



Hull University  
Teaching Hospitals  
NHS Trust

# QUALITY ACCOUNTS 2024/25

**United by Compassion: Driven by Excellence**

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# Part 1: Introducing our Quality Account

## 1.1 Group Chief Executive Statement

Welcome to the quality account for Hull University Teaching Hospitals NHS Trust.

Our dedication to quality and safety is the cornerstone of our work, and it is essential that we maintain this focus even as we face significant financial challenges. This document outlines the **Quality Account** for Hull University Teaching Hospitals NHS Trust for the year 2025/26. The key aims are to enhance the quality of care and patient safety through a set of clear priorities. The document also set out our many achievements, including the implementation of quality improvement initiatives, patient feedback mechanisms, and staff engagement strategies. These achievements remind us that possibility and positivity is a mindset that helps us to transform continuously, and they are made possible by the efforts of our amazing workforce. The power to innovate and be creative lies with them, and we have to support them to succeed in their ambitions.

Our overall goal is to continuously improve patient care, safety, and experience while maintaining high standards of clinical effectiveness. We recognise that the NHS is at a pivotal moment where we must transform our services to ensure that we can continue to provide the best possible care. This requires us to be ambitious in our thinking, reflecting on what we currently do and finding radically different solutions to the delivery of care, investing in our people and helping them to bring their ideas to fruition.

The Quality Account details our approach to safe care across a number of domains: End-of-Life Care, Deteriorating Patient and Sepsis, Medication Safety, Mental Capacity and Patient Safety Incidents. While we have seen an increase in patient safety incident reporting, this demonstrates a positive safety reporting culture. This is vital because it fosters an environment where staff feel safe and encouraged to report incidents and near misses. By creating a psychologically 'safe' environment for staff to speak up we will learn and improve. This openness leads to the identification and resolution of potential issues before they

escalate, ultimately enhancing patient safety and care quality.

Our Quality Account provides us all with a framework for the delivery of exceptional and safe care to our patients, from birth to end of life. I am excited about the potential we have as a collective of hospitals and community services and I hope this document is useful to you in providing clarity on our direction of travel for the next 12 months.

**Signed Declaration;** It is important that our Quality Report is accurate and presents an honest picture of our care. We seek to foster an open and transparent culture so we can understand where improvements are needed. As Acting Group Chief Executive of Hull University Teaching Hospitals NHS Trust, I can confirm that the information used and published in the Quality Report is, to the best of my knowledge, accurate and complete.



A handwritten signature in black ink that reads "A. Stanford".

**Amanda Stanford,**  
**Acting Group Chief Executive**



## 1.2 About Us

Hull University Teaching Hospitals NHS Trust (referred to as 'the Trust' throughout this report) consists of two hospitals and community services in Hull and East Yorkshire. The Trust employs 10,847 staff and provides acute hospital services and community services to a population of people across Hull and East Riding of Yorkshire and has approximately 1,305 beds across two hospitals. The site locations are:

- Hull Royal Infirmary (also referred to as HRI)
- Castle Hill Hospital (also referred to as CHH)

Our secondary care service portfolio is comprehensive, covering the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services. These services are provided primarily to a catchment population of approximately 600,000 and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively.

We provide specialist and tertiary services to a catchment population of between 1.05 million and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively. The only major services not provided locally are transplant surgery, major burns and some specialist paediatric services.

We are designated as a Cancer Centre, Cardiac Centre, Vascular Centre and a Major Trauma Centre. We are a university teaching hospital and a partner in the Hull York Medical School.

The Trust is now part of a Group – NHS Humber Health Partnership – as we work more closely with our colleagues at Northern Lincolnshire and Goole NHS Foundation Trust.

The Group manages five main hospitals sites: Hull Royal Infirmary, Grimsby Diana Princess of Wales Hospital, Scunthorpe General Hospital, Castle Hill Hospital and Goole Hospital. It provides a wide range of community services across North and North East Lincolnshire, including district nursing, physiotherapy, psychology, podiatry and specialist dental services.

NHS Humber Health Partnership employs over 19,000 staff, sees more than 1,000,000 patients each year and has a budget of £1.4bn.



# 2024/2025

## A YEAR IN NUMBERS



Figures from 1 April 2024 to 31 March 2025. Emergency department figures include Urgent Treatment Centre attendances

# 1.3 What our Patients said in 2024/25

The Trust has continued to work with Healthcare Communications and the Friends and Family Test provider. Throughout 2024 Friends and Family reporting has been aligned with the Trust Group Structure and new services been set up to receive feedback data from families and relatives. Healthcare Communications provides 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 are available to assist patients with providing feedback as not all patients have access to a smart device. Volunteers have access to iPads and can assist patients complete the survey electronically or via the paper forms to improve response rates and accessibility.

During 2024/2025 the Trust collected 99k responses from patients and is grateful for the 82k comments that patients made whilst completing our survey to help us improve our services. This is broadly similar to the response rate in the prior year, and the Trust has continued to achieve an overall star rating of 4.5 out of 5, with some progression in our overall rating. Whilst we have received fewer negative elements of feedback, there is significant work for us to drive forward and improve our experience for patients.

**2023/24**



**2024/25**



The main themes of feedback are contained in the below tables with a year on year comparison:

2023/24			2024/25		
#	Top 5 positive themes	% respondents feedback	#	Top 5 positive themes	% respondents feedback
1	Staff attitude	49.07%	1	Staff attitude	↑ 49.86%
2	Implementation of care	28.67%	2	Implementation of care	↓ 28.35%
3	Environment	19.04%	3	Environment	↑ 19.27%
4	Patient mood/feeling	13.67%	4	Patient mood/feeling	↑ 13.85%
5	Communication	13.06%	5	Communication	↑ 13.64%

2023/24			2024/25		
#	Top 5 negative themes	% respondents feedback	#	Top 5 negative themes	% respondents feedback
1	Staff attitude	3.96%	1	Staff attitude	↓ 3.61%
2	Waiting time	3.18%	2	Environment	↑ 3.95%
3	Environment	3.12%	3	Waiting time	↓ 2.75%
4	Communication	2.54%	4	Implementation of care	↓ 2.44%
5	Implementation of care	2.52%	5	Communication	↓ 2.27%

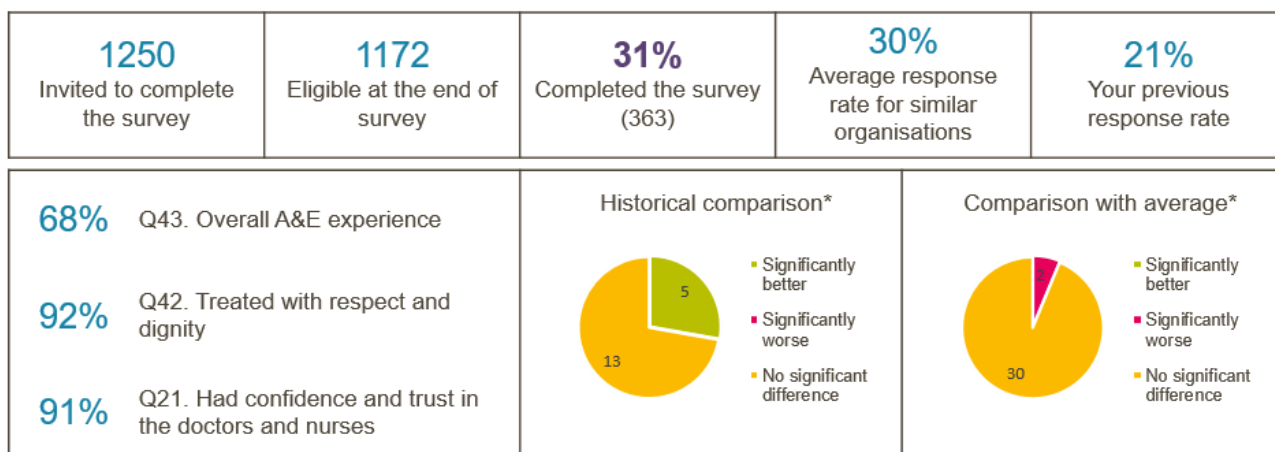
We are pleased that nearly half of our responding patients (49%) take the time to positively feedback on the attitude and caring nature of our staff. This is a slight improvement from the feedback during 2023/24 and shows consistently good feedback on staff attitude, but we recognise there is more work to do. There has also been small increases in positive feedback in the Environment, Patient mood/feeling and communication themes. There has however been a small increase in the negative theme Waiting Time. Our positive FFT A&E score has slightly declined from 70% to 69.99% with negative responses making 20.66% of the responses.

# 1.4 Patient Surveys

The national survey programme provides a year-on-year review of person-centred validated questions and responses. This data allows the Trust to monitor internal progress and benchmarking. During 2024/25 the Trust implemented a comprehensive action plan based on the 2024 national surveys of which the headlines are detailed below.

## Urgent and Emergency Care Survey

A total of 55 questions were asked to people that attended the department in February 2024, 40 of which were positively scored. The results show that there is no significant difference or slight improvements in the questions that have a historical comparison and that in many areas the Trust compares on average with other organisations.



Top 5 scores vs Picker Average	Trust	Picker Avg
Q24. Staff helped with communication needs while in A&E	83%	75%
Q40. Staff discussed potential further care	76%	71%
Q3b. Necessary help provided by NHS 111 telephone service	90%	88%
Q22. Family, friend, or carer able to talk to a doctor or nurse	84%	82%
Q13. Informed of waiting time for examination or treatment	29%	27%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q26. Staff helped take pre-existing medication	64%	73%
Q3f. Necessary help provided by GP practice	69%	75%
Q30. Staff helped control pain	70%	76%
Q32. Able to get food and drink while in A&E	71%	76%
Q15. Able to get help with your condition or symptoms from a member of staff	50%	55%

Most improved scores	Trust 2024	Trust 2022
Q32. Able to get food and drink while in A&E	71%	50%
Q40. Staff discussed potential further care	76%	55%
Q15. Able to get help with your condition or symptoms from a member of staff	50%	34%
Q24. Staff helped with communication needs while in A&E	83%	68%
Q16. Spent under 12 hours in A&E	85%	75%

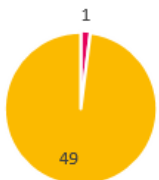
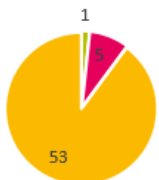
Most declined scores	Trust 2024	Trust 2022
Q13. Informed of waiting time for examination or treatment	29%	34%
Q25. Given enough privacy when being examined or treated	95%	98%
Q20. Doctor or nurse discussed anxieties or fears about condition or treatment	73%	74%

The Care Group have been asked to develop local plans for improvement and progress will be measured in our monthly performance meetings.



## Maternity Survey

A total of 89 questions were asked to people that gave birth at the Trust, 59 of which were positively scored. The sample was taken between April and July 2024, the results show that many areas have no significant difference in the questions that have a historical comparison and that in many areas the Trust compares on average with other organisations, although there were 5 questions which show significantly worse.

<b>368</b> Invited to complete the survey	<b>367</b> Eligible at the end of survey	<b>43%</b> Completed the survey (159)	<b>40%</b> Average response rate for similar organisations	<b>46%</b> Your previous response rate
<b>96%</b> C17. Treated with respect and dignity (during labour and birth)  <b>92%</b> C18. Had confidence and trust in staff (during labour and birth)  <b>92%</b> C16. Involved enough in decisions about their care (during labour and birth)		<b>Historical comparison*</b>  <ul style="list-style-type: none"> <li>Significantly better</li> <li>Significantly worse</li> <li>No significant difference</li> </ul>		<b>Comparison with average*</b>  <ul style="list-style-type: none"> <li>Significantly better</li> <li>Significantly worse</li> <li>No significant difference</li> </ul>

Top 5 scores vs Picker Average	Trust	Picker Avg
D2. Discharged without delay	64%	58%
F15. If needed it, received support or advice about feeding their baby during evenings, nights or weekends	75%	70%
F5. Felt midwives aware of medical history (postnatal)	79%	75%
B11. Given the help needed by midwives (antenatal)	98%	94%
E3. Felt midwives gave enough support and advice about feeding the baby	86%	83%

Most improved scores	Trust 2024	Trust 2023
C5. Involved enough in decision to be induced	86%	80%
B3. Offered a choice of where to have baby	61%	56%
B4. Given enough information about where to have baby	76%	72%
B11. Given the help needed by midwives (antenatal)	98%	93%
C12. Felt concerns were taken seriously (during labour and birth)	81%	77%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
D6. Found partner was able to stay with them as long as they wanted (in hospital after birth)	43%	67%
B3. Offered a choice of where to have baby	61%	84%
B6. Felt midwives or doctor aware of medical history (antenatal)	79%	87%
B17. Concern during your antenatal care taken seriously	80%	88%
C4. Given information / advice on risks of induced labour	67%	74%

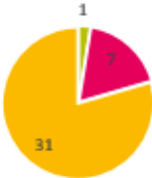
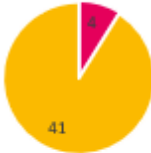
Most declined scores	Trust 2024	Trust 2023
F19. Considered making a complaint about the care received	58%	72%
F18. Felt GP talked enough about mental health during postnatal check-up	67%	75%
B10. Given enough support for mental health during pregnancy	84%	91%
C19. Able to ask questions afterwards about labour and birth	72%	79%
D2. Discharged without delay	64%	70%

The Care Group have been asked to develop local plans for improvement and progress will be measured in our monthly performance meetings.



## Inpatient Survey

A total of 63 questions were asked to people that gave birth at the Trust, 45 of which were positively scored. The sample was taken between November 2023, the results show that many areas have no significant difference in the questions that have a historical comparison with 7 questions significantly worse and that in many areas the Trust compares on average with other organisations, although there were 4 questions which show significantly worse.

<b>1250</b> Invited to complete the survey	<b>1181</b> Eligible at the end of survey	<b>48%</b> Completed the survey (564)	<b>43%</b> Average response rate for similar organisations	<b>42%</b> Your previous response rate	
<b>83%</b> Q49. Rated overall experience as 7/10 or more  <b>98%</b> Q48. Treated with respect and dignity overall  <b>98%</b> Q18. Had confidence and trust in the doctors		<b>Historical comparison*</b>  <ul style="list-style-type: none"><li>Significantly better</li><li>Significantly worse</li><li>No significant difference</li></ul>			<b>Comparison with average*</b>  <ul style="list-style-type: none"><li>Significantly better</li><li>Significantly worse</li><li>No significant difference</li></ul>

Top 5 scores vs Picker Average	Trust	Picker Avg
Q5. Did not have to wait too long to get to a bed on a ward	75%	72%
Q43. Staff told patient who to contact if worried after discharge	77%	75%
Q11. Able to take own medication when needed to	89%	87%
Q9. Room or ward very or fairly clean	97%	97%
Q38. Given enough notice about when discharge would be	87%	87%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q14. Got enough help from staff to eat meals	76%	83%
Q8. Staff explained reasons for changing wards at night	73%	81%
Q44. Staff discussed need for further health or social care services after discharge	72%	78%
Q42. Before leaving hospital knew what would happen next with care	78%	84%
Q46. Got enough support from health or social care professionals after discharge	72%	77%

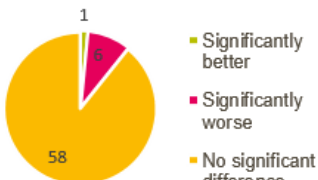
Most improved scores	Trust 2023	Trust 2022
Q50. Asked to give views on quality of care during stay	35%	8%
Q5. Did not have to wait too long to get to a bed on a ward	75%	72%
Q23. Always or sometimes enough nurses on duty	89%	87%
Q40. Understood information about what they should or should not do after leaving hospital	96%	95%
Q19. Doctors included patient in conversation	97%	96%

Most declined scores	Trust 2023	Trust 2022
Q46. Got enough support from health or social care professionals after discharge	72%	82%
Q44. Staff discussed need for further health or social care services after discharge	72%	82%
Q8. Staff explained reasons for changing wards at night	73%	82%
Q15. Able to get food outside of meal times	76%	83%
Q39. Given information about what they should or should not do after leaving hospital	75%	82%

The Care Groups have been asked to develop local plans for improvement and progress will be measured in our monthly performance meetings.

## Children and Young People Survey

The Children and Young People Survey is run every two years but has not happened since 2020. A total of 98 questions were asked to people that had a child as a day case or inpatient at the Trust, 68 of which were positively scored. The sample was taken between March and May 2024, the results show that in many areas the Trust compares on average with other organisations, although there were 6 questions which show significantly worse.

<b>1250</b> Invited to complete the survey	<b>1238</b> Eligible at the end of survey	<b>21%</b> Completed the survey (265)	<b>22%</b> Average response rate for similar organisations	<b>NA</b> Your previous response rate
<b>94%</b> P44. Parent felt child was looked after in hospital	<p>Comparison with average*</p>  <ul style="list-style-type: none"> <li>Significantly better</li> <li>Significantly worse</li> <li>No significant difference</li> </ul>			
<b>97%</b> P46. Parent or carer was treated with dignity and respect by the staff				
<b>82%</b> P48. Parent's overall rating of their child's experience in hospital (being 7/10 or more)				

Top 5 scores vs Picker Average	Trust	Picker Avg
C2. Child was around people their own age	74%	65%
C3. Child was not prevented from sleeping	38%	32%
C25. Staff informed the child whom to talk to if they had any worries when they got home	94%	89%
C4. Child felt the ward to be suitable for someone their age	99%	94%
C1. Child felt that the hospital Wi-Fi was sufficient	90%	86%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
C7_2. Staff played games and did activities with the child while in hospital	45%	57%
P21. Parent felt their child could speak to staff about their worries and fears	74%	85%
P16. Parent did not feel staff gave them conflicting information	57%	68%
P20. Parent felt that staff played with their child	52%	62%
C20. Child was not bothered whilst they were in the waiting area	24%	32%

The Care Group have been asked to develop local plans for improvement and progress will be measured in our monthly performance meetings.

## 1.5 Celebrating Success and Innovation

The Trust had yet another difficult year in 24/25, much like many NHS providers nationwide. Even though the Trust has faced many challenges, staff members continue to rise to the occasion, as seen by the numerous instances of incredible successes and accomplishments they have made during the year. The NHS Humber Health Partnership also hosts annual staff awards known as Golden Stars. Below are a few of this year's accomplishments:

### **Hull midwifery bereavement team scoop national MAMA**

**award** - The Bereavement Team at Hull Women and Children's Hospital has won the prestigious Maternity Team of the Year award at the MAMA Academy Awards. The team, consisting of Lead Bereavement Midwife Ainsley Belton, Maternity Bereavement Support Worker Sam Catanach, and Bereavement Midwife Jenna Cadden, was recognized for their compassionate care and support for families who experience the death of their babies. They beat out competition from other notable bereavement teams across the UK.



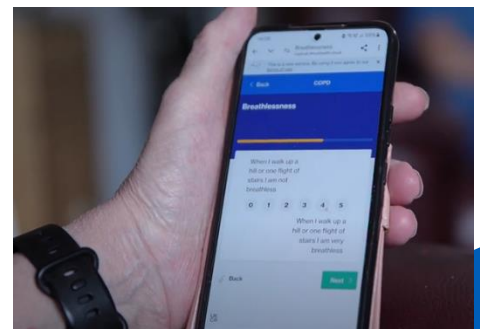
The MAMA Academy, which aims to reduce stillbirths and neonatal deaths in the UK, highlighted the team's work, including setting up a peer-to-peer support group, building the Rainbow Clinic for families with subsequent pregnancies, and organizing a Remembrance Service during Baby Loss Awareness Week. Heidi Eldridge, founder of the MAMA Academy, commended the team for their remarkable work and dedication.



**Hull cervical screening rates improve thanks to #smearnotfear** - Cervical cancer screening rates in Humber and North Yorkshire are now among the highest in the country thanks to the commitment and dedication of a Hull screening team. More than 72pc of women aged 25 to 49 and almost 77pc of women aged 50 to 64 attended cervical screening appointments last year, much higher than the national average of 67.5pc and 74.9pc. As well as being the highest in the region, Humber and North Yorkshire's figures are higher than attendances in the North East and Yorkshire at 70.5pc and 76pc, South Yorkshire at 70.4pc and 75.8pc and 67.7pc and 75.9pc in West Yorkshire.

Now, the Colposcopy Team at Hull Women and Children's Hospital have been credited with the increase in attendance rates thanks to their #smearnotfear campaign to encourage women to keep smear test appointments. Prior to starting #smearnotfear, our cervical screening rates were one of the lowest in the country despite the area having some of the highest rates of cervical cancer.

**AI technology transforms care for respiratory patients** - The use of AI technology to improve a scheme that has transformed care for patients with chronic respiratory illness in Hull and East Yorkshire. Since March 2023, the scheme has reduced hospital readmissions for COPD patients by 40%. The Lenus COPD support system allows patients to use an app to monitor their symptoms and communicate with clinicians, helping to prevent hospital visits. The next phase involves using AI to analyse data and identify trends to further reduce hospital admissions.





**Patients with blood conditions benefit from new service at Queen's Centre** - Patients with serious blood conditions in East Yorkshire are benefiting from a new procedure called PowerPICC Solo, which avoids invasive surgery and reduces hospital stays. This procedure, used for stem cell transplants following intensive chemotherapy, has been successfully implemented at Ward 33 and the Teenage and Young Adults Unit after its use in oncology patients at the Queen's Centre. In the past year, 32 haematology patients have undergone the procedure, saving the NHS almost £50,000 and reducing infection rates. Patients now spend two fewer nights in the hospital, recover more quickly, and avoid additional invasive procedures. The procedure has also been extended to patients from Leeds hospitals as part of shared care.

**Leadless pacemakers fitted in a first for Castle Hill Hospital** - A milestone achieved by Castle Hill Hospital in Cottingham, where the first patients were fitted with leadless pacemakers. These devices are implanted directly into the heart via a vein and do not require a separate battery or leads, making them smaller and more comfortable for patients. The benefits of leadless pacemakers include reduced risk of complications, quicker recovery times, and longer battery life compared to traditional pacemakers. They are also safe for use in MRI machines and interfere less with daily activities.



The significant advancements in cardiac care brought by leadless pacemakers, offering a safer and more comfortable solution for managing heart rhythm disorders. Specific patient groups who may benefit from leadless pacemakers, such as those with issues accessing the heart through chest veins, patients with indwelling catheters, and those on dialysis. However, not all patients will be suitable for leadless pacemakers, and it is estimated that between five to ten leadless devices will be fitted at Castle Hill Hospital in the first year.



**Day Surgery Centre at cutting edge of epilepsy management.** - A Hull surgeon, Mr Adam Razak, and his team at Castle Hill Hospital are pioneering epilepsy management by conducting battery changes for vagus nerve stimulators in a dedicated day case facility. Vagus nerve stimulation (VNS) is used to manage epilepsy symptoms by implanting a device under the skin in the chest, connected to the vagus nerve in the neck. This device delivers mild pulses to the brain to prevent or

stop seizures. Previously, patients had to be admitted to Hull Royal Infirmary for battery changes, patients often facing cancellations due to bed shortages.

The new £10m Day Surgery Unit at Castle Hill Hospital allows patients to be admitted, operated on, and discharged within a few hours, increasing certainty around appointment dates and enabling more procedures per day. Mr Razak highlights the benefits of moving this surgery to the Day Surgery Centre, including greater capacity, reduced waiting times, and freeing up main hospital theatres for more complex operations.





### **‘First of its kind’ public health initiative begins at Hull Royal Infirmary -**

Patients and staff at Hull Royal Infirmary are being tested for Hepatitis C, a serious viral infection that damages the liver. This initiative is part of a global campaign to eradicate the virus. Hepatitis C can be spread through contact with infected blood, and many people may have it without realizing due to mild or no symptoms. The testing aims to identify cases early and provide treatment to prevent serious health issues. The World Health Organisation has set a target to

reduce new infections by 80% by 2030. NHS England has secured antiviral medication and treated over 70,000 people, reducing the need for liver transplants. The testing uses a simple finger prick test to quickly rule out negative cases and offer treatment to positive ones.

### **Physios become first to give ultrasounds by patient bedsides -**

Patients with major injuries and illnesses, including brain injuries and serious heart conditions, can now receive lung ultrasounds at their hospital bedsides. Physiotherapists Emily Cockshutt and Aaron Hales are the first at Hull University Teaching Hospitals to qualify in this technique, endorsed by the Intensive Care Society. This non-invasive diagnostic tool is superior to chest x-rays and auscultation, offering more accurate assessments without radiation. Emily and Aaron completed extensive training and will use the technique to provide tailored treatment plans, helping patients recover more quickly and spend less time in the hospital.



### **Patients with endometriosis to benefit from national accolade –**

Patients with endometriosis in the region are benefiting from specialist services recognized nationally. Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) have had their endometriosis centres accredited by the British Society of Gynaecological Endoscopy (BSGE), ensuring high-quality care. Endometriosis, a condition where tissue similar to the womb lining is found elsewhere in the body, can cause severe pelvic pain and other symptoms. Surgery for deep endometriosis is complex and should be provided in accredited centres.

Miss Preeti Gandhi and Mrs Jane Allen, consultants at NLaG and HUTH respectively, expressed their gratitude to their teams for achieving accreditation and providing high-quality treatment to patients with complex endometriosis.

## Part 2: 2.1 Quality Priorities 24/25

### End of Life:

To improve personalised palliative and end of life care to ensure patients are supported to have a good death. (Clinical effectiveness and patient experience).



#### Background

The End-of-Life Care Quality Priority is vital for ensuring that patients receive personalised palliative and end-of-life care, allowing patients to have a dignified and peaceful death. This initiative supports the delivery of Key Quality Priorities as identified by the Humber Health Group and aligns with national NHS recommendations. The focus is on improving health outcomes and reducing inequalities by providing high-quality care to patients, staff, and communities.

#### Key Achievements in 24/25

The following workstreams were identified to support and drive improvements for the End of Life Quality Priority:

- **Recognition of the dying patient:** improve the recognition and escalation of patients in the last days of life.

#### Recognition of the dying patient in last days of life

- A number of workshops and brainstorming sessions have taken place to identify the key barriers and challenges to support high-quality care provided to patients at end of life.
- Data reporting requirements agreed to ensure End of Life service improvements continue to be monitored.

#### Aims for 25/26

Looking ahead to 25/26, the End-of-Life Patient Quality Priority aims to build on the achievements made so far and continue to drive improvements by:

- Implementing comfort observations across the group
- Implementing an End-of-Life identification tool to ensure that patients who are End of Life are identified earlier and can begin the End-of-Life Pathway

# Deteriorating Patient and Sepsis:

Improved recognition and responding to the deteriorating patient. (Clinical effectiveness and patient safety).



## Background

The Sepsis and Deteriorating Patient Quality Priority is of paramount importance within the Humber Health Group. The initiative aims to enhance the recognition and response to deteriorating patients and improve the identification and management of sepsis. Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its tissues and organs. Prompt recognition and treatment are crucial to improving patient outcomes. It was noted that similar issues and commonalities were present within the two Quality Priorities. Consequently, it was decided to consolidate these priorities to reduce duplication and enhance their effectiveness and address the identified problems more efficiently.

## Key Achievements in 24/25

The following workstreams were identified to support and drive improvements for the Sepsis and DP Quality Priorities:

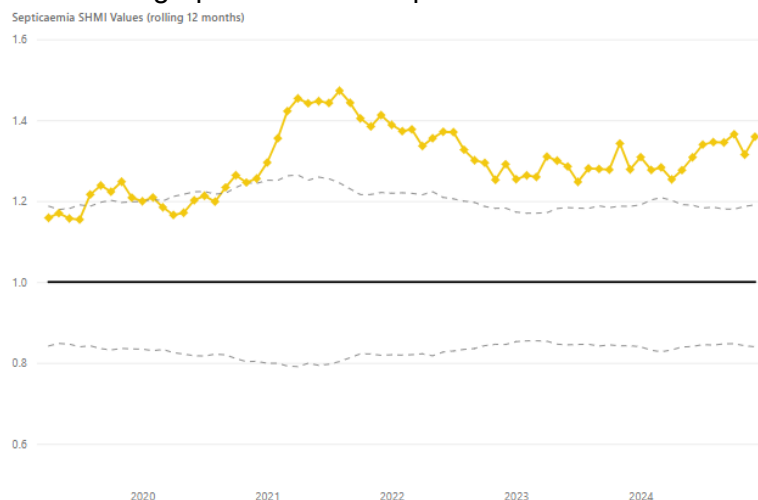
- **Education:** align the training provided across the Group in relation to deteriorating patients and patients with Sepsis
- **Infection Reduction:** reduce hospital associated catheter related infections.
- **Observations and Escalations (Marthas Rule):** improve patient safety by implementing Martha's Rule (patient-led escalation) to ensure concerns regarding deterioration are listened to and acted on.
- **Patient Engagement:** involving patients with lived experience to improve patient experience and services.
- **ReSPECT:** improve the quality of ReSPECT documentation and make sure that patients' preferences for emergency care and treatment are respected.
- **Sepsis Screening and management:** improve the recognition and timely response to sepsis.

Education									
<ul style="list-style-type: none"> <li>• Undertaken gap analysis for training needs by role.</li> <li>• Development and agreement of a group-wide education training programme on resuscitation, deteriorating patients, and sepsis, tailored to specific roles.</li> <li>• Implementation of sepsis e-learning training package which is mandatory for staff across the group to complete.</li> <li>• Concerns over 'Did Not Attend' (DNA) rates highlighted and work progressing to understand the barriers and challenges experienced in order to implement changes to improve attendance.</li> </ul>	<p>The below graph demonstrates compliance for the Sepsis training currently available for staff. The compliance rate target is 85%:</p> <table border="1"> <thead> <tr> <th>Training Category</th> <th>Compliance Rate</th> </tr> </thead> <tbody> <tr> <td>NICU - Sepsis and observation training (SOBs)</td> <td>97.6%</td> </tr> <tr> <td>Sepsis in Adults</td> <td>84.6%</td> </tr> <tr> <td>Sepsis in Children</td> <td>82.8%</td> </tr> </tbody> </table>	Training Category	Compliance Rate	NICU - Sepsis and observation training (SOBs)	97.6%	Sepsis in Adults	84.6%	Sepsis in Children	82.8%
Training Category	Compliance Rate								
NICU - Sepsis and observation training (SOBs)	97.6%								
Sepsis in Adults	84.6%								
Sepsis in Children	82.8%								

## Infection reduction

- External catheter audit undertaken, waiting for the results of the report to identify themes and areas for improvement.
- Developing a data capture/audit tool based on the above findings.
- Review of urinary catheter policies to align processes across the group.
- Review of educational packages for catheterisation use, identification and monitoring.

The below graph shows the Septicaemia SHMI values rate:

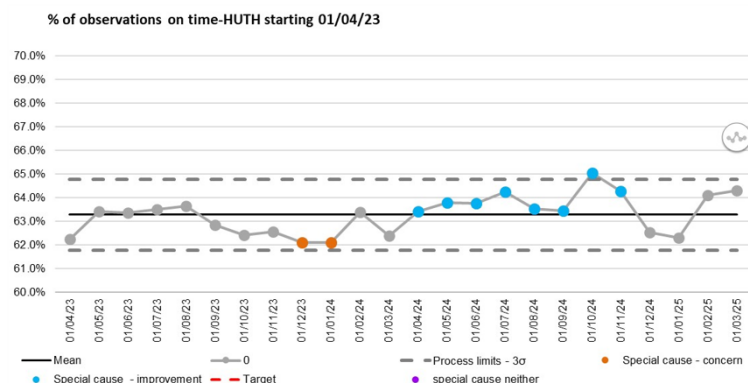


## Observations and Escalations –

## Martha's Rule

- Development of Standard Operating Procedure to support staff understanding around Martha's Rule.
- Implementation of a phased approach to introduce Martha's Rule across selected departments prior to rollout across the Group.
- A BI dashboard using agreed metrics to identify and support monitoring once Martha's rule has been rolled out, is under development.

The below chart shows the percentage of adult observations recorded on time:



The average for the percentage of adult observations recorded on time is around 63%. There were signs of improvement between Apr 24 and Nov 24 with 8 data points above the average, the data will continue to be monitored to understand if the recent downward trend is an indication of change in the process.

## Patient Engagement

- Involvement of individuals with lived experience in working groups to co-design improvements.
- Three former patients with lived experience are supporting quality improvement along with partners from the Sepsis Trust.
- Patient feedback survey forms developed to gather regular feedback from patients.
- Focussed improvement efforts on communication and providing information to help patients know what to expect following post-sepsis recovery.



## ReSPECT

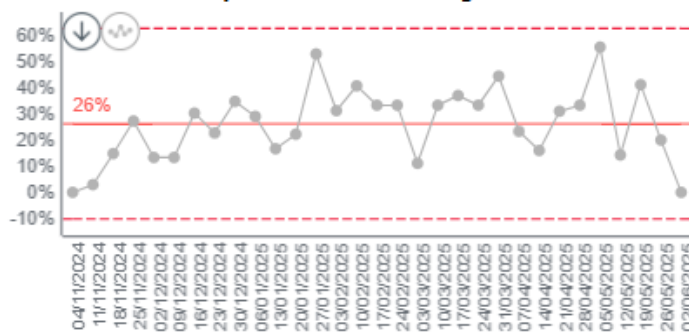
- Information on ReSPECT including posters and leaflets are readily available for patients and their families to access.
- Exploration of the barriers for staff to hold conversations with patients in relation to ReSPECT and identify what changes can be made to support improvement.
- Challenging misconceptions about ReSPECT and its intended purpose.
- Exploration of additional training sessions led by consultants to be made available to help challenge some of the misconceptions and enable staff to hold meaningful conversations with patients in relation to ReSPECT.

## Sepsis Screening and Management

- Completed creation of an updated sepsis dashboard.
- Roll-out of a sepsis screening tool and monitoring of adherence with sepsis screening rates.
- Finalisation of a Group Sepsis policy to support consistency in process.
- Significant improvements in sepsis screening rates.
- Increased support from the Sepsis team made available on the wards to help staff identify and manage sepsis.

The sepsis screening tool went live in October 2024. The below chart demonstrates the percentage of patients coded with Sepsis who had the Sepsis screening tool used:

**% Patients coded for Sepsis who had screening tool used**



## Aims for 2025/26

Looking ahead to 25/26, the Sepsis and Deteriorating Patient Quality Priority aims to build on the achievements made so far and continue to drive improvements by:

- Establishing a workstream for Delirium Screening to improve early recognition and response to delirium. The initiative aims to screen 90% of patients for delirium within 24 hours of arrival at the hospital by April 2026 across the Humber Health Partnership.
- Finalising the delivery of role-specific training on resuscitation, deteriorating patients, and sepsis.
- Updating educational packages to improve catheterisation use, identification and monitoring to reduce associated infections.
- Fully implementing Martha's Rule across identified departments in phase one by 30 June 2025 prior to full roll-out across the Group.
- Ensuring ongoing involvement of people with lived experience in working groups and learning from complaints.
- Understanding and addressing reasons for low compliance rates for staff use of the sepsis screening tool and identification and management of treatment.
- Aligning policies for ReSPECT process across the Group.
- Roll out of staff survey to understand barriers and challenges in relation to the ReSPECT process being introduced.
- Information/communications readily available to provide physical documents to patients to help explain the ReSPECT process.

# Medication Safety:

To improve the safety of prescribing weight dependent medication to adults.  
(Clinical effectiveness and patient safety).



## Background

In line with the NHS Patient Safety Strategy, healthcare providers must be committed to minimising risk and harm to patients, ensure quality, effective care alongside good patient experience. Medication safety contributes to optimising medications, saving lives, promoting a transparent reporting culture to learn from mistakes, decrease errors and harm, and reduce over-prescribing.

## Key Achievements in 2024/25

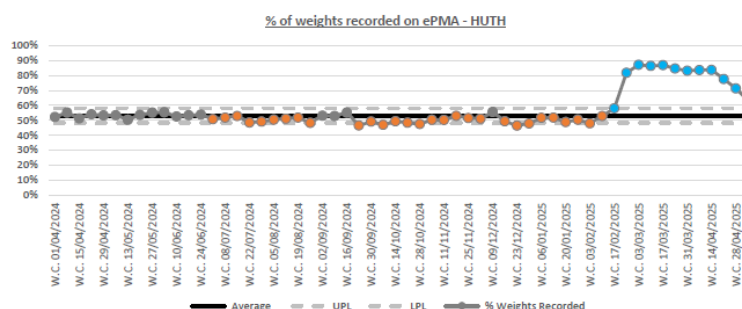
The following workstreams were identified to support and drive improvements for the Medication Safety Quality Priority:

- **Weighing of patients:** improve the safety of prescribing weight dependent medication to adults.
- **Time Critical Medication:** improve the timely administration of time critical medication.

### Weighing of patients

- Implementation of the green bag scheme, encouraging patients to bring their own medications to the hospital, which aims to support reduced missed doses in our hospitals.
- Development and finalisation of medication safety dashboards for monitoring medication safety metrics, improving data accuracy and reporting.
- Roll-out of integration work between NerveCentre and Lorenzo ePMA systems was completed, facilitating improved recording of patient weights on drug charts across Humber Health Partnership (HHP).

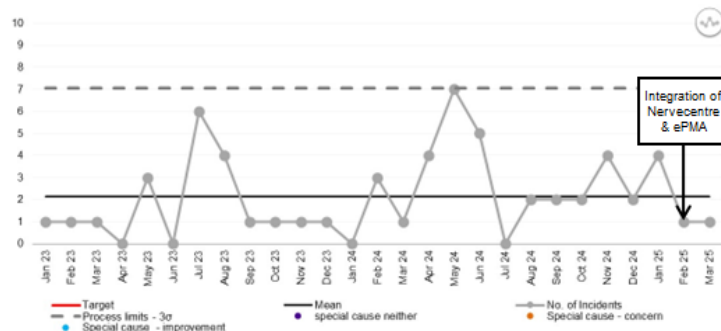
The following run chart demonstrates the percentage of weights being recorded:



The compliance for patients' weights being recorded across the Trust is showing early signs of improvement.

The data on the following graph details the medication Safety incidents reported where 'Weigh' has been detailed within the incident:

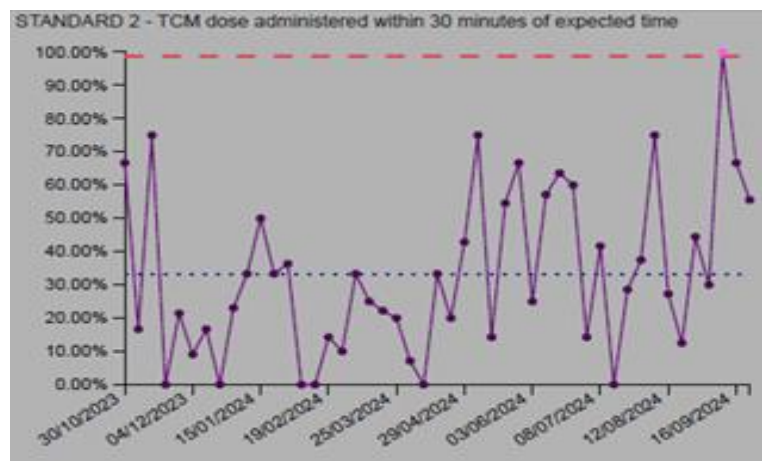
Medication Safety Incidents with 'Weigh' in Descripion-HUTH starting 01/01/23



### Time Critical Medication

- The Time Critical Medications (TCM) project charter was established following recommendations from the Royal College of Emergency Medicine (RCEM), focusing on early identification and timely administration of critical medications such as insulin and levodopa.
- A series of Plan-Do-Study-Act (PDSA) cycles were initiated to test and improve Time Critical Medication processes within Emergency Departments (EDs).

The below chart demonstrates the percentage of TCM administered within 30 minutes of expected times in ED at **Hull Royal Infirmary**. There is a lot of variances in the data indicating the process is not in control.



Other achievements in support of Medication Safety include:

- Hypoglycaemia awareness week Excellence Award Winner 2024 for our work promoting awareness around prevention and management of hypoglycaemia. Implementation of Hypoglycaemia boxes across HHP.
- Safe roll out of enoxaparin for the prevention and treatment of venous thromboembolism (VTE) across HHP.
- Insulin Safety Week at HUTH promoted awareness and safety in managing our patients with diabetes.
- Antimicrobial Stewardship week at HUTH promoted awareness and safety in the use of antimicrobials.
- Scan for safety patient identification at HUTH rolled out scanning patients before administering medication to ensure they receive the right medicine at the right time.

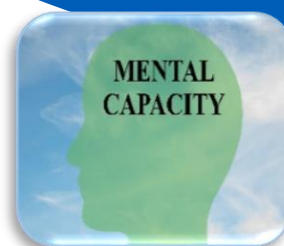
### Aims for 2025/26

Looking ahead to 25/26, the Medication Safety Quality Priority aims to build on the achievements made so far and continue to drive improvements by:

- Continuing to improve the timely administration of time critical medication across all inpatient areas, ensuring these medications are prioritised as soon as patients arrive.
- Improving collaboration between as well as maximising the use of digital systems and healthcare teams for seamless data integration and accessibility.
- Monitoring the impact of integration work and adjust strategies as necessary to maintain high standards of medication safety.
- Improving sharing and utilisation of the information in medication safety dashboards across HHP.
- Supporting intravenous to oral switch (IVOS) particularly for our antimicrobial treatments to support the Anti-Microbial strategy. This may increase nursing time to provide care, reduce the risk of bloodstream infections, reduce hospital length of stay, reduce medication costs and errors and contribute to lower carbon footprint.
- Improving the use and safety of insulin across the group.

# Mental Capacity:

Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording. (*Clinical effectiveness and patient experience*).



## Background

All patients should be involved in health care decisions, aligning with the Mental Capacity Act (2005). If a patient has impaired decision-making capacity, reasonable adjustments must enable them to decide. For those lacking capacity, health professionals must document assessments and follow the best interest process, balancing patient wishes and professional actions.

## Key Achievements in 2024/25

The following workstreams were identified to support and drive improvements for the Mental Capacity Quality Priority:

- **Digitisation of Mental Capacity assessments and Best Interest Documentation:** improve the accessibility for staff to complete documentation and support patients in line with the legal requirements of the Mental Capacity Act
- **Training and education:** improve the quality of mental capacity assessment and best interest documentation.

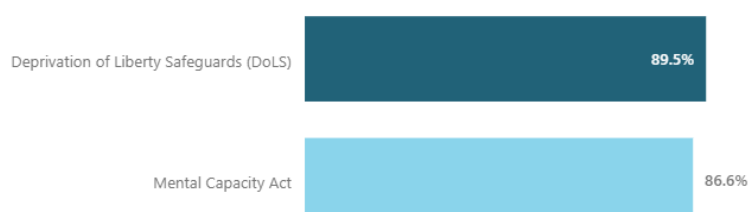
### Digitisation of Mental Capacity assessments and Best Interest Documentation

- Development of digitised mental capacity assessments, best interest documentation, and Deprivation of Liberty Safeguard (DoLS) referrals to support staff completing required documentation to support ongoing care for patients.
- Pilot areas identified for testing and feedback once the forms are available digitally before rolling out the changes across the Trust.

### Training and education

- Establishment of Task and Finish (T&F) group and Check and Challenge groups to oversee the progress of the Quality Priority going forward.
- Identification of pilot areas across the Group to understand key issues and barriers, providing focused support and improvements.
- Conducted initial confidence surveys with staff on pilot wards to identify barriers and support needs, guiding future improvement efforts.
- Implementation of revised communication strategies to disseminate information about the components of the Mental Capacity Act and overcoming the challenge of varying staff engagement.

The below graph demonstrates current compliance for MCA and DoLS training within the Trust:





## **Aims for 2025/26**

Looking ahead to 25/26, the Mental Capacity Quality Priority aims to build on the achievements made so far and continue to drive improvements by:

- Finalising the roll-out of digitised MCA assessments, Best Interest documentation, and DoLS forms across Hull University Teaching Hospitals NHS Trust by 30 June 2025.
- Developing and implementing a unified MCA training programme across the Group, addressing the challenges of varied baseline knowledge and training needs.
- Creating a dosing model of training and support to enhance the quality of legal MCA/Best Interest documentation.
- Engaging with senior clinicians to support and reiterate the importance of completing capacity assessments accurately, tackling the challenge and ensuring consistent clinical engagement.
- Using comprehensive data collection and analysis to monitor compliance rates, audit results, and staff feedback, ensuring continuous improvement and addressing data challenges.
- Learning from Structured Judgement Reviews, LeADer reviews, patient safety incidents and complaints.
- Maintaining regular confidence surveys and quality audits to continually address challenges and support staff in applying the learning from MCA training effectively and appropriately.

## 2.2 Performance against other Quality and Safety Indicators

### 2.2.1 Performance Against Key National Priorities

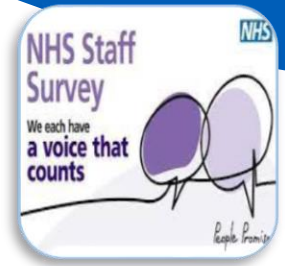
Performance against indicators that form the Oversight Framework (not already reported on within this document) are shown as follows for 2024/25.

Indicator	Quarter 1 24/25 (Percentage)			Quarter 2 23/24 (Percentage)			Quarter 3 24/25 (Percentage)			Quarter 4 24/25 (Percentage)			Target	Full year average
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	60.1%	59.9%	59.1%	58.1%	56.2%	56.5%	57.8%	57.8%	58.0%	58.1%	58.5%	58.5%	<b>92%</b>	58.2%
A&E: Maximum waiting time of four hours from arrival to admission/transfer/discharge	67.1%	66.2%	65.4%	67.0%	68.2%	66.8%	66.0%	66.3%	61.4%	64.3%	64.4%	65.1%	<b>76%</b>	65.7%
All cancers: 62- day wait for first treatment from referral/screening	53.8%	55.1%	56.2%	51.0%	56.4%	51.4%	53.8%	58.1%	61.0%	52.3%	53.4%	53.8%	<b>85%</b>	54.7%
Maximum 6-week wait for diagnostic procedures	19.2%	17.8%	18.8%	18.0%	21.8%	20.0%	17.4%	17.3%	18.9%	23.7%	19.0%	23.7%	<b>1.0%</b>	19.6%

## 2.2.2 NHS Staff Survey Results

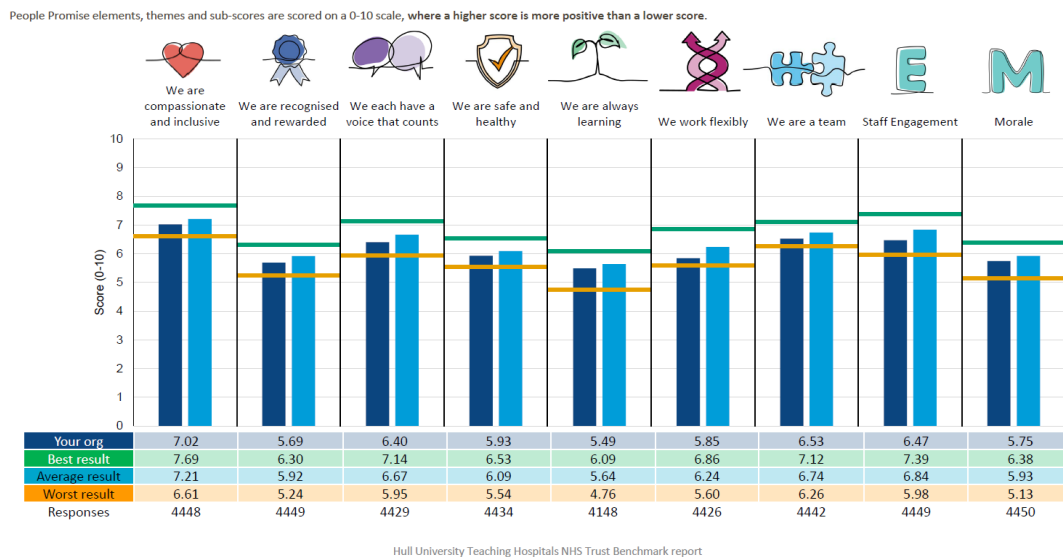
### Results of the 2024 Staff Survey for HUTH

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.



The National Staff Survey ran between September and December 2024. Picker is commissioned by 62 Acute and Acute Community Trusts organisations to run their National Staff survey, including HUTH.

HUTH's **completion rate** decreased from **50% to 46%** (4,464 staff responded compared to 4,620 last year).

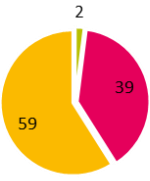
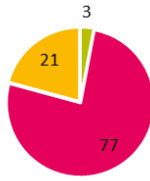


The National Staff Survey measures organisations against key themes, seven of which are based on the national People Promise indicators. Each indicator is a score out of 10.

HUTH has declined across many elements of the People Promise.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.15	4594	7.02	4448	Significantly lower
We are recognised and rewarded	5.87	4588	5.69	4449	Significantly lower
We each have a voice that counts	6.51	4566	6.40	4429	Significantly lower
We are safe and healthy	6.10	4144	5.93	4434	Significantly lower
We are always learning	5.70	4262	5.49	4148	Significantly lower
We work flexibly	5.98	4567	5.85	4426	Significantly lower
We are a team	6.61	4591	6.53	4442	Not significant
<b>Themes</b>					
Staff Engagement	6.66	4598	6.47	4449	Significantly lower
Morale	5.88	4597	5.75	4450	Significantly lower

The table below shows comparison scores for HUTH in 2024.

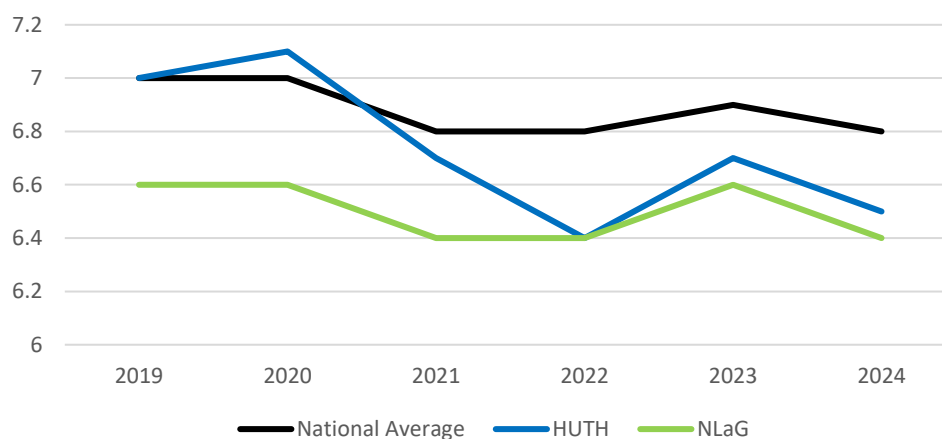
50%	q25c. Would recommend organisation as place to work	<b>Comparison to 2023**</b>  <ul style="list-style-type: none"> <li>Significantly better</li> <li>Significantly worse</li> <li>No significant difference</li> </ul>	<b>Comparison with average**</b>  <ul style="list-style-type: none"> <li>Significantly better</li> <li>Significantly worse</li> <li>No significant difference</li> </ul>
52%	q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation		
63%	q25a. Care of patients/service users is organisation's top priority		

## Staff Engagement

One of the key measures in the National Staff Survey is that of staff engagement, which is seen as a strong indicator of cultural health in an organisation. HUTH has seen a slight decline in staff engagement in the 2024 survey.

Our Group People Strategy 2025-2028 deals with the basics of enabling a solid psychologically safe environment, whilst pushing the boundaries and practicalities of what a positive and healthy staff experience should look and feel like. The partnership will be focusing on the key element of our People Strategy – Putting People First. This needs to be our byline for improving the culture of our group and creating a working environment where everyone is supported to deliver high quality care and services as well as generate ideas for improvement and deliver on those ideas.

A chart showing staff engagement trend data for the past five years is below. HUTH shifted from a score of 6.7 in 2023 to a score of 6.5 in 2024. Whilst this remains below the national average, the Trust is seeking through its improvement journey to return to ahead of national average as it was prior to the pandemic.



Care Groups and Directorates have been asked to develop local plans for improvement and progress will be measured in our monthly performance meetings. A set of corporate actions have been developed to address issues in the key areas – Communication, Health and Wellbeing, Reward and Recognition and Essential (CARE) needs. The below table provides an overview of the actions that have been developed.

Putting People First	Key Themes	Actions
Communication	Staff engagement	Managing change well, involving people in decisions about them, intra-departmental communication, raising concerns, Just Learning Culture/accepted responsibility, staff networks, team meetings, FTSU, Bridget, ATCE



<b>Action</b>	<b>Health and wellbeing</b>	Managers proactively checking in – daily activity, staff support services, wellbeing events and activities, physio4staff, coaching, mentoring, mediation, Occupational Health, support with challenging events work/personal
<b>Recognition</b>	<b>Reward and recognition</b>	Long service, Golden Stars, Shining Lights, national awards, King's honours, training and development, progression, talent development, appraisal, lottery and events, staff benefits
<b>Essentials</b>	<b>Foundations</b>	Staff rest areas, parking, hot and healthy food provision, IT and digital inclusion, work/life balance, flexible working, working environments

## 2.2.3 Ways to Speak Out

### Whistleblowing

All NHS staff should be able to speak up regarding any concerns they may have, in full confidence of not suffering any form of detriment or negative impact as a result. In line with the NHS Constitution and the Group values, the Trust is committed to achieving the highest possible standards of compassion, honesty, respect and teamwork, as well as our vision of being United by Compassion: Driving for Excellence, in all our practices. Staff are encouraged to raise concerns in a constructive and positive manner, contributing to the development and continuous improvement of services.

Confidentiality is a fundamental term of every contract of employment, however, where an individual discovers information, this should be disclosed without reprisal if serious malpractice or wrongdoing is discovered.

A 'protected disclosure' requires reasonable belief and disclosure in the public interest, and concerns may include those related to criminal offences, legal breaches, miscarriage of justice, health and safety dangers, environmental damage, and attempts to conceal such wrongdoing. The NHS Staff Council agreed that employees in the NHS have a contractual right and duty to raise genuine concerns about malpractice, patient safety, financial impropriety, or any other serious risk to be in the public interest and incorporated this change into the Terms and Conditions of Service Handbook.

At the Trust, concerns can be raised internally through the 'Raising Concerns at Work (Whistleblowing) policy'. The Human Resources team manages this policy, with input from the Trust Freedom to Speak Up Guardian (FTSUG), reviewing it regularly with relevant changes. If internal resolution is unsatisfactory, staff have the right to contact external prescribed bodies and persons but are encouraged to notify the Chief Executive and speak with the Trust's Freedom to Speak Up Guardian before doing so.

### Freedom to Speak Up

Freedom to Speak Up (FTSU) is core to the delivery of the People Strategy, supporting the development of our culture at HUTH and reinforcing the values and behaviours. FTSU processes are in place to support patient safety and improve staff experience and provides an additional route to raise workplace concerns in a confidential manner. Freedom to speak up supports the NHS People Promise which states:

"We all feel safe and confident when expressing our views. If something concerns us, we speak up, knowing we will be listened to and supported. Our teams are safe spaces where we can work through issues that are worrying us. If we find a better way of doing something, we share it. We use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation. We take the time to really listen – beyond the words – to understand the hopes and fears that lie beneath them. We help one another through challenges, during times of change, and to make the most of new opportunities".

The Freedom to Speak Up Guardian (FTSUG) role at HUTH is undertaken by the Head of Freedom to Speak Up, Frances Moverley and the role is supported by both an Executive Sponsor and a Non-Executive Director sponsor. The FTSUG attends and reports directly to the Group Trusts Boards-in-Common (held in public), and various committees and includes presenting a high level summary of the types of concerns being raised through this role, any learning and the proactive activities undertaken by the FTSUG to promote and raise awareness of speaking up.

As a result of continued engagement, and promotion and the Speak Up Champion Network during 2024/2025, the Trust has successfully increased the number of referrals to the FTSUG to 271, a 35% increase from the 2023/2024 reporting year. The National Guardian Office has recognised the Group's FTSUGs as good practice for Group working and in 2024 published a case study nationally on their work.

## 2.2.4 Duty of Candour

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

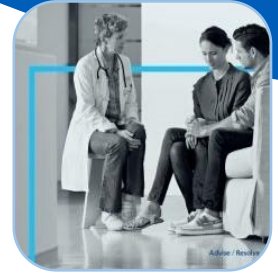
The CQC assessed the Trust most recently in November 2022 against the Duty of Candour requirements. The CQC found that staff understood Duty of Candour and were aware of their responsibilities under the Duty of Candour requirements.

The Trust expects that a verbal apology is given within 10 working days of the incident being reported, that a written apology is also given within 10 working days of the incident being reported, and that a written explanation of the incident is sent within 10 working 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 2025/26.



## 2.2.5 Guardian of Safe Working

We are now in the ninth year of the 2016 national contract for doctors in training which aimed to encourage stronger safeguards to prevent doctors working excessive hours. The changes made in the 2019 review have been implemented but the pay deal agreement has not yet come into force which will affect the exception reporting system. Exception reporting (ER) of extra hours, missed breaks and missed educational opportunities is well established in Hull University Teaching Hospitals NHS Trust and we continue to positively promote exception reporting through induction, training, drop ins and the monthly Resident Doctors' Forum.

Exception reporting is a valuable instrument that provides up to date information regarding pressure points in the system. It ensures safe working hours and improves the morale of doctors in training, the quality of medical training and patient safety. It is also the agreed contractual mechanism for ensuring that trainees are paid for all work done.

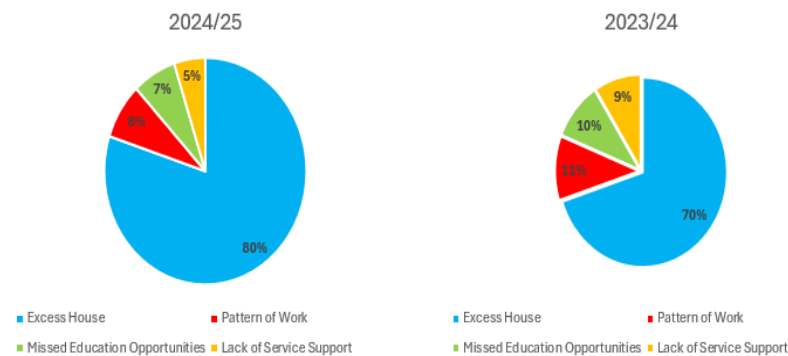
The safety of patients is a paramount concern for the NHS and for us as a Trust. Staff fatigue is a hazard to both patients and staff. The safeguards for working hours of doctors in training are outlined in the terms and conditions of service (TCS) and are designed to ensure that this risk is mitigated, and that this mitigation is assured.

Fill rates for doctors in training at the Trust continue to be high, over 93%, which has helped with rotas, working hours, and ensuring access to educational opportunities.

Rota design and co-ordination currently sits within medical staffing. This provides oversight of rota design and ensures that the terms and conditions of service as per the Resident Doctors Contract are met within that design.

### High level data – as of March 2025

- Number of training posts (total): 663.30
- Number of doctors in training posts: 714
- Number of training post vacancies: 50.7



The reasons for exception reporting shows consistency comparing this year with the previous year. By far the most common reason for exception reporting remains excess hours, and this is a pattern we would expect to see continue moving forward. This is because excess hours is the most easily quantifiable type of breach, which makes the doctors much more likely to report it. There were 43 fines issued in relation to exception reports.

The Medical Director is leading a working group in conjunction with the Guardian of Safe Working, Medical Staffing and Human Resources to design alternate rota patterns, the need to standardise working hours across the rotas (and at different grades) has also been identified as part of this work. Work is ongoing with a view to implement new rota patterns as soon as practically possible in within the Trust's Organisational Change policy (including working with Resident Doctors currently working on these rotas).

The GoSW holds Resident Doctor Forums every month and these are a valuable opportunity for our doctors representatives to meet with the Guardian, MD office, Director of Medical Education (DME) office, BMA and LNC in one place. We have regular attendance from the freedom to speak up guardian, and the trusts Chief Medical Information Officer. This enables the Doctors in Training to engage in the improvements to the digital infrastructure and gives them the opportunity to shape their working environment.

## 2.3 Statements of Assurance from the Board

### 2.3.1 Review of Services



During 2024/25 the Hull University Teaching Hospitals NHS Trust provided and/or subcontracted 7 relevant health services. The 7 services are taken from the Trust's standard contract with the ICB as the "categories of service which the Provider is commissioned to provide under this contract". These are:

- A&E Services
- Acute Services
- Cancer Services
- Community Services
- Diagnostic, Screening and/or Pathology Services
- End of Life Care Services
- Urgent Treatment Centre Services

The Trust has reviewed all the data available to them on the quality of care in 7 of these relevant health and care services.

The income generated by the relevant health services reviewed in 2024/25 represents 100% of the total income generated from the provision of relevant health and care services for 2024/25.



## 2.3.2 Clinical Audits and National Confidential Enquiries



### Participation

During 2024/25, 69 national clinical audits and 4 national confidential enquiries covered NHS services that Hull University Teaching Hospitals NHS provides.

During that period Hull University Teaching Hospitals NHS Trust participated in 94% 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 2024/25 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 2024/25, 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.

Programme / Workstream	Participated	Participation Rate
National Neonatal Audit Programme (NNAP)	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	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 (PICANet)	✓	100%
Care of Older People (RCEM)	✓	100%
Adolescent Mental Health (RCEM)	✓	Not yet started
Time Critical Medications (RCEM)	✓	100%
National Emergency Laparotomy Audit (NELA)	✓	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	100%
Adult Critical Care (Case Mix Programme – ICNARC)	✓	Deadline for data submission is 30 September 2025
Adult Asthma Secondary Care	✓	100%
Chronic Obstructive Pulmonary Disease Secondary Care	✓	100%
Paediatric Asthma Secondary Care	✓	100%
National Audit of Care at the End of Life (NACEL)	✓	100%

Programme / Workstream	Participated	Participation Rate
Audit of Blood Transfusion Against NICE Quality Standard 138	✓	100%
Bedside Transfusion Audit	X	Non-participation is because accurate data cannot be collected due to the Trust's paper-based system. A new electronic system is due to be implemented in 2025 which would allow participation in future rounds of the National Audit
Serious Hazards of Transfusion (SHOT) UK National Haemovigilance Scheme	✓	100%
Perioperative Quality Improvement Programme	X	Non-participation is due to data collector resource issues
National Acute Kidney Injury Audit	✓	100%
UK Renal Registry Chronic Kidney Disease Audit	✓	100%
National Diabetes Core Audit	✓	Data has been collected but not uploaded as yet due to technical difficulties
National Diabetes in Pregnancy Audit	✓	100%
National Diabetes Footcare Audit	✓	100%
National Diabetes Inpatient Safety Audit	✓	100%
National Transition (Adolescents and Young Adults) and Young Type 2 Diabetes Audit	✓	100%
Gestational Diabetes Audit	✓	100%
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NEIAA)	✓	100%
UK Cystic Fibrosis Registry	✓	100%
National Ophthalmology Database Audit - Cataracts	✓	Deadline for data submission is 31 July 2025
National Ophthalmology Database Audit – Age-related Macular Degeneration	✓	100%
National Audit of Dementia	✓	100%
BAUS Penile Fracture Audit	✓	100%
BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephrourectomy and Compliance with Standard of Care Practices)	X	Non-participation is due to data collector resource issues
Environmental Lessons Learned and Applied to the Bladder Cancer Care Pathway Audit (ELLA)	✓	100%
British Hernia Registry	✓	Ongoing

Programme / Workstream	Participated	Participation Rate
Cleft Registry and Audit Network (CRANE) Database	N/A	N/A
National Joint Registry (NJR)	✓	100%
National Pulmonary Hypertension Audit	✓	100%
National Pulmonary Rehabilitation Audit	N/A	N/A
National Vascular Registry	✓	100%
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS)	✗	Non-participation is due to data collector resource issues
Breast and Cosmetic Implant Registry	✓	100%
National Bariatric Surgery Registry	✓	100%
National Obesity Audit (NOA)	✓	100%
Myocardial Ischaemia National Audit Project (MINAP)	✓	100%
National Audit of Percutaneous Coronary Interventions (PCI)	✓	100%
Adult Cardiac Surgery Audit (ACS)	✓	100%
National Congenital Heart Disease Audit (NCHDA)	N/A	N/A
National Heart Failure Audit (NHFA)	✓	100%
National Audit of Cardiac Rhythm Management (CRM)	✓	100%
National Audit of Cardiac Rehabilitation	N/A	N/A
National Audit of Mitral Valve Leaflet Repairs (MVLR)	✓	100%
UK Transcatheter Aortic Valve Implantation (TAVI)	✓	100%
Left Atrial Appendage Occlusion (LAAO) Registry	N/A	N/A
Patent Foramen Ovale Closure (PFOC) Registry	N/A	N/A
Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	N/A	N/A
National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	N/A	N/A
National Cardiac Arrest Audit (NCCA)	✓	100%
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	N/A	N/A
National Audit of Metastatic Breast Cancer (NAoMe)	✓	100%
National Audit of Primary Breast Cancer (NAoPri)	✓	100%
National Kidney Cancer Audit (NKCA)	✓	100%

Programme / Workstream	Participated	Participation Rate
National Lung Cancer Audit (NLCA)	✓	100%
National Non-Hodgkin Lymphoma Audit (NNHLA)	✓	100%
National Oesophago-Gastric Cancer Audit (NOGCA)	✓	100%
National Bowel Cancer Audit (NBOCA)	✓	100%
National Ovarian Cancer Audit (NOCA)	✓	100%
National Prostate Cancer Audit (NPCA)	✓	100%
National Major Trauma Registry	✓	100%
Fracture Liaison Service Database	N/A	N/A
National Hip Fracture Database	✓	100%
National Audit of Inpatient Falls	✓	100%
Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDer)	✓	100%
MBRRACE-UK Saving Lives, Improving Mothers' Care	✓	100%
MBRRACE-UK Perinatal Mortality Surveillance	✓	100%
MBRRACE-UK Perinatal Mortality Review Tool	✓	100%
Acute Stroke (Sentinel Stroke National Audit Programme - SSNAP)	✓	100%

### National Confidential Enquires (NCEPOD)

Programme / Workstream	Participated	Participation Rate
Blood Sodium	✓	100%
Rehabilitation Following Critical Illness	✓	33%
Emergency Procedures in Children and Young People	✓	100%
Acute Limb Ischaemia	✓	100%

### National Clinical Audits Actions

The reports of 22 national clinical audits were reviewed by Hull University Teaching Hospitals NHS Trust in 2024/25 and Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit Programme	Summary of some actions taken
National Emergency Laparotomy Audit (NELA)	<ul style="list-style-type: none"> <li>- Action plan awaiting approval</li> </ul>
National Lung Cancer Audit	<ul style="list-style-type: none"> <li>- To implement an interface between Somerset and Lorenzo to ensure ethnicity data is transferred across.</li> <li>- To remind all doctors to ask patients their smoking status in clinic. This will be checked in the MDT meeting</li> </ul>
National Audit of Percutaneous Coronary Interventions (PCI)	<ul style="list-style-type: none"> <li>- Door to balloon time is one of the best in the country.</li> <li>- No further action required</li> </ul>
Myocardial Ischaemia National Audit Project (MINAP)	<ul style="list-style-type: none"> <li>- To remind the team echocardiograms should be recorded on patient Immediate Discharge Letters</li> <li>- To remind the team that secondary prevention medications should be given for primary MIs and should be documented on the patient's Immediate Discharge Letter</li> </ul>
National Audit of Heart Failure	<ul style="list-style-type: none"> <li>- Action plan awaiting approval</li> </ul>
Transcatheter Aortic Valve Implantation (TAVI) Registry	<ul style="list-style-type: none"> <li>- To increase the frequency of the theatre list from weekly to bi-weekly</li> <li>- To update the TAVI pathway</li> <li>- To continue the work around promoting early detection and treatment in the wider community</li> </ul>
Sentinel Stroke National Audit Programme (SSNAP)	<ul style="list-style-type: none"> <li>- To undertake the Humber Health Partnership Stroke Services Review</li> <li>- To develop plans for a dedicated stroke assessment unit, incorporating a co-located HASU, on the ground floor at HRI.</li> <li>- To develop 24/7 resident doctor for stroke and neurology following recruitment into stroke registrar posts</li> <li>- To review consultant job plans to identify better ways of working to improve continuity of care.</li> <li>- To develop a plan for 7-day working for therapy teams including recruitment to vacant posts</li> <li>- To hold weekly reviews of all patients and their eligibility for thrombolysis – report monthly to both Stroke and Care Group Governance meetings</li> <li>- To use 'seen by' function in Lorenzo to monitor time from clock start to consultant review – report monthly to Stroke Governance meeting.</li> <li>- To record goal setting as part of daily board rounds</li> <li>- To provide training on Rosier scale to Emergency Department and Acute Medicine teams</li> </ul>
National Neonatal Audit Programme (NNAP)	<ul style="list-style-type: none"> <li>- Action plan awaiting approval</li> </ul>
National Joint Registry (NJR)	<ul style="list-style-type: none"> <li>- Action plan awaiting approval</li> </ul>
National Hip Fracture Database	<ul style="list-style-type: none"> <li>- To design a neck of femur fracture pathway from admission to discharge. The goal is to minimise delays in patient management.</li> <li>- To introduce the "golden patient" model, which involves identifying a patient that will be fit and fully prepared to be the first case on the morning list. This will prevent delays, caused by pending investigations or other concerns raised by anaesthetists which often lead to disruption in the trauma list and cancellations due to time constraints.</li> <li>- To start sending all ambulatory trauma cases to day surgery, allowing inpatient trauma lists to focus on patients that require hospital admission, such as neck of femur patients.</li> <li>- To identify a hip fracture theatre for each day. Therefore, all fracture patients will be prioritised and listed in that theatre, and they will not be cancelled due to other patients awaiting surgery.</li> <li>- To share findings from the neck of femur nurses who have visited high performing Trusts and have brought back some suggestions, such as cleaning all neck of femur patients with specific wipes before surgery and covering them with thermal blankets to lower hypothermia, both of which have been shown to lower infection rates</li> <li>- To submit a business case to appoint an additional orthogeriatrician to improve the management and outcomes of neck of femur patients</li> <li>- To develop a questionnaire to gather feedback from neck of femur patients and their</li> </ul>



National Audit Programme	Summary of some actions taken
	families
National Paediatric Diabetes Audit	<ul style="list-style-type: none"> <li>- To investigate setting up a clinic in East Hull to try and improve the number of HbA1c tests patients receive every 12 months.</li> <li>- To commence running drop in clinics at Hull Royal Infirmary on Friday afternoons</li> </ul>
National Prostate Cancer Audit	<ul style="list-style-type: none"> <li>- No further action required</li> </ul>
National Oesophago-Gastric Cancer Audit	<ul style="list-style-type: none"> <li>- No further action required</li> </ul>
National Audit of Dementia	<ul style="list-style-type: none"> <li>- To roll out an electronic mandatory pain score</li> <li>- To roll out an electronic 4AT delirium assessment tool on the Acute Medical Unit and Emergency Department, Acute Medical Unit, surgical assessment</li> <li>- To conduct an audit on the applications of the Abbey pain tool</li> <li>- To conduct an audit on the application of the 4AT assessment tool</li> <li>- To recruit into the dementia specialist practitioner vacancy</li> </ul>
National Audit of Bowel Cancer	<ul style="list-style-type: none"> <li>- To undertake a QIP looking at discharge documentation due to the higher than average length of stay</li> <li>- To undertake a QIP to improve the rate of laparoscopic surgery</li> <li>- To undertake an audit of 30 day unplanned return to theatre cases, to try and identify any themes</li> </ul>
National Non-Hodgkin Lymphoma Audit	<ul style="list-style-type: none"> <li>- No further action required</li> </ul>
RCEM Time Critical Medication (TCM)	<ul style="list-style-type: none"> <li>- To increase awareness and training among nursing staff in initial assessment to ensure they ask about and document time-critical medications (TCM) during triage.</li> <li>- To explore the possibility of integrating TCM documentation into the electronic triage system (Nervecentre) to ensure consistent recording and prompt action</li> <li>- To encourage patients or their carers to self-administer TCM when appropriate, to avoid delays in medication administration</li> </ul>
RCEM Infection Control	<ul style="list-style-type: none"> <li>- No further action required</li> </ul>
National Audit of Primary Breast Cancer	<ul style="list-style-type: none"> <li>- To remind all clinicians to record performance status in patient records</li> <li>- To start completing performance status information in the MDT meeting</li> <li>- To print out the staging documentation so this can be discussed and collected in MDT meeting</li> </ul>
National Audit of Metastatic Breast Cancer	<ul style="list-style-type: none"> <li>- To continue to pursue the business case for a dedicated metastatic service at HUTH</li> <li>- To establish a joint metastatic MDT with Oncology</li> </ul>
National Pancreatic Cancer Audit	<ul style="list-style-type: none"> <li>- To appoint two dedicated Hepato-pancreatico-biliary (HPB) Clinical Nurse Specialists (CNS)</li> <li>- To introduce a new 2 week, wait HPB referrals form.</li> <li>- To complete a local audit to assess the current performance indicator relating to performance status</li> <li>- To complete a local audit to assess the current performance indicator relating to the % of patients seen by a CNS at diagnosis</li> </ul>
National Early Inflammatory Arthritis Audit	<ul style="list-style-type: none"> <li>- Action plan awaiting approval</li> </ul>
<b>National Confidential Enquiries</b>	
Testicular Torsion	<ul style="list-style-type: none"> <li>- Gap analysis and action plan complete, awaiting approval</li> </ul>
Endometriosis	<ul style="list-style-type: none"> <li>- Gap analysis and action plan complete, awaiting approval</li> </ul>
End of Life Care	<ul style="list-style-type: none"> <li>- Gap analysis underway</li> </ul>

## Local Clinical Audits Actions

The reports of local clinical audits were reviewed by the provider in 2024/25. For a full list of the proposed actions Hull University Teaching Hospitals NHS Trust intends to take following local audits reviewed during 2024/25, please see the Clinical Audit Annual Report. This can be requested via the Quality Accounts email address.

## 2.3.3 Clinical Research



### Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Hull University Teaching Hospitals NHS Trust (HUTH) in 2024/25 that were recruited during that period to participate in research approved by a research ethics committee or Health Research Authority was **10,401**.

### Clinical Research Network – National Institute Health Research portfolio

A 'Group Research and Innovation' leadership and management structure has commenced from 1st April 2024. The 2024-25 Annual Report highlights areas of success and notable outcomes.

Key points to note are:

- Recruited over 10,000 participants to NIHR Portfolio research across 167 studies – ranked 3rd for volume in Yorkshire)
- Recruited 173 participants to commercial trials since 1st April 2024 (ranked 4th in Yorkshire) and recruited at least one new patient to 40 new commercial studies since 1st April 2024 (ranked 3rd in Yorkshire).
- Achieved a significant number of European and UK first participants recruited across our commercial portfolio.
- Delivered feedback from 186 research participants as part of the annual NIHR Participant Research Experience Survey (PRES). 97% 'strongly agreed or agreed' research staff valued their participation in the study and 90% 'strongly agreed or agreed' that they would consider taking part in research again.
- HUTH continues to support research delivery activities to over 700 projects at any one time.
- HUTH provides a range of research study opportunities across 27 active research specialties.
- Staff development opportunities in research have been supported across a range of staff groups and disciplines (PhDs, fellowships, internships).
- Academic and commercial partnerships remain strong and are expanding, attracting funding, recognition and highlighting areas of research excellence.
- Grant award success (specifically NIHR) continued to be strong.
- HUTH has produced over 500 publications in 2024/25 (Medline and Embase).
- The Innovation pipeline is emerging with a number of early-stage discussions on projects that we will aim to pursue in 2025/26 with support from our partner Innovation Hub – Medipex

2024-25 has again illustrated the significance of the stepwise increase in Trust-led research undertaken nationally, which is providing the catalyst for the Trust's planned expansion of research capability and capacity.

We have seen another year of the tireless efforts of all staff (research and non-research) in ensuring all possible opportunities to participate have been made available for our patients, staff and carers.

### Research Activity Performance Summary

The following tables detail the research activity performance as of 28<sup>th</sup> April 2025:

# Yorkshire and Humber RRDN Performance Summary FY2425 Hull University Teaching Hospitals NHS Trust

## Recruitment Summary to end of Mar FY2425 (data cut 28/04/2025)

<b>Recruitment</b>	<b>Total: 10,401</b>	Queried: 51
<b>Percentage of Target to end of Mar</b>	<b>217%</b>	
<b>Percentage of Recruitment Targets *</b>	<b>217%</b>	
<b>Trust Share of RRDN Recruitment</b>	<b>9.6%</b>	
<b>Commercial : Non-Commercial Recruitment Ratio</b>	<b>2% : 98%</b>	
<b>Trust Share of RRDN Commercial Recruitment</b>	<b>2.0%</b>	
<b>PRES: Responses Vs. Target</b>	<b>121.57% (186/153)</b>	

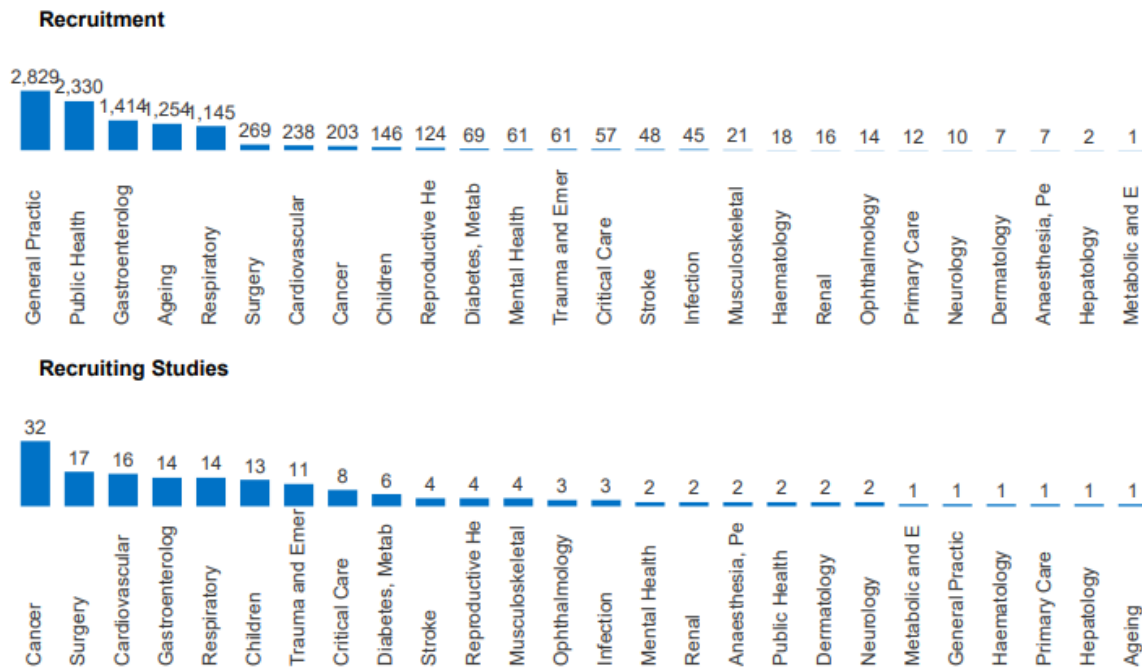
\* Local Target = 4,800 100% of FY elapsed

## RRDN Recruitment FY2425 (data cut 28/04/2025)

### Recruitment

Bradford Teaching Ho	1	19,373
Leeds Teaching Hospi	2	18,335
NIHR RDN: Yorkshire	3	11,827
Mid Yorkshire Teachi	4	10,643
Hull University Teac	5	10,401
Sheffield Teaching H	6	7,623
Calderdale and Hudde	7	5,083
York and Scarborough	8	5,062
The Rotherham NHS Fo	9	3,237
Harrogate and Distri	10	3,106
Non-NHS Activity	11	1,924
Doncaster and Basset	12	1,652
Humber Teaching NHS	13	1,628
Airedale NHS Foundat	14	1,313
Rotherham Doncaster	15	1,091
Northern Lincolnshir	16	1,084
All Primary Care	17	921
Sheffield Children's	18	906
South West Yorkshire	19	674
Barnsley Hospital NH	20	658
Bradford District Ca	21	425
Yorkshire Ambulance	22	269
Leeds Community Heal	23	247
Sheffield Health & S	24	235
Leeds and York Partn	25	211

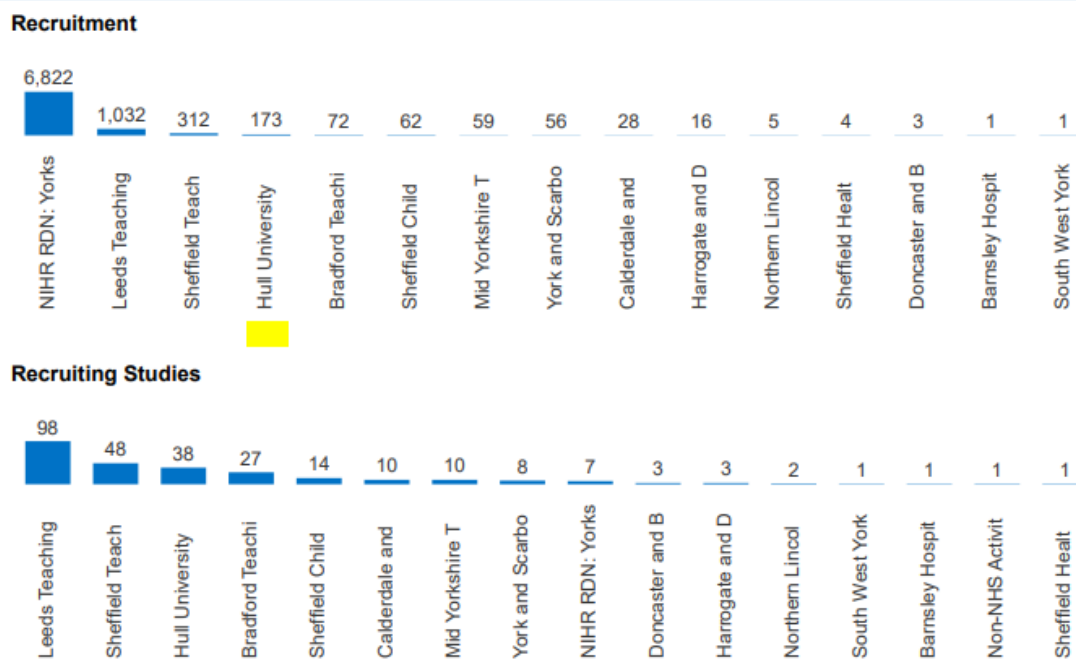
## Recruitment by Specialty FY2425 (data cut 28/04/2025)



## Commercial Research Activity

The following table illustrates the commercial research activity as of 28th April 2025:

## Recruitment by Trust FY2425 (data cut 28/04/2025)



## Celebrating Research Success in 2024-25

- a) **Research and Innovation Strategy:** Work has continued to develop the R&I Strategy with feedback from various stakeholders and groups including a newly formed Nursing, Midwifery and Allied Health Professionals (NMAHP) Research Interests Group, Clinical Academics/Consultants, Top 100 Leaders, Innovation, Improvement and Organisational Development colleagues and external partners (Research Delivery Network and LGBTQI and Ethnic Minority Research Inclusion groups).

### The strategic framework:

- We will build the infrastructure we need to deliver excellent clinical research.
- We will align our research efforts to the big questions facing our population.
- We will equip our people to innovate and transform.

- b) **Major research grant success for Hull IBD team:** The integrated clinical and research IBD service in HUTH led by Professor Sebastian, Consultant Gastroenterologist were awarded a large international grant to study specific phenotypes of Inflammatory Bowel Disease. The US\$3.1m grant, awarded by the Helmsley Charitable Trust, will enable the team to study immune-phenotyping and multiomics data in a large cohort of Crohn's disease patients with perianal fistulae called the GONDOMAR cohort platform underpinning treatment response to identify novel pathways. This work is being done in collaboration with basic scientists in Imperial College London. The research will hopefully advance the field for this devastating complication of Crohn's disease.

The Team also secured a £3.8m Investigator Initiated Study Grant with AbbVie. The ACESO trial: UpAdacitinib Co-therapy with Corticosteroids in Early Acute Severe Ulcerative Colitis (A Phase III randomised placebo controlled double blinded trial) will be delivered with the Hull Health Trials Unit with Hull anticipated to be open as a recruiting site by April 2025.

- c) **Hull Inflammatory Bowel Disease clinician elected to the Governing Board of major global organisation:** Professor Sebastian has been elected to the governing board of the prestigious global organisation in IBD, the European Crohn's and Colitis Organisation (ECCO). ECCO is the largest professional organisation of experts involved in research and clinical care of patients with Colitis and Crohn's disease. While 'European' in name it is a global organisation with members from 91 countries across the world and is the voice of IBD across the globe in promoting high quality equitable care, education and research. Professor Sebastian is the first non-European in the ECCO board in its 20-year history and was elected to the role after a competitive election among ECCO members.
- d) **Academic Respiratory Research Team:** The Respiratory Trials Unit were the winners of the highly competitive Excellence in Research, Development and Innovation category at the Golden Stars Awards that took place in September. They continue to achieve great success and receive recognition both nationally and globally as a leader in their sector.

More recently, they have received parliamentary recognition for their COPD work and have also received accolades from the AstraZeneca Global MIRANDA Study Team for their successful enrolment rate to the MIRANDA study. This is an immensely important clinical trial, aiming to make a difference and bring new treatment options for patients with COPD, which is a true medical unmet need. Thanks to the team's success, the trial has seen a significant acceleration in recruitment and the UK has met its target ahead of schedule.

- e) **Cancer Alliance Award:** In April 2024, the Cancer Alliance launched its first-ever Cancer Innovation Grants programme, setting aside £400,000 to fund a wide variety of projects to improve early cancer detection or improve treatment or recovery for cancer patients in Humber and North Yorkshire. This scheme, created in partnership with Health Innovation Yorkshire & Humber and the Humber and North



Yorkshire ICB received applications from a wide variety of teams and sectors, ranging from small, grassroots projects to large-scale innovation schemes. The funding was allocated to 12 winning projects including an at-home chemotherapy service, plus two projects based at Castle Hill; a clinic for Vulvovaginal Atrophy (a common post-treatment late effect for women with Breast, Gynaecological and some Colorectal cancers) and a project which uses virtual reality (VR) to reduce anxiety in young cancer patients.

**f) Academic Vascular Research Team:** 2024/25 has seen a number of vascular research staff received national recognition:

- Academic Vascular Research Nurse, Josie Hatfield, has won the Silver Award for Wound Care Nurse of the Year.
- Ross Lathan, NIHR Academic Clinical Fellow, received the prestigious ASiT prize (Association of Surgeons in Training) for his work on the ASSIST project - Validation of a novel hybrid clinician-patient remote outcome measure for diagnosis of surgical site infection.
- Louise Hitchman, NIHR Doctoral Research Fellow, was named joint HYMS Researcher of the Year 2024 at the Postgraduate Research Conference in June for her work on NIHR DRF project, "Evaluating extracorporeal shockwave therapy in diabetic foot ulcer healing".
- Bharadhwaj Ravindhran, NIHR Academic Clinical Fellow, won the Peripheral Prize Abstract session at the British Society of Endovascular Therapy Annual Meeting for his work on "Tailored risk assessment and forecasting in intermittent claudication using machine learning".
- An NIHR Doctoral Fellowship was awarded to Misha Sidapra in April. This highly competitive funding stream granted her £487,460 for her project, SWHSI-3 (Surgical Wounds Healing by Secondary Intention: Development of a Core Outcome Set, and Psychometric Evaluation and Mapping of the WoundQoL Wound-specific Quality of Life Questionnaire), which will contribute valuable insights and advancements in the treatment and quality of life of patients with these types of wounds.

**g) PhD Success:** In 2019, HUTH in partnership with the University of Hull created scholarships for PhD research projects in recognition of the joint commitment to research locally between the Trust and the University. 4 members of staff were awarded scholarships, 2 of whom (Pamela Parker, Consultant Practitioner Radiographer and John Naylor, Clinical Lead Physiotherapist) have recently completed and passed their PhDs. Pamela's research has focussed on supporting the surveillance of men diagnosed with low-grade prostate cancer. John's project explored person-centred practices among emergency department physiotherapists.

**h) Pharmacy Research Internships:** The Pharmacy team, led by Dr Kristina Medlinskiene, Principal Pharmacist for Education and Training, was successful in receiving funding for two 6-week undergraduate pharmacy research internships at HUTH in collaboration with the University of Bradford. Two students have been working on several projects within the pharmacy, including NIHR CHARMER and NIHR "Me and My Medicines" studies and assisting advanced clinical pharmacists with projects in clinical practice. Interns not only supported the projects but also gained lots of knowledge about research conduct in HUTH, encouraging them to consider embedding research into their future careers.

**i) Allied Health Professionals (AHP) Fellowships:** As part of a strategic ambition to increase the number of NMAHP staff delivering research, an internal call for AHP staff to bid for 0.2 WTE for 12-month research placements was facilitated. We have appointed two successful staff that commence specific research projects from April 2025 including work on the pathway for facial palsy patients - exploring the impact on the person, their clinical outcomes, cost effectiveness and potential to save clinic/ theatre time.

- j) **NIHR funding:** 2024/25 saw the Group awarded over £180,000 for the purchase of two Mobile Research Units (MRUs) fully equipped with a blood sampling chair, centrifuge and two domestic fridges. The utilisation of MRUs forms part of our ambitious plans to provide increased access to research participant opportunities for cohorts in remote or underserved areas, bringing the research to communities that traditionally struggle to access health services or where research infrastructure is not sufficiently established.

Other NIHR funding success commencing in 2024/25:

- Through knee Amputations impact on Quality of Life compared to Above Knee Amputations - The HAMLET Trial - £2.8m
- Preparatory work for a multi-arm, multi-stage trial of adjuncts to diuretic therapy in patients admitted with heart failure (MAMS-HF) – value TBC
- Development and refinement of a clinician consultation-aide intervention to support effective chronic breathlessness discussions with patients and their family carers – value TBC

- k) **Other Grant funding:** Over £1.5m grant funding was received by the Group in 2024/25 (including NIHR funding).

- l) **Cancer Vaccine Launch Pad (CVLP) update:** In 2024/25 HUTH became a part of the NHS Cancer Vaccine Launch Pad (CVLP). CVLP is a platform that will speed up access to personalised cancer vaccine clinical trials for people diagnosed with cancer. It will also accelerate the development of cancer vaccines as a form of cancer treatment. Through the CVLP, eligible people with cancer who are receiving treatment in the NHS in England can join a cancer vaccine clinical trial.

In 2024/25 we opened 5 cancer vaccine trials (4 in collaboration with pharmaceutical company BioNTech) across lung, breast and colorectal tumour sites and currently have a further 4 trials in setup covering endometrial and head and neck cancer. We are establishing a Humber and North Yorkshire Cancer Alliance footprint to accept patient referrals from neighbouring Trusts, including York, Scarborough and NLaG under the CVLP arrangements.

- m) **Network partnerships:** 2024/25 has seen the start of new relationships as a Group:

- Y&H Regional Research Delivery Networks (RRDN) – main funding route, hosted by Leeds Teaching Hospitals NHS Trust.
- Health Improvement Yorkshire and Humber – supporting the adoption of innovation and strategic development.
- The Northern Health Science Alliance (NHSA) – working to establish the concept of an ‘Institute for Preventative Health Research’.
- Yorkshire and Humber Patient Safety Research Collaborative – focussing on medicines management. This has come on the back of the successful partnership that delivered the Partners At Care Transitions (PACT) study at HUTH on wards H8 and H9 looking at the transitions of care from hospital to home for older people with multiple health conditions.
- Humber and North Yorkshire Innovation, Research and Improvement System – representing the Groups in Innovation and Research Communities of Practice – focussing on large cohort study delivery (BaBi) and the utilisation of Secure Data Environments (SDE).
- Humber and North Yorkshire Cancer Alliance – supporting the uptake of cancer vaccine study roll-out across a number of tumour sites and establishing as a lead for patient referrals across York, Scarborough, Harrogate and NLaG.

- n) **Commercial Partnerships:** We continue to build on our commercial partnerships. We remain an IQVIA Northern Prime site, which has given us access to increased research opportunities. Feedback from our recent IQVIA review (25/02/25) is that performance is on track, we are opening numerous studies across multiple therapeutic areas and are achieving the agreed target.

HUTH currently ranks 6<sup>th</sup> (out of 15) in terms of cumulative IQVIA recruitment (studies in phase 1- 4) and ranked 3<sup>rd</sup> (out of 14) for phase 1 – 3b studies across the northern sites. Our 'Prime Site' status has also afforded us access to 'Patient Finder'. The Patient Finder Solution will harness the data contained within our Electronic Medical Records to help staff undertake accurate feasibility and easily identify eligible participants. We expect Patient Finder to launch in Q1 25/26.

We have also been recognised as a key site by both Novartis and AstraZeneca who are working closely with us to build collaborative links.

- o) **Commercial research success:** In 2024/25, HUTH achieved 2 UK and 3 European 'firsts' for commercial research across Respiratory, Hepatology and Diabetes. This shows that we were able to mobile study delivery quicker than any other sites to recruit the first trial participant. This is a fantastic achievement that has helped increase commercial activities and interest at HUTH.
- p) **Academic Partnerships:** In 2024, colleagues at the University of Hull were awarded £11m from the National Institute for Health and Care Research (NIHR) to establish a world-leading centre to carry out essential research into addiction and mental health. The Centre for Addiction and Mental Health Research combines expertise from the University of Hull with those of partners and collaborators to increase capacity of research, both regionally and nationally. HUTH hopes to play a significant role in supporting this programme of research.
- q) **Aligned Sponsorship Request Process:** We implemented a digital Group study sponsorship request process which is ensuing a consistent approach across the Group. The standardised approach builds in a risk assessment of the research governance and oversight processes required and helps the Quality Assurance Team to allocate proportionate and pragmatic monitoring plans.
- r) **Improvement in study set-up timeline:** The use of the Monday.com (MDC) platform at HUTH to conduct study set-up reviews has seen a 40% improvement in study approvals timelines. Furthermore, the feedback from both commercial and non-commercial study sponsors has been overwhelmingly positive.
- s) **HaPPI Innovation Project:** We commenced a project plan to implement the Harrogate Post Procedure Patient Innovation (HaPPI) project within the Orthopaedic teams across the Group. The project aims to transform day case surgery for patients through personalised post-surgery video reports, feedback and consultation process. Supported by project management from HNY ICB (IRIS), the tool gives patients the information they need at a time of their choice and helps reduce the demand on services at the hospital, meaning that clinical time can be repurposed. The videos are securely delivered to our patients using our patient portal, Patients Know Best. It is anticipated that this project will be live from April 2025 with a view to expansion into other surgical areas.
- t) **Publications:** Between April 2024 and March 2025 there has been over 500 publications from the HUTH search of Medline and Embase.
- u) **Group Research Events:** In March an Omics Showcase, hosted by Oxford Nanopore Technologies in partnership with Hull University Teaching Hospitals NHS Trust (HUTH) and the University of Hull, highlighted the impact of use of newly acquired multi-scale analysis technology PROMETHION that

was awarded to HUTH by the Medical Research Council. This also showcased our incredible clinical, academic and industry partnerships and introduced opportunities for collaboration with other national centres of excellence in this field.

In September our research teams across HUTH took part in the #Red4ResearchDay. Our fabulous research staff held stands and visited different parts of the Trust to engage with staff and patients to highlight the amazing research activity we are involved with.

In October Academic Diabetes Endocrinology and Metabolism held their annual Research Patient Celebration event at the University of Hull. More than 100 patients and their guests were thanked for their support.

In December, the Academic Diabetes, Endocrinology, and Metabolism department held its much-anticipated Annual Allam Research Update, led by Prof Sathyapalan at the Allam Diabetes Centre. The event was a vibrant showcase of the ground-breaking work and remarkable achievements of researchers and students from the past year.

- v) **Participant Research Experience Survey:** HUTH is contractually obligated to seek feedback from the participants we recruit.

From 171 HUTH responses, 97% 'strongly agreed or agreed' research staff valued their participation in the study and 90% 'strongly agreed or agreed' that they would consider taking part in research again.

- w) **BaBi study:** The 'Born and Bred in' family wellbeing cohort study has recruited over 2,100 participants in just 12 months at HUTH. The BaBi study has received such a positive response from local families and looks at both maternal health and children's health in their early years. A Group-wide approach to utilising the data generated from this study will be implemented with partners in the integrated care system (ICS) so that we can build up a much clearer picture of people's lives and answer questions that may help to improve health, care and services through research and planning.



## 2.3.4 Goals agreed with Integrated Care Board



The CQUIN scheme has been paused during 2024/25 pending the outcomes of a wider review of quality incentives by NHS England. Consequently, reporting is not mandated and there will be no central data collection by NHS England. However, within Humber Health Partnership with both NLAG and HUTH having overarching CQC ratings of Requires Improvement, CQUINs have played a key role in progressing the quality agenda. The Quality Governance Group and the Quality Safety Committees in Common (QSCiC) agreed a pragmatic approach to the 2024/25 Group CQUIN programme with 8 CQUINs to be included with reduced sample sizes for existing CQUINs and full sample data collection for new CQUINs.

The following 8 CQUINs were approved by the QSCiC (August 24) for 2024/25:

- Flu vaccinations for frontline healthcare workers
- Tranexamic acid prior to surgery (NEW)
- Supporting patients to drink, eat and mobilise (DrEaM) after surgery
- Recording of and response to NEWS2 score for unplanned critical care admissions
- Recording of Paediatric Early Warning System for patients aged <18 (NEW)
- Identification and response to frailty in emergency departments
- Compliance with timed diagnostic pathways for cancer services
- Assessment and documentation of pressure ulcer risk

The biggest improvement was seen in the CQUIN for 'Recording of Paediatric Early Warning System for patients aged <18' which has achieved 91% in Q4 compared to 67% in Q1. The CQUIN for 'Compliance with timed diagnostic pathways for cancer services' has also improved each quarter from 31% in Q1 to 48% in Q4.

The table below outlines the CQUINs achieved for 2024/25:

Key	
	Maximum target achieved or exceeded
	Maximum target not achieved but improvement over full year
	Maximum target not achieved

Indicator	Min	Max	Q1	Q2	Q3	Q4	Full Year performance
Flu vaccinations for frontline healthcare workers	65%	75%	N/A	N/A	46.1%	47.7%	47.7%
Tranexamic acid prior to surgery	80%	90%	57.5%	No data*	No data*	No data*	55%
Supporting patients to drink, eat and mobilise (DrEaM) after surgery	90%	95%	74%	76%	70%	82%	75.5%
Recording of and response to NEWS2 score for unplanned critical care admissions	30%	75%	72.8%	65%	84.3%	90%	76.3%
Recording of Pediatric Early Warning System for patients <18	90%	95%	67%	81.8%	72%	91%	78%
Identification and response to frailty in emergency department	40%	60%	53%	44%	52%	33%	45.5%
Compliance with timed diagnostic pathways for cancer service	40%	55%	30.6%	34.7%	42%	47.8%	38.8%
Assessment and documentation of pressure ulcer risk	65%	80%	76%	82%	74%	80%	78%

\*Due to operational pressures, the data collection has only been completed for Q1



## 2.3.5 What others say about the Trust: Care Quality Commission



### Statement of compliance with the Care Quality Commission

Hull University Teaching Hospitals NHS Trust is required to register with the CQC and in 2024/25 our registration status had two additional conditions on its registration under a Section 31 Notice in Maternity Services. The CQC has not undertaken enforcement action during the period.

The conditions on registration for maternity services require the Trust to:

- implement an effective system for managing and responding to patient risk to ensure all mothers and babies who attend Hull Royal Infirmary are cared for in a safe and effective manner and in line with national guidance. The registered provider must operate an effective clinical escalation system to ensure every woman attending the hospital are triaged, assessed, and streamlined in a timely manner by appropriately skilled and qualified staff.
- implement an effective risk and governance system, with individual prompts covering oversight, incident management and shared learning.

Hull University Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

### Current CQC ratings

#### 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 CQC inspected Hull University Teaching Hospitals NHS Trust during 2022/23. The inspection was undertaken in November 2022 of Urgent and Emergency Services, Surgery and Medicine. The Well-led inspection was undertaken in December 2022. The Trust's overall rating remains as 'Requires Improvement'. The report was published in March 2023 via [Hull Royal Infirmary - Care Quality Commission](#)

The following details the ratings against each of the core services that take place at individual sites including the Maternity visit which was reported on 9 August 2024:

#### Hull Royal Infirmary

Overall rating	Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Medical care (including older people's care)	Requires Improvement	Good	Good	Good	Good	Good
Services for children & young people	Requires Improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Requires Improvement	Good
End of life care	Good	Good	Good	Good	Good	Good
Maternity	Inadequate	Good	Good	Good	Inadequate	Inadequate
Outpatients	Good	Not rated	Good	Requires Improvement	Good	Good
Surgery	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Urgent and emergency services	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate

#### Castle Hill Hospital

Overall rating	Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Medical care (including older people's care)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Critical care	Good	Good	Good	Good	Requires Improvement	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires Improvement	Good	Good
Surgery	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

## 2.3.6 Information on Quality of Data

Hull University Teaching Hospitals NHS Trust submitted records during 2024/25 (as of March 2025) 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
  - **99.6%** 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



### Data Security & 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 2023/24 DSP Toolkit Assessment is 30<sup>th</sup> June 2024 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 23/24 DSP toolkit is **Approaching Standards**. The Trust has developed an improvement plan which is monitored by NHS England.

## 2.3.8 Payment by Results Clinical Coding Audit

### Clinical Coding Audit

The Coding Department operates as a shared service across the Humber Health Partnership, and each Trust within the group has an individual audit produced for the Data Security and Protection Toolkit.



A programme of internal speciality and individual coder audits have been conducted by the Group's NHS England approved auditors throughout 2024/25. A sample of audited FCEs (Finished Consultant Episodes) for each Trust has been taken and summarised below.

Percentage Correct			
Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
98.5%	95.39%	98.68%	93.14%

### Department Priorities 24/25

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
Implement strategies aimed at recruitment and retention.	High	Papers regarding R+R and departmental re-structure written and under consideration.	On-going.
Increase opportunities for clinical engagement.	High	Clinical Coding Liaison roles introduced 23/24 have successfully engaged with a number of areas tackling and resolving coding issues and concerns. Continually looking for additional opportunities.	On-going
Have an NHS England Approved Trainer and completely internal training programme.	Medium	Department now has an NHS England approved Trainer and a training plan in place to take coders from novice to Accredited Clinical Coder Status.	Complete
Maintain data quality and meet local and national deadlines.	High	Coder audits and spot checks have surpassed DSPT level of attainment score for Standards Exceeded. Coding depth remains high, and all deadlines have been met in the last 12 months.	Complete
Investigate and develop new ways of operating, specifically harnessing opportunities with AI.	Medium	Currently developing an automated coding solution for a limited number of areas.	On going

## 2.3.9 Learning from Deaths



During 2024/25, **2,521** 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:

- **586** in the first quarter
- **605** in the second quarter
- **680** in the third quarter
- **650** in the fourth quarter.

In addition to this, there were 233 cases where individuals either passed away in the Emergency Department or were pronounced dead upon arrival.

As of 1st April 2024, 2,460 non-coronial deaths have been reviewed by the Medical Examiner, 181 have had a Structured Judgement Review (SJR). There were 23 deaths investigated under the Patient Safety Incident Response (PSIRF) framework. The number of deaths in each quarter for which an SJR or a Patient Safety Incident Response (PSIRF) was carried out (as of 1st April 2024) was:

- 85 in the first quarter
- 78 in the second quarter
- 31 in the third quarter
- 45 in the fourth quarter

23 representing 0.91% of the total patient deaths during the reporting period 2024/25 were judged to be more likely than not to have been due to problems in the care provided to the patient. [Definition: using Royal College of Physicians (RCP) question: "Avoidability of Death Judgement Score" for patients with a score of 3 or less – see narrative below for more information].

In relation to each quarter, this consisted of:

- 5 representing 0.86% for the first quarter.
- 3 representing 0.49% for the second quarter.
- 8 representing 1.17 % for the third quarter.
- 7 representing 1.07% for the fourth quarter.

There were 9 case record reviews, and 26 investigations completed in 2024/25, which related to deaths which occurred before the start of the 2024/25 reporting period. Of these deaths, 0 representing 0.00% of the patient deaths were judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the SJR which includes a 6 factor Likert scale ranging from Score 6: "Definitely Not Avoidable" to Score 1: "Definitely Avoidable". The above number of cases includes all those deaths that were classified as scoring less than or equal to 3 on this 6-factor scale. This assessment is the initial reviewer's evaluation from the retrospective analysis of the medical record.

Any SJR completed that identifies that further understanding is needed is subject to a second independent review. This process links into the Trust's Serious Incident process. This data is not a measure of deaths that were avoidable, but as an indicator to support local review and learning processes with the aim of helping to improve the standard of patient safety and quality of care.

**Summary of what the Trust has learnt from case record reviews and investigations conducted in relation to the deaths identified during 2024/25**

And,

**Description of the actions which the Trust has taken and those proposed to be taken as a consequence of what has been learnt during 2024/25**

And,

**An assessment of the impact of the actions taken by the Trust during 2024/25:**

Following on from the success of the introduction of the Medical Examiner Service at Hull University Teaching Hospitals NHS Trust, the service became fully compliant with the statutory requirement that was put in place on 9 September 2024. The service now has full establishment with 1.96 whole time equivalent Medical Examiners comprising of 9 Medical Examiners and 1 full time Medical Examiner Officer, 4 part-time Medical Examiner Officers (4 days 30 hours) and 1 full-time Lead Medical Examiner Officer. This is an invaluable service that oversees and scrutinises the quality of care for patients who die during admission. The benefits of the service for the families or carers are likely to be the most impactful as the service provides clarity, dissipates doubts, and helps to alleviate negative thoughts and experiences the families or carers may be experiencing. Providing a voice to the bereaved at this most difficult of times is critically important and rewarding. It allows them to make significant improvements in what happens after death, including identifying areas for improvement as well as highlighting good practice. The service ensures a correct and accurate cause of death is registered and appropriate deaths are referred to the coroner. Representatives from the Medical Examiners attend the Humber Health Partnership Mortality Improvement Group and share a case review for learning bi-monthly. In October 2024, the Trust transitioned onto a new electronic Audit Management and Tracking (AMaT) system which has a Mortality and Morbidity Review (MaMR) module for completing SJRs. This system was to replace the previous SJR form developed within the Lorenzo electronic record system. The new system has gained positive feedback from users and engagement with timely completion of SJRs, clearing the backlog of SJRs.

The Trust is committed to continuously learning from deaths to improve the quality of care provided to patients, their families, and carers. The following key themes were identified in 2024/25:

- A higher-than-expected SHMI (summary hospital-level mortality indicator) for Secondary Malignancies.
- A higher-than-expected SHMI (summary hospital-level mortality indicator) for Septicaemia (sepsis)
- Incomplete or poor-quality of ReSPECT plan (end of life care)
- Failure to recognise the deteriorating patient.

The Trust also had a higher-than-expected SHMI for fracture of neck of femur, but this has reduced, and currently “as expected”.

Key actions taken include:

- Quality of care assessments, undertaken via the Structured judgement Review methodology, in key areas where SHMI is higher than expected, or close to becoming an outlier.
- Formation of an integrated deteriorating patient sepsis and resuscitation group, including a ReSPECT task and finish group.
- Improved monthly mortality data production, overseen by the Mortality Improvement Group.
- Development of a detailed action plan to improve outcomes for patients with fracture of neck of femur.
- Documentation reviews in key areas to determine effects on clinical coding.
- Triangulation of available data to allow for deeper analysis, pulling from sources such as patient experience (complaints), patient safety incidents and learning from deaths, including Structured Judgement Review and Specialty morbidity and mortality meetings.
- Adoption of a new digital platform for undertaking, sharing and monitoring Structured judgement Reviews efficiently and in-line with Group Policy.



## 2.3.10 Reporting Against Core Indicators: NHS Digital



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.

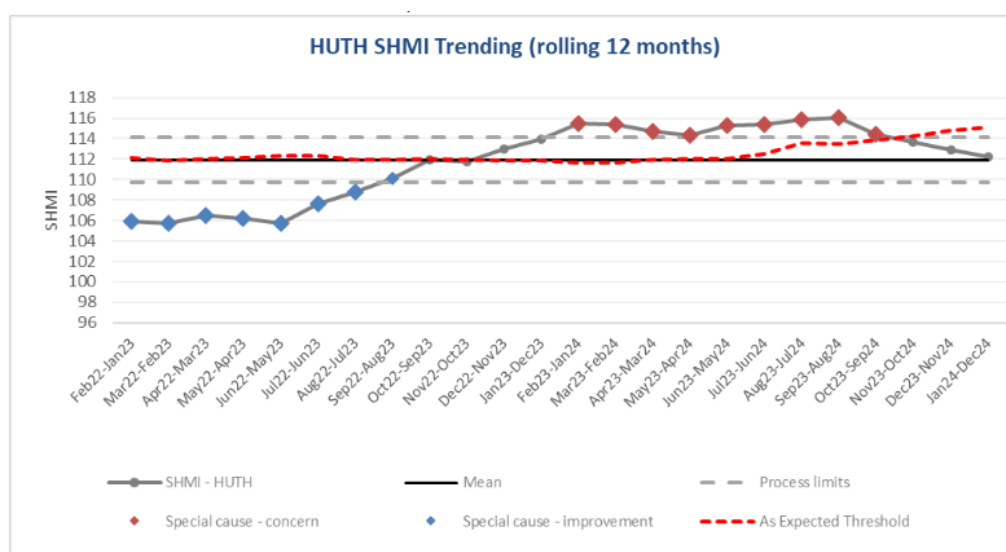
The Hull University Teaching Hospitals NHS Trust considers that this data is as described because performance information is consistently gathered and data quality assurance checks made as described in the next section.

### Domain 1 – Preventing people from dying prematurely.

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

Prescribed Information	Trust Value Jan – Dec 2023	Trust Value Jan – Dec 2024	National Average	National Highest	National lowest
The value of the SHMI for the Trust for the reporting period*	112.65	1.12	1.0	1.33	0.69
The banding of the SHMI for the Trust for the reporting period*	1 (higher than expected)	2 (as expected)	2 (as expected)	1 (higher than expected)	3 (lower than expected)
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period*	34%	37%	44%	66%	17%

**Source:** NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>).



The above chart illustrates the Trust's performance against the Summary Hospital Mortality Indicator (SHMI), which is 1.1221, "as expected", for 12-month rolling period January 2024 to

December 2024. The SHMI is a Standardised Mortality Ratio (SMR). SHMI is the only SMR to include deaths out-of-hospital (within 30 days of hospital discharge). The SHMI is a measure of observed deaths compared with 'expected deaths', derived statistically from the recording and coding of patient risk factors.

NHS Digital Guidance on SHMI interpretation states that the difference between the number of observed deaths and the number of expected deaths cannot be interpreted as 'avoidable deaths'. The 'expected' number of deaths is not an actual count but is a statistical construct which estimates the number of deaths that may be expected based on the average England figures and the risk characteristics of the Trust's patients. The SHMI is therefore not a direct measure of quality of care.

The Trust SHMI is currently "as expected". However, the Trust has recently demonstrated a higher than expected SHMI. The Trust has a robust plan of action to address specific areas, which through investigation, were deemed key contributors to the elevated SHMI.

This includes diagnosis groups:

- Fractured neck of Femur (hip)
- Secondary Malignancies
- Septicemia (Sepsis)
- Urinary Tract Infections (UTI)

Key actions taken by the Trust include multidisciplinary working groups set up to allow for effective quality improvement initiatives to be identified, developed and deployed across the Trust. Focusing on key contributing areas, such as Sepsis, allows demonstrable and measurable improvement measures to be put in place, such as the newly developed sepsis-screening tool. In addition to this, 'deep dive' investigations and analysis were undertaken on key areas to better understand the data that is driving the elevated SHMI, as well as being able to identify key issues to allow for a robust action plan to be formulated, such as the fractured neck of femur action plan, which includes the creation of a dedicated neck of femur fracture operating theatre, improved time management plans and improved communications, via the Trauma huddle. Other key actions taken include focused clinical quality reviews, allowing the Trust to assess the quality of care delivered to patients and identify any areas that may require further improvement. Documentation reviews are also underway to ascertain the effects of clinical coding on key SHMI areas, such as urinary tract infections and Sepsis.

- Palliative care coding is a group of codes used by hospital coding teams to reflect palliative care treatment of a patient during their hospital stay. There are strict rules that govern the use of such codes to only those patients seen and managed by a specialist palliative care team.
- The SHMI does not exclude or make any adjustments for palliative care. Other Standardised Mortality Ratios (SMRs) like the Hospital Standardised Mortality Ratio (HSMR) adjust for palliative care.
- The Trust continues with the processes to improve the quality and accuracy of the data that underpins statistical mortality calculations like the SHMI and improving the consistency of the learning from deaths programme of work.

### **Domain 3 – Helping people to recover from episodes of ill health or following injury.**

#### **Patient Reported Outcome Measures (PROMS)**

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

The data detailed in the table below was made available to the Trust by NHS Digital with regard to the Trust's patient reported outcome measures scores for:

- a) Hip replacement surgery
- b) Knee replacement surgery

The PROMs is a national initiative designed to enable NHS trusts to focus on patient experience and outcome measures. The table shows the adjusted health gain reported by the patient reported using the EQ-5D index, following their surgery. EQ-5D index collates responses given in 5 broad areas (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) and combines them into a single value. The single value scores for the EQ-5D index range are from -0.594 (worse possible health) to 1.0 (full health). As participation is voluntary, patients can choose not to participate in PROMs.

Type of surgery	Sample time frame	Trust adjusted average health gain	National average	National highest	National lowest
<b>Hip replacement (Primary)</b>	April 2022 – March 2023	Not published in national data set	0.460	0.548	0.362
	April 2023 – March 2024	Not published in national data set	0.458	0.581	0.352
<b>Knee replacement (Primary)</b>	April 2022 – March 2023	Not published in national data set	0.333	0.412	0.241
	April 2023 – March 2024	Not published in national data set	0.323	0.405	0.231

**Source:** NHS Digital Quality Account Indicators Portal, Primary data used, EQ-5D Index used (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>)

Hull University Teaching Hospitals NHS Trust has taken the following actions to improve patient questionnaire submission:

From 2021 the Trust changed their PROMs provider to move from paper questionnaires to electronic. This unfortunately led to a reduction in post-operative questionnaires issued. The Theatre team now have a dedicated Perioperative Support Worker in post with the responsibility of uploading the required information to the electronic portal on a weekly basis which triggers the post-operative questionnaire to be issued by the PROMs provider. Central oversight of compliance will be strengthened through access to monthly dashboard data.

### Patients readmitted to a hospital within 30 days of being discharged

The table below details performance against the Readmission rate into hospital within 30 days of discharge:

Prescribed Information	Trust (April 2022 to March 2023)	Trust (April 2024 to March 2025)	National average	National Highest	National Lowest
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the Trust during the reporting period*	11.4%	10.09%	9.81%	22.93%	0.47%
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the Trust during the reporting period*	13.3%	8.75%	8.15%	12.57%	5.29%

**Source:** NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>)

Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust is above the national average for admissions.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- The Trust continues to monitor its readmission rates on a monthly basis (from locally available data) and compares these to the national rates in order to benchmark our performance.
- Patient flow and discharge workstreams continue in order to achieve national targets with a full Patient Flow Campaign being embedded throughout the organisation. This incorporates all aspects of patient flow and discharge involving a programme of back to basics a fundamental aspect of planning discharge from admission which will improve discharge planning, improve patient experience and reduce incidents around discharge safety.
- Discharge lounge's now have substantive teams and good leadership within the departments with appointments of a Band 6 Nurse manager following a full consultation to standardise practices and extend opening to 10pm 7 days a week completed.
- Weekly No Criteria Reside director meeting in place to review adult patients with complex care needs, supported by Northern Lincolnshire system partners.

#### Domain 4 – Ensuring people have a positive experience of care.

##### Responsiveness to the Personal needs of patients

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

There has been no new data made available to the Trust by NHS Digital about the Trust's responsiveness to the personal needs of its patients since 2020. Therefore, the table below shows the data up to the most recent entry covering hospital stays between 01 July 2019 to 31 July 2019 (data collected between 01 August 2019 to 31 January 2020). Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-100. Therefore, this indicator will also take values between 0-100.

Prescribed Information	Trust value 2019 - 2020	National average	National highest	National lowest
The Trust's responsiveness to the personal needs of its patients during the reporting period*	64.4	67.1	84.2	59.5

Source: NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>).

##### Staff recommending Trust as a provider to friends and family

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	2023	2024	National Average	National highest	National lowest
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend	58.82%	51.66%	66.67%	90.91%	45.39%

Prescribed Information	2023	2024	National Average	National highest	National lowest
the Trust as a provider of care to their family or friends*					

\*Most recent staff survey data – 2024 (Source: <https://cms.nhsstaffsurveys.com/app/reports/2024/RWA-bank-2024.pdf>)

**Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:**

- The data is collected from our staff as part of the latest National Staff Survey.

**Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:**

- The Group has developed and launched its Group People Strategy 2025-2028.
- The Group has identified 4 key actions to focus on corporately and within care groups.
- The work will be monitored through the Workforce, Education and Culture Committee in Common.

### **Risk assessed for Venous Thromboembolism (VTE)**

National data collection and publication for the VTE risk assessment compliance rate recommenced in April 2024 following a pause in 2020 to release NHS capacity to support the response to the Covid-19 pandemic. The national compliance rate target is 95%.

Historically, the compliance rate was calculated without a timeframe for completion of the VTE risk assessment. Following clarification from NHS England, the VTE compliance rate should calculate the percentage of patients who were risk assessed for VTE within 16 hours of admission to hospital.

The following table demonstrates the compliance rates for the HUTH each quarter during the reporting period alongside comparative data both regionally and nationally:

% of patients risk assessed for VTE within 16 hours of admission*	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
<b>HUTH</b>	94%	93%	93%	87%
<b>North East and Yorkshire Average</b>	88.8%	88.5%	88.2%	88%
<b>National Average</b>	89%	90.3%	90.6%	91%
<b>National Highest</b>	99.7%	99.9%	100%	99.8%
<b>National Lowest</b>	14.9%	14.3%	13.7%	14.3%

\*Source: [Statistics » VTE risk assessment 2024/25](#)

**Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:**

- Following clarification in the calculation rates from NHS England, the average compliance rate for HUTH is **91.8%** but remains higher than the national average of **90.2%** and the regional average of **88.4%**.

**Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services:**

- Following the move towards a Group model for the Trust, improvement efforts have been aligned across the group to identify further opportunities to improve the compliance to **95%** and above.



## Clostridium Difficile infection reported within the Trust

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

Prescribed Information	2022/23	2024/25	National Average (England)	National Highest	National Lowest
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*	7.05	16.62	Not Published	48.74	7.86

(Most recent data published by <https://publicview.health/Auth/MetricDetail/RWA/19> Feb 24 to Jan 25)

**Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:**

- The increase in cases is in line with the regional and national increases.

**Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:**

- Continually monitoring performance at the Groups Strategic Infection Reduction Committee.
- The Trust has an evidence-based Clostridium difficile policy and patient treatment care pathway.
- Multi-disciplinary team meetings are held for inpatient cases where required to identify any lessons to be learnt and post-infection review is conducted for hospital onset cases.
- Undertaking a deep dive to understand increases, although no obvious identified causative factor(s) have been identified.
- GPs are sent an email to inform them of a patient's Clostridium difficile status again to help reduce the amount of antimicrobial use and prevent future Clostridium difficile cases
- As part of wider IPC improvements, launch a sustained bare below the elbow / back to basics campaign.
- A national working group has been established to review the increases noted nationally, the group will implement any recommendations as required.

## Patient safety incidents

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

Time period	Trust number of patient safety incidents reported	Trust rate of patient safety incidents reported per 1,000 bed days	Trust number of patient safety incidents reported involving severe harm or death	Trust rate of patient safety incidents reported involving severe harm or death per 1,000 bed days	Percentage of safety incidents that resulted in severe harm or death
April 2021 – March 2022*	17,760	55.0	43	0.30	0.24%
April 2022 – March 2023**	18,467	45.6	102	0.25	0.55%
April 2023 – March 2024**	20,722	47.6	113	0.27	0.55%

Time period	Trust number of patient safety incidents reported	Trust rate of patient safety incidents reported per 1,000 bed days	Trust number of patient safety incidents reported involving severe harm or death	Trust rate of patient safety incidents reported involving severe harm or death per 1,000 bed days	Percentage of safety incidents that resulted in severe harm or death
April 2024 – March 2025**	23,296	54.4	100	0.23	0.43%

**Source:** \*NRLS Organisation data workbook for the reporting period April 2022 – March 2023. \*\*From April 2022 there has been no data published nationally therefore this has been calculated internally by the Trust

The patient safety incident reporting rates have increased year on year demonstrating a positive patient safety reporting culture (high volume, low harm)

**The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to build on the patient safety reporting culture increasing learning opportunities and so the quality of its services:**

- The Trust transitioned to the learning from patient safety events (LFPSE) in June 2024 which replaced the national reporting and learning system (NRLS) and has maintained a positive reporting culture through and since the change.
- The Trust will actively promote and encourage staff to report all patient safety events especially near miss incidents as part of an open and transparent culture designed to support learning and improvement, recognising that high levels of reporting indicate a high level of safety awareness.
- The Trust intends to promote the reporting of good care event as a positive learning opportunity from care events that have gone well whilst delivering care to and for patients.
- The Trust successfully transitioned to the Patient Safety Incident Response Framework (PSIRF) in April 2023 and will continue to respond to patient safety incidents, focusing on effective learning and improvement, compassionate engagement, and embedding a patient safety culture.
- The Trust will continue to use a range of proportionate learning responses to respond to patient safety incidents, focusing on areas where improvement will have the greatest impact as outlined in the Trust's Patient Safety Investigation Response Plan. Findings from these learning responses are used to identify themes and trends across the organisation for learning and improvement purposes.
- Continued oversight at a Weekly Multidisciplinary Learning Response Panel will ensure learning from immediate actions from events and will identify any additional appropriate learning response is undertaken in line with the PSIRF and Patient Safety Incident Response Framework Policy and Plan.
- Learning from completed learning responses including Patient Safety Incident Investigations (PSIIs) are presented at the PSIRF Oversight Group to ensure they are conducted to the highest standard, that there has been effective engagement with patients, families and staff, and the safety actions will lead to improvements.
- The learning from completed learning responses is shared throughout the Trust via Speciality and Care Group Governance meetings.
- The Trust will continue to engage with those affected by patient safety incidents including patients, families and staff, promoting a compassionate and systematic approach to our learning responses to gain insight and improved understanding of what happened when a patient safety event occurs.

# ANNEXES

This section includes:

- [Annex 1:](#)
  - [Statements from Key Stakeholders](#)
  - [Trust response to Stakeholder Statements](#)
- [Annex 2:](#)
  - [Statement of Directors' Responsibilities in respect of the Quality Account](#)
- [Annex 3](#)
  - [Abbreviations and definitions](#)
  - [How to provide feedback](#)
  - [Other formats](#)

## Annex 1: Stakeholder Feedback

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)

Humber & North Yorkshire Integrated Care Board (HNY ICB) welcome the opportunity to review and comment on the Hull University Teaching Hospital NHS Trust's Quality Report for the 2024/25 period, reflecting upon the key successes and in their contribution across local partnerships and within our integrated care system.

We express gratitude to everyone at Hull University Teaching Hospital NHS Trust for their commitment and dedication to our local population and partnerships. We thank all staff working within the Trust and for their continued commitment during what has been another challenging year for health partners.

The ICB recognises the work undertaken by the Trust in responding to feedback, it is pleasing to see the opening sections of the account focussing on patient feedback and how the Trust will build upon this, in striving to further improve. The ICB acknowledge the 2024 staff survey results and are supportive of the approach being taken by the trust to increase staff engagement and in further developing a positive organisational culture.

We note the achievements of the 2024/2025 quality priorities and plans for the forthcoming year. We recognise the improvements made and note the work of the Trust in respect of the end-of-life pathway, medication safety and sepsis. We acknowledge the consolidation of the sepsis and deteriorating patient quality priority and in involving partners from the Sepsis Trust, we look forward to hearing more about this work in the future.

We applaud the Trusts approach to quality improvement, in ensuring individuals with a lived experience have a voice, are involved and can contribute to working groups and the co-design of improvement activity. We note Trust for the work which is has been undertaken in clinical research and the efforts to ensure all possible opportunities for patient participation have been explored to ensure the patient voice informs improvements to patient care.

We note the progress the Trust has made with regards to the application of the Mental Capacity Act and congratulate the Trust on the digitalisation of the Mental Capacity Assessments and Best Interest documentation. We note the ambition of the Trust, in seeking to improve the quality of the mental capacity assessment and best interest documentation which safeguards vulnerable people.

We recognise the pause of the CQUIN Scheme during 2024/2025 and are pleased that the Trust continued to progress improvements for these areas. Notably the work in respect of Paediatric Early Warning System for patients under the age of 18 years and the compliance with timed diagnostic pathways for cancer services which has improved in each reporting quarter.

We applaud the trust on achievements and innovations presented within the account and over the past year. The annual staff awards, known as the Golden Stars, awards evidencing innovation across key service areas and in ensuring patients of all ages and conditions will benefit from these initiatives. The opportunity to reduce waiting times and improve outcomes for the health of the local population is to be commended.



The ICB acknowledged the work of all at the Trust in continually striving to improve patient safety, outcomes for people using services and in fostering a strong learning culture. We note the work the Trust has undertaken since transitioning in June 2024, from the National Reporting and Learning System (NRLS) to the learning from patient safety events (LfPSE) and in Hull & ERY Place statement – HUTH Quality Accounts 2024/25 transition to the Patient Safety Incident Response Framework (PSIRF). We look forward hearing more in the future on this work which is supported by patient safety partners.

We note the Trust's participation in clinical audits and national confidential enquiries and the ongoing commitment to clinical research to inform practice and innovation. We applaud the trust in establishing a new 'Group Research and Innovation' leadership and management structure. With improvement work underpinned by the group strategy, we look forward to hearing more about this work in the future.

The ICB would like to thank the Trust for the positive patient focused work around a first of a kind public health patient service for Hepatitis C, testing in identifying cases early and in providing treatment, potentially reducing the need for liver transplants.

Humber and North Yorkshire ICB confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Hull University Teaching Hospital and that the data and information contained in the report is accurate.

The ICB remain committed to working with the Trust as part of the Humber Health Partnership and its regulators to improve the quality and safety of services available for the population served by the Trust in order to improve patient experience and patient outcomes.

### **Joint Statement from Healthwatch Kingston upon Hull and Healthwatch East Riding of Yorkshire**

Healthwatch Hull and Healthwatch East Riding of Yorkshire welcome the opportunity to make a statement on the Hull University Teaching Hospitals NHS Trust Quality Accounts.

The report highlights during 2024/25 the Trust has made good progress against the 2024/25 priorities set at the start of the year.

It is encouraging to see the 92% positive feedback through the Family and Friends Test and slight improvements being noted. However, it is disappointing to see that negative feedback around waiting times has slightly increased.

National patient survey results show some positive improvements in Urgent and Emergency Care, Maternity, Inpatient Survey and Children and Young People's survey. It is disappointing to note that some questions have scored significantly worse since the last survey.

It is encouraging to see some of the celebrations and achievements for the Trust such as; Hull midwifery bereavement team won the MAMA Academy award for compassionate care. Cervical screening rates improved to over 72% for women aged 25-49. AI technology reduced COPD patient readmissions by 40%. New PowerPICC Solo procedure saved NHS nearly £50,000 and reduced hospital stays.

It is disappointing to note that the performance against Key National Priorities is below target in all areas relating to waiting times. It is encouraging to see the participation and completion of National Confidential Enquiries and National Clinical Audits.

A learning culture within the Trust is evident through the learning from deaths reviews showing key themes and these leading to targeted quality improvement actions.

It is encouraging to see that HUTH has made significant strides in clinical research and has achieved 217% of recruitment targets for the NIHR Portfolio research and that the Trust ranks highly in Yorkshire for both volume and commercial trials.

It is disappointing to see that staff engagement though the NHS staff survey has declined and is below the national average, however it is positive to see this is being addressed through the improvement journey in the hope of returning to pre-pandemic levels.

Healthwatch Hull and Healthwatch East Riding of Yorkshire feel a summary document and/or easy read version of the accounts would be beneficial to ensure the document is accessible to as many members of the public and patients as possible.

### **Trust response to Stakeholder Statement**

The Trust are grateful to stakeholders for their views and comments on the Quality Account for the period 2024/25.

We appreciate your recognition of our commitment to quality and safety, as well as your acknowledgment of the progress we have made against our quality priorities.

We are also grateful for the recognition of our progress in the application of the Mental Capacity Act and the digitalisation of Mental Capacity Assessments and Best Interest documentation. Safeguarding vulnerable people remains a top priority for us.

The acknowledgment of our continued efforts in clinical research and innovation is highly valued. We are proud of our achievements in this area and remain committed to exploring all possible opportunities for patient participation. We are committed to maintaining this momentum and continuing to achieve high recruitment targets for NIHR Portfolio research.

The positive feedback from the Family and Friends Test is encouraging, and we acknowledge the need to address the slight increase in negative feedback around waiting times. We are committed to improving this aspect of our service.

We appreciate the recognition of our achievements and innovations, including the national awards and improvements in cervical screening rates, COPD patient readmissions, and the implementation of new procedures. These accomplishments reflect our dedication to enhancing patient care and outcomes.

We acknowledge the concerns regarding performance against Key National Priorities, particularly in relation to waiting times. We are actively working to address these challenges and improve our performance in these areas.

Once again, we thank our stakeholders for their valuable feedback and support. We remain dedicated to continuous improvement and delivering high-quality care to our patients.

## Annex 2: Statement of Directors' Responsibilities in respect of the Quality Account

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

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

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the supporting guidance published by NHS England for 2024/25
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2024 to March 2025
  - Papers relating to quality reported to the board over the period April 2024 to March 2025
  - Feedback from commissioners
  - Feedback from Local Healthwatch organisations
  - Feedback from Overview and Scrutiny Committees
  - Latest national inpatient survey 2024
  - Latest national maternity survey 2024
  - Latest national urgent and emergency care survey 2024
  - Latest national child and young people survey 2024
  - Latest national staff survey 2024
  - CQC inspection report published March 2023 and August 2023
- The Quality Account presents a balanced picture of the NHS Trust's performance over the period covered.
- The performance information reported in the quality account is routinely quality checked to ensure it is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the quality account is routinely quality checked to ensure it is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

- The Quality Account has been prepared in accordance with NHS England's supporting guidance and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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

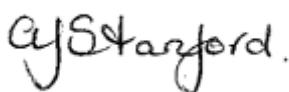
By order of the Board

**Group Chair:**



**Date:** 26/05/2025

**Acting Group Chief  
Executive**



**Date** 26/06/2025

## 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
AAR	After Action Review forms part of the new Patient Safety Incident Reporting Framework.
ACE	<b>A Commitment to Excellence</b> - Our new ACE programme launches in March 2025 and is an opportunity for setting standards across the Humber Health Partnership, providing an opportunity for improvement, and transformational change, and for areas of excellence to be recognised.
AMaT	Audit Management and Tracking System used across the group to manage clinical audit, ward/area audit, QI, service evaluation, inspections and NICE compliance.
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.
Care Groups	Care Groups are the areas of the partnership delivering care to our patients. There are fourteen Care Groups; Family Services, Pathology Network, Acute and Emergency Medicine, Neuroscience Specialist Care, Specialist Medicine, Community, Frailty and Therapy, Specialist Surgery, Sit Management and Discharge, Cancer Network, Digestive Diseases, Head and Neck, Major Trauma, Theatres, Anaesthetics and Critical Care, Cardiovascular Care, Specialist cancer and Support Services and Patient Services. These fourteen Care Groups are headed by a consultant who is Chief of Service they are supported in their role by a Director of Nursing and an Operations Director.
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.
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 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 & 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.
CQC	Care Quality Commission (CQC) regulates and monitors the Trust's standards of quality and Safety.
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative.
DATIX	DATIX is the Trust wide incident reporting system at HUTH.
DPOW	Diana, Princess of Wales Hospital in Grimsby.
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.

Abbreviation	Definition
<b>Engagement</b>	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 morale. It also means involving all key stakeholders in every step of the process to help us provide high quality care.
<b>ePMA</b>	Electronic Prescribing and Medicines Administration.
<b>Friends and Family Test</b>	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.
<b>GDH</b>	Goole & District Hospital.
<b>Health and Wellbeing Boards</b>	Health and wellbeing boards are statutory bodies whose role is to promote integrated working among local providers of healthcare and social care.
<b>Healthwatch</b>	Healthwatch is an independent national champion for people who use health and social care services.
<b>HUTH</b>	Hull University Teaching Hospitals is a Group member alongside Northern Lincolnshire and Goole NHS Foundation Trust in the new NHS Humber Health Partnership.
<b>HRI</b>	Hull Royal Infirmary Hospital.
<b>ICB</b>	Integrated Care Board.
<b>Just culture</b>	A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution.
<b>Lorenzo</b>	The Trust's electronic patient record system.
<b>National Patient Safety Agency Alerts</b>	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.
<b>Near Miss</b>	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.
<b>NerveCentre</b>	An electronic patient record system which provides the electronic capture of patient information, via handheld devices, at the bedside, enabling timely and accurate data collection.
<b>Never Event</b>	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.
<b>NEWS2</b>	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 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.
<b>NHS</b>	National Health Service.
<b>NHS England</b>	NHS England acts as a direct commissioner for healthcare services, and as the leader, partner and enabler of the NHS commissioning system.
<b>NHSI</b>	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.
<b>NICE</b>	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.

Abbreviation	Definition
<b>NIHR</b>	The National Institute for Health Research commissions and funds research in the NHS and in social care.
<b>NLAG</b>	Northern Lincolnshire and Goole NHS Foundation Trust is a Group member alongside Northern Lincolnshire and Goole NHS Foundation Trust in the new NHS Humber Health Partnership.
<b>NMC</b>	The Nursing and Midwifery Council (NMC) are the professional regulator for nurses and midwives in the UK, and nursing associates in England.
<b>NRLS</b>	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.
<b>PSIRF</b>	Patient Safety and Incident Reporting Framework.
<b>PPE</b>	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.
<b>QIP</b>	Quality Improvement Plan (QIP) - The purpose of this plan is to define, at a high level; the overall continuing quality improvement journey the Trust 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.
<b>RCEM</b>	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.
<b>RECOVERY</b>	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.
<b>ReSPECT</b>	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.
<b>Root Cause Analysis (RCA)</b>	RCA is a method of problem solving that tries to identify the root causes of faults or problems.
<b>Sepsis</b>	Sepsis is a medical condition that is characterised by a whole body inflammatory state and the presence of a known infection.
<b>Serious Incident (SI)</b>	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.
<b>SGH</b>	Scunthorpe General Hospital located in Scunthorpe.
<b>SHMI</b>	Standardised Hospital Mortality Indicator - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
<b>SIREN</b>	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.
<b>Stakeholders</b>	A group of people who have a vested interest in the way Northern Lincolnshire and Goole NHS Foundation Trust operates in all aspects. For example, the deliverance of safe and effective patient care.
<b>SystemOne</b>	An electronic patient record system.
<b>Task and Finish Group</b>	A Task and Finish group is a group set up as a subgroup as part of larger project group and looks at specific items that needs to be delivered.

Abbreviation	Definition
<b>Tissue viability</b>	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.
<b>Trust Board</b>	The Trust's Board of Directors, made up of Executive and Non-Executive Directors.
<b>Ulysses</b>	Ulysses is the Trust wide incident reporting system at NLaG.
<b>Virginia Mason Institute</b>	Virginia Mason Institute works with organisations worldwide to continuously innovate and solve healthcare's largest challenges.
<b>VTE</b>	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](mailto: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:

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