Hull University Teaching Hospitals NHS Trust Quality Accounts 2022/2023

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Part 1: Introducing our Quality Account

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1.1 Statement on Quality from the Chief Executive

I am pleased to present Hull University Teaching Hospitals NHS Trust's Quality Account. The Quality Account is an annual report, which reviews our performance and progress against the quality of services we provide and sets out our key quality and safety improvement priorities for 2023/24. It demonstrates our commitment to continue improving our services and provide high quality, safe and effective care to our patients, their carers and their families. This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year.

In Part 3 of this report we set out the quality and safety improvement priorities for 2023/24. These priorities were identified through consultation with staff, Trust members, Health and Wellbeing Boards, Healthwatch, NHS Humber and North Yorkshire Integrated Care Board (ICB) and the local community. As a result, the following quality and safety improvement priorities were identified:

- Learning from Deaths - EFFECTIVE AND LEARNING
- Mental Health Triage in the Emergency Department – FOCUSED
- Learning from Incidents – PATIENT SAFETY
- Medication Errors – SAFE CARE
- Sepsis – SAFE CARE

Many staff and our stakeholders have been involved in the development of the Quality Account. Comments from the stakeholders on the content of the Quality Account are included in full in the Annex of this report. We welcome involvement and engagement from all staff and stakeholders because their comments help us acknowledge achievements made and identify further improvements needed.

I can confirm that the Board of Directors has reviewed the 2022/23 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate and fair account of our performance.

We hope that you enjoy reading this year's Quality Account.

Chris Long
Chief Executive

1.2 What is a Quality Account?

What is a Quality Account?

The Quality Account is an annual report published to the public from providers of NHS healthcare about the quality of the services it provides. The report provides details on progress and achievements against the Trust's quality and safety priorities for the previous year and what the Trust will focus on in the next year.

What should a Quality Account look like?

Some parts of the Quality Account are mandatory and are set out in regulations (NHS Quality Account Regulations 2010 and Department of Health – Quality Accounts Toolkit 2010/2011). The toolkit can be accessed via: https://www.gov.uk/government/news/quality-accounts-toolkit.

The Quality Account must include:

Part 1: Introduction

- A statement from the Board (or equivalent) of the organisation summarising the quality of NHS services provided

Part 2: Looking back at the previous financial year's performance

- Organisation priorities for quality improvement for the previous financial year
- A series of statements from the Board for which the format and information required is prescribed and set out in the regulations and the toolkit

Part 3: Priorities for the coming financial year

- A review of the quality of services in the organisation for the coming financial year. This must be presented under three domains; patient safety, clinical effectiveness and patient experience
- A series of statements from Stakeholders on the content of the Quality Account

What does it mean for Hull University Teaching Hospitals NHS Trust?

The Quality Account allows NHS healthcare organisations such as Hull University Teaching Hospitals NHS Trust to demonstrate its commitment to continuous, evidence-based quality improvement and to explain its progress against agreed quality and safety priorities, how the organisation performed in other quality areas e.g. service delivery and to inform the public of its future quality plans and priorities.

What does it mean for patients, members of the public and stakeholders?

By putting information about the quality of services into the public domain, NHS healthcare organisations are offering their approach to quality for scrutiny, debate and reflection. The Quality Accounts should assure the Trust's patients, members of the public and its stakeholders that as an NHS healthcare organisation it is scrutinising each and every one of its services, providing particular focus on those areas that requires the most attention.

How will the Quality Account be published?

In line with legal requirements all NHS Healthcare providers are required to publish their Quality Accounts electronically and ensure the documents is made available and accessible on the Hull University Teaching Hospitals NHS Trust website: http://www.hey.nhs.uk/about-us/corporate-documents/.

1.3 About Us

We employ just over **8,056 whole time equivalent staff** and are supported by **500 volunteers**

We saw over **122,000** patients in our **Emergency Department** last year

We have **two** main hospital sites: **Hull Royal Infirmary** and **Castle Hill Hospital**

We admitted over **90,000** patients into our **wards** last year

We have an **annual turnover** of **£846 million**

Over **790,000** patients attended an **Outpatient Department** last year
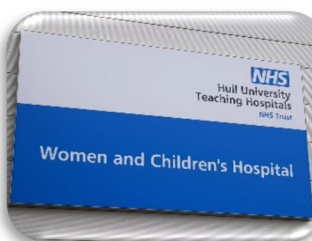
We delivered approx. **4,400** babies in our **Women's and Children's Hospital** last year
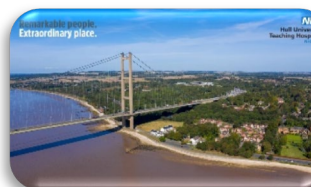
Secondary care services are provided to a to a catchment population of approximately **600,000** in the **Hull and East Riding of Yorkshire** area
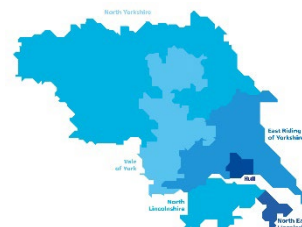
The Trust also provides specialist and tertiary services to a catchment population of between **600,000 and 1.25 million** extending from **Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire** respectively

The **vision** of the Trust is:

Great Staff - Great Care - Great Future

We have a set of **organisational values**: 'Care, Honesty, Accountability'

1.4 What our patients said in 2022/23

The Trusts Friends and Family provider was replaced in January 2020 and Healthcare Communications now help with the Trust methodology for the Friends and Family Test. The Emergency Department and the Radiology department have been working with Healthcare Communications since 2017 and since working with them, the Trust has been able to obtain rich data from our patients and their relatives with regards to their experience whilst being cared for in the Trust, working with Healthcare Communications has given patients and relatives the opportunity to feedback to the Trust on five different platforms SMS (Text messaging) IVM (Interactive voice messages) a webpage, QR code and paper feedback forms, Volunteers have been trained to assist patients with access to iPads who are struggling to complete the survey, to improve response rates and accessibility.

During 2022/23 the Trust had an overall response rate of 14%, which equates to approximately 124,000 responses and an overall star rating of 4.5 out of 5.

14%	Positive: 89.35%	★★★★½
Response Rate	Negative: 6.37%	
	Ratings	

The main themes of feedback are detailed in this overview table. Examples of feedback provided by our patients include;

Top 10 Themes

+ Positive		− Negative	
1. Staff attitude	54427	1. Staff attitude	5469
2. Implementation of care	34102	2. Waiting time	4933
3. Environment	20741	3. Environment	4519
4. Patient Mood/Feeling	14727	4. Implementation of care	3708
5. Communication	13892	5. Communication	3527
6. Waiting time	13733	6. Clinical Treatment	3084
7. Clinical Treatment	13104	7. Patient Mood/Feeling	2872
8. Admission	11734	8. Admission	2644
9. Staffing levels	2944	9. Staffing levels	1086
10. Catering	1267	10. Catering	645

The care and service provided was exceptional. Made me feel relaxed and confident the nursing staff very kind

The Trust has helped me to understand, and manage my health

Amazing quality of care. Each and every member of staff were outstanding and made my daughters surgery and recovering a lot better for her.

Very pleasant and caring staff. Made me laugh when I was in pain. My operation was cancelled a few times but I understand this was due to high demand for beds. Very happy with my operation results and loved the ice cream in recovery ward

I was treated with a lot of care with every need fulfilled

1.5 Celebrating success

Like many NHS providers across the country, in 22/23, the Trust faced another challenging year. Although the Trust has experienced a number of difficulties, staff across the Trust continue to rise to the challenge with many examples of amazing successes and accomplishments achieved throughout the year. Some of this year's successes are highlighted below.

Moments of magic

The Moments of Magic is a Trust established recognition scheme, which acknowledges staff who go above and beyond to provide great care to patients, staff and visitors. Whether it is a friendly gesture, an act of kindness or simply a way of putting people at ease when they may be anxious or upset, these are the kinds of thing which can make a big difference to people in our care, and which make us all proud of our local hospitals and the wider NHS. Below is a sample of some of the 'moments of magic' that were recognised within the last year:

- **Thank you Laura Outhwaite, Hannah Harrison, Michelle Austin, Claire Morrell, Ward 60 HRI:** *On the night shift 12/1/23, the nurse in charge was informed by the husband of one of the patients that their daughter was receiving end of life care at Dove House Hospice. The nurse in charge arranged a contract car and released an auxiliary from the shift to accompany the patient to visit her daughter. The full team went above and beyond to ensure the patient got to dove house to see her daughter. Despite the pressures on the ward the team really pulled together to make this happen. The staff at Dove House have requested the staff receive recognition for this act of kindness knowing how much pressure the team are under.*

- **Thank you Jasmine Lee Communications:** *It was a Friday afternoon, and Jasmine received a message from a member of the public (via facebook) who was receiving weekly chemotherapy treatment. She had a query about her chemo days and times for the following week, and had been unable to speak to anyone on the phone, and was getting quite anxious. Jasmine sought out alternative numbers and advice for the patient. Jasmine worked beyond her normal leaving time on a Friday night to ensure the patient could have some peace of mind over the weekend, and be assured that she wasn't going to miss her treatment. Jasmine didn't need asking to resolve this issue and, I was really impressed at her determination to get this patient sorted - which she did. Well done Jasmine!*

- **Thank you Daniela Gavilanes Patient Experience:** *Daniela Gavilanes is a young volunteer on Acorn Ward, she came to the ward today to help out and went above any beyond using her knowledge of speaking fluent Spanish to help translate to a worried family or a young child going to theatre, she really reassured the parents and we were all amazed at her talent!!*

- **Thank you Two Nurses and ACP Children's AandE, Emergency Department:** *I took my daughter to children's AandE yesterday and she was quickly seen by two very friendly Nurses and an Advanced Clinical Practitioner. My daughter was seen very quickly and treated with care. She was put at ease. I could not fault the care provided to my daughter and wish to thank the staff members. They were all a credit to the Trust.*

- **Thank you Andrea Broadley, Radiology:** *Andrea is such a genuine and kind and thoughtful person, her patient care is fantastic. She has recently become a Dementia Champion within the trust. She goes above and beyond in her role to help and support people. She can almost always calm and soothe any patient if they are upset and anxious or just a little scared. She is patient and very caring especially with her patients and their relatives/friends in the busy and sometimes very upsetting Trauma area in*

the busy E/D department. She is always upbeat and positive and is very supportive and thoughtful for her colleagues too, making sure we have our milk every single morning for the much needed break-time brews!

Internal staff awards

The Trust presents staff with Golden Hearts Awards and the awards recognises staff across the Trust for their amazing and outstanding contributions towards patients and colleagues. Due to the pandemic, the awards ceremony from 2020 had to be postponed to ensure everyone was safe and help minimise the spread of the infection. The announcement of the Golden Hearts awards were later announced throughout the latter part of 2021 and the ceremony was held in 2022. The Golden Hearts Awards have returned and the winners will be announced in July and will be featured again in next year's Quality Accounts.

External staff awards

Trust named finalists in national sustainable travel awards

Hull's hospitals were named finalists in national awards for a project to help staff travel to work. The Trust launched its 'Getting to Work' project in May 2023 as part of its 'Zero Thirty' campaign to tackle climate change and introduced three free park-and-ride services and discounted bus and rail travel for staff. The trust was named finalists in two awards – Business Engagement Project of the Year for its Getting to Work project and Best Project Under £1000 for an event run with East Riding of Yorkshire Council to offer staff the chance to try an e-bike.

Hull's nursing team lands top national award for recruitment programme

Nursing staff in the Trust celebrated after they won a prestigious national award in recognition of its work to recruit and support new nurses. The Trust won the Best UK Employer of the Year for Nursing Staff at the Nursing Times Workforce Awards 2022.

International recognition for Thoracic Trauma Team

A team specialising in the care of seriously injured patients, received international accreditation for its work. The Trust was awarded 'Collaborative' status from the Chest Wall Injury Society (CWIS) for its life-saving work with patients with rib fractures and other chest injuries. Hull is one of just 26 specialist Major Trauma Centres across England, with patients arriving into Hull Royal Infirmary, often by helicopter, from as far afield as North Yorkshire, Lincolnshire and the Midlands.

Hull makes awards shortlist for its work to reduce carbon emissions

Hull Hospitals are in the running for a prestigious national award based on their efforts to reduce carbon emissions and promote sustainability. The Trust has made a bold commitment to achieve net zero by 2030, seeking to become carbon neutral up to 15 years earlier than the targets set by the Department of Health*.

The Trust has already made some significant progress towards this aim, such as the replacement of its gas boilers with heat pumps, replacement of some 20,000 traditional light fittings with low energy versions, a reduction in the use of gases such as Entonox, and the creation of Castle Hill Hospital's 'Field of Dreams' – an 11,000 panel solar farm which currently generates enough power to meet the daytime needs for the entire hospital site.

Congratulations to Lois after she was named "Apprentice of the Year"

Well done to Lois Anderson-Leary, who works as a trainee Respiratory Physiologist in our Pulmonary Function Unit at Castle Hill Hospital. Lois was named "Apprentice of the Year" in Sheffield Hallam University's "Inspirational Student Awards 2022." Lois joined the trust on a level 2 Clinical Support Apprenticeship programme, specialising in GI Physiology, in September 2016 and went on to undertake a degree apprenticeship, studying a BSC HON Healthcare Science in Cardiovascular Respiratory and Sleep Sciences.

Honorary degree for professor with a passion for physics and rock music

The consultant medical physicist and the legendary rocker were both presented with honorary degrees by the University of Hull this month. Dr Richards says:

"Andy is someone who has always strived to deliver more, whether that's clinical care for his patients, advances in technology for his colleagues, or shaping the direction of his profession and radiotherapy treatment across the globe.

"He's been published over a hundred times, he's received multiple awards, and he's been listed in the top 100 Leading Practicing Scientists in the UK. It makes us all really proud when we consider just how far Andy's work has reached and how many lives it has touched for the better. He very much deserves the honorary degree awarded".

Innovation

Helping families keep in touch while in HRI's Emergency Department

Patients and families attending Hull's Emergency Department will now be able to keep in touch with relatives after the introduction of two new mobile charging stations. The Trust has teamed up with the phone charging company 'Joos,' to provide power banks in the Children's Accident and Emergency and the Emergency Care Area (ECA) at Hull Royal Infirmary. People waiting in the department will be able to select a power bank providing up to two hours' charge for £3, allowing them to keep in contact with other family members, call taxis or keep in contact with employers.

HILS - Hull Institute for Learning and Simulationteam deliver 'in situ simulation' at Hull Women and Children's Hospital

The training exercises help staff practice their skills so they're prepared for real-life emergencies Maternity theatre and NICU staff are to experience two "life or death" emergencies as part of the trust's new high-tech simulation training programme. Nursing Simulation Fellow Mandy Renner, will support the training at Hull Women and Children's Hospital to train staff in emergencies they may face as part of their day-to-day jobs.

Mandy said staff involved in the "in situ simulation" exercise using special mannequins of a mother and baby could face both scenarios as part of their roles in theatre. She said: "Teams that work together should train together. In situ simulation takes place with real-time pressures and equipment within the teams. Real clinical environments provide a rich resource to identify any latent threats and system issues that can compromise patient safety.

Hull 'first' as hospitals launch innovative digital platform for schools

'Med Shed' is an online and immersive digital programme to introduce young people aged 11 to 16 to around 350 potential careers available across the Trust. The Trust has achieved a UK first by launching a major educational project for schools and academies to create its own workforce for the future.

Med Shed showcases NHS careers throughout the Humber and North Yorkshire region, including engineering, catering, painting and decorating and administration alongside more traditional frontline roles such as doctors, nurses and physiotherapists.

Respiratory Clinical Assessment Service

The Respiratory Clinical Assessment Service (RCAS) has been working with partners to support patients at home and reduce hospital admissions. The Respiratory Virtual Ward is an emerging collaborative service between HUTH, City Healthcare Partnership (CHCP) and Humber and North Yorkshire Integrated Care Board (ICB). Other providers are involved in elements of service delivery including Yorkshire Ambulance Service, GP Out-of-Hours, district nursing, complex case managers, NHS 111 and adult social care.

Virtual wards allow patients to receive the care they need at home, safely and conveniently without travel rather than in hospital. They also provide systems with a significant opportunity to narrow the gap between demand and capacity for secondary care beds, by providing an alternative to admission and/or early discharge. Since the launch of the virtual ward on 12 September 2022, 301 patients have been admitted to the virtual ward, providing an alternative to hospital admission and reducing the length of their hospital stay.

1.6 Performance against Priorities 22/23 – Summary

The Quality Improvement Plan (QIP) is a high-level plan which defines the improvement goals the Trust is working towards for improving quality and safety across the organisation. The plan includes the areas of work the Trust is pursuing to improve, quality and safety priorities as detailed in the Quality Account.

The below table provides an overview of the progress of the QIPs set out in the 2022/23 Quality Account:

Key:					
Achieved	✓	Did not achieve	✗	Progress made	↗	Discontinued	

	Project	Progress
Safer Care	Improved care for patients with Dementia	↗
Better Outcomes	Covid-19 Recovery Plan and Learning	↗
	Improved Mortality and Morbidity including Learning from Deaths	↗
	Improved care for patients with Mental Health needs in the Emergency Department	↗
Improved Experience	Learning from complaints	↗

Part 2: Priorities for Improvement and Statements of Assurance from the Board

This section includes:

- 2.1 Performance against priorities 2022/23
- 2.2 Performance against other quality and safety indicators
- 2.3 Statements of assurance from the Board

2.1 Performance against Priorities 22/23

This section covers

- Safer Care:
    - Priority: Improved care for patients with Dementia.
- Better Outcomes:
    - Priority: COVID-19 Recovery Plans and Learning
    - Priority: Mortality and Morbidity including Learning from Deaths
    - Priority: Improved care for patients with Mental Health needs in the Emergency Department
- Improvement Experience:
    - Priority: Learning from patient experience

Safer Care:
Performance against priorities 21/22

Priority: Improved care for patients with Dementia.

Why this was important

Dementia is a term used to describe a syndrome with progressive decline in memory, reasoning, communication skills and the ability to carry out daily activities. Dementia affects all genders, ethnicities and social classes. It is a life-limiting diagnosis the natural course of which leads to increasing dependence and vulnerability. Risk is increased in the presence of factors such as vascular disease, learning disability or advanced age, but anyone can develop it. It can impact on all aspects of life for those diagnosed and their families Dementia is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with dementia, their length of stay is longer than people without dementia and they are often subject to delays on leaving hospital. The outcomes for people with dementia are poor compared to people without dementia and their families often report poor experiences of care.

What did we aim to achieve?

The aim of this QIP was to improve the care for patients with Dementia.

Objectives of the project

The objectives of the project included:

- Identify and progress opportunities to improve patient experience
- Identify and progress opportunities identified from audits

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience**: Patients with dementia receive high quality standards of care
- **Quality Experience**: Hull University Teaching Hospitals NHS Trust is recognised as a centre of excellence for dementia care
- **Staff Benefits**: All staff are supported to provide patient centred care with a focus on dementia
- **Organisational Benefits**: Improved reputation and engagement with services

How did we perform?

A number of areas were identified to support the improvement of care for patients with dementia including:

- Direct patient feedback
- Utilisation of voluntary services
- Patient Led Assessments of the Care Environment (PLACE)

Feedback

A key area for improving care for patients with dementia was being able to find out what matters to the patient by gaining direct patient feedback in relation to their experiences of care and treatment whilst in a hospital environment as feedback had been previously limited.

Feedback was achieved through:

- Establishing the 'Dementia Care – Friends and Family Test (FFT)'
- Improved visibility of the Dementia Care Team
- Collaborative working with Patient Advice and Liaison Services (PALS), Voluntary organisations and HealthWatch.
- Direct contact and referrals from families via the Lead Dementia Matron poster featured across the Trust, with contact details

As a result of collaborative working, improved visibility and FFT, this has made sure that feedback is being widely requested which then supports with identifying where further improvements can be made.

There had been a number of challenges following the rollout of the specific dementia FFT due to difficulties in capturing information including:

- Gathering feedback from the patient if appropriate.
- Traditional' FFT collects much of its feedback via SMS messaging service can potentially present difficulties for patients in the later stages of dementia who may lose the ability to use technology, or information for mobile numbers of the patients essential care giver to offer the feedback service is unavailable.

To date, the service has received **113** pieces of feedback. Increasing the number of FFT responses will be one of the focuses for the service moving forward alongside review of themes from feedback received will be form part of the services Key Performance Indicators (KPI) for the next financial year.

Voluntary Services

A new initiative had been created called the Dementia Activity and Companion Volunteers (DACV). The DACV have a pool of volunteers who are co-ordinated to support wards within the Trust and visit patients with dementia.

There are **29** active volunteers supporting the DACV initiative across the Trust and positive feedback from staff and volunteers has been received. The DACVs have dedicated **1,396** hours to the Trust and visit **9** hospital wards and departments on a weekly basis.

The voluntary service reintroduced the Pets as Therapy (PAT) dogs to the Trust working with the charity. Hugo, (pictured below) has been with the team since September 2022 and has become a real star in the Trust with patients and staff and has brought much joy and interaction from patients since joining the team and recruitment for a further **6** PAT dogs is underway.

Patient Led Assessments of the Care Environment (PLACE)

There has been a significant amount of change across the Trust to the buildings with many improvement works, including new buildings which are still under construction. Early engagement between all stakeholders is extremely beneficial as this ensures improvement works support a dementia friendly environment.

The PLACE organisational score is lower than the national average and shows a decrease from scores published in 2019.

The following table shows the Trusts scores in comparison to the national average:

Domain	National Average	Trust	Castle Hill Hospital	Hull Royal Infirmary
Dementia	80.60%	77.48%	75.60%	78.27%

The below table shows the Trusts scores in comparison to neighbouring organisations:

Domain	Leeds Teaching Hospitals	Hull University Teaching Hospitals	Sheffield Teaching Hospitals	Northern Lincolnshire and Goole NHS Foundation Trust	York and Scarborough Teaching Hospitals NHS Foundation Trust
Dementia	89.59%	77.48%	74.85%	80.04%	65.97%

Following review of the results, further improvement work has been identified in relation to decoration and furnishings in all wards and departments and signage. The Trusts facilities team are working closely with the Dementia and Delirium Lead matron via the Dementia and Delirium Steering Group to provide support for several ongoing projects which will address environmental improvements required.

Going forward

A number of areas have been identified to further improve the care for patients with dementia including:

- Strengthening of the governance framework in the delivery of dementia and delirium care to target specific improvement actions.
- Strengthen partnership working with North Lincolnshire and Goole (NLAG) around dementia and delirium acute care pathways.
- Training compliance for dementia knowledge and care skills to consistently be 85% (or higher) for all staff groups across the Trust.
- Development of a work plan to raise awareness, knowledge and skills involving caring for people experiencing delirium.
- Support with piloting and the rollout of a delirium screening assessment tool.
- Develop a gold standard pathway for people with dementia accessing outpatient services within the Trust.
- Adopt a quality improvement model with key stakeholders to progress the Essential Care Givers scheme alongside a 'Carers Strategy'
- Improve the return rate of the dementia care FFT with support from the voluntary service team.
- Establish themes and trends from FFT feedback received and share good practice and identify further opportunities for improvements.
- Support the rollout of the Abbey Pain Assessment tool for non-communicative patients.
- Establish a collaborative improvement project with the Falls Prevention, Tissue Viability, Physiotherapy, Dietitian and Occupational Therapy teams to reduce hospitalised deconditioning.
- Continued support with the research project 'Optimising acute oncology services for people with dementia' in collaboration with Leeds Beckett University.
- Review and develop Dementia friendly environments as part of the planning processes for services.
- Seek out opportunities to collaborate with Hull University with regards to research and development projects.

Better Outcomes:
Performance against priorities 21/22

Priority: COVID-19 Recovery Plans and Learning

Why this was important

The NHS has been through an unprecedented and turbulent couple of years following the impact of the Covid-19 pandemic. It is imperative that there continues to be a robust recovery plan in place to manage and mitigate against the impact that the pandemic has had on the Trust by ensuring appropriate measures are in place to continue supporting the implementation of the Trusts COVID-19 recovery plan. This was a priority in the 21/22 Quality Accounts, due to the longstanding impact that Covid-19 has had, this priority has been selected as part of the Quality Improvement Priorities for 22/23. This priority will also focus on learning from events over the last couple of years including how the Trust managed the crisis, what went well and what measures can be put in place should similar events happen in the future.

What did we aim to achieve?

The aim of the priority was to continue to undertake the overarching COVID-19 recovery plan detailing:

- The continued requirements to enable effective recovery
- Review the timescales for ensuring a full recovery and return to pre-pandemic levels
- How progress will be continue to be monitored and reported

The COVID-19 recovery plan covers all elements of the Trust that continues to be affected by the repercussions of the pandemic such as waiting times and cancelled operations

Objectives of the project

The objectives of the project included:

- Build on what has been learnt during the pandemic and the recovery programme to continually improve the delivery of services
- Ensure elective and cancer care services are fully restored to pre-pandemic levels
- Provide continued support to staff with health and wellbeing
- Review preparation arrangements for potential future pandemics to ensure timely mobilisation of emergency preparedness and business continuity plans.

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience**: Non-elective demand returning to pre-pandemic levels
- **Quality Experience**: Services are delivered to meet the needs of patients
- **Staff Benefits**: Continued support for staff health and wellbeing, increased staff retention levels and recruitment demands met to support the delivery of services
- **Organisational Benefits**: Implementation of robust business continuity plans to mitigate against potential future pandemics and improved collaborative working with external services

How did we perform?

- The **elective recovery** had 3 objectives set for 2022/23, which were outlined in the Trusts Operational Plan in response to the NHS England's Operational Plan.
- Objective one was to achieve zero 104 week waits by 30 June 2022 which was achieved by the Trust.
- Objective two was to achieve zero 78 week waits by the 31 March 2023, whilst the target was not achieved, excellent progress was achieved with 103 breaches of the target as of the 31 March 2023. However the Trust was formally stepped down as a Tier 1 provider for long waits in November 2022 in recognition of the progress made.
- Objective three was to reduce the number of patients waiting 52 weeks by 31 march 2023 which was achieved.

- The **cancer recovery** set two objectives set for 2022/23.
- Objective one was to reduce the number of patients waiting 63 days or more to a maximum of 130 (and/or reduce the percentage of patients 63 days of more as a proportion of the total patient treatment list for cancer) We made good progress but did not achieve the trajectory. However the Trust is being formally stepped down as a Tier 1 provider, to a Tier 2 from April 2023 in recognition of the progress made.
- Objective two was to reduce the number of patients waiting 104 days or more to no more than 28 patients, we did not achieve the trajectory largely due to our position as a tertiary provider with patients transferred late in their pathways for treatment at the Trust.

- The Trust has had a Trauma Risk Incident Management (TRiM) service in place since September 2022. TRIM is a trauma-focused peer support system designed to help people who have experienced traumatic, or potentially traumatic, events for psychological de-briefing. TRIM is an evidence-based, post-incident management process which promotes an organisational approach to staff support following potentially traumatic incidents.
- Occupational Health Services remain the main route for staff to seek support and help for a wide range of mental and physical challenges at work. The staff support service continues to work alongside our Occupational Health Service and offers an email and telephone hotline service. The Trust is promoting and advertising the [Humber, Coast and Vale Resilience Hub](#) widely for staff to access support.
- The Pastoral and Spiritual Care Team h run a staff support service fully embedded at the front line. Their regular presence in wards and departments allows them to build strong relationships so staff can open up and get immediate support.
- The inaugural Trust Health and Wellbeing Committee was held late December 2022 to agree the terms of reference for the group and begin to explore the agenda for the committee for the next 12 months.

Going forward

- The Trust remains committed to recovering services to pre-pandemic levels and will be monitoring achievements based on the new targets set by NHS England for 2023/24.
- **Elective recovery** target one to achieve zero 78 week waits by the 30 June 2023.
- Target two to achieve zero over 65 weeks by the 31 March 2024.
- Target three to reduce the number of patients waiting over 52 weeks by 31 March 2024.
- **Cancer recovery** target one to reduce the number of patients waiting over 63 day backlog to no more than 148 by the 31 March 2024.
- Target two to achieve the Faster Diagnosis Standard (FDS) over 75% by 31 March 2024.

- A pilot using the Sustaining Resilience at Work (StRaW) model is being tested out to see if it is as useful at the TRiM system. Like TRiM is uses a structured interview technique to explore with staff ongoing mental health challenges and can be used where there is no particular specific traumatic incident that has happened.

- A 12-month secondment post has been created for a Health and Wellbeing Senior OD Practitioner using some temporary vacancy factor. This is a much-needed post as the Trust has not had one person in post with a sole focus on staff health and wellbeing with the agenda being absorbed into several senior managers portfolios. This is a key enabling agenda in the current NHS Climate of high stress due to post pandemic burn out and due to the external pressures on all our services.

- The New Mental and Emotional Wellbeing Multidisciplinary Team (MDT) meets monthly and manages the effective operational delivery of staff support services such as TRiM, Clinical Psychology, Coaching and other staff support services. The team alongside this is currently prioritising the creation of a comprehensive, safe and trauma informed Mental and Emotional Wellbeing Training and Development programme for staff and leaders at HUTH.

Better Outcomes:
Performance against priorities 21/22

Priority: Improved Mortality and Morbidity including Learning from Deaths

Why was this important

For many people, death under the care of the NHS is an expected outcome and a majority of patients experience excellent care from the NHS in the months or years leading up to their death. However, some patients experience poor quality provision of care from a range of contributory factors, including but not limited to poor leadership and system-wide failures. Staff in the Trust work determinedly under ever increasing pressures to deliver safe and high-quality patient centred care. When mistakes happen, as a Trust, work is required to understand the causes. The purpose of reviews and investigations of deaths where problems in care may have contributed to a patient's death is to learn lessons in order to prevent recurrence.

What did we aim to achieve?
The Trust will have;

- Reviews and investigations are shared for continued learning and improvement of patient care
- Increase partnership working with other Healthcare providers and Local Authorities to identify areas for improvement around mortality and morbidity

Objectives of the project

The objectives of the project included:

- Deaths that are of concern are appropriately escalated and reviewed in line with Trust policy
- Learning is identified, shared and implemented appropriately
- Increased partnership working with external providers to continually improve mortality and morbidity rates

Benefits of the project
The identified benefits from implementation of the project included:

- **Patient Experience:** Those affected by bereavement of a patient receive the support needed
- **Quality Experience:** Learning from deaths supports continued improvement for services
- **Staff Benefits:** Provision of high quality care and improved education from learning from deaths
- **Organisational Benefits:** Support the patient safety strategy

How did we perform?

- The Trust saw an increase in undertaking Structured Judgement Reviews in the final quarter of 2022/23 and reviewed **20%** of deaths, compared to the previous year which saw the Trust undertake **8%**. This is an overall increase of **150%**.
- We undertook reviews on all patient deaths where there was a confirmed learning disability and shared the outcomes with the relevant LeDER contact.
- We developed and published a coherent and informative quarterly 'learning from deaths' report, in line with Trust Policy. This report provides detailed information relating to how the Trust has learned from the review of mortality and morbidity. For example, the development of training packages to help further improve the level of care given to aortic dissection patients within the Emergency Department.
- We developed an informative and powerful Mortality dashboard that enables thorough analysis of both SHMI and HSMR, in addition to crude inpatient mortality statistics. This information is discussed monthly at the Mortality and Morbidity Committee and helps steer quality improvement and generate work streams.
- Our SHMI dropped to within "expected range" (1.0831) which reflects the on-going commitment the Trust has to learning from mortality.

HUTH SHMI (rolling 12 months) with control limits
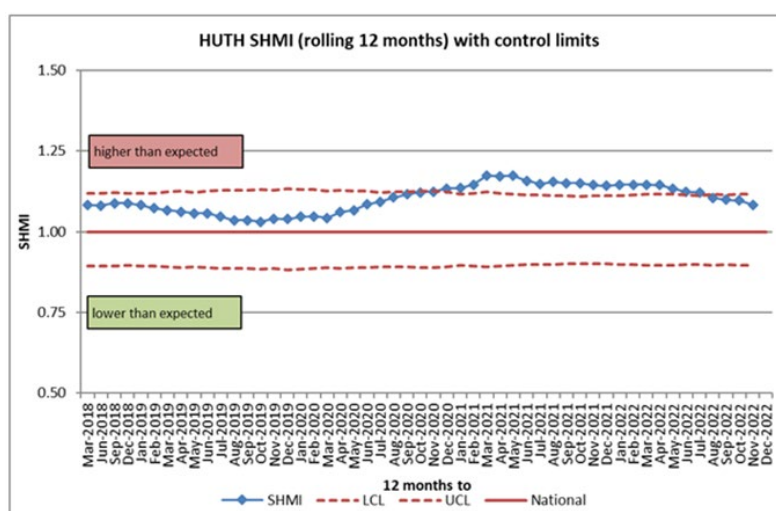
- We successfully created a mortality task and finish group that allowed for a team of multidisciplinary people to discuss pertinent issues.

Going forward

- The Trust continues to contribute to the national LeDER review program, as well as undertake Structured Judgement Reviews on all patients who had a diagnosed learning disability.
- Structured judgement reviews for this patient cohort are undertaken by the Trust Safeguarding Team (in addition to other specialist reviewers), who are trained to assess the care delivered to patients who had a learning disability.
- All completed Structured Judgement Reviews are shared with the relevant LeDER reviewer from outside of the Trust.
- The Medical Examiner's Office enables the Trust to quickly identify and review patients who die whilst under our care and had a learning disability, allowing the Trust to efficiently assess and improve the care delivered to this patient cohort.

- We will continue to review, share and learn from the review of mortality and morbidity, escalating concerns appropriately.
- We will aim to further improve the way we share lessons learned, such as via regular newsletters and via the Trust intranet, Pattie.
- We will further develop SJRs to respond to the clinical needs of the Trust
- We will continue to collaborate effectively and cohesively with the Trusts Medical Examiner's Office.
- We will improve and develop feedback mechanisms across the Trusts.
- We will undertake an internal quality control audit of SJRs. This will ensure that all completed SJRs are in line with the Trust expectations set out in the learning from deaths policy, as well as the recommendations made by the Royal College of Pathologists. The information gathered from this audit will provide opportunities to further improve the quality of reviews and to offer constructive feedback to reviewers where necessary.

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Better Outcomes: Performance against priorities 21/22

Priority: Improved care for patients with Mental Health needs in the Emergency Department

Why was this important

Due to the requirements of the Trust to cope with the impact of COVID-19, not all of the objectives from the 2021/22 Quality Improvement Priority to improve mental health triage in the Emergency Department could be achieved, therefore, this priority was been selected as part of the Quality Improvement Priority Plan for 22/23.

What did we aim to achieve?

The aim of the project was for all adult patients presenting with Mental Health conditions who were attending the Emergency Department, to have a mental health triage by an ED nurse on arrival and;

- Evaluate the impact of the pilot study undertaken to identify any further recommendations and areas for improvement to support improved care for patients with Mental Health needs in the Emergency Department
- Work with external partners ensuring that people experiencing a mental health crisis are able to access meaningful alternatives to the Emergency Department
- Provide safe therapeutic environments for mental health, learning disabilities and patients with autism which conform to national standards within the Emergency Department

Objectives of the project

The objectives of the project included:

- Implement recommendations where applicable following evaluation of the pilot study
- Increased partnership working with local services to improve provision of Mental Health Support ensuring patients are attending the Emergency Department for the right level of support
- Staff in the Emergency Department are supported through training to provide safe therapeutic environments for patients with mental health needs

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient experience:** Patients receive the level of support from the Emergency Department required when experiencing a mental health crisis
- **Quality experience:** Timely interventions and treatments provided
- **Staff benefits:** Improved knowledge of the mental health needs
- **Organisational benefits:** Information around patients accessing the Emergency Department with a mental health issue will support the partnership working with mental health services to improve patient pathways

How did we perform?

- The department have completed the implementation of the digital documentation which includes mandatory question on mental health, ensuring all patients receiving the appropriate assessments.
- The department have developed a specific pathways between Inspire (Humber Foundation NHS Teaching Trust) and the acute trust for children attending the Emergency Department.
- The Trust now has a Mental Health, Learning Disability and Autism Strategy 2022-2027 which outlines our actions reflecting the local and national ambitions in Mental Health, Learning Disability and Autism and service provision.
- We have registered for the Royal College of Emergency Medicine's Quality Improvement Programme (3 year project) for Mental Health within the Emergency Department.
- Within Paediatrics the access/exit control system has been altered to reduce the risk of children and young children absconding and to keep them safe.
- Paediatrics have had a cubicle converted in to a mental health room to reduce the risk from further acts of self-harm and improve patient experience.
- The Hull ED Frequent attenders service (inception 2017, Finalist HSJ awards Specialist Services 2019) is fully staffed, funded and runs permanently. This has robust combined involvement of ED, Mental Health, Social Work, Housing, Ambulance and Drug/Alcohol services. Creating bespoke, intensive multi-disciplinary plans for identified frequent ED attenders (both chronic and new spikes). Data is collected on a cohort basis and presented cumulatively. With Running cohort from 2017-18, to 2021-22 monitored. This demonstrates across cohort of 49 high intensity users with a baseline (cumulative) attendance of 991 ED attends in 2017-18, to a total of 9 in this group at 2021-22, representing a 99.1% reduction and success in meeting previously unmet needs. The setup allows continuous input across time, as well as robust mechanism to identify 'new' High intensity users in acute crises early, allowing intervention and delivery of effective clinical and social care to run in tandem.

Going forward

- The department are co-designing a questionnaire to collect information on patient experiences which will help the department analyse current patient experience and inform future work.
- Establish a clothing repository for people presenting in mental health emergency to enable the department to provide clothing to patients in need.
- Develop and implements plans and pathways for patients attending the Emergency Department with mental illness including providing care in an appropriate environment.
- Implement training and de-escalation management for staff within the emergency department working with patients with mental health illnesses and vulnerabilities.

Improved Experience: Performance against priorities 21/22

Priority: Learning from patient experience

Why was this important

Feedback from patients whether positive or negative provides an insight into what is working well and what isn't working as well as it should be, this in turn provides an invaluable opportunity for the Trust to learn, improve services and patient experience. Due to the continued requirements of the Trust to manage the continuing impact of the pandemic and supporting the Trusts COVID-19 recovery plans, not all of the objectives from the 21/22 Quality Improvement Priority for Improved learning from complaints and patient experience had been completed.

The foundations of delivering the objectives from the 21/22 QIP had been achieved. As a result of the work already undertaken, further areas for improvement have been identified to continue building on the work carried out and therefore, learning from patient experience has been selected as a continued priority as part of the Quality Improvement Priority Plan for 22/23

What did we aim to achieve?

Through engagement with patients and the public and feedback received, we will be able to:

- Perform greater triangulation of patient experience data, to include complaints, PALS contacts, Friends and Family, inpatient surveys, staff surveys, internal audits including Fundamental Standards and the Matron handbook.
- Audit a selection of complaints to test the complaints process, ensure responses are of a high quality and test the robustness and implementation of action plans following completion of a complaint.
- Commence improvement work following release of the new PHSO national standards.

Objectives of the project

The objectives of the project included:

- Highlight key areas that require improving by identifying themes and trends from patient experience feedback
- Ensure appropriate actions are taken to facilitate effective learning and enhance patient experience

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience**: Using feedback to improve services and patient experience
- **Quality Experience**: Improve Trust services through learning from patient experience
- **Staff Benefits**: Engagement with the process of gathering patient feedback.
- **Organisational Benefits**: Improved reputation and engagement with services.

How did we perform?
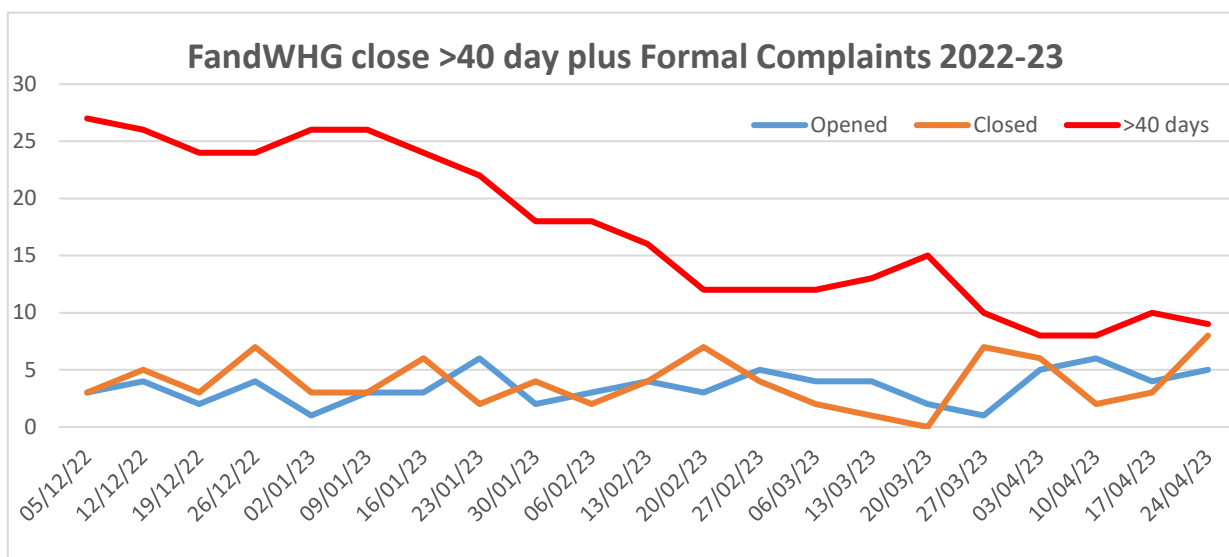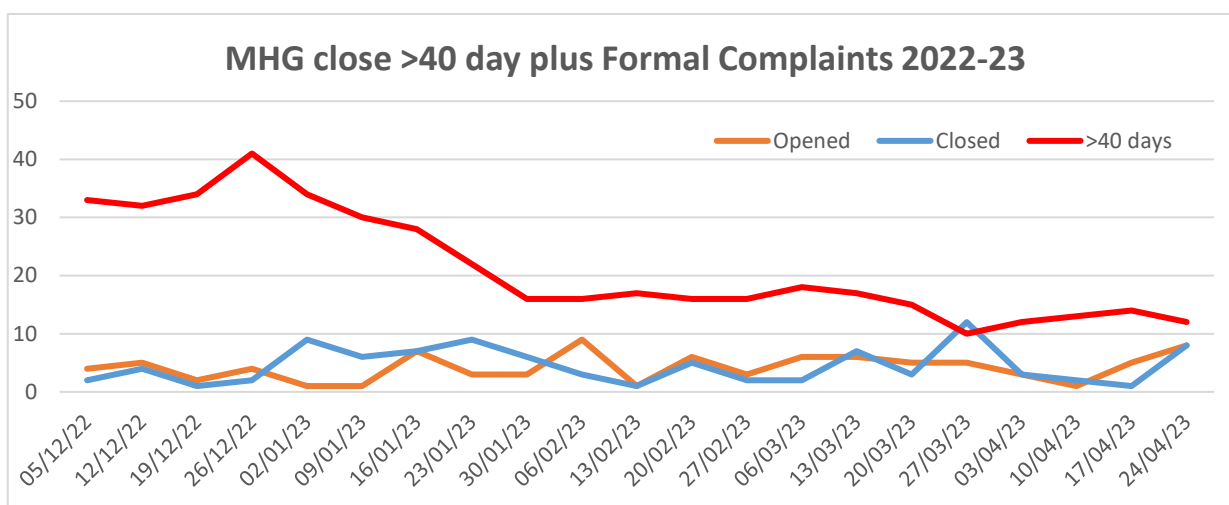
During 2021/2022 the following points were achieved:

- The Trust's Patient Experience Team was expanded to include additional essential roles including Patient Advice and Liaison Officers, Project Support Officers, Patient Experience Officers and Senior Leaders. This strengthens the Trust priority towards learning from patient experience and how we move to an effective and responsive complaints model to ensure we get it right for the complainants and how we improve services in response to the feedback we have received
- Over the last two years the Patient Experience Team have seen an increase in the PALS concerns and complaints received. This increase as well as the impact of COVID has unfortunately led to a backlog in the logging of new complaints received and a delay in completing the investigations. Focussed work against these backlogs has been underway since November 2022. This has included weekly complaint backlog meetings with Surgery, Medicine and Family and Women Health Groups (areas with highest number of complaints) to action and closely monitor the management of complaints and complaints overdue the 40 day response target. The Patient Experience Team was strengthened as detailed above and the Executive Team had an increased level of scrutiny and challenge. This also led to improved reporting arrangements at Health Group Governance Committees, Patient Experience Sub-Committee, Quality Committee, Executive Management Committee and Trust Board.
- The number of complaints closed within the month has continued to increase from 41 a month in November 2022 to 82 closed in the month of April 2023. The initial target was to close at least 40 a month. This has not been achieved since 2020.
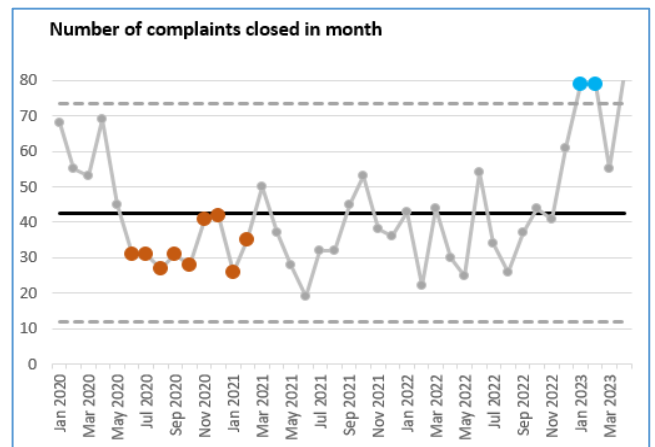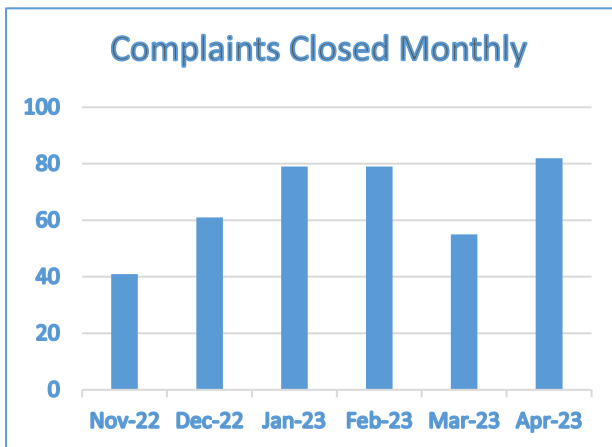
- The % of complaints closed within 40 days has also increased from 19% in November 2022 to 52% in April 2023. This has not been achieved since 2020.
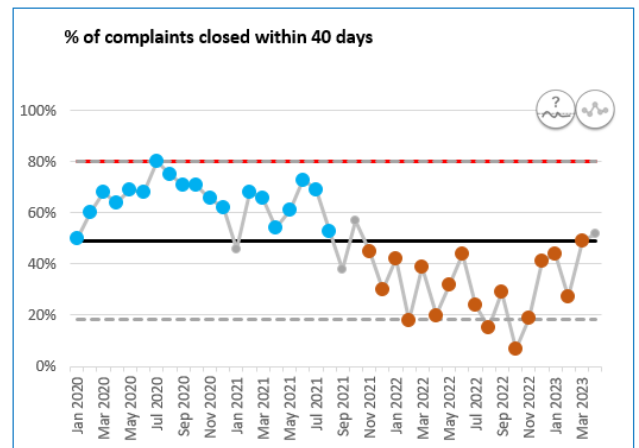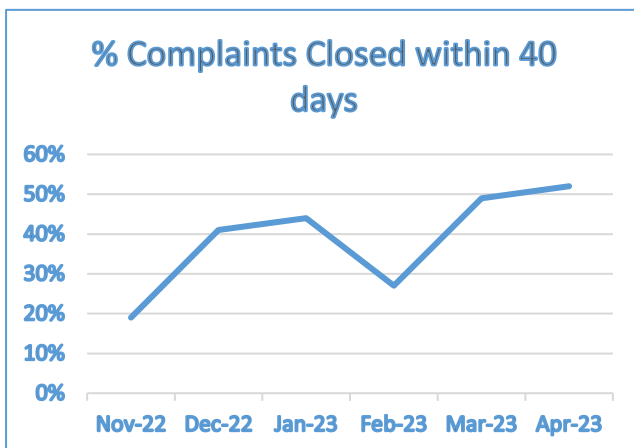
- The number of complaints overdue the 40 days target is also reducing as a result of the focussed work within the Health Groups since November 2022.

SHG close >40 day plus Formal Complaints 2022 - 2023

Legend: Opened, Closed, >40 days

MHG close >40 day plus Formal Complaints 2022-23

Legend: Opened, Closed, >40 days

FandWHG close >40 day plus Formal Complaints 2022-23

Legend: Opened, Closed, >40 days
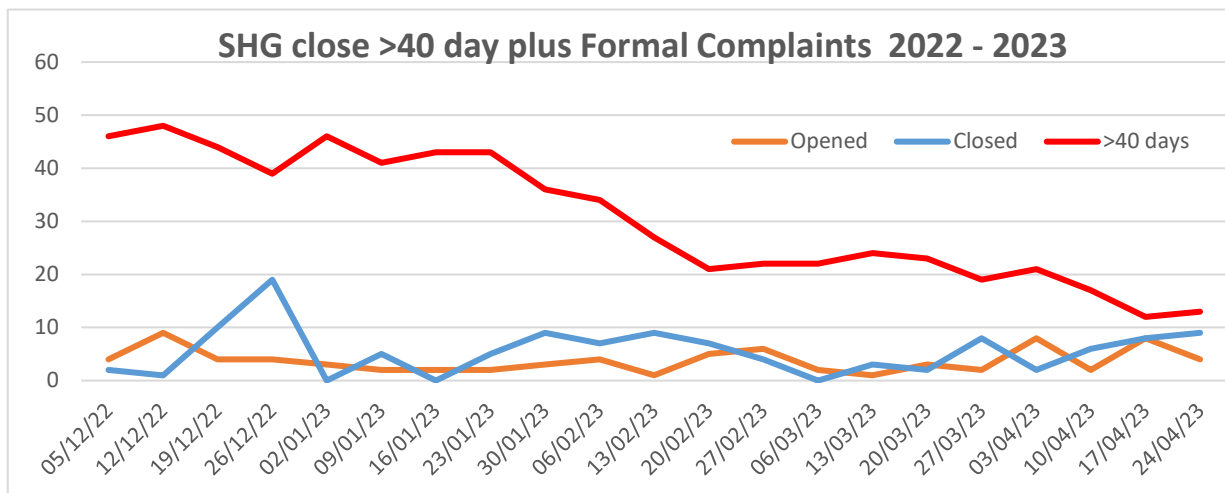
- A Model Complaints Steering Group has been established and is now in place with the key stakeholders to implement the PHSO New Complaint Standards. This work will inform the Trust's revised 'Handling Complaints, Concerns, Comments and Compliments Policy'. The Model Steering Group is a time limited group and aims to shape the early resolution process which has been implemented, promote a just culture in dealing with all aspects of a complaint, learning from patient experience and inform reflective practice

- The quality of the feedback provided by the FFT provider continues to improve and provides additional information such as voice notes and sentiment analysis, this information will also feed the new FFT Boards as detailed below.
- The Friends and Family Test Boards were re-designed, approved and roll out across the organisation of these has commenced. This will allow all wards across the Trust to display their FFT results, positive and negative comments and provide feedback on what has changed as a result of the feedback.

- The Patient, Public and Carer Council (PPandCC) made the decision to merge the adult and young people councils together as they felt all members could learn from each other and all had something different to contribute as a result of their lived experiences so far. The Council has been meeting monthly and was initially chaired by the new Head of Quality Compliance and Patient Experience. The first task was to agree their new TOR as a merged group, agree its work-plan and allow the opportunity for members to chair themselves. This was positively received and the council has since elected two young members as the Chair and Vice Chair. Another young member also has the chance to chair a meeting for experience, which was greatly received and supported by the council with fantastic meetings held and robust discussions about patient experience at HUTH, how they are supporting the move to the Model Complaint Standards and how they are brining patient experience representation to Trust Committees and Steering Groups.
- Patient, Public and Carer Council (PPandCC) members have increased the patient experience representation on a number of Trust Committee's including Quality Committee, Patient Experience Sub-Committee, Governance meetings, Safer Medication Practice Committee, Equality and Diversity Steering Group, Disability Steering Group and End of Life Steering Group. They are also supporting key projects such as the Kings Fund - A good experience is a project
- The Trust is participating in the - A good experience is a project from the Humber and North Yorkshire Integrated Care System (ICS) that will give an agreed and expected standard of patient, service-user and carer experience when receiving treatment, care and support from any NHS Trust within the ICS. NHS organisations across the Humber and North Yorkshire Region will work together and in collaboration with patients, service-users, carers, the public, Voluntary Community Social Enterprise organisations, Local Authorities, and Care Providers. We will define what 'a good experience' looks like and develop a charter to ensure that everyone knows what experience they can expect from their NHS across our region.
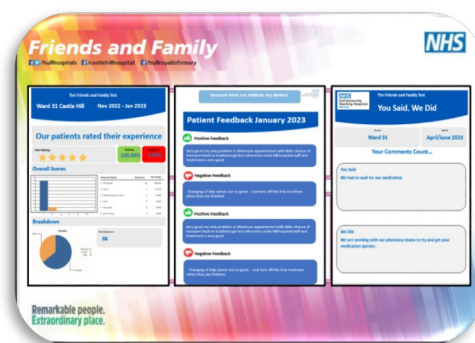
Going forward

- Improvements have been achieved in the management of the complaints across the organisation; however, the Trust does acknowledge it is still not where it would like to be and further improvements are required in this area. Work against how we implement the PHSO NHS Complaint Standards to ensure we get it right first time as well as how we learn from patient experience continues in line with the Quality Strategy led by the Head of Quality Committee and Patient Experience. Delivery of this work will continue to be monitored by the Trust's Patient Experience Sub-Committee and the Quality Committee.

2.2 Performance against other Quality and Safety Indicators

This section covers:

2.2.1 Seven day services within the NHS

What does it mean to provide seven-day services?

Seven-day services in the NHS is ensuring all patients who are admitted to hospital as an emergency, receive high quality and consistent care no matter what day or time of the week they enter a hospital. The seven-day services programme is designed to improve hospital care with the introduction of seven-day consultant-led services that are delivered consistently over the coming years.

Ten clinical standards for seven-day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven-day services should achieve, no matter when or where patients are admitted.

Monitoring of the Clinical Standards at Hull University Teaching Hospitals NHS Trust

Progress and monitoring of the clinical standards for seven-day services has been suspended following direction from NHS Improvement to release NHS services to manage the impact of the COVID-19 pandemic.

Work on seven-day services will resume following further guidance.

2.2.2 Patient Safety Incidents

What is a patient safety incident

Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare. The Trust encourages incident reporting and believes that a strong incident reporting culture (i.e. a high level of incident reporting), is a sign of a good patient safety culture and provides an opportunity to learn, prevent reoccurrence and improve patient safety.

Patient Safety Incidents reported by the Trust

The total number of patient safety incident reported from 1 April 2022 to 31 March 2022 (18,471) is displayed in the graph below with comparison against previous year's data:

Patient Safety Incidents reported by financial year
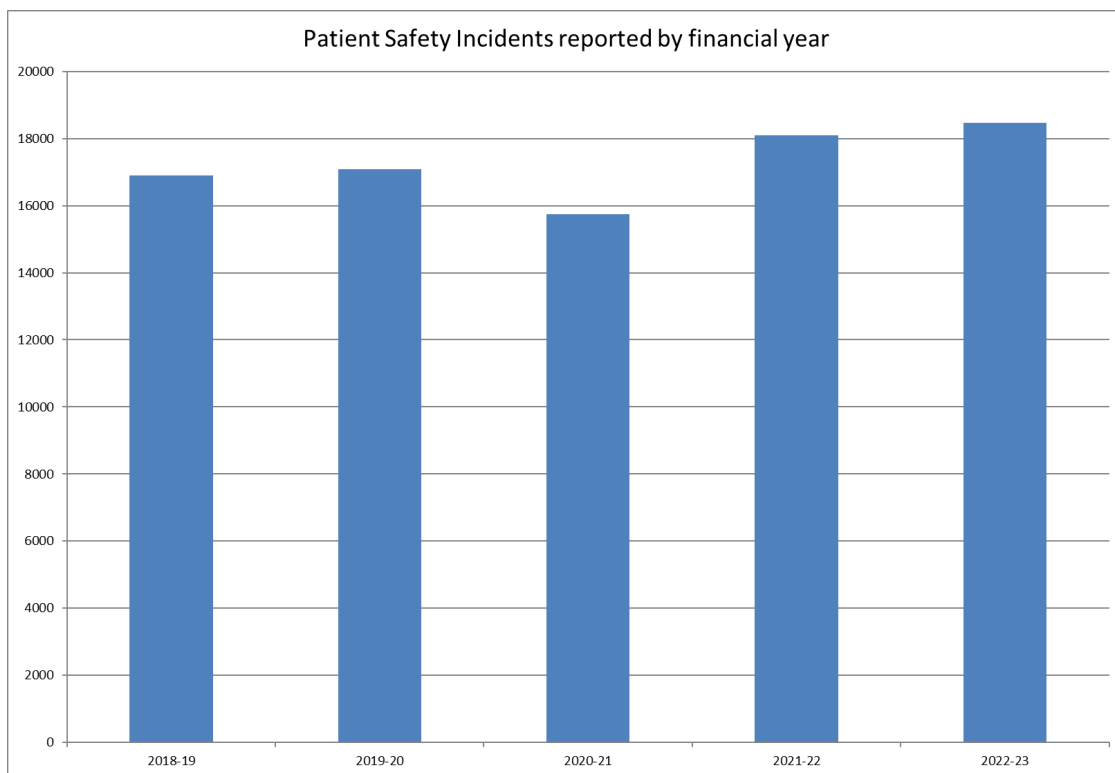
The patient safety incidents when reviewed against bed occupancy for 2022/23 is shown in the table below

Number of incidents reported	Bed occupancy	Incidents per 1000 bed days	Incidents reporting an Injury	Incidents reporting a Near Miss	Incidents reporting No Injury
18,471	403,889	45.73	3254	1746	13,471
		As a percentage	18%	9%	73%

The Trust encourages incident reporting, and recognises that a good incident reporting rate is a sign of a healthy patient safety culture and provides insight into patient safety. Despite the increase in patient safety incidents being reported 82% were events which resulted in 'no harm' or a 'near miss'. The observed high reporting of 'no harm' incidents is recognised as a positive safety culture and demonstrates 'high volume, low harm' reporting culture.

The Trust monitors its levels of harm within the Health Groups and the Quality Governance and Assurance Directorate, and levels of harm may be adjusted, either increased or decreased, according to information known about the event upon investigation.

The graph below shows the Trust's incidents by degree of harm during 2022/23 with comparison against previous years:

Incidents by degree of harm
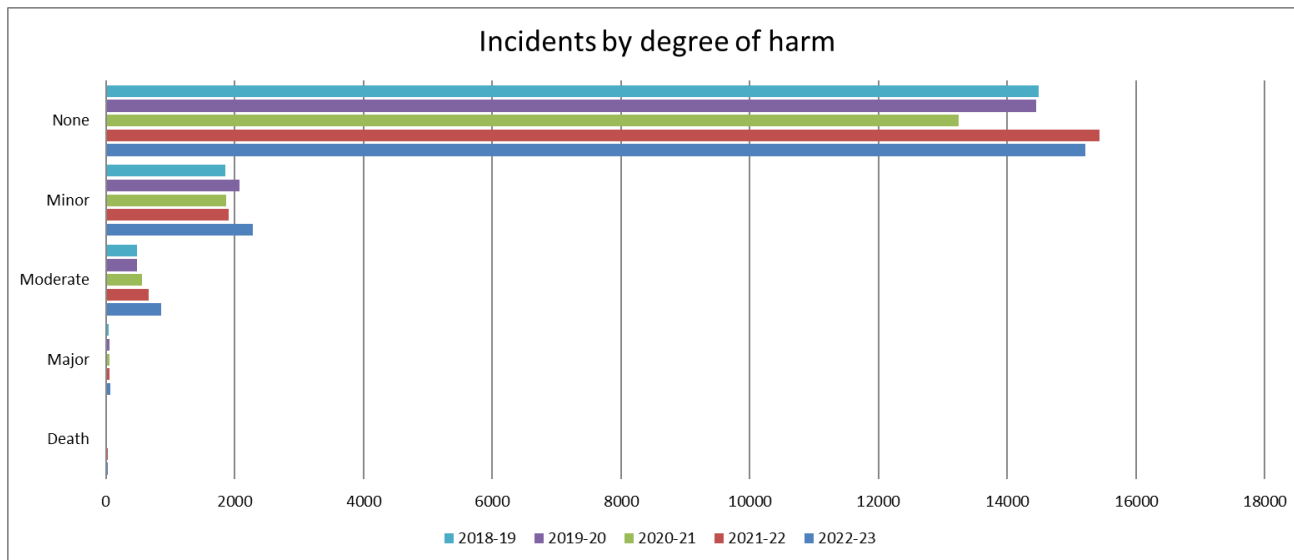
The graph below demonstrates the top 5 reported incident themes during 2022/23
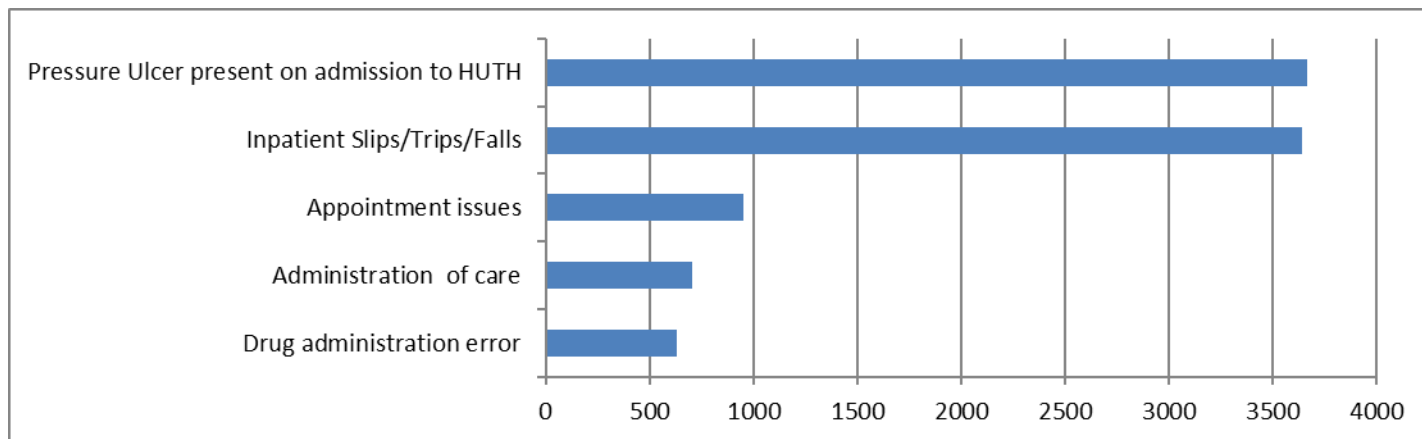
In August 2022, the National Patient Safety Team (NHSE/I) published the Patient Safety Incident Response Framework (PSIRF), which outlined how Trusts move towards a proactive approach to learning from patient safety incidents. The focus of PSIRF is on learning and improvement, with fewer full investigations being the exception as opposed to the rule, to focus on quality rather than quantity of patient safety investigations and utilising different models of investigation.

During quarters 3 and 4 of 2022/23, a PSIRF steering group undertook preparatory work in response to the PSIRF and developed a Patient Safety Incident Response Plan (PSIRP), which sets out how the Trust intends to respond to patient safety incidents in line with the new framework from April 2023. The PSIRP outlines different investigation and learning response methods to National Priorities requiring mandatory responses (e.g. Never Events) and local responses to patient safety incidents.

2.2.3 Serious Incidents and Never Events

What is meant by a Serious Incident and a Never Event

A serious incident (SI) is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern. These are all events that the Trust believes to be worthy of investigation by an Independent Panel and/or fall into the category of an incident that must be reported to the local Commissioning agencies.

Some serious incidents are called Never Events (NE). Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

In 2022/23 the Trust continued to align its response to patient safety incidents to the NHS Serious Incident Framework (SIF,2015) whilst at the same time preparing to transition to the new NHS Patient Safety Incident Response Framework (PSIRF, 2022). Extensive work was undertaken throughout 2022/23 to prepare for the transition from April 2023 working in collaboration with key stakeholders.

Never Events and Serious Incidents declared by the Trust:

The Trust declared seven Never Events in 2022/23; an increase on the number reported in 2021/22.

Four of the Never events were in relation to 'Wrong Site Surgery' with repeat events in the administration of local anaesthetic plastic trauma hand surgery and the administration of root nerve block; however there were no commonalities in the locations and specialties where these Never Events occurred.

Each Never Event was investigated by means of a simulation exercise to recreate the procedures to identify system errors.

An improvement action plan was initiated in response to these events which continues to be delivered into 2023/24.

Total number of Never Events and Serious Incidents (SIs) declared:

	2019/20	2020/21	2021/22	2022/23
Total Never Events Declared	7	1	5	7
Total Serious Incidents Declared	59	95	126	71
Total*	**66**	**96**	**131**	**78**

* Excludes any which have been de-escalated from Serious Incident status

During 2022/23, the Trust had a number of 'legacy' open serious incidents that had been declared during the Coronavirus Pandemic which had impacted the way the Trust investigated serious incident in 2021/22 including the relaxation of timescales for the completion of serious incidents investigations in agreement with local Commissioning Groups.

In April 2022, there were 98 open serious incidents investigations, 38 of which had been open for more than 100 days. A trajectory was set with an aim to be in a stable position, within agreed tolerance limits, by October 2022 with a sustainable case load of ~35 open serious incidents at any time and for no serious incident investigation to take more than 100 days

The trajectory was met as planned at the beginning of October 2022 with the number not going above 35 since; at the end of March 2023 there was 27 open investigations.

During 2022/23, for each newly declared serious incident, a Rapid Response Report was produced. This enabled early identification of immediate actions and learning from the incidents to be at the forefront to ensure that proportionate investigations were undertaken.

In addition, due to restrictions such as social distancing and staff availability to input and provide information for the investigations, the methods of investigations temporarily moved away from traditional panel meeting investigations to other methods such as table top reviews and use of virtual meeting platforms. All Serious Incidents are categorised to determine whether they need a concise or comprehensive (including a full panel) investigation.

The Trust continues to evolve the way in how Serious Incidents are investigated to ensure they are investigated proportionally and with the involvement of patients and their families. In line with the preparation for PSIRF a number of different investigation methods were used proportionate to the incident; these included full comprehensive investigations for obstetric incidents and patient deaths and After Actions Reviews and Thematic Reviews for repeat events such as hospitals acquired pressure ulcers and patient falls.

Patients and their representatives are invited to ask questions to the investigation panel and to agree the terms of reference of the investigation to ensure that a full holistic picture of the consequences of the incident are considered during the investigation, not just how the incident has impacted on the Trust.

The Trust continues to be open and honest when a serious incidents and Never Event has occurred, to ensure that they are fully investigated, with appropriate actions taken as a result. The Trust is committed to providing the best care to our patients and our responses to the serious incidents and Never Events focuses on the learning and actions arising from the investigations to improve the patient safety culture within the organisation.

A Serious Incident Review Oversight Group continues to meet on a weekly basis to oversee the completion of investigations providing additional scrutiny and assurance that key factors identified are addressed by the actions. The Oversight Group is also responsible for reviewing themes and trends arising from investigations and aligning them to Continues Quality Improvement projects that are being undertaken within the Trust.

2.2.4 Patient Safety Alerts Compliance

What is meant by Patient Safety Alerts

Patient safety alerts are used to inform the healthcare system of recognised safety risks and offer appropriate guidance for the prevention of incidents that may result in severe harm or death to patients. These alerts are issued by NHS Improvement through the Central Alerting System (CAS) which is a web-based cascade tool utilised for issuing alerts, public health messages and useful safety information to the NHS and other healthcare organisations.

Patient safety alerts are developed with input, advice and guidance from the National Patient Safety Response Advisory Panel, which assembles frontline healthcare staff, patients and their families, safety experts, royal colleges and other professional and national bodies. The panel discuss and advise on approaches to respond to patient safety issues through the publication of alerts which are identified through the clinical review of incidents reported to the NRLS and Strategic Executive Information System by NHS Trust and other health care providers and also from concerns raised by members of the public. Alerts can also be issued where there is a common problem occurring throughout the NHS and can be an important part of a wider programme of work. Systems and equipment are commonly subject to patient safety alerts where there are recognised errors or faults and would therefore require action to be taken to reduce the risk to patient safety.

Coordination of patient safety alerts is carried out by the Patient Safety Team who work with various Trust departments and Health Groups to facilitate compliance, and monitor on-going work or action plans used to address the issues raised

Compliance for Patient Safety Alerts

The patient safety team has undertaken improvement work to demonstrate improvement in compliance with and adherence to deadlines in respect of National Patient Safety alerts.
There is a robust monitoring process in place for all Alerts received into the Organisation and a proactive approach with services that has demonstrated additional learning and improvements from National Patient Safety Alerts and pre-emptive actions being put in place for identified patient safety issues ahead of receiving a National Patient Safety Alert.
Work is continuing to improve the embedding of learning from National Patient Safety Alerts across the organisation in line with the Trust Quality Strategy 2022-2025 of Safe Care.

The below table demonstrates the alerts received during 22/23 and the Trust response:

Reference	Title of Alert	Date Issued	Due Date	Completed Date	Trust Response
NatPSA/2022/002/MHRA	Philips Health Systems V60, V60 Plus And V680 Ventilators - Potential Unexpected Shutdown Leading To Complete Loss Of Ventilation.	29-Mar-2022	31-May-2022	25-May-2022	Action Completed
NatPSA/2022/003/NHSPS	Inadvertent oral administration of potassium permanganate April 2022	05-Apr-2022	04-Oct-2022	04-Oct-2022	Action Completed
NatPSA/2022/004	Novo Rapid Pump Cart in the Roche Accu-Chek Insight insulin pump: risk of insulin leakage causing hyperglycaemia and diabetic ketoacidosis	26-May-2022	26-Nov-2022	25-Nov-2022	Action Completed

Reference	Title of Alert	Date Issued	Due Date	Completed Date	Trust Response
NatPSA/2022/005/ UKHSA	Contamination of hygiene products with Pseudomonas aeruginosa	27-Jun-2022	01-Jul-2022	30-Jun-2022	Not Applicable to Trust Activity
NatPSA/2022/006/D HSC	Shortage of Alteplase and Tenecteplase injections	04-Aug-2022	10-Aug-2022	10-Aug-2022	Action Completed
NatPSA/2022/007	Recall of Mexiletine hydrochloride 50mg, 100mg and 200 mg Hard Capsules, Clinigen Healthcare Ltd due to a potential for underdosing and or overdosing	05-Aug-2022	12-Aug-2022	11-Aug-2022	Action Completed
NatPSA/2022/008/M HRA	Recall of Targocid 200mg powder for solution for injection/infusion or oral solution, Aventis Pharma Limited t/a Sanofi, due to the presence of bacterial endotoxins	17-Nov-2022	26-Oct-2022	22-Nov-2022	Action Completed
NatPSA/2022/009/M HRA	Prenoxad 1mg/Ml Solution For Injection In A Pre-Filled Syringe, Macarthys Laboratories (Aurum Pharmaceuticals Ltd), Caution Due To Potential Needles In Sealed Kits	14-Nov-2022	17-Nov-2022	14-Nov-2022	Not Applicable to Trust Activity
NatPSA/2023/001-NHSPS	Use Of Oxygen Cylinders Where Patients Do Not Have Access To Medical Gas Pipeline Systems	09-Jan-2023	20-Jan-2023	20-Jan-2023	Action Completed
NatPSA/2023/002/C MU	Supply of Licensed and Unlicensed Epidural Infusion Bags	24-Jan-2023	27-Jan-2023	26-Jan-2023	Action Completed
NatPSA/2023/003/M HRA	NIDEK EyeCee One preloaded and EyeCee One Crystal preloaded Intraocular Lenses (IOLs): risk of increased intraocular pressure	02-Feb-2023	16-Feb-2023	16-Feb-2023	Action Completed

2.2.5 NHS Staff Survey Results

What is the NHS Staff Survey

The NHS Staff Survey is one of the largest workforce surveys and has been conducted every year since 2003. All staff working in the NHS are invited to take part in the NHS Staff Survey. The survey offers a snapshot in time of how people experience their working lives and information is gathered at the same time each year. The survey captures a national picture alongside local detail, enabling organisations to understand what it is like for staff across different parts of the NHS and to support further improvements.

Results of the 2022 Staff Survey for HUTH

Background
All NHS trusts are required to survey their workforce annually using the National Staff Survey. The survey comprises around 100 questions. The NHS England benchmark reports are themed in line with the seven NHS People Promise areas:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

In addition the reports include two other key themes: Staff engagement and Morale. Each themes is comprised of clusters of questions from the survey.

In 2022 the survey was conducted during October and November and sent by email to all HUTH staff. 37% of staff (3160 people) completed the survey, compared with 44% in 2021.

Key Issues
The Trust's performance in the national Staff Survey has deteriorated since 2021. This reflects the overall performance nationally however in some areas Trust staff are reporting more negatively than the national average.

Key themes performance
The Trust's performance against the nine key themes in the survey is shown below, compared to the national average, the best performing trust and worst performing:

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.0	5.5	6.4	5.7	5.2	5.6	6.3	6.4	5.5
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	3155	3157	3143	3147	2956	3150	3153	3159	3159
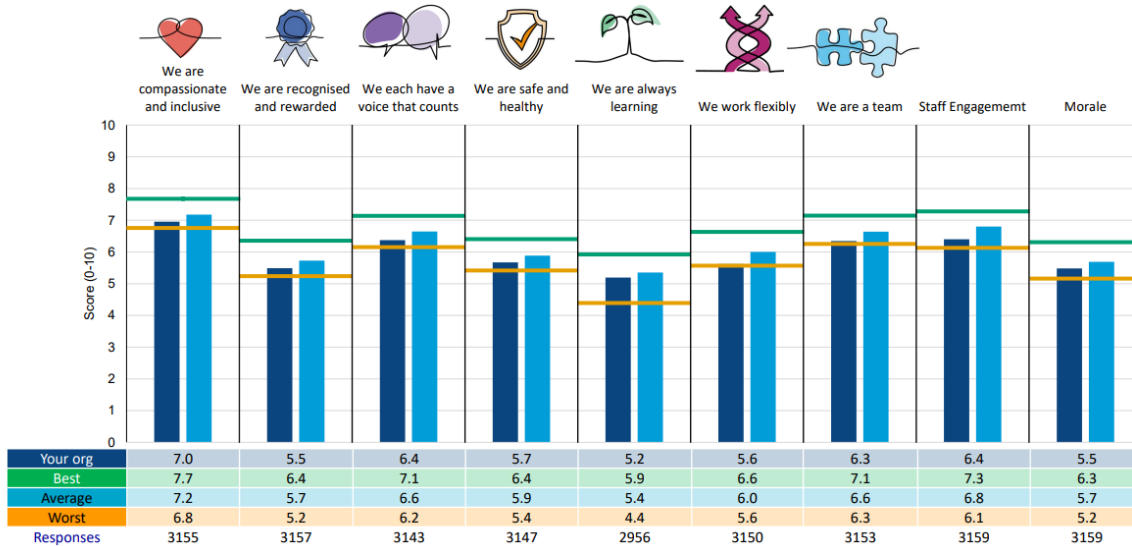
Staff engagement

The Trust has used Staff Engagement as a key measure of culture since 2014. The chart below shows the Trust's performance in every staff survey since then, alongside the national average, best performing trust and worst performing trust.
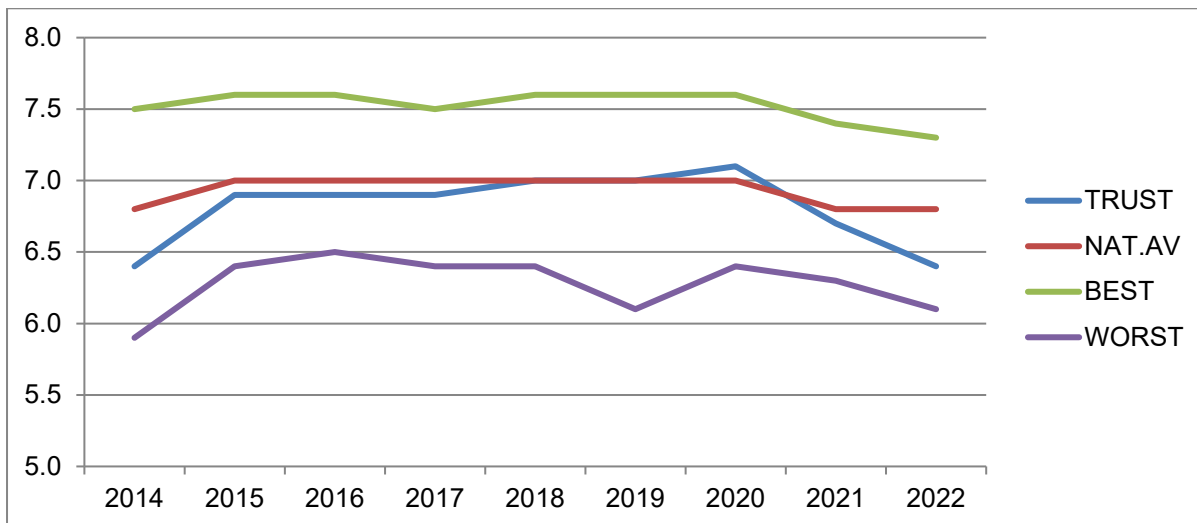
Initial actions to take

Work is underway to address the key issues raised by the feedback in the National Staff Survey:

- Full review and relaunch of the HUTH People Strategy
- Focus on 'People First' culture
- Identification of key actions/objectives for executive team and health groups
- Publication of full action plan by May 2023
- Manager briefing sessions arranged for Spring 2023

2.2.6 Whistleblowing

Whistleblowing In line with the NHS Constitution and Trust values, the Trust is committed to achieving the highest possible standards of quality, honesty, openness and accountability in all of our practices. An important aspect of accountability and openness is a mechanism to enable employees, workers and volunteers to voice their concerns in a responsible and effective manner and for them to feel valued for doing so.

Whistleblowing occurs 'when a worker raises a concern about dangerous or illegal activity that they are aware of through their work' (Public Concern at Work). A 'protected disclosure' is one where a worker must have a reasonable belief and in good faith believes that their disclosure is in the public interest.

Confidentiality is a fundamental term of every contract of employment, however, where an individual discovers information which they believe shows serious malpractice or wrongdoing within the Trust, this information should be disclosed without fear of reprisal.

To qualify for the protection (a 'qualified disclosure') afforded by The Public Interest Disclosure Act 1998, staff must have a reasonable belief that one or more of the following matters is either happening, has taken place or is likely to happen in the future:

- A criminal offence
- The breach of a legal obligation
- A miscarriage of justice
- A danger to the health and safety of any individual
- Damage to the environment
- Deliberate attempt to conceal any of the above

In addition to the legal framework, in 2010 the NHS Staff Council agreed that 'Employees in the NHS have a contractual right and duty to raise genuine concerns they have with their employer about malpractice, patient safety, financial impropriety or any other serious risk they consider to be in the public interest'.

This change has been incorporated into the Terms and Conditions of Service Handbook for staff employees. The Francis Report 'Freedom to Speak Up – A review of whistleblowing in the NHS' published in February 2015, clearly indicated that NHS staff did not feel safe raising their concerns about patient care that was being delivered.

A key theme of the report was the requirement for openness, transparency and candour about matters of concern; the need for a 'just culture' as opposed to a 'no blame culture'. Sir Francis also recommended the introduction of a 'Freedom to Speak Up Guardian' post as an additional person staff can raise concerns with and at HUTH, Fran Moverley currently fulfils this role.

The Trust's 'How to Raise Concerns' (Whistleblowing) policy sets out that concerns may be raised via internal reporting processes, for example:

- DATIX (Incident Reporting tool)
- Line Manager
- Lead Clinician
- Matron
- Staff Side Representative

- Human Resources
- Occupational Health
- Chaplains
- Freedom to Speak Up Guardian
- Safeguarding Team

Concerns may also be raised to the next level of management; for example:

- A member of a Health Group Triumvirate
- A Deputy/Assistant Director
- A Divisional General Manager/Divisional Nurse/Clinical Director
- Heads of Service
- A Chief/Director
- The Chief Executive
- A Non-Executive Director (NED) – the Senior Independent Director in particular has a role to support staff who need to blow the whistle
- Freedom to Speak Up Guardian

If the member of staff feels unable to report at any of these levels for any reason, or feels their concerns have not been addressed adequately at an earlier level, they may choose to report their concerns externally. Concerns may be raised with an external regulatory body (which includes prescribed bodies or persons).

The Trust would urge staff to allow the Trust the opportunity to investigate and resolve the concerns prior to reporting externally if at all possible. If the investigation finds the allegation is unsubstantiated and all internal procedures have been exhausted, but the member of staff is not satisfied with the outcome, the Trust recognises the lawful rights of employees to make disclosures to prescribed persons.

In order to maintain the protection afforded by the Act, disclosure other than to the Trust must be made to prescribed bodies or persons and the Trust encourages staff to notify the Chief Executive of their intention to disclose their concerns externally. The Trust also encourages staff considering this course of action to seek advice from the Trust's Freedom to Speak up Guardian.

2.2.7 Freedom to Speak Up

The Freedom to Speak Up Guardian (FTSUG) role at the Trust is undertaken by the Head of Freedom to Speak Up, Frances Moverley. The role has received training and has ring fenced time to support staff. The role is supported by the Freedom to Speak Up Executive Lead, Suzanne Rostron, and Non-Executive Director sponsor, Tracey Christmas.

FTSUGs are supported by the National Guardian's Office (NGO). The NGO office leads and trains Guardians across the healthcare section and conducts speaking up reviews to identify learning.
The FTSUG supports permanent and temporary staff, trainees, students and volunteers to speak up about their workplace concerns and/or ideas for improvement. It can be difficult to know how to speak up and the FTSUG also plays a key role in signposting staff to the appropriate staff support services available at the Trust.

The FTSUG attends and reports directly to the Trust Board, the Workforce, Education and Culture Committee and the Audit Committee. This includes presenting a high level summary of the types of concerns being raised through this role and any learning. With the agreement of staff members, the FTSUG has begun including case studies and feedback of real life speaking up cases, to illustrate the ongoing work. The FTSUG Board reports are published publically and a full-year review is included in the Trust's Annual Report.

During 2022/2023 the FTSUG has continued to focus on expanding awareness and accessibility of the FTSUG role and works across the Trust with other staff support services and departments, including the Staff Networks, the Chaplaincy and Pastoral Team, Human Resources and Organisational Development, The FTSUG meets regularly with several Board members and other key roles across the Trust.

During 2022/2023 the Trust launched the first 'Speak Up Champion' Network and the FTSUG has trained Champions, who will raise awareness of speaking up in their local areas and act as a point of contact. The FTSUG developed a training package in line with NGO guidance and created peer support and development meetings to provide ongoing support to the Speak Up Champions.

During 2022/2023 the Trust Board have completed the NHS England Self-Reflection and Planning tool and will receive progress reports on the resulting improvement plan, at future Board meetings.

2.2.8 Duty of Candour

What is Duty of Candour

The Care Quality Commission (CQC) introduced the Duty of Candour regulation in November 2015. Duty of Candour sets out specific requirements that providers must follow when things go wrong with a patient's care and treatment. Requirements include informing people about the incident, providing a truthful apology and providing feedback to patients following the investigation of the incident.

How is the Trust Implementing Duty of Candour?

The Duty of Candour requires the provision of an apology, both verbal and written and feedback to the person affected, detailing the findings of the investigation and what actions are to be taken to avoid future occurrences of a similar nature. This requirement is detailed within the Trust's Being Open when Patients Are Harmed Policy (Duty of Candour) for staff to follow, which states that the ten principles of Being Open must be applied to any incident, complaint or claim occurring as a result of healthcare treatment within the Trust resulting in harm to the patient. This policy is also supported by the Datix incident investigation training which is available for all staff to complete.

Duty of Candour is monitored within the Trust's Quality Governance Department that ensures that responses to patients and their representatives, is sent in a timely manner, and to check the quality and content of letters, to ensure that information sent to patient and their representatives is open and honest. Compliance is monitored and reported to the Health Groups and Operational Quality Committee for assurance and action.

What is the Trust's compliance with Duty of Candour?

The CQC assessed the Trust most recently in March 2020 against the Duty of Candour requirements. The CQC found that staff were aware of their responsibilities under the Duty of Candour requirements and that the Trust is compliant with CQC Regulation 20: Duty of Candour.

The Trust expects that a verbal apology is given within 10 days of the incident occurring, that a written apology is also given within 10 days of the incident occurring, and that a written explanation of the incident is sent within 10 days of the completion of the incident investigation.

Duty of Candour compliance

Each element of the duty of candour compliance is monitored for verbal and written apologies followed by written feedback provided following completion of investigations.

It is recognised that further assurances are necessary to ensure compliance rates meet 100% for incidents that have met the threshold where the application of Duty of Candour is required. A recent review of the systems and processes in place for Duty of Candour identified elements requiring improvements to address issues that affect the timescales in providing a written apology. This work will continue into 2023/24.

2.3 Statements of Assurance from the Board

This section covers:

- [2.3.1 Review of services](#)
- [2.3.2 Participation in clinical audits](#)
- [2.3.3 Participation in clinical research](#)
- [2.3.4 Goals agreed with our commissioners/CQUIN](#)
- [2.3.5 What others say about the Trust: CQC](#)
- [2.3.6 Secondary Uses Service](#)
- [2.3.7 Information Governance Toolkit](#)
- [2.3.8 Payment by Results Clinical Coding Audit](#)
- [2.3.9 Learning from Deaths Update](#)
- [2.3.10 Reporting against core indicators - NHS Digital](#)

2.3.1 Review of services

During 2022/23 the Hull University Teaching Hospitals NHS Trust provided and /or subcontracted a range of services within 6 service categories from 5 Health Groups and 14 Divisions. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by the NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of NHS services by the Hull University Teaching Hospitals NHS Trust for 2022/23.

2.3.2 Clinical audits

What is a clinical audit?

A clinical audit is a way to find out if healthcare is being provided in line with standards. This informs care providers and patients where services are doing well and where improvements could be made. The aim is to allow quality improvement to take place where it will be most effective and improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally where healthcare is provided.

Participation

During 2022/23, 51 national clinical audits and 3 national confidential enquiries covered NHS services that Hull University Teaching Hospitals NHS provides.

During that period Hull University Teaching Hospitals NHS Trust participated in 92% of the national clinical audits and 100% of the national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Hull University Teaching Hospitals NHS Trust was eligible to, and participated in during 2022/23 are listed below.

The national clinical audits and national confidential enquiries that Hull University Teaching Hospitals NHS Trust participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry is listed in the last column.

Audit:	Participated	% of Cases Submitted
Peri- and Neonatal		
National Neonatal Audit Programme (NNAP)	✓	99%
National Maternity and Perinatal Audit (NMPA)	✓	100%
National Perinatal Mortality Review Tool	✓	100%
National Paediatric Diabetes Audit (NPDA)	✓	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	✓	100%
National Child Mortality Database	✓	100%
Paediatric Intensive Care Audit	✓	100%
Pain in Children (Care in Emergency Departments) (RCEM)	✓	100%
Infection Prevention and Control (RCEM)	✓	Data submission deadline of 3 October 2023
Consultant Sign Off (RCEM)	X	
Mental Health Self Harm (RCEM)	✓	Data submission deadline of 3 October 2024
National Emergency Laparotomy Audit (NELA)	✓	HRI 100% CHH 45%
Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	100%
Adult Critical Care (Case Mix Programme – ICNARC)	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	✓ ✓	

Audit:	Participated	% of Cases Submitted
a. Adult Asthma Secondary Care	✓	100%
b. Chronic Obstructive Pulmonary Disease Secondary Care		91%
c. Paediatric Asthma Secondary Care		Data submission deadline of November 2023
National Audit of Care at the End of Life (NACEL)	✓	100%
Perioperative Quality Improvement Programme	✗	
Renal disease		
National Acute Kidney Injury Audit	✓	100%
UK Renal Registry Chronic Kidney Disease Audit	✓	100%
Long term conditions		
National Diabetes Core Audit	✓	100%
National Diabetes in Pregnancy Audit	✓	100%
National Diabetes Footcare Audit	✓	50%
National Diabetes Inpatient Safety Audit	✓	100%
Inflammatory Bowel Disease Programme / IBD Registry	✗	
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	✓	28%
UK Cystic Fibrosis Registry	✓	100%
National Ophthalmology Database Audit	✓	Macular Holes and Retinal Detachment 95% Injection Service Wet Age-related Macular Degeneration 100%
National Audit of Dementia	✓	100%
UK Parkinson's Audit	✓	100%
Elective procedures		
National Joint Registry (NJR)	✓	HRI 100%
National Audit of Percutaneous Coronary Interventions (PCI)	✓	98% – 100%
National Vascular Registry	✓	100%
Neurosurgical National Audit Programme	✓	100%
Adult Cardiac Surgery Audit (ACS)	✓	100%
National Bariatric Surgery Registry	✓	66%
Myocardial Ischaemia National Audit Project	✓	100%
National Heart Failure Audit	✓	Awaiting update
Cardiac Rhythm Management (CRM)	✓	Awaiting update due to problems uploading data
National Cardiac Arrest Audit (NCCA)	✓	100%
Cancer		
Lung Cancer (National Lung Cancer Audit)	✓	100%
Bowel Cancer (National Bowel Cancer Audit Programme)	✓	100%
Oesophago-gastric Cancer (National O-G Cancer Audit)	✓	100%
National Prostate Cancer Audit	✓	100%
Muscle Invasive Bladder Cancer Audit	✗	

Audit:	Participated	% of Cases Submitted
Trauma		
Major Trauma (Trauma and Audit Research Network)	✓	94%
Older People		

Falls and Fragility Fractures Audit Programme (FFFAP)
    a.   National Audit of Inpatient Falls
 	
    b.   National Hip Fracture Database
	✓
	
	✓
		100%
		100%

National Audit of Breast Cancer in Older People (NABCOP)	✓	100%
Acute Stroke (Sentinel Stroke National Audit Programme - SSNAP)	✓	100%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study		
Crohn's Disease	✓	100%
Community Acquired Pneumonia	✓	62.5%
Testicular Torsion	✓	Data collection is ongoing

Actions

The reports of 19 national clinical audits were reviewed by Hull University Teaching Hospitals NHS Trust in 2022/23 and Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Audit	Proposed Actions
National audit	
National Cardiac Arrest Audit (NCAA)	• To maintain and encourage the appropriate use of ReSPECT to ensure goals of care are documented
Sentinel Stroke National Audit Programme (SSNAP)	• To hold weekly breach meetings to investigate the causes of delay in diagnosis and transfer to the stroke unit • To conduct teaching sessions for juniors in the emergency department with the main aim of reiterating the concept that stoke is a clinical diagnosis and therefore should be less reliant on imaging, this will speed up referral and transfer to the stroke unit
National Audit of Breast Cancer in Older People (NABCOP)	• To audit local re-excision rates • To undertake a local audit on patients undergoing adjuvant chemotherapy assessing rates of women admitted for neutropenia, GI toxicity, fever and other potential complications
National Adult Cardiac Surgery Audit	• To continually review patient data regarding post-op bleeding, neurological events and post-op renal failure. • To change the protocol regarding the use of TAG machine. • To submit data to the new Dendrite data stream. This will produce data that is one week old.
National Early Inflammatory Arthritis Audit (NEIAA)	• No further action required
National COPD Audit (National Asthma and COPD Audit Programme)	• To be discussed at the Clinical Effectiveness, Policies and Practice Development committee in July 2023
National Lung Cancer Audit	• No actions identified due to individual Trust data being unavailable
National Audit of Percutaneous Coronary Interventions (PCI)	• To develop a pathway to improve the same day discharges rates of elective PCI patients to achieve the BCIS target of 75%. The aim of the pathway is to identify potential patients for same day discharge earlier in the day • To emphasize the use of IVUS/OCT in LMS PCI with colleagues.
Myocardial Ischaemia National Audit Project (MINAP)	• To commence using additional IT systems to check whether there is an echo report, in addition to the Immediate Discharge Summary and catheter laboratory report • To remind registrars to document the Echocardiogram clearly in the notes and request that the junior doctors transcribe this on the discharge letter • To train junior doctors on the ward rounds to prescribe Aldosterone Antagonists for eligible patients
National Neonatal Audit Programme (NNAP)	• To remove the new patient GP referral clinics and the hemangioma clinic to allow more time to carry out follow up appointments • To undertake a QIP on babies receiving their mother's milk (Stage 1 Breastfeeding accreditation recently received) • To introduce the maternity IT system (Badger). This will fix any documentation issues. • To introduce Badger WPR for neonates to ensure seamless flow of data from maternity to neonates and NNAP
National Hip Fracture Database	• To introduce the 'golden patient' where an identified patient goes first on the theatre list • To add information regarding 'no pressure ulcer' and 'no re-operation' to discharge letters • To discuss general anaesthetic and nerve block with the ICU Consultants, to determine how to improve compliance
National Joint Registry	• To be discussed at the Patient Safety and Clinical Effectiveness committee in August 2023

Audit	Proposed Actions
National Maternity and Perinatal Audit (NMPA)	• To consider using the iDecide decision-making and consent tool when available • To review all cases of postnatal maternal readmission to understand common indications
National Audit of End of Life Care	• To increase nurse staffing levels within the End of Life Care team • To appoint an End of Life Care Lead Nurse • To develop an electronic care plan for dying patients
National Audit of Bowel Cancer	• To undertake a QIP to look at rearranging resources to improve the number of patients seeing a clinical nurse specialist • A number of new staff appointments who are involved in using robotics should demonstrate an improvement in the number of patients having laparoscopic surgery attempted • To undertake a QIP to look at the issue of length of stay which is 14% higher than the national average for those staying > 5 days. Data from the last 6 months shows a mean LOS of 9.5 days and a median LOS of 7 days.
National Audit of Inpatient Falls	• To review the falls education material and update in line with current national guidance • To implement the digital falls prevention care bundle in all required clinical areas
NCEPOD Epilepsy Care Provided to Adult Patients Presenting to Hospital with a Seizure	• Gap analysis underway
MBRRACE-UK Perinatal Mortality Surveillance	• Use the MBRRACE-UK real-time data monitoring tool as part of regular mortality meetings to help identify why an organisation's stabilised and adjusted stillbirth • To investigate potential modifiable factors in the treatment of neonates when an organisation's stabilised and adjusted neonatal mortality rate falls into the red or amber bands after exclusion of deaths due to congenital anomalies. Ensure that this encompasses both local population characteristics and quality of care provision. • To identify the specific needs of Black and Asian populations and ensure that these are addressed as part of their reproductive and pregnancy healthcare provision • To undertake placental histology for all babies admitted to a neonatal unit, preferably by a specialist perinatal pathologist. • To investigate the characteristics of stillbirths and neonatal deaths in twin pregnancies, particularly with regard to gestation at delivery • To ensure cause of death coding is undertaken by a suitably qualified clinician following Perinatal Mortality Review Tool review and MBRRACE-UK surveillance data updated accordingly
MBRRACE-UK Saving Lives, Improving Mother's Care	• To assess women with persistent and severe insomnia carefully for signs of underlying mental illness. • To consider skills and drills training for the management of diabetic ketoacidosis in pregnancy, to ensure that obstetricians and midwives are aware of the symptoms and signs of diabetic ketoacidosis.

Progress on Actions

An update regarding the implementation of the actions identified as a result of a national clinical audit report published in 2021/22 have been provided below. Actions taken in response to reports published in 2022/23 will be included in the Quality Accounts for 2023/24.

Proposed actions	Progress
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	
• To implement a new High HbA1c pathway • To ensure carbohydrate counting is done from diagnosis • To commence additional Nurse Dietitian clinics • To increase the use of technology (insulin pumps, continuous glucose monitoring)	• The Yorkshire Network is starting work on the regional high HbA1c policy which the Trust will adopt and implement when it becomes operational. Many of the issues these patients face will only be fully addressed when a youth worker is in post. • Carbohydrate counting from diagnosis has been achieved and is going well • This is making slow progress due to the lack of sufficient nurses. One nurse is on maternity leave at present and the service does not have a lead nurse to drive this forward • Use of technology has progressed well but there is room for improvement
National Emergency Laparotomy Audit (NELA)	
• To undertake an audit looking at patient journeys to theatre to determine if or where there are delays in arrival time • To document frailty scores at the time of anaesthetic assessment as part of best practice	• This action is ongoing as it requires case review of individual cases necessitating notes etc. Various changes are being made to the theatre booking process too (for example, documentation of the NELA score) • As evidenced by the most recent report this has improved to almost 100%
Children and Young People Asthma Clinical and Organisational Audits	
• To amend the Immediate Discharge Letter (IDL) to include two additional tick boxes. One stating if inhaler technique has been checked and one asking if patent/carer tobacco dependency has been addressed. This will improve documentation for these two concerns • To raise the issue of low steroid administration at the Emergency Department multi-disciplinary team meeting	• The IDL has now been amended • Dr Toko has agreed to discuss the steroids issue in the Emergency Department team meeting
National Vascular Registry	
• To review all carotid endarterectomy cases pre-2020 to check risk adjusted stroke free survival rate for each patient.	• This has been completed and there was no excess mortality in previous years. The review covered patients from 2012 to date.
Sentinel Stroke National Audit Programme (SSNAP)	
• To develop a business case for occupational therapy due for submission by February 2022 • A gap analysis regarding rehabilitation goals is being undertaken to establish where the data is readily available, such as other clinical systems, Nerve Centre for robust data collection	• A business case was submitted but not funded at this time • The gap analysis is in progress
National COPD Audit (National Asthma and COPD Audit Programme)	
• To continue working with Humber, Coast and Vale looking at accessing spirometry results in primary care • To develop a business case to address staffing levels. This	• Work is ongoing around diagnostics and at present there is no immediate solution to spirometry result access. The data integration

Proposed actions	Progress
would greatly improve the number of patients having a completed discharge bundle.	work and additional COPD specific work related to virtual wards and long-term monitoring should help this be implemented in the future • With regard to staffing and discharge bundles, the virtual ward was funded and currently has 2 posts out to recruitment. Therefore staffing remains a challenge, however, staff are expected to be appointed over the coming months

MBRRACE-UK Perinatal Mortality Surveillance

• To establish a Preterm Birth Group to review care for all preterm births <32 weeks • To undertake an audit to understand the high rates of mortality in 32-36+6 weeks gestation due to placental issues	• A perinatal forum has been set up via the Local Maternity and Neonatal System (which HUTH is a member of). This is attended by representatives from midwifery and neonates. • The review of all pre term births <32 weeks regarding optimum care provision is the mainstay of data collected by the Operational Delivery Network with the help of badger net (neonates). Monthly updates are given at the Perinatal Mortality meeting regarding this data (around all aspects of BAPM7 – neonatal key performance indicators). All key issues/changes are cascaded to teams in the form of minutes.

National Early Inflammatory Arthritis Audit (NEIAA)

• To add the Helpline number to all letters and copy all letters to the patient. • To develop a proforma for a dedicated annual review assessment. This will include an assessment of cardiovascular risk, osteoporosis risk, complications of disease, mental health assessment and update x-rays.	• Completed • This has not been achieved as the service does not currently have the capacity to offer annual reviews.

Care of Children in Emergency Departments (RCEM)

• To develop and implement a safeguarding pathway (incorporating senior review for all patients under 2 years of age, as well as any others at high risk of safeguarding issues). • To introduce the 'Did not wait' pathway • To introduce a psychosocial risk assessment tool for use in the department	• There is now a safeguarding pathway, covering the points raised, which is on the intranet • There is now a 'Did not wait' pathway, which is on the intranet. The system for recording 'Did not wait' patients has been changed to an electronic generated business report • A Psychosocial Risk Assessment has been developed which is due to be approved at the Emergency Department governance meeting. This will be provided to children and young people attending the Emergency Department. A referral form to the community ReFRESH team has also been developed for any patient with substance misuse concerns wishing to seek help

National Heart Failure Audit

• Heart Failure is a priority workstream on the upcoming cardiology strategy which will be available within the next few weeks. The result will be an emerging partnership between the 'in-patient' heart failure service at HUTH and the community heart failure teams who are currently provided by CHCP. The new cardiology beds at Hull Royal Infirmary (ward 39) will improve many of the in-patient metrics for heart failure care although the whole service does need much greater integration with the community provision	• Ward 39 at Hull Royal Infirmary has opened and is meeting the outlined objectives

Proposed actions	Progress
(CHCP's service) – this is the work which is currently being scoped out	

The reports of local clinical audits were reviewed by the provider in 2022/23 and Hull University Teaching Hospitals NHS Trust. For a full list of the proposed actions Hull University Teaching Hospitals NHS Trust intends to take following local audits reviewed during 2022/23, please see the Clinical Audit Annual Report.

2.3.3 Clinical research

What is clinical research?

Clinical research is an arm of medical science that establishes the safety and effectiveness of Medication, Diagnostics products, Medical devices and Treatment regimes' which may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Hull University Teaching Hospitals NHS Trust in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee or Health Research Authority was **6,870**. * Final figure likely to be above 7,000 when data is verified in mid-April

Clinical Research Network – National Institute Health Research portfolio

There were **6,602*** participants recruited onto **162** National Institute Health Research (NIHR) portfolio adopted studies. Specifically, we would like to highlight the following:

- Participant recruitment for 2022-23 is **52%** above the target set by our clinical research network (Yorkshire and Humber) with over **6,500** accruals and so represents notable value for money and impact on the local community.
- Our overall portfolio recruitment for 2022-23 ranked the Trust third in Yorkshire and Humber behind only Leeds and Bradford in terms of Teaching Hospital performance.
- The Trusts commercial activity is also ranked third highest in the network with 40 studies, showing a commitment to delivering the CRN 'Managed Recovery' for the Life Sciences Industry post-pandemic.
- Respiratory Diseases was the top recruiting specialty in the Trust's portfolio with the 'Hull Lung Health' and a broad range of interventional drug studies.
- The Trust continues to deliver a broad research portfolio with **162** active and open portfolio studies – again, ranked third highest in the network.
- Notable activity areas to highlight include; Gastroenterology and Haematology (*ranked 2nd across Yorkshire and Humber*), Diabetes, Renal, Paediatrics and Hepatology (*ranked 3rd across Yorkshire and Humber*), Cancer, Trauma and Emergencies (*ranked 4th across Yorkshire and Humber*).

We feel sure that the ongoing delivery of our Research and Innovation Strategy (and continued pursuit of this throughout the pandemic) has contributed to this notably strong performance in 2022-23. In particular, we are also aware of the significance of the step-wise increase in Trust-led research undertaken nationally, which is providing the catalyst for the Trust's planned expansion of research capability and capacity. This commitment to research and innovation is underlined by our Trust Strategy with 'Ground breaking research' one of the four cornerstones setting the agenda for our annual objectives and every support is given to our operational teams to ensure that they are delivered. Each cornerstone is part of a wider story about what we stand for and what that will mean in years to come for our Trust, the people we care for and the whole community.

Research and Development Summary Dashboard

The following tables show the Research and Development summary dashboards as of 31st March 2023:
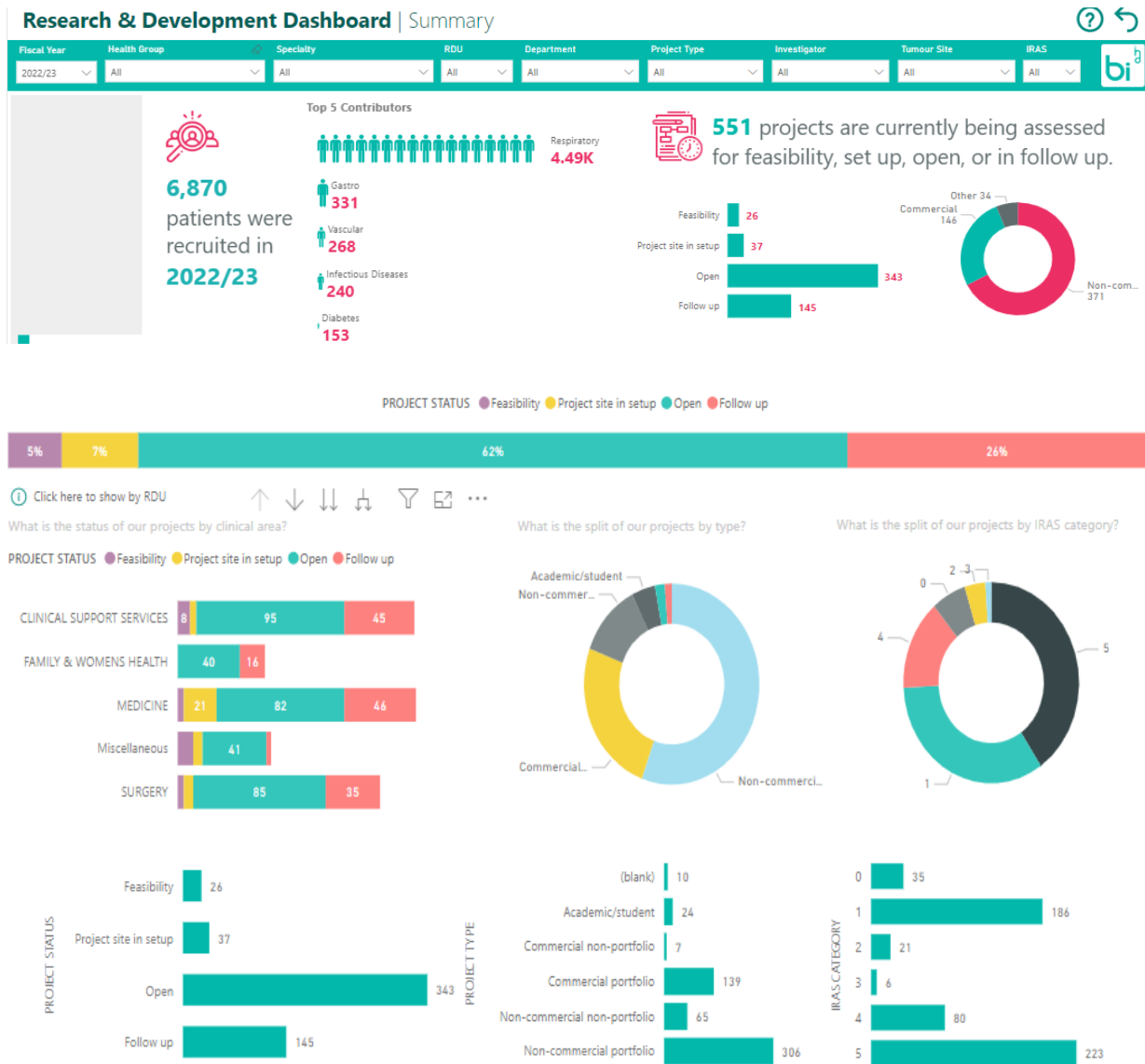
Commercial Research Activity

The following table illustrates the commercial research activity as of 31st March 2023:

Recruitment by Trust FY2223 (data cut 31/03/2023)

Recruitment

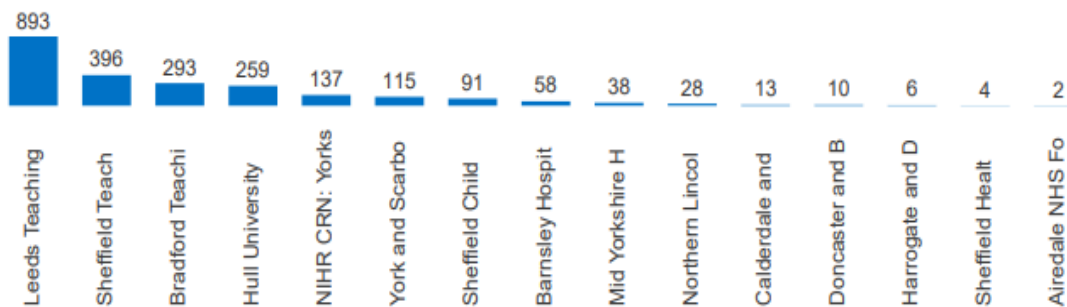| Trust	Value
Leeds Teaching	893
Sheffield Teach	396
Bradford Teachi	293
Hull University	259
NIHR CRN: Yorks	137
York and Scarbo	115
Sheffield Child	91
Barnsley Hospit	58
Mid Yorkshire H	38
Northern Lincol	28
Calderdale and	13
Doncaster and B	10
Harrogate and D	6
Sheffield Healt	4
Airedale NHS Fo	2

Recruiting Studies

Trust	Value
Leeds Teaching	73
Sheffield Teach	46
Hull University	39
Bradford Teachi	28
Sheffield Child	14
NIHR CRN: Yorks	9
York and Scarbo	8
Mid Yorkshire H	6
Doncaster and B	5
Calderdale and	4
Barnsley Hospit	3
Harrogate and D	2
Northern Lincol	2
Sheffield Healt	1
Non-NHS Activit	1
Airedale NHS Fo	1

Research Activity Performance Summary

The following tables details the research activity performance as of 31st March 2023:

Recruitment Summary FY2223 (data cut 31/03/2023)

Recruitment	Total: **6,602**	Queried: 36
Percentage of YTD Recruitment Targets *	**166%**	
Percentage of Year End Recruitment Targets **	**152%**	
Trust Share of LCRN Recruitment	**7.2%**	
Commercial : Non-Commercial Recruitment Ratio	**4% : 96%**	

* YTD = Activity & Target to end of AprApr. Performance against YTD target will be underestimated if data cut is early in month

** Year end Local Target = 4,331, 92% of year elapsed

LCRN Recruitment FY2223 (data cut 31/03/2023)

Recruitment

		Value
Primary Care	1	20,896
Leeds Teaching Hospi	2	19,810
Bradford Teaching Ho	3	11,648
Hull University Teac	4	6,602
Sheffield Teaching H	5	6,572
York and Scarborough	6	3,786
Non-NHS Activity in	7	3,358
Rotherham Doncaster	8	3,298
Doncaster and Basset	9	3,281
Mid Yorkshire Hospit	10	2,593
Calderdale and Hudde	11	1,621
Harrogate and Distri	12	1,245
Northern Lincolnshir	13	1,063
Sheffield Children's	14	772
Leeds Community Heal	15	671
Yorkshire Ambulance	16	630
The Rotherham NHS Fo	17	576
Barnsley Hospital NH	18	505
Bradford District Ca	19	500
Airedale NHS Foundat	20	492
Leeds and York Partn	21	346
South West Yorkshire	22	303
Humber Teaching NHS	23	298
Sheffield Health & S	24	278
NIHR CRN: Yorkshire	25	223
NHS Sheffield CCG	26	11
NHS Wakefield CCG	27	6
NHS Bradford Distric	28	2

Monthly Recruitment Trend (data cut 31/03/2023)
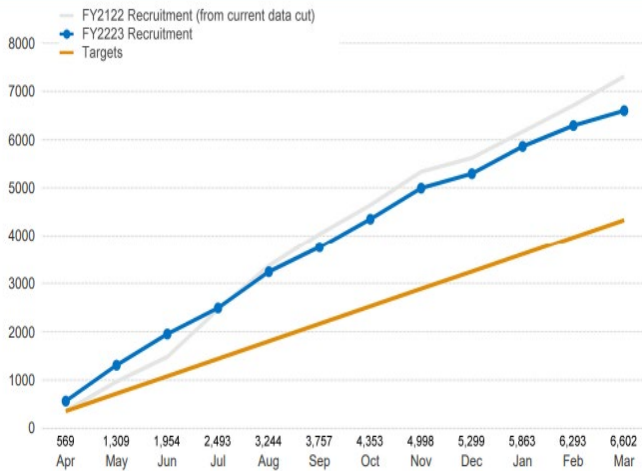
Recruitment for the most recent two months is likely to be incomplete

	569 Apr	1,309 May	1,954 Jun	2,493 Jul	3,244 Aug	3,757 Sep	4,353 Oct	4,998 Nov	5,299 Dec	5,863 Jan	6,293 Feb	6,602 Mar

Recruitment by Specialty FY2223 (data cut 31/03/2023)

Recruitment

Recruiting Studies

Celebrating Research Success in 2022-23

- **Renal Research leads national trial:** The STOP ACEi Trial led by Professor Sunil Bhandari, is a long awaited landmark RCT trial funded by the NIHR and sponsored by Hull University Teaching Hospitals NHS Trust that completed in 2022-23. It was performed in 37 UK hospitals and has shown that in advanced and progressive chronic kidney disease that stopping Ace inhibitors or angiotensin receptor blockers does not lead to any benefit in kidney function, such as delaying the need for dialysis or transplantation, and could deprive patients of the cardiovascular benefits of these drugs.

- **Success for HUTH's Academic Vascular Research Unit:** Our Vascular Research unit, led by Prof Ian Chetter, had tremendous success at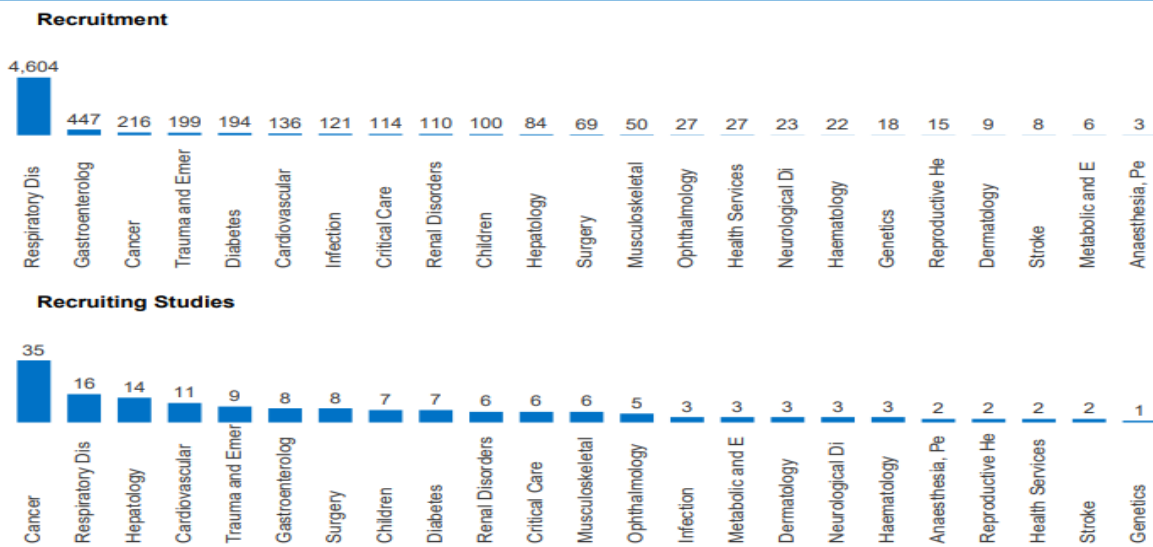 the Vascular Societies' Annual Scientific Meeting, (Brighton 23rd – 25th November 2022) showcasing some of their fantastic work. Amongst several successes- Ross Lathan won the VERN Dragons' Den Prize 2022 and was awarded £3000 towards his project on: Prevention of Surgical Site Infection: an international pan specialty survey of practice.

- **Paediatric Research Team successful recruitment to vaccine study:** The team were extremely proud to be running the Trust's first paediatric commercially funded RSV vaccine trial in 2022-23 and exceeded target recruitment. RSV (Respiratory Syncytial Virus) is one of the leading causes of hospitalisation in all infants worldwide. It affects 90% of children before the age of two. This study evaluated the effectiveness of nirsevimab, a monoclonal antibody vaccination. RSV often causes only mild illnesses, like a cold. Yet, for some babies, it can lead to more severe lung problems such as bronchiolitis and pneumonia. The team surpassed the recruitment target of 50, and managed to enrol 59 infants to the trial. They finished the year 3rd in the recruitment tables for the region, against some of the large children's hospitals. ensuring opportunities for children to benefit from research is maximised. The future aim is to provide every child/baby the opportunity to participate in clinical research and by doing so contribute to improving the diagnosis, treatment and outcomes for themselves and others.

- **Participant in Research Experience Survey:** Every year, the NIHR Clinical Research Network asks thousands of research participants to share their experiences of taking part in research. The Participant in Research Experience Survey (PRES), aims to put participant experience at the heart of research delivery. Responses from our research participants demonstrate improvements year on year, and this year's responses to date are no exception. 98% of our HUTH research participants feel that they are fully prepared for their research experience by HUTH research staff and feel valued when taking part in HUTH research.100% of our HUTH research participants feel they are always treated with courtesy and respect by HUTH research staff and 96% of our HUTH research participants would take part in further research trials. We are always promoting the opportunities for our communities to get involved in research as participants, research reviewers (via the Trans-Humber Consumer Research Panel – hosted by the Trust) and Research Ambassadors. See links on our website: [Get Involved with Research – Hull University Teaching Hospitals NHS Trust](#) and [Become a Research Ambassador – Hull University Teaching Hospitals NHS Trust](#). Various research specialties have Research Ambassadors embedded and we plan to expand this across many others.

Progress on key Research, Development and Innovation (RDI) strategic priorities in 2022-23

- **Significantly increasing Trust-led research undertaken nationally:** As our research activity and workforce capacity incrementally expand, our success in securing externally funded grant income from the NIHR continues. We can now boast to lead multi-centre national research in the areas of Vascular Surgery, Gastroenterology (IBD and Hepatology), Renal, Orthopaedics, Respiratory, Infection and Haematology and Cardiothoracic Surgery and Rehabilitation (£2.3m NIHR Grant secured in 2022-23).

- **Establishing research programmes with the potential to positively impact our key performance and quality indicators**: HUTH is currently supporting the set-up of the 'Born and Bred in' (BABi) study which originates from the work of Bradford Teaching Hospitals Trust. The BABi study is a data linkage birth cohort study supporting the review of to the health and wellbeing of families across our region. This study offers fantastic potential to; assess the determinants of childhood and adult disease, assess the impact of migration, explore the influences of pregnancy and childbirth on subsequent health and generate further research work that has the potential to improve health for some of the most disadvantaged within our society. External support funding has been secured for this initial work and discussions are ongoing with maternity services and external partners (UoH and Hull City Council) about how we can maximise the benefits of this cohort work.

- **Exploiting our research potential:** A concerted effort by our local partners (Hull York Medical School and University of Hull) to bring together all key stakeholders to embed a pipeline of PET-CT research is gathering momentum with one study with an international commercial company now open.

- **Increasing research capacity in our workforce** – The Trust continued to work towards securing additional research capability and capacity. Areas supported by additional funding in 2022-23 include; Surgery, Imaging, Pathology, Pharmacy Paediatrics and Reproductive Health.

- **Research Workforce Strategy** – in 2022-23, the 4 RDI funded Clinical Research Fellows continue to work on the delivery of research programmes (including endometriosis, wound management and cardiothoracic rehabilitation). 5 nursing staff have had successful applications to PG Cert Research Courses that commenced in September. The UoH/HYMS HUTH PhD Scholarship programme currently supports 4 applicants with projects commencing in the areas of ultrasound services, plastic surgery/infection and wound management, physiotherapy and liver disease.

- **Research communications and engagement strategy** – a monthly meeting of the RDI and Communication Teams has been established to ensure our website and newsletter content is regularly reviewed and to share successes and achievements. The RDI newsletter was launched in November and a number of participant engagement videos are available on our website: Research, Development and Innovation – Hull University Teaching Hospitals NHS Trust and Research Stories – Hull University Teaching Hospitals NHS Trust

- **Exploiting our innovation potential**: As part of joint University of Hull (UoH) and Trust initiative, we appointed a 'Health Innovation Manager' in April 2022. This role is crucial in identifying our collective innovation assets as well as pulling together the prioritisation of innovation projects that would harness the academic and clinical synergies of our partnerships. Projects and themes emerging over the last year include; 3D anatomical printing, virtual wards, rehabilitation, use of AI in clinical radiology and simulation training and mobile healthcare technology solutions.

- **Proactive Partnerships: Northern Lincolnshire and Goole (NLaG)** – in parallel to the provision of plans to ensure HUTH and NLAG clinical pathways and synergies are realised, the RDI Teams at both organisations have commenced informal dialogue about how we might pool resources, expand research programmes across both sites (increasing inclusion opportunities for patients in research) and streamline governance pathways. This work will also be critical to our respective and joint influence within the research and innovation strategies of the emerging Humber and North Yorkshire ICS.

- **University of Hull/Hull York Medical School** – The Trust continues to support the UoH/HYMS implementation of the 'Clinical Sciences Centre' that aims to provide a platform within the HYMS faculty of Health Sciences for the HUTH clinical researchers and healthcare professionals and the opportunities to work with scientists and healthcare researchers of the University of Hull from a range of disciplines to address some of the major challenges in clinical medicine. Within this infrastructure, a forum for peer-to peer discussions across clinical and academic researchers has been established to further nurture cross and inter institutional collaboration, explore all potential opportunities, develop co-ordinated strategic business cases for further resource-manpower investment, discuss and agree on strategic approaches on the clinical research priorities of the partner institutions, as well as reflecting on, and promoting, our collective outputs and achievements.

- **Patient Finder (IQVIA)** – working with IT colleagues and the commercial company IQVIA, the RDI Office have been working on a 'Patient Finder' initiative to explore the use of their research services and trial matching solutions to optimise research as a treatment option for many more patients in our Trust. As well as saving valuable hours of pre-screening that is currently done manually, this will allow us to ensure everyone eligible for certain studies have the opportunity to consider participation.

- **Donate For Research Initiative (DRI)** – The RDI Office continues to work with the DRI to support the use of otherwise surplus tissue and bio-samples to researchers globally in the academic or commercial sector. It is hoped this will be a vehicle to increase the understanding of research in frontline clinical staff as well as communicating how patients can support research as part of their routine clinical pathways. To date, two projects (ENT, Haematology) have been facilitated with several more across interested specialties planned in 2023-24.

- **BAME and Research Ready Communities initiatives** – work looking at how best we can provide opportunities to engage BAME and socially deprived communities in research participation. Working alongside the NIHR Ethnic Minority Research Inclusion (EMRI) colleagues, this continues to make a real impact in this area and is working closely with the commercial research companies to ensure BAME representation is increased.

2.3.4 Goals agreed with commissioners

The Commissioning for Quality and Innovation (CQUIN) framework is about improving the quality of healthcare. Commissioners reward excellence by linking a proportion of income to the achievement of locally set and agreed improvement goals. These goals are embedded into contracts and are essential for the implementation of National Institute for Health and Care Excellence (NICE) Quality Standards, resulting in improved patient care, experience, and improvements against outcomes.

Use of the CQUIN payment framework
A proportion of Hull University Teaching Hospitals NHS Trust income in 2022/23 was conditional on achieving quality improvement and innovation goals agreed between the Trust 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.

For 2022/23 the requirement for national CCG/ICB CQUINs was to report on all applicable CQUINs but also choose 5 schemes that would have a financial value attached.

The breakdown of the National CQUIN indicators is based on 1.25% of contract value. Funding was given to the Trust based on the assumption that the Provider would achieve full compliance with the applicable CQUIN Indicators and would therefore earn the full 1.25% value. Due to the contractual arrangements in 2022/23 there was no financial risk to the Trust.

National CQUIN schemes 2022/23 for CCGs / ICBs include:

- Staff Flu Vaccinations (Financial)
- Compliance with timed diagnostic pathways for cancer services (Financial)
- Timely communications of changed to medicines to community pharmacists via the Discharge Medicines Service (Financial)
- Supporting patients to drink, eat and mobilise after surgery (Financial)
- Cirrhosis and Fibrosis test for alcohol dependent patients (Financial)
- Appropriate antibiotic prescribing for UTI in adults aged 16+ (Non-Financial)
- Recording of NEWS2 score, escalation time and response time for unplanned critical care services (Non-Financial)
- Treatment of community acquired pneumonia in line with BTS care bundle (Non-Financial)
- Anaemia screening and treatment of all patients undergoing major elective surgery (Non-Financial)

NHS England Specialised Services (NHSE):
The Trust receives a CQUIN value of 1.25%. The CQUIN payment was based on the block contract value: however, CQUIN is not payable on high-cost drugs, devices, listed procedures identified in the National Payment System and all other expenditure contracted on "pass through" basis.

The NHSE specialised schemes of 2022/23 include:

- Hepatitis C Elimination

- Shared Decision Making (SDM) conversations

- Revascularisation standards for lower limb Ischaemia

- Priority categorisation of patients within selected surgery and treatment pathways

NHS E took a light touch approach to the reporting of CQUINs. It was agreed that where a provider has engaged and fully participated with the CQUIN schemes but failed to achieve the requirements fully, due to issues outside of their control (including any future Covid surges) the commissioner would reinvest the CQUIN scheme monies it has recovered with the provider but may identify areas of quality and innovation for the provider to focus the investment on.

Indicator	Min	Max	Q1	Q2	Q3	Final Q4
CCG1 Flu vaccinations for frontline healthcare workers	70%	90%	N/A	N/A	Fail	Fail
CCG2 Appropriate antibiotic prescribing for UTI in adults aged 16+	40%	60%	Fail	Pass	Pass	Fail
CCG3 Recording, escalation and response to NEWS2 for unplanned critical care admissions (crit care)	20%	60%	Fail	Pass	Pass	Fail
CCG4 Compliance with timed diagnostic pathways for cancer services	55%	65%	Fail	Fail	Fail	Fail
CCG5 Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.	45%	70%	Fail	Fail	Fail	Fail
CCG6 Anaemia screening for those undergoing major elective surgery	45%	60%	Pass	Pass	Pass	Pass
CCG7 Timely communication of medication changes via discharge medicines IT software	0.5%	1.5%	Fail	Fail	Pass	Fail
CCG8 Supporting patients to eat drink and mobilise post-surgery	60%	70%	Fail	Fail	Pass	Fail
CCG9 Cirrhosis and fibrosis tests for alcohol dependent patients	20%	35%	Pass	Pass	Pass	Pass
PSS1 Achievement of revascularisation standards for lower limb Ischaemia	40%	60%	Pass	Pass	Pass	Pass
PSS2 Achieving high quality shared decision-making conversations in specific specialised service	65%	75%	Pass	Pass	Pass	Pass
PSS3 Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres	60%	75%	Pass	Pass	Pass	Pass
PSS5 Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	74%	98%	Pass	Pass	Pass	Pass

2.3.5 What others say about the Trust: Care Quality Commission

About the Care Quality Commission

The Care Quality Commission (CQC) regulates and inspects health and social care services in England. They check that services meet the Health and Social Care Act 2008 ('the Act') and the CQC Fundamental Standards. If they feel that an organisation provides good, safe care the CQC registers it without conditions. The CQC provides assurance to the public and commissioners about the quality of care through a continuous monitoring of a Trust's performance across a whole range of core services.

The CQC Operating Model was revised and in June 2017 the CQC confirmed they will focus on eight core services and four additional services. The additional services may be inspected depending on the level of activity and risk.

The eight core services are:

- Urgent and Emergency Services
- Medical Care
- Surgery
- Critical Care
- Maternity
- Services for Children and Young People
- End of Life Care
- Outpatients

The four additional services are:

- Gynaecology
- Diagnostic Imaging
- Rehabilitation
- Spinal Injuries

When inspecting these eight core services, the CQC will focus on the following five key questions known as Key Lines of Enquiry:

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

The CQC continue to use the ratings as detailed in their Operating Model; they are an important element of the CQC approach to inspection and regulation. The ratings are:

- Outstanding
- Good
- Requires improvement
- Inadequate

Further details regarding the CQC and the standards can be found at: www.cqc.org.uk.

Statement of compliance with the Care Quality Commission

Hull University Teaching Hospitals NHS Trust is required to register with the Care Quality Commission and in 2022.23 our registration status was unconditional. Hull University Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period. The Care Quality Commission has not taken enforcement action against Hull University Teaching Hospitals NHS Trust during 2022/23 however, the Trust received a Notice of Intent for Emergency Care and Maternity following the inspections which the Trust was required to respond to urgently including action plans to address concerns and robust monitoring and assurance.

Current CQC Ratings

The CQC inspected Hull University Teaching Hospitals NHS Trust during 2022/23. The inspection was undertaken in November 2022 and the core services Urgent and Emergency Services, Surgery and Medicine were inspected. The Well-led inspection was undertaken in December 2022. The Trust's overall rating remains as 'Requires Improvement'.

A Maternity Services inspection was undertaken in March 2023 the report has not yet been received by the Trust.

The following table details the ratings for each hospital site and the overall Trust rating for each of the five Key Lines of Enquiry:

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Good → ← Mar 2023	Requires Improvement → ← Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement → ← Mar 2023

The following table details the ratings against each of the core services that take place at Hull Royal Infirmary:

Rating for Hull Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement →← Mar 2023	Requires Improvement ↓ Mar 2023	Good →← Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023
Services for children & young people	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Critical care	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Requires improvement Jun 2020	Good Jun 2020
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Surgery	Inadequate ↓↓ Mar 2023	Requires Improvement ↓ Mar 2023	Good →← Mar 2023	Requires Improvement Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023
Urgent and emergency services	Inadequate ↓ Mar 2023	Inadequate ↓↓ Mar 2023	Requires Improvement ↓ Mar 2023	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023
Maternity	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Outpatients	Good Jun 2018	Not rated	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
Overall	Inadequate ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Good →← Mar 2023	Requires Improvement →← Mar 2023	Requires Improvement →← Mar 2023	Requires Improvement →← Mar 2023

The following table details the ratings against each of the core services that take place at Castle Hill Hospital:

Rating for Castle Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Good →← Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023
Critical care	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Requires improvement Jun 2020	Good Jun 2020
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Surgery	Inadequate ↓↓ Mar 2023	Requires Improvement ↓ Mar 2023	Good →← Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023
Outpatients	Good Jun 2018	Not rated	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
Overall	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Good →← Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023

2.3.6 Secondary Users Service

What is Secondary Users Service?

The Secondary Uses Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

Hull University Teaching Hospitals NHS Trust submitted records during 2022/23 (as of March 2023) to the Secondary Users service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data:

- That included the patient's valid NHS number:
  - **99.9%** for admitted patient care;
  - **99.9%** for outpatient care; and
  - **99.4%** for accident and emergency care.

- That included the patient's valid General Medical Practice Code:
  - **100%** for admitted patient care;
  - **100%** for outpatient care; and
  - **100%** for accident and emergency care

2.3.7 Information Governance

What is Information Governance?

The legal framework governing the use of personal confidential data in a health care setting is complex and includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act 2018, and the Human Rights Act. The law allows personal data to be shared between those offering cares directly to patients, but it protects patients' confidentiality when data about them are used for other purposes.

Data Security and Protection Toolkit

The Information Governance Data Security and Protection Toolkit (DSP Toolkit) is part of the Department of Health's commitment to ensuring the highest standards of information governance. It allows organisations to measure their compliance against legislation and central guidance and helps identify any areas of partial or non-compliance.

It remains Department of Health policy that all organisations that process NHS patient information provides assurance via the IG Toolkit and is fundamental to the secure usage, sharing, transfer, storage and destruction of data both within the organisation and between external organisations. The Information Governance Assurance Statement is a required element of the DSP Toolkit and is re-affirmed by the annual submission to demonstrate that the organisation has robust and effective systems in place to meet statutory obligations on data protection and data security.   The submission deadline for the 2021/22 DSP Toolkit Assessment is 30th June 2023 and updates can be accessed via the NHS Digital website: https://www.dsptoolkit.nhs.uk/OrganisationSearch/RWA.

The current status for Hull University Teaching Hospitals NHS Trust following submission of the 21/22 DSP toolkit is **Approaching Standards**.

As of December 2022, there were **11** actions remaining on the improvement plan. Responses to these actions will be captured in the 22/23 return. The actions are as follow:

20/21 DSP ref	2020/21 DSP Toolkit Evidence item text
2.1.1	Is there a data protection and security induction in place for all new entrants to the organisation?
3.2.1	Have at least **95%** of all staff, completed their annual Data Security awareness training in the period 1 April to 31 March?
3.4.2	All board members have completed appropriate data security and protection training.
6.3.4	Are all new digital services that are attractive to cyber criminals (such as for fraud) implementing transactional monitoring techniques from the outset?
7.2.2	From the business continuity exercise, explain what issues and actions were documented, with names of actionees listed against each item.
8.2.1	List any unsupported software prioritised according to business risk, with remediation plan against each item.
8.2.2	The Senior Information Risk Owner (SIRO) confirms that the risks of using unsupported systems are being managed.
9.3.1	All web applications are protected and not susceptible to common security vulnerabilities, such as described in the top ten Open Web Application Security Project (OWASP) vulnerabilities.

20/21 DSP ref	2020/21 DSP Toolkit Evidence item text
9.4.4	Security deficiencies uncovered by assurance activities are assessed, prioritised and remedied when necessary in a timely and effective way.
9.5.9	You have a plan for protecting devices that are natively unable to connect to the Internet, and the risk has been assessed, documented, accepted and signed off by the SIRO.
9.6.6	Do all of your desktop and laptop computers have personal firewalls (or equivalent) enabled and configured to block unapproved connections by default?

2.3.8 Payment by results Clinical Coding Audit

What is Clinical Coding

Clinical coding is the process whereby information from medical records for each patient is expressed as a code. This may include the operation, treatment provided, a diagnosis, any complications and comorbidities. These codes are processed to result in one of a number of possible health resource group codes, each of which has a specific payment tariff that the hospital then receives.

Clinical Coding Audit

Hull University Teaching Hospitals was not subject to an external clinical coding audit during 2021/22.

The below table details the recommendations that were drawn from individual spot checks and audits performed internally throughout 2022/23.

The below table is a summary of all the personal audits and spot checks and the percentage of codes that were correct at the time of the audit:

Percentage Correct			
Primary Diagnosis	**Secondary Diagnosis**	**Primary Procedure**	**Secondary Procedure**
94.5	96.7	95.8	94.9

Department Priorities 22/23

Priority	Level	Progress Update	Status
Achieve mandatory level in all internal staff spot checks and audits.	High	Regular programme of individual spot checks and audits	On-going
Utilise external validations and internal checks to ensure accuracy.	High	Returns from IQVIA have reduced indicating a general level of improvement in quality.	On-going.
Increase opportunities for clinical engagement.	High	Several mortality reviews conducted throughout year. Improvements in SHMI have been seen.	On-going
Look for additional areas that can be case note free and reliant on electronic sources only.	Medium	Some short stay patients on certain wards already trialled, one ward was successful, on others too much information was only to be found in case notes. Currently trialling day surgery as electronic only source documentation.	On-going
Re-structure to introduce roles that encourage clinical engagement.	High	Complete. 4 WTE Clinical Coding Liaison roles introduced. 1 WTE assigned to each Health Group.	Complete.

2.3.9 Learning from deaths

This section provides an update against the NHS England and NHS Improvement prescribed information for learning from deaths, as well as an update on other key areas of work that have taken place to identify quality improvement both within the Trust and across the wider, more complex system of health care providers.

During 2022/23, **2537** of Hull University Teaching Hospitals NHS Trust patients died within the hospital as an inpatient. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- **613** in the first quarter
- **586** in the second quarter
- **670** in the third quarter
- **668** in the fourth quarter

During 2022/23 there were a total of **268** Structured Judgement Reviews completed.

The Structured Judgement Methodology allows reviewers to subjectively judge the care delivered to patients during the various stages of care. A score out of 5 is given for each stage, ranging from 1 (Poor) to 5 (Excellent). The table below provides a breakdown of these scores that were given during the Structured Judgement Reviews during 2022/23

		Poor 1	2	3	4	5	Good 6
1. Phase of Care							
Admission & initial care (1st 24hrs)	3.7		2.8%	11....	24.8%	36.9%	24.3%
Care during a procedure	4.2	89.3%		0.5%	1.9%	3.7%	4.7%
End of life care	3.8	1.4%	0.9%	5.6%	20.6%	52.3%	19.2%
Ongoing care	3.6	0.9%	1.9%	9.3%	30.8%	39.3%	17.8%
Overall assessment of care	3.6		2.8%	11....	27.6%	42.1%	15.9%
Perioperative care	3.8	91.1%		1.4%	1.4%	3.3%	2.8%
2. Avoidability of death							
Avoidability of death judgement	5.4	92.1%			1.9%	0.9%	5.1%

The overall care scores reflect good to excellent care delivered to patients. In some instances, there were potential issues relating to fluid balance. Upon review, it was noted that the level of documentation in relation to the recording of fluid balance needed to be improved. This was fed back to the nursing teams and has improved since.

Developing the Structured Judgement Methodology
During 2022/23, one of the key focuses of the Trust was to ensure that the appropriate clinical staff received adequate training and support to enable them to undertake Structured Judgement Reviews. This resulted in a positive uptake of reviewers who are engaged with the process and has had a positive impact on the number of cases receiving review via the SJR methodology, as the following graph shows:
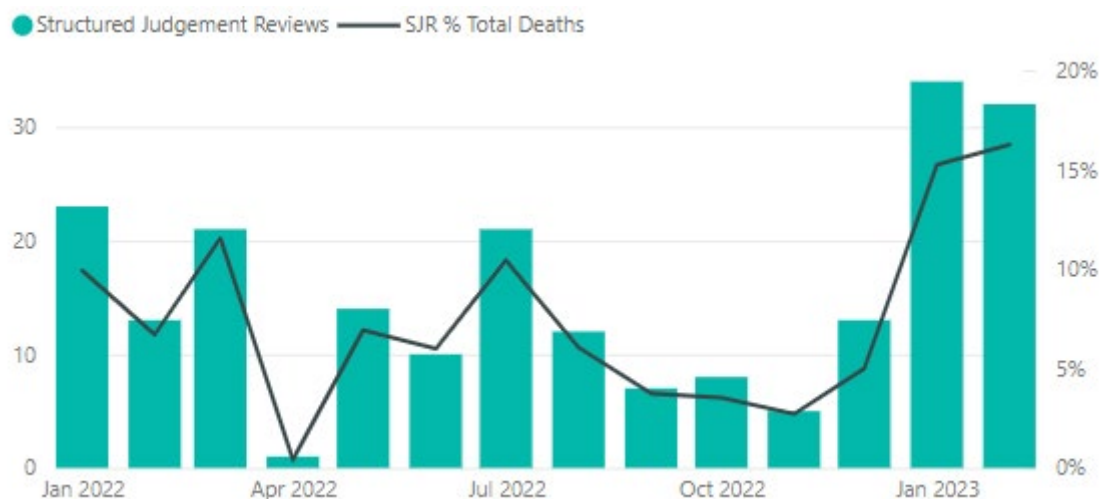
The Trust aims to review, as a minimal, 10% present of all monthly in-hospital deaths, and as you can see, we achieved 20% for the opening months of 2023, starting a positive upward trend.

Key Learning from Review

Some of the excellent practices highlighted from review include:

- A high level of compassion and understanding, towards the patient as well as the patients next of kin
- Excellent level on ongoing communication with the patient and the next of kin
- Multidisciplinary approaches to care sought , with the aim of getting the best possible outcome for the patient
- Fast access to Specialist Palliative care review
- Early recognition of the dying patient, with appropriate and compassionate discussions held with the family and/or next of kin

The Trust shift towards championing Quality Improvement involves assessing areas that may require improvement and developing overarching Quality Improvement Plans (QIP's). In the realms of learning from mortality and Morbidity, this allows for themes and trends to be grouped into improvement plans, which then feed into the wider Trust improvement plan, some of which are summarised below:

Quality Improvement Initiatives

The Trust strives to continually improve how it learns from Mortality and Morbidity. Several quality improvement projects have been driven forward to help this improvement, including the following:
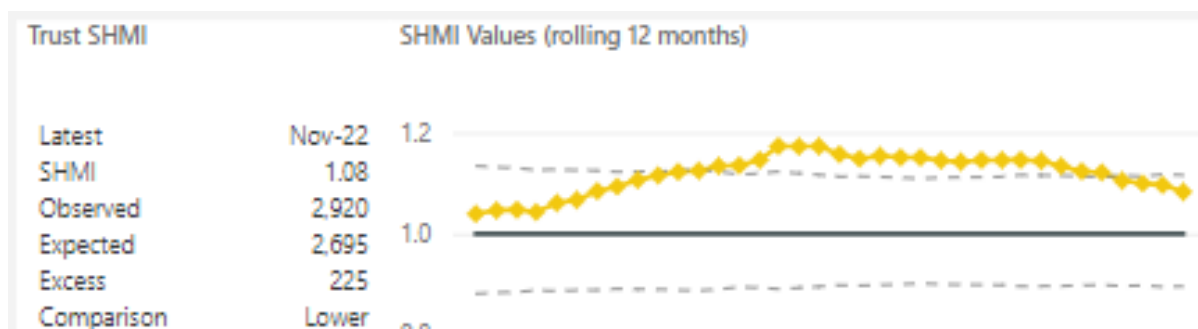
- Development of a Stroke-centric mortality review action plan, which aims to deliver structured judgement reviews on all in-hospital deaths occurring on the Stroke ward.
- Engaging with nurses and clinicians across a multitude of areas to empower staff to embrace quality improvement in relation to learning from patient mortality and morbidity.
- The development of a bespoke Sepsis dashboard that has already proven to be an essential tool in the development of the care delivered to patients with suspected Sepsis, paving the way for robust and effective quality improvement plans to help improve outcomes for patients who have suspected Sepsis.
- The successful delivery of a Mortality Task and Finish Group which brought together a multidisciplinary team of staff to discuss the Trusts mortality rates and direct required improvement work streams.

Trust Summary-level Hospital Mortality Indicator (SHMI)

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It was produced and published monthly as a National Statistic by NHS Digital. It continues to be published on this website after NHS England and NHS Digital merged.

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

The Trust now has a SHMI that is within expected range, as indicated by the graph below.

Trust SHMI		SHMI Values (rolling 12 months)
Latest	Nov-22	1.2
SHMI	1.08	
Observed	2,920	
Expected	2,695	1.0
Excess	225	
Comparison	Lower	

The Medical Examiner's Office

The Medical Examiner's Office has been established to improve the quality of the death certification process and to ensure that adult deaths are subject to independent scrutiny. This will help to identify those cases where there is potential learning and/or need further review by the Coroner, or the Trust as part of any other mortality and morbidity review process. One of the key roles of the Medical Examiner Office is to put the bereaved at the centre of the process. The service will allow the bereaved to be given a chance to ask questions and allow them to hear, in simple terms, what actually happened.

The Medical Examiner's Office also acts as a signpost for cases that may require further review, may it be a Structured Judgement Review, or further discussion at a Specialty Mortality meeting.

2.3.10 Reporting Against Core Indicators: NHS Digital

What is NHS Digital?

NHS digital support NHS staff at work through design, developing and operating the national Information Technology (IT) and data services that support clinicians and NHS staff at work, help patients get the best care, and use data to improve health and care.

Reporting against core indicators

Since 2012/13 Hull University Hospitals NHS Trust has been required to report on performance against a core set of indicators using data made available by NHS Digital. The core set of indicators are prescribed in the NHS Outcomes Framework (NHS OF) developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how NHS Trusts are performing and uses comparative data against the national average and other NHS organisations with the lowest and highest scores.

The Hull University Teaching Hospitals NHS Trust considers that this data is as described because performance information is consistently gathered and data quality assurance checks made as described in the next section.

The table below details performance against the Summary Hospital-level Mortality Indicator (SHMI):

Prescribed Information	2021/22	2022/23	National Average	Best performer	Worst performer
The value of the SHMI for the Trust for the reporting period*	1.1505	1.0965	0.9993	0.6226	1.2470
The banding of the SHMI for the Trust for the reporting period*	1	2	2	3	1
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period*	33.00%	32.00%	40.00%	12.00%	65.00%

*Most recent data on CHKS for period November 2021 - October 2022

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Mortality and Morbidity Committee.

The table below details performance against the Patient Reported Outcome Measures (PROMs):

Prescribed Information	2021/22	2022/23	National Average	Best performer	Worst performer
Hip replacement surgery EQ-5D Average health gain (Primary)*	Not published	Not published	Not published	Not published	Not published
Hip replacement surgery EQ-5D Average health gain (Revision)*	Not published	Not published	Not published	Not published	Not published
Hip replacement surgery Oxford Hip score Average health gain (Primary)*	Not published	Not published	Not published	Not published	Not published
Hip replacement surgery Oxford Hip score Average health gain(Revision)*	Not published	Not published	Not published	Not published	Not published

Prescribed Information	2021/22	2022/23	National Average	Best performer	Worst performer
Knee replacement surgery EQ-5D Average health gain (Primary)*	Not published	Not published	Not published	Not published	Not published
Knee replacement surgery Oxford Knee score Average health gain (Primary)*	Not published	Not published	Not published	Not published	Not published
Knee replacement surgery EQ-5D Average health gain (Revision)*	Not published	Not published	Not published	Not published	Not published
Knee replacement surgery Oxford Knee Score Average health gain (Revision)*	Not published	Not published	Not published	Not published	Not published

*Most recent data on NHS Digital for 21/22 - There were 80 eligible hospital episodes for the Trust and there were no pre-operative questionnaires returned - a headline participation rate of 0.0% (65.2% in England).

[Patient Reported Outcome Measures (PROMs) - NHS Digital](#)

Latest provisional data

Data at provider and clinical commissioning group (CCG) levels, with interactive analysis tools and CSV data files that can be used to perform further analyses on our data, plus a national level overview.

ARTICLE
Provisional Patient Reported Outcome Measures (PROMs) in England - or Hip and Knee Replacement Procedures (April 2020 to March 2021)
→

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Patient Experience and Engagement Committee.

The table below details performance against the Readmission rate into hospital within 28 days of discharge

Prescribed Information	2021/22	2022/23	Peer	Best performer	Worst performer
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period*	10%	8.78%	9.42%	0.26%	17.79%
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period*	6.82%	7.69%	7.72%	2.66%	13.43%

*latest CHKS data – Apr 2022 Jan 2023 @09/03/23

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Health Group and Executive Performance and Accountability Meetings.

The table below details performance against the Trust's responsiveness to the personal needs of our patients

Prescribed Information	2021/22	2022/23	National Average	Best performer	Worst performer
The Trust's responsiveness to the personal needs of its patients during the reporting period*	Not published	Not published	Not published	Not published	Not published

*Most recent data on NHS Digital – not published

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Health Group and Executive Performance and Accountability Meetings.

The table below details performance against the Friends and Family Test for staff – would staff recommend the Trust as a provider of care to their family and friends

Prescribed Information	2021	2022	National Average	Best performer	Worst performer
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends*	64.4%	51.7%	61.2%	86.4%	39.2%

*Most recent staff survey data - 2022

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Workforce and Transformation Committee.

The table below details performance against the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)

Prescribed Information	2021/22	2022/23	National Average	Best performer	Worst performer
The percentage of patients who were admitted to hospital and who were risk assessed for VTE during the reporting period*	Not published	Not published	Not published	Not published	Not published

*Most recent data on NHS Digital for period 21/22

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Thrombosis Committee.

The table below details performance against the C. Difficile infection rate, per 100,000 bed days

Prescribed Information	2021/22	2022/23	National Average (England)	Best performer	Worst performer
The rate per 100,000 bed days of cases of C Difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period*	14.99	10.83	16.24	0.00	53.62

*Most recent data on PHE – December 2022

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Infection, Prevention and Control Committee.

The table below details performance against the number of patient safety incidents reported and the level of harm

Prescribed Information	2021/22 (20/21 report)	2022/23 (21/22 report)	National Average	Best performer	Worst performer
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period,*	54.7	55.0	57.5	23.7	205.5
The number and percentage of such patient safety incidents that resulted in severe harm or death*	0.2	0.1	Not sourced	Not sourced	Not sourced

*Most recent data with organisation rate April 21 to March 22

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Patient Safety and Clinical Effectiveness Committee.

Part 3: Plans for the Future and Priorities for Improvement

This sections includes:

- [3.1 Plans for the future – consultation](#)
- [Priority One: Learning from Incidents](#)
- [Priority Two: Sepsis](#)
- [Priority Three: Medicine Errors](#)
- [Priority Four: Mental Health Triage in the Emergency Department](#)
- [Priority Five: Mortality and Morbidity – Learning from Deaths](#)

3.1 Plans for the future – consultation
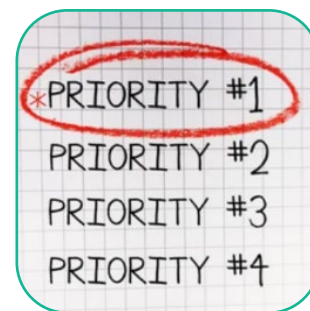
Quality and Safety Improvement Priorities 2023/24 Consultation

For 2022/23 the Trust put together a list of potential quality improvement priorities by:

- Evaluating performance against the quality and safety priorities for 2022/23
- Evaluating our performance against the quality improvement projects which are on the Trust's overall Quality Improvement Plan for 2022/23
- Looking at national priorities and local priorities that have been agreed with our commissioners)
- Looking at what our regulators have identified as priorities, such as compliance with the CQC fundamental standards
- Areas we have identified as requiring improvement from incidents and patient feedback

In order to seek the views of our staff, Trust patient members, stakeholders and our local community on what they thought the priorities should be for 2022/23, the following actions were undertaken:

- An online survey was developed and circulated to all Trust staff, patient members and stakeholders to consult on the 2022/23 priorities in March 2023. The survey had **23** respondents, **1** of which was patients and public members of the Trust.
- Relevant committees were also asked for their comments and ideas.
- It was very clear from the results that all staff, stakeholders and patient members agreed on what areas the Trust should focus on. The top five priorities identified have been included as the Trust's priorities for 2022/23 and are as follows:

Our chosen priorities

The Trust has identified these quality improvement priorities for 2023/24 because they are important to our staff, patients and stakeholders:

Safer Care (Patient Safety)

1. Learning from Incidents
2. Sepsis
3. Medication Errors

Better Outcomes (Clinical Effectiveness)

4. Mental Health Triage the Emergency Department
5. Mortality and Morbidity including Learning from Deaths

Priority One: Learning from Incidents

Why is this important?

Patient safety is fundamental for healthcare organisations however, as humans we can make mistakes; as a Trust we need to continuously minimise the potential for error by learning from patient safety incidents.

Responding to and learning from patient safety incidents is key to identifying the systems and processes currently in place and to inform continuous improvement ensuring alignment with a patient safety culture.

Learning should focus on identifying system factors that contribute to patient safety incidents not individual root causes. A system-based approaches and systems thinking recognises that Healthcare is a complex system and explores multiple contributory factors moving away from the simple linear cause and effect of Root Cause Analysis.

Aims	Objectives	Key Performance Indicators
• The Trust will implement the national Patient Safety Incident Response Framework and will also begin to learn from excellence • The Trust will implement a human factors and systems based approach to responding to patient safety incidents • The Trust will learn from excellence	• Reduction in the number of Never Events on the previous year • Increase in the number of no harm and near miss incidents being reported • Increase excellence reporting • To improve the quality, timeliness of investigations with the involvement patients and/or their families • Increase the number of after action reviews/AARs and Thematic Reviews being undertaken • Increase the number of Learning Response Leads having received 'PSIRF' training • Implementation of Patient Safety Partners • Review of the DATIX incident reporting form to align with the National Learn from Patient Safety Events (LFPSE) service	• Reduction in the number of Never Events on the previous year • Reduction in the number of incidents resulting in death, major harm or moderate harm being reported • Achieve top 25% quartile reporting to the National Reporting Learning System/LFPSE

Planned outcomes:

• **Patient Experience:** Compassionate engagement with patients and their families to ensure they are listened to and have their questions answered in an open and transparent way to reduce the breakdown of trust and a feeling that duty of care has been removed. To ensure the offer of a meaningful apology is provided following a patient safety incident in line with the Duty of Candour.

- **Quality Experience:** Learning from patient safety incidents and alignment with continuous quality improvement to ensure a joint approach to translating learning into action.
- **Staff Benefits:** Engaging with staff affected by patient safety incidents improves the understanding of what happened and potentially how to prevent a similar incident in the future. Ensuring correct support mechanisms are available where necessary ensures a restorative just culture and to ensure staff are 'heard'.
- **Organisational Benefits:** Delivery of the Patient Safety Strategy.

Monitoring arrangements:

- The project will be led by the Head of Patient Safety and Improvement and supported by the Continuous Quality Improvement Team.
- Delivery of the project will be monitored by the Patient Safety and Clinical Effectiveness Committee with reporting and escalation to the Trust Quality Committee for assurance.

Priority Two: Sepsis

Why is this important?

The Trust is committed to improving outcomes in relation to the early identification of sepsis and treatment, through culture through education, pathways/bundles, audits, targets/KPIs and awareness.

Aims	Objectives	Key Performance Indicators
• Improve the identification and management of patients with Sepsis • Improved compliance of the Sepsis Six • Improve the outcome of patients with Sepsis.	• Improve compliance with administering antibiotics within appropriate timescales for patients with sepsis. • Increase compliance rates for the utilisation of the electronic 'Infection and Sepsis Screening and Management Pathway' through to completion of part 2, within 2 hours of admission with particular attention to encouraging doctors/ACPs to use the tool in initial assessment of patients with NEWS2 score 5+ (or 3 in one parameter)/ sepsis red flag/ signs or symptoms of infection • Support Junior Doctors with undertaking smaller improvement projects in relation to sepsis management and treatment at a local level. • Review previous improvement projects relating to sepsis to understand what worked well and adopt/rollout successes to other areas within the Trust	• Improved compliance of the sepsis dashboard. • Reduction in patient deaths with a primary diagnosis of Sepsis

Planned outcomes:

- **Patient Experience:** Patients will receive the appropriate level of care in a timely manner to support optimised recovery.
- **Quality Experience:** Timely interventions and treatments provided.
- **Staff Benefits:** Staff will have improved knowledge and understanding of Sepsis and the required treatment and timescales.
- **Organisational Benefits:** Reputational benefits, improved care pathways for patients, reduction in mortality outlier status.

Monitoring arrangements:

- The project will be led by the Sepsis Team and the Emergency Department Quality Lead Consultant and supported by the Continuous Quality Improvement Team.
- Delivery of the project will be monitored by the Sepsis Steering Group, The Mortality and Morbidity the Patient Safety and Clinical Effectiveness Committee with reporting and escalation to the Trust Quality Committee for assurance.

Priority Three: Medication Errors

Why is this important?

Medicines optimisation describes a patient-focused approach to getting the best from the investment in and use of medicines. This is holistically achieved from an enhanced level of patient centred care and partnerships between clinical professionals, relatives and carers and patients. Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time.

Aims	Objectives	Key Performance Indicators
Focus on patients and their experiences, the aim is to help patients to: • improve their health outcomes • improve medicines safety • take their medicines correctly • avoid taking unnecessary medicines • reduce wastage of medicines	• The Trust will continue to include audits/improvement work on the safe and secure handling of medicines, including controlled drugs and omitted doses and undertake quality improvement projects as appropriate. • Significant medication incidents will continue to be reported using DATIX and escalated as appropriate. • Medicines reconciliation will be monitored. • Medication cost reduction schemes will be risk assessed for service quality. • The Drug Policy will be reviewed by a Multidisciplinary Team to ensure its fitness for purpose lead by the Trust Medication Safety Officer. • The Medication Safety Officer role will continue to support patient safety improvement in the Trust and support national work on medication safety. • The Trust will work with others to ensure medication safety across the interface into other health care sectors is optimised. • The Trust has e-prescribing for chemotherapy and in some areas for in-patients and discharge medication. The successful roll out of this programme will be key to improving patient safety and was	• Stop medication related never events within HUTH • Reduction in significant and major harm medication related incidents on DATIX • Improvement in medication related CQUIN – Discharge medicines service and IV to Oral switch for antibiotics • Embed QI programmes for medicines optimisation

	rolled out to the adult wards in HRI tower block in 2022.
	• The Department of Pharmacy will work with the 'Scan4Safety' project and support work where it links with the safe use of medicines.
	• The Trust will plan and work towards compliance with national initiatives including Dictionary of Medicines and Devices (DMandD).
	• The implementation of the New Medicines Service will be rolled out across the trust in line with the 2022/23 CQUIN, which will improve discharge communication with community pharmacies and reduce readmission rates.

Planned outcomes:

- **Patient Experience:** Patients and carers will be involved in decisions made about their medicines and supported to take their medicines as intended. We know that a better patient experience results in better clinical outcomes.
- **Quality Experience:** Maximised patient safety and experience around medication issues.
- **Staff Benefits:** The Trust will ensure workforce planning, development and education and training support to deliver optimal use of medicines. Services will be delivered by competent and well trained staff.
- **Organisational Benefits:** The Trust will support getting the best value out of medicines and Pharmacy.

Monitoring arrangements:

- The project will be led by the Chief Pharmacist and supported by the Continuous Quality Improvement Team.
- Delivery of the project will be monitored by the Patient Safety and Clinical Effectiveness Committee with reporting and escalation to the Trust Quality Committee for assurance.

Priority Four: Mental Health Triage the Emergency Department

Why is this important?

Studies have shown that poor mental health can significantly impact on physical heath, increasing the amount of intervention that is required.

Whilst our Trust is not a specialist mental health provider, it is vital that we have a clear and robust mental health strategy in place to ensure that patients with existing and new mental health needs have those needs met whilst in our care.

Inform and enable staff across the professional boundaries to develop a better understanding of people with mental health and to equip them to deal more effectively with the particular needs of each individual.

Aims	Objectives	Key Performance Indicators
• The trust will continue to implement the triage process for patients attending the Emergency Department to ensure they have a mental health triage with a Nurse on arrival and appropriate risk assessments. • Provide safe therapeutic environments for mental health, learning disabilities and patients with autism which conform to national standards within the Emergency Department • Work with external partners ensuring that people experiencing a mental health crisis are able to access meaningful alternatives to the Emergency Department • Develop a patient survey to collect feedback and inform further work required.	• Reduction of waiting times using the ED Flowchart for patients with no physical health concerns presenting with mental health illness. • Increased partnership working with local services to improve provision of Mental Health Support ensuring patients are attending the Emergency Department for the right level of support • Staff in the Emergency Department are supported through training to provide safe therapeutic environments for patients with mental health needs	• Monitor complete and accurate completion of assessments. • Proportion of patients who had a complete mental health triage with risk assessment within 15 and within 30 minutes of arrival • Performance of a parallel mental health and ED assessment. • Proportion of medium or high-risk patients having an appropriate level of observation. • Proportion of patients who had a risk assessment by an ED clinician of risk of suicide and further self-harm • Evidence of compassionate and practical care. Service user satisfaction from experience

Planned outcomes:

- **Patient Experience:** Patient receive the level of support from the Emergency Department required when experiencing a mental health crisis.
- **Quality Experience:** Timely interventions and treatments provided.
- **Staff Benefits:** Staff will have improved understanding of therapeutic training and de-escalation techniques and improved knowledge of mental health illness. Reduction in violence and aggression.

- **Organisational Benefits:** Reputational benefits, improved pathways for patients, reduction in patient and staff incidents of violence and aggression. Improved collaborative working with external partners.

Monitoring arrangements:

- The project will be led by the Quality Improvement Lead Consultant for Accident and Emergency and supported by the Continuous Quality Improvement Team and the Assistant Chief Nurse.
- Delivery of the project will be monitored by the Mental Health Working Group reporting into the Mental Health, Learning Disabilities and Autism Steering Group. Bi-annual reports will be shared to the Quality Committee for assurance.

Priority Five: Mortality and Morbidity - Learning from Deaths

Why is this important?

For many people, death under the care of the NHS is an expected outcome and a majority of patients experience excellent care from the NHS in the months or years leading up to their death. However, some patients experience poor quality provision of care from a range of contributory factors, including but not limited to poor leadership and system-wide failures. Staff in the Trust work determinedly under ever increasing pressures to deliver safe and high-quality patient centred care. When mistakes happen, as a Trust, work is required to understand the causes. The purpose of reviews and investigations of deaths where problems in care may have contributed to a patient's death is to learn lessons in order to prevent recurrence.

The Trust is also committed to identifying, share and celebrate good practices. This is achieved via a number of methods including Structured Judgement Reviews.

Aims	Objectives	Key Performance Indicators
• Reviews and investigations are shared for continued learning and improvement of patient care • Collaborative reviews with stakeholders • Effective and cohesive collaboration with the Trusts Medical Examiner's Office. • Further develop structured judgment reviews to respond to the Trust clinical needs	• Deaths that are of concern are appropriately escalated and reviewed in line with Trust policy • Learning is identified, shared and implemented appropriately • Seek opportunities to work a broad range of stakeholders • Improve and amend the Structured Judgement Review tool to allow for a greater depth of review and learning • To improve and develop feedback mechanisms across the Trusts • Undertake an internal quality control audit	• Achieve below the national average of 100 against the Trust HSMR • Maintain the national average and aim to achieve below the national average of 1.0 against the Trust SHMI • Achieve 15% completion of Structured Judgement Reviews • Standardise the outcomes to the central team from the MandM meetings that are in place

Planned outcomes:

• **Patient Experience:** Learning from deaths supports continued improvement for patient experience
• **Quality Experience:** Learning from deaths supports continued improvement for services
• **Staff Benefits:** Provision of high quality care and improved education from learning from deaths
• **Organisational Benefits:** Support the patient safety strategy

Monitoring arrangements:

• The project will be led by the Effectiveness and Improvement Manager supported by the Continuous Quality Improvement Team.

- Delivery of the project will be monitored by the Mortality and Morbidity Committee, Patient Safety and Clinical Effectiveness Committee with reporting and escalation to the Trust Quality Committee for assurance.

ANNEXES

This section includes:

- Annex 1:
  - Statements from Key Stakeholders
  - Trust response to Stakeholder Statements

- Annex 2:
  - Statement of Directors' Responsibility
  - Independent auditor's report

- Annex 3
  - Abbreviations and definitions
  - How to provide feedback
  - Other formats

Annex 1

This section includes:

- [Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB)](#)
- [Joint Statement from Healthwatch Kingston upon Hull and Healthwatch East Riding of Yorkshire](#)
- [Trust response to Stakeholder Statement](#)

Statements from Key Stakeholders

Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB)

"Firstly, Humber and North Yorkshire Integrated Care Board (NHS Hull and East Riding of Yorkshire) would like to take this opportunity to thank all the staff at Hull University Teaching Hospitals NHS Trust for their hard work and dedication, particularly during the ongoing impact of the COVID-19 pandemic. We would like to extend our gratitude and appreciation to you all, for your part in the local NHS response and the wider system response.

Humber and North Yorkshire ICB welcome the opportunity to review and comment on the Hull University Teaching Hospitals NHS Trust Quality Accounts for 2022/23 and would like to congratulate the Trust and staff on the successes that you have achieved during this period, in what has proved to have been another challenging year.

We recognise the achievements which were detailed in your accounts and include the Infectious Diseases Team, nursing, medical, domestic and support staff, who were awarded the most coveted Golden Hearts award for their role throughout the COVID-19 pandemic.

The Moments of Magic recognition scheme and the Golden Hearts awards provide true examples of staff dedication and commitment to the outcomes for patients. The ICB congratulate the Trust and its staff in its achievement of receiving both internal and external national awards.

Furthermore, we acknowledge the positive research work, demonstrating outputs of celebrating research and Innovation and the successes in 2022/23 and both the opportunities for partnership working and ambition for Research and Innovation. We were pleased to read the research stories from a participant experience providing a real sense of what it is like to be a participant in research and how the Research and Innovation capacity, infrastructure and workforce are being driven forward.

The improvements made throughout the year within the quality priorities continue to be progressed and we acknowledge that the Trust intends to build on these further in the coming months. The ICB would welcome to see how the Trust plan to align these with the findings and ongoing improvements following the recent CQC inspection and the implementation of recent Quality, Service improvement and Redesign (QSIR) training completed by staff over this year. The ICB welcome enhancing opportunities to align some of the Trust's priorities with that of system partnerships, in developing system wide improvement that will contribute towards better outcomes for our patients / population.

Safer Care

It is positive to see the work that has been delivered through the quality improvement programme to improve the care of patients with dementia. The new initiative Dementia Activity and Companion Volunteers (DACV) will further enhance this as they support wards within the Trust and visit patients. We acknowledge several areas have been identified to further improve the care for patients with dementia and we look forward to seeing the positive impact of these.

Better Outcomes

In implementing the Trust COVID-19 Recovery Plan, the ICB note that due to the longstanding impact of COVID-19 the Trust has not met all the targets however acknowledge that the Trust were stepped down as a Tier 1 provider for long waits and to reduce the number of patients waiting 63 days or more for cancer treatment, in recognition of the progress made. The ICB are pleased to see that this priority has been selected as part of the Quality Improvement Priorities for 23/24.

The ICB note the positive increase in the number of Structured Judgement Reviews (SJRs) undertaken of its deceased patients when compared to the previous year as part of Improving Mortality and Morbidity including Learning from Deaths and the ICB look forward to the further improvements in the way the Trust share the lessons learned from these. It would have been an enhancement to include the work the Trust are undertaking as part of the nationally mandated Learning from the Lives and deaths of people with a learning disability and autistic people programme (LeDeR).

The ICB note not all the objectives from the 2022/23 Quality Improvement Priority to improve mental health triage in the Emergency Department could be achieved, and therefore, this priority has been selected as part of the Quality Improvement Priority Plan for 2023/24. We acknowledge the work that has been undertaken, despite the ongoing impact of the COVID-19 pandemic and look forward to seeing further improvements within the Emergency Department for caring for patients with mental health needs and the opportunities for working with system partners.

Improved Experience

The ICB note that not all the objectives from the 2022/23 Quality Improvement Priority for Improved learning from complaints and patient experience had been completed and this has been selected as a continued priority as part of the Quality Improvement Priority Plan for 2023/24. The ICB would have liked to see reference to the number of reopened complaints as this has appeared as higher than during 2021/22. However, we acknowledge that the foundations of delivering the objectives from the 2022/23 QIP had been achieved and further areas for improvement have been identified to continue building on the work carried out.

It is positive to note that there has been an increase in Patient, Public and Carer Council (PP&CC) members and an increase in the patient experience representation on several Trust Committee's. The Trusts participation in the 'A good experience' project from the Humber and North Yorkshire ICS that will give an agreed and expected standard of patient, service-user and carer experience when receiving treatment, care and support from any NHS Trust within the ICS is also positive.

The ICB acknowledge that there are a further eight quality and safety indicators identified by the Trust and reported within the quality accounts.

We note that progress and monitoring of the clinical standards for seven-day services has been suspended direction from NHS Improvement to release NHS services to manage the impact of the COVID-19 pandemic and that work on seven-day services will resume following the release of further guidance.

The ICB note the number of reported patient safety incidents, including minor and moderate harms has increased when compared to the previous year. Furthermore, there has been an increase in the number of Never Events reported during 2022/23 compared to the previous years, particularly the recurring theme of wrong site surgery and nerve root block. We would like to see further improvements therefore in embedding the learning from previous investigations.

The ICB note that several serious incidents have occurred within maternity services and would have liked to have seen reference to the improvement and safety actions being taken. It would have been helpful to understand how the Trust is progressing the recommendations made following publication of the Ockenden and East Kent reports which could outline how the Trust is working collaboratively with the Local Maternity and Neonatal System to implement these and improve maternity care.

The ICB acknowledge the progress the Trust has made towards addressing the backlog of outstanding SI investigations, because of the impact of the COVID-19 pandemic and hope the remainder of these are completed soon for the patients and families involved. The reference to relaxed investigation times was a directive from the national patient safety team at NHS England to remove the sixty-day timescale and not just commissioners.

The ICB welcome the ongoing opportunity to be part of the Trusts Serious Incident Review Oversight Group that will evolve under the new Patient Safety Incident Response Framework and look forward to continuing to work with the Trust through to transition to the National Patient Safety Incident Response Framework in 2023 and to see greater involvement of patients, families, carers with a greater focus on improvements and sharing the learning with wider system partners across the ICS.

It is positive to note that work is continuing to improve the embedding of learning from National Patient Safety Alerts across the organisation that is in line with the Trust Quality Strategy 2022-2025 of Safe Care.

The ICB note the details of the 2022 Staff Survey at the Trust and the reduction in responses of 7% based on the previous year and in some areas Trust staff are reporting more negatively than the national average. We welcome the work that is underway to address the key issues raised by the feedback in the National Staff Survey inclusive of the full review and relaunch of the HUTH People Strategy.

We recognise that the Trust has robust whistleblowing mechanisms in place to support and signpost staff to the varying routes that can be used to raise a concern and acknowledge the positive work undertaken during 2022/2023 with the launch of the first 'Speak Up Champion' Network.

Duty of candour. The ICB are aware that the Trust had not always provided timely duty of candour, both verbal and written to patients, relatives and carers following patient safety incidents requiring investigation and so are pleased to see that further improvements have been identified that will continue into 2023/24.

The ICB acknowledge the ongoing and legacy challenges of the impact of the COVID-19 pandemic in terms of performance recovery and patients' safety. Equally, the current challenges associated with urgent and emergency care and the discharge of patients from acute services. The ICB, along with wider stakeholders, continue to support the Trust within the Quality Improvement Group in developing sustainable plans for improvement and in mitigating any risks to patient safety and the experience of those using our services.

In rounding up this review of the 2022/23 Quality Account, the ICB remain committed to working with the Trust and its regulators to improve the quality and safety of services available for our population and look forward to working with the Trust to continue to deliver better outcomes for all our patients. Commissioners would welcome an opportunity to contribute to the Trusts priorities for 2022/2023 and look forward to working alongside the Trust, in a partnership approach to improving quality across the ICS."

Statement from Healthwatch East Riding of Yorkshire

"Healthwatch East Riding of Yorkshire welcomes the opportunity to feedback on the quality accounts. The accounts set out a detailed summary of activity during 2022-3 and list future priorities. It is great to see the expansion of the patient experience team and the commitment to continue improving services and providing high quality, safe and effective care to for patients, their carers and their families.

Healthwatch recognises the efforts made by the Trust to promote a blended approach and how this is instrumental in decision making. Regular engagement with adult and youth committee members can be described as a real positive.

A highlight of the document was the, 'Moments of Magic' section which reported on patients lived experiences of health and social care and the difference great care made.

The innovation section clearly presented some of the ways that the service is moving forwards and it was great to see the introduction of power banks. Staying in touch is essential when visiting A and E and lengthy waits, often mean, that phone charge can be quickly drained. However, it would be great to see a reduction in the overall fee.
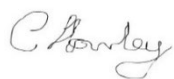
Efforts to introduce young people to potential careers with the introduction of 'Med Shed' is seen as a progressive way forwards to address the national workforce crisis which is readily reported on.

In your performance against priorities section, you mention the great work you are doing with regards to gathering feedback from Dementia patients and how this is a key priority for improvement. It would be interesting here to note what changes you are going to make to FFT gathering to improve this.

You point out that not all of the objectives from the 21/22 Quality Improvement Priority for improved learning from complaints and patient experience had been completed. But have made expansions to the team and have put in place a number of measures to support the delivery of targets. However, it was disappointing to read that the number of complaints closed within the month has continued to increase from 41 a month in November 2022 to 82 closed in the month of April 2023. It is good to hear that improvements have been made with regards to dealing with the management of complaints, but Healthwatch is concerned that initial targets have not been achieved since 2020.

It is worth noting that in your section with regards to priorities for 2022/23 that you report a figure of 23 respondents in response to your survey, 1 of which was patients and public. Healthwatch questions whether this would be better represented as a percentage of the overall response rather than an actual figure as the reported figure appears low.

I would like to thank all of your staff for the hard work they have put in during 2022/23 despite the challenges and for the developments that are happening within the Trust. We have still been in Covid-19 recovery; however you have continued to make improvements and to recognise were you still need to make progress."

Cheryl Howley
Delivery Manager
Healthwatch East Riding of Yorkshire

Statement from Healthwatch Kingston upon Hull

"Healthwatch Hull welcome the opportunity to feedback on the Trust's quality accounts. The accounts set out a detailed summary of activity during 2022-23 and list future priorities. It also details the importance of service user feedback in shaping services and the opportunities for engagement with the Trust.

The statistics in the about us section shows the vast amount of people in the local area that are benefiting from services provided by the trust. The moments of magic and staff awards are a great example of people actually making a difference and the trust should be proud of their achievements.

The innovations section also highlights the Trust listen to people's views and experiences, as these examples of changes, such as the mobile charging point make a real difference to people using the services.

NHS staff survey results section could show how the Trust are been working on improvements over the last few years. This would result in people being able to measure how things have improved over time. It would also be helpful to see what changes are being introduced and how they would tackle staff concerns.

In the Duty of Candour section, it talks about compliance and following a review elements were identified which require improvements. It would be good to know what elements of the process require improvements, how are they going to be achieved and also provide timescales when these improvements are likely to be implemented.

In relation to equality, the word BAME throughout the report appears 3 times. Guidance on the .GOV website for equality from April 2022 advises, that this term should not be used to describe black, Asian and ethnic minorities as a group.

The Trust has made Learning from Incidents, Sepsis, Medication Errors as a priority and this should provide people and staff with the assurance that they are working in and using a service that is safe. We believe that the Trust could increase public confidence by explaining what they will do differently in terms of their approach, has there been any consideration given to use an alert system to ensure actions are done within specified time scales.

We would like to thank all of your staff for the hard work during 2022/23 despite the challenges they have faced. The developments that are happening within the Trust should help address the issues mentioned. Finally, we are hopeful the Trust will continue to make improvements and make the kind of progress that people using the services can be proud of."

Nav Singh
Hull Delivery Manager
Healthwatch, Kingston upon Hull

Trust response to Stakeholder Statement

The Trust would like to thank all stakeholders for their comments on the 2022/23 Quality Account. All statements received from our Stakeholders have been included in the Quality Account as provided.

We are pleased that the statements from our stakeholders acknowledge the progress made during a very difficult and testing year for the NHS and that stakeholders agree that the quality and safety improvement priorities for 2023/24 are the correct ones.

The Trust would also like to thank stakeholders on their positive comments and continued support towards Hull University Teaching Hospitals NHS Trust and our staff for their hard work and dedication during the COVID-19 pandemic.

Annex 2

This section includes

- [Statement of Directors Responsibility](#)
- [Independent Auditors Report](#)

Statement of Directors' Responsibility

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

By order of the Board

Chair: **Date:**   26/06/2023

Chief Executive: **Date:**   26/06/2023

Independent Auditor's Report

The Quality Accounts are no longer required to undergo an independent review and NHS providers are not expected to obtain assurance from external auditors on their quality account.

The accounts will continue to be shared with key Stakeholders for external scrutiny and comment.

Annex 3

This section includes:

- [Abbreviations and Definitions](#)
- [How to provide feedback](#)
- [Other formats](#)

Abbreviations and Definitions

The below table is a list of abbreviations and definitions used throughout the Quality Accounts:

Abbreviation	Definition
Audit	An audit is a way to find out if healthcare is being provided in line with standards and let's care providers and patients know where their service is doing well, and where there could be improvements.
Barrett Values survey	The Barrett Values Survey is used to identify the values of individuals and groups through a series of assessments.
CQC	Care Quality Commission (CQC) regulates and monitors the Trust's standards of quality and Safety.
CAS	The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.
CEPPD	Clinical, Effectiveness, Policies and Practice Development Committee
CHCP	City Healthcare Partnership CIC
CHH	Castle Hill Hospital
Clinical Audit	This is a quality improvement process that looks at improving patient care and outcomes through a review of care against a set of criteria. This helps to ensure that what should be done in a Trust is being done.
Clinical Commissioning Group (CCG)	Clinical Commissioning Groups (CCGs) commission a majority of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations and ensuring that they are provided.
Clinical Outcomes	A clinical outcome is the "change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions.
Clinical Research	Clinical research is a branch of medical science that determines the safety and effectiveness of medication, diagnostic products, devices and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.
Commissioning for Quality and Innovation (CQUIN)	A payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets
COVID-19	A highly contagious respiratory disease caused by the SARS-CoV-2 virus.
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative.
DATIX	DATIX is the Trust wide incident reporting system
Duty Of Candour	Involves explaining and apologising for what happened to patients who have been harmed or involved in an incident as a result of their healthcare treatment.
ED	The Emergency Department (ED) assesses and treats people with serious injuries and those in need of emergency treatment. Its open 24 hours a day, 365 days of the year.
Engagement	This is the use of all resources available to us to work with staff, patients and visitors to gain knowledge and understanding to help develop patient pathways and raise staff

Abbreviation	Definition
NEWS2	morale. It also means involving all key stakeholders in every step of the process to help us provide high quality care.
ePMA	Electronic Prescribing and Medicines Administration
Friends and Family Test	The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.
Fundamental Standard Inspections	A formal review process, which reviews objectively the quality of care delivered by our clinical teams, is set around nine fundamental standards, with the emphasis on delivering high quality, safe effective care. Each fundamental standard is measured against a set of key questions that relate to that specific standard of care.
Health and Wellbeing Boards	Health and wellbeing boards are statutory bodies whose role is to promote integrated working among local providers of healthcare and social care.
Health Groups	Health Groups are the areas of the Trust delivering care to our patients. There are four Health Groups; Clinical Support, Family and Women's, Medicine, and Surgery. These four Health Groups are headed by a Consultant (Medical Directors) who is the Accountable Officer. They are supported in their role by a Director of Nursing and an Operations Director.
Healthwatch	Healthwatch is an independent national champion for people who use health and social care services.
HUTH	Hull University Teaching Hospitals NHS Trust
HRI	Hull Royal Infirmary Hospital
Just culture	A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution.
Lorenzo	The Trust's electronic patient record system
National Patient Safety Agency Alerts	Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develops advice for the NHS that can help to ensure the safety of patients. Advice is issued to the NHS as and when issues arise, via the Central Alerting System in England and directly to NHS organisations in Wales. Alerts cover a wide range of topics, from vaccines to patient identification. Types of alerts include Rapid Response Reports, Patient Safety Alerts, and Safer Practice Notices.
Near Miss	A Near Miss is an incident that had the potential to cause harm, loss or injury but was prevented. These include cyber, clinical and non-clinical incidents that did not lead to harm, loss or injury, disclosure or misuse of confidential data but had the potential to do so.
NerveCentre	An electronic patient record system which provides the electronic capture of patient information, via hand held devices, at the bedside, enabling timely and accurate data collection.
Never Event	A Never Event is a type of serious incident (SI). These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'.
NEWS2	National Early Warning Score (NEWS) is based on a simple scoring system in which a score is allocated to six physiological measurements already taken in hospitals – respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate

Abbreviation	Definition
	and level of consciousness. NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness.
NHS	National Health Service
NHS England	NHS England acts as a direct commissioner for healthcare services, and as the leader, partner and enabler of the NHS commissioning system.
NHSI	NHS Improvement (NHSI) is a non-departmental body in England, responsible for overseeing the National Health Service's foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to ensure the service provided is safe, effective and efficient.
NIHR	The National Institute for Health Research commissions and funds research in the NHS and in social care.
NMC	The Nursing and Midwifery Council (NMC) are the professional regulator for nurses and midwives in the UK, and nursing associates in England.
NRLS	National Reporting and Learning Service is a central database of patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.
PPE	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment.
QIP	Quality Improvement Plan (QIP) - The purpose of this plan is to define, at a high level; the overall continuing quality improvement journey HEY is making and the improvement goals that the trust will work towards over the next 12 months. The plan includes all of the MUST DO and SHOULD DO recommendations in the CQC Quality Reports and detailed plans are being developed for each project/work area. However, the plan is broader than those actions and includes longer-term pieces of work that the trust is pursuing to improve overall quality and responsiveness across the organisation, for example in relation to Quality Accounts.
RCEM	The Royal College of Emergency Medicine (RCEM) is an independent professional association of emergency physicians in the United Kingdom which sets standards of training and administers examinations for emergency medicine in the United Kingdom and Ireland.
RECOVERY	Randomised Evaluation of COVID-19 Therapy is an international clinical trial aiming to identify beneficial treatments for people hospitalised with suspected or confirmed COVID-19
ReSPECT	A Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) provides a summary for a person's clinical care and treatment in a future emergency in which they do not have capacity to make or express choices
Root Cause Analysis (RCA)	RCA is a method of problem solving that tries to identify the root causes of faults or problems.
Sepsis	Sepsis is a medical condition that is characterised by a whole body inflammatory state and the presence of a known infection.

Abbreviation	Definition
Serious Incident (SI)	An SI is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.
SHMI	Standardised Hospital Mortality Indictor - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
SIREN	SARS-CoV-2 Immunity and Reinfection EvaluatioN – national study to better understand whether individuals who have recovered from COVID-19 are protected from future SARS-CoV-2 infection
Stakeholders	A group of people who have a vested interest in the way Hull University Teaching Hospitals NHS Trust operates in all aspects. For example, the deliverance of safe and effective patient care.
Structured Judgement Review (SJR)	A review undertaken by a clinician following a death of a patient to review care, best practice and areas for improvement can then be shared and themes identified.
SystmOne	An electronic patient record system
Task and Finish Group	A Task and Finish group is a group set up as a sub group as part of larger project group and looks at specific items that needs to be delivered.
Tissue viability	Tissue viability is a speciality that primarily considers all aspects of skin and soft tissue wounds including acute surgical wounds, pressure ulcers and all forms of leg ulceration.
Trust Board	The Trust's Board of Directors, made up of Executive and Non-Executive Directors.
Virginia Mason Institute	Virginia Mason Institute works with organisations worldwide to continuously innovate and solve healthcare's largest challenges.
VTE	Venous thromboembolism (VTE) is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm (known as deep vein thrombosis, DVT) and travels in the circulation, lodging in the lungs (known as pulmonary embolism, PE).

How to provide feedback

We would like to hear your views on our Quality Account

The Quality Account gives the Trust the opportunity to tell you about the quality of services we deliver to our patients. We would like your views to help shape our report so that it contains information which is meaningful to you and reflects, in part, the aspects of quality that matters most to you.

If you have any feedback regarding the Quality Account please e-mail your comments to:
hyp-tr.quality.accounts@nhs.net

However, if you prefer pen and paper, your comments are welcome at the following address:

The Compliance Team
Quality Governance and Assurance Department
Medical Education Centre
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ

Other formats

This document can also be made available in various languages and different formats including Braille, audio tape and large print.

For more information, you can contact Rebecca Thompson:

Call: (01482) 674828

Email: Rebecca.thompson71@nhs.net

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