Quality Account
2015/2016

Nurturing the world one at a time
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Statement of Quality from the Board of Directors
Welcome to The Huntercombe Group Annual Quality Account for 2015/16.

The Huntercombe Group is a provider of specialist services working in partnership with the NHS and local authorities throughout England and Scotland. Our work focuses on meeting the complex needs of patients and residents in inpatient settings, joining up to provide effective and flexible care pathways in the following areas:

- Child & Adolescent Mental Health services: including specialist services for Eating Disorders, psychiatric intensive care and low secure; with associated Ofsted-registered schools
- Acquired Brain Injury, neuro-rehabilitation, neurological care including complex disability management and neuropalliative care
- Adult mental health services, particularly in an intensive care setting
- Adult learning disabilities services, including low secure services
- Specialist residential services, including two children’s homes

At Huntercombe, our overall aspiration is to ‘nurture the world one person at a time’. This aspiration guides us as an organisation and speaks to the way that we aspire to treat everyone within our care – with nurture, empathy and compassion – as well as recognising that the care we provide is highly individualised. Many of our patients and residents have multiple ‘conditions’ or ‘diagnoses’ and a deep understanding of each individual needs to be the basis of effective care and treatment, which is centred around their needs.

The Huntercombe Group, as with many organisations in our sector, is constantly striving to improve the way that it cares for the patients and residents within our services. We look at a variety of performance indicators including feedback from regulators and commissioners, our own data, and feedback from patients, friends and families to ensure we are delivering high quality services that meet the needs of our patients and their carers. One of our services (Frenchay Brain Injury Rehabilitation Centre) was selected as a finalist in a national awards scheme for the way patient and staff feedback is used to improve healthcare services.

We understand that our staff team are at the heart of delivering the best care to patients and residents and we have made a lot of progress this year in improving staff experience and engagement. Our staff engagement now benchmarks in the top 14% of NHS Trusts. This was one of our key priorities for 2015/16 and we are pleased with the progress we have made.

We have also spent a lot of time in 2015/16 listening to our patients and residents and ensuring they are as involved as possible in their own care. Our survey from late 2015 showed that 94% of respondents felt treated with compassion, dignity and respect. We are working to push this even higher throughout the coming year.

We also listen carefully to the views of our commissioners and regulators, both in the overall rating they give our services and in the detailed feedback they provide which helps us to improve what we do. Of our services inspected by the Care Quality Commission (CQC) in England, over 70% of them have been rated as ‘good’. On the Key Line of Enquiry (KLOE) of ‘Caring’, all but one service was rated ‘outstanding’ or ‘good’ by the CQC, showing that we bring our aspiration of ‘nurturing the world one person at a time’ to life day in, day out in the care we provide. Feedback from commissioners and referrers has also led to positive operational changes, for example the introduction of Huntercombe Direct, a centralised referral service for our Child and Adolescent Mental Health services.
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 document, you will find information about the Huntercombe Group as a whole, and how we approach and monitor the delivery of services. We will report on the progress we have made on the priorities we set ourselves last year, outline some important data such as regulatory compliance, information about complaints and incidents – and how we are continuously working to improve the care we deliver. Finally, we will share the priorities we have set ourselves for 2016/17: continuing to improve our model of care, systems and processes and staff engagement to deliver high quality patient and resident care.

It is an honour and a privilege to play the roles that we do – we have such an impact in the lives of patients, residents and their families - and we take our responsibilities very seriously. We are both proud of the work that we have done to support patients and residents over the last 12 months.

The information contained in this report is an accurate representation of the services and care that we have delivered, to the best of our knowledge. We would be happy to take any feedback or address any questions.

Valerie Michie  
Chief Executive

Sharon Colclough  
Director of Quality & Safety
About The Huntercombe Group & our approach
The Huntercombe Group

The Huntercombe Group (THG) provides mental health, learning disability, brain injury and neurological inpatient care to adults and children in the UK. Across 2015/16, it delivered services within specialist hospital and care facilities across 38 sites in England and Scotland.

The Huntercombe Group (THG) aims to continuously improve and innovate in the services we operate and we do this through various joint initiatives and partnerships with the NHS. Every patient at THG is treated as an individual, with their own very specific and often complex needs. It is their right to be valued and cared for in a safe, therapeutic environment whilst receiving the professional, clinical care they require. We aim to ensure that every individual admitted to our services has the potential to enhance their prospects for a more fulfilling life.

Our Values and Approach

We have been embedding our aspiration of ‘nurturing the world one person at a time’ in the organisation. We understand that arriving into one of our services can be a time of great anxiety and change for patients or residents and their families, and we want to do what we can to reassure and support. We continue to strive to get feedback from patients and residents to help us improve the way we work.

We keep a focus on three measures of success that we believe need to be kept in good balance within the organisation, and any leading healthcare organisation:

- **Quality of care** – as measured through various performance indicators such as patient outcomes, patient experience, regulatory and commissioning feedback, incidents and safeguarding. We have improved our governance and assurance processes during the year and continue to drive improvements in this area. We have implemented a Patient Experience Survey and the Friends and Family Test this year to get more regular and direct feedback on our services, supplementing our annual patient / resident survey and other metrics that help us demonstrate the quality of care we deliver.

- **People engagement** – at THG, care is delivered by an extraordinary team of health and social care professionals and we know that we need to keep them positive and engaged to have the high quality, committed and vibrant workforce that our specialist services demand. A real focus for us this year has been to support the values and good will of our staff, showing them just how much we appreciate the work that they do day in, day out. We have done this through the development of a new Huntercombe Hero programme and improved communications to celebrate the work that our staff do, that are driven from their values and vocation and which vastly improve the quality of life and experience of patients and residents.

- **Financial sustainability** – it is in the best interests of all patients and residents that we have a financially sustainable model, which genuinely meets the demand for services in as cost-effective a way as possible.

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

The connection between our success measures, values and aspiration are shown below.
Overview of Services Provided by The Huntercombe Group

Child and Adolescent Mental Health Services & Eating Disorders

Our CAMHS Tier 4 services are facilitated within our specialist hospitals situated in: Devon, Edinburgh, Worcestershire, Stafford, Maidenhead and Norwich. Our tailored treatment packages for CAMHS are both innovative and flexible, delivered by a highly skilled team of health care professionals across multiple disciplines. Within four of these hospitals we have dedicated psychiatric intensive care wards.

We provide assessment and treatment for adolescents and young adults with severe and life threatening eating disorders such as anorexia nervosa, bulimia nervosa and related disorders at three of these hospitals (Edinburgh, Maidenhead and Stafford); as well as a shorter-stay eating disorder service based in the Cotswolds for patients requiring less intensive treatment to that provided in our other hospitals. Between our four hospitals we are able to offer treatment for eating disorders from the age of 11 upwards.

Adult Mental Health and Learning Disabilities

Our hospitals and centres throughout the UK provide a wide range of specialist treatment for adults with a range of mental health disorders, learning disabilities and complex needs.

Specialist, patient-centred care and treatment is delivered within a variety of settings and levels of security, from low secure hospitals to step down services including locked rehab and care homes with nursing and/or residential care. We have innovative models of care within a wide variety of settings, supported by an appropriate team at each service. Where needed, risk is managed efficiently around the patient’s needs at any point in time.

Specialist Brain Injury & Neurological Services

We offer a broad range of specialist brain injury and neurological services from post-acute intensive treatments for highly dependent patients through to supported living environments that enable our clients to consider a return to independent living. Our award winning and flexible person-centred neuro-rehabilitation services are delivered in centres across England and Scotland.

Children and Adolescents with Specialist Needs

We have two centres that specialise in the treatment and care of children and adolescents with specialist needs. Our centre, Granville Lodge, in Hartlepool provides specialised care for children with physical disabilities and delayed learning associated with their disabilities. Our centre in Stockton cares for children with a moderate or severe learning disability with or without associated challenging behaviours and can cater for those with more than one diagnosed learning disability.
The table below outlines the NHS services provided by the group and the percentage of NHS funded patients within each service. A majority of the remainder of the services provided by The Huntercombe Group receive social care funding.

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Service Type</th>
<th>% NHS Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley House</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>100%</td>
</tr>
<tr>
<td>Beech House</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>100%</td>
</tr>
<tr>
<td>Cedar House</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>100%</td>
</tr>
<tr>
<td>The Huntercombe Centre Birmingham</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>100%</td>
</tr>
<tr>
<td>Frenchay Brain Injury Rehabilitation Centre</td>
<td>Specialist Brain Injury</td>
<td>100%</td>
</tr>
<tr>
<td>Murdostoun Brain Injury Rehabilitation Centre</td>
<td>Specialist Brain Injury</td>
<td>100%</td>
</tr>
<tr>
<td>Huntercombe Hospital Cotswold Spa</td>
<td>Child &amp; Adolescent Mental Health</td>
<td>100%</td>
</tr>
<tr>
<td>Huntercombe Hospital Norwich</td>
<td>Child &amp; Adolescent Mental Health</td>
<td>100%</td>
</tr>
<tr>
<td>Huntercombe Hospital Watcombe Hall</td>
<td>Child &amp; Adolescent Mental Health</td>
<td>100%</td>
</tr>
<tr>
<td>Huntercombe Hospital Maidenhead</td>
<td>Child &amp; Adolescent Mental Health</td>
<td>99%</td>
</tr>
<tr>
<td>Linlathen Neurological Care Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>98%</td>
</tr>
<tr>
<td>Huntercombe Hospital Norwich</td>
<td>Child &amp; Adolescent Mental Health</td>
<td>98%</td>
</tr>
<tr>
<td>Huntercombe Hospital Stafford</td>
<td>Child &amp; Adolescent Mental Health</td>
<td>98%</td>
</tr>
<tr>
<td>Huntercombe Hospital Roehampton</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>97%</td>
</tr>
<tr>
<td>Huntercombe Hospital Edinburgh</td>
<td>Child &amp; Adolescent Mental Health</td>
<td>93%</td>
</tr>
<tr>
<td>Blackheath Brain Injury Rehabilitation Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>91%</td>
</tr>
<tr>
<td>Stocksbridge Brain injury Rehabilitation and Neurological Care Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>70%</td>
</tr>
<tr>
<td>Hothfield Brain Injury Rehabilitation &amp; Neurological Care Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>62%</td>
</tr>
<tr>
<td>The Huntercombe Centre Redbourne</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>56%</td>
</tr>
<tr>
<td>Nottingham Brain Injury Rehabilitation and Neurological Care Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>54%</td>
</tr>
<tr>
<td>James House</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>50%</td>
</tr>
<tr>
<td>Crewe Neurological Care Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>49%</td>
</tr>
<tr>
<td>Murdostoun Neurological Care Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>36%</td>
</tr>
<tr>
<td>Pathfields Lodge</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>21%</td>
</tr>
<tr>
<td>The Huntercombe Centre Peterlee</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>17%</td>
</tr>
<tr>
<td>Abbeymoor Neurological Care Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>14%</td>
</tr>
<tr>
<td>Barleycombe</td>
<td>Adult Social Care (without nursing)</td>
<td>9%</td>
</tr>
<tr>
<td>Facility</td>
<td>Service Type</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------------------</td>
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</tr>
<tr>
<td>The Royd</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>7%</td>
</tr>
<tr>
<td>Campsie Neurological Care Centre</td>
<td>Specialist Brain Injury &amp; Neurological Care</td>
<td>5%</td>
</tr>
<tr>
<td>Moorpark</td>
<td>Adult Learning Disability</td>
<td>4%</td>
</tr>
<tr>
<td>The Dell</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>3%</td>
</tr>
<tr>
<td>Conifer Lodge</td>
<td>Adult Care Home with Nursing</td>
<td>0%</td>
</tr>
<tr>
<td>The Huntercombe Centre Sherwood</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>0%</td>
</tr>
<tr>
<td>Beeton Grange</td>
<td>Adult Mental Health &amp; Learning Disability</td>
<td>0%</td>
</tr>
<tr>
<td>Millwater</td>
<td>Adult Social Care (without nursing)</td>
<td>0%</td>
</tr>
<tr>
<td>Riverside Care Centre</td>
<td>Adult Social Care (without nursing)</td>
<td>0%</td>
</tr>
<tr>
<td>Granville Lodge</td>
<td>Children with Special Needs</td>
<td>0%</td>
</tr>
<tr>
<td>Huntercombe House Stockton</td>
<td>Children with Special Needs</td>
<td>0%</td>
</tr>
</tbody>
</table>
The Huntercombe Group has reviewed all the data available to them on the quality of care in all services that include all NHS funded patients, and represent 100% of the NHS funding received.

In 2015/2016, The Huntercombe Group reviewed all local clinical audits across all 26 services and developed a corporate clinical audit schedule. Twenty local clinical audits were reviewed and amended to reflect standards across all three clinical specialities, Adult Mental Health and Learning Disability; Child and Adolescent Mental Health and Specialist Brain Injury and Neurological Services. The standardised tools prioritised 3 areas:

- Clinical Standards
- Patient Involvement and Safety
- Infection Prevention and Control

The schedule provides a framework for all services to follow to allow for benchmarking across all sites and improvement in the quality of healthcare provided. Services are required to carry out the 20 audits, with frequencies outlined in the framework and these are reviewed at the Divisional Clinical Governance Meetings, with outcomes and recommendations reported to the Quality Assurance Group. Audits are only approved by The Huntercombe Group if it can evidence measurement of all clinical standards in relation to local policy and national guidance, and that there are action plans developed which have clear actions, responsibilities, timescales and are actions which can be resolved at a local or corporate level.

We have plans to further improve our clinical audits in 2016/17 to drive even greater clinical effectiveness, building on both Group-wide activities that are appropriate for all our services, as well as focused on specific speciality audits for specifically relevant services.
The Huntercombe Group strive to continuously improve the quality of care that is delivered in our services, and we understand the important role that research can play in delivering that outcome. The majority of our research studies this year have been within acquired brain injury and neurorehabilitation centres. Examples include the following:

Within Huntercombe Nottingham Brain Injury and Neurological Care Centre: Research aim was to empower slow stream patients who have been residents for over 12 months to improve their overall health and wellbeing. The result of the research undertaken and subsequent support provided to the patients was:

- reduced BMIs for patients
- healthier choices in meal options
- self-management in reduction of their stress levels
- increased levels of activity and subsequent mobility

The centre also developed a successful therapeutic group programme in slow stream neurorehabilitation. In addition, other interventions at the centre include the use of modern gaming technology within therapy sessions to keep patients motivated and improve compliance with treatment; specific focus included limb activity, reactions and accuracy, sitting balance and postural stability.

Within Murdostoun Brain Injury Rehabilitation and Neurological Care Centre, a case study was presented to show the beneficial effects of amantadine in improving the level of consciousness following severe brain injury.

We fully intend to continue to use clinical research in our work in 2016/17 and participate in wider research programmes to enhance the care provided to our patients and residents.

A proportion of The Huntercombe Group’s income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between The Huntercombe Group and NHS England through the Commissioning for Quality and Innovation (CQUIN) payment framework.

With the exception of one CQUIN, during 2015/2016 The Huntercombe Group met all its Commissioning for Quality and Innovation targets across all relevant service groups and has plans in place to ensure that we continue to meet all of our CQUIN targets for 2016/2017. The results of one CQUIN from this period is still in discussion.
Data Quality

In its most recent Information Governance Assessment The Huntercombe Group, as part of Four Seasons Health Care, 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 2015/2016 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Clinical Coding

The Huntercombe Group was not subject to the Payment by Results clinical coding audit during 2015/2016 by the Audit Commission.
How we have performed in 2015/16
In this section of the report we outline the priorities we set ourselves last year (for 2015/16 period), and a commentary about the progress we have made against each of them. In line with our aspiration to 'nurture the world one person at a time', we are ambitious about the quality and effectiveness of our services. While we have made a lot of progress this year, we continue to have a strong focus on improving quality and will continue to make progress in 2016/17. The priorities we have set for ourselves this year are outlined in section 4.

**Priority One**

**What we said we would do...**

Person centred care is at the heart of The Huntercombe Group, taking collective responsibility and leadership to deliver the best possible care for patients and residents, working effectively as a multi-disciplinary team and to ensure that all decisions directly or indirectly benefit current and future patients. In 2015/2016 we will further develop:

- Putting delivery and care at the centre of the business and lead and support around this.
- Collective leadership and team working is required to bring together all the components that result in true person-centred care.
- Processes and a culture that value patient and staff voices and opinions must be developed.

**What we have done in 2015/16...**

*We have continued to improve the way that we consider person-centred care, building a culture of understanding and compassion. We launched our continuous improvement programme ‘Conversation into Action’ during this year and asked the question to colleagues: ‘what gets in the way of providing the best care’. Local action plans were developed to move T ahead to deliver better care for patients and residents, and this was supported with central plans around communication and engagement.*

*A significant investment was made during this year to implement an electronic patient records system in many of our services (still being completed) which has helped team members organise and coordinate care that is focused on the needs of the individual.*
Deliver high quality and highly efficient services through specialisation and consistency. The development and delivery of highly specialised services requires a strong theory of care across all relevant services by developing:

- A shared understanding about THG models of care and therapeutic approaches to ensure that THG deliver high quality specialist services.
- Ensure all support structures are consistent and high-quality to increase efficiently and effectiveness
- Use expertise across the organisation to greatest effect.

We are improving the connections between our services to better share good practice and ideas about how to improve outcomes and experience for patients and residents. We have invested in improving timely reporting and management information which helps to improve the quality and effectiveness of our services and ensures that management time and attention can be spent supporting teams where that is needed. We have increased the organisational capacity to respond to and support changes needed by bringing in some experienced team members who can support local teams as needed through periods of change or service improvement.

Create an organisation that attracts, develops and retains the best staff to ensure an environment where everyone contributes towards the delivery of highly specialised care. To do this we need to:

- Ensure that the organisation design ensures role clarity, enables the development of effective objectives and their monitoring.
- Develop structures and processes that support collaborative, joint working (for example multi-disciplinary teams) based on mutual respect and support.
- Build career pathways to help develop staff from within as well as effectively recruit new staff.
We have had a real focus on understanding our staff needs and desires for career progression within The Huntercombe Group, and putting the framework of this in place which continues to be in development through 2016/17. We have increased the connections between our services – opportunities for sharing good practice, discussing ideas and challenges.

Priority Four

What we said we would do...

Develop a staff appreciation programme and improve the effectiveness of managers:

- Put together a staff group to develop a THG-wide staff recognition and ward programme based on local site involvement.
- Review team-building / recognition programmes.
- Identify approach for capability building in management teams.
- Prioritise and schedule programmes of people management improvement.

What we have done in 2015/16...

We brought together a Staff Appreciation Working group that helped to identify and implement tangible things that would support engagement of our team members. Amongst other things, we established a new Huntercombe Heroes programme which helps local teams, patients and residents thank team members for their outstanding work day in, day out in providing the best care for patients and residents. We have designed a new internal people management programme that is being rolled out in 2016/17 and ran our second year of our successful and well-regarded Nurse Leadership Development Programme in conjunction with the Royal College of Nursing (RCN).
Encourage continuous improvement through openness and transparency:

- Create and invest in processes and governance that brings areas of business together to work collaboratively.
- Invest in technology platforms required to create transparency and joint working.
- Create governance mechanisms to ensure openness between services to share good practice and collective leadership of services.

**What we have done in 2015/16...**

*We have evolved and improved our Clinical Governance processes (which link local performance to group-wide assurance and reviews) to create greater openness, transparency, sharing of good practice and lessons learned. The continued implementation of an electronic patient record system and improved use of Datix (incident management system) and better reporting structures help to support this.*

*Our Conversation into Action programme also creates openness and a mechanism for staff to both raise questions but also suggest improvement. This has been very positively met and will continue to be the way in which we improve our care. Each service has been ‘sponsored’ by a member of the Senior Management Team who has been a champion and ally in getting changes made on site that are in patients’ and staffs’ best interests.*

*In addition, we have put mechanisms in place to support staff speaking up if they have concerns: through a new ‘ask Valerie’ mechanism to directly communicate with the CEO to an independent whistleblowing service that we have launched. The Senior Management Team and Board have also commenced regular meetings at different services where they meet various team members from a variety of services and to ensure there is trust and openness between all staff members and Board members.*
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
- Secure Services

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

**CAMHS 2014/2015 CQUIN Performance**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned Admissions</td>
<td>100% achieved</td>
<td>100% achieved</td>
<td>100% achieved</td>
<td>100% achieved</td>
</tr>
<tr>
<td>Physical Healthcare</td>
<td>N/A</td>
<td>N/A</td>
<td>TBC</td>
<td>100% achieved</td>
</tr>
</tbody>
</table>

(annual criteria reviewed in Q3)

**Low Secure 2014 /15 CQUIN Performance**

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Engagement</td>
<td>100% achieved</td>
<td>100% achieved</td>
<td>100% achieved</td>
<td>100% achieved</td>
</tr>
<tr>
<td>Exceptional Care Cases</td>
<td>100% achieved</td>
<td>100% achieved</td>
<td>100% achieved</td>
<td>100% achieved</td>
</tr>
<tr>
<td>Physical Healthcare</td>
<td>N/A</td>
<td>N/A</td>
<td>TBC</td>
<td>N/A</td>
</tr>
</tbody>
</table>

(annual criteria reviewed in Q3)
The Huntercombe Group services are regulated by the Care Quality Commission and Ofsted in England, and Health Improvement Scotland and the Care Inspectorate in Scotland. Reports are reviewed at all local and divisional governance meetings and at every THG Management Board. They sit alongside our internal governance processes to provide insight into where we should focus action and where there are best practice examples to share.

**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 April 2015 and 31st March 2016, the CQC inspected 17 THG sites using this methodology. The overall ratings by division are shown below.
The ratings awarded against each of the 5 KLOEs, as well, as the Overall ratings across all our services are shown below.

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 at Senior Management Team Meetings.

Our internal tool to monitor quality (the THG Assurance Framework) maps against these KLOEs, and so in working together site leadership and our Quality and Safety Team can review their 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 Assurance Framework and associate plans is reported to the Senior Management Team on a monthly basis; as well as any actions arising from inspections.

**England – Ofsted**

We run two Ofsted-registered children’s homes, both of which were inspected within the year. One graded as Good with the 2nd site graded as Requires Improvement. However this site was re-inspected in April 2016 and was re-graded as Good.
Huntercombe Stafford’s school was inspected in March 2016 and received a rating overall as “Overall effectiveness - Good” with outstanding for personal development, behaviour and welfare. All other classifications inspected were 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 in July 2015 and received 4 ratings of Very Good and 1 of Good.

**Scotland – Care Inspectorate**

A Care Inspectorate inspection can be rated against up to 4 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).

Of the 3 sites inspected 2 received ratings of Good against all 4 themes.

The remaining site received 3 Weak and 1 Adequate rating, appropriate actions were agreed and are monitored through Governance meetings. In addition in any subsequent inspection the site will be required to evidence their improvement. Improvement at this service is being closely monitored and supported by the Senior Management Team.
The Huntercombe Group (THG) is committed to using complaints to drive learning and development. High quality care can be enhanced when it is delivered in an environment where people are listened to, and where concerns and complaints are welcomed and embraced in order to learn and improve. THG takes all complaints very seriously, making strenuous efforts to deal promptly and openly with them.

It is important to us that we are an open and trusting provider of care and we try to ensure that information on how to make a complaint (or a compliment) is readily available to patients, residents and their families – including through posters (and easy read) versions on site. Residents/patients and their families are encouraged to report concerns, complaints and compliments. During 2015 a new complaints policy was introduced to ensure that complaints regulations were being adhered to, and to enhance the experience and response to complaints.

THG records all complaints onto Datix, the online incident/risk management system – and ensuring this is done systematically has been a real focus of work for 2015/16. This data is analysed by the Quality and Safety team and is discussed at monthly clinical governance meetings, where lessons learned are shared not only divisionally, but right across the whole group. These lessons learned are fed back to patients locally. Complaints are discussed and five complaints randomly selected from across THG are analysed at the Quality Assurance Group, which is a sub-committee of the Senior Management team. This ensures that complaints are viewed and discussed at a very senior level in the organisation and any concerns within the complaint data highlighted and addressed.

During 2016/17, improving training and compliance with Datix and general complaints awareness training will continue to be a focus and will enable greater visibility of the robustness of the complaints policy and the investigation process. At the time of reporting, there are no known complaints that have been referred to the Parliamentary and Health Service Ombudsman.
The Huntercombe Group has processes to report, investigate, monitor and learn from complaints and incidents. One of the key aims of this process is to reduce the risk of repeat. The timely and appropriate dissemination of learning following a complaint or incident is core to achieving this and to ensure that lessons learned are embedded in practice.

A recent inclusion to the agenda for the monthly divisional clinical governance meetings is sharing of lessons learned. Each manager or director from every service is asked to present an example of a lesson learned and/or a pocket of good practice. This lesson is discussed amongst the group and the information is shared with each service within that division (and more broadly if applicable) to be shared with staff teams to ensure learning across the wide variety of services we offer.

Examples of some lessons learned:

- Patient discharges will be delayed if necessary until the correctly dispensed medication is obtained
- Training, mentorship and supervision have all been increased to drive improvement in staff and patient experience
- All patient items are to be logged when stored and ensure that they are logged in and out as appropriate
- Communal rooms to be checked to ensure they can be unlocked from the inside, without the need for a key
The complexity of modern healthcare means that things occasionally go wrong even with the best intentions or processes. However, THG has in place appropriate policies and procedures to investigate and identify failures or deficiencies and learn from relevant incidents. Through discussion at Divisional Governance meetings we seek to identify trends and disseminate learning across all divisions within the organisation. One of the key aims of this process is to reduce the risk of similar incidents taking place both at the same site as well as others across the organisation.

Incidents are reported and graded according to their severity, they are then investigated accordingly.

All Serious Incidents are required to have a Root Cause Analysis (RCA) investigation undertaken.

RCA put simply encourages the question “Why?” to be asked. It allows you to peel away the layers of an issue or an incident that may have happened which can lead you to the root cause of the problem. The key is to avoid assumptions and encourage staff to drill down to the real root cause. RCA uses a specific set of steps with associated tools to find the primary cause of the problem so that you can:

- Determine what happened
- Determine why it happened
- Decide on what to do to reduce the likelihood that it will happen again

We participate in the NHS CAMHS benchmarking group, which shows the number of serious incidents per annum per 10 beds. This shows that our number of Serious Incidents (SIs) is just above the mean for Tier 4 CAMHS services. Given the high proportion of higher acuity patients within CAMHS at The Huntercombe Group (13% low secure, 34% intensive care), it is expected to have more than the average number of serious incidents. We are comfortable with the level of serious incidents we observe within the services and respond in a timely way to review them and the lessons learned.

In response to incidents reported within The Huntercombe Group we are:

- Establishing audits to ensure patients are involved with the development of their Care Plans
• Ensuring appropriate consent is in place in relation to all aspects of care including photographs
• We continue to make a number of environment improvements in our hospitals and care services including improved signage.
• Compliance levels of all mandatory training courses are monitored through governance meetings
• Relevant staff to complete Pressure Care Management course

Duty of Candour

A Duty of Candour Policy, also known as a Being Open Policy, has been introduced across the organisation. This includes a checklist to assist managers and key personnel in ensuring they meet the requirements of the regulation. When an incident is reported using THG’s incident management system (Datix) staff are automatically reminded of the Duty of Candour obligations. In addition our compliance with Duty of Candour is reported to NHS England on a monthly basis: we had no breaches in 2015/16.
As well as closely monitoring our assurance framework, regulatory compliance, complaints, incidents and other key data, we are also on the look out for stories of success within our services so that we can share those internally and externally. Our staff ‘Conversation into Action’ newsletter helps us to share successes between our services and show our staff how much their effort and success is valued. The following are a few areas of work that we are proud of during 2015/16, with much more going on behind the scenes.

**Frenchay Brain Injury Rehabilitation Centre runners up in National Awards**

Frenchay Brain Injury Rehabilitation Centre was selected as a finalist in a national awards scheme about the way patient and staff feedback is used to improve healthcare services.

The Friends and Family Test is a way to find out from patients, quickly and anonymously, how they rate their latest experience of NHS care or treatment. They can provide comments to explain their score and this feedback helps services to focus on areas that need improvement.

Frenchay Brain Injury Rehabilitation Centre has been consistently rated as ‘likely’ or ‘very likely’ to be recommended by their patient group. The FFT Awards 2016 were set up to recognise healthcare providers who are going the extra mile in their work to listen to patients and staff. There are five categories and Frenchay Brain Injury Rehabilitation Centre made the shortlist for the Best FFT Accessibility Initiative category.

The entry described how the Speech and Language Therapy team (Gerry Roxburgh, Katarina Fraser and Che Ming Leung) set out to devise an easy read format for FFT+5 for individuals with complex and profound communication impairment. The format was based on a Total Communication approach and enabled patients who are non-verbal, and/or unable to generate ideas, to give an opinion. In addition, because the information is presented visually and verbally, patients with impaired memory, attention and other cognitive difficulties are fully supported to access the tool.

Almost 200 entries were received by NHS England. Anu Singh, Director of, said: “We have rolled out the FFT across most NHS services and we wanted to take stock of how it’s working and what benefits it is actually bringing for patients.

The winners were announced at a national feedback and insight conference, organised by NHS England, on 17 March 2016.
Huntercombe Hospital Watcombe Hall shortlisted for Laing and Buisson Award

The Huntercombe Hospital Watcombe Hall was selected as a finalist in the Mental Health Hospital category of the Laing and Buisson Awards 2015. The nomination was sent forward to an anonymised selection of judges and the winners of the award were announced at a Gala dinner on 11 November 2015.

The hospital was nominated for the way the hospital team worked together to transform the hospital from an adult female service to a child CAMHS Tier 4 service. In planning for the transition the team at Watcombe Hall had to find other suitable alternative placements for all the existing patients, make physical changes to the building, prepare the compliance framework as well as training and recruiting staff to manage and care for an entirely different patient group.

During the course of the transition the team worked side by side with the manager to prepare local policies and to evidence compliance with the contract standards. Staff retention was good at 99% and the team successfully recruited to the remaining vacant posts.

Moorpark Place is accredited by the National Autistic Society

In January 2016, Moorpark Place in Kilbirnie, Ayrshire was accredited by the National Autistic Society. Moorpark is a specialist residential service for people on the Autistic Spectrum. It consists of 25 individual houses that are served by a central hub providing various group and individual activities. This accreditation recognises that the team at Moorpark work to a continued high standard of excellence and shows the team’s understanding of residents’ needs and a drive to improve their quality of life, well-being and independence.

Speech and Language Therapist from Frenchay Brain Injury Rehabilitation Centre wins medical student’s prize for best poster at Dutch Congress

Kat Fraser, a Speech and Language Therapist at Frenchay Brain Injury Rehabilitation Centre in Bristol was invited to present her poster, based on therapeutic work with a former patient at the centre, at the Dutch Congress of Rehabilitation Medicine in Amsterdam in January 2016. The poster entitled “The Power of Music – Using Music to Improve Verbal Fluency” was awarded the medical students’ prize for best poster presentation of the day. The therapy is based on melodic intonation therapy and great success was achieved when using this therapy to help a patient relearn functional language.
Collaborative Work

In January 2016, NHS England South awarded The Huntercombe Group (THG) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) with a partnership / joint contract to provide Tier 4 CAMHS (Child and Adolescent Mental Health Services) in the NHS Riverside CAMHS Unit in Bristol. This unique partnership between the NHS and The Huntercombe Group means that AWP and THG can continue to support the integration of CAMHS services across hospital and community settings in the area.

The Riverside Adolescent Unit is a dedicated service for young people between the ages of 13 and 18 who need intensive help with a range of severe mental health problems. Individuals from THG will bring specific CAMHS Tier 4 clinical and operational expertise to this partnership, to support AWP and the current Riverside team. The staff at Riverside will transfer to AWP and therefore remain employed by the NHS.

Valerie Michie, Chief Executive of The Huntercombe Group, said: "We were absolutely delighted to have been selected by NHS England to work in close partnership with AWP and the team at Riverside. We look forward to contributing specialist expertise, supporting the Trust in building on the great work that has already been done to benefit patients throughout the region. This is another example of the terrific work all my THG colleagues do to deliver high quality patient care at Huntercombe being recognised."

New Hospital in Bristol

In 2015 work started at Frenchay Brain Injury Rehabilitation Centre in Bristol to build a new hospital to expand services to meet the demand for specialist care and treatment for brain injured patients, both locally and throughout the South West.

The site for the new hospital is directly opposite the existing centre, which is also due to undergo a substantial refurbishment and modernisation programme. The new service will increase the number of beds available from 29 to 52 beds.

Construction of the new hospital and upgrading the existing centre began in May 2015 with completion expected in late summer 2016. Medical, nursing and therapy staff worked with the architect on the design, fitments and equipment.

Working in partnership with North Bristol NHS Trust, the Frenchay Brain Injury Rehabilitation Centre provides specialist assessment, inpatient rehabilitation and therapy for adults and adolescents (16 years upwards) with brain injury. The centre has gained a national reputation for excellence in intensive rehabilitation for people who have suffered a brain injury and is currently the only provider of this type of neuro-rehabilitation service in the South West.

The existing intensive 29 bed rehabilitation service will move to the new hospital. Typically patients
requiring this service are transferred directly to the brain injury centre at Frenchay following treatment in an NHS acute hospital to stabilise their medical condition, but are in the very early stages of recovery from their brain injury. Many arrive at the centre with very complex and profound cognitive and physical impairments.

The existing building will become a slower-stream rehabilitation service with capacity for 23 patients. This new service will benefit those patients who require a longer period of rehabilitation, treatment and support from the same inter-disciplinary team and the opportunity to practice independent living in a safe environment.

Michele Lahey, Chief Operating Officer for The Huntercombe Group, said: "We are all extremely pleased that the investment to build an additional new hospital at Frenchay will enable the clinical team to expand their remarkable work and to help more people who have suffered severe brain injury to get back as much as they can of their life and to return to living as closely as possible to the way they always have."

**New Patient Pathways**

A new pathway for females was opened at Huntercombe Hospital Roehampton in London. The hospital is a purpose-built Psychiatric Intensive Care Unit (PICU) providing a high quality psychiatric intensive care in a clinically safe, caring and secure environment for adults detained under the Mental Health Act 1983 (2007). The new pathway consists of 25 beds on two wards, each with its own Consultant Psychiatrist led Multi-Disciplinary Team. The service is suitable for women experiencing a mental health crisis with complex and challenging behaviours.

A new female locked rehabilitation service was introduced at Ashley House Hospital in Stoke-on-Trent to enhance the pathway for patients with a diagnosis of learning disability and trauma/personality disorder or Autism, who require step down from low secure but who still present with significant risk that means they cannot yet be discharged home.

**Customer Voice Programme & Huntercombe Direct**

In November 2015, The Huntercombe Group launched a Customer Voice programme to give our commissioners, referrers and stakeholders a real voice in how we improve and develop our services. Critical Research, an independent partner organisation, undertook short telephone interviews with a wide selection of our customers to gain their feedback. This, combined with the ongoing Patient Voice programme launched in 2014, has produced valuable insight which the Group are acting upon to enhance the customer experience of our services. Each site within the Group has its own action plan for improvement and business development.

Feedback from the telephone interviews with referrers highlighted that a single point of entry to THG CAMHS services could provide a quicker turnaround, improved communication and a more streamlined approach to referrals. In February 2016, THG introduced Huntercombe Direct, a new and improved centralised referrals service for CAMHS. By using one central telephone number or if preferred one central email address, referrers now have access to a dedicated referrals team, access to “live” CAMHS bed availability and access to all six THG CAMHS hospitals. Early feedback on the
new service has been extremely positive with 76% of referrers rating the service as “excellent” or "good" in the first two months of implementation.

The Huntercombe Academy

At the end of the 2015/16 reporting year, THG launched The Huntercombe Academy, a programme of training and development to support career progression for all teams across the business. This programme was built as a direct result of employee feedback and builds upon the success of the Nurse Leadership Development Programme introduced in 2014 in conjunction with the Royal College of Nursing.

Nurse Leadership Development Programme Update

This programme (which has now become an annual programme for THG nurses) aims to enhance the skills and competencies of THG nursing staff as well as underpinning the confidence nurses need to work in this area of healthcare. This year 19 nurses from all service areas participated in the programme, and alongside the 23 nurses the previous year make up a strong cohort within the business. The programme offers a range of learning methods, however key features include a residential programme and an action learning set. The programme concludes with a Nurse Leadership conference where each of the 19 learners presented and showcased their learning through a project they researched with a recommendation for the business to consider. A number of THG’s Executive Management team and each learner’s line manager/hospital director were in attendance at the conference.

New Therapies at Huntercombe Hospital Roehampton

Between September 2015 and spring 2016, Huntercombe Hospital Roehampton hosted 3 specialist ‘Arts Therapies’ student placements in partnership with our neighboring University at Roehampton. The student placements have allowed us to introduce new therapies into our Intensive Care Unit including Dramatherapy and Dance movement Psychotherapy and our patients have benefitted immensely from the skills and expertise the trainee therapists have brought onto our Unit through group work and individual sessions.

Alongside the existing Art Psychotherapy post these additional creative mediums which are recognized as treatments to consider within the NAPICU guidelines (and in the recommended category for Schizophrenia) our hospital was in the unique position of exceeding NICE the national standards for psychological interventions.
As our aspiration is to ‘nurture the world one person at a time’, delivering high quality care for all patients, their carers and families is paramount. It is the aim to maintain a cycle of continual listening, learning and service improvement, working together with patients/residents and partners.

**Patient Experience and Listening to Others**

**Patient Led Assessment of the Care Environment (PLACE).**

PLACE assessments are undertaken on an annual basis and include patients as part of the inspection team. In 2016, hospitals across THG were asked to participate in PLACE. 11 hospitals took part in the early part of the year. The results are due for publication in August 2016. Local Healthwatch were contacted for inclusion, and where possible, they were involved in this assessment, thereby enhancing local stakeholder relationships.

**Friends and Family Test**

Both the Francis report, regarding Mid Staffordshire NHS Foundation Trust (2013), and the Berwick Report “Improving the safety of patients in England” (2013) highlighted the need for patients to be more engaged and their voices to be heard regarding the service they receive. The Friends and Family Test (FFT) was devised to address this, and to determine patient satisfaction. The FFT was implemented across THG in July 2015.

The primary aims of the FFT are to:

- Gather feedback from patients immediately, or soon after, care has been received
- Provide a broad measure of patient experience that can be used alongside other data
- Identify areas where improvements can be made and practical action can be taken
- Empower patients to make informed choices about their care

The FFT consists of one key question “How likely are you to recommend our service to friends and family if they needed similar care or treatment” with responses ranging from “extremely likely” to “extremely unlikely”. Patients/Residents also have the option to answer “don’t know”. THG has also chosen to ask five additional questions to allow us continuous greater understanding of the requirements of patients and carers/families. These questions cover staff (listening, support, confidence and trust), involvement in decisions about treatment and needs and respect and dignity.

This was launched in July 2015 within the business, and by spring 2016 over 1,000 returns were received by the Picker Institute. These were independently verified and the overall recommend rate is 72%.
The FFT + 5 is offered to patients/residents and their visitors. In addition to the easy read version, the Speech and Language Therapy team at Frenchay designed and developed a form that can be used by cognitively impaired patients, to ensure all patients are able to contribute their views and opinions.

All sites have iPads specifically for FFT use, and POhWER advocates can also help collect the FFT to either provide assistance in filling in the form, or to offer a level of independence.

As well as looking at the numerical data, understanding individual patient, resident and family experiences through their comments is really important. This provides valuable insight to individual site leadership and to the group more broadly.

A few of the most positive comments from the FFT survey are shared here:

- **Good management, friendly team, good outcome**
- **This has been the turning point in my whole life. Would recommend highly to any person, not just friends and family**
- **This hospital got our daughter from a critical condition from not drinking and eating, and hardly able to stand up when she was admitted to the hospital, to getting her to be able to eat and drink, which saved her life**
- **Every member of staff has been amazing. They have saved my daughter’s life and given us, as a family, a lot of support. Words cannot express how grateful we are**

**Patient and Resident Involvement**

The Huntercombe Group values the voice and opinions of our patients/residents who engage in a number of ways to provide feedback and contribute to our improvements. Areas where patients have been involved include:

- ‘Glamour for your Manor’ programme. Each site is encouraged to submit a proposal to bid for internal money to enhance their hospital/home. Patients and residents are consulted and encouraged to help formulate the proposal.
- Where possible, patients and residents are involved in selecting their key workers.
- In house newsletters written in conjunction with the patients and residents.
- Fetes and open days where patients and residents organise and run the events with support from staff.
- Patient/Resident meetings to feedback any local issues – including some of which are chaired and organised by patients or residents.
- Meetings with CAMHS patients at each hospital to obtain their views on making the CAMHS patient journey a good one.
Patient Experience Survey

In December 2015 The Huntercombe Group carried out a Patient/Resident Experience Survey. The survey was based on questions from the CUES questionnaire (Carers and Users Expectation of Services). The questions were adapted with consultation by the lead nurses of each division. Where required, communication support was provided, allowing patients and residents to indicate responses to individual questions. POhWER were commissioned to survey all patients and residents receiving care in all our hospitals and homes.

The use of the 2015 questionnaire allows benchmarking within the divisions of THG and looks at the views and satisfaction of the quality of care and treatment received, in line with the outcomes from the Winterbourne View Serious Case Review, the Stafford NHS Trust Review and the fundamentals of care from the CQC.

The survey shows some really important trends.

- 92% felt supported to become as independent as possible
- 94% felt treated with compassion, dignity and respect
- 94% felt that support is focussed on them and they get help when they ask for this from our staff
- 79% had a positive experience of care and feel in control of their life
- 58% said that they are involved in their care plans and care reviews
- 56% felt involved in decisions about their medications
- 93% felt pain relief is well managed
- 47% had support to eat and drink if needed, but most patients do not require this level of support
- 75% knew how to use our complaints process and of those who did complain 48% felt listened to

A sample of responses by division is shown below. The chart shows percentage of responses answering ‘yes’ or ‘sometimes’.

![Bar chart showing responses to questions by division](chart.png)
Full reports were produced and given to individual hospitals and homes for meetings to be set up and conducted with the patients and residents to discuss the results and to agree action plans to improve the patient/resident experience as an outcome of taking the time to complete the survey. An example would include how to make the complaints policy and procedure more visible to patients, residents and their families.

For the first time, the survey conducted in 2015 enabled internal benchmarking. It is anticipated that the patient/resident survey carried out in 2016 will again allow for internal benchmarking and comparisons year on year, but will also have a small bespoke divisional section for specialist questions. Residents and patients will be consulted with to explore what questions they would like to see included within the survey.

Conversation Into Action 2016 is embedding the patient and resident voice within it, to create a collective sense of progress and to ensure that feedback is responded to as much as possible. This is a big part of making progress in 2016/17 and we will be excited to report back in next year’s quality account.

Throughout 2016 THG will be continuing to create a culture of “You Said...We Did” to demonstrate progress and action based on staff and patient feedback and to give confidence that things can change, to highlight and celebrate success and to create an openness about what can and can’t be changed.
Our priorities for 2016/17
The following priorities have been agreed, taking into account the views of staff, feedback that we have received from those using our services through our patient and resident surveys, audit reports and commissioner requirements and priorities for 2016/2017. Many of them build on the positive work we have been doing over the last period and we are embedding systems, processes and approaches more broadly to continue to improve patient experience, outcomes and staff engagement.

Our programmes such as the Nurse Leadership Development Programme, broadening the impact of the Huntercombe Academy for training and development, ensuring Conversation into Action continues to drive positive change through involving employees and patients’ voices and continuing to use Clinical Governance as a key mechanism to improve quality and share best practice are all crucial for the coming year.

The following sections detail the more specific priorities we set ourselves and which we look forward to reporting back in the Quality Account 2016/17.

**Priority One**

Continue to improve the model of care that our services deliver, ensuring that we share best practice and expertise, allowing for individual services to adapt their work to meet patients and residents needs

- Deliver another Conversation into Action programme, increasing the patient / resident voice and input to improve local services, sponsored by Senior Management Team members
- Increasing connectedness between our services to share expertise, ideas, good practice and lessons learned
- Debating and sharing complex patient presentations, relevant outcomes and ways of working to help all our services best meet the needs of patients and residents

**Priority Two**

Continue to improve our systems and processes that underpin the delivery of high quality, safe care and the appropriate reviews, monitoring of progress and management of incidents

- Continue to improve the implementation and use of our electronic patient records through increasing training support for use and for reporting and learning from the data
- Continue to improve other systems that underpin the quality of the care that we provide (e.g., Datix, Quality Assurance Framework) by working in partnership with front-line staff who the systems need to work for
- Improve training and induction for key systems and processes and improve our ability to audit and quality control those processes
Priority Three

Build on our improvement in staff engagement to continue to attract and retain the best possible talent, and develop our teams to deliver the best possible care

- Launch the Huntercombe Academy as an overarching programme of training and development to support all team members, including developing a partnership with the Open University
- Build on programmes such as Conversation into Action and Huntercombe Heroes to continue to inspire and appreciate our staff teams and inspire them and involve them in improving our care for patients and residents
- Continuing to challenge ourselves to attract and retain the best nursing talent as a core lynch-pin in the delivery of high quality and safe care

We very much welcome your feedback and suggestions regarding this quality account. If you would like to comment or if you require any further information please email Sharon Colclough, Director of Quality & Safety, sharon.colclough@huntercombe.com.

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The Huntercombe Group is part of Four Seasons Healthcare one of the largest healthcare operators in Europe.