Hull and East Yorkshire Hospitals NHS Trust

Quality Accounts

2012-2013

"To provide safe, high quality effective care for all our patients and their families"

Great Staff - Great Care - Great Future

Going for Gold

Contents

Part 1

Introduction and Welcome to the 2012/2013 Quality Accounts

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 includes:

- Part 1 - A statement from the Board (or equivalent) summarising the quality of the NHS services provided
- Part 2 - Our organisation's priorities for quality improvement for the coming financial year
- Part 3 - A series of statements from the Board for which the format and information required is set out in the above regulations
- Part 4 - A review of the quality of services in our organisation; presented in three domains of quality; patient safety, clinical effectiveness and patient experience
- Part 5 – How the organisation engages with stakeholders, our patients, members and the public
- Part 6 – Abbreviations and how to provide feedback

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 2013. Organisations must also ensure hard copies are available of the previous two years' Quality Accounts available on request. Hull and East Yorkshire Hospitals NHS Trust also make our Quality Accounts available on our website **www.hey.nhs.uk.**

Statement from the Chief Executive

I am delighted to present Hull and East Yorkshire Hospitals NHS Trust Quality Account for 2012-2013 which demonstrates our commitment to providing excellence in Healthcare and creating an organisation that constantly adds real value to our patients and their families. As Chief Executive of Hull and East Yorkshire Hospitals NHS Trust I am very proud of what we have achieved to date and the commitment to deliver further year on year improvements. I hope that you find this Quality Account provides detail on our achievements against our quality and safety priorities for 2012/13 and plans for 2013/14.

Our vision of Great Staff-Great Care-Great Future and our patient safety pledge is at the heart of everything the organisation does and this is supported by the Trust's top five Quality and Safety priorities set by our Quality and Safety Strategy 2011-2016. The Quality and Safety Strategy and the Quality Accounts, highlight our commitment, ambition and determination to deliver the kind of healthcare that meets the needs, wants and rights of all our service users. These priorities are:

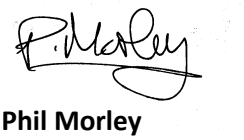
- **To reduce all avoidable deaths**
- **To reduce all avoidable harm**
- **To ensure the Trust always treats the right patient, in the right place at the right time**
- **To aspire to achieve best clinical outcomes for all**
- **To improve communication through patient and staff engagement**

The Trust's priorities and associated workstreams have been determined by using a range of consultation exercises with public and patient members, General Practices and stakeholders. Going forward the Trust will continue to consult widely with all stakeholders and patients and we also look forward to working with and developing effective relationships with the established Healthwatch for both Hull and East Riding.

Whilst a number of successes in terms of service improvement have been achieved, for example in relation to infection, prevention and control and mortality rates, the Trust is determined to continually evaluate its services and to be honest in acknowledging where things can be improved. This will assist the Trust in improving the effectiveness of care delivered, overall patient safety and the experience of our service users

We hope that you enjoy reading this year's Quality Accounts including our improvement works, achievements and future plans. The future really is in our hands, together we will not fail, we will not just survive we will thrive in this new NHS and we will know we have provided the best care we can, care that keeps on giving, care that changes lives.

I can confirm that the Board of Directors has reviewed the 2012/13 Quality Accounts and confirm that to the best of my knowledge that the information contained within this report is an accurate, fair account of our performance.



Phil Morley
Chief Executive

"Let's make the future happen.....together"

Part 2

Our Plans for the Future – Quality and Safety Priorities and Workstreams for 2013/14

This section contains information about what we as a Trust want to achieve in 2013/14 and what actions we are planning on taking to achieve the targets under the following three domains:

- Patient Safety
- Clinical Effectiveness
- Experience

Quality and Safety Strategy 2011-2016

Our Quality and Safety Strategy 2011-2016 outlines the quality and safety priorities that we will focus on over the next five years and how we will take forward our aspiration to be the safest hospital providing effective care which results in a positive experience for patients and staff through the implementation of our five year 'Going for Gold' Quality and Safety priorities.

Our Aim

To be the safest hospital providing effective care which results in a positive experience for patients and staff.

Quality and Safety 'Going for Gold' Priorities

The Quality and Safety priorities are known as 'Going for Gold'. Each priority is aligned with a colour, when the Trust achieves a priority it will be turned gold. These priorities are:

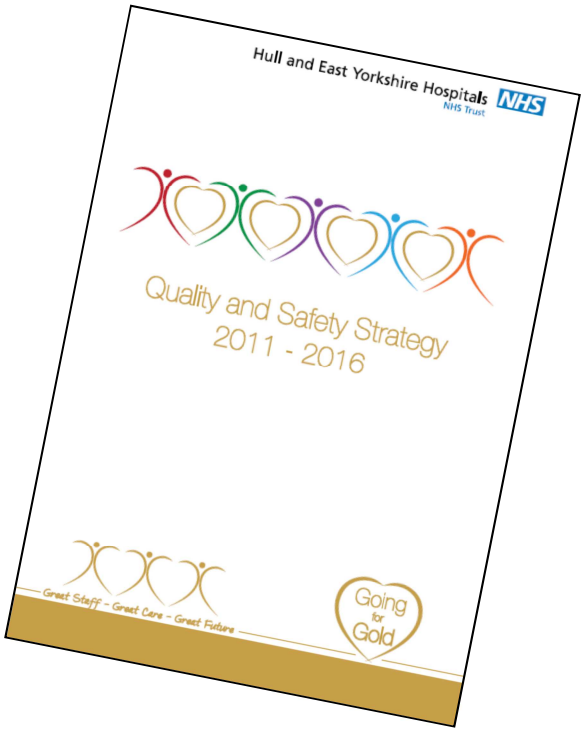
- **To reduce all avoidable deaths**
- **To reduce all avoidable harm**
- **To ensure the Trust always treats the right patient, in the right place at the right time**
- **To aspire to achieve best clinical outcomes for all**
- **To improve communication through patient and staff engagement**

We will work on the above priorities and their workstreams to improve the quality of care provided for patients and reduce avoidable harm to patients.

Full details of the priorities and workstreams can be found in part 2 and details of progress and achievements made against these priorities in 2011/12 can be found in part 4 of this report.

The Quality and Safety Strategy also aims to support the Trust in achieving its Strategic Objectives, which are:

- Safe, high quality, effective care
- Strong, high performing Foundation Trust
- Creating and sustaining purposeful partnerships
- Efficient economic use of resources – targeted and prioritised
- Delivery against our priorities and objectives
- Capable, effective, valued and committed workforce
- Strong, respected, impactful leadership



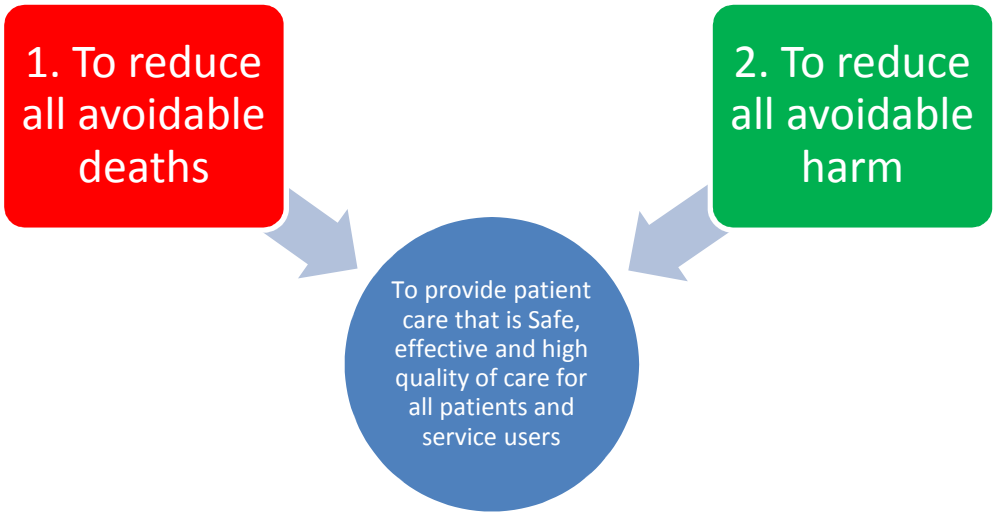
"To be the safest hospital, providing effective care and a more positive experience for our patients and staff"

Priorities for Improvement – Patient Safety

Following the introduction of the Trust's Quality and Safety Strategy in 2011, patient safety was identified as the organisation's number one priority. The Trust Board, in January 2011 made the following patient safety pledge:

"We aim to provide patient care that is safe, effective and high quality for all patients and service users. This is care where we reduce all avoidable deaths and all avoidable harm caused until we have eliminated all avoidable deaths and all avoidable harm together"

Our two overarching priorities for patient safety are:



1. In order to achieve the priority to reduce all avoidable deaths, the Trust will continue its work on reducing mortality, the deteriorating patient workstream, infection, prevention and control as well as on pneumonia.

2. In order to achieve the priority to reduce all avoidable harm, the Trust will continue to work on improving medicines management, prevention of falls, as well as working towards the eradication of pressure ulcers

   The Chief Medical Officer is accountable to the Trust Board for delivery of this priority and the Health Group Medical Directors are accountable for delivery of this priority within their Health Group.

1. To reduce all avoidable deaths

Goal

To reduce all avoidable deaths with the goal of achieving and sustaining a Hospital Standardised Mortality Ratio (HSMR) of 80 by 2016.

Why and How?

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.

To reduce all avoidable deaths we will focus our attentions on the following workstreams:

1. Mortality review
2. Deteriorating Patient
3. Infection Prevention and Control
4. Pneumonia

Workstream 1 - Mortality Review Work -Stream	
What is Hospital Standardised Mortality Ratio (HSMR)? **What is Summary Hospital Mortality Indicator (SHMI)?**	Hospital mortality refers to the number of patients who die whilst in the hospital. The HSMR is an indicator of whether the death rates are higher or lower than expected. SHMI is a measure of whether mortality linked to being in hospital is at a level that would be expected for the services we provide and for the people that use them.
Why is this a workstream?	There is evidence of an improving hospital standardised mortality ratio (HSMR) started from 2011/12. The Trust aims to continue to have a year on year reduction in both HSMR and SHMI.
Planned Target Outcomes	• Achieving and sustaining a reduction in mortality with the aim of 80 by 2016 (reduce to 90 in 2013/14) • Reduction in crude mortality rates to 1.4% by 2013/14 • Reduction in SHMI with the aim of 100 by 2016 (reduce to 104 in 2013/14)
Actions to be taken to achieve the planned target outcomes	Continue and build on the improvement work via the series of safety improvement workstreams. Please refer to part 2 of the Quality Accounts for further information on these workstreams.
Reporting Structure	• The Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Patient Safety Committee • Mortality Reduction Committee • Infection, Prevention and Control Committee • Infection Reduction Committee • Health Groups will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Patient Safety and Quality Improvement • Health Group Medical Directors • All clinical staff

Workstream 2 – Deteriorating Patient	
What is a Deteriorating Patient?	It is a patient whose observations indicate that their condition is getting worse and requires intervention.
Why is this a workstream?	Deterioration of a patient must be detected and acted upon early to reduce further complications for the patient, in-hospital cardiac arrests and mortality rates. Actions taken during the early stages of observations can prevent deterioration progressing to a cardiac arrest.
Planned Target Outcomes	• Reduce cardiac arrests from 653 (2010/11) to 117 by 2016 (reduce to 200 in 2013/14) • Sustain 95% compliance with vital sign observations • Monitoring of fluid balance chart with the overall aim of 95% compliance by 2016
Actions to be taken to achieve the planned target outcomes	• Continuation of the deteriorating patient workstream with particular focus on the utilisation of the new National Early Warning Score charts (NEWS) • Completing a root cause analysis into all cardiac arrests the for identification and dissemination of lessons learnt to improve patient safety and the quality of care • To develop a spread plan to roll out the new National Early Warning Score (NEWS), firstly to the following wards at Hull Royal Infirmary wards 8 and 80 (medical elderly), wards 6 and 60 (acute surgery), Acute Assessment Unit (AAU) and the Emergency Department (ED) • E-learning to be undertaken and monitored when rolled out into each area
Reporting Structure	• The Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Patient Safety Committee • Deteriorating Patient Group • Resuscitation Committee • Health Groups will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Patient Safety and Quality Improvement • All Health Group Nurse Directors • All clinical staff • Corporate Nursing

Workstream 3 – Infection Prevention and Control	
What is Methicillin-resistant Staphylococcus aureus MRSA?	Methicillin-resistant Staphylococcus Aureus (MRSA) is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections. It is particularly troublesome in hospitals where patients with open wounds, invasive devices, and weakened immune systems are at greater risk of infection than the general public.
What is Clostridium Difficile (C.Difficile)?	A Clostridium Difficile infection (C.Difficile) is a type of bacterial infection that can affect the digestive system. It most commonly affects people who are staying in hospital.
Why is this a workstream?	Infection, prevention and control is the responsibility of everyone because the failure to control healthcare acquired infections such as

	MRSA and C.Difficile can have devastating effects for patents and are a common cause of harm and mortality.
Planned Target Outcomes	• To have no avoidable MRSA by 2016 (reduce to 4 in 2013/14) • To have no avoidable C.Difficile Bacteraemias by 2016 (reduce to 54 in 2013/14)
Actions to be taken to achieve the planned target outcomes	• Continuation of the infection, prevention and control workstreams with focus on all avoidable hospital-acquired Bacteraemias, public campaigns, hand hygiene and invasive devices. • Continued programme of ward decontamination and deep cleaning. • Continued infection control training
Reporting Structure	• The Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Patient Safety Committee • Infection Prevention and Control Committee • Infection Reduction Committee • Health Groups will be monitored via their regular performance meetings with directors
Responsible Officers	• Chief Medical Officer • Director of Patient Safety and Quality Improvement • Infection Prevention and Control Team • All Health Group Medical Directors • All clinical staff

Workstream 4 – Pneumonia	
What is Pneumonia?	Pneumonia is inflammation (swelling) of the tissue in one or both of your lungs. It is usually caused by an infection. For people with other health conditions, pneumonia can be severe and may need to be treated in hospital.
Why is this a workstream?	Community acquired Pneumonia is the fourth leading cause of deaths in the UK and some of these deaths are avoidable through the use of the recommended care bundle. This aims to reduce mortality and length of stay in patients needing admission with Pneumonia.
Planned Target Outcomes	• Achieve a 30% reduction in deaths with a diagnosis of Pneumonia by 2016 (reduce from 694 to 500 in 2013/14) • Achieve 95% compliance with the community acquired pneumonia bundle by 2016 (achieve 90% by 2013/14)
Actions to be taken to achieve the planned target outcomes	• Continue to implement the community acquired pneumonia 'COST' bundle (COST – chest x-ray, oxygen assessment, severity score and treatment) • Continued education to increase awareness about the pneumonia 'COST' care bundle and highlight its importance
Reporting Structure	• The Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Patient Safety Committee • Health Groups will be monitored via their regular performance meetings with directors
Responsible Officers	• Chief Medical Officer • Director of Patient Safety and Quality Improvement • Infection Prevention and Control Team

	• All Health Group Medical Directors • All clinical staff

2. To reduce all avoidable harm by 50% by 2016

Goal

95% of patients to receive "harm free" care as measured by the Department of Health Safety Thermometer.

Why and How?

As part of the Trust's patient safety pledge, it is our aim to provide patient care that is safe, effective and of a high quality. Patients do not expect to be harmed when receiving care. It is the Trust's duty to protect patients from all avoidable harm.

To reduce all avoidable harm we will focus our attentions on the following workstreams:

1. Medication Errors
2. Pressure Ulcer Prevention
3. Venous Thromboembolism (VTE)
4. Falls
5. Dementia
6. Perioperative

Workstream 1 – Medication Errors	
What are Medication Errors?	Medication errors are an incorrect or wrongful administration for example a mistake in the dosage of medication.
Why is this a workstream?	Medication errors account for a significant proportion of the preventable harm that exists within healthcare. Medication errors are a major cause of harm.
Planned Target Outcomes	• No missed doses on wards by 2016 • No missed medication errors in Pharmacy by 2016 (reduce from 269 to 179 in 2013/14)
Actions to be taken to achieve the planned target outcomes	• Continuation of the Safer Medication Group with focused work on missed doses and medication errors • Undertake improvement work on the following wards at Hull Royal Infirmary, wards 6 and 60 (acute surgery) regarding missed doses
Reporting Structure	• Trust Board • Patient Safety Committee • Quality, Effectiveness and Safety Committee (QuESt) • Patient Safety Committee • Safer Medications Practice Committee • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Patient Safety and Quality Improvement • All Health Group Medical Directors • All Health Group Nurse Directors • Pharmacists

Workstream 2 – Pressure Ulcer Prevention	
What are Pressure Ulcers?	Pressure ulcers are a type of injury that break down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are also sometimes known as 'bedsores' or 'pressure sores'.
Why is this a workstream?	The incident of pressure ulcers is of concern to all healthcare providers. Patients who develop pressure ulcers can suffer from varying factors of harm and research shows that 95% of pressure ulcers are preventable. The Trust has adopted a zero tolerance approach to all hospital-acquired avoidable pressure ulcers and has implemented the Sskin care bundle to prevent avoidable harm to our patients.
Planned Target Outcomes	• Achieve 95% compliance by 2016 with the Sskin care bundle (achieve 90% compliance in 2012/13) • No avoidable grade 1 or 2 pressure ulcers by 2013/14 • No avoidable grade 3 or 4 pressure ulcers by 2013/14 • No avoidable unstageable pressure ulcers by 2016 (reduce from 82 to 50 in 2013/14)
Actions to be taken to achieve the planned target outcomes	• Implementation of the Intentional Rounding process. The Intentional Rounding Process can reduce adverse events, improve patients' experience of care and provide much needed comfort and reassurance. • Continuation of the Sskin care bundle • Completing root cause analysis into all pressure ulcers for identification and dissemination of lessons learnt to improve patient safety and the quality of care
Reporting Structure	• Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Senior Nursing & Midwifery Forum • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Patient Safety & Quality Improvement • Tissue Viability Nurses • All Health Group Medical Directors • All Health Group Nurse Directors • All clinical staff

Workstream 3 – Venous Thromboembolism (VTE)	
What is Venous Thromboembolism (VTE)?	Venous Thrombosis is a blood clot within a blood vessel. It happens when a blood clot forms and blocks a vein or an artery, obstructing or stopping the flow of blood. Venous Thrombosis most commonly occurs in the 'deep veins' in the legs, thighs or pelvis (this is known as deep vein thrombosis).
Why is this a workstream?	Patients in hospital have the biggest risk factor for blood clots in a vein. Preventing them from happening is key to the quality and safety of a patients care.
Planned Target Outcomes	• Continue to achieve the national Commissioning for Quality & Innovation (CQUIN) requirement of 90% of all patients admitted to hospital to undergo a VTE risk assessment

	• 30% reduction in VTE deaths (hospital acquired) by 2016 • 30% reduction in VTE episodes (hospital acquired) by 2016
Actions to be taken to achieve the planned target outcomes	• Full implementation of the VTE National Institute for Health and Clinical Excellence (NICE) guidelines including risk assessment and prophylaxis • Continue with the improvement work being undertaken in AAU to improve the reliability of the process for undertaking VTE risk assessments
Reporting Structure	• Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Patient Safety Committee • Thrombosis Committee • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Patient Safety and Quality Improvement • All Health Group Medical Directors • All Health Group Nurse Directors • All clinical staff

Workstream 4 – Falls	
What are patient falls?	A fall is defined as an unplanned or unintentional descent to the floor, with or without injury, regardless of the cause.
Why is this a workstream?	A patient falling is the most common patient safety incident reported to the National Reporting and Learning System (NRLS). Although some falls cannot be prevented without unacceptable restrictions to patients' rehabilitation, privacy and dignity many falls can and should be prevented.
Planned Target Outcomes	Achieve a 50% reduction in falls by 2016 (reduction from 3372 to 2245 in 2013/14)
Actions to be taken to achieve the planned target outcomes	• Target high risk patients for the "falls" care bundle, root cause analysis of all falls causing harm of any severity and a zero tolerance to falls causing severe harm or death • Continue with the improvement work being undertaken on the following wards at Hull Royal Infirmary, wards 9 and 90 (trauma) to introduce intentional rounding. This involves carrying out regular checks with individual patients as set intervals. This approach helps nurses to focus on clear, measurable aims and expected outcomes. • Implementation of the Intentional Rounding process across the Trust.
Reporting Structure	• Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Falls Group • Senior Nursing and Midwifery Forum • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Patient Safety and Quality Improvement • Corporate Nursing • All Health Group Medical Directors • All Health Group Nurse Directors • All clinical staff

Workstream 5 – Dementia	
What is Dementia?	Dementia is not a single illness but a group of symptoms caused by damage to the brain. Dementia describes a set of symptoms including memory loss, mood changes and problems with communication and reasoning.
Why is this a workstream?	Dementia is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with dementia, their length of stay is longer than people without dementia and they are often subject to delays on leaving hospital. Patients with dementia are also more likely to come to harm than patients without dementia.
Planned Target Outcomes	• Deliver and maintain the Dementia CQUIN at FAIR • Achieve 95% compliance with Dementia Screening by 2016 (achieve 90% by 2013/14) • Implement Dementia signposting for carers
Actions to be taken to achieve the planned target outcomes	• Establishment of the Dementia Programme Board • Dementia Programme Board to work with our partners across health, social and voluntary sectors to ensure there is a lasting improvement in the quality of care received by patients with Dementia in our organisation • Roll out of Dementia Programme "The Butterfly Scheme" to improve patient safety and wellbeing in hospitals and to enable all staff to feel equipped to respond appropriately • Commence work on the environment factors affecting patients with dementia to become a 'Dementia Friendly' hospital
Reporting Structure	• Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Dementia Programme Board • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Patient Safety and Quality Improvement • Dementia Care Lead • Corporate Nursing • All Health Group Medical Directors • All Health Group Nurse Directors • All clinical staff

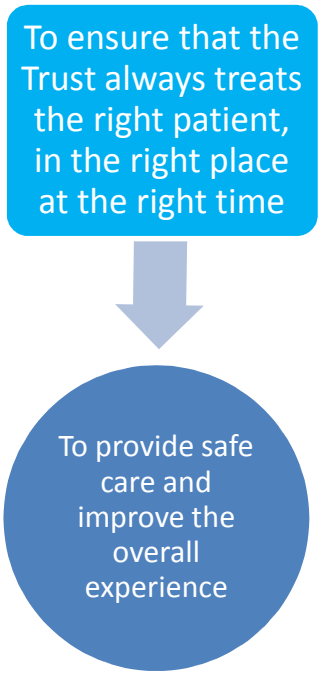
Workstream 6 – Perioperative	
What is Perioperative? **What is a Never Event?**	Perioperative care is the care that is given before, during and after surgery. This period is used to prepare the patient both physically and psychologically for the surgical procedure and after surgery. A Never Event is a type of SUI. 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
Why is this a workstream?	Having surgery increases a patient's risk of serious harm. Never events are serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. During 2011/12 the Trust had 3 such Never Events, these incidents are unacceptable and eminently preventable.

Planned Target Outcomes	To have no Perioperative (surgical) Never Events by 2013/14
Actions to be taken to achieve the planned target outcomes	• Implementation of the Perioperative Improvement Project • Undertake a root cause analysis on all avoidable Perioperative never events for identification and dissemination of lessons learnt to improve patient safety and the quality of care
Reporting Structure	• Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Patient Safety and Quality Improvement • Corporate Nursing • All Health Group Medical Directors • All Health Group Nurse Directors • All clinical staff

Priorities for Improvement – Effectiveness

To be able to provide safe care and improve the overall patient experience. The care the Trust provides must be evidence based and achieve the optimum clinical outcomes.

Our overarching priority for effectiveness is:



There have been a number of schemes implemented in the last 12 months to improve clinical outcomes. Further work is required to ensure that our patients are treated on the most appropriate care pathway and reduce delayed discharges.

The Chief Nurse is accountable to the Trust Board for delivery of this priority. The Health Group Operations Directors will be accountable for delivery of this priority within their Health Group.

1. Right Patient, Right Place, Right Time

Goal

To reduce the number of unnecessary inpatient transfers and delayed discharges from the hospital.

Why and How?

Clinical Governance centres on the right patient receiving the right care in the right place and at the right time. It is appropriate to admit a patient to an acute admission area for preliminary assessment and treatment before transferring them to another specialty or service for their on-going care, where this is indicated for clinical reasons. However, all too frequently and particularly at peak emergency activity times, many patients have been moved from one ward to another for reasons that do not relate to their specific care or condition. Such patient transfers not only impact on the patient experience but have also been found to increase the potential safety risks to patients as a result of fragmented care. This can also extend a patient's length of stay in hospital unnecessarily. If a patient does not receive the right care in the right place at the right time, this can result in delayed discharge or unplanned re-admission to hospital.

To ensure the right patient is in the right place at the right time we will focus our attentions on the following workstreams:

1. Planned Admission to Discharge from Hospital
2. Patient Pathways / Inpatient Transfers

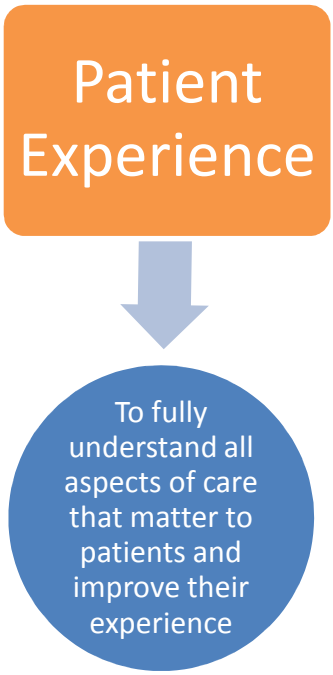
Workstream 1 – Planned Admission to Discharge from Hospital	
What is Planned Admission to Discharge from Hospital?	It is the process of patients being sent home as they no longer require acute medical care or the patient's care is handed over to another health care organisation in a more appropriate setting i.e. to a residential or nursing home, intermediate care facility or community hospital.
Why is this a workstream?	Effective discharge is a continuing concern for the Hull and East Yorkshire Hospitals NHS Trust our patients and our partners.
Planned Target Outcomes	• Reduction in patient readmissions to hospital after 28 days (reduce from 6.9 to 4.4% patient readmissions in 2013/14) • Reduction in the number of patients on the delayed discharge list (reduce from 2350 to 1904 in 2013/14) • Reduce length of stay >50 days (reduce from 707 to 430 in 2013/14)
Actions to be taken to achieve the planned target outcomes	• Continuation of the discharge from hospital workstream • Continuation of the urgent care workstream • Monitoring discharges from hospital to home occurring after midnight
Reporting Structure	• Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Performance and Finance Committee • Operational Delivery Group • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Chief Nurse • All Health Group Medical Directors • All Health Group Nurse Directors • All Health Group Operation Directors • All clinical staff

Workstream 2 - Patient Pathways / Inpatient Transfers	
What are inpatient transfers?	It is the transfer of a patient from one ward to another including transfers between the Hull Royal Infirmary and Castle Hill Hospital Sites. An example of an avoidable transfer is the internal transfer of a patient between 11.00pm and 8.00am; this transfer should be avoided unless their clinical condition requires specialist support within other units of the Trust.
Why is this a workstream?	The Trust's aim is to ensure that all patients are treated on the most appropriate care pathway for their condition and are treated in the right place at the right time for their clinical care needs to be met.
Planned Target Outcomes	• Reduction in avoidable inpatient transfers, in particular for patients moved more than 2 times (Reduce from 475 to 375 in 2013/14) • Reduction in inpatient transfers after 11pm for non-clinical reasons (Reduce from 2473 to 2003 in 2013/14)
Actions to be taken to achieve the planned target outcomes	• Monitoring and analysis of patient transfers to identify further development of appropriate patient pathways
Reporting Structure	• Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • Operational Delivery Group • Performance and Finance Committee • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Chief Nurse • All Health Group Medical Directors • All Health Group Nurse Directors • All Health Group Operation Directors • All clinical staff

Priorities for Improvement – Experience

We understand that each patient experience is affected by every element of that patient's journey and we need to listen to patient views, and use their experiences to improve care overall for all service users.

Our overarching priority for experience is:



To improve the experience our patients have we will continue to learn from the views of patients, carers and visitors.

The Director of Partnership Development and Governance is accountable to the Trust Board for delivery of this priority. The Health Group Nurse Directors will be accountable for delivery of this priority within their Health Group.

Patient Experience

Goal

To be described as one of the best performing trusts (top 20%) in the Care Quality Commission's (CQC) national inpatient survey and national staff survey.

Why and How?

The Trust is committed to ensuring that every patient receives high quality care and treatment and as a result has the best possible experience of hospital services. To achieve this, the Trust needs to understand fully the aspects of care that matter to patients and affect their experience. This is why patient experience and learning from the views of patients, carers and visitors is essential.

Patient Experience	
What is patient experience?	It is feedback from patients on their experience of the quality of care and treatment they have received.
Why is this a workstream?	Improving patient experience is a key aim for the NHS. By asking, monitoring, and acting upon patient feedback, organisations are able to make improvements in the areas that patients say matter most to them.
Planned Target Outcomes	• Be described as one of the best performing Trust in the CQC's national inpatient survey and national staff survey by 2016 • Reduction in complaints to 1.5 per 1000 in patient FCE's by 2016 (Reduce to 2.2 in 2013/14) • Reduction in complaints & PALS concerns regarding staff attitude to 150 by 2016 (Reduce from 197 to 180 in 2013/14) • Implement the Friends and Family Test in Maternity by October 2013 • Implement the Friends and Family Test in Paediatrics by February 2014 • Improved National Staff Survey as measured by those who would recommend the Trust question with a score of 4.05 by 2016
Actions to be taken to achieve the planned target outcomes	• The Trust will introduce Patient Panels/Patient Focus Groups to gather further insights into patients' experience. • The Patient Experience Forum will identify priority themes from the national staff and patient survey to inform actions and learning lessons • The Trust's membership scheme will be developed further • Trust being reported as being in the top 20% for overall patient experience, patient engagement and staff engagement by 2015
Reporting Structure	• Trust Board • Quality, Effectiveness and Safety Committee (QuESt) • The Patient Experience Forum • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	• Director of Partnership Development and Governance • Head of Patient Experience • Health Group Medical Directors • All Health Group Nurse Directors • All clinical staff

Part 3

Review of Quality Performance – How have we performed as a Trust?

This section contains the nationally requested mandatory assurance statements that must be included in the annual Quality Accounts to comply with Department of Health regulations. It also demonstrates how the Trust has performed against a number of local and national key quality and safety indicators. Additional information has been added to some of the statements to explain where the Trust has taken action to improve.

Review of Services

During 2012/13 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 2012/13 represents 100 per cent of the total income generated from the provision of NHS services by the Hull and East Yorkshire Hospitals for 2012/13.

Hull and East Yorkshire Hospitals NHS Trust reviews data on all services via its quality governance reporting framework and performance management framework. Every service produces a service integrated governance report, which is used to populate a divisional integrated governance report on a quarterly basis in line with the Performance Strategy. Monthly performance data for all elements of quality (safety, effectiveness and experience) is used to monitor the Health Groups as part of their performance review and is summarised for the Trust Board.

Participation in Clinical Audit

During 2012/13, 44 national clinical audits and 6 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 98% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Hull and East Yorkshire Hospitals NHS Trust participated in during 2012/13 are as follows:

National audit
Peri- and Neonatal
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)

Children
Paediatric pneumonia (British Thoracic Society)
Paediatric asthma (British Thoracic Society)
Paediatric Fever (College of Emergency Medicine)
Childhood epilepsy (Epilepsy 12 RCPH National Childhood Epilepsy Audit)
Paediatric intensive care (Paediatric Intensive Care Audit Network - PICANet)
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)

Acute care
Emergency use of oxygen (British Thoracic Society)
Adult community acquired pneumonia (British Thoracic Society)
Non invasive ventilation (NIV) – adults (British Thoracic Society)
Renal Colic (College of Emergency Medicine)
Adult critical care (Case Mix Programme)
Potential donor audit (NHS Blood and Transplant)

Long term conditions
Diabetes (National Adult Diabetes Audit)
National inpatient diabetes Audit (NaDIA)
Chronic pain (National Pain Audit)
Ulcerative colitis and Crohn's disease (National Inflammatory Bowel Disease - IBD Audit)
Adult asthma (British Thoracic Society)
Bronchiectasis (British Thoracic Society)

Elective procedures
Hip, knee and ankle replacements (National Joint Registry)
Elective surgery (National Patient Reported Outcome Measures Programme)
Coronary angioplasty (National Institute for Clinical Outcome Research – NICOR Adult cardiac interventions audit)
Peripheral vascular surgery (Vascular Society of Great Britain and Ireland Vascular Surgery Database)
Carotid interventions (Carotid Intervention Audit)
Coronary artery bypass graft and Valvular surgery (Adult cardiac surgery audit)

Cardiovascular disease
Acute myocardial infarction and other acute coronary syndrome (Myocardial Ischaemia National Audit Project)
Heart failure (Heart Failure Audit)
National cardiac arrest audit (NCCA)
Cardiac arrhythmia (Cardiac Rhythm Management Audit)

Renal disease
Renal replacement therapy (Renal Registry)

Cancer
Lung cancer (National Lung Cancer Audit)
Bowel cancer (National Bowel Cancer Audit Programme)
Head and neck cancer (Data for Head and Neck Oncology – DAHNO)
Oesophago-gastric cancer (National Oesophago-gastric Cancer Audit)

Trauma
Hip fracture (National Hip Fracture Database)
Severe trauma (Trauma and Audit Research Network)

Blood transfusion
Audit of Blood Sampling and Labelling (National Comparative Audit of Blood Transfusion)
Audit of the use of Anti-D (National Comparative Audit of Blood Transfusion)
Audit of the management of patients in Neuro Critical Care Units (National Comparative Audit of Blood Transfusion)

Older People
National dementia audit (NAD)
Parkinson's disease (National Parkinson's Audit)
Acute stroke (Sentinel Stroke National Audit Programme - SSNAP)
Fractured neck of femur (College of Emergency Medicine)

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study
Tracheostomy
Alcohol Related Liver Disease
Subarachnoid Haemorrhage Study

Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBBRACE – UK)
Maternal infant and perinatal programme (MBBRACE – UK)

Other Enquiries / Reviews
Asthma Deaths (NRAD)
Child Health (CHR – UK)

The Trust did not participate in the following national audits during 2012/13

National audit
Chronic pain (National Pain Audit)

The 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 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National audit	Participation (Yes/No)	% cases submitted
Peri- and Neonatal		
Neonatal intensive and special care (National Neonatal Audit Programme – NNAP)	Yes	100%
Children		
Paediatric pneumonia (British Thoracic Society)	Yes	100%
Paediatric asthma (British Thoracic Society)	Yes	100%
Paediatric fever (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		
Emergency use of oxygen (British Thoracic Society)	Yes	100%
Adult community acquired pneumonia (British Thoracic Society)	Yes	100%
Non invasive ventilation (NIV) – adults (British Thoracic Society)	Yes	100%
Renal Colic (College of Emergency Medicine)	Yes	100%
Adult critical care (Case Mix Programme)	Yes	100%
Potential donor audit (NHS Blood and Transplant)	Yes	100%
Long term conditions		
Diabetes (National Adult Diabetes Audit)	Yes	100%
National Inpatient Diabetes Audit (NADIA)	Yes	100%
Adult asthma (British Thoracic Society)	Yes	100%
Bronchiectasis (British Thoracic Society)	Yes	100%
Elective procedures		
Hip, knee and ankle replacements (National Joint Registry)	Yes	100%
Elective surgery (National Patient Reported Outcome Measures Programme - PROMs) Unilateral Hip Replacement Unilateral Knee Replacement Groin Hernia Surgery Varicose Vein surgery	Yes	 94% 88% 92% 96%

Coronary angioplasty (National Institute for Clinical Outcome Research - NICOR Adult cardiac interventions audit)	Yes	100%
Peripheral vascular surgery (Vascular Society of Great Britain and Ireland Vascular Surgery Database - VSGBI VSD)	Yes	100%
Carotid interventions (Carotid Intervention Audit)	Yes	100%
Coronary Artery Bypass Graft (CABG) and Valvular surgery (Adult cardiac surgery audit)	Yes	100%

Cardiovascular disease		
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	Yes	100%
Heart failure (Heart Failure Audit)	Yes	100%
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	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 Oesophago-gastric Cancer Audit)	Yes	100%

Trauma		
Hip fracture (National Hip Fracture Database)	Yes	100%
Severe trauma (Trauma and Audit Research Network)	Yes	100%

Blood transfusion		
Audit of Blood Sampling and Labelling (National Comparative Audit of Blood Transfusion)	Yes	100%

Older People		
National dementia audit (NAD)	Yes	100%
Parkinson's disease (National Parkinson's Audit)	Yes	100%
Acute stroke (Sentinel Stroke National Audit Programme - SSNAP)	Yes	100%
Fractured neck of femur (College of Emergency Medicine)	Yes	100%

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study	**Participation (Yes/No)**	**% cases submitted**
Tracheostomy	Yes	100%
Alcohol Related Liver Disease	Yes	100%
Subarachnoid Haemorrhage Study	Yes	100%

Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBBRACE – UK)	Participation (Yes/No)	% cases submitted
Maternal infant and perinatal programme	Yes	100%

Other Enquiries/Reviews	Participation (Yes/No)	% cases submitted
Asthma Deaths (NRAD)	Yes	100%
Child Health (CHR – UK)	Yes	100%

The reports of 27 national clinical audits were reviewed by the provider in 2012/13 and Hull and East Yorkshire Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National audits	Proposed actions
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)	To work collaboratively with Obstetrics regarding the provision of antenatal steroids. A local audit is to be undertaken to identify whether this is a deficit in records management or if local action is required.
Bowel cancer (National Bowel Cancer Audit Programme)	The report is to be discussed at the cancer multi-disciplinary team (MDT) time out in April 2013.
Head and neck cancer (Data for Head and Neck Oncology - DAHNO)	The report is to be discussed at the cancer MDT time out.
Lung cancer (National Lung Cancer Audit)	• To resolve issues with data collection. Nurses to be trained to use the Somerset System to enter their activity. This should resolve some of the problems with data completeness. • To improve rate of patients receiving palliative chemotherapy. This will be discussed at cancer MDT to explain why treatment is beneficial to patients.
Oesophago-gastric cancer (National O-G Cancer Audit)	• To continue to audit to ensure all cases of cancer are discussed in MDT meetings. • The Trust is working to expand palliative care services. • The nutritional assessment tool for all OG cancer patients at initial presentation is not currently used. A meeting with the dietician has been set up to address this issue.
Paediatric intensive care (Paediatric Intensive Care Audit Network - PICANet)	All patients are led by the care team within Leeds, therefore no actions are felt appropriate.
Heavy Menstrual Bleeding	The report made recommendations to Primary Care regarding earlier referrals. Therefore no actions were felt necessary.
Childhood epilepsy (Epilepsy 12 RCPH National Childhood Epilepsy Audit)	• Increase capacity of clinic lead by paediatrician with special interest in Epilepsy. • Improve tertiary neurology input. • Regular training sessions for junior doctors and epilepsy nurses.
Coronary Artery Bypass Graft (CABG) and Valvular surgery (Adult cardiac surgery audit)	The Trust's results are in line with national figures therefore the plan is to continue to collate and analyse the data.

National audits	Proposed actions
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	The Trust has an excellent level of data completeness. No concerns have been highlighted with respect to the Trust's outcomes or treatment times. The action plan is to continue to collect and submit data and provide high quality Percutaneous Coronary Intervention (PCI) services.
Heart failure (Heart Failure Audit)	A working group is currently looking at the way heart failure services are provided in the Trust to ensure services are compliant with national guidance and audit criteria. There are heart failure pathway mapping sessions taking place within the Trust which are looking at gap analysis with current practice in the heart failure service. This is designed to identify any shortfalls within the service.
Coronary angioplasty (National Institute for Clinical Outcome Research - NICOR Adult cardiac interventions audit)	The Trust has an excellent level of data completeness. No concerns have been highlighted with respect to the Trust's outcomes. The action plan is to continue to collect and submit data and provide high quality PCI services.
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	• Further support/education to be provided to parents to increase engagement with families. • All newly diagnosed patients should start on intensive regimen.
Diabetes (National Adult Diabetes Audit)	The National Diabetes Audit report has been discussed at the Hull and East Yorkshire Diabetes Network Board and it has been agreed that:- • The practices that perform poorly on the 9 care processes for diabetes will be targeted for a review of why this is the case. Trust staff will be involved in this review • The patient and staff education programmes, provided by dieticians and nurses, will be reviewed to ensure that the 4th quartile outcomes for lipid and BP control and the high prevalence of stroke in diabetes in East Yorkshire are addressed by enhanced education of practices and patients. • There will be on-going discussions with medicines management regarding the increased use of atorvastatin rather than simvastatin now that the former is off patent and more affordable as well as efficacious
Hip, knee and ankle replacements (National Joint Registry)	• To create a Hip Fracture Pioneer Team • To rationalise hip implants for elective patients • To propose guidelines for use of uncemented hip implants • To identify two preferred knee implants for routine use • To implement an Enhanced Recovery Programme for elective hip and knee patients in order to improve outcome and reduce length of stay • Nurse Led Clinic for elective Orthopaedic follow up has been accepted as a second wave Pioneer team

National audits	Proposed actions
Ulcerative colitis and Crohn's disease (National Inflammatory Bowel Disease - IBD Audit)	• To devise a business case to remedy the shortage of Inflammatory Bowel Disease (IBD) Specialist Nurses. • To obtain dedicated pharmacy support which may help in streamlining use of drugs which will have potential cost savings. • To devise a business case to get a dietetic lead for the IBD service.
Chronic pain (National Pain Audit)	The Trust is compliant with the recommendations in the report. There is a multi-disciplinary team working within the pain service already which currently provide a huge amount of information to our patients, although our complaints would suggest this is an area in need of improvement. There has recently been a redesign of the chronic pain service with significant input from GP commissioners. This work is on-going but there has already been a considerable change in the service with some work being taken up by the community rather than done within the hospital.
Acute stroke (Sentinel Stroke National Audit Programme - SSNAP) organisational audit	• To review the current percentage and review the impact of the extended window for thrombolysis. • To appoint the clinical psychologists and establish the service • To review therapy staffing levels against patient outcomes. To review pharmacy input to the ward. • To formalise the Executive Lead for stroke as the Chief Operating Officer. • Scheduled team meetings to be reviewed and increased. Need to ensure that there is suitable representation from clinical psychology and social work. • Undertake a review of information shared with patients in outpatients and develop patient documentation • Policy to be developed to ensure all patients have named contact prior to transfer from hospital. • Review how patient and carer views sought and establish patient/carer survey service to reflect recommendation. Demonstrate how the information gained is being used to improve services. • Annual report to be produced and published on the stroke website. • Medical staff undertaking the discussion should document this in the case notes.
Carotid interventions (Carotid Intervention Audit)	The Trust is currently performing well against other Trusts. Work is to be undertaken to look at improvements in timely referrals from other specialties and more timely intervention within the specialty, which may require more theatre space.

National audits	Proposed actions
Hip fracture (National Hip Fracture Database)	• To develop a patient advice leaflet encouraging regular analgesia to support early mobilisation. • To Improve the air mattress ordering process • To reinforce agreements for theatre list preparation. • To pilot test Hb in theatres to assist with timely transfusions • To introduce Emergency Department Patient Status at a glance to support early interventions e.g. IV fluids. • To improve the x-ray pathway in the Emergency Department. • To pilot 'Intentional Rounding' on wards to reduce harm event e.g. pressure ulcers.
Adult critical care (Case Mix Programme)	Currently the Trust is performing within acceptable standards or better in most areas. Action on sedation pathways and scoring has demonstrated a significant reduction in length of stay. A Trust-wide project is planned regarding the deteriorating patient to improve mortality rates for patients with sepsis.
Severe trauma (Trauma and Audit Research Network)	• The Trust has been accredited as a major trauma centre and reviews TARN data at monthly meetings. Specific areas of review are consultant led trauma teams and the use of rehabilitation advice notes.
Adult asthma (British Thoracic Society)	• To improve follow up • Re-audit by January 2014
Management of Pain in Children in the Emergency Department (Royal College of Emergency Medicine)	• To develop a poster for use within the Emergency Department with pain scoring and the analgesia ladder for use in the paediatric area. • To redesign the Emergency Department patient record cards. The new cards will have a pain score
Management of Severe Sepsis and Septic Shock in Adults in the Emergency Department (Royal College of Emergency Medicine)	• To implement the Sepsis 6 as recommended by the 'surviving sepsis' campaign. Sepsis is now part of the Emergency Department's quality improvement programme.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study	Proposed actions
Cardiac Arrest Procedures	Gap analysis to be ratified at the Clinical Audit and Effectiveness Committee in May 2013
Bariatric Surgery	• To provide greater access to imaging facilities for morbidly obese patients in relation to the new Emergency Department, radiology screening room and MRI scanner • A discharge information leaflet to be provided to patients following bariatric surgery.

The reports of 166 local clinical audits were reviewed by the provider in 2012/13. Examples of the actions Hull and East Yorkshire Hospitals NHS Trust intends to take to improve the quality of healthcare provided are detailed below:

- To implement a texting service to encourage pregnant women with a BMI over 30Kg/m2 (heavily overweight) to attend Healthy Lifestyles Clinics throughout their pregnancy

- To amend the local guidelines for the use of Oxytocin
- To amend the oxygen prescription chart in ICU/HDU

For a full list of the proposed actions Hull and East Yorkshire Hospitals NHS Trust intends to take following local audits reviewed during 2012/13, please see the Clinical Audit Annual Report. This can be requested via the Quality Accounts email address: **quality.accounts@hey.nhs.uk**

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Hull & East Yorkshire Hospitals NHS Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 3743*.

*Figure based on CLRN portfolio activity in 2012/13.

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

Hull and East Yorkshire Hospitals NHS Trust (HEYHT) is committed to providing the best possible care to patients. The Trust 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. Furthermore, in the period 2012/13, the Trust has continued to strengthen current systems and processes to ensure that it can demonstrate the best standards in research governance and delivery.

Hull and East Yorkshire Hospitals NHS Trust was involved in processing 210 clinical research studies of which 148 commenced during the reporting period 2012/13. This compares with 187 new submissions and 117 commencing in 2011/12.

Hull and East Yorkshire Hospitals NHS Trust used national systems to manage the studies in proportion to risk. Of the 148 studies given permission to start, 71% were given permission by an authorised person less than 40 days from receipt of a valid complete application. In 2012/13 the National Institute for Health Research (NIHR) supported 76 of these studies through its research networks.

The Trust has 142 studies actively reporting accruals (patient recruitment) under the NIHR CLRN Portfolio as compared to 132 portfolio studies reporting accruals for the period April 11 – March 2012. This represents a growth of 7% for active portfolio studies compared to 2011/12.

The number of recruits into HEYHT portfolio studies for the periods 2011/12 and 2012/13 was 3,629 and 3743 respectively. This demonstrates an overall level of recruitment is being maintained across the two years. A target of more than 5,500 patient accruals is expected to be set for 2013/14. The largest topic area of portfolio adopted studies across 2012/13 is Cardiovascular with 22 studies. In the last year, 185 publications have resulted from our involvement in portfolio and non-portfolio research across 11 specialty areas, which show our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

The North East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network (NEYNL CLRN) maintained its funding of staff participating in research across many topic and specialty areas in the Trust in 2012/13. The support infrastructure provided by the NEYNL CLRN continues 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.

Goals agreed with the Commissioners

Commissioning for Quality and Innovation (CQUIN) Payment Framework

The 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 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 2012/13 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.

Further details of the agreed goals for 2012/13 and for the following 12 month period are available on request from the following email address: quality.accounts@hey.nhs.uk.

The following key applies to table below:

✘	Improvement not demonstrated
☑	Goal not achieved but improvements made
✓	Goal achieved

CQUIN Indicators agreed with Commissioners

National / Local	Scheme	Indicator	Definition	Q4 11/12	Q4 12/13	Q4 Key
National	1	VTE Prevention	% of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool	91.34%	93.0%	✓
National	2	Patient Experience - Personal Needs	Composite indicator on responsiveness to personal needs from the adult inpatient survey	69.2	70.4%	✓
National	3a	Dementia	% of all patients aged 75 and over who have been screened following emergency admission to hospital		85.8%	✘
	3b		% of all patients aged 75 and over, who have been screened as at risk of dementia, who have had a dementia risk assessment within 72 hours of an emergency		97.1%	✓

National / Local	Scheme	Indicator	Definition	Q4 11/12	Q4 12/13	Q4 Key
			admission to hospital			
	3c		% of all patients aged 75 and over, identified as at risk of having dementia who are referred for specialist diagnosis		95.4%	✓
National	4	Safety Thermometer	Percentage of months in the quarter for which complete data was submitted		100%	✓
Local	3a	End of Life Care	Number of people on the Liverpool Care Pathway	30.9%	77.2%	✓
	3b		Number of people with a recorded preferred priority of care	11.4%	68.9%	✓
Local	7	Pneumonia Care Bundle	% of people admitted with pneumonia as the primary diagnosis who have completed care bundle on admission		43.3%	✓
Local	7a	Patient Experience	Dignity - Index-based score reflecting positive responses to the 4 questions within the composite indicator	8.8	7.6	✓
	7b		Understanding - Index-based score reflecting positive responses to the 4 questions within the composite indicator	7.7	9.2	✓
Local	10	Criteria Led Discharge	% of patients discharged using criteria led discharge - Elective Chemotherapy	87%	85.2%	✓
			% of patients discharged using criteria led discharge - Elective Hip & Knee Replacement	71%	70.6%	✓
			% of patients discharged using criteria led discharge – Enhanced Recovery After Surgery (ERAS) - Major Colorectal Surgery	0%	69%	✓
			% of patients discharged using criteria led discharge - Elective Cardiology Procedures	86%	97.1%	✓
			% of patients discharged using criteria led discharge - Coronary Artery Bypass Graft	26%	44.7%	✓
SCG	8	Cardiac	% patients seen within 7 days		89.7%	✓

National / Local	Scheme	Indicator	Definition	Q4 11/12	Q4 12/13	Q4 Key
SCG	9	Cancer	% episodes of radiotherapy care delivered using IMRT		16.1%	✓
SCG	10a	Renal	% patients stating a preferred dialysis modality prior to starting dialysis		100%	✓
SCG	11a	Neonatal ICU	no. of blood stream infections per 1000 days of central line care		6.8	✓
SCG	15b	Renal	100% of patients referred to transplant service (or decision not to refer) for transplant / live donor within 180 days of commencing dialysis	100%	90%	✗

Further details of the agreed goals for 2012/13 and for the following 12 month period are available on request from the following email address: **quality.accounts@hey.nhs.uk**.

The total contract value of the CQUIN indicators, including the Specialist Commissioning Group indicators for 2012/13 is £10.5million. The Trust received £10.5 million of this money.

What actions have we put in place for the under-performing targets?

- Dementia 3a – The CQUIN target has been met for the year, however performance during the latter part of Q4 dropped. It was identified that the drop in performance for this CQUIN was due to patients being outlied during periods of high demands for capacity. Work is needed to ensure we get this performance back up to the 90% target for 2013/14
- Renal 15b – An exception report was written and submitted for the patient that failed the target with an explanation of the specific patient pathway. This report detailed what had happened within the system for the target not to have been met. A review was undertaken to mitigate this happening again.

What other people say about Hull and East Yorkshire Hospitals NHS Trust

Care Quality Commission (CQC)

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 2012/13. However, improvement actions were required against Outcome 4 – Care & Welfare and Outcome 21 – Records, during the year.

In August 2012 the CQC inspected the Trust at Hull Royal Infirmary against the following 5 outcomes:

Outcome		Judgement
Outcome 1	Respecting and Involving People Who Use Services	✓
Outcome 5	Meeting Nutritional Needs	✓
Outcome 7	Safeguarding People Who Use The Service From abuse	✓
Outcome 13	Staffing	✓
Outcome 21	Records	×

The CQC deemed the Trust to be compliant against outcomes 1, 5, 7 and 13 during this inspection and deemed outcome 21 – records to be non-compliant. The CQC required the Trust to make improvements relating to the outcome.

The Trust were disappointed with this judgement as the CQC noted that only 2 Do Not Resuscitate Forms, 1 Fluid Balance form and 1 Nutritional Care Plan was found to be incomplete. The Trust did however; implement an improvement campaign, action plans and internal audits and inspections to improve compliance. During an inspection by the CQC in January 2013, the organisation was reviewed against outcome 21 and was deemed to have made improvements and was compliant against this outcome.

In October 2012 the CQC undertook a joint inspection, led by Ofsted. This was a thematic inspection of joint working between children's and adult services when parents have mental health difficulties and/or substance mis-use problems. The CQC and Ofsted did not provide individual organisations with a feedback report, a general report is being produced for the country. The Trust will look to act on the recommendations from this report where appropriate.

In January 2013 the CQC inspected the Trust at Hull Royal Infirmary against the following 5 outcomes.

Outcome		Judgement
Outcome 2	Consent to Care and Treatment	✓
Outcome 4	Care and welfare	×
Outcome 7	Safeguarding People Who Use The Service From abuse	✓
Outcome 13	Staffing	✓
Outcome 21	Records	✓

In addition, they inspected the Trust at Castle Hill Hospital against the following 6 outcomes:

Outcome		Judgement
Outcome 2	Consent to Care and Treatment	✓
Outcome 4	Care and welfare	✓
Outcome 7	Safeguarding People Who Use The Service From abuse	✓
Outcome 8	Cleanliness and Infection Control	✓
Outcome 13	Staffing	✓
Outcome 21	Records	✓

The CQC deemed that the Trust was compliant against all of the outcomes inspected at both locations with the exception of outcome 4 at the Hull Royal Infirmary site. The CQC asked the Trust to improve its holistic care in the Emergency Department and the Acute Assessment Unit as well as the completion of transfer documentation. The Trust has an action plan in place to improve patient experience in these locations to address the issues raised by the CQC. The Trust has not been reassessed on this outcome since the inspection in January 2013.

In March 2013 the CQC inspected the Trust at Hull Royal Infirmary against compliance with the Mental Health Act. As part of the inspection the CQC interviewed staff at the organisation as well as colleagues from Humber NHS Foundation Trust, The Police and Yorkshire Ambulance Service.

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

During the 2012-13 the Trust has also implemented its own internal CQC inspection program. The internal inspectors are based in the Trust's Governance Team with support from all Health Groups. The aim of the inspections is to ensure that the Trust is always compliant against the essential outcomes of quality and safety. The programme began during 2012 where over 50% of all wards across Hull Royal Infirmary and Castle Hill Hospital were inspected. From January to March 2013 48% of wards have been inspected. By the middle of May 2013 it is anticipated that all wards at Hull Royal Infirmary and at the Castle Hill Hospital will have had at least one inspection.

The internal inspections have highlighted a number of themes and trends. Including positive feedback from patients about how our staff care for patients. This is in a professional and calm manner and patients are being involved in the planning of their care and treatment. Noise at night is improving as are choices for meals. Work is still on-going with regards to improving the documentation within patient records to ensure they are fit for purpose as well as continuing to run the campaigns around fluid balance and do not attempt resuscitation to raise awareness of staff responsibilities and to improve the documentation of fluid intake and do not attempt resuscitation decisions.

Data Quality

Data Quality

Hull and East Yorkshire Hospitals NHS Trust submitted records during 2012/13 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:

- 99.8% for admitted patient care;
- 99.7% for out patient care; and
- 98.9% for accident and emergency care

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

- 100% for admitted patient care;
- 100% for out patient care; and
- 100% for accident and emergency care

Information Governance Toolkit

Hull and East Yorkshire Hospitals NHS Trust's score for 2012/13 for Information Quality and Records Management assessed using the Information Governance Toolkit was 66% for Clinical Information Assurance and 83% for Secondary Use Assurance as of October 2012

Clinical Coding Error Rate

Hull and East Yorkshire Hospitals NHS Trust was subject to the Payment by Results (PbR) clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Audit results for:	% of spells changing HRG	% of clinical codes incorrect	% diagnosis incorrect		% procedures incorrect	
			Primary	Secondary	Primary	Secondary
Lower respiratory infections with major complications in admitted patient care	22.5	15.1	18.2	13.9	28.6	18.2
Respiratory digestive system procedures and disorders in admitted patient care	14.5	14.6	20.0	15.1	5.9	14.6
Other healthcare contacts in admitted patient care	20.8	15.0	16.4	15.0	15.8	7.1

For the past six years the Payment by Results (PbR) data assurance framework has provided assurance over the quality of the data that underpin payments as part of PbR, promoting improvement in data quality and supporting the accuracy of payment within the NHS.

The data in the table above is drawn from the Audit Commission external audit of Payment by Results (PbR) coding for the year ended 31 March 2012. The audit work was conducted by the Audit Commission's business partner, Capita Business Services Limited during May and June 2012

Based on the audit two high priority recommendations was made to the Trust, which have been included in an action plan completed by the Trust. The recommendations and actions undertaken to date by the Trust are detailed below:

Recommendation 1	**Priority**	**Progress update**
Improve refresher training at the Trust for coders covering the areas of error identified in this audit including: • data extraction and sequencing; • coding to national standards; • Coding of mandatory and other related co morbidities	High	All coding errors have been discussed with relevant coder plus included in internal coding training plan to all coding staff. All staff to be reminded of coding standards and dialogue on new coding rules /standards that have been introduced that year will be undertaken. Reminders of mandatory codes and comorbidities will also be undertaken at each training session
Recommendation 2	**Priority**	**Progress update**
Improve the internal audit programme to ensure coders are following rules correctly, particularly for data extraction and indexing	High	All coding audits will now include a section on coding rules and indexing as well as data extraction. Any audit that shows to the coding manager a level of concern will receive extra training by the coding trainer

Data Quality Assurance

Hull and East Yorkshire Hospitals will be taking the following actions to improve data quality.

The Trust has introduced a Data Quality Strategy that is based on the principle of 'getting the data right first time' to give assurance that the data meets the six dimensions of data quality as set out in the Audit Commission document 'Improving Information to Support Decision Making: Standards for 'Better Data Quality'.(2007) These dimensions are:

- Accuracy
- Validity
- Reliability
- Timeliness
- Relevance
- Completeness

The Trust has implemented a Data Quality Assurance matrix for a number of key datasets and performance indicators that assess on the above dimensions, identifies risks and highlights areas of improvements. The self assessments undertaken so far have covered:

- Inpatients dataset (including clinical coding)
- Outpatients dataset
- A&E dataset
- 18 weeks
- Cancer waiting times
- Stroke indicators
- Maternity indicators
- Diabetic retinopathy

Of the above, external assurance has also been given for inpatients, outpatients and A&E (through the Secondary Users Services Data Quality dashboard where overall, the Trust has a higher data quality score than national average)

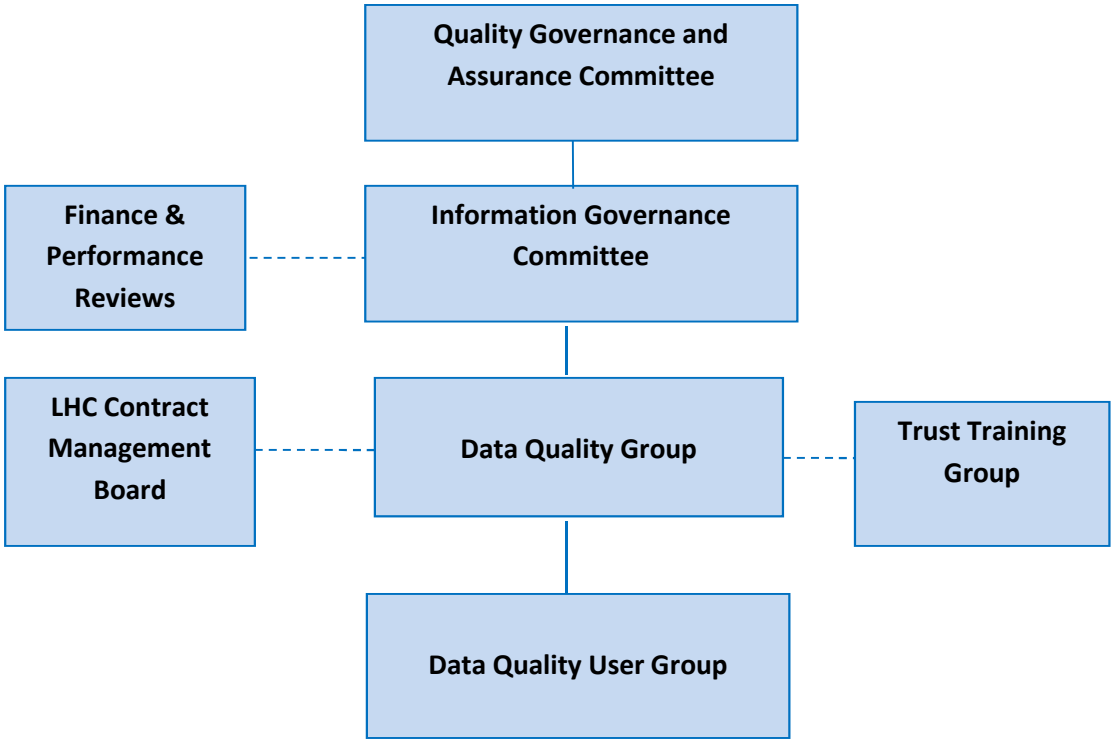
Where data quality issues have been identified in the above assessments, a data quality improvement plan has been put in place to address these.

The Data Quality Strategy also sets out the importance of all staff being aware that data quality is everyone's responsibility, and sets out the need to ensure everyone is made aware and has training on the importance of data quality and its impact on patients.

The Trust has a dedicated Data Quality Team who:

- Undertake routine audits producing monthly and quarterly data quality reports
- Produce weekly, monthly and quarterly data quality reports
- Produce guides/leaflets to help front line staff with data collection
- Meet regularly with staff groups to discuss data quality issues and take corrective action

The Data Quality Strategy also sets out the reporting structure for the policy on data quality how data quality issues can be escalated to the appropriate committees.



NHS Outcomes Framework

What is the NHS Outcomes Framework?

Health outcomes matter to patients and the public. 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.

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 previous section

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 1: Preventing people from dying prematurely	The value and banding of the Summary Hospital-Level Mortality Indicator (SHMI) for the Trust	109.7	105.8	100	121.07	68.49
	The percentage of patients deaths with palliative care (contextual indicator) coded at either diagnosis or specialty level for the Trust	0.74	1.2	0.66	2.45	0.2

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 actions and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the 'to reduce all avoidable deaths' section.

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 3: Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores (PROMS) for:				NA	NA
	1. Hip replacement surgery	88.2	91.7	79.9		
	2. Knee replacement surgery	80.5	78.7	88.2		
	3. Groin Hernia surgery	45.5	56.3	50.4		
	4. Varicose Veins surgery	53.4	*45.8*	52.0		

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

- The Trust is near to national average for all four of the above patient reported outcomes, consideration will be given to future workstreams as required.
- The Surgery Health Group is using this data and the patient level data PROMS to better understand its performance and to change practice where appropriate- e.g. the Trust has moved to using only two implants for knees that provide excellent PROMS outcomes and the result of this should start to filter through in future PROMS data updates
- The Trusts performance verses the national average for both Hip and Knee are particularly good as the Trust performs a high number of complex revision operations in these areas

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 3: Helping people to recover from episodes of ill health or following injury	Percentage of patients aged: 1. 0 to 14; and 2. 15 or over Readmitted to hospital within 28 days of discharge from the hospital	 7.6 6.8	 7.5 6.6	 7.9 6.1	 14.2 9.15	 1 2.37

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

- The actions and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the 'right patient, right place, right time' section.

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 4: Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs. The Trust receives an average score based on the results from the following 5 questions in the CQC inpatient survey: • Q32 - Were you involved as much as you wanted to be in decisions about your care and treatment? • Q34 - Did you find someone on the hospital staff to talk about your worries and fears? • Q36 - Were you given enough privacy when discussing your condition or treatment? • Q58 - Did a member of staff tell you about medication	69.2	70.4	68.1	85.6	56.6

	side effects to watch for when you went home? • Q62 - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?					

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:

- Continue to monitor the Complaints and PALs received where staff attitude and communication is an issue
- The four Health Groups (Medicine, Family and Women's Health, Clinical Support and Surgery) have all introduced Patient Experience and Safety meetings to tackle some of the issues at ward level
- Patient experience will continue to be a part of Consultant revalidation which should help consultants to reflect upon their practice and help improve their communication skills
- F1 training in the Trust now includes a Human Factors course which includes complaints training and an extensive insight into seeing things through the eyes of the patient
- The Trust is undertaking a series of 'Big Conversations', with invites to all staff to improve staff engagement and understanding of the organisational aims and a better understanding of one another's roles. Pioneer teams have been set up to improve cross functional working on a wide range of issues from bereavement services through to privacy and dignity in the tower blocks lifts
- The Trust Assessment Care and Treatment Plan paperwork contains a trigger to refer patients to voluntary and community sector organisations for support on discharge as well as social services

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 4: Ensuring that people have a positive experience of care	Percentage of staff employed by, or under contract to the Trust who would recommend the Trust to as a provider of care to their friends of family	54%	47%	62%	86%	35%

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

- The actions and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 4 of the Quality Accounts in the 'patient and staff engagement' section.

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 5: Treating and caring for people in a safe environment and protecting them	Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)	91.3%	91.95%	93.7%	100%	85.4%

from avoidable harm						

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

- The Trust continues to meet the national and local target of 90% of all patients admitted to hospital were risk assessed for VTE. The Trust monitors the VTE indicator via the Quality Accounts, NHS Outcomes Framework and the CQUIN framework. A number of further actions have been agreed to ensure the Trust continues to achieve this indicator, the actions have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the 'to reduce avoidable all avoidable harm by 50% by 2016' section.

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate per 100,000 bed days of cases of C.Difficile infection reported within the Trust amongst patients 2 or over	2.49	14.85	21.8	51.6	0

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

- The actions and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the 'to reduce all avoidable deaths' section.

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of patient safety incidents reported within the Trust	8.7	6.9	6.8	24.8	1.37
	Number of percentage of such patient safety incidents that resulted in severe harm or death	0.3%	0.3%	0.7%	3.6%	0.0%

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

- The Trust continues to review all patient safety incidents including serious untoward incidents and never events as detailed in the following sections.

Patient Safety Incidents

Patient safety is identified as the organisation's number one priority and aim to provide care that is safe, effective and high quality for all patients and service users. One of our priorities is 'To Reduce all Avoidable Harm' with the aim of 95% of patients receiving harm free care, it is our duty to protect patients from all avoidable harm and to actively learn lessons from patient safety incidents, serious untoward incidents (SUIs) 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 data report published March 2013 and shows that Hull and East Yorkshire Hospitals NHS Trust is in the top 50% of reporters for the cluster. The Trust is slightly above national average, reporting 6.9 incidents per 100 admissions compared to an average of 6.8 incidents per 100 admissions for other Trusts.

Figure 1: Patient safety incidents per 100 admissions for the period of 01 April 2012 to 30 September 2012

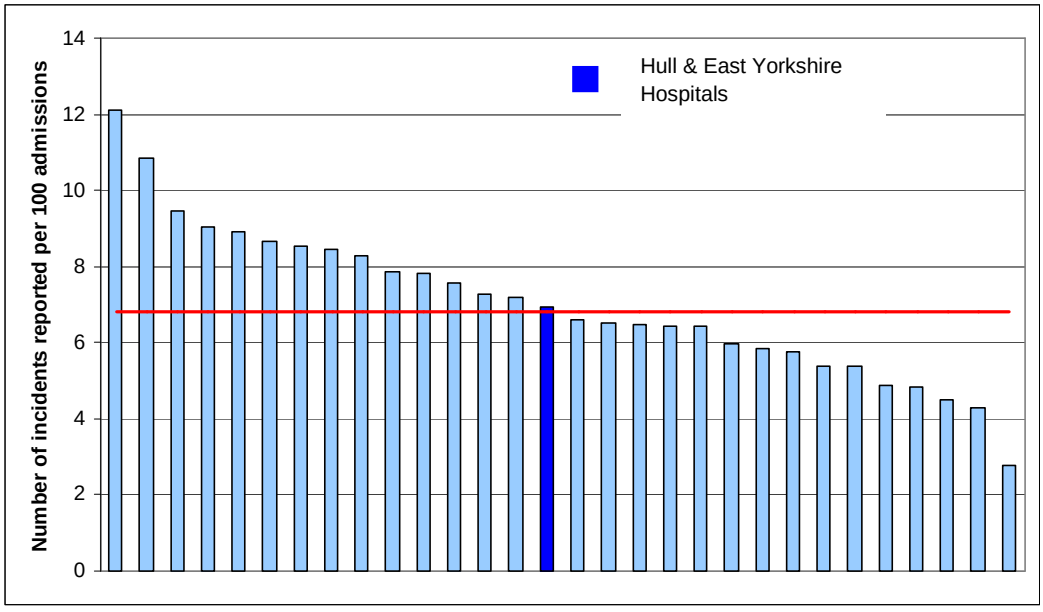
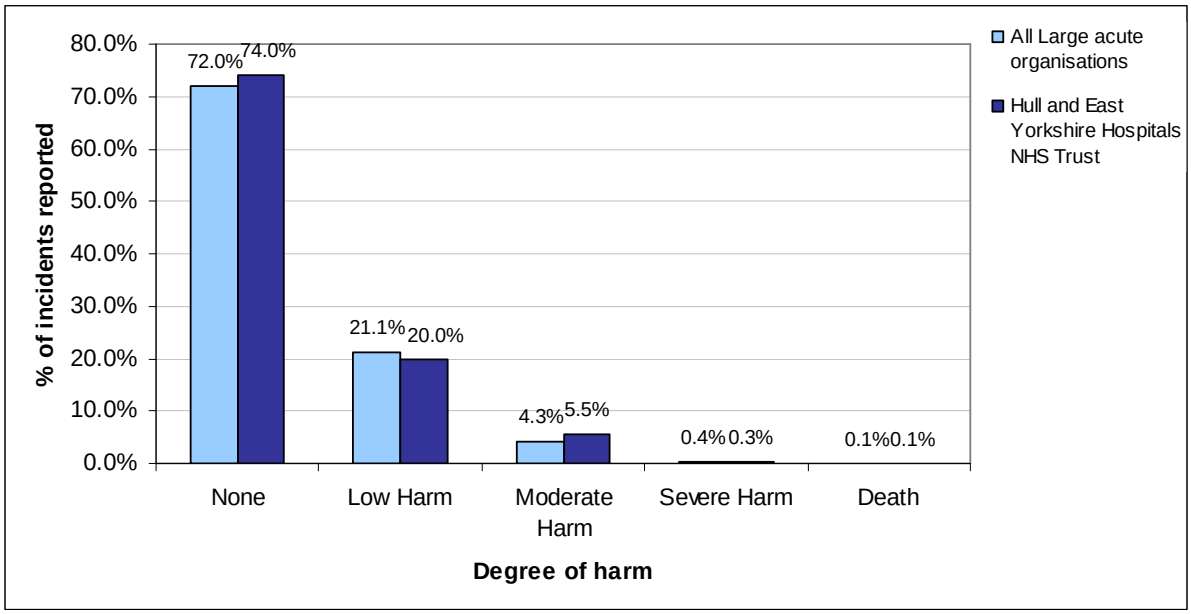


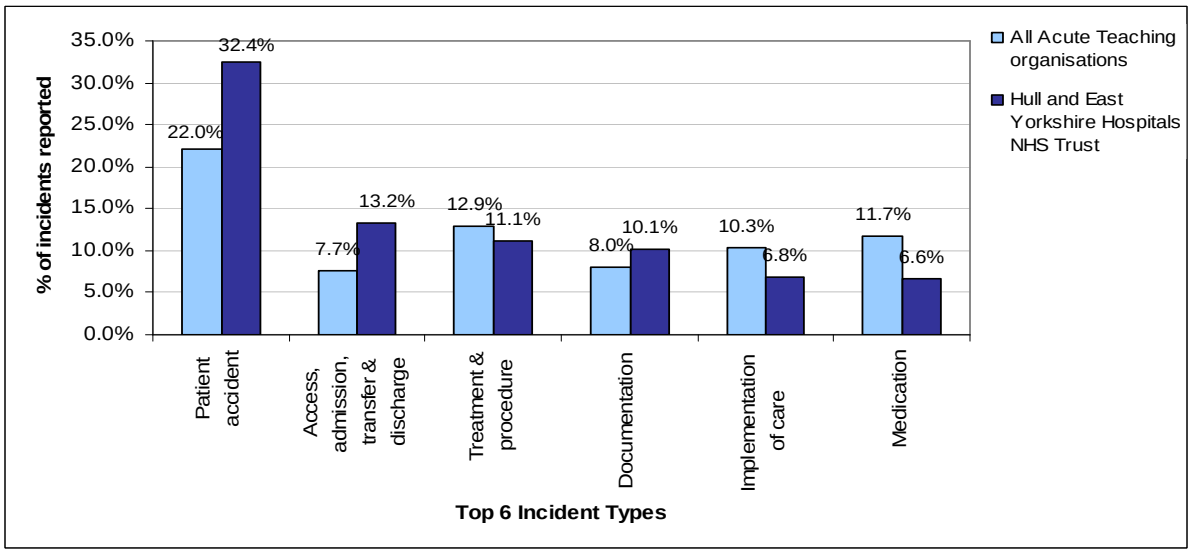
Figure 2 shows the incidents reported by degree of harm comparing Trust performance with that Acute Teaching Hospitals. The Trust has a higher number of incidents were no harm was caused and a fewer number of incidents were there was low harm caused. The external assurance report in Part 5 'Independent Auditors Assurance Report' highlighted an issue in consistency of ratings between the National Patient Safety Agency National Reporting and Learning Service and the Trust data, this is due to the review process that the Trust has in place for all incidents. After an incident has been reported it is reviewed by a senior manager. Once the investigation is complete the rating of the incident is reviewed and could be amended. This has resulted in 8 incidents being re-categorised from severe harm to moderate harm and 1 incident being re-categorised from moderate harm to low harm.

Figure 2: Incidents reported by degree of harm for Acute Teaching organisations for the period of 01 April 2012 to 30 September 2012



The top six patient safety incidents reported during 2012/13 are detailed in Figure 3 below.

Figure 3: Top six patient safety incidents reported by %



The above graph was taken from the recently published NRLS report.

Serious Untoward Incidents (SUI) 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 SUI 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 believe to be worthy of investigation by an Independent Panel and/or falls into the category of an incident that must be reported to the Strategic Health Authority.

SUIs and Never Events reporting during 2011/12 and 2012/13

	SUIs	Never Events
2011/2012	12	3
2012/2013	8	3

Top five SUI and Never Events declared during 2012/13

Categories – SUI	Number	Categories – Never Events	Number
Hospital Acquired Infection (CDiff & MRSA)	2	Wrong Site Surgery ***(Never Event)***	2
Hospital Acquired Grade 4 Pressure Ulcer	2	Retained Foreign Object ***(Never Event)***	1
Information Governance Breach	1		

An investigation is undertaken for each SUI and Never Event declared. The following table provides some examples of the recommendations that have been put in place as a result of the investigations.

Recommendations	Complete
When undertaken the Totally Extraperitoneal Repair (TEP) technique an additional verbal check is to be put in place to protect the patient and this is for the operating surgeon to mark the patient in the correct manner which will still be visible when the drapes are over the patient.	✓
Review the physical location of the Swab Board to ensure maximum viewing position in the appropriate theatres at Castle Hill Hospital.	✓
Implementation of formal daily Consultant led medical rounds on the identified wards within the Speciality.	✓
Ensure protocols and care management documentation is available for staff to access regarding care of patients with plaster casts.	✓
All nursing staff on the relevant wards are to attend an awareness session on tissue viability.	✓
The Information Governance team to work with the Retinal Screening Programme team to review and record flows of information through the department with a view to ensuring justification and appropriate security.	✓
An update is to be made to the antenatal booking sheet to include the notification and recording of the VTE assessment.	✓

Key Indicators and National Targets

The table below details the Trust's performance against key indicators and national targets, comparing 2011/2012 with 2012/2013.

		2011/2012	Target		2012/2013	Target
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspected cancers		94.8%	≥93%		94.0% *	≥93%
Maximum waiting time of 31 days from diagnosis to treatment for all cancers		98.5%	≥96%		97.7% *	≥96%
Maximum waiting time of 31 days for subsequent treatments for cancer	Surgery	97.7%	≥94%		97.0% *	≥94%
	Drugs	99.6%	≥98%		99.4% *	≥98%
	Radiotherapy				97.9% *	≥94%
Cancer – Breast Symptomatic		95.8%	≥93%		94.4% *	≥93%
Maximum waiting time of 62 days from referral to treatment for all cancers	All Cancers	89.3%	≥85%		86.4% *	≥85%
	Screening Referral	90.1%	≥90%		91.3% *	≥90%
18 weeks admitted pathways		93.8%	≥90%		92.4%	≥90%
18 weeks non-admitted pathways		97.5%	≥95%		96.4%	≥95%
18 weeks incomplete pathways		94.5%	≥92%		93.8%	≥92%
A&E Operational Standard		98.1%	≥95%		96.7%	≥95%
A&E Patient Impact		1 out of 2	1 out of 2		1 out of 2	1 out of 2
A&E Timeliness		1 out of 3	1 out of 3		1 out of 3	1 out of 3
Methicillin-sensitive Staphylococcus Aureus (MSSA) Bacteraemia		43	≤110		33	Monitoring only
Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteraemia		8	≤9		6	≤7
Clostridium Difficile		105	≤60		58	≤60
Cancelled Procedures (% of activity)		0.7%	≤0.8%		0.95% **	≤0.8%
Stroke – 90% of time on a stroke ward (acute pathway)		81%	≥80%		82.8%	≥80%

	2011/2012	Target		2012/2013	Target
Stroke – 90% of time on a stroke ward (combined pathway)	81%	≥80%		83.0%	≥80%
Transient Ischemic Attack (TIA) – high risk patients having a brain scan within 24 hours	93%	≥60%		91.0%	≥60%
TIA – low/moderate patients having a brain scan within 7 days	100%	≥95%		96.8%	≥95%
Immediate Discharge Letters (Timeliness)	100%	≥98%		93.0%	≥98%
Immediate Discharge Letters (Quality)	96%	≥90%		89.0%	≥90%
Venous Thromboembolism	91%	≥90%		91.95%	≥90%
Appointment Slot Issues	0.2	≤0.1		0.27	≤0.1
Diagnostic 6 week breaches	0.14%	≤1.0%		0.41%	≤1.0%

* Cancer data is reported 2 months behind - YTD at February 2013 shown.
** Quarter 4 cancelled operations data is unvalidated

What achievements have we made?

- The Trust has maintained delivery of the key access standards for Referral to Treatment, Diagnostics, Cancer Waiting Times and Emergency Department waiting times.
- The Hospital Acquired Infection rates were below the threshold set in 2012/13. The percentage of hospital admissions with a Venous Thromboembolism assessment undertaken has improved on last year.
- The Trust has maintained delivery of the Stroke and Transient Ischaemic Attack key performance indicators.

What actions have we put in place for the under-performing targets (red)?

- The Trust did not deliver the cancelled procedures indicator in 2012/13. This indicator measures the number of cancelled operations for non-clinical reasons on the day of admission, or discharged not treated, as a percentage of total Finished Consultant Episodes. The pressure in quarter 4 was due to the demand on beds by non-elective patients displacing elective admissions. The Trust is reviewing its Site Management arrangements with a revised Operations Management Support structure being implemented. In addition a Surgical Admissions Lounge for patient arrival, preparation and escort to theatre is being opened at the Castle Hill Hospital which will improve theatre efficiency. This indicator has been discontinued nationally from April 2013.
- The Trust has continued to not deliver against the Appointment Slot Issue key performance indicator. This measures the number of appointment slot issues per direct booking on the national Choose and Book System. In the Surgery Health Group a specialty capacity plan is being finalised following the confirmation of the Contract to include the predicted matching of demand and capacity availability. The trajectories for improvement will then be managed within the Health Group from June 2013. The Trust has also introduced an Outpatient Transformation team under the Business Delivery Board to review and improve efficiencies and capacity in outpatient services.
- The Trust has seen deterioration in performance against the Immediate Discharge Letter indicators of timeliness and quality. A project group is being implemented to review the transmission of IDLs electronically to General Practitioners. As part of this project a review of processes and compliance will be undertaken to improve performance.

Part 4

Achievements against our Quality and Safety Priorities during 2012/13

This section contains the Trusts performance during 2012/13 on the quality and safety priorities under the following three domains including achievements.

- Patient Safety
- Clinical Effectiveness
- Experience

To reduce all avoidable deaths

Goal

To reduce all avoidable deaths with the goal of achieving and sustaining a Hospital Standardised Mortality Ratio (HSMR) of 80 by 2016.

Mortality Review / Failure to Rescue

Performance against the mortality review / failure to rescue planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Reduction in mortality ratios against an agreed trajectory with the aim of a maintained HSMR of at least 30 points less than our starting position of 116 in 2010/11	108	95	94.7 YTD*	✓
Reduction in crude mortality rates	1.6%	1.69%	1.58%	✓

**YTD –latest data available is February 2013*

Deteriorating Patient

Performance against the deteriorating patient planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Sustain 95% compliance with vital sign observations (completion and appropriate action)	98%	95%	98%	✓
Monitoring of fluid balance chart with the overall aim of 95% compliance by the end of 2016	90%	90%	89%	✗
Achieve a 50% reduction in cardiac arrests	234	489	344	✓

Infection, Prevention and Control

Performance against the infection, prevention and control planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Achieve less than 60 cases of Clostridium Difficile	105	60	58	✓
Achieve less than 8 acute acquired cases of MRSA Bacteraemia	8	7	6	✓

Summary of Achievements

- We have seen a year on year reduction in our mortality rates
- Sustained compliance with the vital signs observations
- Improvement work commenced on 5 wards, specifically looking at identifying deterioration and escalation. This work has already achieved a reduction in cardiac arrests on 1 of those wards
- Multi-professional safety briefings developed and implemented to take place every morning
- Implementation and roll out of the new National Early Warning Scores (NEWS) charts
- During 2012 the longest spell between cardiac arrests was 90 days
- The number of patients with completed observations on time and in full has risen from 13.7% to 97%

- The number of patients with completed and correct early warning score has risen form 8.7% to 100%, this percentage has been maintained since January 2013
- Launch of a 'keep if fluid balance' campaign aimed to improve the completion of the fluid balance charts and reduce risks to patients
- Launch of a 'make malnutrition history' campaign aimed to meet patients nutritional needs through staff education and improve completion of the nutrition charts
- Launch of a 'do not attempt resuscitation (DNACPR)' awareness campaign to raise staff awareness on their responsibilities in relation to making a DNACPR decision and to improve the completion of the DNACPR documentation
- Intentional rounding is being developed with the aim of a rapid spread across the Trust for intentional rounding
- A multi-professional team providing deteriorating patients training has commenced
- 99% of patients consider rooms and wards to be clean at HEYHT
- 97% of patients said that hand gels were available
- Year on year reduction in the number of hospital acquired MRSA and C.Difficile bacteraemias
- Agreement of a MRSA suppression treatment patient group directive (PGD) to raise awareness of appropriate antibiotic prescribing
- Use of screen savers on all staff computers and laptops to communicate infection control matters
- Development of a Peripheral Venous Cannulation (PVC) pack
- The Emergency Department have implemented the pneumonia 'COST' care bundle and provided training to clinicians and nursing staff to increase awareness of the bundle and highlight its importance
- A series of 'Big Conversations' were held with staff to gather ideas on providing safer care for patients
- Introduction of Ward Quality and Safety Boards across the Trust to communicate the quality and safety goals and performance against these goals across the Trust and Community. The boards provide an indication of each ward's performance at a glance. The information on the board will be presented using a colour code or red, amber or green according to whether the performance is acceptable or not.

Ward Quality and Safety Board

The actions and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the 'to reduce all avoidable deaths' section.

To reduce all avoidable harm

Goal

To increase the number of patients receiving “harm free” care.

Pressure Ulcer Prevention

Performance against the pressure ulcer prevention planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Establish baseline data and improvement trajectory for the Safety Thermometer during 2012-13		92%	93.7% YTD	✓
Have no avoidable grade 3 or 4 pressure ulcers	0	0	2	✗

Venous Thromboembolism (VTE)

Performance against the VTE planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Continue to achieve the national Commissioning for Quality & Innovation (CQUIN) requirement of 90% of all patients admitted to hospital to undergo a VTE risk assessment.	90.5%	90%	91.95%	✓

Falls

Performance against the falls planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Implementation of a falls bundle, root cause analysis of all falls causing harm of any severity and a zero tolerance to falls causing severe harm or death		To implement	To be replaced by the implementation of the intentional rounding	

Summary of Achievements

- The Trust has adopted a zero tolerance approach to all hospital-acquired avoidable pressure ulcers and has implemented the Sskin care bundle
- Continuous reduction in the number of avoidable grade 3 and 4 pressure ulcers
- The Trust now undertakes a root cause analysis on all grade 3 and grade 4 pressure ulcers with the identification and dissemination of lessons learnt to improve patient safety and the quality of care
- Improvement work has being undertaken on wards 9 and 90 (trauma) at Hull Royal Infirmary to introduce intentional rounding
- Training provided for all link tissue viability nurses on all wards to raise awareness of pressure ulcers and the use of the Sskin care bundle
- Many wards have experienced a reduction in the number of inpatient falls
- A Trust-wide protocol has been developed in order to ensure a consistent approach following an inpatient fall

- Comprehensive guidelines have been written in order to provide staff with support and information required to follow the protocol and continue to deal with an inpatient fall effectively and efficiently
- The Trust continues to achieve above 90% of all patients admitted to hospital to undergo a VTE risk assessment
- Implementation of the safety thermometer to be used as a point of care survey instrument and provides a 'temperature check' on harm. It also allows wards to measure harm and the proportion of patients who receive 'harm free' care
- Improvement work has being undertaken in AAU to improve the reliability of the process for undertaking VTE risk assessments. This work has included raising awareness with all medical staff and the introduction of a safety briefing element to the handover process
- Improvement work has being undertaken on wards 6 and 60 (acute surgery) at Hull Royal Infirmary regarding missed medication doses. This work has involved conducting a baseline assessment of the total of missed doses on a ward each day
- Reduction in the number of missed doses of medication on the wards

The actions and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the 'to reduce all avoidable harm by 50% by 2016' section.

Patient Safety Walkrounds

The Trust recognises that the most important factor in successful organisational change is the clear and visible support of senior leadership. Without it, the process of change can easily stall or have far less impact on patient outcomes.

Patient Safety Walkrounds are unannounced and are a way of ensuring that Executive and Non-Executive Directors are informed first hand, regarding the safety concerns of frontline staff and learn about what is needed to ensure we make real improvement in the care for our patients. They are also a way of demonstrating visible commitment by listening to and supporting staff when issues of safety are raised.

The aim of the Walkrounds is to:

- increase awareness of safety issues amongst all staff,
- make safety a priority for senior leaders by spending dedicated time promoting a safety culture,
- communicate and build relationships with front line staff,
- educate staff about patient safety concepts such as incident reporting,
- obtain and act on information gathered that identifies areas for improvement.

During 2012/13 we scheduled 28 Walkrounds, of which 27 took place and 1 was cancelled due to ward closure. The main themes identified were:

- Issues relating to physical area and facilities (e.g. toilets, showers, storage)
- Issues relating to equipment (e.g. lack of, defective equipment)
- Communication with / between staff
- Issues relating to staffing (e.g. staffing levels, skill mix of staff, medical cover)
- Patient falls.

Discussions around these issues then inform any actions for improvement. These have included taking ideas forward to change patient pathways, providing access to funding for equipment, sharing lessons learned from root cause analysis, and supporting staff during staff shortages.

The Walkrounds have also given the Directors the opportunity to see first-hand many areas of good practice and new initiatives in action. This has included safety briefings, infection prevention, team talks, dedicated therapy support services to wards, ward quality boards, and the Cayder boards. The Cayder Board is 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.

The feedback we have received from staff taking part in the Walkrounds has been really positive. They have enjoyed meeting the Directors and felt that they were “listened to”. They appreciated the Directors trying to understand their issues and had found their help and guidance really helpful.

Right Patient, Right Place, Right Time

Goal

To reduce the number of unnecessary inpatient transfers and unplanned patient readmissions to hospital.

Planned Admission to Discharge from Hospital

Performance against the planned admission to discharge planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Reduction in patients being readmitted to hospital within 28 days with the aim of matching peer performance in 2011/12 and higher than peer by the 2016	6.9	6.15	6.7	✘
Reduction in the number of patients on the delayed discharge list (10% reduction year on year from baseline)	2,350	2115	2,753	✘

Patient Pathways / Inpatient Transfers

Performance against the patient pathways / inpatient transfers planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Reduction in avoidable inpatient transfers after 10pm for non-clinical reasons (10% reduction year on year from outturn)	2473	2226	2,661	✘
Reduction in inpatient transfers, in particular for patients moved more than 2 times (10% reduction year on year from baseline)	475	419	482	✘
Reduction in the number of patients with a length of stay greater than 50 days (10% reduction year on year from baseline)	707	706	559	✓

Summary of Achievements

- We have seen a year on year reduction in the number of patients re-admitted back into hospital within 28 days of discharge
- Launched a 'Right Patient, Right Bed, First Time' campaign aimed to help patient flow on wards
- Roll out of Cayder Boards has progressed well, with 40 wards across the Trust now using it
- Launched a revised Discharge and Going Home Policy following recommendations from the East Riding Local Involvement Network (LINk)
- Rolled out an e-learning Simple Discharge Planning module based on the Discharge and Going Home Policy for all clinical staff
- Increased medicine management presence on the wards to assist with discharge processes by maximising the use of patients own drugs, discussing medication issues and any other issues regarding prescriptions
- Displayed A1 patient posters on all wards 'Planning Your Discharge' which supports and promotes the Discharge and Going Home Policy and the safe and timely discharge of our patients

Cayder Board

- Introduced a patient leaflet ‘Right Care in the Right Place’ which is given to patients on admission to provide information on how their discharge or transfer will occur
- Launched an electronic Discharge Communication System which enables electronic referrals to our colleagues in Social Services and improved communication
- Achieved a 70% increase in referrals into the Cancer Survivorship Service

The action and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the ‘right patient, right place, right time’ section.

Best Clinical Outcomes

Goal

To be in the upper quartile (best performing trusts) for the National Sentinel Stroke Audit and to identify other areas where best practice care bundles could increase the quality and effectiveness of care.

Stroke

Performance against the stroke planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Implementation of the Stroke 90:10 care bundle with continued 90% compliance by 2016	90.9%	90.%	80.4%	✗
To be in the upper quartile of the National Sentinel Stroke Audit	Upper Quartile	Upper Quartile	Upper Quartile	✓

Best Practice Care Bundles

Performance against the best practice care bundles planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Reduction in Acute Cerebral Disease standardised mortality ratios – reduction of one point per year	88	83	97.01	✗
Reduction in Heart Failure standardised mortality ratios – reduction of one point per year	108	104	109.58	✗
10% reduction in Heart Failure length of stay	11%	9.4%	11%	✗
10% reduction in Heart Failure emergency readmission rates	14%	13%	11%	✓
Reduction in Myocardial Infarction standardised mortality ratios – reduction of one point per year	137	135.6	111.2	✓
10% reduction in Myocardial Infarction length of stay	5.8%	5%	5.9%	✗
10% reduction in Myocardial Infarction readmission rates	4%	8%	14.2%	✗
Reduction in Colorectal standardised mortality ratios – reduction of one point per year	107	160	99	✓
10% reduction in Colorectal length of stay	7.2%	6.5%	5.9%	✓
10% reduction in Colorectal readmission rates	4%	2.6%	4%	✓

Summary of Achievements

- Continuous reduction in Heart Failure readmission rates
- Continuous reduction in Myocardial Infarction HSMR

- Continuous reduction in Colorectal HSMR, length of stay and readmission rates

The action and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the 'best clinical outcomes' section.

Patient and Staff Engagement

Goal

To be described as one of the best performing trusts (top 20%) in the Care Quality Commission's (CQC) national inpatient survey and national staff survey.

Patient Engagement and Patient Experience

Performance against the patient engagement and patient experience planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Reduction in complaints overall or as a proportion of activity	521	492	706	✘
Reduction in complaints & PALS concerns regarding staff attitude	197	266	228	✓

Staff Engagement

Performance against the staff engagement planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Improved staff engagement measured by surveys (locally & nationally – Staff engagement section & staff who would recommend the Trust – K24) Score between 1 -5. Achieve a score above 3.57	3.35	Above 3.57	3.21	✘
Improvements in the annual cultural survey results (Dennison survey undertaken for the first time in 2011 – to be measured June 2012)		During 2012/13 the Dennison work was replaced with 'Hey it's in our Hands' engagement work – details can be found in the Trust's Annual Report		
Implementation of the Leadership Strategy in 2012		Implement	Implemented	✓

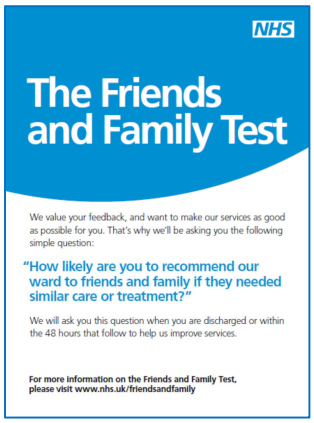
Summary of Achievements

- In the 2012 CQC National Inpatient Survey we were in the best performing trusts (top 20%) on 3 questions; cleanliness of the toilets and bathrooms, provide printed information to patients on what to do once they have been discharged and who to contact if the patient was worried after they left the hospital
- In the 2012 CQC National Inpatient Survey improvements were also made in letters been sent from the Hospital to GPs, length of time on waiting lists, choice of food and involvement in decisions about care and treatment - more information on the results from the 2012 CQC National Inpatient Survey can be found in the Trusts Annual Report
- Implementation of the Friends and Family Test across Hull Royal Infirmary and the Castle Hill Hospital including the Emergency Department
- The Golden Hearts scheme continued during 2012/13, recognising the significant achievements and outstanding contributions being made towards improving care and making our Trust a better organisation for our patients, staff and visitors. The second Golden Hearts awards evening was held where the nominees had their work promoted to enable the Trust to learn from best practice

- The Leadership Strategy was implemented and the effectiveness of this strategy is being monitored by the Trust Board sub-committee Quality Governance and Assurance Committee (QG&AC)
- The Trust Board and middle Management Teams completed their Leadership programme during 2012. This programme aimed to provide our leaders with the opportunity to gain the right knowledge, skills, values, attitudes and motivation
- By June 2013, a total of 3342 members of staff had signed up to become Foundation Trust member, this is an increase of 342 since March 2012
- Introduced the 'Hey it's in our Hands' initiative which is an organisation wide programme for introducing new ways of working and improving staff engagement
- The team behind the 'Hey it's in our Hands' staff engagement programme is one of eight teams in the running to win the 'Changing Culture' category of the National Patient Safety Awards 2013
- The Trust was selected as 1 of 10 nationally, to take part in a pioneering new approach to staff engagement which is called 'Listening into Action'. This recognises the vital role that staff play in ensuring that the Trust delivers high quality care and a positive patient experience
- Undertook a number of pulse checks of how staff feel about working in the Trust
- Held 6 'Big Conversations' to help the Trust to identify quick solutions, big wins and more longer term initiatives for improving services and patient care. These sessions also provided valuable feedback on common themes and priority issues that staff would like to see addressed
- Introduced 'Moments of Magic' which is an opportunity for staff to tell us about the things that have made them proud to work in the NHS and this organisation
- Introduction of 'Link Listeners' to improve communication and represent their wards and departments at bi-monthly briefings chaired by the Chief Executive. So far over 100 members of staff have put themselves forward to be Link Listeners

The action and improvements identified have been incorporated into the 2013/14 workstream planned target outcomes and actions. These are detailed in part 2 of the Quality Accounts in the 'patient experience' section.

Friends and Family Test (FFT)



The Department of Health announced that from April 2013, patients will be asked a simple question (the 'Friends and Family' test) to identify whether they would be happy for their friends or family to be treated in a particular acute hospital ward or accident and emergency unit. This provides a mechanism to identify both good and bad performance and encourage staff to make improvements where services do not live up to expectations.

As required the Trust has implemented the Friends and Family test on all wards at Hull Royal Infirmary and at the Castle Hill Hospital including the Emergency Department from April 2013. Every inpatient and emergency department attendance is asked to answer the following question:

'How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?'

The scores collected will be published on NHS Choices website at a Trust level and in the future at a ward level. There is an expectation that all Trust's will use the data and patients voices gathered to improve services and let staff know about the good care they deliver.

During the reporting period of March and April 2013 1110 patients provided their views and the Trust score 4.6 out of a possible 5. This indicates that patients are likely to recommend Hull and East Yorkshire Hospitals NHS Trust for care or treatment.

The following actions have been undertaken by the Patient Experience Team to ensure the Family and Friends test was fully implemented and embedded in our services:

- Arranged meetings with all Matrons and Charge nurses throughout the Trust to discuss the FFT process
- Research was undertaken in all areas in which the feedback forms would be used to identify how best we could initiate this to our patients
- Worked with staff on a daily basis to get FFT up and running before the 1st of April
- Distributed staff and patient leaflets making sure all staff and patients was aware of the Friends and Family tests within the Trust
- Presented workshops to staff from the Department of Health, so that staff would have a better understanding of the importance of Friends and family tests
- Worked with the 'I Want Great Care' (IWGC) team who publish our monthly ward reports and liaised with our accounts manager at IWGC on our weekly returns
- Continuously inform all areas and senior staff of their ward results which are then shared with all staff
- Met with Neil Bacon founder of IWGC to share the successful implementation of the Friends and Family test at Hull and East Yorkshire Hospitals NHS Trust and to discuss results, implementing the Paediatric feedback forms and reporting arrangements

Part 5

Engagement – Keeping Everyone Informed

This section provides information on how we have engaged with our stakeholders including statements and external assurance reports.

Engagement

Quality and Safety Communication Plan

The Quality, Effectiveness and Safety Committee approved the Quality and Safety Communication Plan. This plan set out a yearly programme (June 2012 to June 2013) on the development, consultation, presentation, performance monitoring and launch of the Quality Accounts and its associated Quality and Safety Strategy. The plan set out the Trust's aim to carry out a wider range of consultation exercises to help inform the Quality Accounts 2012/13.

Staff and Public Members

During the consultation period (November 2012 to February 2013) the Trust asked all public and patient members, General Practices and stakeholders (commissioners, Hull Local Involvement Network, East Riding of Yorkshire Local Involvement Network and both Overview and Scrutiny Committees) to provide us with their views on the future quality and safety priorities and the layout of the 2012/13 Quality Accounts using a range of consultation exercises.

The consultation exercises included:

- Trust newsletters to staff, patient and public members communicating the quality and safety priorities, asking for their views and advertising the stakeholder event
- Patient and public member events
- Asking staff, patients, public members, GPs and stakeholders for their views via email, online survey, Facebook and Twitter
- Publication of the Quality and Safety priorities via local community centres, GPs, email, Facebook and Twitter
- Inclusion of the survey in the published 2012/13 Quality Accounts

The majority of the feedback received agreed with the importance of the priorities we suggested to focus on in 2013/14 and requested for more of the terminology used to be defined for a better understanding of the content.

Stakeholder Event

A stakeholder consultation event was arranged for 11th February 2013 but due to the lack of interest this event had to be cancelled. The Trust will plan to hold stakeholder events during the consultation period for 2013/14 Quality Accounts. These events provide the Trust with a valuable opportunity to engage with key members of the community which is vital to the development of the future quality and safety priorities and the Quality Accounts.

Overview and Scrutiny Committees

In addition, the Compliance Team attended meetings at the both the Hull City Council Health and Wellbeing Overview and Scrutiny Committee in February 2013 and the East Riding of Yorkshire Council NHS Overview and Scrutiny Committee March 2013 to present the quality and safety priorities which were approved following consultation and to gain their views on the formatting of the Quality Accounts.

Statements from Key Stakeholders

The first draft of the Trust's 2012/13 Quality Accounts was discussed and approved at the Quality, Safety and Effectiveness Committee on 17th April 2013 on behalf of the Trust Board. The accounts were then forwarded to the key stakeholders on the 01st May 2013 with a request for statements of no more than 500 words to be received before the 31st May 2013. The key stakeholders are as follows:

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

As per 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 to it 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 Health Watch 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 Trust Annual Quality Accounts 2012-13.

The report sets out clearly the quality priorities that Hull and East Yorkshire Hospitals NHS Trust has focussed on in 2012-13 with supporting data and narrative. The report also details the issues the Trust has identified for 2013-14 as well as longer term goals through to 2016 which are well defined and measurable. This provides a well-balanced overview of the achievements and challenges for the Trust in delivering improved patient experience.

NHS Hull Clinical Commissioning Group is pleased to note the year on year improvement with reducing mortality and the reduction in Clostridium Difficile infections. NHS Hull Clinical Commissioning Group would like to see further stretch in the Trust's own targets for reducing MRSA bacteraemia, in line with the national target of zero tolerance for 2013/14.

NHS Hull Clinical Commissioning Group recognises the commitment to research, both through the range of provision included and in that the profile of research has clearly increased as evidenced in the report. Further clarity on how the research results are disseminated and the impact of research publication on clinical practice would be beneficial to share.

It is disappointing to note that actions from last year's Quality Account statements in relation to increasing the number of staff recommending the Trust, appears to have had limited success, however we are pleased to see a comprehensive action plan to tackle the issue is in place for the coming year.

As Commissioners, we are keen to see the work that will be undertaken relating to for example, the Nursing 6 C's strategy and the second Francis Enquiry report recommendations.

Finally, we note that the draft report is still missing some updated year end data for areas such as local Clinical Audit and work stream actions. Notwithstanding this, 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 Hospitals Trust and that the data and information contained in the report is accurate.

NHS Hull Clinical Commissioning Group looks forward to continuing to work with the Trust to improve the quality of services available for our population in order to improve patient outcomes.

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 2012/13. Overall feedback is that the report is well presented and provides a balanced view in terms of achievements and areas where further effort is required to improve patient experience and outcomes. The report represents a genuine desire for a culture change in terms of becoming a more listening organisation. Although the staff survey results are disappointing it is apparent that the trust is taking action to address any issues.

During 2012/13 we have worked with the Trust to support the approach to continuously improve the quality of service provision in line with our shared priorities for quality improvement. We are pleased to report that the CQUIN schemes which support innovation and quality improvement have been for the most part achieved. Of particular note is the Trust achievement in reducing the Mortality Rate in line with their stated aim in 2011/12. The reduction in MRSA bacteraemia and C Difficile during 2012/13 is a positive achievement, although we would prefer that the Trust was aiming for zero MRSA for 2013/14 in line with the national target.

We are supportive of the areas identified by the trust during 2013/14 for further improvement which are in line with our commissioning intentions. We share Trust concerns regarding the number of internal patient transfers, delayed discharges and readmissions within 28 days and will be working with the Trust to improve patient flow and patient experience in these areas.

We will be working with the Trust during 2013/14 to ensure improved quality drives service development through joint working approaches and we look forward to working with the Trust to achieve improved dementia outcomes and receiving feedback on the patient experience through the friends and family test.

We note that the report is based on data up to and including the end of Quarter Three 2012/13. Taking that into account, 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 NHS Trust and that the data and information contained in the report is accurate.

The Clinical Commissioning Group is looking forward to continued working with the Trust to improve the quality of services available for our patients in order to improve the patient experience and continually improve patient outcomes.

Healthwatch Kingston upon Hull

Healthwatch Kingston upon Hull welcomes the opportunity to comment on the account. Healthwatch is a new organisation and this comes at an early stage in the organisation's development. However part of Healthwatch's remit is to follow up on the legacy of LINks and work relating to hospital services formed a substantial part of Hull LINk's work programme.

The commitment to continued improvement in the areas of safety, effectiveness and experience is welcome.

In 2012-13 in the report 'Hospital Discharge and Post-Hospital Support' Hull LINk made recommendations to the trust for improvements based on people's experiences of services. These concerned issues including communication, co-ordination and waiting times for medication. The recommendations were positively received by the trust and follow up on progress will be conducted by Healthwatch. The data in the account regarding progress with Right Patient, Right Place, Right Time backs up concerns reported to the LINk concerning readmissions and transfers and demonstrates the need for progress with the discharge from hospital workstream.

As in previous years the quality account is a lengthy document containing a lot of material, and it is important that information collated for the account is communicated to the public in effective, user friendly ways. We would therefore support producing an easy read version and other suitable formats and mechanisms to communicate the content of the account.

Healthwatch Kingston upon Hull looks forward to developing a productive relationship with the trust and working together to secure quality services for the local population.

Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire was launched on 1 April 2013. At this early stage in our development we are not yet in a position to provide a detailed commentary on the Accounts. However we do wish to commend the Trust as we feel the Accounts present a representative and comprehensive coverage of Trust services highlighting achievements and areas where targets have not been met been in an open manner. The information contained in the report will be useful for us in informing our own work priorities for the year head.

The Trust's achievements to meet targets under the goals of 'Reducing All Avoidable Deaths' and Reducing All Avoidable Harm' are applauded, and further work in these areas over the next 12 months supported.

Data in the accounts covering the goal of 'Right Patient, Right Care, Right Time' and failures to achieve targets under 'planned admission to discharge from hospital' and' patient pathways/inpatient transfers', reflect concerns raised by the former East Riding LINk and work done by our neighbouring Hull LINk and we look forward to working to improve systems to collect patient experience over the next 12 months to inform the Trust's work in this area.

The Quality Account is a lengthy document and we suggest production of an 'easy read' summary document designed to get key messages across to the general public. Although the structure is in part determined by Department of Health guidance , we would suggest that it would be more helpful in reading the Accounts if Part 4 - looking back at achievements over 2012/13, could have preceded Part 2 - plans and priorities for 2013/14, to show how past progress has influenced future priorities.

Together with our colleagues in Healthwatch Kingston upon Hull, we are keen to start an on-going engagement process with the Trust so that we can play a part in the production of future Quality Accounts, to ensure they reflect our own local knowledge of the services provided by the Trust and to ensure local priorities - as expressed by service users - are being reflected in the improvement priorities being set by the Trust.

Hull City Council Overview and Scrutiny Committee

The Hull and East Yorkshire Hospitals NHS Trust has continued to provide Quality Accounts updates to Hull City Council's Health and Well-Being Overview and Scrutiny Commission. This has included an update on the Trust's performance against the 2012/13 priorities, plus the opportunity to feed into the development of the 2013/14 quality and safety priorities. The Commission had no issues with the focus or scope of the priorities proposed for 2013/14, and welcomed the opportunity to be involved in the Quality Accounts process.

East Riding of Yorkshire Overview and Scrutiny Committee

The Health, Care and Wellbeing Overview and Scrutiny Sub-Committee would like to thank the Trust for the opportunity to comment on its Quality Accounts 2012-13.

The Sub-Committee found the Accounts to be very clear in the presentation of information. They are easy to understand and clear in its priorities for the forthcoming year, as is performance results against last year's priorities.

The Sub-Committee commend the Trust for their extensive involvement in national clinical audits and national confidential enquiries during 2012/13. The Trust is also to be congratulated on achieving its target with regard to mortality ratios and rates particularly as this was an area of concern for the Sub-Committee last year.

It is with some concern that the Sub-Committee note the Trusts performance against its Right Patient, Right Place, Right Time priority. In failing to meet four of the five targets under this priority, the Sub-Committee hope that the Trust will refocus its efforts this year to ensure that patients are treated correctly, at the right time and in the right place.

Having undertaken its own review into Stroke Care and Rehabilitation, the Sub-Committee understand the need for quick diagnosis and timely care for stroke victims. It is disappointing therefore that implementation of the Stroke 90:10 care bundle with continued compliance by 2016 failed to meet the 90% target and the Sub-Committee hope that this will be rectified in the forthcoming year.

In order for the Trust to keep providing services to the highest of standards and to improve its performance figures it is important that staff engagement, morale and motivation is maintained at all times. Whilst the Sub-Committee recognise that the Trust is not far from meeting the national scores relating to staff satisfaction, performance and value as detailed under the section HEY it's in Our Hands, it is important that the Trust continue to improve this area of work as without all staff on board an organisation cannot move forward successfully. The Sub-Committee will be interested to see if this improves, particularly the response rate by staff to the survey.

The innovative six Big Conversations events are an indication of the Trust's commitment to improve staff morale and motivation and the Sub-Committee is pleased to see these included in the Quality Accounts. It is hoped that the findings and results of these events will continue to shape the way staff are engaged, treated and valued. The Sub-Committee also welcomes the Department of Health's Friends and Family Test and looks forward to learning of the results in future Quality Accounts.

Overall the Health, Care and Wellbeing Overview and Scrutiny Sub-Committee welcome the Quality Accounts 2012/13 from the Trust and fully support the Trust's priorities for 2013/14 and hope that these can all be achieved.

The Sub-Committee hopes that the Trust continues to fully engage with the Scrutiny process over the forthcoming year and looks forward to the Trust's presence at its meetings in order to participate in matters important to the residents of the East Riding.

Trust Response to the Statements

The Trust would like to thank all stakeholders for their comments on the 2012/13 Quality Accounts. 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 all stakeholders are in agreement that our quality and safety priorities for 2013/14 are the right ones.

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

- All data for the full financial year is now included for clinical audit participation, workstream updates and actions
- Included the web link to the Department of Health Quality Accounts toolkit
- Described what each part of the Quality Accounts include at the beginning of the document
- Definitions for abbreviations and NHS 'jargon' have been defined in the definitions appendix, examples are Sskin care bundle, intentional rounding, workstream and the role of a Non-Executive Directors
- Ward numbers have been extended to include site and specialty

A number of suggestions and concerns were also noted in the formal stakeholder statements. The Trust would like to respond to these concerns via this section of the Quality Accounts.

NHS Hull Clinical Commissioning Group	
NHS Hull Clinical Commissioning Group would like to see further stretch in the Trust's own targets for reducing MRSA bacteraemia, in line with the national target of zero tolerance for 2013/14	The Trust's target for reducing MRSA bacteraemia is in line with national target of zero tolerance. The target is to achieve zero tolerance by 2016.
Further clarity on how the research results are disseminated and the impact of research publication on clinical practice would be beneficial to share	Researchers in this Trust have held focus groups to disseminate research outcomes as well as offering the chance to meet with research teams to discuss findings on an individual basis. Where research findings present no individual or immediate cumulative benefit, summary results should be made available on request from clinical areas and made visible through poster presentations or leaflets. Most research requires a summary report of the research outcomes to be submitted to the regulatory authorities and this is also a condition of Trust permission to conduct research.
It is disappointing to note that actions from last year's Quality Account statements in relation to increasing the number of staff recommending the trust, appears to have had limited success, however we are pleased to see a comprehensive action plan to tackle the issue is in place for the coming year	The Trust would like to provide some reassurance that the engagement work with our staff is continuing through the 'Hey it's in our Hands' programme. The Trusts Annual Report provides further detail on the work which has already been undertaken as well as success stories and further actions to be taken.

As Commissioners, we are keen to see the work that will be undertaken relating to for example, the Nursing 6 C's strategy and the second Francis Enquiry report recommendations.	The Trust continues to review the Francis Enquiry Report and has now reviewed all recommendations. Whilst each will be considered and actioned were appropriate, 11 key recommendations have been identified as a high priority for the Trust. There is a steering group led by the Chief Executive with a number of workstreams and initiatives reporting into this group. The work will be themed around different areas including nursing, openness and transparency, governance and putting patients first. The Trust launched 'Compassion in Practice', which is a three year strategy. Significant work is being undertaken across the organisation to demonstrate how the 6 C's are evident in practice on all wards. There are also plans to roll out a cultural barometer to assess the working environment on our wards, to develop a series of metrics to measure compassionate care and to introduce a national scheme to recognise excellence in implementing the 6'Cs.

East Riding of Yorkshire Clinical Commissioning Group	
Although the staff survey results are disappointing it is apparent that the trust is taking action to address any issues	Please see the response to the NHS Hull Clinical Commissioning Group to both of these comments.
The reduction in MRSA bacteraemia and C Difficile during 2012/13 is a positive achievement, although we would prefer that the Trust was aiming for zero MRSA for 2013/14 in line with the national target	

Healthwatch Kingston upon Hull	
As in previous years the quality account is a lengthy document containing a lot of material, and it is important that information collated for the account is communicated to the public in effective, user friendly ways. We would therefore support producing an easy read version and other suitable formats and mechanisms to communicate the content of the account	A summary version of both the Trust Annual Report and Quality Accounts will be made available to ensure the important and useful information is communicated as an easy read. The summary version will also be available as a hard printed copy or an electronic copy.

Healthwatch East Riding of Yorkshire	
Data in the accounts covering the goal of 'Right Patient, Right Care, Right Time' and failures to achieve targets under 'planned admission to discharge from hospital' and' patient	The Trust is disappointed that it has failed to meet the standards it set itself. A new project called "Predict" has started, led by the Medical Healthcare Group and supported by the Chief

pathways/inpatient transfers', reflect concerns raised by the former East Riding LINk and work done by our neighbouring Hull LINk and we look forward to working to improve systems to collect patient experience over the next 12 months to inform the Trust's work in this area	Nurse.
The Quality Account is a lengthy document and we suggest production of an 'easy read' summary document designed to get key messages across to the general public	Please see the response to the Healthwatch Kingston upon Hull to this comment.
Although the structure is in part determined by Department of Health guidance , we would suggest that it would be more helpful in reading the Accounts if Part 4 - looking back at achievements over 2012/13, could have preceded Part 2 - plans and priorities for 2013/14, to show how past progress has influenced future priorities	The Department of Health guidance states the order of the Quality Accounts must be looking forward (part 2), mandated statements (part 3) and then looking back (part 4). Therefore, we are unable to take this suggestion forward.

East Riding of Yorkshire Overview and Scrutiny Committee	
It is with some concern that the Sub-Committee note the Trusts performance against its Right Patient, Right Place, Right Time priority. In failing to meet four of the five targets under this priority, the Sub-Committee hope that the Trust will refocus its efforts this year to ensure that patients are treated correctly, at the right time and in the right place	Please see the response to the Healthwatch East Riding of Yorkshire to this comment.
HEY it's in Our Hands, it is important that the Trust continue to improve this area of work as without all staff on board an organisation cannot move forward successfully. The Sub-Committee will be interested to see if this improves, particularly the response rate by staff to the survey	Please see the response to the NHS Hull Clinical Commissioning Group to this comment.
The innovative six Big Conversations events are an indication of the Trust's commitment to improve staff morale and motivation and the Sub-Committee is pleased to see these included in the Quality Accounts. It is hoped that the findings and results of these events will continue to shape the way staff are engaged, treated and valued	Further successes, actions and staff survey results will be published in the 2013/14 Annual Report / Quality Accounts.

"The Trust looks forward to another year of continued partnership working with all of our stakeholders, members, our patients and the public in further improving the quality and safety of all the services we provide the and improving outcomes for our patients"

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

25.06.2013 .....Chair

25.06.2013 .....Chief Executive

Independent Auditors' Limited Assurance Report to the Directors of Hull and East Yorkshire Hospitals NHS Trust on the Annual Quality Account

We are required by the Audit Commission 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 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). 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) Amendments Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("The Regulations").

Scope and subject matter
The indicators for the year ended 31 March 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death; and
- Clostridium difficile infections

We refer to these two indicators collectively as "the indicators".

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 considered in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2012/13 issued by the Audit Commission on 25 March 2013 ("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 materials 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 to 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 2012 to April 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to April 2013;
- feedback from Healthwatch Hull and Healthwatch East Riding of Yorkshire dated May 2013;
- feedback from Hull City Council Overview and Scrutiny Committee and East Riding of Yorkshire Council Overview and Scrutiny Committee dated May 2013;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- the 2012 national patient survey
- the 2012 national staff survey
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 11/04/2013;
- the annual governance statement dated 04/06/2013;
- Care Quality Commission quality and risk profiles dated 31/03/2013; and
- the results of the 2012/13 Payment by Results coding review.

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 in accordance with Part ll of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. 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 Audit Commission Act 1998 and in accordance with 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 contents 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.

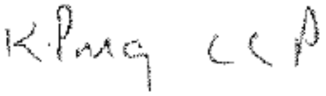
Limitations
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

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. This 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 2013:
- 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 with all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have 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.



KPMG LLP
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LS1 4DW
26 June 2013

Part 6

Appendices

Abbreviations and Definitions

Abbreviation	Definition
A&E	Accident and Emergency Department
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 Bundles	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-discipline team (i.e. a team made up of individuals responsible for different aspects of a patient's care)
Cayder Boards	Is 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
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 Governance	This is an approach to maintaining and improving the quality of patient care
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, diagnostics products, devises and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease
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
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
Deteriorating Patient	A patient whose observations indicate that their condition is getting worse
e-Learning Package	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.
Harm Free Care	Harm free cared is aimed at ensuring that no patient is unnecessary harm 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; Medicine, Family and Women's Health, Clinical Support 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	Is a data warehouse containing details of all admissions into NHS hospitals in England
HRI	Hull Royal Infirmary Hospital
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. 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 – the team consists of members of staff from different professional groups, for example, doctors, nurses, physiotherapists and pharmacists
Medication Errors	An incorrect or wrongful administration of a medication, such as a mistake in the dosage of medication
National Patient Safety Agency Alerts	Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develops advice for the NHS that can help to ensure the safety of patients. Advice is issued to the NHS as and when issues arise, via the Central Alerting System in England and directly to NHS organisations in Wales. Alerts cover a wide range of topics, from vaccines to patient identification. Types of alerts include Rapid Response Reports,

	Patient Safety Alerts, and Safer Practice Notices
Never Event	A Never Event is a type of SUI. 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*'
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to make sure that the care they provide is of the best possible quality and offers the best value for money
NIHR	National Institute for Health Research – this organisation commissions and funds research in the NHS and in social care
NHS	National Health Service
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.
NPSA	National Patient Safety Agency – this is an arms length body of the Department of Health that leads on improving patient safety and care
PALS	Patient Advice and Liaison service – where patients, carers and or relative 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
Patient Panel	Is a group of local people who volunteer their time and skills and work in partnership with the Trust to provide a patient's perspective on Trust services and developments
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.
Re-admissions	There are two types of readmission. 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.
Safety Thermometer	The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time
SBAR	Situation Background Assessment Recommendation – a communication technique for all patients to identify any actions to taken to minimise or prevent further deterioration in patients

	and to escalate any concerns between team members/ healthcare professionals and to ensure effective handover of information between staff
Secondary Users Service	The Secondary Users Service Programme supports the NHS and its partners by providing a single source of comprehensive data on planning, commissioning, management, research, audit, public health and payment by results
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 Untoward Incident (SUI)	A SUI 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.
TIA	Transient Ischemic Attack – an interruption of the blood supply to the part of the brain that causes a temporary impairment of vision, speech or movement
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
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
Workstream	A project which has been organised to complete a number of actions or implement processes and systems in practice to help achieve our main priorities

We need your views

Trust Membership

Developing a representative membership is very important to the organisation. The Trust's members will help to develop its future plans. Please sign up as a member and become part of the future of the Trust.

If you sign up to become a member the main benefits are:

- Showing your support for your local hospitals
- Keeping in touch with what is happening at your local hospitals by receiving a regular newsletter
- Giving you the chance to give your views and influence decisions
- Giving you a vote on who you would like to represent you on the Council of Governors or for you to stand as a Governor

Membership is free and members can be involved by receiving the member's newsletter. Some members may want to be more involved by taking part in consultation exercises or attending events. In addition, some members will become Governors and represent members at the highest level of the organisation. Membership can take up as little or as much time as you wish. It is a way for you to be more informed, give your views and for the Trust to become much closer to the community it serves.

If you would like further information on membership or our foundation trust application please contact Liz Thomas, Trust Secretary on (01482) 675165 or email **foundation.trust@hey.nhs.uk.**

Feedback

Hull and East Yorkshire Hospitals NHS Trust continually work to improve the quality and safety of its services and wants to continue to learn through listening to what matters to our patients, members, staff and local community. We would appreciate your views on the current and future quality and safety priorities and the formatting of the Quality Accounts.

Please fill in the following feedback form and return to us via the postal address below alternatively you can send us your comments via email to **quality.accounts@hey.nhs.uk** or you can complete this survey via our website **www.hey.nhs.uk/qualityaccounts**

The Compliance Team
4th Floor
Alderson House
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ

Thank you for your time

Hull and East Yorkshire Hospitals NHS Trust

Quality Accounts – Feedback Form

What best describes you? (Please circle or delete one of the following options)				
Patient	Member	Stakeholder	Staff	Public

How would you rate the current safety, effectiveness and experience priorities? (1 to 5 - 1 being most important and 5 being least important)	
Safety:	
Mortality Review	
Deteriorating Patient	
Infection, Prevention and Control	
Medication Errors	
Pressure Ulcer Prevention	
Venous Thromboembolism (VTE)	
Falls	
Pneumonia	
Dementia	
Perioperative	

Effectiveness:	
Planned Admission to Discharge	
Patient Pathways / Inpatient Transfers	

Experience:	
Patient Experience	

Are there any other priorities you would like to see in next year's Quality Account?

How useful did you find the contents? (Please circle or delete one of the following options)		
Very useful	Quite Useful	Not useful at all

Did you find the contents? (Please circle or delete one of the following options)		
Too simplistic	About right (user friendly)	Too complicated

What did you like about the Quality Accounts?

What did you not like about the Quality Accounts?

Did the content increase your confidence in the services we provide?

Do you have any suggestions for future improvements?

Additional Comments

Contact us
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