



**Hull University
Teaching Hospitals**
NHS Trust



HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST QUALITY ACCOUNT 2019/20 SUMMARY

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Statement on Quality from the Chief Executive

Welcome to Hull University Teaching Hospitals NHS Trust's 2019/20 Quality Account...

I am pleased to present Hull University Teaching Hospitals NHS Trust's Quality Account. The Quality Account is an annual report, which reviews our performance and progress against the quality of services we provide and sets out our key quality and safety improvement priorities for 2020/21. It demonstrates our commitment to continue improving our services and provide high quality, safe and effective care to our patients, their carers and their families. This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year.



In [Part 3](#) of this report we set out the quality and safety improvement priorities for 2020/21. These priorities were identified through consultation with staff, Trust members, Health & Wellbeing Boards, Healthwatch, Clinical Commissioning Groups and the local community. As a result, the following quality and safety improvement priorities were identified:

Safer Care (Patient Safety)

1. Reduction of inpatient falls of patients who have a diagnosis of Dementia and have an inpatient fall within the Department of Elderly Medicine
2. Development of a standardised safety brief framework
3. Reduction in line infections in our surgical specialities
4. Increase "stop the line" reporting and improve staff engagement and satisfaction with the new reporting process and increase measurable actions

Better Outcomes (Clinical Effectiveness)

1. Improve mental health triage in the Emergency Department
2. Empowerment of the non-registered workforce to improve the delivery of the SSKIN care bundle

Improved Experience (Patient and Staff Experience)

1. Improved framework of preceptorship for new registrants to ensure they are supported and develop in to confident and competent practitioners
2. Improve patient and public involvement across the Trust

Many staff and our stakeholders have been involved in the development of the Quality Account. Comments from the stakeholders on the content of the Quality Account are included in full in the Annex of this report.

We welcome involvement and engagement from all staff and stakeholders because their comments help us acknowledge achievements made and identify further improvements to be made.

I can confirm that the Board of Directors has reviewed the 2019/20 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate and fair account of our performance.

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



Chris Long
Chief Executive

What Our Patients Said in 2019/20

“Being my first pregnancy I was really scared. The team there really helped me stay calm and relaxed”

“A ward where I felt my dad was safe and surrounded with professionalism”

“...took the time to reassure him and explain carefully his options...”

“...doing a fantastic job of providing quality care. We couldn't have felt more looked after at a difficult time...”

“The level of care received was of high quality and dignity was maintained throughout”

“Since arriving I have been treated with respect and excellent care. Thank you to all concerned”

“The staff members we met were so kind and it was so reassuring to get immediate answers to my questions. It's obvious how much care and pride they take in their work.”

“...it was great to be cared for by such empathetic, conscientious and friendly staff...”

“The treatment my father received was timely, thorough, profession and kind.”

“The whole team were responsive to not only my dad's medical needs but made a terrifying experience for him bearable and positive within their levels of care shown”

Performance against Priorities 2019/20 – summary

The Quality Improvement Plan (QIP) is a high-level plan which defines the improvement goals the Trust is working towards for improving quality and safety across the organisation. The plan includes the ‘must do’ and ‘should do’ actions from any Care Quality Commission (CQC) inspections alongside areas of work the Trust is pursuing to improve, quality and safety priorities as detailed in the Quality Account. This year the QIP had projects in place, all of which were linked to the 10 Quality and Safety Priorities as set out in the 2018/19 Quality Account, with the exception of VTE. The achievements of the VTE priority are detailed in [section 2.1](#).

Key			
Achieved	✓	Did not Achieve	X
Improvements made against baseline	↗	Discontinued	■

	Project	Indicator	Achieved
Safer Care	Nutrition and Hydration	95% of patients weighed within 24hrs of admission	↗
		90% of patients weighed every 72hrs	↗
		95% of weighs plotted on weight graph	↗
		90% of weight recorded on Drug Chart	✓
		95% of daily Nutrition Risk Assessments	↗
		95% of appropriate referral to Dietician	X
		95% of care plan states “low, Medium or High Risk”	↗
		80% of hydration charts completed	↗
	Medicine Optimisation	70% of dispensing discharge prescriptions within an hour for patient lounge by March 2020	✓
		50% increase in referrals to “Transfer of Care Around Medicines Scheme” by March 2020	✓
	Deteriorating Patient	90% of patients that have a NEWS Score above 1 have evaluation which states actions taken or escalation documented	↗
	Pressure Ulcers	Completion of Root Cause Analysis (RCA) in 14 days	X
	Acute Kidney Injury (AKI)	Quality statement 2: People who present with an illness with no clear acute component and 1 or more indications or risk factors for acute kidney injury are assessed for this condition.	↗
		Quality statement 3: People in hospital who are at risk of acute kidney injury have their serum creatinine level ... monitored.	↗
		Quality statement 4: People have a urine dipstick test performed as soon as acute kidney injury is suspected or detected.	↗

	Priority	Indicator	Achieved
▲ Better Outcomes	VTE	0 VTE Serious Incidents	✓
		95% compliance with assessment of all relevant patients to identify the risk of VTE no later than 24 hours following admission to hospital	☐↗
	Dementia	75% dementia / delirium screening pathway completed in the medical document	✓
		75% of online dementia/delirium screening tool completed	✓
		75% of dementia diagnosis documented in the medical notes	✓
		75% of Butterfly displayed at the bedside	☐↗
		75% of the Butterfly icon in place on Cayder	✓
		75% of Reach Out To Me document at the bedside	☐↗
		75% compliance with two members of staff able to articulate the meaning of Johns Campaign & Butterfly Scheme on each ward	✓
		75% of clinical areas displaying poster regarding Johns Campaign	✓
		75% of clinical areas displaying poster regarding Butterfly Scheme	✓
	Mental Health	95% compliance quarterly with the completion of the individual Risk Assessments for Children and Young People at risk of self-harm	✓
		Established bi-monthly Mental Health Committee	☐↗
	▲ Improved Experience	Outpatient Services	90% of OP areas rated green or blue Patient Experience Fundamental Standard
90% of OP areas rated green or blue Staff Experience Fundamental Standard			✓
Outpatient Governance Committee held			✓
98% Friends and Family Test Scores for Outpatients			✓
Increase in positive compliments or comments on NHS Choices			X
Improved waiting times at clinics		☐↗	
Patient Experience	Reduce the number of reopened complaints due to dissatisfaction by 10%	X	

Care Quality Commission

About the Care Quality Commission

The Care Quality Commission (CQC) regulates and inspects health and social care services in England. They check that services meet the Health and Social Care Act 2008 ('the Act') and the CQC Fundamental Standards. If they feel that an organisation provides good, safe care the CQC registers it without conditions. The CQC provides assurance to the public and commissioners about the quality of care through a continuous monitoring of a Trust's performance across a whole range of core services. The CQC Operating Model was revised and in June 2017 the CQC confirmed they will focus on eight core services and four additional services. The additional services may be inspected depending on the level of activity and risk.

The eight core services are:

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

The four additional services are:

- Gynaecology
- Diagnostic Imaging
- Rehabilitation
- Spinal Injuries

When inspecting these eight core services, the CQC will focus on the following five key questions:

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

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

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regulation. The ratings are outstanding, good, requires improvement and inadequate. You can find more about the CQC and the standards here:

www.cqc.org.uk

Statement of compliance with the Care Quality Commission

Hull University Teaching Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is unconditional.

The Care Quality Commission has taken enforcement action against Hull University Teaching Hospitals NHS Trust during 2019/20.

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

Sexual Assault and Referral Centre Inspection

The CQC undertook a Sexual Assault and Referral Centre (SARC) inspection of the Trust's Child Sexual Assault Assessment Service (CSAAS) during the reporting period. The inspection was undertaken on 29 and 30 January 2020 in the Anlaby Suite at Hull Royal Infirmary.

The Trust received a Section 29a Warning Notice following this inspection because the systems and processes the Trust had in place did not ensure the effectiveness of decontamination procedures.

The Trust took immediate actions to address the concerns raised in the Section 29a Warning Notice and an action plan was developed to evidence this. A full response on actions taken and planned actions were submitted to the CQC in line within the agreed timescales and assurance was provided.

In March 2020, the CQC published the final report from the January 2020 SARC inspection.

The CQC reported that the service was providing safe, effective, caring and responsive care in accordance to the relevant regulations. However, the CQC reported that the service was not providing well-led care in accordance with the relevant regulations and as a result they have taken enforcement action in relation to the regulatory breaches. Regulation breach 17 – Good Governance was breached due to effectiveness of the decontamination procedures.

The Trust reviewed the published report and included the additional areas for improvement to the original action plan, which again was shared with the CQC for assurance on actions taken.

In May 2020, the SARC lead inspector completed a desk top review of the delivery against the Trust action plan, supporting evidence and additional photographic evidence to demonstrate improvements to the environment as the inspector was unable to re-visit the site due to the COVID-19 pandemic. The CQC have published an additional inspection report following the desk top review, which confirms the required improvements have been made and the breaches have been addressed. The CQC reported that the service was now providing safe, effective, caring, responsive and well-led care in accordance to the relevant regulations.

Trust Comprehensive Inspection; Current CQC Ratings

The CQC commenced the Trust's comprehensive inspection during the reporting period. The CQC undertook the unannounced element of the inspection process between 03 and 05 March 2020 across both Hull Royal Infirmary and the Castle Hill Hospital. The inspection covered the Emergency Department, Medical Care, Surgery and Critical Care. Due to the Covid-19 pandemic the CQC was not able to complete the well-led element of the inspection and therefore the comprehensive inspection was partially completed. Following the inspection, the Trust received a Section 31 Initial Letter of Intent from the CQC in relation to nurse and medical staffing within the Paediatric Emergency Department. The Trust was required to provide an action plan to demonstrate

how it would address the areas of concern and to submit a weekly information update to the CQC on medical and nurse staffing rotas and any actions taken to address any gaps. The Trust provided the information as required. A further letter was received in April 2020, stating that the CQC was satisfied that their concerns and mitigates patient safety risks highlighted. However, they do still have a duty to ensure patient safety is maintained and in response to the COVID-19 pandemic they changed the frequency of reporting to monthly. The Trust has also complied with this.

The Section 31 action plan is currently being implemented, which again was shared with the CQC for assurance on actions taken. This will continue to be monitored until fully delivered and the CQC have the relevant assurance and evidence that improvements have been made.

The CQC confirmed that they would still produce an inspection report of findings and ratings for the services inspected in March 2020; Emergency Department, Medical Care, Surgery and Critical Care. The inspection report and evidence appendix were published on 23 June 2020. The full inspection reports can be accessed via <https://www.cqc.org.uk/provider/RWA>

The Trust's overall rating remains as 'Requires Improvement' due to the non-completion of the

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual service. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hull Royal Infirmary	Requires improvement ↔ 2020	Good ↔ 2020	Good ↔ 2020	Requires improvement ↔ 2020	Requires improvement ↓ 2020	Requires improvement ↔ 2020
Castle Hill Hospital	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020
Overall trust	Requires improvement ↔ 2020	Good ↔ 2020	Good ↔ 2020	Requires improvement ↔ 2020	Good ↔ 2020	Requires improvement ↔ 2020

Trust well-led inspection. Although the overall rating for the Trust did not change, there were a number of improved ratings for the core services and domains across HRI and CHH. These are detailed in the rating tables on the next page.

Ratings for Castle Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020
Surgery	Good ↑ 2020	Good ↑ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Good ↑ 2020
Critical care	Good ↑ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Requires improvement ↔ 2020	Good ↑ 2020
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Jun 2018	Not rated	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Good ↑ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020	Good ↔ 2020

Ratings for Hull Royal Infirmary

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

The CQC found areas of improvement including 11 areas of legal requirements. This translated into 8 must do actions in urgent and emergency services, 1 must do in medical care and 2 in critical care.

The Trust was also issued with a number of minor breaches which resulted in should do actions for medical care, surgery and critical care. The must do actions and that the Trust must address are as follows:

Urgent and Emergency Care

- The service must ensure the right care is received promptly when people access the service
- The service must ensure steps are taken urgently to facilitate the flow of patients through the emergency department
- The service must ensure initial assessment of paediatric patients includes the completion of a paediatric early warning score for each patient
- The service must ensure staff have the skills, competence and experience to provide safe care and treatment for children
- The service must ensure care and treatment is safe and timely for patients with mental health needs including children
- The service must ensure patient records are completed fully and consistently and include basic nursing tasks and assessments undertaken and on-going care of patients lodging in the department
- The service must ensure governance processes are operated which ensure the performance of the service is monitored and managed effectively
- The service must ensure governance processes are operated which ensure risks are monitored and mitigated effectively

Medical Care

- The service must ensure that all patients who trigger an alert using the National Early Warning Score (NEWS2) to show signs of deterioration are appropriately escalated for a medical review in line with the trust policy and this must be documented in the patient's record at HRI

Critical Care

- The service must ensure robust governance processes are introduced to maintain oversight of all of the key risks to the units and ensure actions are put in place to mitigate these risks effectively at HRI and CHH

The Trust has developed an action plan to address all areas of must and should do actions and corresponding regulatory breaches.

Outstanding practice

The CQC also identified a number of outstanding practices including:

Surgery

- Staff working and volunteering in neurosurgery on ward 40 clearly treated patients with outstanding compassion and kindness, taking into account each patients' individual needs. The specialist care, treatment and emotional support they provided to patients, families and carers to minimise their distress was exceptional, from writing cards to relatives of patients who had passed away, to developing new ways of providing services and encouraging working with volunteer organisations they were clearly committed to delivering high standards of care.

Critical Care

- Staff in the unit told the CQC about a number of initiatives they had in place for the families of patients who were receiving end of life care. This included providing moulds or hand prints, locks of hair, forget me not and poppy seeds. In addition, the unit had memory boxes for children which included trinkets and a teddy.
- The specialist nurses for organ donation explained they would be involved in the care of patients at the end of their life, regardless of the organ donation decision. This included being involved in conversations with the patients loved ones to determine any final wishes, for example if they wanted any specific music played, or the presence of a chaplain.
- The unit also had a lead for care at the end of life. This member of staff said the unit was striving to ensure patients and their families received a positive experience of the care

provided at end of life. A number of initiatives were in place, for example, completing Respect documentation to ensure patient's wishes were carried out, arranging visits to a local hospice if applicable, and ensuring patients preferred place of care was established and documented.

- The specialist staff also told the CQC that they would stay with family members throughout the withdrawal of treatment for organ donors or any patient who was at the end of their life.

Our Plans for the future – Consultation

Quality and Safety Improvement Priorities 2020/21 Consultation

For 2020/21 the Trust put together a list of potential quality improvement priorities by:

- Evaluating performance against the quality and safety priorities for 2019/20
- Evaluating our performance against the quality improvement projects which are on the Trust's overall Quality Improvement Plan for 2019/20
- Looking at national priorities and local priorities that have been agreed with our commissioners (Clinical Commissioning Groups) as part of Commissioning for Quality and Innovation (CQUIN)
- Looking at what our regulators have identified as priorities, such as compliance with the CQC Fundamental Standards
- Areas we have identified as requiring improvement from incidents and patient feedback

In order to seek the views of our staff, Trust patient members, stakeholders and our local community on what they thought the priorities should be for 2020/21, the following actions were undertaken:

- An online survey was developed and circulated to all Trust staff, patient members and stakeholders to consult on the 2020/21 priorities in February and March 2020
- Relevant committees were also asked for their comments and ideas:
 - Operational Quality Committee for consultation on all priorities and approval of the 2020/21 priorities
 - Trust Board for ratification of the 2020/21 priorities
 - Quality Committee for approval of the 2020/21 priorities

Our chosen priorities

The Trust has identified these quality improvement priorities for 2020/21 because they are important to

our staff, patients and stakeholders:

Safer Care (Patient Safety)

- Reduction of inpatient falls of patients who have a diagnosis of Dementia and have an inpatient fall within the Department of Elderly Medicine
- Development of a standardised safety brief framework
- Reduction in line infections
- Increase stop the line reporting and improve staff engagement and satisfaction with the new reporting process and increase measurable actions

Better Outcomes (Clinical Effectiveness)

- Improve mental health triage in the Emergency Department
- Empowerment of the non-registered workforce to improve the delivery of the SSKIN care bundle

Improved Experience (Patient and Staff Experience)

- Improved framework of preceptorship for new registrants to ensure they are supported and develop in to confident and competent practitioners
- Improve patient and public involvement across the Trust

Quality and Safety Improvement Priorities 2020/21 – Safer Care

► Safer Care ► Better Outcomes ► Improved Experience

Priority One: Reduction of inpatient falls of patients who have a diagnosis of Dementia within the Department of Elderly Medicine (DEM)

Aim:

To develop a Multi-Disciplinary Task and Finish group to complete an in-depth review of patients who have a diagnosis of Dementia and have an inpatient fall within DME.

Objectives:

- To understand the barriers that prevents the escalation of care for this group of patients.
- To develop a structured framework for the assessment and interventional care for this group of patients.
- To review the nursing documentation for both the Falls Prevention and Dementia/Delirium care (including IT options)
- To share finding across the organisation and plan a roll out of good practice
- To improve situational awareness of safety concerns.

Planned outcomes:

- Patient Experience - Identification of high risk patients in a timely manner
- Quality Experience - Timely interventions/treatment will be implemented by the appropriate member of staff
- Staff Benefits - Provision of high quality care, improved education. Organisational Benefits – Supports the patient safety strategy and reduces patient harm

Monitoring arrangements:

The project will be led by a Nurse Director, supported by the Governance Team. Delivery of

the project will be monitored by the DME Task and Finish Group with reporting and escalation to the Falls Committee for support and Trust Quality Committee for assurance.

Priority two: Reduction in line infections

Aim:

To reduce the number of Methicillin-sensitive Staphylococcus Aureus (MSSA) line infections.

Objectives:

- To review the range of cases linked to line infections
- To identify one area to be used as a pilot
- To develop specialised training for the pilot area
- To learn lessons from the pilot and shared for up scaling

Planned outcomes:

- Patient Experience - improved length of stay
- Quality Experience - timely interventions / treatment will be implemented by appropriate staff member
- Staff Benefits - peer support, enhanced training and clinical supervision
- Organisational Benefits - Supports the patient safety strategy and reduces patient harm. Supports Ward to Board communication.

Monitoring arrangements:

The project will be led by a Nurse Director, supported by the Infection, Prevention and Control Team. Delivery of the project will be monitored by the Surgery Health Group (SHG) Line Infection Task and Finish Group with reporting and escalation to the Device Committee for support and Trust Quality Committee for assurance.

Priority three: Increased stop the line reporting and improved staff reporting and satisfaction with the new reporting process and increase measurable actions

Aim:

By providing clear guidance on actions and process when a stop the line is called, reporting and investigating procedures and learning from the events we will see an increase in stop the lines reported, increase in staff engagement and satisfaction with the process, and an increase in measurable actions from stop the lines

Objectives:

- Increase stop the lines by 50% in a 6-month period
- Increase documented actions from stop the line investigations to a minimum of 2 a month

Planned outcomes:

- Patient Safety – By promoting an environment where staff can take steps to limit preventable harm and learn from those near misses, we will see a reduction in avoidable harm
- Quality Experience - Staff should feel more engaged with the policy and procedures around incident reporting and stop the line
- Staff Benefits - Improved moral and satisfaction with stop the line reporting and action feedback
- Organisational Benefits – reduction in avoidable harm

Monitoring arrangements:

The project will be led by the Chief Medical Officer, supported by the Governance Team. Delivery of the project will be monitored by the Operational Quality Committee with reporting and escalation to the Trust Quality Committee for assurance.

Priority four: Development of a standardised safety brief framework

Aim:

To develop a standardized safety brief framework to be used by ward areas and departments

Objectives:

- To develop a common language for the escalation of patients
- To develop a structured mechanism for effective communication
- To enhance teamwork through communication and co-operative problem-solving
- To share understanding of the focus and priorities of the day by all team member
- To improve situational awareness of safety concerns

Planned outcomes:

- Patient Experience - Identification of high risk patients in a timely manner
- Quality Experience - Timely interventions/treatment will be implemented by the appropriate member of staff
- Staff Benefits - Mechanism for escalation, peer support and clinical supervision
- Organisational Benefits – Supports the patient safety strategy and reduces patient harm. Supports Ward to Board communication

Monitoring arrangements:

The project will be led by the Assistant Chief Nurse, supported by the Practice Development Matrons. Delivery of the project will be monitored by the Operational Quality Committee with reporting and escalation to the Trust Quality Committee for assurance.

Quality and Safety Improvement Priorities 2020/21 – Better Outcomes

► Safer Care ► **Better Outcomes** ► Improved Experience

Priority five: Improve mental health triage in the Emergency Department

Aim:

All adult patients attending ED will have a mental health triage by an ED nurse on arrival.

Objectives:

- To develop a comprehensive triage assessment
- To ensure all staff are educated in the use of the assessment with the relevant underpinning knowledge (Mental Health)
- To ensure the triage assessment is on a digital platform

Planned outcomes:

- Patient Experience - Identification of high risk patients in a timely manner
- Quality Experience - Timely interventions/treatment will be implemented
- Staff Benefits - Improved knowledge of the assessments required for this patient group
- Organisational Benefits – Stratification of the number of patients accessing the Emergency Department with a Mental Health issue. The information gained will support the organisation to work with mental health services to improve patient pathways

Monitoring arrangements:

The project will be led by a Nurse Director, supported by the Governance Team. Delivery of the project will be monitored by the Mental Health in ED Task and Finish Group with reporting and escalation to Mental Health, Learning Disability and Autism Committee for support and Trust Quality Committee for assurance.

Priority six: Empowerment of the non-registered workforce to improve the delivery of the SSKIN care bundle

Aim:

The aim of this project is to focus improvement in the delivery of the SSKIN care bundle.

Objectives:

- This project aims to empower the non-registered workforce to lead on the implementation, decision-making and communication to improve the quality of care and the safety of the patient.

Planned outcomes:

- Patient Experience - Identification of high risk patients in a timely manner
- Quality Experience - Timely interventions/treatment will be implemented by the appropriate member of staff
- Organisational Benefits – Supports the patient safety strategy and reduces patient harm.

Monitoring arrangements:

The project will be led by a Nurse Director, supported by the Tissue Viability Team. Delivery of the project will be monitored by the Wound Management Committee with reporting and escalation to the Trust Quality Committee for assurance.

Quality and Safety Improvement Priorities 2020/21 – Improved Experience

► Safer Care ► Better Outcomes ► Improved Experience

Priority seven: Improved preceptorship

Aim:

To provide a consistent framework of preceptorship for all of our new registrants, where they feel supported and are enabled to develop into confident and competent practitioners.

Objectives:

- To define preceptorship as an organisation
- To share the definition through an updated policy for preceptorship
- Work with key stakeholders to provide an educational package to support preceptors and to develop a more robust approach to preceptorship
- To reduce staff turnover rates
- To reduce clinical incidents/ SI's involving new registrants
- To improve the quality of care patients, receive.
- Improved staff experience/satisfaction which is shown with improved staff survey results for Registered Nurses (RNs) and newly qualified RNs
- Progression to consider wellbeing study and improved wellbeing for staff in this group for newly qualified staff

Planned outcomes:

- Seamless progression from preceptorship to clinical supervision

Monitoring arrangements:

The project will be led by a Nurse Director, supported by a Practice Development Nurse.

Delivery of the project will be monitored by the Preceptorship Task and Finish Group with reporting

and escalation to the Nursing Workforce Committee for support and Trust Quality Committee for assurance.

Priority eight: Improved patient and staff experience

Aim:

To develop and implement a Public and Public Involvement (PPI) Strategy

Objectives:

- To scope existing PPI structures and processes internally and externally presenting a report on this with recommendations in line with National and Regulatory requirements and standards
- To develop a PPI strategy and action plan to deliver the strategy utilising the Trust Patient Experience and Engagement Committee
- To commence delivery and monitoring of the actions

Planned outcomes:

- Patient Experience – Using PPI to improve services and patient experience
- Quality Experience - Improve Trust services by having a robust strategy and action for PPI
- Staff Benefits - Improved knowledge of PPI and how to utilise for patient/service developments/assessments
- Organisational Benefits – Compliance with CQC and national standards and improved reputation with external stakeholders and the public

Monitoring arrangements:

The project will be led by the Head of Patient Experience and Engagement supported by the Governance Team.

Delivery of the project will be monitored by the Patient Experience and Engagement Committee with reporting and escalation to the Trust Quality Committee for assurance.

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 matter most to you.

If you have any feedback regarding the 2019/20 Quality Account please e-mail your comments to:
quality.accounts@hey.nhs.uk

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

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

Other formats

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

For more information, you can contact Rebecca Thompson:

Call: (01482) 674828

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