Hull and East Yorkshire Hospitals

NHS
NHS Trust

Great Staff - Great Care - Great Future

Quality Account
2014/15

Contents

What is a Quality Account?

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

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

The Quality Account must include:
Part 1 (Introduction)
* A statement from the Board (or equivalent) of the organisations summarising the quality of NHS services provided

Part 2 (Looking back at the previous financial year performance)
* Organisations priorities for the quality improvement for the previous financial year
* A series of statements from the Board for which the format and information required is prescribed and set out in the regulations and the toolkit

Part 3 (Looking forward at the priorities for the coming financial year)
* A review of the quality of services in the organisation for the coming financial year. This must be presented under three domains; patient safety, clinical effectiveness and patient experience
* A series of statements from Stakeholders on the content of the Quality Account

Providers are able to add additional sections and information; however the Quality Account must have an introduction, it must then look back at previous performance and then look forward at the priorities for the coming financial year.

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

What does it mean for patients, members of the public and stakeholders?
By putting information about the quality of services in an organisation into the public domain, NHS healthcare organisations are offering its approach to quality for scrutiny, debate and reflection. The Quality Accounts should assure patients, members of the public and its stakeholders that as an NHS healthcare organisation we are scrutinising each and every one of our services, providing particular focus on those areas that require the most attention.

How will the Quality Account be published?
In line with legal requirements all NHS Healthcare providers are required to publish their Quality Accounts electronically on the NHS Choices website by 30th June 2015. Hull and East Yorkshire Hospitals NHS Trust also make our Quality Accounts available on our website http://www.hey.nhs.uk/About-Us/quality-accounts.htm

If you require any further information about the 2014/15 Quality Account please contact:
The Compliance Team on **01482 605271** or e-mail us at **quality.accounts@hey.nhs.uk**

Part 1:
Introducing our Quality Account

This section includes:
- A statement on Quality from the Chief Executive, Chris Long
- An overview of some of our success stories and highlights from 2014/15

Statement on Quality from the Chief Executive

Welcome to Hull and East Yorkshire Hospitals NHS Trust's 2014/15 Quality Account......

I am pleased to present Hull and East Yorkshire Hospitals NHS Trust's fifth 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 2015/16. It demonstrates our commitment to continue to improve and provide high quality, safe and effective care to our patients and their families. This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year to further improve patient safety, care and experience.

In part 5 of this report (pages 55-62) we set out the quality and safety improvement priorities for 2015/16. These priorities were identified through consultation with staff, Foundation Trust members, Health & Well Being Boards, Healthwatch, Clinical Commissioning Groups and the local community. As a result of the consultation period the following quality and safety improvement priorities were identified because they are important to our staff, patients and stakeholders:

Safer Care (Patient Safety)
- Medication Safety
- Deteriorating Patient – Adult
- Deteriorating Patient – Children
- Venous Thromboembolism (VTE)
- Nutrition and Hydration
- Falls
- Pressure Ulcers

Better Outcomes (Clinical Effectiveness)
- Sepsis
- Missed and Delayed Diagnosis
- Acute Medical Pathway

Improved Experience (Patient Experience)
- Learning Lessons
- Patient Experience – listening to our patients and acting on their feedback

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 part 6 of this report (pages 64-69). 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 with their support.

I can confirm that the Board of Directors has reviewed the 2014/15 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate fair account of our performance.

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

Chris Long
Chief Executive

Overview of 2014/15 – Celebrating Success

The following table provides an overview of our successes during 2014/15. Some of the year's highlights include:

April 2014	**High praise for hospital ward** Ward 7 at Hull Royal Infirmary received almost 2,000 compliments last year from patients and relatives. Since starting to collect compliments data in April 2014, the vascular team is averaging almost 200 compliments a month, and during the 6 month period from October to March inclusive, staff received 1,014 compliments, balanced against just six formal complaints.	
	£700K scanner is latest addition to the new Emergency Department A new scanner costing more than £700,000 was installed at Hull Royal Infirmary. A new £800,000-plus radiography suite which houses the state-of-the-art computerised tomography (CT) scanner is the latest development in the redesign of the hospital's Emergency Department.	
	National recognition for Hull IVF Specialist Dr Christine Leary, Consultant Embryologist with the Hull IVF Unit at Hull Royal infirmary has been nationally recognised for her work in improving IVF services and enabling more couples to have a child. She recently reached the finals of the Chief Scientific Officer's Awards 2014. She was nominated in the category of Service Innovator, based on her work to improve the care given to prospective parents via the city's IVF Unit.	
May 2014	**HRI ward clerk backed by MP for national award** A ward clerk from Hull Royal Infirmary has been nominated for a national award after her efforts were recognised by Hull West and Hessle MP, Alan Johnson. Alan Johnson has nominated Annie for a Boots UK 2014 Health Hero Awards. This accolade, awarded by Boots UK in conjunction with This Morning and the Daily Mail, celebrates the everyday heroes of healthcare who make a difference to our lives, day in, day out.	
June 2014	**Teaching excellence celebrated by next generation of medics** Hospital doctors in East Yorkshire have been publicly recognised for their contribution to teaching the next generation of medical staff. Medical students at the Hull York Medical School (HYMS) voted for two leading clinicians from Hull Royal Infirmary to receive awards based on the role they have played in developing their students at the recent HYMS Clinical Teaching Excellence Awards ceremony.	

June 2014	**HRI nurse is one of the country's best at spreading happiness** A specialist nurse from Hull Royal Infirmary was named as one of the best in the country at bringing happiness to others. Jane Fowler, a Multiple Sclerosis Nurse Specialist for over 10 years, has been included on the Independent newspaper's 2014 Happy List.	
	Senior nurse shortlisted for national award A senior nurse at Hull Royal Infirmary was shortlisted for a national award based on his work to improve patient safety. Chief Nurse Information Officer, Steve Jessop was shortlisted for the Healthcare IT Champion of the Year award at the National Patient Safety and Care Awards 2014.	
	Patients get access to world class diagnostics as new scanning centre opens Patients in East and North East Yorkshire and North and North East Lincolnshire get improved access to world-leading diagnostic services for cancer and heart disease thanks to leading medical research charity the Daisy Appeal and Europe's leading independent provider of diagnostic imaging, Alliance Medical. The purpose-built centre is the first in the UK to house a new-generation, state-of-the-art Siemens flow edge PET-CT scanner, capable of providing faster and more accurate patient imaging than any previously available in the region. It replaces a service that was previously provided from a mobile scanner located on the Hull Royal Infirmary site and affords greater comfort and access to patients, as well as an improved working environment for staff.	
	Cancer team in line for national award The Survivorship Team, jointly funded by Macmillan and Hull and East Yorkshire Hospitals NHS Trust was recognised nationally for its work to improve the lives of people in our region who have beaten cancer. In recognition of its work to improve the lives of hundreds of people from across East Yorkshire and Northern Lincolnshire, the team were shortlisted for a 2014 Macmillan Professionals Award in Team Excellence.	
July 2014	**From Hull to Chicago** A local hospital technician went to Chicago in July 2014 to explain how Hull is leading the way in the field of medical education and simulation. Stuart Riby, Medical Simulation Technician for Hull and East Yorkshire Hospitals NHS Trust, delivered the keynote speech at the SimGHOSTS (Gathering Of Healthcare Simulation Technology Specialists) 2014 Conference to an international audience of over 200 people. Within the presentation, he discussed the development of the simulation technician's role and that of the newly established regional simulation technician apprentice scheme, as well as using a live link-up between Hull and the US to give delegates a virtual tour of the Clinical Skills Building at Hull Royal Infirmary.	

August 2014	**Hospital opens its doors to the public for second Innovation Conference** Members of the public got the chance to peek behind the scenes of one of the region's biggest hospitals and heard first-hand from staff how they're working to improve patient care.	
	New SABR therapy is a step forward for cancer patients Cancer patients from across the region benefit as a new radiotherapy treatment is introduced at Castle Hill Hospital in Cottingham. The innovative SABR (Stereotactic Ablative Radiotherapy) is a very short course of high dose radiotherapy treatment which targets small tumours in the lung. Patients requiring this type of treatment would previously have had to travel to Leeds, but now that staff at the Hull and East Yorkshire Hospitals NHS Trust is trained in the technique, patients can expect a much better experience all round.	
September 2014	**Award recognises cancer nurse who goes beyond the call of duty** Maggie Simkiss, a Palliative Care Nurse Specialist working at Castle Hill Hospital in Cottingham, was recognised with a 2014 'Henry Garnett Award' by Macmillan Cancer Support. She was one of just four in the UK to receive national acclaim for going above and beyond the call of duty. Just a handful of these awards are given out each year to recognise inspirational professionals who go beyond their core role and make an exceptional contribution to Macmillan's work.	
	Hospitals welcome new Chief Executive Staff from Hull Royal Infirmary and Castle Hill Hospital in Cottingham welcomed their new Chief Executive, as Chris Long began his role at Hull and East Yorkshire Hospitals NHS Trust.	
October 2014	**New Emergency Department takes shape** Work to improve and extend Hull Royal Infirmary's Emergency Department (ED) continued as the winter months approached. Hull and East Yorkshire Hospitals NHS Trust's £8m ED improvement project delivered a new adult 'Minors' area, where non-life threatening cases are dealt with, and a new Children's Emergency Department which opened in May 2014.	
November 2014	**Women of Achievement Award nomination for Hull dementia nurse** Chris Venton, Teacher/Trainer based on Hull Royal Infirmary's 8th floor was nominated for a 2014 Women of Achievement Award in recognition of her work to support older people with dementia. She was one of a handful of ladies shortlisted in the 'Public Sector Award' category of the prestigious awards event, organised every year by Hull Women in Business.	

November 2014	**500-tonne crane to help lift Emergency experience at Hull Royal Infirmary (HRI)** A new 24-bedded ward was lifted into place at Hull Royal Infirmary. Ward 500, helped to alleviate pressure in the winter months, reducing the need to transfer patients between Hull Royal Infirmary and Castle Hill. This extra ward was a key element in a significant transformation programme which changed the way patients are seen and treated in the hospital's Emergency Department. The ward was funded in part by the Trust's share of £300m invested nationally by the Government to support the delivery of emergency care during the traditionally busy winter period.	
December 2014	**£1.4m charitable donation for robotic assisted surgery** Hull City Football Club owner Assem Allam and his family pledged the funds to buy surgical equipment that make it possible for surgeons to perform complex operations through tiny incisions with greater accuracy and control than ever before. The 'Da Vinci' robot cuts tissue in the same way as a surgeon would when carrying out open surgery and replicates the range of movements of a surgeon's hand. But unlike open surgery, the robot does this through tiny holes, a technique known as minimally invasive surgery. This can reduce the pain and blood loss caused by open surgery and minimise the patient's hospital stay and recovery time.	
	The new Ambulatory Care Unit at Hull Royal Infirmary opens One of the main objectives of the Medicine Transformation Programme was the centralisation of medical beds at the Hull Royal Infirmary Hospital to provide best practice models of care to improve the management of patients and to improve patient quality and safety. The new Ambulatory Care Unit opened in December 2014. This new model of care has seen rapid assessment of patients including initial assessment, observations, blood work, diagnostics and clinical consultation to ensure appropriate assessment and transfer to the right place and at the right time to best suit patient's acute medical needs.	
February 2015	**Professional accreditation for local endometriosis specialists** A specialist centre set up to help women with a chronic, long term condition has retained its professional accreditation for yet another year. The Endometriosis Specialist Centre, is run by the Trust, sees the largest number of patients with the condition in Yorkshire. Based at Castle Hill Hospital in Cottingham, the centre has earned accreditation from the British Society for Gynaecological Endoscopy for the second year running.	
	New Chairman and Non-Executive Directors appointed to Hospital Trust Hull and East Yorkshire Hospitals NHS Trust was pleased to announce the appointment of Mike Ramsden as its new Chairman in February 2015. Three new Non-Executive Directors, namely Stuart Hall, Martin Gore, and Professor Trevor Sheldon were appointed in January 2015.	

March 2015	**Award nominations for hospitals' rising stars** Staff at Hull and East Yorkshire Hospitals NHS Trust celebrated after two of the hospitals' newest apprentices were shortlisted for regional awards. Twenty-two year old Jordan Burn, completed six months of a year-long apprenticeship within the hospital mortuary, was a finalist in the 'Intermediate Clinical Apprentice of the Year' category at the Health Education Yorkshire and Humber 'Talent for Care' Awards. Meanwhile, Jo Bass, an Abdominal Aortic Aneurysm (AAA) Screening Coordinator completed her apprenticeship whilst continuing her substantive role within the Trust, was one of just three people competing to be named 'Higher Clinical Apprentice of the Year'.	
April 2015	**Hospital welcomes Chief Nurse – Mike Wright** Mike, who is originally from Hull and trained as a nurse at Hull Royal Infirmary, was previously Director of Nursing with the Trust between 2005 and 2012, and served as Interim Chief Executive in 2010. For the past two years he was Executive Director of Nursing and Patient Experience at County Durham and Darlington NHS Foundation Trust.	
	The new Emergency Department opens The new Emergency Department is now one of the largest in the UK, boasting 3,000sq metres of floor space with 24 cubicles in Majors, 10 resuscitation bays, 8 initial assessment units, and a paediatric resuscitation bay.	
	The new Elderly Assessment Unit at Hull Royal Infirmary opens Another model of best practice was introduced in April 2015 with the opening of the new Elderly Assessment Unit at Hull Royal Infirmary. The unit provides a more collaborative interdisciplinary approach to care including dedicated therapies support 12 hours a day 7 days a week and greater links with multi-agency, multi-disciplinary teams including community and social care teams. The Trust's Therapy and Pharmacy teams provide support to the unit and the patients on a daily basis. This enables rapid assessment, treatment and stabilisation for elderly patients which will see patients being able to go home the same day or the next day.	
	Medical Ward Relocations A number of key developments of the Medicine Transformation Programme were achieved in April 2015 with the relocation of the medical wards; C19, C21 and C22 from the Castle Hill Hospital in Cottingham to the Hull Royal Infirmary Hospital to finalise the centralisation of the medical beds at Hull Royal Infirmary. This will reduce the number of medical patients in surgical beds, transfers of medical patients between wards and hospital sites and will reduce the average length of stay.	

Part 2:
Review of our Quality Achievements

This section includes:

- Information on the 'Sign up to Safety' Campaign and the technology grant the Trust received for investment into electronic observations
- An overview of performance against the 2014/15 quality and safety improvement priorities
- A detailed update on the performance, achievements and further improvements against the 2014/15 quality and safety improvement priorities
- Summary of lessons learned during 2014/15

Sign up to Safety Campaign

The 'Sign up to Safety' campaign is a patient safety campaign, which is an initiative that NHS England, NHS Trust Development Authority, Monitor, Care Quality Commission, NHS Litigation Authority, NHS Improving Quality and the Department of Health have all publicly signed up to. The aim of the 'Sign up to Safety' campaign is to make the NHS the safest healthcare system in the world through continuous learning and improvement. The objective of the campaign is to halve avoidable harm, saving 6,000 lives over the next three years.

The Trust has agreed to participate in the 'Sign up to Safety' campaign and has signed up to the following patient safety core pledges:

1. **Put Patient Safety First** – Commit to reduce avoidable harm in the NHS by half and make public the goals and plans to develop locally
2. **Continually learn** – Become more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are
3. **Honest** – Be transparent with people about our progress to tackle patient safety issues and support staff to be open and honest with patients and their relatives when things go wrong
4. **Collaborative** – Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use
5. **Support** – Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate success

As part of the 'Sign up to Safety' campaign Trusts are also required to identify two or more national patient safety priorities and two or more local priorities. The agreed priorities are to be made public and monitored, so that regular performance updates can be provided. The Trust decided that all of the national patient safety priorities along with the local priorities identified would be included in the consultation with our staff, patients, Foundation Trust members and stakeholders. The consultation took place in February and March 2015 and as a result of this consultation the Trust has agreed 12 quality and safety priorities for 2015/16. Seven of these are national patient safety priorities (as detailed in the 'Sign up to Safety' campaign) and 3 of them are local priorities.

The Trust has decided to align the 'Sign up to Safety' campaign with the quality and safety improvement priorities (Quality Account) and the Care Quality Commission (CQC) five key domains of quality and safety; safe, effective, caring, responsive and well-led. This alignment will strengthen the Trust's commitment to improving patient safety and the quality of our services, organisational learning, monitoring of performance against the national and local priorities and being open and honest about performance and compliance against the priorities and the CQC Fundamental Standards. Further information on the priorities, including aims and targets can be found on pages 57 to 62.

£950,000 Technology Grant for Electronic Observations

Hull and East Yorkshire Hospitals NHS Trust was awarded £950,000 in 2014. The money was granted courtesy of the Nurse Technology Fund. This fund was announced by the Prime Minister, David Cameron, in October 2012 as a way of supporting nurses, midwives and health visitors to make better use of digital technology in all care settings, in order to deliver safer, more effective and efficient care.

As part of an eight week trial period, the nurses on wards 11 and 110 at Hull Royal Infirmary and a further two wards at Castle Hill Hospital will be using ipods to record patient's vital signs electronically. The equipment is being issued by staff as part of a project called 'e-observations', where staff regularly monitor and record key clinical details about a patient, such as their blood pressure, temperature and heart rate. Further roll out of this electronic equipment will be assessed following completion of this trial period.

Review of 2014/15 – Performance against Priorities

The following table provides an overview of performance against all targets during 2014/15. We recognise that not all of our quality and safety improvement priorities for 2014/15 have been achieved in full; however significant improvement in some areas is demonstrated and we will continue to work and further improve on these areas during 2015/16.

Key
- ✓ **Goal achieved**
- ☑ **Improvement made compared to last year**
- ✗ **Goal not achieved**

Quality and Safety Improvement Priority	Target	Status
Deteriorating Patient	Achieve 95% compliance with the completion of observations	✓
	Reduce avoidable cardiac arrests	✗
	Achieve 80% correct completion of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders	☑
	Achieve 75% completion of a RCA following a cardiac arrest in all general areas (excluding the high risk areas of HDU, ICU and Cardiology)	☑
Medication Safety	Improve reconciliation of medicines on admission to hospital for 80% of our patients within 24 hours	☑
	Reduce the number of patients who have missed a dose of these medicines	☑
	No triggers of potential harm from the use of anticoagulants	✗
	No triggers of potential harm from use of opioids	✓
	No triggers of potential harm from use of injectable sedatives	✓
	No triggers of potential harm from use of insulin	✗
Dementia	Achieve 90% for each of the following three elements of the Dementia CQUIN; Find, Assess, Investigate and Refer	✓
	Achieve 70% of all front line staff to be trained	☑
	Ensure carers of people living with Dementia feel supported	✓
Sepsis	Implementation of the Sepsis Six in the Emergency Department (ED) and the Acute Assessment Unit (AAU)	☑
Learning Lessons	Publish 6 learning lessons newsletters	☑
	Increase the number of Serious Incidents reported	✓
	Reduce the number of Never Events	✗
	Improve the completion of actions from Serious Incidents and Never Events within the agreed timescales	✗
	Undertake 100% of face to face de-briefings following every Serious Incident and Never Event	☑
	Publish 100% of outcomes from all Serious Incident investigations on the staff intranet	✗

The following section of the Quality Account provides a more detailed account on achievements and areas for further improvement for each of the priorities above.

Deteriorating patient

Patients, families and carers have a right to believe that when they are admitted to hospital they will receive the best possible care. They should feel confident that, should their condition deteriorate, they are in the best place for prompt and effective treatment.

Research shows that some patients who are, or become acutely unwell in hospital may not receive good care. A large proportion of patients who suffer a cardio-respiratory arrest in hospital have recognisable changes in routine observations during the preceding 24 hours. Action taken during these early stages can prevent deterioration progressing to cardiac arrest.

What we aimed to achieve in 2014/15:

- Early recognition of patients who require support for end of life care and to ensure the end of life care plans are documented including a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order form to avoid inappropriate attempts at resuscitation
- Early recognition of a patient's deterioration through the use of observations. Early recognition will enable the appropriate planning and escalation of care
- Implementation of electronic observations

Actual outcome:

- Achieve 95% compliance with the completion of observations - achieved 97.2% – ✓ **Goal achieved**
- Reduce avoidable cardiac arrests – there were 56 avoidable cardiac arrests – ✗ **Goal not achieved**
- Achieve 80% of correct completion of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders – achieved 70% - ☑ **Improvement made compared to last year**
- Achieve 75% completion of root cause analysis (RCAs) following a cardiac arrest - achieved 68% - ☑ **Improvement made compared to last year**

Improvements achieved:

- Funding was received for the introduction of an Electronic Observations Decisions System (EODS). This was a recommendation from the Francis Report and from a Serious Incident. This enables clinicians and nurses to collect vital signs and observations on admission and throughout the patient's stay. Combining data from the patient's admission, pathology, microbiology and radiology systems the EODS identifies high risk and deteriorating patients and immediately alerts a doctor.
- Improvements relating to the decision making and documentation of individual care plans for patients about how their care should be escalated if their condition deteriorates.

Further improvements identified:

- Introduction of the Electronic Observations Decisions System (EODS)
- Undertake the 8 week electronic observation trial on wards 11 and 110 at Hull Royal Infirmary (HRI) and a further two wards at Castle Hill Hospital (CHH). The trial will use iPods to record patients' vital signs electronically. The equipment is being issued by staff as part of a project called 'e-observations', where staff regularly monitor and record key clinical details about a patient, such as their blood pressure, temperature and heart rate. Further roll out of this electronic equipment will be assessed following completion of this trial
- There were a total of 321 cardiac arrests during 2014/15 which is an increase of 32 from 2013/14. The avoidable cardiac arrests for 2013/14 were 54 and for 2014/15 were 56. The Trust did not meet the target to reduce the number of cardiac arrests and work will continue in 2015/16.

The Deteriorating Patient quality and safety improvement priority has also been chosen as a priority for 2015/16.

Medication safety

Medication errors can occur with the prescribing, dispensing, storage, handling or administration of medicines. Medicines remain the most common therapeutic intervention in healthcare. It is important that individual patients get as much benefit out of medicines as possible and resources are used wisely and effectively.

What we aimed to achieve in 2014/15:

- Improve patient safety related to medicines by increasing medicines reconciliation (identifying the most accurate list of a patient's current medicines)
- Decrease the number of missed doses
- Improve safety on the use of specific high risk medications (anticoagulants, opioids, injectable sedatives and insulin)

Actual outcome:

- Improve reconciliation of medicines on admission to hospital for 80% of patients within 24 hours – achieved 32% in March 2015 - ☑ **Improvement made compared to last year**
- Decrease the number of avoidable missed doses[1] of high risk medicines[2] - 38 (3.4%) patients missed their doses out of the 1092 who received high risk medicines (between October 2014 and March 2015) - ☑ **Improvement made compared to last year**
- No triggers of potential harm[3] from the use of anticoagulants – 3 triggers of potential harm were reported - ✗ **Goal not achieved**
- No triggers of potential harm from the use of opioids – 0 triggers of potential harm were reported - ✓ **Goal achieved**
- No triggers of potential harm from the use of injectable sedatives – 0 triggers of potential harm were reported - ✓ **Goal achieved**
- No triggers of potential harm from the use of insulin – 5 triggers of potential harm were reported - ✗ **Goal not achieved**

Medicine Reconciliation

Medicine reconciliation aims to reduce the incidence of medication errors and the risk to patient safety. This is achieved by using up-to-date and accurate information to create a list of patients' medication to ensure alterations, omissions, or additions to pre-admission medication are intended and appropriate.

Medicine reconciliation should take place within 24 hours of admission. The Trust currently monitors medicine reconciliation at any time and within 24 hours of admission.   The graphs below demonstrate an improvement in performance against medicine reconciliation.

Monthly average of patients reconciled

Monthly average of medicine reconciliation within 24 hours

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[1] Avoidable missed doses includes medicines that are not available, method of administration not available and no documentation
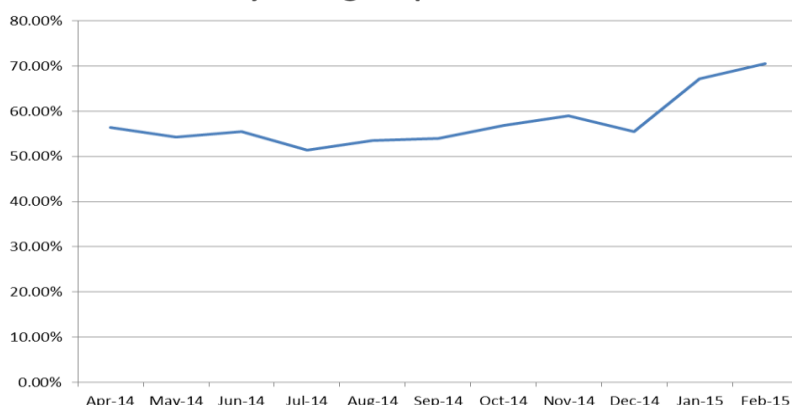[2] High risk medicines include Anticoagulants, Opioids, Insulin and Anti-Infectives
[3] Triggers of potential harm include bleed, VTE, breaths per minimum reducing to below 8, common complications and requirement of a reversal agent
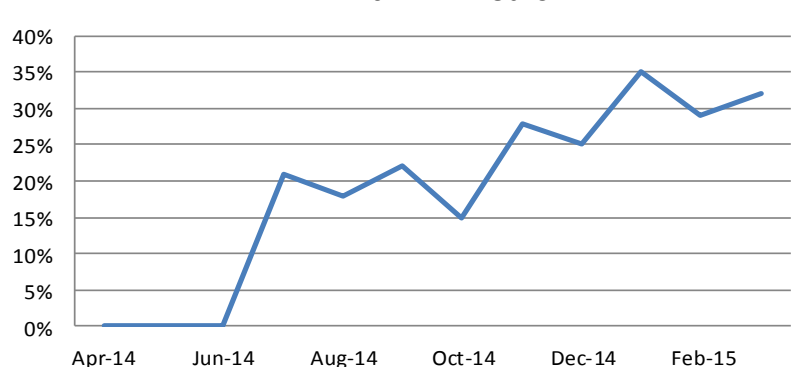
Improvements achieved:

- The pharmacy team at the Queen's Centre has developed a process for reporting and providing feedback to doctors about any errors they make when prescribing medications. This has helped to identify common themes and training needs
- The Trust entered into a trial partnership with Boots in October 2014 to provide dispensing services to outpatients at HRI and in the Queen's Centre at CHH. This has maintained the high quality of service for patients attending clinics with improved turnaround times and patient feedback. This has had positive benefits in the hospital, as Pharmacy staff have been able to spend more time working closely with our doctors and nurses
- The Trust invested in additional Pharmacy staff, both Pharmacists and Technicians. This has resulted in Pharmacy staff spending more time on wards and having more direct contact with patients to give help and advice about their medicine
- The Trust received a 'significant assurance' report on medicines management from internal audit. This provides assurance on how the Trust manages medicines
- Medicine reconciliation occurs within the Trust; however it did not always occur within the first 24 hours of a patient's admission. A significant improvement has been demonstrated during 2014/15 and the performance data will be used as a baseline to further improve in 2015/16

Further improvements identified:

- Further investment in Pharmacy will see an additional 10 Pharmacists and Technicians appointed in 2015. This will further increase the time pharmacy staff spend on wards helping patient and further reduce the time taken to dispense prescriptions for patients going home
- The Trust now has a 'Medication Safety Officer' who will be supported by a pharmacy technician. This role will be further developed to promote the safe use of medicines across the Trust and will be a member of the National Medication Safety Network as well as supporting the work of the Trust's Safe Medication Practice Committee
- Revise and strengthen the Trust Drug Policy in relation to medicine reconciliation to include what is expected from a 'medicines reconciliation' that is best practice, provide clarity on the importance of staff responsibilities for medicine reconciliation and monitoring
- Continue to make progress on the reconciliation of medicines within 24 hours of admission
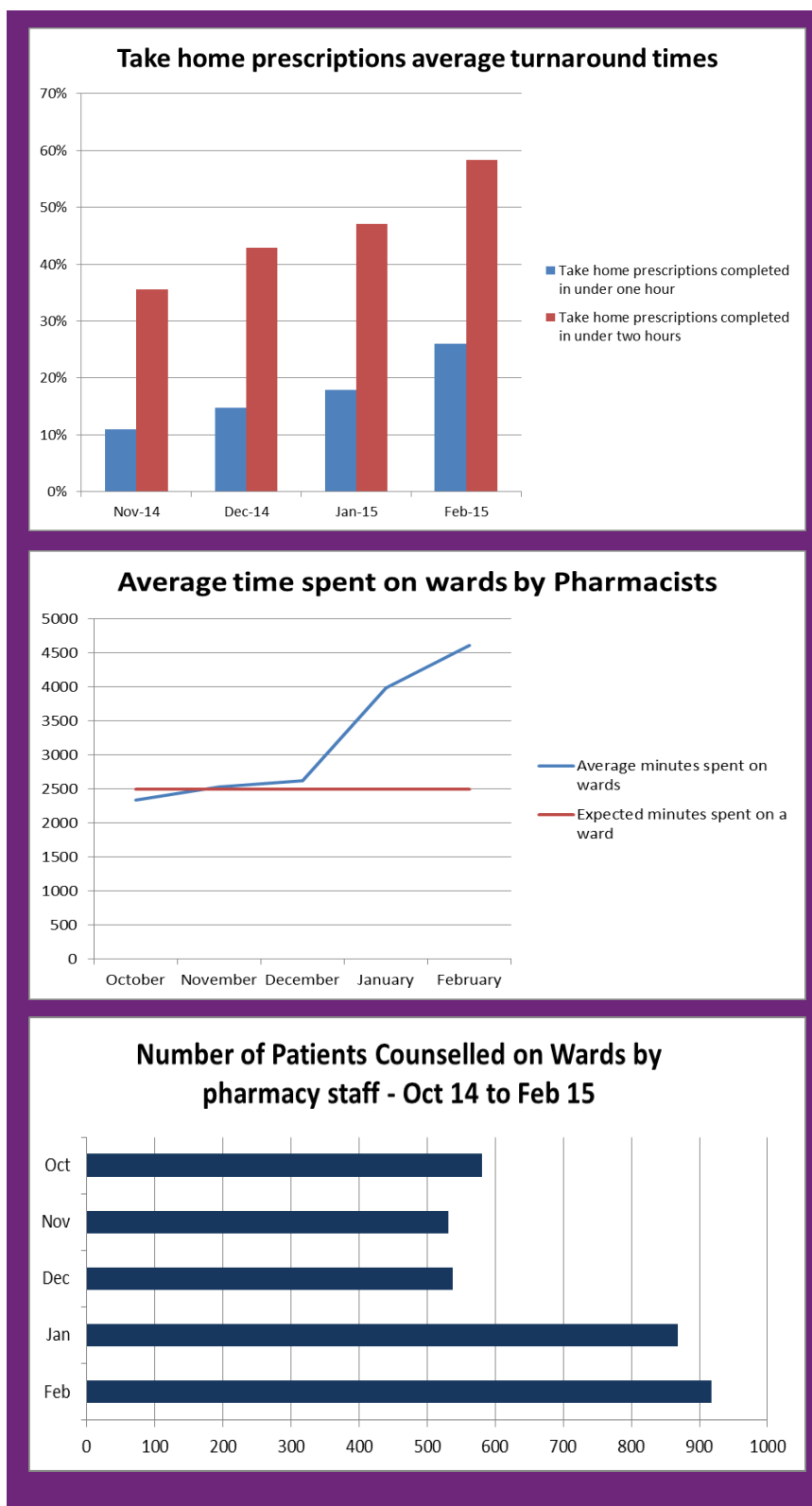
The Medication Safety quality and safety improvement priority has also been chosen as a priority for 2015/16.

Take home prescriptions average turnaround times

- Take home prescriptions completed in under one hour
- Take home prescriptions completed in under two hours

Average time spent on wards by Pharmacists

- Average minutes spent on wards
- Expected minutes spent on a ward

Number of Patients Counselled on Wards by pharmacy staff - Oct 14 to Feb 15

Dementia

Dementia is not a single illness but a group of symptoms caused by damage to the brain. These symptoms include memory loss, mood changes and problems with communication and reasoning. Dementia is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with dementia. Their length of stay is longer than patients without dementia and they are often subject to delays in discharge when leaving hospital. Patients with dementia are also more likely to come to harm than patients without dementia.

What we aimed to achieve in 2014/15:
Ensure that we have an adequately trained workforce to meet the needs of patients with dementia.

Actual outcome:
- Increase the number of patients screened for Dementia on admission. Achieve 90% for each of the following three elements of the Dementia CQUIN; Find, Assess, Investigate and Refer ✓ **Goal achieved**
- Achieve 70% of all front line staff to be trained. Baseline was 342 of staff trained in 2013/14 – Achieved 1900 in 2014/15 - ☑ **Improvement made compared to last year**
- Ensure carers of people living with Dementia feel supported ✓ **Goal achieved**

Improvements achieved:
- Implementation of a Dementia Programme Board with Dementia Care Lead for doctors, nurses and managers. The Dementia Programme Board also has involvement from other key stakeholders
- We are one of only a few acute hospital Trusts to use dementia mapping in our wards to understand the deficiencies in our service from the patient's perspective. Hull's local Dementia Academy has supported us with this project and we plan to use dementia mapping in all our environments in which people living with dementia are cared for. Dementia mapping is an established approach to achieving and embedding person-centred care for people with dementia. This is achieved by using an observation tool to focus on the uniqueness of the individual to develop a plan of care to suit their neurological state, their physical health, their personality, social world and background.
- The dementia awareness training programme was rolled out to all clinical and non-clinical staff to ensure all staff are able to respond to challenging behaviour and appropriately support patients
- The dementia awareness training programme includes: - understanding dementia, introduction to dementia; roles and responsibilities, introduction to dementia; support for those living with dementia and their carers, butterfly scheme training, dementia awareness training, Northern Council for Further Education (NCFE) Level 2 long distance course: principles of dementia, Barbara's story and Grandma remember me
- Dementia Link Nurses have been identified
- A Dementia information leaflet to support carers of people with Dementia has been developed.
- A Dementia screening tool has been developed and implemented. The implementation of the Dementia screening tool has also been audited and the results showed that the use of the screening tool has improved identification, assessment and the referral of patients with cognitive impairment
- A digital reminiscence therapy has been introduced
- The results from the 2013/14 National Dementia Audit recommended that the Trust should reduce the use of antipsychotics in the management of behavioural and psychological symptoms of Dementia. The Trust is now one of the lowest prescribers of antipsychotics in the region
- The Trust held its first 'Be Dementia Aware' awareness event, which was a great success in raising awareness

Further improvements identified:
- Continue to refurbish the Elderly Short Stay Ward (ESSU) to enhance the healing environment and to meet the specific needs of patients living with dementia
- Ensure the use of the 'Butterfly Scheme' on all wards across the Trust

Sepsis

Sepsis is a condition that is triggered by an infection caused by the presence of a germ in a part of the body where it can cause harm. The harm may be of little consequence, for example, a common cold, or it may be more significant, for example the pain and misery caused by an abscess. In more serious cases, sepsis develops. In an attempt to overcome the infection, our bodies release a combination of chemicals and hormones which cause inflammation, and send white blood cells to fight the invading organisms. When controlled, this process helps to seal off and fight an infection; however when this response becomes uncontrolled, inflammation affects the entire body and can lead to organ failure: this is known as the sepsis syndrome.

The Sepsis Six is a set of interventions delivered by healthcare professionals and by doing these six simple things in the first hour, can help to double a patient's chance of survival.

What we aimed to achieve in 2014/15:
Implementation of the Sepsis Six in the Emergency Department (ED) and the Acute Assessment Unit (AAU) - ☑
Improvement made compared to last year

The Sepsis Six are:
1. Administration of high flow oxygen
2. Take blood cultures and consider infective source
3. Administer intravenous antibiotics
4. Give intravenous fluid resuscitation
5. Check haemoglobin and serial lactates
6. Commence hourly urine output measurement

Actual outcome:
The implementation of the sepsis screening tool and the 'The Sepsis Six' care pathway has commenced, with roll out starting in the Emergency Department and the Acute Assessment Unit

Improvements achieved:
- Sepsis boxes are now available in the Emergency Department and the Acute Assessment Unit
- A sepsis training package has been developed and roll out has commenced. Training has been delivered to Emergency Department consultants and junior doctors
- The Critical Care Outreach Team undertook a programme of Sepsis awareness sessions for staff leading up to World Sepsis Day to provide advice on the new Sepsis boxes and to talk through the bundle
- Training sessions were provided to every new starter doctor (all specialties and all grades apart from Foundation Doctors Year 1 -FY1s) to introduce them to the Sepsis pathways and general principles of sepsis management. All junior doctors were also given credit card size versions of the pathway and key management principles.
- The Trust held a Grand Round talk on the management of severe sepsis and septic shock and the Emergency Department CQUINs

Further improvements identified:
- Continue to implement the Sepsis Six care bundle in the Emergency Department and the Acute Assessment Unit and roll out across the Trust
- Implement a programme of audits to monitor implementation of the Sepsis Six care bundle and to improve performance
- Introduce a Sepsis Nurse. The aim of this role will be to optimise the care of patients with severe sepsis and septic shock in ED and AAU and by so doing ensure that the Trust meets the sepsis CQUINs. There will also be a large teaching element to include both doctors and nurses

- Establish a working group to work on refining pathways. This will ensure that relevant, root cause analysis investigations are undertaken to review the care of patients that have died from severe sepsis and septic shock. This will mean that lessons can be learnt and there can be continuous improvement in the care
- Implement the use of electronic flags on Lorenzo and the Cayder Boards for Sepsis
- Agree and implement a programme of audits on the management of Sepsis
- Development and roll out of a Sepsis E-Learning module and to consider whether this should be made mandatory
- Introduce a Sepsis Link Nurse. The nurse will champion and educate their colleagues on the care of patients with severe sepsis and septic shock including understanding of antibiotics and antibiotic stewardship
- Piperacillin / Tazobcatam to be kept in the controlled drug cupboard in admission areas. This will allow easy access to the first dose but will also mean that its use is traceable so that inappropriate use and increasing resistance can be minimised and lessons can be learned from medication errors

The Sepsis quality and safety improvement priority has also been chosen as a priority for 2015/16.

SEVERE SEPSIS

Screening Tool: All patients with NEWS ≥5 should be screened

1. Are any 2 of the following present?

Temp >38⁰C or < 36⁰C   Pulse > 90bpm

Resp rate >20bpm   WCC<4 or >12

New confusion or decreased GCS

Blood glucose > 7.7 mmol/L (non Diabetic patients)

If yes go to 2

2. Is there evidence of infection?

Pneumonia, Urinary tract infection, Diarrhoea, Meningitis, Endocarditis, Cellulitis or soft tissue infection, Wound infection, Septic arthritis, Peritonitis, Central line infection

If yes go to 3
If not look for another cause of SIRS

3. Are any of the following 'red flag signs' present and new to the patient?

Systolic BP <90 or 40 mmHg less than their normal

O₂ sats of < 92% (not COPD) or increased O₂ requirements to maintain O₂ levels

Oliguria / anuria or Acute Kidney Injury

Lactate > 2 mmol/L (>4 mmol/L indicates septic shock)

Confusion or altered conscious level

Coagulopathy or Purpuric rash

Heart rate > 130bpm

Respiratory Rate > 25bpm

If yes patient has Severe Sepsis: start Sepsis 6 immediately

If not then treat the underlying infection and review regularly for signs of Severe Sepsis. The patient should be reviewed by senior doctor as soon as possible. Consider repeating lactate level in 2 hours.

Sepsis 6 and Care Pathway:

Timing is important: step 1 must be completed within 1 hour.

Step 1: Sepsis 6
1) Take blood and urine cultures and consider source control
2) Take blood for lactate
3) Give appropriate IV antibiotics*
4) Insert urinary catheter and monitor hourly urine output
5) Give IV fluid resuscitation – at least 1L stat
6) Give supplemental oxygen to maintain appropriate saturations

Step 2

Patient must be reviewed by a Registrar or Consultant within 1 hour

Consider calling Critical Care

Call Infection Consultant on call if any doubt about which antibiotic to give

Step 3

After 1 hour is the systolic BP still <90 & or lactate > 4 and or not improving?
Yes – go to step 4
No - end pathway and continue close observation

Step 4

If patient is for active treatment call Critical Care team for consideration of early vasopressor therapy and transfer to Critical Care area.

Step 5

Is the systolic BP still < 90 & or the lactate still > 2 and or not clearly improving after 2 hours?

Yes – Patient should be on Critical Care for further treatment

No – end pathway and continue close observation

*If source of infection clear then give antibiotics aimed at that infection as per Trust antibiotic guidelines

Only if source is unclear should broad spectrum antibiotics such as Piperacillin / Tazobactam be used

Learning Lessons

What we aimed to achieve in 2014/15:

To improve learning from Serious Incidents (SIs) and Never Events (NE) so that the organisation understands the root causes that contributed to those incidents and what improvements have been made as a result. This will ensure lessons are learned, sustainable improvements are made and similar incidents are prevented from reoccurring. This should be visible through the implementation of sustainable changes and improvements and the delivery of the learning lessons trust wide communication plan.

Actual Outcome:

- Improve learning lessons from Serious Incidents and Never Events. To Publish 6 learning lessons newsletters – 4 newsletters were published during 2014/15 - ☑ **Improvement made compared to last year**
- Increase the number of Serious Incidents reported – Reported 91 Serious Incidents, which is an increase from 32 during 2013/14 - ✓ **Goal achieved**
- Reduce the number of Never Events – Reported 5 Never Events during 2014/15 – ✗ **Goal not achieved**
- Improve the completion of actions from Serious Incidents and Never Events within the agreed timescales – at the end of March 2015 there were 126 actions overdue the completion dates, this is attributable to the increase in the number of Serious Incidents declared in 2014/15 - ✗ **Goal not achieved**
- Undertake face to face de-briefings following every Serious Incident and Never Event – 13 debriefings took place. However a range of other methods of communication were used to provide de-briefs - ☑ **Improvement made compared to last year**
- Publish all outcomes from all Serious Incident investigations on the staff intranet – not all investigation outcomes have been published - ✗ **Goal not achieved**

Improvements achieved:

- Improved visibility of and access to incident reporting on the staff intranet
- Upgraded the Trust's incident reporting system known as DATIX which provides easier access to incident reporting and easier completion of the incident form
- Activated the automatic feedback element of DATIX which means that staff can now input their email address and receive automatic feedback when the incident has been investigated and the outcome
- Lessons learned newsletter continues to be published. Between January 2014 and March 2015 there have been 7 newsletters published (a summary of lessons learned is provided on page 21)
- The Trust has reviewed the Care Quality Commission Regulation 20 on Duty of Candour and implemented a process to support staff to provide an apology when things go wrong

Further improvements identified:

- Continue to work to reduce the number of repeat Never Event incidents
- The Trust has commissioned two external reviews of the Maternal Death Never Events and the Neurosurgical wrong site surgery Never Events. The recommendations and actions from these reviews will be implemented to ensure lessons are learned and improvements are made
- Improve the completion of actions from Serious Incidents within the agreed timescales to ensure lessons are learned in a timely manner and improvements to practice are made
- Continue to publish the learning lessons newsletter, but to also disseminate these to all ward areas and departments. Information will also be disseminated through the Trust's committee structure to ensure lessons are learned across the whole organisation
- Develop a new learning lessons staff intranet site to provide another route to providing feedback from Serious Incidents and Never Events, lessons learned and incident reporting
- Improve feedback to staff following the completion of a Serious Incidents and Never Events

- Continue to raise awareness of Duty of Candour requirements and the process to follow
- Undertake a survey on incident reporting, learning lessons and Duty of Candour to assess current knowledge and understanding of these elements. The results will be used to inform a programme of awareness and identification of any actions that need to be taken to further improve incident reporting, learning lessons and compliance with Duty of Candour

The Learning Lessons quality and safety improvement priority has also been chosen as a priority for 2015/16.

Learning Lessons Newsletter

During 2014/15, four lessons learnt newsletters were published. Detailed below are a number of the issues that were highlighted:

- Developed and introduced a new nasogastric tube (NG) bundle which has been implemented to ensure that prior to a tube being used, its position is confirmed and recorded on the care bundle before feeding commences. This stops the tubes from becoming dislodged and causing a life threatening event
- Staff awareness of the 2014/15 quality and safety priorities. These were included to inform staff which priorities were chosen, why and what the Trust aimed to achieve
- Reviewed six unexpected death Serious Incidents and three key lessons to learn were identified. These include abnormal results not acted upon resulting in the patient being sent home inappropriately, inability to obtain senior specialty input in the Emergency Department in a timely manner and NEWS scores not always acted upon and required improvement
- A review of the fall Serious Incidents was undertaken and a number of key themes were identified. These include the lack of documentation on admission relating to the assessment of risk of falls, re-assessment of risk of falls during the patient's admission, patients did not always wear the appropriate footwear, staff on handover of patients were not always informed of the risk of falls and intentional rounding was not consistently completed and mobility aids caused problems in confined spaces for the patients. As a result, new documentation has been trialled on six wards across the Trust and the Trust began work with the Bradford Improvement Academy (which is part of the Academic Health Science Network) on two wards at Hull Royal Infirmary to look at what actions can be taken to improve practice relating to patient falls. More information on the falls improvement work can be found on page 33. In addition, extension of visiting times on some wards have been implemented, wards are identifying high fall visibility zones, falls mapping, and the implementation of a falls newsletter to continue to inform staff of changes and lessons learned
- Following the review of two Grade 3 and Grade 4 pressure ulcer Serious Incidents, the Tissue Viability Team developed and launched a new training programme for nursing staff to help improve understanding and implementation of the skin care assessment documentation, treatment and escalation plans and escalation of high risk patients
- Following a recent upgrade of the Trust's incident reporting system DATIX, the automatic feedback mechanism was activated. This means reporters are now able to receive automatic feedback following investigation of the incident reported and what actions have been taken to avoid the incident reoccurring

Part 3:
Review of our Quality Performance

This section includes:

- Trust performance for 2013/14 and 2014/15 against the NHS Outcomes Framework Quality Indicators and planned actions the Trust intends to/has taken to improve performance
- An overview of the patient safety incident reporting rates and actions taken to improve incident reporting across the organisation
- An overview of Serious Incidents and Never Events and actions taken to learn lessons
- Trust compliance with the National Patient Safety Alerts
- Information on the falls improvement work undertaken during 2014/15
- Information on the 3Gs – Great Staff, Great Care, Great Ward audit programme
- Information on what actions the Trust has and will continue to take to provide safe staffing levels

The NHS Outcomes Framework: Quality Indicators

What is the NHS Outcomes Framework?

Measuring and publishing information on health outcomes are important for encouraging improvements in quality. The White Paper: *Liberating the NHS* outlined the Coalition Government's intention to move the NHS away from focusing on process targets to measuring health outcomes.

The NHS Outcomes Framework reflects the vision set out in the White Paper and contains a number of indicators selected to provide a balanced coverage of NHS activity. Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. Performance against the quality indicators that are relevant to Hull and East Yorkshire Hospitals NHS Trust are detailed below. They relate to:

- Summary hospital level mortality (SHMI)
- Patient reported outcome measures (PROMS)
- Readmission rate into hospital within 28 days of discharge
- The Trust's responsiveness to the personal needs of our patients
- Friends and Family Test for staff – would staff recommend the Trust as a provider of care to their family and friends
- Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism
- The C.Difficile infection rate, per 100,000 bed days
- The number of patient safety incidents reported and the level of harm
- Friends and Family Test for patients for Accident and Emergency and Inpatients

The Hull and East Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons:
- Performance information is consistently gathered and data quality assurance checks made as described in the next section.

The table below details performance against the Summary hospital level mortality (SHMI):

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to—					
• the value of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period*	102.6	106.4	100.1	60	119
• the banding of the SHMI for the Trust for the reporting period*	2	2	2	1	3
• the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period*	26%	23.5%	26.2%	7.5%	48.4%

*Most recent data on HSCIC for period October 2013 to September 2014, published in April 2015.
The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:
- Completing the National Audit for Care of the Dying, review the results and undertake all appropriate actions to further improve (if required).

The table below details performance against the Patient Reported Outcome Measures (PROMs):
Patient Reported Outcome Measures (PROMs) measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the Trust's patient reported outcome measures scores during the reporting period for—					
• groin hernia surgery	54.7	79.3	80.1	86.3	67.1
• varicose vein surgery	54.5	82.6	78.4	89.3	69.5
• hip replacement surgery	84.4	67.7	69.9	82.7	51.2
• knee replacement surgery	84.1	70.5	65.9	75.8	52.9

*Most recent data on HSCIC for period April 2014 to December 2014.

The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:
- Continuing to look at the issues with the hip replacement outcome scores in greater detail in particular those patients who have had a negative outcome
- Analysing patient level information to look at the outliers and their impact on the overall scores by the Orthopaedic Surgeon Team to understand how we can improve.

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

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre during the reporting period with regard to –					
• the percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	6.9%	6.5%	6.43%	2.78%	9.04%
• the percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	6.6%	6.1%	6.5%	1.2%	13%

The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:
- Identifying the Acute Medical Pathway as a Quality and Safety Priority for 2015/16 and the aims of this priority continue to implement the acute medical pathway transformation programme. Further information on this priority can be found on page 60.

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

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS foundation Trust by the Health and Social Care Information Centre with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period.	70.4	67.3	68.7	84.2	54.4

The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Identifying 'Patient Experience: Listening to our patients and acting on their feedback' as a Quality and Safety Priority for 2015/16 and a number of the improvement targets are linked to improving the patient's experience as reported through the national Inpatient, Outpatient, Maternity and Emergency Department surveys. Further information on this priority can be found on page 62.

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	2013/14	2014/15	National Average	Best performer	Worst performer
Friends and Family Test – Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	52.94%	52%	75%	98%	41%

The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- The Trust has acknowledged that there are some required improvements regarding staff morale and culture following its 2014 Chief Inspector of Hospitals inspection. A significant amount of work has been undertaken during 2014/15 to understand staff morale and concerns to identify how the culture can be transformed. A cultural transformation programme was presented to the April 2015 Trust Board which details a four point plan to change the culture. The aim is to demonstrate to staff that they are valued, create an employee charter, have role-model and accountability arrangements in place. These four points are underpinned by a number of actions and they will be monitored by the Trust's Professionalism and Cultural Transformation (PaCT) Group which is chaired by the Chief Executive.

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

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS foundation Trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	94.73%	95%	96%	100%	87.7%

*Most recent data is for Q3 2014/15 from NHS England

The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Identifying VTE as a Quality and Safety Priority for 2015/16 and the aim of this priority is to at least maintain the 95% compliance rate; however work will be undertaken to further improve this. Further information on this priority can be found on page 58.

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

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS foundation Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C difficile infection	15.9	16.1	14.7	1.2	32.2

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
reported within the Trust amongst patients aged 2 or over during the reporting period.					

The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Continuing to monitor and reduce the number of hospital acquired C.Difficile infections reported and undertake a root cause analysis to ensure lessons are learned
- Continuing to monitor infection control on all wards across the Trust through the 3Gs; Great Staff, Great Care, Great Ward performance assessment. Actions will continue to be undertaken at ward level where performance on infection control is low. Further information on the 3G work can be found on page 34.

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

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to -					
• the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period,	33.6	29.44	35.1	74.96	17.24
• the number and percentage of such patient safety incidents that resulted in severe harm or death	0.3%	0.4%	0.5%	0%	3.1%

The data above is for the reporting period 01/04/2014– 30/09/2014 from NRLS
The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Identifying 'Learning Lessons' as a Quality and Safety Priority for 2015/16 and to further improve the rate of incident reporting and learning lessons. Further information on this priority can be found on page 62.

The table below details performance against the Friends and Family Test for patients for Accident and Emergency and Inpatients

Prescribed Information	2013/14	2014/15	National Average	Best performer	Worst performer
Friends and Family Test – Patient - The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all Acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)					
Accident and Emergency (types 1 and 2)	88%	74%	87%	99%	67%
Inpatients	93%	93%	97%	100%	84%

*Most recent data is for Q2 2014/15 from HSCIC
The Hull and East Yorkshire Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by:

- Identifying 'Patient Experience: Listening to our patients and acting on their feedback' as a Quality and Safety Priority for 2015/16 and a number of the improvement targets are linked to improve the Friends & Family results for the Emergency Department, Outpatients and Inpatients for 2015. Further information on this priority can be found on page 62.

Patient Safety Incidents

The Trust aims to provide care that is safe, effective and high quality for all patients and service users. One of our priorities is 'Learning Lessons' with the aim to actively learn lessons from patient safety incidents, serious incidents (SIs) and never events. Learning lessons allows us as an organisation to understand the causes of the incidents and to take the appropriate action to avoid reoccurrence. To be able to learn lessons from patient safety incidents we need to ensure the organisation has a strong incident reporting culture (i.e. a high level of incident reporting), which is a sign of a good patient safety culture.

Figure 1 is taken from the latest National Patient Safety Agency National Reporting and Learning Service (NRLS) data report published April 2015 and shows the Trust to be below average for reporting of patient safety incidents.

Figure 1: Patient safety incidents per 100 admissions for the period of 01 April 2014 to 30 September 2014
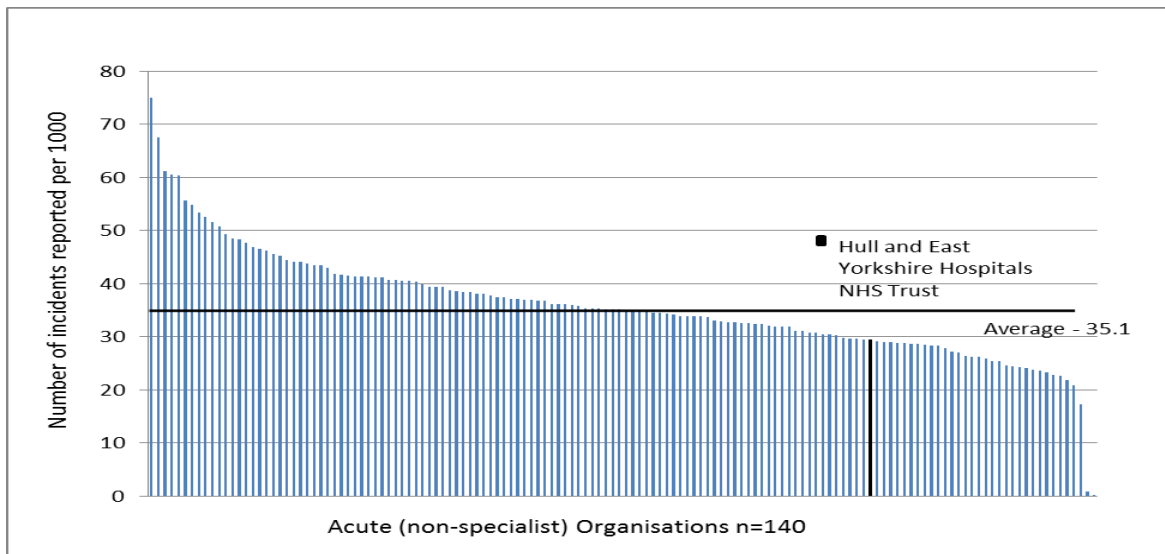
The latest report covers the 6 months between April and September 2014.

Figure 2 shows the incidents reported by degree of harm, comparing Trust performance with that of Acute (non-specialist) organisations and is taken from the latest National Patient Safety Agency National Reporting and Learning Service (NRLS) data report published April 2015.

Figure 2: Incidents reported by degree of harm for Acute Teaching organisations for the period of 01 April 2014 to 30 September 2014
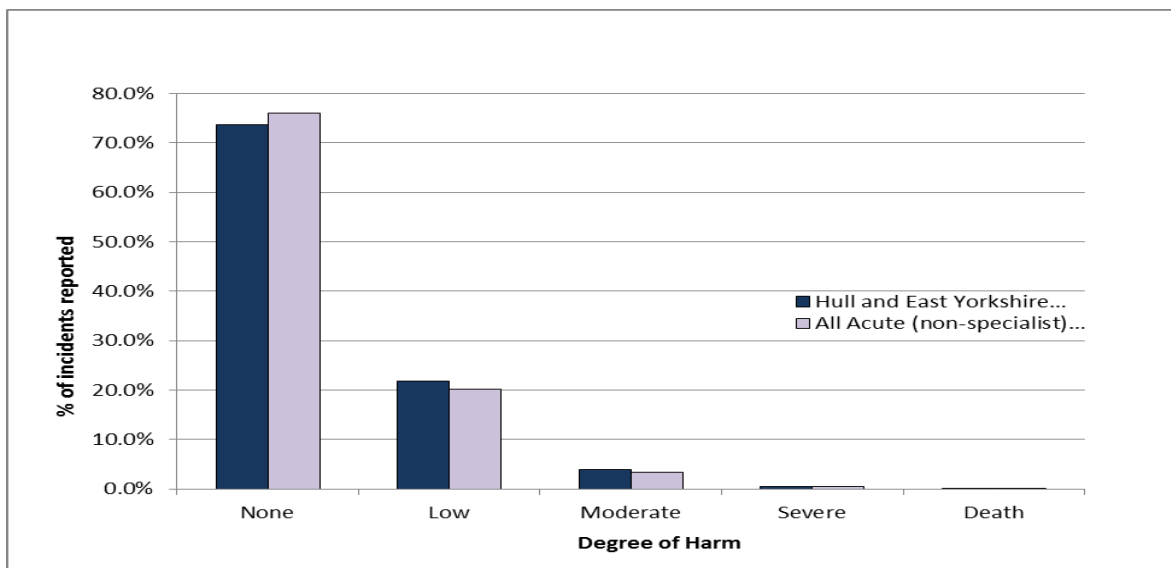
The Trust appears to be reporting in line with the cluster on degree of harm.

The top six types of patient safety incident reported between 1 April 2014 to 30 September 2014 are detailed in **Figure 3** below.

Figure 3 shows the top 6 types of incidents reported within our reporting cluster compared against the number reported by the Trust. The Trust profile does appear different from the cluster and the variance is attributed to the way our incident coding structure has been mapped to the NRLS codes (i.e. how we matched our type, category and sub-category codes to the NRLS).

Figure 3: Top six patient safety incidents reported by %
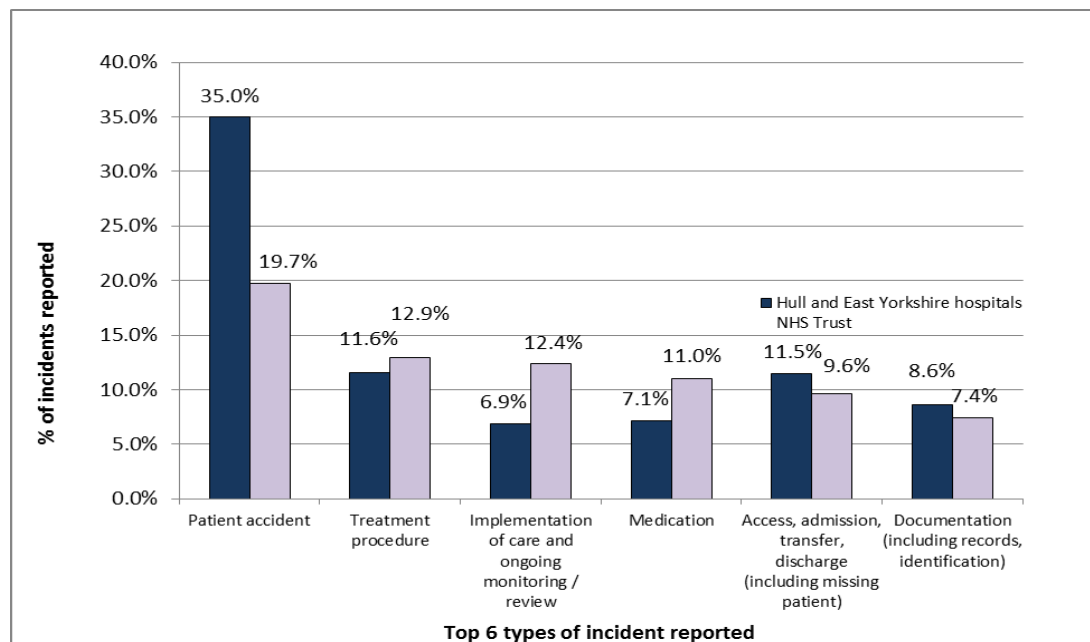
The above graphs are taken from the recently published NRLS report.

The Trust has acknowledged that there was a downward trend in the number of incidents reported during 2013/14 and 2014/15. A number of actions were undertaken to improve staff awareness of incident reporting procedures, openness of reporting and to increase the number of incidents reported including:

- Improved visibility of and access to incident reporting on the staff intranet
- Working with the Communications Team to raise awareness of the incident reporting tool and staff guidance
- Upgrading of the Trust's incident reporting system known as DATIX which provided easier access to incident reporting and easier completion of the incident form
- Activation of the automatic feedback element of DATIX which means that staff can now input their email address and receive automatic feedback when the incident has been investigated and the outcome
- Publication of the lessons learned newsletter
- Introduction of Care Quality Commission Regulation 20 on Duty of which has resulted in a process to support staff to provide an apology when things go wrong
- Development of an online training package on how to report incidents
- Work with individual teams to review themes and trends of incidents reported and identification of lessons to learn e.g. patients falls and pressure ulcers

The number of incidents reported has started to increase; however the Trust is still in the bottom 20% of Trusts in the 2014 National Staff Survey results for fairness and effectiveness of incident reporting procedures and percentage of staff that feel secure in raising concerns about unsafe clinical practice. Further actions to improve incident reporting and the staff survey results are being undertaken by the Cultural Transformation programme; including the appointment of Freedom to Speak Up Guardian, review and re-launch of the Trust's Whistleblowing Policy and improving staff feedback following incidents, Serious Incidents and Never Events.

Serious Incidents and Never Events

In organisations as large and complex as the NHS, things will sometimes go wrong. Incident reporting is one of the key methods for alerting other parts of the organisation to issues that, if left unattended, may pose a risk in future to service users or the health and safety of staff, visitors, contractors and others that may be affected by its operations.

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

Total number of Never Events and Serious Incidents declared in each year:

	2011/12	2012/13	2013/14	2014/15
Total Never Events declared	4	3	4	5
Total Serious Incidents declared	10	8	32	91*
Total	**14**	**11**	**36**	**96***

*3 Serious Incidents were downgraded following investigation.

Types of Serious Incident and Never Events declared during 2014/15

Serious Incident	
Type of incident	**Number**
Patient fall resulting in fractured neck of femur or other injury	31
Delayed Diagnosis	11*
Unexpected death of an inpatient	9
12 hour ED breach	9
Drug Incident	8*
Avoidable Hospital Acquired G4 or G3 Pressure Ulcer	4
Sub optimal care of the deteriorating patient	4*
Unplanned maternal NICU admissions	2
Outpatient Delay	2
Anaesthetic incident	1
Unexpected Maternal Death	1
Air Embolism	1
Cardiac Arrest following PPH	1

Communicable Disease/Infection issue	1
Decontamination Issue	1
Delayed treatment	1
Medical Equipment Failure	1
Incorrect Procedure	1
Surgical Error	1
Unnecessary Surgery	1

Never Events	
Type of incident	**Number**
Wrong Site Surgery *(Never Event)*	3
Misplaced nasogastric tube *(Never Event)*	1
Retained Foreign Object *(Never Event)*	1

*1 Serious Incident was downgraded following investigation

The Trust declared 3 wrong site (spinal) surgery Never Events in 2014/15, and commissioned an external review of spinal surgery from the Royal College of Surgeons. The Royal College external review was undertaken on 08 and 09 June 2015. Preliminary findings did not demonstrate any lack of care and no systemic errors. At the time of the second wrong site surgery Never Events the Trust was in the process of updating its Spinal Marking Standard Operating Procedure. However the preliminary findings also indicate that a spinal marking SOP may not have made a difference and that the errors could still have occurred. The final results from the external review are yet to be received by the Trust.

The Trust declared 2 Serious Incidents in Maternity during 2014/15, and commissioned an external review which was undertaken in December 2014 by a Consultant Obstetrician from the Royal Victory Infirmary, Newcastle upon Tyne. The external review did not identify any underlying trends which had not already been identified as part of the internal serious incident investigation. The recommendation from this external review was to ensure that all actions from Serious Incident and Never Event investigations are audited to demonstrate they are embedded and effective. A programme of audit is now in place.

The Trust has focused time and effort during 2014/15 to increase the number of Serious Incidents reported. This has been successful. The number of Serious Incidents reported has increased from 36 during 2013/14 to 91 during 2014/15. The Trust has recognised that it needs to re-balance the time spent on reporting and investigating serious incidents to improving and embedding lessons learned. Lessons have been learning during 2014/15 and these are demonstrated in the falls improvement work on page 33 and in the learning lessons section on pages 19-21. Learning lessons has also been chosen as a quality and safety priority for 2015/16, more information on this priority can be found on page 62.

Patient Safety Alert Compliance

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

Patient safety alerts can be issued for a number of reasons. Alerts can be issued for newly recognised patient safety issues, potentially where incidents have resulted in death or severe harm to a patient and where many healthcare providers will have limited knowledge or experience of the risk. Alerts can also be issued where there is a common problem occurring throughout the NHS and can be an important part of a wider programme of work. Systems and equipment are commonly subject to patient safety alerts where there are recognised errors or faults and would therefore require action to be taken to reduce the risk to patient safety.

In January 2014 NHS England launched the new National Patient Safety Alerting System (NPSAS) which provides urgent information to healthcare providers via CAS through a three stage alerting system. The NPSAS system encourages the sharing of information between organisations so that the best possible practice can be widely adopted throughout the NHS.

Coordination of patient safety alerts including those issued through the NPSAS is carried out by the Risk Management Team who work with various Trust departments and Health Groups to facilitate compliance and monitor ongoing work or action plans used to address the issues raised.

NHS England NPSAS alerts issued 2014/15 and the Trust's progress

Reference	Alert Title	Issue Date	Deadline	Trust Response
NHS/PSA/W/2014/007	Minimising risks of omitted and delayed medicines for patients receiving homecare services	10/04/2014	09/05/2014	Action Completed
NHS/PSA/W/2014/008	Residual anaesthetic drugs in cannula and intravenous lines	14/04/2014	13/05/2014	Action Completed
NHS/PSA/W/2014/009	Risk of using vacuum and suction drains when not clinically indicated	06/06/2014	04/07/2014	Action Completed
NHS/PSA/D/2014/010	Standardising the early identification of Acute Kidney Injury	09/06/2014	09/03/2015	Action Completed
NHS/PSA/D/2014/011	Legionella and heated birthing pools filled in advance of labour in home settings	17/06/2014	30/06/2014	Action Completed
NHS/PSA/W/2014/012	Risk of harm relating to interpretation and action on PCR results in pregnant women	23/06/2014	31/07/2014	Action Completed
NHS/PSA/W/2014/013	Risk of inadvertently cutting in-line (or closed) suction catheters	17/07/2014	14/08/2014	Action Completed
NHS/PSA/W/2014/014	Risks arising from breakdown and failure to act on communication during handover at the time of discharge from secondary care	29/08/2014	13/10/2014	Action Completed
NHS/PSA/R/2014/015	Resources to support the prompt recognition of sepsis and the rapid initiation of treatment	02/09/2014	31/10/2014	Action Completed
NHS/PSA/W/2014/016	Risk of distress and death from inappropriate doses of naloxone in patients on long-term opioid/opiate treatment	20/11/2014	22/12/2014	Replaced by alert NHS/PSA/W/2014/016R
NHS/PSA/W/2014/016R	Risk of distress and death from inappropriate doses of naloxone in	20/11/2014	22/12/2014	Action Completed

Reference	Alert Title	Issue Date	Deadline	Trust Response
	patients on long-term opioid/opiate treatment			
NHS/PSA/W/2014/017	Risk of death and serious harm from delays in recognising and treating ingestion of button batteries	19/12/2014	19/01/2015	Action Completed
NHS/PSA/W/2014/18	Risk of death and serious harm from accidental ingestion of potassium permanganate preparations	22/12/2014	22/01/2015	Action Completed
NHS/PSA/W/2015/001	Harm from using Low Molecular Weight Heparins when contraindicated	19/01/2015	02/03/2015	Action Completed
NHS/PSA/W/2015/002	Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder	05/02/2015	19/03/2015	Action Completed
NHS/PSA/W/2015/003	Risk of severe harm and death from unintentional interruption of non-invasive ventilation	13/02/2015	27/03/2015	Action Completed

Falls Improvement Work

The Yorkshire and Humber Improvement Academy is supporting frontline teams within the Trust to reduce falls. They are spreading their early success in reducing falls across the region to frontline teams at Hull Royal Infirmary.

They have been supporting teams in testing, implementation and measurement of interventions such as:

• Fall safety briefings - led by senior clinicians, to support the team to identify those patients most at risk of falling and plan to prevent such a fall
• Above bed falls alert signage - to identify at a glance patients who are most at risk of falling
• Appropriate patient footwear
• Daily falls prevention 'check backs' - to ensure that the interventions planned during the safety briefing have been carried out

So far the teams have achieved significant milestones and have received Bronze and Silver Certificates of Excellence from the Academy. Ward 100, a gastroenterology ward which usually has an average of 5 days between falls, achieved 26 days without a fall and Ward 70, a medical elderly ward which usually has just 1 day between falls, achieved 13 days without a fall.

The greatest success has been the realisation that falls are not inevitable and members of the team are being empowered to take the initiative themselves.

What is the Improvement Academy?

The Improvement Academy is a team of improvement scientists, educators, patient safety experts and clinicians committed to supporting and working with frontline clinicians, patients and the public. They work with organisations across the region to provide expertise, support and learning in areas such as team safety culture, improvement science and measuring for improvement.

They support organisations by mobilising frontline teams to focus on those areas of safety that are most important to them, reduce patient harm, increase the capability for independent safety improvement, improve patient safety culture among staff, improve patient experience, and share learning across Yorkshire and Humber. Their aim is to use evidence and practical support to help organisations to become high reliability organisations for safety, improving care 'bottom-up from the top.'

Falls has also been chosen as a quality and safety improvement priority for 2015/16. More information can be found on page 59.

3Gs: Great Staff, Great Care, Great Ward

Delivering high quality, safe and appropriate care to patients is of paramount importance, and is one of the Trust's key strategic objectives. Nurses and the overall Trust must account for the quality of care it delivers to patients and care should be evidence based and appropriate to the needs of the patient. Measuring the quality of nursing care delivered by individuals and teams is not easy. The Trust has developed and implemented a framework which is designed around a set of standards with an emphasis on delivering high quality, safe and effective care to patients, relatives and carers.

In 2013 the Trust implemented the 'Setting the Standard' measurement of quality framework across all wards at Hull Royal Infirmary and Castle Hill Hospital to publicly demonstrate how well we are looking after our patients. Setting the Standard was a rating system whereby each ward was awarded either a Red, Bronze, Silver, Gold or Platinum rating based on its performance in 12 key standards of care.

In February 2015, this measurement of the quality framework was revised and is now known as the 3Gs; Great Staff, Great Care, Great Ward. The revised performance assessment framework still has 12 key standards but now incorporates the CQC five key questions of quality and safety; are services safe, are services effective, are services caring, are services responsive and are services well-led. It includes the use of the CQC key lines of enquiries (KLOEs) which are used as inspection prompts and questions for staff and patients. The ward rating system has also changed from red, bronze, silver, gold and platinum to the same ratings used by the CQC; inadequate, requires improvement, good and outstanding. The aim of these changes was to have a more joined up approach to monitoring the quality of care, raise awareness of and to collate evidence against the new CQC Fundamental Standards and to measure the quality of nursing care similar to how the CQC will and to rate ourselves against the CQC five key questions of quality and safety. This performance framework will encourage Great Staff, Great Care and Great Wards.

Following assessment on a ward, every core standard is rated. The ratings for each core standard are aggregated up and each of the five key questions is rated. This is then aggregated up and the ward as a whole is provided with a rating of inadequate, requires improvement, good or outstanding. An action plan is developed with the Nurse in Charge and the inspection panel to address all areas of improvement, which is then monitored by the Compliance Team on a monthly basis. Performance will also be presented to the relevant committee e.g. Nutrition Steering Group and to the Operational Quality Committee for assurance and/or escalation for further action.

3Gs Inspection Results:
Since 16 February 2015, 16 wards have been fully assessed and provided with an overall rating, as detailed in the table below.

Outstanding	0
Good	2
Requirements Improvement	12
Inadequate	2

How 3Gs have helped to change ward culture:
- Continually monitors the quality of care
- Staff are delivering safe, clean and personal care
- Promotes an open and honest culture
- Promotes a positive and friendly culture
- Promotes good multi-disciplinary working using best practice guidelines
- Well-led services and efficient management of care

- Includes patient representatives to undertake assessments from this perspective
- Highlights best practice which can be shared across the organisation
- Identifies when systems and processes are not in place or require improving
- Empowers staff at ward level to influence and lead the changes they make to improve the areas identified as requiring improvement

Areas of Good Practice:
- Staffing
- Patient Inspection
- Safeguarding
- Medicines Management
- Communication
- Leadership
- Culture, Respect and Dignity
- Patient Safety

Areas for Improvement:
- Nutrition and Hydration
- Record Keeping
- Tissue Viability
- Infection Control

Actions and improvement work are being undertaken against the areas of improvement identified at ward level and across the organisation as these are Trust-wide issues.

The 12 Key Standards

Safe: Staffing
Patient Inspection (Inspection undertaken by a patient representative)
Infection Control
Safeguarding
Medicines Management
Tissue Viability

Effective: Record Keeping
Nutrition and Hydration

Caring: Culture, Respect and Dignity
Communication

Responsive: Patient Safety

Well-led: Leadership

Safe Staffing Levels

Following the publication of the Francis Report on Mid Staffordshire (Francis 2013), the Keogh review in England (Keogh 2013) and the Berwick Report on improving the safety of patients in England (Berwick 2013) and the publication of the NICE `Safe staffing for Adults in patient wards in Acute Hospitals` (NICE 2014) requirements were placed on Trusts. One of which was a need for all Acute Executive Trust Boards to

> ## High Quality care for all, now and for future generations:
>
> *"Hull and East Yorkshire Hospitals are committed to providing Safe Staffing across all our wards and departments. This means we need to ensure that we have the Right Staff with the Right Skills in the Right Place."*

comprehensively review their nurse staffing levels in accordance with their patient acuity and dependency levels. Trusts had to ensure that there were sufficient numbers of suitably qualified and skilled nursing staff particularly on nights and weekends. This was also identified as an action for the Trust following the February 2014 Chief Inspector of Hospitals inspection. In response, the Trust reviewed the nursing establishments. It specifically focused on reviewing the nurse to patient ratios during night shifts, patient acuity, dependency and bed occupancy. This was undertaken by the Senior Nursing Team and a paper was presented to the Trust Board for approval of financial investment.

During 2014/15 the Trust Board has invested:
* £0.5 million to uplift medical wards staffing numbers and to provide for the supervisory ward sister/charge nurses
* £0.5 million for midwifery to take them from a 1:35 midwife to woman ratio to the nationally-recommended 1:32
* £400k to invest in additional night nursing capacity
* £1m in Emergency Department nursing establishments

All of the above investment has had a positive impact on the Trust and its staffing levels as the staff commence in post. As of April 2015 the vacancy rate is 8% for registered nurses and 4% for health care assistants. This is the lowest it has been and it is below the national average.

Links between patient acuity and dependency, workload and quality have been established in recent years. Evidence links low staffing levels and skill mix ratios to adverse patient outcomes. Trusts are expected to monitor staffing establishments on a shift by shift basis and to use evidence based tools to inform nursing, midwifery and care staffing capacity and capability.

The Trust uses the Safer Nursing Care Tool (SNCT) to assess the acuity (how sick) and dependency of each patient in every ward. This information is then used to ensure we have the right numbers of staff for each ward on each shift. The Safer Nursing Care Tool is an evidence based tool that enables nurses to assess patient acuity, dependency and incorporating a staffing multiplier, to ensure that nursing establishment reflect patient needs. Nursing staff are required to measure the acuity on admission, following wards rounds, safety briefs and shift handover and if the patient condition changes. In addition to the Acuity & Dependency of the patients there are a number of factors that need to be considered to ensure we have the right numbers of staff including: vacancies, sickness and maternity levels, staff leave and Skill Mix. We use the SNCT to determine the level of care required each day and the ward team uses this information to ensure we have the right staff numbers on duty for each shift in every ward. The staffing numbers are displayed and updated each day. You can find this information on our Quality Boards at the entrance to each ward. This fulfils the Government recommendation that all Trusts must publish staffing levels at least twice per year and they must be displayed at ward level to ensure openness and transparency.

Each ward holds a Safety Brief every morning which includes the medical team, nurses, therapists, house keeper and all the support staff. At this briefing session the ward team is made aware of concerns about individual patients; identifying those who are at risk of falling or pressure sores, patient who need assistance with nutrition. At 09:30 and 15:30 each day the hospital holds a Trust-Wide Safety Briefing, this meeting is chaired by a very senior nurse in the organisation. Each ward and zone is then reviewed in terms of patient safety and staffing numbers. Actions are taken to support any

ward that has escalated concerns to ensure they have the resources and support they need to deliver safe, effective care for all patients.

The Trust Board also receives a regular report on Safer Staffing levels from the Chief Nurse. This report details any concerns raised and if any harm has occurred related to low staffing numbers. It also reports on the progress made to recruit nursing staff. The report also makes recommendations for investment and changes to nursing numbers.

Safe Nurse staffing is essential and the senior nursing team are supporting each ward to ensure that the levels of nurses required meet the patient needs to prevent harm from occurring. A staffing escalation procedure together with 'Ward Zoning' will ensure that staffing concerns and shortfalls are managed quickly and appropriately.

Part 4:
Statements of
Assurance from the
Board

This section includes:

- Statements of assurance from the Board (the content of these statements are prescribed). Statements include:
    - Review of services
    - Participation in clinical audit
    - Participation in clinical research
    - Goals agreed with commissioners
    - What others say about the Trust – Care Quality Commission
    - Data quality, information governance and clinical coding error rates

Statements of Assurance from the Board

Review of services

During 2014/15 the Hull and East Yorkshire Hospitals NHS Trust provided 43 NHS services within 4 Health Groups and 10 Divisions.

The Hull and East Yorkshire Hospitals NHS Trust has reviewed all the data available to them on the quality of care in 43 of these NHS services.

The income generated by the NHS services reviewed in 2014/15 represents 100% of the total income generated from the provision of NHS services by the Hull and East Yorkshire Hospitals for 2014/15.

Participation in clinical audit

During 2014/15, 36 national clinical audits and 3 national confidential enquiries covered NHS services that Hull and East Yorkshire Hospitals NHS Trust provides.

During that period Hull and East Yorkshire Hospitals NHS Trust participated in 100% 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 table below details the national clinical audits and national confidential enquiries that Hull and East Yorkshire Hospitals NHS Trust was eligible to participate in and those which we participated in during 2014/15. For those national clinical audits and national confidential enquiries that Hull and East Yorkshire Hospitals NHS Trust participated in, and for which data collection was completed during 2014/15, 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 are listed in the last column:

Audit:	Participated	% of Cases Submitted
Peri and Neonatal		
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)	Yes	100%
Children		
Fitting child (care provided in Emergency Departments - College of Emergency Medicine)	Yes	100%
Childhood epilepsy (Epilepsy 12 RCPH National Childhood Epilepsy Audit)	Yes	100%
Paediatric intensive care (Paediatric Intensive Care Audit Network - PICANet)	Yes	100%
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	Yes	100%
Acute care		
National emergency laparotomy audit (NELA)	Yes	100%
Adult critical care (Case Mix Programme – ICNARC)	Yes	100%
National complicated diverticulitis Audit (CAD)	Yes	100%
Pleural procedures	Yes	100%
Long term conditions		

Audit:	Participated	% of Cases Submitted
Diabetes (National Adult Diabetes Audit)	Yes	100%
Ulcerative colitis and Crohn's disease (National Inflammatory Bowel Disease - IBD Audit, includes Paediatric IBD Services)	Yes	100%
UK Cystic Fibrosis Registry (Adult and Paediatric)	Yes	100%
Rheumatoid and Early Inflammatory Arthritis	Yes	95%
Mental health		
Mental health (care provided in Emergency Departments - College of Emergency Medicine)	Yes	100%
Elective procedures		
Hip, knee and ankle replacements (National Joint Registry)	Yes	100%
Coronary angioplasty (National Institute for Clinical Outcome Research - NICOR Adult cardiac interventions audit)	Yes	97%
National Vascular Registry (elements include CIA, National Vascular Database, AAA, peripheral vascular surgery/VSGBI Vascular Surgery Database)	Yes	AAA 100% CIA 100% Peripheral Vascular Surgery 0% (currently working on 2013/14 data) Femoral Popliteal Surgery 0% (currently working on 2013/14 data)
Adult cardiac surgery audit (ACS)	Yes	Deadline to submit cases is 30 June 2015
Heart		
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	Yes	100%
Heart failure (Heart Failure Audit)	Yes	100%
Cardiac rhythm management (CRM)	Yes	100%
National cardiac arrest audit (NCCA)	Yes	100%
Renal disease		
Renal replacement therapy (Renal Registry)	Yes	100%
Cancer		
Lung cancer (National Lung Cancer Audit)	Yes	100%
Bowel cancer (National Bowel Cancer Audit Programme)	Yes	100%
Head and neck cancer (Data for Head and Neck Oncology - DAHNO)	Yes	100%
Oesophago-gastric cancer (National O-G Cancer Audit)	Yes	100%
Trauma		
Severe trauma (Trauma and Audit Research Network)	Yes	100%
Older People		
Falls and Fragility Fractures Audit Programme (FFFAP) - including the hip fracture database (NHFD)	Yes	Hip Fracture Database – 100% Pilot Inpatient Falls Audit – 100%

Audit:	Participated	% of Cases Submitted
Older People (care provided in Emergency Departments - College of Emergency Medicine)	Yes	100%
Acute stroke (Sentinel Stroke National Audit Programme - SSNAP)	Yes	84%
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study		
Acute Pancreatitis	Yes	Data collection underway
Sepsis	Yes	100%
Gastrointestinal Haemorrhage	Yes	80% clinical questionnaires 100% organisational questionnaire
Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBBRACE – UK)		
Maternal infant and perinatal programme (MBBRACE-UK)	Yes	100%

The reports of 15 national clinical audits were reviewed by provider in 2014/15 and Hull and East Yorkshire Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Audit	Proposed actions
National audit	
National Pleural Procedures Audit	- To perform pleural procedures in a designated procedure room - To perform all pleural procedures under direct ultrasound guidance
MINAP (Myocardial Ischaemia National Audit Project)	- To communicate with the National Institute for Cardiovascular Outcomes Research (NICOR) in regards to having HRI and CHH reported as a single Hospital Trust - To explore the ways in which secondary prevention treatments at discharge are recorded. The anecdotal clinical experience is at variance with the reported rates of secondary prevention treatment
SSNAP – (Stroke National Audit Programme)	- To ensure the National Institute of Health Stroke Scale (NIHSS) is available on the first Stroke Team contact - To design a sticker to prompt Stroke Team members to complete the NIHSS - To increase the awareness of NIHSS with junior doctors - To review staffing mix/levels and identify gaps. To plan workforce solutions to achieve stroke staffing levels. This includes detailing the shortfalls for each therapist group, registered nurses and non-registered nurses. To produce a business case to address staffing shortfalls - To implement rota changes to increase the Stroke Co-ordinator presence between Monday and Friday.
National Care of the Dying Audit for Hospitals	- To develop a leaflet regarding hospitality facilities as part of the Heather Hospitality Pioneer Team project - The Specialist Palliative Care Service to undertake a scoping exercise to look at the feasibility of providing a 9-5, 7 day a week face to face service - To scope the available education regarding end of life care including use of existing e-learning packages - To identify a named person on the Trust Board responsible for care of the dying and to identify Trust structures and processes for reporting on care of the dying - To develop a guideline for the assessment and delivery of mouth care - To liaise with the chaplaincy team regarding spiritual care and documentation of chaplaincy input - To develop a nursing care plan to ensure appropriate documentation of care after death
National Cardiac Arrest Audit (NCAA)	- To include ceilings of care and the prescription of appropriate resuscitation in the Consultant mandatory update training - To audit NCAA events that occurred in the Acute Assessment Unit to identify any lessons to be learnt in the acute care pathway including decisions relating to ceilings of care

National Heavy Menstrual Bleeding Audit	• To include as a local audit on the 2015/16 audit plan to ensure continued compliance is achieved (as evidenced by the national audit) and to review any other areas for improvement
National Hip Fracture Database: Anaesthesia Sprint Audit of Practice 2014	• To discuss the audit with the Anaesthetic Department to raise awareness of the standards
National Joint Registry	• To discuss the issue of consent for inclusion in the audit for both elective and acute patients
National Prostate Cancer Audit	• Trust level data was not included in the report therefore a gap analysis is being undertaken against the national recommendations
National Oesophago-Gastric Cancer Audit	• Trust level data was not included in the report therefore a gap analysis is being undertaken against the national recommendations
National Bowel Cancer Audit	• No further action required as the results met the standards
Epilepsy 12 National Audit Round 2	• To include a diagnosis section with seizure and syndrome type on clinic letters; document unclassified where unable to classify • To evidence communication regarding water safety in the clinic letter and Patient Information Folders.
National Audit of Seizure Management in Hospitals	• To modify the first seizure referral form to improve documentation of witness history, electrocardiogram changes and driving advice. This form is to be used by the staff in the Acute Assessment Unit and Accident and Emergency departments • To include the first unclear blackout on the seizure referral form to avoid ambiguity in diagnosis and avoid recurrent visits to the Accident and Emergency department • To include the care plan in the epilepsy clinic letter
National Review of Asthma Deaths (NRAD)	• To raise awareness of the smoking cessation services offered by City Health Care Partnership (CHCP) within asthma clinics • To promote the importance of the correct inhaler technique within the local healthcare body via local audit
National Audit of Inpatient Falls (pilot)	• To implement the new falls tool within the Trust • To develop an educational and training package to support the implementation of the new falls tool • To implement the falls information leaflet within the Trust • To ensure that appropriate walking aids are available to patients 7 days a week

An update regarding the implementation of the proposed actions identified as a result of a national clinical audit reports published in the 2013/14 Quality Account is provided below to demonstrate the improvements made to quality. Actions taken in response to reports published in 2014/15 will be included in the Quality Account for 2015/16.

Audit	Proposed actions	Progress
National audit		
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)	• To revise the Trust antenatal steroid policy (as part of Clinical Guideline 133) to comply with national guidance • To train neonatal junior staff at induction onto Neonatal Unit (and subsequent monitoring of practice) regarding recording of data items in BadgerNet database • To develop and implement a system for capturing and recording of 2 year outcome data obtained at outpatient follow up of babies born at <30 weeks gestation in BadgerNet database • To audit 'missed' antenatal steroid cases identified to determine accuracy and reasons for missed opportunities	• The policy has been revised and is available on the Trust intranet site • The training of neonatal junior staff has been completed • A system is currently being set up to capture this data in clinic at the time children attend, with a review of data accuracy every January to ensure all cases have been included • The audit has been completed. The results showed that the Trust is 100% compliant with its guideline; however the standards differed from national guidance. The Trust guideline has since been

Audit	Proposed actions	Progress
		amended to reflect the change in national guidance and will be audited in 2015/16
Chronic pain (National Pain Audit)	• To ensure full participation in future national audits • To review patient questionnaire at first appointment	• The Trust is participating in this national audit. • The questionnaire has been reviewed
Lung cancer (National Lung Cancer Audit)	• To undertake a service review based around the histological diagnosis and CT before bronchoscopy results • To undertake an investigation into the lung biopsies and lung cancer not otherwise specified results • To discuss with colleagues the availability of nurse specialists at appropriate clinics	• A service review has been undertaken which identified two separate issues relating to CT waiting times and perceived low histology results • An audit is underway and due to be completed in June 2015 • To maintain patient flow, patients are often seen in non-specialist clinics without nurse specialist support. Discussions are underway as to how patients can receive nurse specialist support
Paediatric Fever (College of Emergency Medicine)	• To increase the awareness of blood pressure measurements within the nursing team • To include the College of Emergency Medicine standards within the training of new staff members.	• The nursing staff are aware of the need to record blood pressure in children with abnormal pulse or cap refill • This is undertaken as part of the induction of new staff
National dementia audit (NAD)	• To establish a Dementia care Lead in Clinician, Nursing and Managerial teams • To work in partnership with the Education team and the Dementia Academy to design training package for HEYHT • To deliver basic dementia awareness training to all staff working with older people • To deliver higher dementia training to all Dementia Champions • To develop a Dementia Programme Board with representation from all key partners • To ensure HEYHT is represented at local, regional and national networks • To implement a monthly dementia carer survey at HEYHT • To develop a Dementia screening tool for all patients admitted to our organisation • To audit the screening tool to ensure improvements in patient care • To develop a web-based patient tracker tool to assist in patient placement and assessment • To implement the "Butterfly Scheme" trust wide	• A Dementia Programme Board has been established including a Consultant representative, nurse and managerial representative • Training package has been designed and implemented • Dementia awareness training currently being delivered • Training is being delivered to all dementia link nurses • A Dementia Programme Board with key representation has been established • Consultant representation at all levels • A survey has been implemented and a leaflet developed for carers • A screening tool has been developed and implemented • The screening tool has been audited which has showed that it has improved identification, assessment and referral of patients with cognitive impairment • The patient tracker tool has been implemented and is used on a daily basis to assist in patient placement and assessment • The Butterfly Scheme, which is a

Audit	Proposed actions	Progress
	• To appoint Dementia Champions in all clinical and non-clinical team • To reduce the use of antipsychotics in the management of behavioural and psychological symptoms of dementia • To use Dementia Mapping in our wards to understand delivery of care from the patient's perspective • To develop Trust guidance on the management of Delirium • To introduce Digital Reminiscence Therapy for patients in HEYHT • To develop a Dementia Dashboard to report on healthcare outcomes for patients with Dementia. • To refurbish ward environments to enhance the healing environment for people with dementia	way of providing reassurance that the patient's memory problems will be taken into account when planning care, has been implemented throughout the Trust • Small teams of champions have been appointed on each ward and attend regular link nurse meetings • A regional audit has shown that the Trust is the lowest prescriber of antipsychotics in the region • The dementia academy and the Trust have been looking at different ways of mapping to see which will be the most appropriate to use. Several wards will be mapped during the next few months • A Delirium policy has been written and approved • Digital Reminiscence Therapy has been introduced • A series of key performance indicators have been developed • Money has been obtained to refurbish the ward environments. A programme of refurbishment will take place during 2015
Cardiac arrhythmia (CRM)	• To improve the education received by junior doctors within the Acute Assessment Unit for this condition. • To increase the presence of cardiology physicians on the Acute Assessment Unit	• This will take place when there is a consultant Cardiology presence on the Acute Assessment Unit (expected late 2015)
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	• To hold bi-monthly meetings to review compliance with targets • To meet the clinical leads from the emergency departments of referring hospitals regarding the timely transfer of patients • To undertake an ongoing audit of pre-alert acceptance rates against criteria • To review the training needs of paramedic ambulance providers	• Bi-monthly meetings are now held where targets are reviewed • Various meetings have been planned however, due to clinical pressures, this piece of work has not progressed • The audit has been completed and outcomes reported. The pre-alert form has been amended. An audit is to be conducted in the future to assess the effectiveness of the new form • Training needs of paramedic ambulance providers has been conducted. The training has now been provided
Heart failure (Heart Failure Audit)	• To increase the availability of specialist heart failure cover for Hull Royal Infirmary • To have NHS rather than academic heart failure service • To recruit to the heart failure nurse post • To configure an inpatient heart failure service with specialist nurse and consultant cover	• An NHS Consultant specialising in heart failure has been appointed • An additional heart failure nurse has been appointed
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric	• To aim to reduce mean HbA1C by 0.5% with measures such as intensive insulin regimen, more frequent follow up and psychology input as indicated	• Achieved (evidence in publication of report in October 2014)

Audit	Proposed actions	Progress
Diabetes Audit)		
National Diabetes In patient Audit (NADIA)	• To increase the frequency of foot risk assessments undertaken during inpatient episode • To ensure patients admitted with foot disease are seen by the multi-disciplinary team within 24 hours • To reduce the number of insulin errors • To increase the awareness of diabetes through an e-learning package	• The latest audit report (published in 2013) shows that 83.2% of patients received a diabetic foot risk assessment during their admission, increasing from 30.4% in 2012 • The latest audit report (published in 2013) shows that 68.8% of patients admitted with foot disease were seen by the multidisciplinary diabetic foot team (MDT), increasing from 58.8% in 2012 • An article for METRIC (the Trust's research journal) highlighting the number of insulin errors has been published and an IV insulin chart is to be produced • An article on the e-learning package is due to be published in METRIC (the Trust research and education journal) in May 2015
National cardiac arrest audit (NCCA)	• To write ceilings of care for all acute admissions with altered NEWS • To improve documentation for advanced care planning in the Trust • To review the resuscitation policy	• The Chief Medical Officer has sent an e-mail to all Consultants reminding them to write ceilings of care. A pilot process for documenting ceilings of care is currently being piloted in the Queen's Centre. Audit of ceilings of care to be undertaken during 2015/16 • An end of life flow chart has been developed and implemented • Resuscitation policy has been reviewed and updated.
Fractured neck of femur (College of Emergency Medicine)	• Information from the report will be used to feed into new working practices in new Emergency Department e.g. Controlled drugs available at interventional triage • New emergency care record to have pain scoring	• The audit results have been used in the design of the new emergency department with lead lined rooms adjacent to initial assessment to reduce the delay in diagnosis as patients no longer need to be transferred outside of the department for X-ray. Analgesia is available within initial assessment, including local nerve block • The new emergency care record includes a pain score
Adult asthma (British Thoracic Society)	• To undertake an inhaler technique review and an educational audit in healthcare professionals to be started in the new financial year • To promote the importance of Peak Flow monitoring. • To increase the awareness of smoking cessation services in asthmatics	• The review has commenced and is due to be completed within the next Quarter 1 2015-16 • These actions are complete. The Acute Respiratory Assessment Service team and Respiratory Nurse team are continuously promoting the importance of peak flow monitoring and raising awareness of smoking cessation services
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study		

Audit	Proposed actions	Progress
Subarachnoid Haemorrhage	• To provide education to local district hospitals regarding the management of Subarachnoid Haemorrhage patients	• An education session will take place in Scarborough in May 2015 and arrangements are currently being made to deliver sessions at Northern Lincolnshire and Goole and York • An education session has been delivered to GPs
Alcohol Related Liver Disease	• To develop guidelines for the 'Identification of Alcohol Misuse' and 'Management of Alcohol Withdrawal'	• The guidelines have been approved and are available on the Trust intranet site
Other Enquiries/Reviews		
Child Health (CHR – UK)	• To revise the way in which deaths are reviewed in the Health Group governance meetings • To discuss with the neonatologists on how to revise the perinatal and older children's deaths internal reviews	• The terms of reference for the monthly Perinatal Mortality meeting have been reviewed and revised. These will feedback to the Obstetric and Paediatric governance meetings. Improved documentation and minutes are now in place • All other Paediatric deaths are reviewed and discussed at the Paediatric Audit meeting to share information regarding any issues arising from these events as well as lessons to be learnt. Any issues are escalated to the Paediatric Governance meeting. There is a twice yearly CME presentation to the Paediatric Department summarising the findings of the child death reviews

The reports of 240 local clinical audits were reviewed by the provider in 2014/15 and Hull and East Yorkshire Hospitals NHS Trust. For an update on the progress of the actions identified as a result of local clinical audits completed in 2013/14 and proposed actions for 2014/15, please see the Clinical Audit Annual Report. This can be requested via the Quality Accounts email address: quality.accounts@hey.nhs.uk or reviewed online via the Quality Account page at: http://www.hey.nhs.uk/About-Us/quality-accounts.htm

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Hull & East Yorkshire Hospitals NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 5506.

Commitment to research as a driver for improving the quality of care and patient experience

The Trust is committed to providing the best possible care to patients and recognises the value of high quality peer-review research as a fundamental tool in the successful promotion of health and well-being for the population it serves. To achieve this, the Trust has focused on research activity which addresses NHS priorities, is of national and international quality and is cost-effective. The Trust continues to demonstrate strong partnership and collaborative working with all key stakeholders and works in conjunction with Hull University to deliver the research programme.

Furthermore, in the period 2014/15, the Trust has continued to strengthen current systems and processes to ensure that it can demonstrate the best standards in research governance and delivery.

The Trust was involved in processing 184 clinical research studies of which 151 commenced during the reporting period 2014/15. This compares with 187 new submissions and 147 commencing in 2013/14.

The Trust used national systems to manage the studies in proportion to risk. Of the 151 studies given permission to start, 97 were National Institute for Health Research (NIHR) portfolio adopted and 80% (78) of these were given permission by an authorised person less than 30 days from receipt of a valid application. Of the 78 approved within 30 days, 68% (53) were approved in 15 days or less.

The Trust has 174 studies actively reporting accruals (patient recruitment) under the NIHR Comprehensive Local Research Network (CLRN) Portfolio, as compared to 172 portfolio studies reporting accruals for the period 2013/14.

The number of recruits into the Trust portfolio studies for the periods 2013/14 and 2014/15 was 4,190 and 3,800 respectively. A target of more than 4,000 patient accruals is expected to be set for 2015/16. The largest topic area of portfolio adopted studies across 2014/15 is Oncology (Cancer) and Haematology with 25 studies between them. In the last year, 41 publications have resulted from our involvement in portfolio and non-portfolio research across four specialty areas. This shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

The Yorkshire and Humber Clinical Research Network (Y&H CRN) maintained its funding of staff participating in research across many topic and specialty areas in the Trust in 2014/15. The support infrastructure provided by the North and East Yorkshire and North Lincolnshire (NEYNL) Comprehensive Local Research Network (CLRN) continued to help the Trust maintain an increased volume of research activity and patient recruitment, ensuring that established studies are continuously supported throughout their life. This has helped to develop productive working relationships and has encouraged staff to actively support trial recruitment.

The majority of the Trust's research participation is through 'hosted' projects whereby the lead Trust/University or commercial sponsor is responsible for collating the final outcomes and disseminating them accordingly. However, it is acknowledged that we have an ethical duty to inform our patients and participants of our contributions to overall research benefits, even if those benefits are not realised directly within our Trust. Every study we participate in will, in some way, have a direct or indirect benefit to institutions, staff, patients, carers, policy makers and academics. The collective benefits for our population of participating in research include more personalised, protocol driven care with often more frequent oversight of clinical outcomes and safety assessments. Frequently, research participation allows for increased interactions between clinical staff and patients, providing more time to make assessments of patients' needs and anxieties and therefore supporting a trusting relationship to flourish.

Demonstrating specific project outcomes and impact for the population we serve is still a significant challenge to be overcome by all NHS Organisations. This is because impacts, by their very nature, will tend to occur a significant period of time after study recruitment has ended. Equally, some outcomes will be delayed due to commercial sensitivities and we are contractually bound not to disclose some information without the consent of the sponsor. The Trust will implement a series of actions that it is hoped will contribute to the measurement of research impact going forward in 2015/16 and beyond. These actions will include:

- Continue to engage and collaborate with the available network support for this (i.e. Academic Health Science Network (AHSN), Collaboration for Leadership in Applied Health Research and Care (CLAHRC), National Institute for Health Research, Yorkshire and Humber Clinical Research Network (NIHR Y&H CRN), Northern Health Science Alliance (NHSA))
- Sign up to the principles of the 'All Trials' initiative http://www.alltrials.net/
- Contribute to the NIHR 'research changed my life' initiative http://www.crn.nihr.ac.uk/can-help/patients-carers-public/research-changed-my-life/ and as part of a Trust Research and Development Communications Strategy, adopt a Trust version of the initiative internally
- In conjunction with changes taking place with the Health Research Authority in 2015-16, create a robust mechanism for receiving impact reports from all research applicants including a system of automated reminders that support the Health Research Academy and Research Ethics Committee requirements.
- Make reporting of impacts a condition of Trust research and development approval,
- Hold an annual 'research celebration event' to feedback departmental results of projects to staff and the public.

- Co-ordinate the collation of all publications linked to research the Trust approves so that more detailed impacts can be observed

Goals agreed with our commissioners

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

Use of the CQUIN payment framework

A proportion of Hull and East Yorkshire Hospitals NHS Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between Hull and East Yorkshire Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The total contract value of the CQUIN indicators, including the Specialist Commissioning Group indicators, was £10.8m for 2014/15. The Trust achieved all 2014/15 CQUIN schemes with the exception to the improved response rate in the Emergency Department for the friends and family national scheme. The Trust therefore achieved 99.9% of its CQUIN schemes in 2014/15.

The Trust has worked closely with all commissioners to develop a programme of CQUIN quality indicators for 2015/16.

The Trust is still waiting for the finalised CQUIN schemes to be produced from NHS England and NHSE specialised commissioners. The Trust has finalised with Local CCGs its CQUIN schemes for 2015/16 where there are a small number being carried forward for a further year in 2016/17.

The year 2 local CCG CQUIN schemes are:
- Transparency programme
- Workforce development
- Medicines management
- Patient experience – 'I want great care'

New local CCG schemes are:
- Maternity Safety Thermometer
- Patient experience for trauma orthopaedic admissions

National CQUIN schemes for CCGs include:
- Sepsis
- Dementia and Delirium
- Acute Kidney Injury

NHSE CQUIN schemes has been finalised for contract 2015/16, these include:
- Quality, Innovation, Productivity and Prevention (QiPP) schemes
- HIV network
- Hepatitis C network
- Rheumatology network
- Neurology – long term conditions
- Neonatal Critical care
- Cancer Drug utilisation
- Clinical utilisation engagement

Further details of the agreed goals for 2014/15 and for the following 12 month period are available on request from the following email address: quality.accounts@hey.nhs.uk

What others say about the Trust

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 new CQC Operating Model which they introduced from 1 October 2014 focuses on eight core services that the CQC will inspect within a Trust. These are:

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

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 has also introduced the use of ratings into their Operating Model; they are an important element of their approach to inspection and 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 on Compliance with the Care Quality Commission

Hull and East Yorkshire Hospitals NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional.

The Care Quality Commission has not taken enforcement action against Hull and East Yorkshire Hospitals NHS Trust during 2014/15.

Hull and East Yorkshire Hospitals NHS Trust has participated in one special review or investigation by the CQC during the reporting period. The review considered services for looked after children and safeguarding in Hull. The result of this review has not yet been published by the CQC. Following publication, an appropriate action plan will be developed if there are any areas of improvement noted for the Trust.

The Care Quality Commission rates Hull and East Yorkshire Hospitals NHS Trust as 'Requires Improvement' – February 2014

The Trust was selected as one of the healthcare providers to be inspected during wave two of the Chief Inspector of

Hospitals Inspection programme because it is an aspiring Foundation Trust. The inspection took place on the 4 and 5 February 2014 at Hull Royal Infirmary and the Castle Hill Hospital. The overall rating for Hull and East Yorkshire Hospitals NHS Trust is – Requires Improvement.

A breakdown of the overall rating is detailed in the table below.

	Safe	Effective	Caring	Responsive	Well-led
Overall domain for the Trust	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall Trust rating	Requires Improvement				

Areas for improvement
The Trust accepted all of the 38 recommendations made by the CQC following the Chief Inspector of Hospitals inspection in February 2014. 24 of the recommendations were 'must do' actions and 14 were 'should do' actions. A comprehensive action plan was developed in partnership with all stakeholders to address all areas of improvement and approved at the Trust Board meeting in June 2014. Areas for improvement included:

- Compliance with mandatory training
- Supervision of Junior Doctors
- Experiences of bullying
- Improving incident reporting and to ensure lessons are learned
- Reducing the number of cancelled outpatient clinics and appointments
- Reviewing patient flow across the organisation to reduce the number of inappropriate transfers
- Ensuring that there are sufficient numbers and suitable qualified nursing and medical staff
- Reviewing the pathway into the hospital to ensure patients are appropriately assessed and treated to meet their needs
- Ensuring patients receive the appropriate fluid and nutrition whilst in hospital
- Providing suitable Pharmacy provision across the organisation and improve medicine reconciliation
- Providing family friendly facilities for parents on the Paediatric Wards on the 13th Floor at Hull Royal Infirmary
- Ensure records are appropriately maintained

Work on implementing the Chief Inspector of Hospitals action plan has been undertaken during 2014/15 and although not all actions are complete, a significant amount of changes and improvements have been made and the outstanding actions are still being implemented and monitored. Improvements made during 2014/15 include:

- The General Medical Council (GMC) assessed the supervision of Junior Doctors as good during a follow up visit in October 2014
- Increased the number of Junior Doctors in training
- Increased the number of staff (clinical and non-clinical) completing Dementia training
- Improved visibility and levels of incident reporting
- A major acute medical pathway transformation programme has resulted in the relocation of the medical wards from Castle Hill Hospital to Hull Royal Infirmary which has reduced the number of patient transfers and the number of medical outliers. The transformation work has also resulted in the opening of the new Elderly Assessment Unit, Ambulatory Care Unit and the introduction of the new ward 500 at Hull Royal Infirmary as well as the opening of the new state of the art Majors and Paediatrics area of the Emergency Department
- Increased the number of Pharmacists. This has provided more Pharmacy support on the wards and improved performance against medicine reconciliation within 24 hours
- Continued compliance with the WHO checklist
- Increased the number of nurses from a national and international recruitment campaign and an improved midwifery ratio to 1:3
- Understanding and improving the culture of the organisation. This has included the use of external consultants to undertake culture and bullying engagement activities to inform further improvement work. This is a long term action that the Trust will continue to work to improve through the implementation of the cultural transformation plan.

The latest copy of the Trust's Chief Inspector of Hospitals action plan can be found on the hospitals internet site via http://www.hey.nhs.uk/About-Us/cqc.htm

Good practice
Examples of good practice identified during the Chief Inspector of Hospitals inspection in February 2014 included:

- Risks and incidents discussed at DATIX meetings and governance meetings
- Dedicated safeguarding team and awareness of processes to make referrals and identify abuse. There are two teams dedicated to safeguarding. There is a Safeguarding Children's Team and a Safeguarding Adults Team
- Infection control measures in place and infection control rates were low
- All areas and equipment were clean, safe and well-maintained and cleaning checks were in place and adhered to
- NICE guidance was implemented and staff were aware of the requirements
- Good multidisciplinary working
- Performance against clinical audit was as expected
- Palliative care team pioneered a scheme called Heather Hospitality
- Bereavement centre available
- 24 - 7 chaplaincy service
- Palliative care team established
- Friends and Family performing above national average
- Butterfly scheme introduced
- Staff were compassionate and caring
- Mortality was discussed and reviewed on a regular basis
- Well established Paediatric early warning system

The Care Quality Commission Responsive Inspection – January 2015

The CQC undertook one responsive inspection at Hull and East Yorkshire Hospitals NHS Trust during the reporting period (28 – 29 January 2015). This inspection reviewed the concerns the CQC had regarding the arrangements for the initial assessment of patients attending the Emergency Department. This inspection resulted in the CQC issuing a potential Section 31 of the Health and Social Care Act 2008 ('the Act') which allows the CQC to impose an additional condition or vary or remove an existing condition attached to the hospitals registration to carry out regulated activities at Hull Royal Infirmary. The main concerns identified were that the Trust was not operating an effective initial assessment system in the Emergency Department, patients admitted by ambulance were not having prompt initial clinical assessments to identify their individual needs and there was no initial clinical assessment system in place that could be observed which ensured that there was early identification of those patients who needed to be seen and treated promptly. The Trust formally responded to the potential Section 31 letter along with an action plan to ensure that the necessary actions were taken to remove the risks identified. The Trust informed the CQC that there are effective initial assessment systems and clinical assessments in place in the Emergency Department and provided evidence to support this. The response to the potential Section 31 and the final result from this responsive inspection was given in draft to the Trust in May 2015. A section 31 was not issued at this time. Two actions were raised by the CQC which the Trust is in the process of addressing.

The Care Quality Commission Re-inspection of Hull and East Yorkshire Hospitals NHS Trust – May 2015

The Care Quality Commission (CQC) undertook a re-inspection against the Chief Inspector of Hospitals action plan from February 2014 in May 2015.

The re- inspection took place between 19th and 21st May 2015 and covered all areas that were rated as 'Requires Improvement', including Surgery, Medical Care, Urgent and Emergency Care, Children and Young People and Outpatients. The CQC assessed End of Life Care and Maternity Services during the inspection, although they were rated as a 'Good' following the February 2014 inspection.

The Trust has not received the draft report from the CQC at the time of publication of the Quality Accounts.

Data quality

NHS number and general practice code validity

Hull and East Yorkshire Hospitals NHS Trust submitted records during 2014/15 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:

- Which included the patient's valid NHS number was:

99.85% for admitted patient care;
99.92% for outpatient care; and
99.04% for accident and emergency care.

- Which included the patient's valid General Medical Practice Code was:

100% for admitted patient care;
100% for outpatient care; and
100% for accident and emergency care.

Information governance toolkit

The Information Governance Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It is fundamental to the secure storage, transfer, sharing and destruction of data both within the organisations and between organisations.

Hull and East Yorkshire Hospitals NHS Trust's Information Governance Assessment Report score overall score for 2014/15 was 71% and was graded green.

Clinical coding error rate

Hull and East Yorkshire Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

The recommendations below are drawn from the Audit Commission external audit review of Payment by Results clinical coding audit during 2013/14. The following information provides an update on the implementation of the recommendations.

Recommendation	Priority	Progress Update	Status
Recommendation 1 All errors found through the audit should be fed back to the coding staff and any required training provided to ensure they are aware of the common coder errors found such as: • extraction, indexing and sequencing of codes; • coding of symptoms of diagnosed conditions; • primary diagnosis definition; and coding of mandatory co morbidities	High	All staff was made aware of the general findings in the November 2013 coding meeting. Each individual error was also discussed with the coder responsible and the correct coding was agreed. Each coder now has an internal coding audit undertaken and a set percentage pass mark expected. Results of each audit are then discussed with the coder and actions taken	Completed

Recommendation 2 Ensure coding staff are up to date with national guidance and coding standards.	High	Regular internal training is provided to all coders, on External Cause codes. All coders are up to date with their refresher training. It is also a specification in all coder's PDR's that books are up to date and these are regularly checked at internal training sessions.	Completed
Recommendation 3 Improve the standard of information included in the immediate discharge letters, particularly around the coding of mandatory co morbidities	High	Due to the missing information on the Immediate Discharge Letter's in AAU it had already been decided to resort back to case notes. The complex ENT/MaxFax operation notes are typed out rather than hand written. All Health Groups are improving the quality of the IDL's. Nearly all specialties have improved their depth of coding. During 2014/15 the depth of coding for the Trust is higher than the national average for the. Depth of coding for Inpatients, day cases, RIP's and in totality is monitored each month and discussed at the monthly Mortality Committee meetings.	Completed
Recommendation 4 Ensure coding staff are fully trained in the use of the 3M encoder in use at the Trust.	Medium	The number of codes under the medical history function in Medicode was reduced in October 2013 and this was discussed with all coding staff at the coding meeting in November 2013 as well as confirming with staff the use of the medical history button. At the same time the list of comorbidities agreed by the Trust Board that should always be coded was discussed and implemented. This is discussed at each staff meeting and the codes regularly reviewed and updated. Any additions or deletions to the history function are discussed with the clinical lead in each Health Group.	Completed
Recommendation 5 Ensure histology results are followed up in a timely manner to meet coding deadlines so histology information can be updated prior to data submission dates	Medium	This issue had been resolved before the audit took place. Those coders that had a histology backlog had caught up and were up to date by August 2013.The importance of checking histology results has been re-explained to all coders and a process of addressing any backlog issues has been produced and monitored. This is regularly monitored and discussed at each staff meeting to ensure that staff understand the importance and to mitigate any issues or possible backlogs.	Completed

Part 5:
Looking forward –
our plans for the
future

This section includes:

- Information on how the Trust consulted on the 2015/16 quality and safety improvement priorities
- An overview of the quality and safety improvement priorities for 2015/16
- Information on how the Trust has linked the 2015/16 quality and safety improvement priorities with the Care Quality Commission (CQC) 5 domains of quality and safety and the 'Sign up to Safety' campaign
- Information on each quality and safety improvement priority, including what the Trust wants to achieve, what targets will be used to monitor performance and where progress and performance will be reported to for escalation and/or assurance

Our Plans for the Future – Consultation

This year the Trust has put together a long list of potential quality improvement priorities by:

- Evaluating our performance against our priorities for 2014/15

- 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)

- Considering recommendations made in reports such as the Francis inquiry, the Keogh mortality review and the Berwick review into patient safety

- Looking at what our regulators have identified as priorities, such as compliance with the CQC Fundamental Standards

- Review of the NHS Outcomes Framework (15 patient safety collaboration priority areas) and sign up to safety priorities

The Trust also asked patients, staff, Foundation Trust members, Health & Well Being Boards, Healthwatch and the local community what they thought the priorities should be for 2015/16.

This year 124 people completed an online survey in March 2015, including staff members, Foundation Trust members and members of the public.

We have identified these quality improvement priorities for 2015/16 because they are important to our staff, patients and stakeholders:

Quality and Safety Improvement Priorities for 2015/16

- **Medication safety**
- **Deteriorating patient adult**
- **Deteriorating patient children**
- **Falls**
- **Pressure Ulcers**
- **Nutrition and hydration**
- **Venous Thromboembolism (VTE)**
- **Sepsis**
- **Missed and delayed diagnosis**
- **Acute Medical Pathway**
- **Learning Lessons**
- **Patient experience – listening to our patients and acting on their feedback**

Quality and Safety Improvement Priorities 2015/16

We recognise that some of our quality and safety priorities for 2014/15 were not achieved in full and we will continue to monitor these and push forward with the work in these areas as set out in the further improvement identified sections in this document (pages 12 to 20).

Over the next year we will prioritise improving in the priority areas identified across a range of services and projects. As explained in the consultation section the Trust has used several different sources to inform the development of the quality improvement priorities. This year, in addition we have aligned our quality improvement priorities and projects with the 'Sign up to Safety' campaign and five key domains of quality and safety developed by the Care Quality Commission (CQC) during 2014/15.

From 1 October 2014, the CQC adapted their approach to regulating, inspection and rating NHS Acute Hospitals. They introduced five key questions which they will use to assess services. The five key questions are described below:

CQC Key Questions	Meaning
Are services **Safe**?	Safe means that people are protected from abuse and avoidable harm
Are Services **Effective**?	Effective means that peoples' care, treatment and support achieves good outcomes, promotes good quality of life and is based on the best available evidence
Are Services **Caring**?	Caring means that staff involve and treat people with compassion, kindness, dignity and respect and care is tailored to meet their needs
Are Services **Responsive**?	Responsive means that services are organised so that they meet people's needs. People get the treatment and care at the right time, without excessive delays
Are Services **Well-led**?	Well-led means that the leadership, management and governance of an organisation is effective and assures the delivery of high-quality person-centred care supports learning and innovation. There is an open, fair and transparent culture that listens and learns from people's views and experiences to make improvements

In Summary

The following quality and safety improvement priorities for 2015/16 are aligned to the 'Sign up to Safety' campaign and the CQC five key domains. Information on how the Trust will measure and monitor these priorities can be found on the following pages 57 to 62.

Priorities	Sign up to Safety	CQC 5 Key Domains of Quality and Safety				
		Safe	Effective	Caring	Responsive	Well-led
Safer Care						
Medication safety	National	✓		✓	✓	✓
Deteriorating patient adult	National	✓		✓	✓	✓
Deteriorating patient children	National	✓		✓	✓	✓
Venous Thromboembolism (VTE)	National	✓		✓	✓	✓
Falls	National / Local	✓		✓	✓	✓
Pressure Ulcers	National / Local	✓		✓	✓	✓
Nutrition and hydration	National	✓		✓	✓	✓
Better Outcomes						
Sepsis	National	✓	✓	✓		
Missed and delayed diagnosis	National	✓	✓	✓		
Acute Medical Pathway	Local	✓	✓	✓		
Improved Experience						
Learning Lessons	Local			✓	✓	✓
Patient Experience – listening to our patients and acting on their feedback	Local			✓	✓	✓

Safer Care (Safe, Caring, Responsive and Well-led)

1. Medication Safety

What do we want to achieve?

Medication is one of the most common healthcare interventions and medicines play a vital role in maintaining health, preventing illness and managing chronic conditions and curing of disease. The administration of the wrong medication however, can cause harm and have significant consequences on a person's health, well-being and safety. Therefore medication safety is paramount and is one of our top priorities for improving quality and safety.

The aim of this priority is to provide a multi-disciplinary, person-centred approach to ensuring our patients receive the right medicines, the right dose and at the right time. This will be supported by an accurate record of medications on admission to the hospital by ensuring medicines are reconciled within 24 hours of admission, which will remove the potential for harm and the delivery of a safe and effective medication process for our patients. To also improve patient safety by reducing the number of missed doses and improving safety on the use of specific high risk medications including anticoagulants, opioids, injectable sedatives and insulin.

How will we measure this priority?

- Achieve reconciliation of medicines on admissions to hospitals for 85% of our patients at any one time and 75% within 24 hrs
- Reduce by 20% the number of patients who have missed a dose of these high risk medicines: anticoagulants, opioids, anti-infectives and insulin
- Implementation of Aria electronic prescribing for 80% of chemotherapy prescriptions

How will we monitor and report on progress?

The priority will be monitored at the Safer Medications Practice Committee with leadership from the Chief Pharmacist.

2. Deteriorating Patient - Adult

What do we want to achieve?

Early recognition of a patient's deterioration through the use of observations will enable appropriate planning and escalation of care.

The aim of this priority is to ensure early identification of a patient's deterioration through the use of observations to identify which patients require end of life support and to ensure end of life care plans are documented and include a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order form to avoid inappropriate attempts at resuscitation.

The decision to offer or not to offer Cardio Pulmonary Resuscitation (CPR) is extremely complex and can be very distressing and is therefore a fundamental aspect to patient care and end of life care. It is essential that an appropriate assessment is undertaken by the consultant in charge of the patients care and discussions take place with the patient (if they have capacity) or their relatives if the patient lacks capacity. Completion of the appropriate assessments including mental capacity and completion of the Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order is crucial to ensuring the patient's wishes are met.

How will we measure this priority?

- Evaluate pilot of eNEWS
- Achieve 95% compliance with the completion of observations (NEWS)
- Achieve 80% correct completion of the DNACPR orders on the documentation of discussions with the patient and/or their relatives including best interest discussions

How will we monitor and report on progress?

The priority will be monitored at the Resuscitation Committee with leadership from the Consultant Gynaecologist / Clinical Director for Clinical Quality. This priority will also be supported by the Resuscitation Manager.

3. Deteriorating Patient - Children

What do we want to achieve?

Deterioration in Infants, Children and Young People requires rapid intervention to ensure a life can be saved. Early recognition of the signs that a child is deteriorating and listening to parents concerns is crucial to ensuring rapid response to the deterioration and to ensure the appropriate planning of care, action and escalation of care is undertaken. Research shows that failure to recognise and treat children whose condition is deteriorating is a cause of significant unintended harm in healthcare environments and can result in death. This is especially tragic for children and young people who often do not have significant co-morbidities and so mortality is often preventable.

The aim of this priority is to ensure early identification of a child's deterioration through the use of observations and the Paediatric Advance Warning System (PAWS) to identify the requirement of prompt intervention or treatment and to prevent avoidable deterioration.

How will we measure this priority?
- Infant mortality (NHS Outcomes Framework Indicator) – Achieve the value of 3.8 or below, per 1,000 births
- Achieve 95% compliance with the completion of Paediatric Advanced Warning Score (PAWS)

How will we monitor and report on progress?

The priority will be monitored at the Paediatric Governance Committee with leadership from the Divisional Nurse Manager for Children and Young People.

4. Venous Thromboembolism (VTE)

What do we want to achieve?

Venous Thromboembolism (VTE) is a blood clot within a vessel. It happens when a blood clot forms and blocks a vein or an artery, obstructing or stopping the flow of blood. It most commonly occurs in the deep veins of the legs, this is known as Deep Vein Thrombosis (DVT). The clot can travel from the leg to the lungs and could lead to death; this is known as Pulmonary Embolism (PE). It is estimated that 25,000 people a year in the UK die from VTE. The risk of hospital acquired VTE can be significantly reduced by appropriately risk assessing the patients and prescribing the appropriate measures to prevent VTE from occurring. The National Institute of Clinical Excellence (NICE) has published clinical guidelines for VTE and the Department of Health (DoH) monitor implementation of this guideline through the Commissioning for Quality and Innovations (CQUIN) scheme.

The aim of this priority is to continue to achieve the 95% of patients assessed for VTE within 24 hours of admission.

How will we measure this priority?
- Maintain 95% compliance with the VTE Risk Assessment
- No VTE Serious Incidents

How will we monitor and report on progress?

The priority will be monitored at the Thrombosis Committee with leadership from the Deputy Medical Director, Surgery Health Group.

5. Nutrition and Hydration

What do we want to achieve?

Nutrition and hydration is an essential element of patients' care. Adequate nutrition and hydration helps to sustain life and good health and it also reduces the risk of malnutrition and dehydration while they are receiving care and treatment in hospital and provides patients with the nutrients they need to recover.

The aim of this priority is to ensure our patients have an appropriate personal nutritional needs assessment and receive an appropriate care plan or referral to a dietician if required. All patients must be monitored for risk of malnutrition and dehydration and any deterioration is escalated in a timely manner.

How will we measure this priority?
- Achieve >89% completion rate of food charts as measured by the 3G audits
- Identify and introduce a hydration assessment process

How will we monitor and report on progress?

The priority will be monitored at the Nutrition Steering Group with support from the Head of Dietetics and Head of Catering.

6. Falls

What do we want to achieve?

A fall is defined as an unplanned or unintentional descent to the floor, with or without injury, regardless of the cause. A patient falling in hospital is the most common patient safety incident reported to the National Reporting and Learning System (NRLS). Patient falls in hospital are a common cause of injury; increased length of stay, hospital acquired infections and can have a longer term impact on a person's well-being. Some falls cannot be prevented without unacceptable restrictions to patients' rehabilitation, privacy and dignity; many falls can and should be prevented.

The aim of this priority is to reduce the number of falls and the level of harm caused from falls by undertaking falls improvement work to understand the root causes of falls and to implement prevention measures to raise awareness of falls and improve the assessment of risk.

How will we measure this priority?

- Deliver falls action plan
- Reduce by 25% the number of patient falls/per 1000 bed days
- Reduce by 40% the number of falls rated moderate incident and above

How will we monitor and report on progress?

The priority will be monitored at the Falls Committee with leadership from a Medical Elderly Consultant and the Director of Nursing, Surgery Health Group.

7. Pressure Ulcers

What do we want to achieve?

Pressure ulcers occur when an area of skin is placed under pressure and the skin and tissue starts to break down. Pressure ulcers can cause great pain and can be distressing for patients. They are proven to represent a major burden of sickness and impact on the individual's quality of life.

The aim of this priority is to reduce the number of patients who acquire avoidable hospital acquired grade 3, 4 or unstageable pressure ulcers. To ensure the appropriate risk assessments are undertaken to identify patients who are at risk of developing pressure ulcers and the implementation of the Skin Care Bundle.

How will we measure this priority?

- Reduce the number of Hospital acquired pressure ulcers – grade 3 and grade 4
- Improved compliance with implementation of the Skin Care Bundle

How will we monitor and report on progress?

The priority will be monitored at the Executive Nursing Committee with leadership from the Tissue Viability Matron.

All of the priorities will also be monitored through the use of a performance dashboard with regular progress reports to the Operational Quality Committee. Further reports will also be presented to the Quality Committee of the Trust Board.

Better Outcomes (Effective, Safe and Caring)

1. Sepsis

What do we want to achieve?

Sepsis occurs when the body's response to an infection causes damage to its own tissues and organs which can lead to shock, organ failure and death, especially when Sepsis is not identified in a timely manner and treated appropriately.

The Sepsis Six is a series of actions that must be taken within one hour when a patient is diagnosed with Sepsis. The Sepsis Six are designed to treat the condition and if they are applied quickly, they enhance the chance of survival.

The aim of this priority is to raise awareness of the Sepsis Six, implement the Sepsis care bundle and reduce death from Sepsis.

How will we measure this priority?

- Audit the implementation of the Sepsis Six bundle in AAU and ED to ensure compliance

How will we monitor and report on progress?

The priority will also be monitored at the Mortality Reduction Committee with leadership from the Consultant of Infectious Diseases.

2. Missed and Delayed Diagnosis

What do we want to achieve?

Missed and delayed diagnosis is the failure to diagnose a condition early enough to effect a cure or achieve maximum survival. The aim of this priority is to reduce the number of missed and delayed diagnosis Serious Incidents and to improve patient safety.

How will we measure this priority?

- Reduce to <=1% of patients waiting over 6 weeks for diagnostic test
- Achieve a year on year reduction in the number of outpatient clinics cancelled by the hospital

How will we monitor and report on progress?

The priority will also be monitored at the Operational Quality Committee with leadership from the Consultant Radiologist / Clinical Director for Clinical Quality.

3. Acute Medical Pathway

What do we want to achieve?

Emergency Department (ED) attendances and unplanned medical admissions are continuing to increase, both locally and nationally. Although action has been taken to increase service capacity and improve service arrangements, many acute hospitals are struggling to cope effectively with the increasing emergency workloads. Demographic changes are also affecting the complexity of the acute medical caseload. Nationally, nearly two thirds of patients admitted to hospital are over 65 years of age and around 25% of hospital inpatients have a diagnosis of dementia. As a consequence comorbidities, levels of acuity and complexity of illness are increasing. The acute medical model, which was in place, was primarily designed around the management of patients with a single condition or disease. The acute medical model therefore required revision to better meet the needs of patients, often elderly, who present with complex conditions and reduced functional reserve.

A significant amount of transformation work on the acute medical pathway has been undertaken during 2014/15 with the introduction of a new Ambulatory Care Unit which is the default position for acute medical admissions where patients will receive an initial assessment to identify the area of the hospital that is most appropriate for their medical needs. An Elderly Assessment Unit has been introduced to improve the care and management of elderly patients. The medical services have been centralised and are now located at Hull Royal Infirmary and an additional ward has been created to further enhance these services. There has also been the completion of a large Emergency Department improvement scheme with the introduction of a new Emergency Department 'Minors' area for adults, where non-life

threatening cases are dealt with and a new Children's Emergency Department. The new Emergency Department 'Majors' area for adults, where the most critically ill patients are assessed and treated is now open. The new Emergency Department is one of the largest facilities of its kind in the country, offering more space, improved privacy and more modern facilities.

The aim of this priority is to continue implementing the acute medical pathway transformation programme to deliver new and improved models of care for emergency/unplanned admissions, improve patient flow across the organisation and to streamline and standardise discharge processes.

How will we measure this priority?
- Reduce the number of medical outliers
- Reduce the number of avoidable in-patient transfers – patients who are moved 2 or more times
- Improve patient length of stay

How will we monitor and report on progress?
The priority will be monitored at the Executive Management Committee with leadership from the Medical Director, Medicine Health Group.

All of the priorities will also be monitored through the use of a performance dashboard with regular progress reports to the Operational Quality Committee. Further reports will also be presented to the Quality Committee of the Trust Board.

Improved Experience (Caring, Responsive and Well-led)

1. Learning Lessons

What do we want to achieve?

The aim of this priority is to improve learning from Serious Incidents and Never Events so that the organisation understands the root causes that contributed to those incidents and what improvements have been made as a result. This should be visible through the implementation of sustainable changes and improvements.

How will we measure this priority?

- Conduct a review of the Serious Incident process and implement changes
- Never Events – repeat Never Events

How will we monitor and report on progress?

The priority will be monitored at the Operational Quality Committee with leadership from the Head of Risk and Safety.

2. Patient Experience – Listening to our Patients and acting on their feedback

What do we want to achieve?

Patient, family and carer experience is very important to us. Listening to and acting on the feedback provided by our patients and their relatives and carers is crucial to learn lessons and further improve our services for the people using them. We want all of our patients to have the best possible experience when they come in contact with any of our services.

The aim of this priority is to seek and act on feedback from our patients their relatives and carers. This will enable us to learn what is working well and what requires further improvement and to use the feedback to inform those required changes. This will ensure the services are responsive to our service users.

How will we measure this priority?

- Measure the level of satisfaction of the complaints process using the post complaint survey
- Improve the analysis of themes and trends and reporting lessons learned by the Health Groups to the Patient Engagement and Experience Forum
- Achieve 95% of patients who would recommend the Trust to their friends or family

How will we monitor and report on progress?

The priority will be monitored at the Patient Engagement and Experience Forum with leadership from the Assistant Chief Nurse (Patient Experience).

All of the priorities will also be monitored through the use of a performance dashboard with regular progress reports to the Operational Quality Committee. Further reports will also be presented to the Quality Committee of the Trust Board.

Part 6:
Annex

This section includes:

- Statements on the content of the Quality Account from our Stakeholders
- Trust response to the Stakeholder statements
- Statement of Directors responsibility
- Statement of assurance from the Independent Auditors
- Abbreviations
- Information on how to provide feedback to the Trust on the Quality Account

Statements from Key Stakeholders

The first draft of the Trust's 2014/15 Quality Account was forwarded to key stakeholders on the 08 May 2015 with a request for statements of no more than 500 words to be received before the 04 June 2015. The key stakeholders are:

- NHS Hull Clinical Commissioning Group
- NHS East Riding of Yorkshire Clinical Commissioning Group
- Healthwatch Kingston Upon Hull
- Healthwatch East Riding of Yorkshire
- Hull City Council Overview and Scrutiny Committee
- East Riding of Yorkshire Overview and Scrutiny Committee

As required in the Department of Health guidance, different organisations were requested to comment on specific questions.

The commissioners were asked to:
- Confirm in a statement, to be included in the provider's Quality Account, whether or not they consider the document contains accurate information in relation to services provided and set out any other information they consider relevant to the quality of NHS services provided;
- Take reasonable steps to check the accuracy of data provided in the Quality Account against any data they have been supplied during the year (e.g. as part of a provider's contractual obligations)

The Local Healthwatch and the Overview and Scrutiny Committees were asked to consider:
- Whether the Quality Account is representative
- Whether is gives a comprehensive coverage of the provider's services
- Whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts

The statements received can be found below. No amendments have been made to these statements.

NHS Hull Clinical Commissioning Group

NHS Hull Clinical Commissioning Group welcomes the opportunity to review and comment on the Hull and East Yorkshire Hospitals NHS Trust Quality Account 2014/15. The report illustrates the progress made against the quality and safety targets of 2014/15 and is open in demonstrating the areas where further improvement is still required.

NHS Hull Clinical Commissioning Group recognises the Trust's on-going commitment to safer care, better outcomes and improved outcomes. The focus on priorities in key areas of safety and learning lessons is particularly welcome and while progress was seen in 2014/15, the Trust's continued focus on patient safety and reducing harm is welcome for 2015/16 and would continue to address areas of concern noted by the Care Quality Commission and shared by Commissioners.

We are encouraged to see that the number of patient safety incidents reported has increased in 2014/15 which demonstrates that incidents are now being recognised, escalated and investigated under the Serious Incident and Never Event Framework. However, as Commissioners we remain concerned with the Trust's completion of reports and actions within the required timescales and the subsequent embedding of lessons learnt within the organisation. Therefore we support the Trust's on-going priority given to this quality and safety improvement.
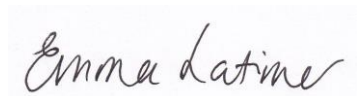
We are pleased to see the improvements in medication safety including the "significant assurance" report from an external audit consortium and look forward to receiving further assurances on the continued improvements in 2015/16 particularly with medicines reconciliation.

NHS Hull Clinical Commissioning Group are keen to see the outcome of the Sepsis Audit which has been delayed and support the Trust in the continuation of the safety improvement priority 2015/16 which will require significant Trust wide engagement, also recognising that this is a 2015/16 national CQUIN.

The "Participation in clinical research" section provides a good overview of the level of research activity particularly portfolio/NIHR studies taking place in the Trust. The Research and Development section does recognise the core value of research promoting the health and well- being of the population it serves. The report indicates that the Trust is committed to providing the best possible care and recognises the value of high quality peer review research but there is limited description of what difference has been made to patient outcomes and any examples of what changes have been made to service delivery as a result of the research findings.

Finally, notwithstanding the missing updated year end date for some elements of the report, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care provided by Hull and East Yorkshire Hospitals NHS Trust and that the data within the report is accurate.

NHS Hull Clinical Commissioning Group remains committed to working with the Trust and it's regulators to improve the quality of services available for our population in order to deliver better outcomes and patient experience.

Chief Officer
NHS Hull Clinical Commissioning Group

NHS East Riding of Yorkshire Clinical Commissioning Group

East Riding of Yorkshire Clinical Commissioning Group is pleased to be given the opportunity to review and feedback on Hull and East Yorkshire NHS Trusts' Quality Accounts for 2014/15. The report is well presented and the information included identifies areas where further improvement in care delivery is required with the focus on patient experience and outcomes.

We are pleased to see the improvements in medication safety which includes the 'significant assurance' from an external audit consortium and look forward to seeing further assurances on the continued improvements in 2015/16 particularly with medicines reconciliation.

The East Riding of Yorkshire Clinical Commissioning Group look forward to seeing the outcome of the Sepsis Audit and support the Trust in the continuation of the safety improvement priority for 2015/16 which will require significant Trust wide engagement, also recognising that this is a National CQUIN.

It is encouraging to see that the number of patient safety incidents reported has increased in 2014/15 which demonstrates incidents are recognised, escalated and investigated under the Serious Incident and Never Event Framework. As Commissioners we remain concerned about the completion of investigation reports and actions within the required timescales and the embedding of lessons learnt within the organisation. We are supportive of the Trust's on-going priority in this area and expect to see evidence of sustained improvement during 2015/16 regarding identification of themes and trends and the embedding of learning across the organisation to prevent repetition and in ensuring staff are competent and have the skills and knowledge to provide safe, effective patient care.

The ongoing focus on Dementia care is positive. We are pleased to see the progress the Trust has over the past year. It is encouraging to see the numbers of staff trained in Dementia awareness has increased along with the introduction of Dementia Link Nurses. It is pleasing to see the Trust has reduced the use of antipsychotics in the management of behavioural and psychological symptoms of Dementia and is now one of the lowest prescribers of antipsychotics in the region.

East Riding of Yorkshire Clinical Commissioning Group is supportive of the areas identified by the Trust for further improvement during 2015/16 which clearly identifies with the three elements of quality; patient safety, clinical effectiveness and patient experience. We acknowledge the Trust's approach in aligning quality improvement priorities and projects with the 'Sign up to Safety' campaign and the five key domains of quality and safety developed by the Care Quality Commission (CQC) during 2014/15. We look forward to receiving further assurance regarding each Quality and Safety Improvement Priority during 2015/16.

We are pleased to note the ''deteriorating patient'' has been identified as a priority for 2015/16 as we remain concerned with this element from the information we have from reported Serious Incidents and compliance against the 2014/15 targets.

The information in regards to the Trust's participation in clinical research provides a good overview of the level of research activity in the Trust and it would be beneficial to have further description of what difference this has made to patient outcomes and changes in service delivery as a result of the research findings.

The CQC inspections conducted in February 2014 and May 2015 are acknowledged within the report. We note the work undertaken by the Trust in response to the February 2014 inspection and action plan developed by the Trust to address the areas deemed as requiring improvement. The CCG has actively worked with the Trust to respond to the actions which required a system wide response.

The Trust has demonstrated improvement across the majority of the CQUIN indictors for 2014/15 supporting innovation and quality improvement. The CCG has worked in partnership with the Trust to agree the CQUIN schemes for 2015/16 with particular focus on improving patient experience through the orthopaedic/trauma pathway from admission, supporting carers of people with Dementia, and the treatment for patients with acute kidney injury.

Whilst we note there is some information not yet updated at the year end, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Hull and East Yorkshire Hospital Trust the data and information contained in the report is accurate.

The East Riding Clinical Commissioning Group looks forward to working with the Trust over the next year to continue to improve the quality of services available for our patients and to continually improve patient outcomes.

Jane Hawkard

Chief Officer
NHS East Riding of Yorkshire Clinical Commissioning Group

Healthwatch Kingston upon Hull

Healthwatch Kingston upon Hull welcomes the opportunity to comment on the Trust Quality Account. We welcome the progress made on the 2013-14 priorities, particularly in the areas of medication and dementia. However the problems highlighted in the document with learning lessons from serious incidents are a concern as it is of the utmost importance that all measures are taken to ensure similar incidents do not recur.

We welcome the Trust's acceptance of all the CQC's recommendations following their 2014 inspection and hope to see progress in the areas identified. We also welcome the decision to align quality improvement priorities with the Sign up to Safety campaign and the five key domains of quality and safety developed by the CQC.

We agree that a focus on patient experience is crucial in delivering quality services. Healthwatch Kingston upon Hull and Healthwatch East Riding of Yorkshire have recently jointly presented the conclusions of our work engaging with users of outpatients' services and hope to engage further with the Trust to ensure the issues identified are addressed.

Healthwatch East Riding of Yorkshire

No statement was received for publication from the above organisation.

Hull City Council Overview and Scrutiny Committee

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission noted the performance against the 2014/15 Quality Account and recommended that every effort should be made to ensure those indicators, still categorised as red on the performance dashboard, be addressed as soon as possible. The Commission also welcomed the consultation process that had been put in place to support the development of the 2015/16 Quality Account, and looked forward to monitoring the Trust's performance against those indicators, during 2015/16.

East Riding of Yorkshire Overview and Scrutiny Committee

The above organisation made the decision not to provide a statement for this year's Quality Accounts.

Trust Response to the Statements

The Trust would like to thank all stakeholders for their comments on the 2014/15 Quality Account. We are pleased that the statements from our stakeholders demonstrate the collaborative commitment we share in improving the quality of services we provide and the outcomes for our patients and that stakeholders are in agreement that the quality and safety improvement priorities for 2015/16 are the right ones.

As a result of the formal stakeholder statements and additional comments and suggestions received to further improve the information in the Quality Account, the Trust has made the following amendments since the first draft sent to the stakeholders:

- All the data for the full financial year is now included in the quality and safety priority updates and the NHS Outcomes Framework: Quality Indicators
- The Care Quality Commission statement has been updated to reflect the receipt of the draft report following the January 2015 inspection and the Chief Inspector of Hospitals follow up inspection in May 2015
- The Quality and Safety priorities for 2015/16 have been further updated to include measurable targets to demonstrate how the Trust will improve and how performance will be measured
- Inclusion of the proposed actions from the national clinical audit reports published and reviewed during 2014/15 to demonstrate how the Trust intends to make improvements to quality during 2015/16
- Inclusion of an update against the Payment by Results audit during 2013/14 recommendations to demonstrate the implementation of the recommendations
- Updated the Never Event and Serious Incident information to ensure it is correct and to provide more information on all Serious Incident types reported during 2014/15 and actions taken to further improve incident reporting and learning lessons
- Added further good news stories relating to the opening of the Ambulatory Care Unit and the Elderly Assessment Unit

A number of suggestions were also noted from the formal stakeholder statements. The Trust would like to respond to these via this section of the Quality Account.

NHS Hull Clinical Commissioning Group	
The "Participation in clinical research" section provides a good overview of the level of research activity particularly portfolio/NIHR studies taking place in the Trust. The Research and Development section does recognise the core value of research promoting the health and well- being of the population it serves. The report indicates that the Trust is committed to providing the best possible care and recognises the value of high quality peer review research but there is limited description of what difference has been made to patient outcomes and any examples of what changes have been made to service delivery as a result of the research findings.	The Trust takes on board the valid comments of both the NHS Hull and East Riding of Yorkshire Clinical Commissioning Groups in relation to the promotion of impact on patient outcomes and experience as a result of our research activities. The Participation in Clinical Research statement has been updated to include actions that will be taken to contribute to the measurement of research impact going forward in 2015/16 and beyond.
NHS East Riding of Yorkshire Clinical Commissioning Group	
The information in regards to the Trust's participation in clinical research provides a good overview of the level of research activity in the Trust and it would be beneficial to have further description of what difference this has made to patient outcomes and changes in service delivery as a result of the research findings.	

Hull City Council Overview and Scrutiny Committee	
Hull City Council's Health and Wellbeing Overview and Scrutiny Commission noted the performance against the 2014/15 Quality Account and recommended that every effort should be made to ensure those indicators, still categorised as red on the performance dashboard, be addressed as soon as possible.	The Trust recognises that some of our quality and safety priorities for 2014/15 were not achieved in full; however some significant improvements were made in some areas e.g. medicine reconciliation within 24 hours and dementia awareness training. Four of the five quality and safety priorities for 2014/15 have also been identified as a priority for 2015/16. We will continue to monitor these and push forward with the work in these areas during 2015/16. Performance against these priorities will be monitored on a monthly basis and escalated and reported to the relevant leads and reporting committees.

Statement of Directors' Responsibility

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

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

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account 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 robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance

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

NB: sign and date in any colour ink except black

25.06.15 ....Chair

25.06.15 ....Chief Executive

Independent Auditor's Report

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF HULL and EAST YORKSHIRE HOSPITALS NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of Hull and East Yorkshire Hospitals NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter
The indicator for the year ended 31 March 2015 subject to limited assurance consists of the following:
- Rate of clostridium difficile infections on page 25 of the quality report.

We refer to this indicator as "the indicator".

Respective responsibilities of Directors and auditors
The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:
- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account 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 robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:
- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:
- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners East Riding of Yorkshire Clinical Commissioning Group dated 10 June 2015 and Hull Clinical Commissioning Group dated 5 June 2015;
- feedback from Hull Healthwatch dated 1 June 2015;

- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 included in the Patient Experience Annual Report – 2014/15 published in May 2015;
- feedback from Kingston Upon Hull City Council's Health Scrutiny Committee involved in the sign off of the Quality Account dated 11 May 2015;
- the latest national patient survey dated 24 February 2015;
- the latest national staff survey dated 21 May 2015;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated March 2015;
- the annual governance statement dated 28 May 2015; and
- the Care Quality Commission's Intelligence Monitoring Report dated May 2015.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Hull and East Yorkshire Hospitals NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Hull and East Yorkshire Hospitals NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed
We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:
- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Hull and East Yorkshire Hospitals NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources listed above; and
- the indicator in the Quality Account subject to limited assurance has not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

26 June 2015

John Graham Prentice
For, and on behalf of, KPMG LLP Statutory Auditor
KPMG Chartered Accountants
1 The Embankment
Neville Street
Leeds
LS1 4DW

Abbreviations and definitions

AAU	Acute Assessment Unit
Avoidable Deaths	Deaths that could have been avoided given a different course of action
Avoidable Harm	Harm of patients that could have been avoided given a different course of action
Care Bundle	Care bundles help us to deliver safe and reliable care. They are research based actions for delivering care to certain patients. They are designed to ensure we deliver safe and reliable care to our patients at a certain point in their care e.g. on discharging, prescribing antibiotics, and preventing certain infections
Care Pathways	This is an anticipated care plan that a patient will follow, in an anticipated time frame and is agreed by a multi-disciplinary team
Cayder Boards	Cayder boards are an electronic ward information board which enables us to ensure that the right patient is in the right bed at the right time. The use of the Cayder Boards will help us reduce the amount of time patients spend in hospital and in turn will help save lives
C.Difficile	Clostridium difficile infection is a type of bacteria which may live in the bowel and can produce a toxin that can affect the digestive system
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, devises and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease
CLRN	Clinical Research Network
COPD	Chronic obstructive pulmonary disease - is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the COPD diagnosis. COPD is not simply a "smoker's cough" but an under-diagnosed, life-threatening lung disease
COST Bundle	Chest x-ray, Oxygen assessment, Severity score and Treatment
CQC	Care Quality Commission – the organisation that regulates and monitors the Trust's standards of quality and safety
CQUIN	Commissioning for Quality & Innovation – a payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative
DATIX	DATIX is the Trust wide incident reporting system
Deteriorating Patient	A patient whose observations indicate that their condition is getting worse
e-Learning Package	A training programme that individuals or groups can complete online
ED	Emergency Department

Engagement	This is the use of all resources available to us to work with staff, patients and visitors to gain knowledge and understanding to help develop patient pathways and raise staff morale. It also means involving all key stakeholders in every step of the process to help us provide high quality care
EODS	The Electronic Observations Decisions Support System is a medical system using hand-held mobile technology that enables clinicians and nurses to collect vital signs observations on admission and throughout the patient's stay
ESSU	Elderly Short Stay Unit
FCE	Final Consultant Episode
Friends and Family Test	The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care
Harm Free Care	Harm free care is aimed at ensuring that no patient is unnecessarily harmed as a result of the care they receive whilst being a patient of ours
Health Groups	Health Groups are the areas of the Trust delivering care to our patients. There are four Health Groups; Clinical Support, Family and Women's, Medicine, and Surgery. These four Health Groups are headed by a Consultant (Medical Directors) who is the accountable officer. They are supported in their role by a Director of Nursing and an Operations Director
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
Hospital Episode Statistics (HES)	HES is a data warehouse containing details of all admissions into NHS hospitals in England
HRI	Hull Royal Infirmary Hospital
HSCIC	Health & Social Care Information Centre
HSMR	Hospital Standardised Mortality Ratio – is an indicator of whether death rates are higher or lower than would be expected
IDL	Immediate Discharge Letters – these are letters that summaries a patient's hospital stay
Intentional Rounding	Intentional rounding is a process that involves carrying out regular checks with individual patients as set intervals. This approach helps nurses to focus on clear, measurable aims and expected outcomes and can reduce adverse events, improve patients' experience of care and provide much needed comfort and reassurance
MDT	Multi-disciplinary team – a team composed of staff from different professional groups, e.g. doctors, nurses, physiotherapists and pharmacists
Medication Errors	An incorrect or wrongful administration of a medication, e.g. a mistake in the dosage of medication
MRSA	Methicillin-resistant Staphylococcus Aureus is a type of bacterial infection that is resistant to a number of widely used antibiotics
MSSA	Methicillin-sensitive Staphylococcus Aureus
National Patient Safety Agency Alerts	Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develop 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
Never Event	A Never Event is a type of serious incident (SI). These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'

NEWS	The National Early Warning Score has been developed to provide a single, standardised early warning system across the NHS which should help to identify patients most at risk and enable their care to be escalated appropriately in order to prevent further deterioration and possible respiratory or cardiopulmonary arrest.
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to ensure the service provided is safe, effective and efficient.
NIHR	The National Institute for Health Research commissions and funds research in the NHS and in social care
NHS	National Health Service
NHS England	NHS England acts as a direct commissioner for healthcare services, and as the leader, partner and enabler of the NHS commissioning system
NHS Hull CCG	NHS Hull Clinical Commissioning Group
NHS Outcomes Framework	This framework has been developed to provide national level accountability for the outcomes that the NHS delivers. Its purpose is threefold: to provide a national level overview of how well the NHS is performing, wherever possible in an international context; to provide an accountability mechanism between the Secretary of State for Health and the NHS Commissioning Board; and to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a renewed focus on tackling inequalities in outcomes
NHS Safety Thermometer	The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care
NRLS	National Reporting and Learning Service
NTDA	NHS Trust Development Authority
PALS	Patient Advice and Liaison Service – where patients, carers and or relatives are able to raise concerns regarding care and treatment and other services provided by the Trust
Patient Safety Pledge	The Pledge made by the Trust to reduce all avoidable deaths and avoidable harm
Pressure Ulcer	Open wounds that form when prolonged pressure is applied to the skin. Patients who spend prolonged periods of time in a bed are prone to such ulcers. A pressure ulcer can be avoided if the appropriate preventative actions are taken
Quality Account	The Quality Account is a report based upon the quality of the service provided and is used to highlight key areas to the local communities and stakeholders
Re-admissions	There are two types of re-admission. The first is following planned treatment or care and the second is following emergency treatment or care. When a patient is discharged after completing their treatment or care, the Trust would not expect them to be readmitted unless it was for a different condition
Root Cause Analysis	RCA is a method of problem solving that tries to identify the root causes of faults or problems
SDTI	Suspected Deep Tissue Injury
Sepsis	Sepsis is a medical condition that is characterised by a whole body inflammatory state and the presence of a known infection
SHMI	Standardised Hospital Mortality Indictor - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
Serious Incident (SI)	An SI is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death on 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

Sskin Care Bundle	The SSKIN bundle must be applied/used in conjunction with the Pressure Ulcer Prevention and/or Pressure Ulcer Treatment Care Plan for every patient who is assessed as at risk from pressure ulceration or has existing damage.
Trust Board	The Trust's Board of Directors, made up of Executive and Non-Executive Directors
Urgent Care	Urgent care is the treatment of patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department
UTI	Urinary Tract Infection
Vital Signs	Vital signs are measures of various physiological statistics and are an essential part of care. Vital signs are normally the recording of body temperature, pulse rate (or heart rate), blood pressure, and respiratory rate
VTE	Venous Thromboembolism – a blood clot within a vein
YTD	Year To Date

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.

We would appreciate it if you could spare 10 minutes to complete our feedback survey which can be found on our website: **www.hey.nhs.uk/about-us/quality-accounts**

Alternatively you can 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
Governance and Assurance Department
4th Floor, Alderson House
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ