Administrator.

2018 saw the introduction of a new recruitment methodology to make the interview experience more positive for both candidates and the recruiter, focusing on a seamless candidate journey from the point of application to the first day of induction.

We also invested in a new recruitment system called Eploy to help us attract, engage, recruit and onboard our new employees. The system also supports and embeds attraction strategy and integrates fully with all social recruiting platforms and job boards.

This year we developed a new corporate induction programme with subsequent onboarding surveys to ensure our new starters have the right support.

Our aim is always to employ our own teams and minimise the use of agency staff, however the environment continues to challenge all healthcare providers and we must continue to focus on recruiting the very best staff for our patients. All of the initiatives below were begun in 2017/2018 and will continue into the coming year.

- Continue to develop international recruitment strategy and pilots
- Roll-out and culturally embed our Licence to Recruit training
- Improve onboarding with the addition of a dedicated On-boarding Team
- Continue to develop Workforce Planning to ensure optimal use of substantive staff hours to minimise the use of agency staff

*"I know it's been a long six months and I've been a bit of a pain. I've learned a lot from all of you, you've all seen my good sides and my bad but you all never gave up on me.*

*It's going to be hard to say goodbye but I'm ready to leave the nest and enter the next chapter of my life.*

*All that's left is to say thank you for everything, without you lot, I could have died. I will be grateful for the rest of my life."*

*- Former patient, Stafford, 16/3/18*

## Brain in Hand

**The importance of technology in healthcare is unquestionable.**

**Yet so often it can be difficult for healthcare providers to introduce new technologies because of numerous barriers.**

The Huntercombe Group strives to continually seek innovative solutions to improve care and over the past six months or so have been piloting a new software called **Brain in Hand** at Cedar House in Canterbury.

Brain in Hand is used to help patients better self-manage in order to reduce anxiety and crisis incidents, especially when in the local community.

Brain in Hand gives patients easy access to their own personalised diary, reminders, and coping strategies through an app on their phone. An inbuilt anxiety monitor also allows users to report their emotional state on a regular basis using a simple traffic light system. This enables support staff to be able to see how patients are feeling, wherever they are, and intervene if needed.

If coping strategies aren't working and a patient needs help, they can press the red traffic light button at any time and a text message is sent to the senior nurse on site. The senior nurse then contacts a trained traffic light responder, who will get in touch with the patient to help to de-escalate the problem. The system also provides a wealth of usage data, including anxiety tracking and problems faced, to help with reflection and planning.

Amie Drayner, Brain in Hand Lead at Cedar House, explains: "Eighty staff have been trained on how to use Brain in Hand and ten patients now have been set up with the software; including patients with learning disabilities, autism or mental health conditions. Each patient has weekly sessions with their supporter; together they look at the patient's Brain in Hand usage tracker. This shows exactly when they have been feeling anxious and what coping strategies they have used. This informs discussion, helping to spot any new areas of concern or develop new coping strategies. They also take this time to add any upcoming events or reminders to their diary, such as a day trip."

After just a few weeks of using Brain in Hand, the team started to see results. Some patients started getting up earlier in order to complete their morning routine, getting up at 11am compared to as late as 3pm sometimes. Others, who did not communicate with staff when not feeling good, started pressing red, enabling staff to provide help before the situation worsened.

Chris Davis, Senior Support worker, adds: "It gives patients the chance to express themselves, even if there are unfamiliar staff, or the ward is unsettled. They're not going to want to come and find help if the ward is unsettled, but now they can use their device for that."

The software is designed to help people with a range of conditions including mild or moderate mental illness, autism or recovering from brain injuries. It is based on well-established therapeutic principles such as CBT, solution-focused therapy and recovery-based rehabilitation; the learning from these approaches is turned into a set of patient-centred coping strategies.

Feedback from patients has been extremely positive. When asked about Brain in Hand, patients have shared that: "It helps with communication" and "I like Brain in Hand because it helps me to stay calm." Others have said 'My Brain in Hand makes me feel safe because I can use it to talk to staff" and "I like my Brain in Hand, it helps me if I'm agitated or stressed. It makes me happy that staff can come to me."

We have also begun incorporating psychology sessions into the Brain in Hand users' sessions. This enables us, together as a team, to discuss problems that the Brain in Hand user may be experiencing, and how we can work together to solve them. This seems to be working well and one of our patients has said he prefers doing his two sessions this way, which is great.

One of our patients had the idea of beginning a Brain in Hand Patient Forum, where our ten Brain in Hand users can get together to share experiences and give hints and tips to each other about Brain in Hand, providing they do not discuss personal data. This started on 8th June.

Going forward, it is planned that the software will contribute towards safer discharge planning with patients enabled to use the software in the community.

*"He is relaxed, healthy and most importantly settled.*

*The staff are excellent with him, they have time for him and they encourage him to do different things which is nice to hear and see."*

*- Resident's family, Redbourne, 12/1/18*

# Our Quality Priorities for 2018 / 2019

## Quality Priority 1: Patient Safety

### Improving Quality and Safety

The patients in our care deserve the very best standards of quality and safety and it is incumbent upon us to ensure that this is provided consistently to all patients across all of our services. The four areas listed will be areas of key focus but are not exhaustive.

1. Further embedding and refining Early Warning and Escalation Scorecard (EWES)
2. Further development of key systems such as an evaluated Peer Review process
3. Development and implementation of CAMHS-specific training
4. Review and implementation of supervision models that provide clear evidence of improved outcomes for patients

## Quality Priority 2: Clinical Effectiveness

### Embedding Evidence-based Patient Outcomes

We began piloting a number of technologies at THG in the past year and aim to continue to focus on this area of development, to ensure that our patients benefit from the very latest technology to improve outcomes. The focus of our new Models of Care has, to date, been on a small number of our CAMHs services. This year we will roll these out across all CAMHs services.

1. Further piloting of technologies to monitor and measure patient outcomes
2. Development of a company-wide approach to shared care plans for young people
3. Development of a research governance framework across the Group

## Quality Priority 3: Patient Experience

### Patient engagement

Our patient engagement strategy will be further embedded across the group and the initiatives below will be the main focus for the year.

1. Development of Brain in Hand into CAMHS and other services
2. Develop and implement an Always Events project

## Quality Priority 4: Clinical Effectiveness

### Recruitment and Retention

With a chronic workforce shortage in healthcare, it is vital that we continue to invest in retaining existing teams as well as focusing on recruiting as an attractive employer. The below initiatives will be our key focus.

1. Develop a career plan and coaching model for registered nurses
2. Implement programme of overseas recruitment
3. Develop Stonewall Equalities index

Believing and achieving together

# Part 3

## Statements relating to the Quality of NHS Services Provided

# Statements Relating to the Quality of NHS Services Provided

## Participation in Clinical Audit

| Service Name | Audit |
|---|---|
| **The Huntercombe Centre Birmingham** | UK-wide audit of psychiatric intensive care and low secure facilities including locked rehabilitation |
| **Frenchay Brain Injury Rehabilitation Centre** | UKROC<br>PLACE<br>Headway approved provider scheme 2017 - 2019 |
| **Stocksbridge Brain injury Rehabilitation and Neurological Care Centre** | PLACE<br>UKROC |

## Participation in Clinical Research

| Service Name | Research |
|---|---|
| **Cedar House** | Adaptation of an offending programme for people with intellectual disability and a history of offending – EQUIP.<br><br>MATCH project<br><br>Transforming Care: Problems and Possible Solutions<br><br>Action Research grant of £59k for enrichment of the PBS culture at Cedar House was granted by Health Education England |

## Review of Services

**During 2017-2018 The Huntercombe Group provided and/ or sub-contracted 23 NHS services.**

The Huntercombe Group has reviewed all the data available to them on the quality of care in 100 per cent of these NHS services.

The income generated by the NHS services reviewed in 2017-2018 represents 100 per cent of the total income generated from the provision of NHS services by The Huntercombe Group for 2017-2018.

The table below outlines the NHS services provided by the group and the percentage of NHS-funded patients within each service.

| Service Name | Service Type | % NHS Patients |
|---|---|---|
| Ashley House | Adult Mental Health & Learning Disability | 70% |
| Cedar House | Adult Mental Health & Learning Disability | 100% |
| The Huntercombe Centre Birmingham | Adult Mental Health & Learning Disability | 100% |
| Frenchay Brain Injury Rehabilitation Centre | Specialist Brain Injury | 98% |
| Murdostoun Brain Injury Rehabilitation Centre | Specialist Brain Injury | 85% |
| Huntercombe Hospital Cotswold Spa | Child & Adolescent Mental Health | 100% |
| Huntercombe Hospital Norwich | Child & Adolescent Mental Health | 91% |
| Huntercombe Hospital Watcombe Hall | Child & Adolescent Mental Health | 89% |
| James House | Child & Adolescent Mental Health | 100% |
| Huntercombe Hospital Maidenhead | Child & Adolescent Mental Health | 99% |
| Huntercombe Hospital Stafford | Child & Adolescent Mental Health | 100% |
| Huntercombe Hospital Roehampton | Adult Mental Health & Learning Disability | 99% |
| Huntercombe Hospital Edinburgh | Child & Adolescent Mental Health | 68% |
| Blackheath Brain Injury Rehabilitation Centre | Specialist Brain Injury & Neurological Care | 99% |
| Stocksbridge Brain injury Rehabilitation and Neurological Care Centre | Specialist Brain Injury & Neurological Care | 69% |
| Hothfield Brain Injury Rehabilitation & Neurological Care Centre | Specialist Brain Injury & Neurological Care | 57% |
| The Huntercombe Centre Redbourne | Adult Mental Health & Learning Disability | 39% |
| Nottingham Brain Injury Rehabilitation and Neurological Care Centre | Specialist Brain Injury & Neurological Care | 59% |
| Crewe Neurological Care Centre | Specialist Brain Injury & Neurological Care | 56% |
| Murdostoun Neurological Care Centre | Specialist Brain Injury & Neurological Care | 23% |
| Pathfields Lodge | Adult Mental Health & Learning Disability | 35% |
| Moorpark | Adult Learning Disability | 0% |
| Conifer Lodge | Adult Care Home with Nursing | 0% |
| The Huntercombe Centre Sherwood | Adult Mental Health & Learning Disability | 0% |
| Riverside Care Centre | Adult Social Care (without nursing) | 0% |
| Granville Lodge | Children with Special Needs | 1% |
| Huntercombe House Stockton | Children with Special Needs | 0% |

## Commissioning for Quality and Innovation (CQUIN) Performance

A proportion of The Huntercombe Group income in 2017-2018 was conditional on achieving quality improvement and innovation goals agreed between The Huntercombe Group and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The Commissioning for Quality Improvement and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of the providers' income to the achievement of local quality improvement goals.

This year commissioners set CQUIN targets for the following specialised services:

- Child and Adolescent Mental Health Services
- Adult Secure Services

The tables below indicate our performance against the targets set for each service.

**CAMHS 2017/18 CQUIN Performance**

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Improving CAMHS Pathway Journey | 100% achieved | Await result | Await result | Await result |

**Low Secure 2017/18 CQUIN Performance**

| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Recovery Colleges in Low Secure | 100% achieved | Await result | Await result | Await result |
| Reducing Restrictive Practice | 100% achieved | Await result | Await result | Await result |

Further details of the agreed goals for 2017-2018 and for the following 12 month period are available electronically at:

www.england.nhs.uk/nhs-standard-contract/cquin/pres-cquin-17-19/



## Statements from the CQC, HIS and Care Inspectorate

**The Huntercombe Group is required to register with the Care Quality Commission and its current registration status is described below.**

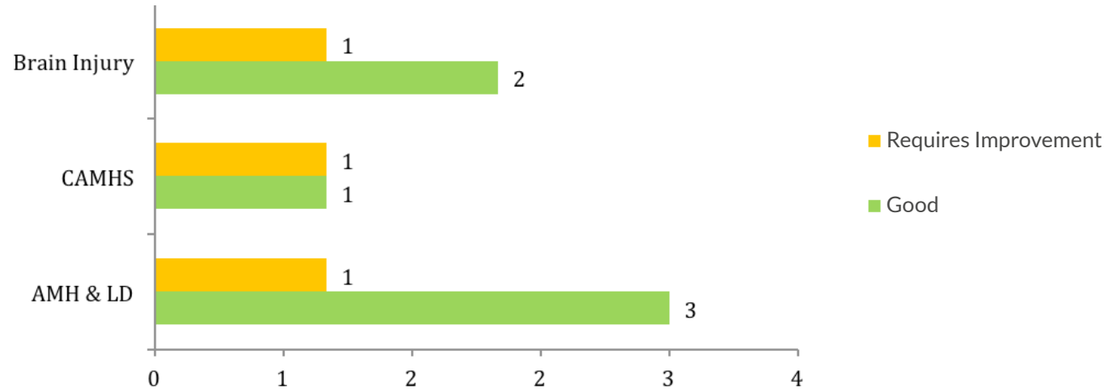
The Care Quality Commission has taken enforcement action against The Huntercombe Group during 2017-2018.

### England – Care Quality Commission (CQC)

A Care Quality Commission inspection can be rated against up to 5 of their Key Lines of Enquiry (KLOE) or questions. These are (1) Is the service safe? (2) Is the service effective? (3) Is the service caring? (4) Is the service responsive? (5) Is the service well-led? The service is then given an Overall Rating of either Outstanding, Good, Requires Improvement or Inadequate.

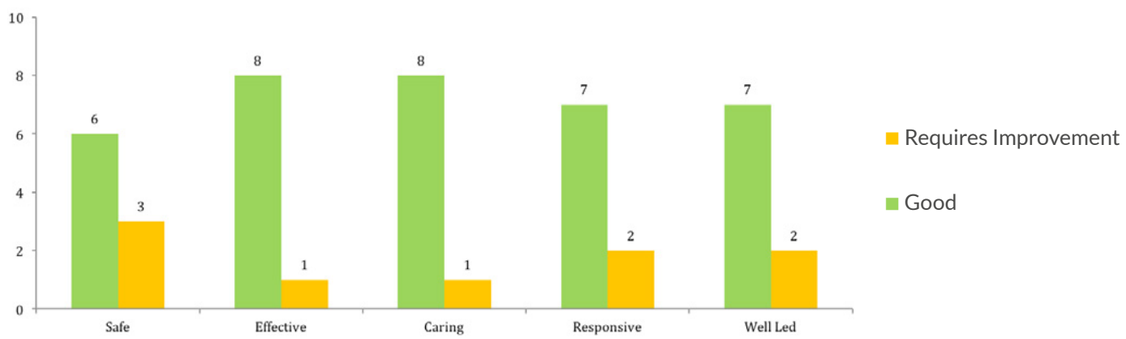
Between the 1st May 2017 and 31st March 2018, the CQC inspected 9 THG sites using this methodology. The overall ratings by division are shown below.

**Overall CQC Rating for 9 Inspected Services**




The ratings awarded against each of the 5 KLOEs, as well as the Overall ratings across all our services, are shown below.

**CQC Rating for 9 Inspected Services**



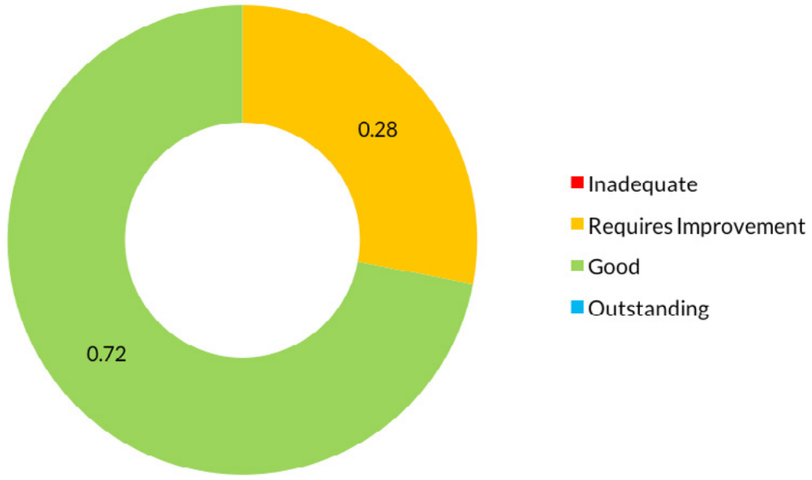
Where a rating of Requires Improvement or Inadequate has been awarded, the service has provided a thorough and detailed action plan of how any issues identified will be addressed. These action plans are monitored through Governance Meetings and key areas are reviewed at both the Quality Assurance Group and Delivery Board Meetings.

Our internal tool to monitor quality (the Audit Framework) maps against these KLOEs and therefore in partnership with the management of the site, our Quality and Safety Team can review quality and likely regulatory rating in between inspections.

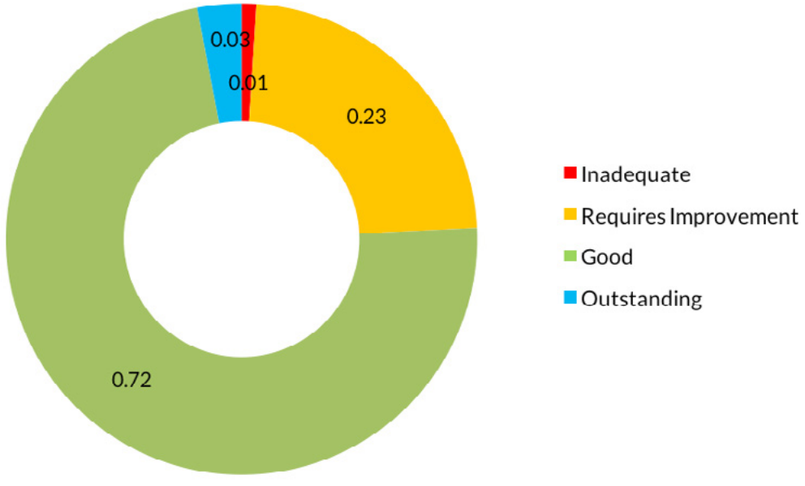
This helps to ensure that local action plans are focused in the most helpful way and that Registered Managers of services are given the support that they need to address any areas of concern. Progress against the Audit Framework and the linked Quality Improvement Plans, as well as any actions arising from inspections, are reported regularly to both Senior Management and the Quality Assurance Group.

To provide some context to our CQC ratings, the figures below compare The Huntercombe Group's Ratings against those of other independent mental health providers.

**THG: England Inspection Ratings**
**(based on 18 inspections as at 15/05/2018)**




**All England: Independent Mental Health Ratings**
**(based on 260 inspections as at 31st May 2017)**




## England – Ofsted

The Huntercombe Group runs two Ofsted-registered children's homes, and full and interim inspections were carried out at both sites during the year. Both were graded as Good at the full inspections. At the interim inspections, one site had Sustained Effectiveness whilst the second site had Improved Effectiveness.

Three of the schools within our hospitals were inspected in the year and all received an overall rating of Good. In all three inspections the classification of Personal development, behaviour and welfare was rated as Outstanding with all other classifications inspected rated as Good.

## Scotland – Health Inspectorate Scotland (HIS)

A HIS inspection can be rated against up to 5 Quality themes. These are (1) Quality of Information; (2) Quality of Care & Support; (3) Quality of Environment; (4) Quality of Staffing; and (5) Quality of Management & Leadership.

Sites are then awarded a score for each theme as follows:

- Grade 6 – Excellent
- Grade 5 – Very good
- Grade 4 – Good
- Grade 3 – Adequate
- Grade 2 – Weak
- Grade 1 - Unsatisfactory

Where the score is 3 or under, the site is required to provide an action plan of how any issues identified will be addressed.

Only one THG site was inspected during the year and received three ratings of Good and two of Adequate.

## Scotland – Care Inspectorate

A Care Inspectorate inspection can be rated against up to four Quality themes. These are (1) Quality of Care & Support; (2) Quality of Environment; (3) Quality of Staffing; (4) Quality of Management & Leadership. Sites are then awarded a score for each theme from Grade 6 (Excellent) to Grade 1 (Unsatisfactory) using the same categorisation as HIS (above).

Only one site was inspected during the year. It was assessed against three areas and received ratings of Adequate in all themes.

## Data Quality

### Information Governance Toolkit Attainment Levels

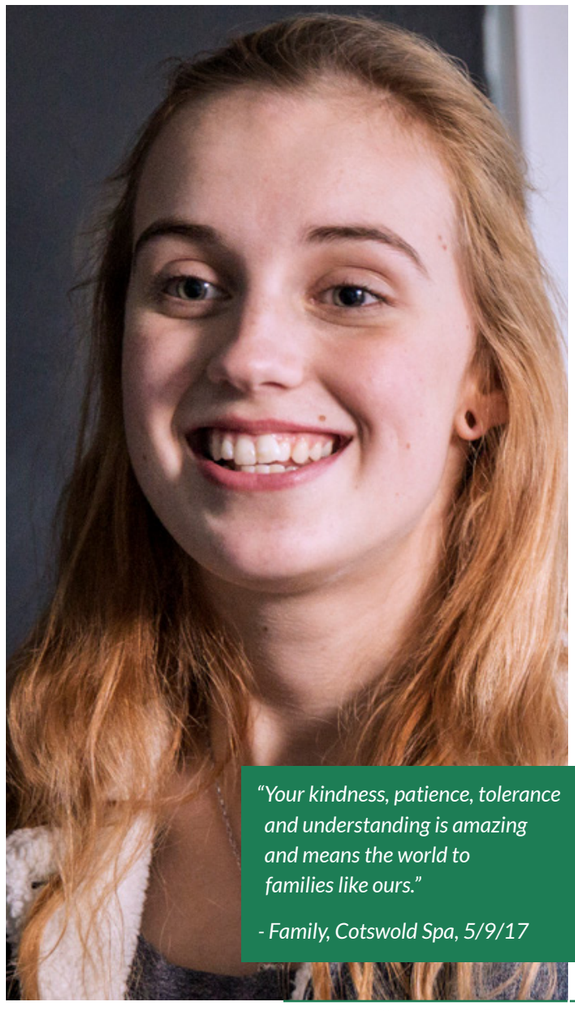
The Huntercombe Group, as part of Four Seasons Healthcare, achieved compliance at Level 2 and was graded green.

### NHS Number and General Medical Practice Code Validity

The Huntercombe Group did not submit records during 2017/2018 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

### Clinical Coding Error Rate

The Huntercombe Group was not subject to the Payment by Results clinical coding audit during 2017/2018 by the Audit Commission.



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the huntercombe group
Believing and achieving together