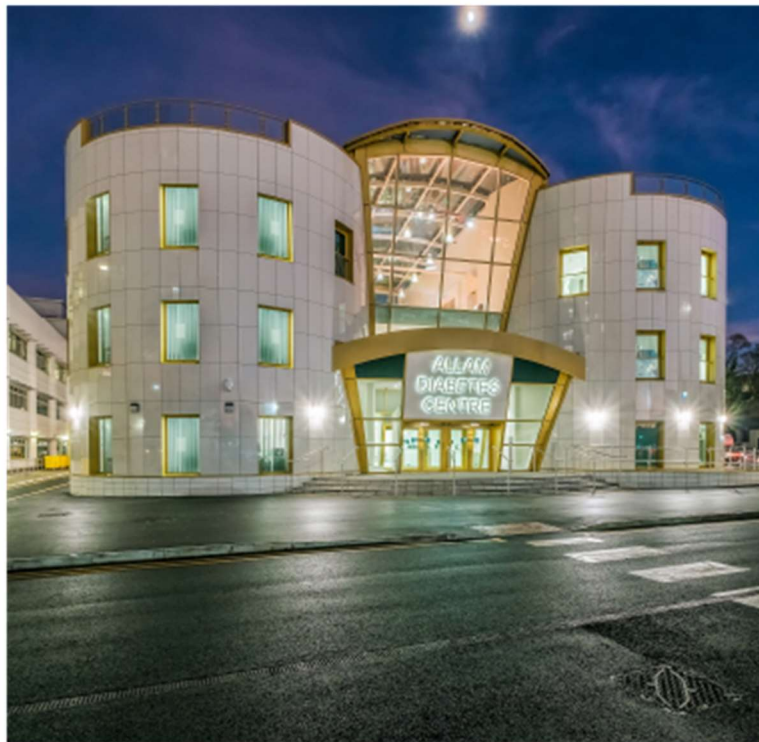


Hull University Teaching Hospitals NHS Trust Quality Accounts 2021/2022



Contents

| | |
|--|----|
| Contents | 2 |
| Part 1: Introducing our Quality Account | 3 |
| 1.1 Statement on Quality from the Chief Executive | 4 |
| 1.2 What is a Quality Account? | 5 |
| 1.3 About Us | 6 |
| 1.4 What our patients said in 2021/22 | 7 |
| 1.5 Celebrating success | 8 |
| 1.6 Performance against Priorities 21/22 – Summary..... | 12 |
| Part 2: Priorities for Improvement and Statements of Assurance from the Board..... | 13 |
| 2.1 Performance against Priorities 21/22..... | 14 |
| 2.2 Performance against other Quality and Safety Indicators..... | 27 |
| 2.3 Statements of Assurance from the Board..... | 41 |
| Part 3: Plans for the Future and Priorities for Improvement | 70 |
| 3.1 Plans for the future – consultation | 71 |
| Priority One: Improved care for patients with Dementia..... | 72 |
| Priority Two: COVID-19 Recovery Plans and Learning | 73 |
| Priority three: Improved Mortality and Morbidity including Learning from Deaths..... | 74 |
| Priority four: Improved care for patients with Mental Health needs in the Emergency Department | 75 |
| Priority five: Learning from Patient Experience..... | 76 |
| ANNEXES | 78 |
| Annex 1..... | 79 |
| Annex 2..... | 83 |
| Annex 3..... | 86 |

Part 1: Introducing our Quality Account

This section includes:

- [1.1 Statement on Quality from the Chief Executive](#)
- [1.2 What is a Quality Account?](#)
- [1.3 About Us](#)
- [1.4 What our patients said in 2021/22](#)
- [1.5 Celebrating Success in 2021/22](#)
- [1.6 Performance against Priorities 2021/22 – summary](#)

1.1 Statement on Quality from the Chief Executive

I am pleased to present Hull University Teaching Hospitals NHS Trust's Quality Account. The Quality Account is an annual report, which reviews our performance and progress against the quality of services we provide and sets out our key quality and safety improvement priorities for 2021/22. It demonstrates our commitment to continue improving our services and provide high quality, safe and effective care to our patients, their carers and their families. This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year.



In [Part 3](#) of this report we set out the quality and safety improvement priorities for 2021/22. These priorities were identified through consultation with staff, Trust members, Health & Wellbeing Boards, Healthwatch, Clinical Commissioning Groups (CCG) and the local community. As a result, the following quality and safety improvement priorities were identified:

Safer Care (Patient Safety)

1. Improved care for patients with Dementia

Better Outcomes (Clinical Effectiveness)

2. COVID-19 Recovery Plans and Learning
3. Improved Mortality and Morbidity including Learning from Deaths
4. Improved care for patients with Mental Health needs in the Emergency Department

Improved Experience (Patient and Staff Experience)

5. Learning from Patient Experience

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

I can confirm that the Board of Directors has reviewed the 2021/22 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate and fair account of our performance.

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

A handwritten signature in black ink, appearing to read 'Chris Long'.

Chris Long
Chief Executive

1.2 What is a Quality Account?

What is a Quality Account?

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

What should a Quality Account look like?

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

The Quality Account must include:

Part 1: Introduction

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

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

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

Part 3: Priorities for the coming financial year

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

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

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

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

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

How will the Quality Account be published?

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

1.3 About Us

We employ just over **7885 whole time equivalent staff** and are supported by **442 volunteers**



We saw over **115,338 patients** in our **Emergency Department** last year



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

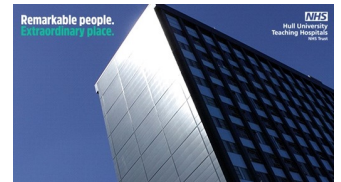


We admitted over **65481 patients** into our **wards** last year

We have an **annual income** of circa **£500 million**



Over **712,225 patients** attended an **Outpatient Department** last year



We delivered over **4547 babies** in our **Women's and Children's Hospital** last year



Secondary care services are provided to a to a catchment population of approximately **600,000** in the **Hull and East Riding of Yorkshire** area

The Trust also provides specialist and tertiary services to a catchment population of between **600,000 million and 1.25 million** extending from **Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire** respectively



The **vision** of the Trust is:



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

1.4 What our patients said in 2021/22

| | |
|--|---|
| <p><i>Very good very satisfied staff excellent and caring no complaints about the whole appointment thank you!</i></p> | <p>I was given clear and useful information by the audiologist about the present situation and what would happen next. I did find it a little difficult to locate the building initially but I was given helpful instruction by a volunteer in the main reception area.</p> |
| <p><i>Nurse and doctor were very nice, calming and caring. They explained everything to me clearly and made me feel at ease. We were Covid positive and were given our own room to wait in and not made to feel bad about it. Thank you.</i></p> | <p><i>I would grade you at number 1.No problem at all.</i></p> |
| <p><i>My experience would be rated as 1. All members of staff were kind and Informative. Thank you</i></p> | <p>It was very good the Doctors were great and the Nurses lovely they did a good job. Thank you</p> |
| <p>I was well looked after all my time I was there .Told me what was going to happen step by step. They could not have done any better</p> | <p><i>Very organised, appointment on time. Plenty of car parking space</i></p> |
| <p><i>The experience was a good one no waiting staff very polite and informative well done by all</i></p> | <p>Highly skilled professional who supported me with my concerns. The timescale (from point of referral) could have been better, but aside from that I was happy with the service provided.</p> |



| | |
|--|---|
| <p>All the staff on ward 31 are the absolute best and treat everyone with so much respect and dedication and love... I can't fault or criticise anything and I can't think of anything they could be doing better.</p> | <p><i>Seen promptly, covid rules obeyed. Explained all treatment thoroughly</i></p> |
| <p><i>The nurses and Drs was very quick and efficient with helping with my daughters condition</i></p> | <p>Have already recommended your service to friends and family. All staff nursing, doctors, volunteers, cleaner, etc. very professional and patient and cheerful and helpful. Feel I can ask them anything and not feel stupid! An excellent service.</p> |

1.5 Celebrating success

Like many NHS providers across the country, in 21/22, the Trust faced another challenging year for the Hull University Teaching Hospitals NHS Trust following the outbreak of the COVID-19 pandemic. Despite the difficulties posed by the pandemic, staff across the Trust have risen to the challenge and there are many examples of amazing successes and accomplishments that have been achieved throughout the year. Some of this year's successes are highlighted below.

Moments of magic



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

- **Thank you Chelsea Morgan, Ward 12 HRI:** *On her day off recognised that there was a person walking around the streets in a hospital gown and blanket and looking confused, rang security at the hospital to see if there had been a patient abscond from the hospital, to which there had been and was this specific person. Chelsea then followed the patient at a distance whilst relaying to security and whom then was relaying to the police the whereabouts of the patient, whom they had managed to catch up with and return to the hospital.*
- **Thank you Ward 35, Ophthalmology Ward:** *This ward has been going above and beyond to help make sure that the Plastic Surgery Operations are still able to go ahead aside from the current pressure which the hospital is facing. The staff are very accommodating and nothing is too much trouble for them to make sure that the patient's journey is one that is smooth and the patient's surgery is not cancelled.*
- **Thank you Lawrence Kenning, Nuclear Medicine:** *Thank you to Lawrence who was of great help with a very nervous paediatric patient. He was very patient and chatted with them for almost an hour during their scan in order to keep them comfortable. Because of his help, we were able to complete the procedure.*
- **Thank you Abby Langshaw, Speech and Language Therapy:** *Over the past few months Abby has shown true hard work and commitment to her team and her patients. Often the only SLT managing the acute medical team caseload recently, Abby works with efficiency and compassion to care and advocate for her patients. Even under times of extreme pressure she adopts a 'can do' attitude and can always be relied upon. She is a great asset to the SLT team! Thank you Abby!*
- **Thank you Dr Margaret Bolaji & Dr Evon Chow, Ward 9 HRI:** *The 2 junior doctors who were eventually allocated to a newly set up medical ward with us have been fantastic to work with. We were all new to the ward and speciality. They have become very valued members of our team & we will miss them when we go back to our own area. Margaret & Evon have worked very hard, nothing is too much trouble for them, they are always happy to help with anything. We wish them all the very best of luck wherever they go next. Thank you very much for all your help & support.*

Internal staff awards

The Trust presents staff with Golden Hearts Awards and the awards recognises staff across the Trust for their amazing and outstanding contributions towards patients and colleagues. Due to the pandemic, the awards ceremony from 2020 had to be postponed to ensure everyone was safe and help minimise the spread of the infection. The announcement of the Golden Hearts awards were later announced throughout the latter part of 2021 and some of the winners were:



Clinical Team of the Year:

Infectious Diseases Team: The Infectious Diseases Team were awarded the most coveted Golden Hearts award for their role throughout the Covid pandemic. Nursing, medical, domestic and support staff stepped up to face the unknown, coped with increased workloads, took on personal risk, learned new skills and worked flexibly through an ever changing situation.

Team Spirit:

Paula Vickers and Nursing and Medical team on Ward 1 at Hull Royal Infirmary: Dr Makani Purva, Chief Medical Officer, paid the team a personal visit to present Paula and her colleagues with their Golden Hearts winner's trophy and certificate, and to give her own personal thanks for their bravery and their willingness to adapt in the early stages of the pandemic.

Outstanding Individual Volunteer:

David Freer and Lewis the Dog: Come rain or shine David and Lewis visit Acorn ward every week. In helping alleviate their nerves before surgery Lewis does tricks for the children and lets them listen to his heart beat using a stethoscope.

Outstanding Individual: Scientific, Technical & Therapeutic:

Sheela Jayakumar, Speech and Language Therapist: Sheela was nominated last year by Clinical Psychologist, Jaswinder Moorhouse, who wanted to see her recognised for her 'can do' attitude and her positive outlook.

Patient Safety:

Greta Johnson, Infection Prevention and Control: Greta Johnson has been at the forefront of the Trust's battle against Covid-19; staying on top of all current infection prevention and control and Personal Protective Equipment guidance, helping to investigate and manage outbreaks within hospital, and playing a key role within the Trust's tactical response group.

Making it better:

Critical Care Family Liaison Team: At a time of great uncertainty for themselves, their colleagues and local people, they stepped up to support patients and families through perhaps the most difficult time of their lives.

Lifetime Achievement:

Miss Sanja Besarovic: Known to all as Miss B, Sanja Besarovic has been providing outstanding surgical care for children and neonates in this region for more than two decades. Chief executive, Chris Long, said, *"If I could make a statue of any one person, it would be Miss B. She is truly incredible."*

External staff awards

Dianne Backhouse is named 'Nurse of the Year'

Congratulations to liver nurse specialist, Dianne Backhouse, who was announced as the deserving winner of the Nurse of the Year award at the Nursing Times Awards 2021. She earned the title based on her work to develop the role of the liver nurse specialist at the Trust as well as for the work she has carried out to improve care for her patients with liver disease and support them to stay at home. The judges were won over by Dianne's innovative, patient-focused approach and genuine impact on patient care.



The Trust wins Nursing Times Workforce Awards

The Trust won two prestigious awards from the Nursing Times Workforce Awards. The first award was for Best Employer for Staff Recognition for the Trust work on the 'Remarkable People, Extraordinary Place' campaign. The second award was presented to Emergency Department Staff Nurse and Deputy Chair of the Trusts BAME Staff Network, April Montoya (pictured left), beat off national competition to be crowned 'Overseas Nurse of the Year'.

Victory at Health Business Awards

The Trust's commitment to sustainability and to patient care have been recognised at the Health Business national awards ceremony. Emerging triumphant in the Patient Safety category was the Trust's eco-friendly slide sheet. Made from recycled plastic and wrapped in biodegradable packing, the sheets are used to move patients safely in their beds and protect their skin from tissue damage. The sheets are particularly useful for bariatric patients, those who are recovering from surgery, or other patients with frail or fragile skin.



Aarthi scoops national BAME award

Congratulations to Aarthi Rajendran who beat off national competition to win a BAME Health and Care award. Aarthi had been nominated by her colleague, for her work to keep patients and staff well cared for during the pandemic; this included developing a BAME risk assessment which took account of the latest research and influencing change in the annual leave policy to become more equitable for staff members with family abroad.

Innovation



Radiotherapy first team in the country to secure accreditation for patient care

A hospital team treating patients with cancer has become the first in the country to be awarded special accreditation for their work. The radiotherapy department at Hull University Teaching Hospitals has received national accreditation for its work using CT imaging to target cancer cells with radiation.

Based at the Queen's Centre at Castle Hill Hospital, the team is the first radiotherapy service to be awarded BS70000:2017 (MPACE) accreditation for its CT localisation process, the beginning of radiotherapy planning which is a specialist treatment minimising damage to healthy tissue and organs in patients with cancer.

Proud to say...oh yes net zero

Hull University Teaching Hospitals NHS Trust has teamed up with some of the city's biggest names to further its ambitions to become carbon neutral by 2030. The Trust, has joined 'Oh Yes! Net Zero', the Hull Net Zero Collaborative which seeks to deliver a low carbon economy with the support of local business, organisations and individuals.



Chris Long, Chief Executive for the Trust says: "Our trust is one of the biggest employers in Hull, with over 10,000 staff and a range of services which operate round-the-clock. We know that we could achieve significant levels of carbon reduction on our own, and have ambitious plans to do so..., with the support and insight of partners across the city, now makes this infinitely more achievable."



Hull researchers taking part in new vaccine trial

Hull's hospitals have been selected to take part in a new vaccine trial targeting the Omicron variant of Covid-19. Around 150 staff working at Hull Royal Infirmary and Castle Hill Hospital and members of the public who are in good health and over the age of 16 are being asked to volunteer for the trial.

Dr Patrick Lillie, Consultant in Infectious Disease at Hull University Teaching Hospitals NHS Trust and Hon Senior Lecturer at Hull York Medical School, is leading the trial at both hospitals. "This study is important as it will help answer the questions around fourth doses of vaccines, in particular do they need to be adapted to Omicron or if the original vaccines give good responses still," Dr Lillie said.

State of the art allam Diabetes Centre opens to patients

The latest building to open at Hull Royal Infirmary has been generously supported by local businessman and philanthropist, Dr Assem Allam, with a donation of £3m.

After 12 months under construction and now boasting a light and airy feel, the new centre of excellence is serving as a hub to treat more than 9,000 people every year for diabetes and metabolic bone diseases such as osteoporosis. In addition, it is providing a significantly expanded range of accommodation for world-class diabetes and endocrinology research and other research teams.



1.6 Performance against Priorities

21/22 – Summary



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

The below table provides an overview of the progress of the QIPs set out in the 2021/22 Quality Account:

| Key: | | | | | | |
|---------------------|------------------------------------|-----------------|---|---------------|----------|--------------|
| Achieved | ✓ | Did not achieve | ✘ | Progress made | ↗ | Discontinued |
| | Project | | | | Progress | |
| Safer Care | Increase “Stop the Line” reporting | | | | ↗ | |
| | Reduction of inpatient falls | | | | ✓ | |
| Better Outcomes | Covid-19 Recovery Plan | | | | ↗ | |
| | Mental Health Triage in ED | | | | ↗ | |
| Improved Experience | Improved learning from complaints | | | | ✓ | |

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

This section includes:

- [2.1 Performance against priorities 2021/22](#)
- [2.2 Performance against other quality and safety indicators](#)
- [2.3 Statements of assurance from the Board](#)

2.1 Performance against Priorities 21/22

This section covers

- Safer Care:
 - [Priority: Increase “Stop the Line” reporting and improve staff knowledge regarding ‘Near Miss’ incidents and reporting.](#)
 - [Priority: Reduction of inpatient falls of patients who have a diagnosis of dementia and have an inpatient fall within the Department of Elderly Medicine \(DEM\).](#)
- Better Outcomes:
 - [Priority: Implementation of the Trust COVID-19 Recovery Plan Why was this important](#)
 - [Priority: Improve mental health triage in the Emergency Department](#)
- Improvement Experience:
 - [Priority: Improved learning from complaints and patient experience](#)

Safer Care:

Performance against priorities

21/22



Priority: Increase 'Stop the Line' reporting and improve staff knowledge regarding 'Near Miss' incidents and reporting.

Why this was important

The Trust implemented the 'Stop the Line' policy in response to a series of [never events](#) in surgery. Upon investigation, most of the contributing factors in these events were avoidable and harm/potential harm to the patient could have been avoided in each case had the due checks, balances and behaviours been in line with corporate/professional requirements and patient safety evidence. 'Stop the Line' was introduced as a mechanism to empower staff members to speak up when they see behaviour or actions that could lead to harm.

'Stop the Line' was intended to be used at any point in an operating theatre, interventional procedure room or any other clinical environment when increased patient focus and concentration is required. Conversation, noise and other distractions that are not related to the specific task in question must cease until the stand down order is received, such as "thank you everyone, please carry on as you were". The intention is that any staff member, irrespective of role, grade, seniority or experience, can call 'Stop the Line' if they see that required safety procedures and checks are not being followed.

On review of the implemented policy, it was felt that further guidance was required on what staff members do once a stop has been called, the reporting procedures for a 'Stop the Line' and how these events are followed up and learnt from, as well as learning being disseminated throughout the organisation. Stopping the line to prevent avoidable harm can also be seen as a near miss. Updating the policy to be in line with changes to the trust incident and reporting policy and how near misses are reported, investigated and acted upon would also help the understanding of near misses and the learning from them within the Trust.

Using the Virginia Mason Institute example of how a similar patient safety process was implemented, a key component of implementing their version of a 'Stop the Line' policy was staff feeling supported and knowing that the issues identified would be addressed. The suggested key components of the policy changes were:

- Supporting, encouraging and empowering staff who call a 'Stop the Line'
- Using the established risk matrix on the likely severity outcome of the error within national incident reporting frameworks and the trust incident reporting policy. Using this matrix would allow staff to establish the likely outcome of the event prevented by stopping the line which would help determine the response.
- Responding to the 'Stop the Line' as a near miss by reporting it via Datix and encouraging its investigation and actions based on the likely severity outcome prevented

What did we aim to achieve?

The aim of this QIP is to test the changes to the process within a single team unit, adapt them where needed and get feedback on the process before finalising trust wide policy changes.

By providing clear guidance on actions and process when a 'Stop the Line' is called, reporting and investigating procedures along with learning from the events would see an increase in 'Stop the Line's'

being reported, increase in staff engagement and satisfaction with the process, and an increase in measurable actions from 'Stop the Line's'.

Objectives of the project

The objectives of the project included:

- Increase in the number of 'Stop the Line's' being reported by **50%** in a six month period
- Increase documented actions from 'Stop the Line' investigations to a minimum of **2** a month

Benefits of the project

The identified benefits from implementation of the project included:

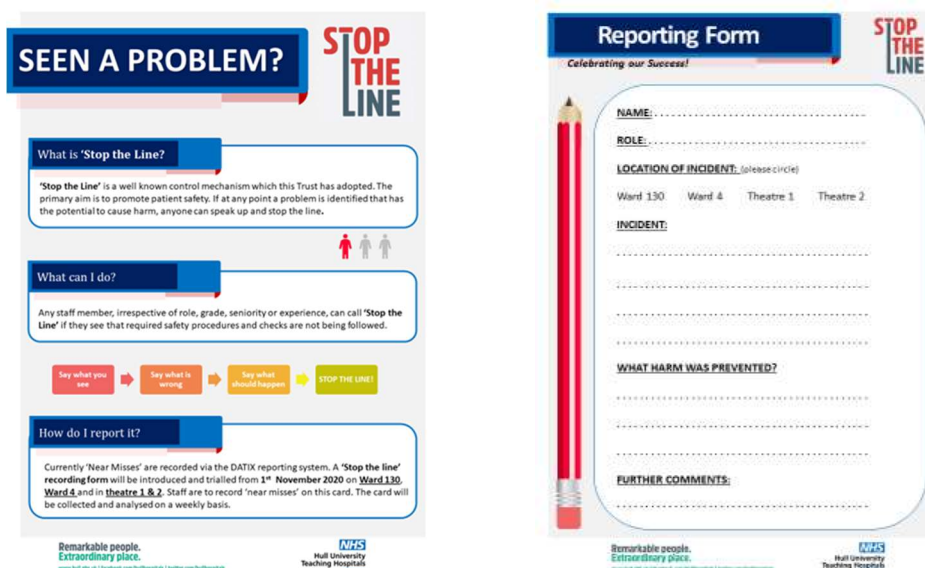
- **Patient Experience:** By promoting an environment where staff can take steps to limit preventable harm and learn from those near misses, we will see a reduction in avoidable harm
- **Quality Experience:** Staff should feel more engaged with the policy and procedures around incident reporting and 'Stop the Line'
- **Staff Benefits:** Improved moral and satisfaction with 'Stop the Line' reporting and action feedback
- **Organisational Benefits:** Supports the patient safety strategy and reduces patient harm.

How did we perform?

The project pilot was originally extended until October 2021 but due to the ongoing Covid-19 issues this was paused in April 2021. The pilot was restarted on NICU in September 2021 and has continued through until the end of March 2022. The Covid-19 pandemic impacted greatly on the delivery of the Quality Improvement Priorities for 21/22. Following on from the 21/22 Quality Improvement Priority to increase and improve reporting for 'Stop the Line' incidents, it was identified that further improvements were required to increase:

- Staff understanding and knowledge of what should be considered as a near miss incident
- Increase reporting of near miss incidents
- Celebrate successes where 'Stop the Line' calls prevented potential patient harm
- Ongoing education and raising awareness with staff regarding 'Stop the Line' project within the pilot area.

In November 2021 a new pilot area was introduced in Neonatal Intensive Care Unit (NICU). The introduction of project to medical and nursing team was carried out, posters displayed across the unit and reporting forms were made available:



Despite the project being piloted since November 2020, levels of awareness were still not reaching the levels expected. A survey was distributed and the results identified the main barriers for not reporting were time, lack of awareness of what constitutes as a near miss and fear of staff to report an incident.

There were **12** 'Stop the Line' forms submitted between October 2021 and February 2022. A dashboard has been created on Datix (incident reporting system) to show incidents reported within the pilot area to monitor progress.

Discussions were held as to whether there was any value in continuing the project beyond March 2022, a decision was made to continue with the pilot, and it has been identified that assistance will be needed from the ward managers to promote the importance of 'Stop the Line' amongst staff recording near misses so as to learn lessons and avoid future incidents.

Going forward

Moving forward further evaluation is needed whether the near misses that are being reported are reflecting low incident rates of near misses within the organisation or whether this is an indication of under reporting.

Further actions to be evaluated and implemented if deemed appropriate including:

- Certificates of recognition designed to celebrate staff reporting those events.
- Involvement of other stakeholders and promote the project as a Trust project with an emphasis on the importance of staff engagement.
- Looking at digital solutions for example, a user friendly near miss reporting app platform for sharing lessons.

This priority will be carried forward for further action, monitoring and evaluation as part of the overall Trust Quality Improvement Plan.

Safer Care: Performance against priorities 21/22



Priority: Reduction of inpatient falls of patients who have a diagnosis of dementia and have an inpatient fall within the Department of Elderly Medicine

Why this was important

The COVID-19 pandemic impacted greatly on the delivery of the Quality Improvement Priorities for 21/22.

Due to the requirements of the Trust to cope with the impact of COVID-19, not all of the objectives from the 21/22 Quality Improvement Priority to reduce the number of inpatient falls for patients who have a diagnosis of Dementia within the Department of Elderly Medicine (DEM) could be achieved.

The original aim to reduce falls experience by patients with a diagnosis of dementia had been selected as a continued priority following consultation with the trust and the public, therefore, this priority has been selected as part of the Quality Improvement Priority Plan for 21/22.

What did we aim to achieve?

The aim of the priority will be to deliver the recommendations from the in-depth review of patients who have a diagnosis of Dementia and have experienced an inpatient fall within DEM.

Objectives of the project

The objectives of the project included:

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

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience:** Identification of high risk patients in a timely manner
- **Quality Experience:** Timely interventions/treatments implemented by an appropriate member of staff
- **Staff Benefits:** Provision of high quality care and improved education.
- **Organisational Benefits:** Support the patient safety strategy.

How did we perform?

The following key milestones were achieved as part of Quality Improvement project:

- Key stakeholders were identified and participated in the project and task and finish group meetings were held
- Roles and responsibilities of the project team were defined and agreed
- Governance and feedback arrangements were agreed and implemented
- Data collection was sourced for those patients sustaining falls with a dementia diagnosis; this became difficult to specify as the incident data and dementia diagnosis are not collated within the same digital system therefore the project was widened to falls within the DME ward areas.

A number of initiatives were introduced and implemented including:

- Promotion for the use of anti-slip socks for those patients identified at risk of falls
- Introduction of pharmacy 'yellow stickers' reviewing medications and identifying if medications in use that could contribute to a potential fall for a patient
- Use of universal walking frames to support patients prior to individual assessment by the Physiotherapist team
- Review of working practices within the DME wards, particularly at night including supporting with one to one patient support where required and a 'tag' team principle to support staff and patients
- Education and training of all staff regarding complete and accurate incident reporting
- Purchase of ultra-low beds for all of the bed bases within DME services

Going forward

In order to avoid duplication, the Falls QIP has been closed and any outstanding work and ongoing actions are to be shared and completed by the Trusts Falls Committee including further development of the education programme specific to falls and the dementia patient.

Better Outcomes: Performance against priorities 21/22



Priority: Implementation of the Trust COVID-19 Recovery Plan

Why was this important

No one could foresee the overwhelming impact that COVID-19 would have on all aspects of life, including the NHS. The lasting impact from the pandemic has yet to be felt.

It is imperative that there is a robust recovery plan in place to manage and mitigate the impact the pandemic has had on the Trust and appropriate measures are in place to support the implementation of the Trust's COVID-19 recovery plan. Therefore, this priority was selected as part of the Quality Improvement Priorities for 21/22.

What did we aim to achieve?

The Trust will have an overarching COVID-19 recovery plan detailing:

- What is required to enable effective recovery
- What the timescales are for ensuring recovery
- How progress will be monitored and reported

The COVID-19 recovery plan will cover all elements of the Trust that have been affected by the pandemic such as waiting times and cancelled operations.

Objectives of the project

The objectives of the project included:

- Build on what has been learnt during the pandemic to improve the delivery of services
- Restore elective and cancer care services
- Prepare for possible future surge requirements for COVID-19 patients.

Benefits of the project

The identified benefits from implementation of the project included:

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

How did we perform?

Although there have been peaks and troughs, the COVID-19 pandemic continues to significantly impact upon the delivery of elective services across the Trust; and so the full QIP has not been delivered.

However, a number of milestones were achieved, including:

- Development of delivery plans that brought service activity close to pre-pandemic levels, including elective and cancer services when they were able to operate at business as usual
- Development of plans to maintain delivery of key services whilst preparing for the impact of Omicron and the accelerated vaccination programme
- Redesigning services to keep the developments patients and staff told us they liked as a result of the pandemic; such as video and telephone appointments
- Designing and building a Staff Wellbeing Hub at Castle Hill Hospital to provide ongoing support for staff
- Improved partnership working with GPs, community teams and other healthcare providers to deliver care to patients more flexibly
- Greater understanding of services and being able to deliver in challenging circumstances

Going forward

The QIP was due to be delivered by March 2022, but, due to the ongoing pandemic, full delivery could not be achieved. However, the Trust recognises the requirement to achieve the performance targets and reduce the total waiting list volume, which is consistent with Great Care.

In terms of the overall experience, the Trust is now better prepared for any future peaks in Covid-19 admissions and will continue to use lessons learnt from each wave of the pandemic to improve the delivery of services – Great Future.

Better Outcomes: Performance against priorities 21/22



Priority: Improve mental health triage in the Emergency Department

Why was this important

The Royal College of Emergency Medicine (RCEM) (2019) states that:

'Patients should have a mental health triage by Emergency Department (ED) nurses on arrival to briefly gauge their risk of self-harm, suicide and risk of leaving the department before assessment or treatment is complete.'

The mental health triage should determine the level of observation required to keep patients safe and where patients should be placed within the Emergency Department.

Following an inspection from the Care Quality Commission (CQC) in March 2020, safe and timely access to Mental Health Services within ED was identified as an area requiring improvement and designated as a priority for 20/21 as part of the Trusts Quality Improvement Plan (QIP).

What did we aim to achieve?

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

Objectives of the project

The objectives of the project included:

- Assessing the impact of the pilot study once completed and identify any further recommendations where applicable
- Complete an audit of the triage assessment to assess the effectiveness of the assessment tool
- All staff are educated in the use of the assessment along with the relevant underpinning knowledge around Mental Health
- The triage assessment tool to be made available on a digital platform

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient experience:** Identification of high risk patients in a timely manner
- **Quality experience:** Timely interventions and treatment
- **Staff benefits:** Improved knowledge of the mental health triage assessments
- **Organisational benefits:** Information around patients accessing ED with a mental health issue support the Trust working with mental health services to improve patient pathways.

How did we perform?

A significant amount of improvements have been made by the Emergency Department to the quality of care, safety and experiences of patients attending ED with mental health needs. The full pathway has been reviewed and changed where required, appropriate risk assessments have been implemented, support guidance has been developed for patients and staff, staff education and training has been provided and debriefs take place following any significant incidents. All mental health delays in the department are reported as an incident on DATIX and a review of harm is undertaken (if needed). Of the main four objectives outlined, all but one had been completed. Due to the requirements of the Trust to manage the continued impact of COVID-19, an evaluation to assess the impact of the pilot study and identify any further recommendations to be undertaken.

Going forward

This priority will be carried forward for further action, monitoring and evaluation as part of the Trusts overall Quality Improvement Plan.

Improved Experience: Performance against priorities 21/22



Priority: Improved learning from complaints and patient experience

Why was this important

A majority of people when making a complaint are wanting to ensure that their experience does not happen to anyone else and that learning has been identified to improve services.

Feedback from patients whether positive or negative provides an insight into what is working well and what isn't working as well as it should be, this in turn provides an invaluable opportunity for the Trust to learn, improve services provided and improve patient experience.

What did we aim to achieve?

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

- Reduce the number of complaints being reopened by getting responses right first time
- Reduce the number of complaints being escalated to the Parliamentary Health Ombudsman (PHSO)
- Increase the number of positive responses received via the Friends and Family test and third party organisations such as Healthwatch, Care Opinion and NHS Choices
- Share learning across the Trust to enable continual improvement

Objectives of the project

The objectives of the project included:

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

Benefits of the project

The identified benefits from implementation of the project included:

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

How did we perform?

During 2021/2022 the following points were achieved:

- An analysis of the data obtained for 2016 to 2021 was undertaken and identified the themes of why patients/next of kin make complaints, and the reasons for reopened complaints was conducted.
- One key theme identified involved staff attitude and communication. A 'Customer Services Skills' course has been developed to provide training for staff and will be made available during 2022. This is a positive opportunity and will provide a learning opportunity for staff to undertake the course where a complaints that involve issues around communication.
- The newly proposed PHSO national complaint handling framework is due for publication in Q1 2022. One part of the new PHSO standards is to improve and increase the involvement of the patient and/or their family when submitting a complaint, to improve the outcome and reduce the number of complaints being reopened. An extensive review of the existing HUTH procedure with the new standards was completed and highlighted many areas of current compliance and identified areas for improvement. As a result a revised complaints procedure has been proposed and agreement for approval is currently being sought. It is intended that following the implementation of the revised procedure, this will result in a reduction of complaints reopened and referred to the PHSO.
- The previous provider for the Family & Friends Test was replaced with an alternative company who was already facilitating the service for the Emergency Department and Radiology. The extension to the FFT service has given more patients the opportunity to provide feedback on their treatment and care at the Trust. A QR code was also developed and Volunteers have been trained to assist patients with access to iPads who are struggling to complete the survey, to improve response rates and accessibility.
- The national standard requires a response rate of the Family and Friends test of 23%; HUTH have agreed a target of 25%. As of February 2022 the rate was 15%. Therefore, although there has been some improvement in response rates and positive feedback, there is still improvement required.
- The quality of the feedback provided by the new FFT provider is significantly improved and provides additional information such as voice notes and sentiment analysis.
- To improve the sharing of learning from Patient Experience, throughout the year each Health Group has shared their lessons learnt at the Patient Experience Sub Committee. This will be extended to the Health Group Governance reports from April 2022 onwards and will also be incorporated into a revised 'Lessons Shared' newsletter circulated across the Trust.
- Patient, Public & Carer Councils established for Adult and Youth engagement.
- Patient forum for feedback and discussion utilised bi-monthly
- During 2021 – 2022 74 second complaints were received, which was a slight improvement when compared with 79 during 2020 – 2021. During 2021 – 2022 3 complaints were made to the PHSO; the same number as 2020 – 2021. The QIP during 2021 – 2022 focused on establishing the basis of future improvement work, and during 2022 to 2023 it is expected second complaints and complaints to the PHSO will decrease due to the implementation of the revised PHSO standards and continued focus on lessons learnt across each Health Group

Going forward

The foundations of delivering the objectives of this QIP has been achieved, but there is further improvement work to be built on to realise the full benefits and aims of the project. Going forward, key actions below will be carried forward for further action, monitoring and evaluation:

- Greater triangulation of patient experience data, to include complaints, PALS contacts, Friends and Family, inpatient surveys, staff survey, Fundamental Standards and the Matron handbook.
- A selection of complaints will be audited by the Head of Patient Experience to test the complaints process, quality check, test the action plan and receive assurance. Assurance will also be discussed and given to the Director of Quality Governance and Head of Quality Compliance and Improvement.
- The improvement work for the new PHSO national standards will be commenced and implemented.

2.2 Performance against other Quality and Safety Indicators

This section covers:

- [2.2.1 Seven day services within the NHS](#)
- [2.2.2 Patient Safety Incidents](#)
- [2.2.3 Serious Incidents and Never Events](#)
- [2.2.4 Patient Safety Alert compliance](#)
- [2.2.5 NHS staff survey results](#)
- [2.2.6 Whistleblowing](#)
- [2.2.7 Freedom to Speak Up](#)
- [2.2.8 Duty of Candour](#)

2.2.1 Seven day services within the NHS



What does it mean to provide seven-day services?

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

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

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

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

Work on seven-day services will resume following the easing of COVID-19 restrictions and return to normal activities.

2.2.2 Patient Safety Incidents



What is a patient safety incident

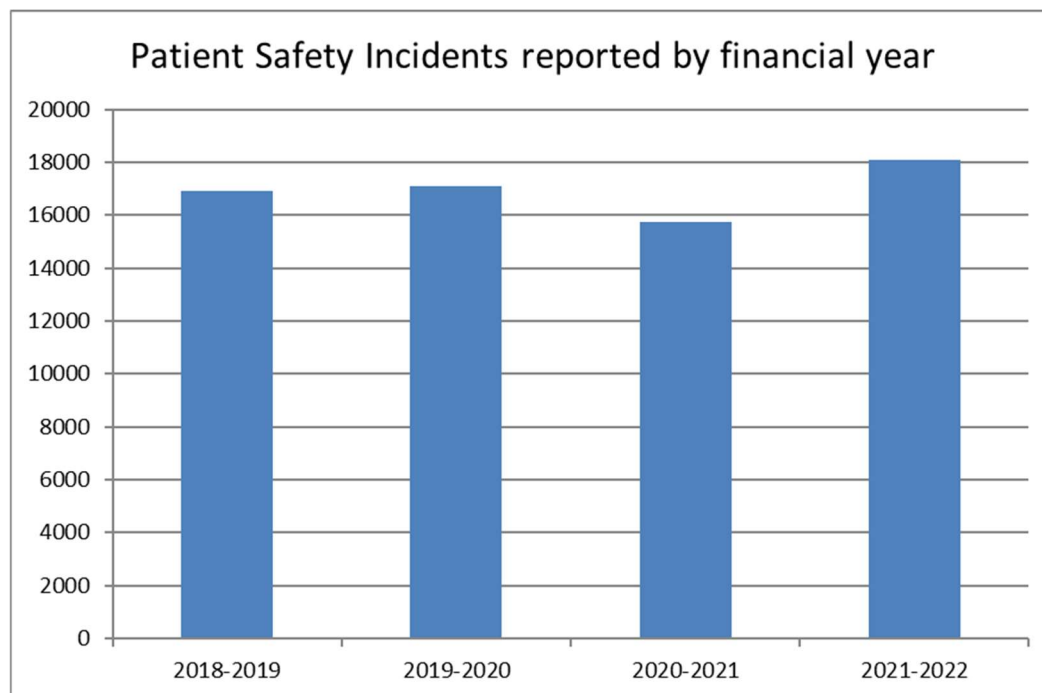
Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare. The Trust encourages incident reporting and believes that a strong incident reporting culture (i.e. a high level of incident reporting), is a sign of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

Patient Safety Incidents reported by the Trust

The Trust encourages incident reporting and believes that a strong incident reporting culture (i.e. a high level of incident reporting), is a sign of a good patient safety culture.

A total number of 18,098 patient safety incidents were reported in 2021/22, an increase on the previous year when the Covid-19 pandemic had an impact on in-patient activity but the rise is in line with previous reporting years.

The graph below shows the Trust's incident reporting rates during 2021/22 with comparison against previous years:

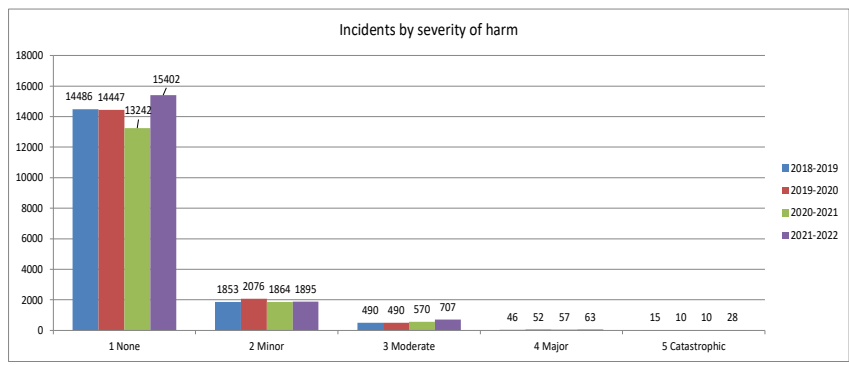


The patient safety incidents when reviewed against bed occupancy for 21/22 is shown in the table below

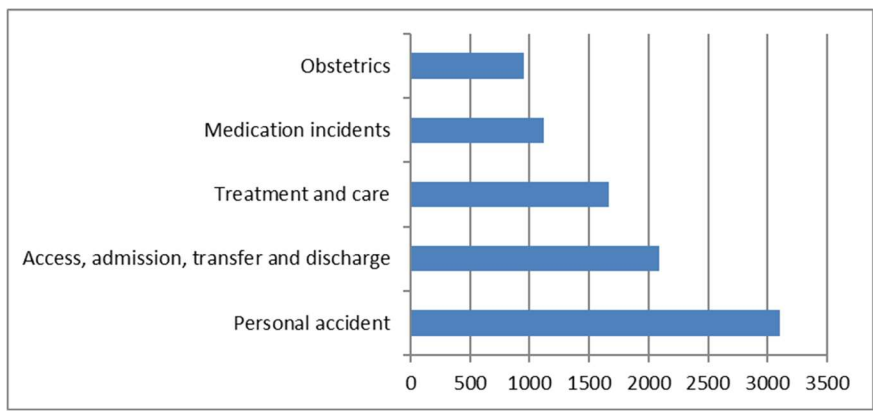
| Number of incidents reported | Bed occupancy | Incidents per 1000 bed days | Incidents reporting an Injury | Incidents reporting a Near Miss | Incidents reporting No Injury |
|------------------------------|---------------|-----------------------------|-------------------------------|---------------------------------|-------------------------------|
| 18,098 | 345052 | 52.45 | 2693 | 1718 | 13687 |
| As a percentage | | | 15% | 10% | 75% |

The Trust encourages incident reporting, and recognises that a good incident reporting rate is a sign of a healthy patient safety culture. The Trust monitors its levels of harm within the Health Groups and the Quality Governance and Assurance Directorate, and levels of harm may be adjusted, either increased or decreased, according to information known about the event upon investigation.

The graph below shows the Trust’s incidents by severity of harm reporting rates during 2021/22 with comparison against previous years:



The graph below demonstrates the most reported types of incident during 2021/22



The Trust is committed to reducing harm from these types of incidents reported, and the themes within the highest reported incidents are reflected in the Trust Quality Strategy for 2022-2025 which includes patient safety in its priorities with one of the strategic aims being to increase the proportion of harm-free incidents which will be measured by the following six types of incidents resulting in harm to patients and the associated Quality Improvement Programmes:

1. Hospital acquired pressure ulcers
2. Catheter associated UTI
3. Avoidable venous thromboembolism (VTE)
4. Harm from falls
5. Hospital acquired infection
6. Medication errors

An additional priority is to increase the reporting of errors and near miss incidents, to embed a safety II culture and to learn from these events, promoting and emphasising when things go right.

The development of the Lessons Learned Framework 2022-23 will provide a defined structure for the reporting, investigating, learning lessons, implementing and sustaining change as a result of investigation findings and analysis of incidents in order to provide safe, high quality care to our patients and a safe environment for our staff and members of the public.

2.2.3 Serious Incidents and Never Events



What is meant by a Serious Incident and Never Event

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

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

Never Events and Serious Incidents declared by the Trust:

The Trust declared five Never Events in 2021/22; an increase to the one Never Events reported in 2019/20.

There were no commonalities between the Never Events but two were under the category of Wrong Site Surgery. Each Never Event was investigated by means of a simulation event.

Total number of Never Events and Serious Incidents (SIs) declared 2019/20, 2020/21 and 2021/22:

| | 2019/20 | 2020/21 | 2021/22 |
|----------------------------------|-----------|-----------|------------|
| Total Never Events Declared | 7 | 1 | 5 |
| Total Serious Incidents Declared | 59 | 95 | 126 |
| Total* | 66 | 96 | 131 |

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

The simulation events allowed for a scenario based investigation with the staff involved in the incident to re-enact the event and gain an understanding of why the incident happened. This allowed the staff to identify contributory factors and to establish what could be learned and actioned to prevent such Never Event's occurring again. Simulation events utilise the '5 whys' technique and cause and effect (fishbone diagram) to analyse the findings of the simulation and discussion.

The National Coronavirus Pandemic continued to impact on the way the Trust investigated Serious Incidents in 2021/22. This included the relaxation of timescales for the completion of Serious Incident investigations. In agreement with the Local Commissioning Groups, the 60 day timescale for the completion of investigations were removed in 2020/21 and will continued into 2021/22.

For each newly declared Serious Incident, a Rapid Response Report is produced. This has enabled early identification of immediate actions and learning from the incidents to be at the forefront to ensure that proportionate investigations have been undertaken.

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

The Trust continues to evolve the way in how Serious Incidents are investigated to ensure they are investigated proportionally and with the involvement of patients and their families. Patients and their representatives are regularly invited to ask questions to the investigation panel and to agree the terms of reference of the investigation to ensure that a full holistic picture of the consequences of the incident are considered during the investigation, not just how the incident has impacted on the Trust. This evolution is in preparation to the National Patient Safety Incident Response Framework which is expected to be published in summer 2022.

The Trust will continue to be open and honest where a Serious Incidents and Never Event has occurred, to ensure that these are fully investigated, with appropriate actions taken as a result. The Trust is committed to providing the best care to our patients and our responses to the Serious Incidents and Never Events are much improved. The learning and actions arising from the investigations is helping to improve the patient safety within the organisation.

The Serious Incident Review Oversight Group meets on a weekly basis and continues to oversee the completion of Investigations providing additional scrutiny and assurance that key factors identified are addressed by the actions. The Oversight Group is also responsible for reviewing themes and trends arising from investigations.

2.2.4 Patient Safety Alerts Compliance



What is meant by Patient Safety Alerts

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

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

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

Compliance for Patient Safety Alerts

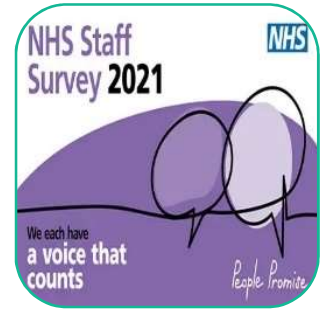
A review took place in November 2021 of the CAS alerts received to ensure appropriate action had been taken and processes were followed following receipt of CAS alerts, it was established that a number of breaches had occurred following delayed responses including provision of updates on necessary actions that were required. The process for monitoring progress and completion following receipt of CAS alerts is currently under review to ensure assurances can be provided that applicable actions where required have been completed.

The below table demonstrates the alerts received during 21/22 and the Trust response:

| Reference | Alert Title | Issue Date | Deadline | Trust Response |
|-----------------------|---|-------------|-------------|------------------|
| NatPSA/2021/001/MHRA | Supply disruption of sterile infusion sets and connectors manufactured by Becton Dickinson (BD) | 12-Mar-2021 | 12-Mar-2021 | Action Completed |
| NatPSA/2021/002/NHSPS | Urgent Assessment/Treatment Following Ingestion Of 'Super Strong' Magnets | 19-May-2021 | 19-Aug-2021 | Action Completed |
| NatPSA/2021/003/NHSPS | Eliminating the risk of inadvertent connection to medical air via a flowmeter | 17-Jun-2021 | 16-Nov-2021 | Action ongoing |

| Reference | Alert Title | Issue Date | Deadline | Trust Response |
|-----------------------|---|-------------|-------------|--------------------|
| NatPSA/2021/004/MHRA | Recall of Co-codamol 30/500 Effervescent Tablets, Batch 1K10121 | 17-Jun-2021 | 21-Jun-2021 | Action Completed |
| NatPSA/2021/005/MHRA | Philips ventilator, CPAP and BiPAP devices: Potential for patient harm due to inhalation of particles and volatile organic compounds | 24-Jun-2021 | 22-Feb-2022 | Action Completed |
| NatPSA/2021/006/NHSPS | Inappropriate anticoagulation of patients with a mechanical heart valve | 15-Jul-2021 | 28-Jul-2021 | Action Completed |
| NatPSA/2021/007/PHE | Potent synthetic opioids implicated in increase in drug overdoses | 20-Aug-2021 | 20-Aug-2021 | Action Completed |
| NatPSA/2021/008/NHSPS | Elimination of bottles of liquefied phenol 80% | 25-Aug-2021 | 25-Feb-2022 | Action Completed |
| NatPSA/2021/009/NHSPS | Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators (PAPRs) during surgical and invasive procedures | 25-Aug-2021 | 25-Nov-2021 | Action Completed |
| NatPSA/2021/010 | The safe use of ultrasound gel to reduce infection risk | 11-Nov-2021 | 31-Jan-2022 | Action Completed |
| NatPSA/2022/001 | Potential Contamination Of Alimentum and Elecare Infant Formula Food Products | 4-Mar-2022 | 11-Mar-2022 | No Action Required |

2.2.5 NHS Staff Survey Results



What is the NHS Staff Survey

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

Results of the 2021 Staff Survey for HUTH

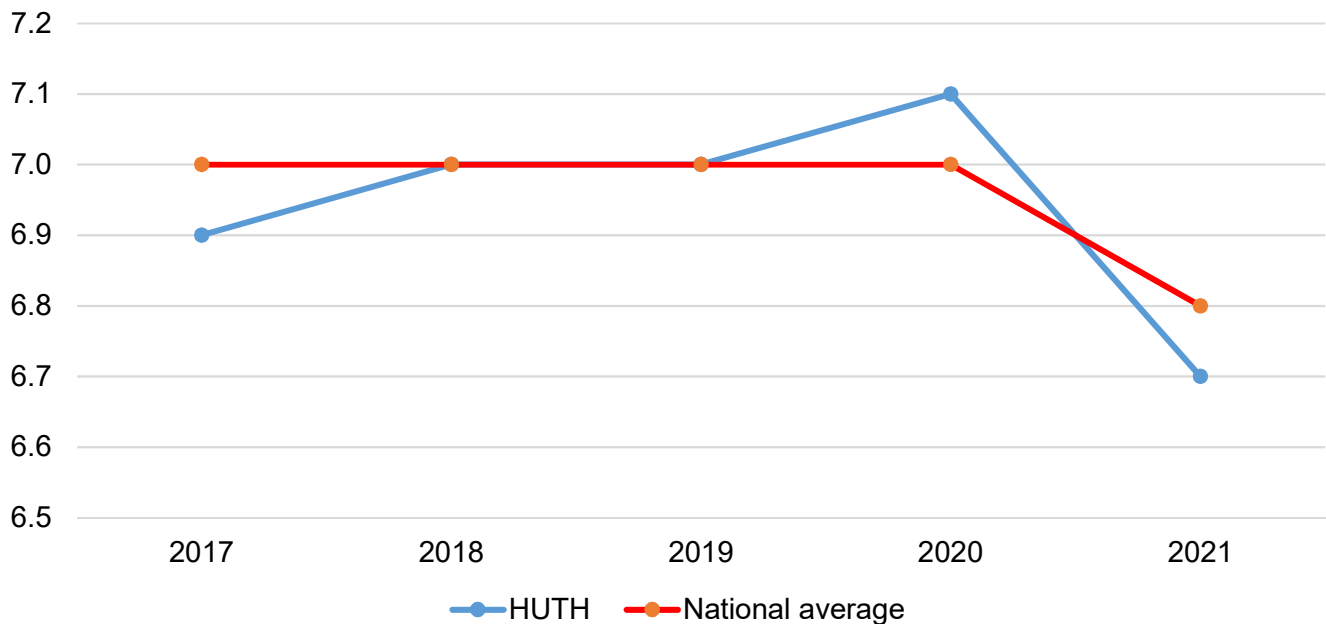
The staff survey 2021 ran from September to November 2021 with **44%** of HUTH staff (**3977** staff) returning a completed survey. This was an improvement on 2020 when **38%** of staff responded.

| | | | | |
|--|---|--|---|---|
| 9001 Staff members were invited to complete the survey | 8944 Staff members were eligible at the end of survey | 44% Completed the survey (3977) | 52% Was the average response rate for similar organisations | 38% Was the previous year's response rate |
|--|---|--|---|---|

The Trust's performance was in line with the national average for the majority of key theme indicators, however, across the board performance has deteriorated since 2020. This is the same for the NHS as a whole.



The key indicator of staff engagement has worsened for the NHS in the past 12 months. The Trust had seen engagement rise above the national average last year however, as shown in the below graph, staff engagement has deteriorated this year.



A programme of actions is being developed at a local level within the Trusts Health Groups working to improve the working lives of staff in time for the 2022 survey. At a corporate level our key actions are as follows:

1. Ten virtual executive-led focus groups to understand the barriers preventing staff from delivering the care they aspire to.
2. Present the staff survey results at the Health Group business meetings to identify further actions required.
3. Launch of a bi-monthly staff forum.
4. Undertake a Barrett Values survey to reassess the Trust's values.
5. Executive-led manager briefing/feedback sessions to be held in May 2022 and June 2022
6. Executive-led shift from 'Command and Control' previously used to manage the impact of the pandemic, to involve, empower and engage teams and staff in decision making
7. Mandated leadership programme to support managers to lead and motivate in challenging times and own and explain difficult decisions
8. Set minimum 'people first' expectations to include appraisals, breaks and annual leave, manageable workload, mandatory training, wellbeing conversations and team meetings.
9. Leadership teams understand and prioritise 'our people first' approach.
10. Review the People Strategy around recruitment, wellbeing, equality diversity and inclusion
11. Relaunch reward activities that were paused during the pandemic including 'UP' (health and wellbeing programme), staff lottery events and the Trusts Golden Hearts Awards scheme.

2.2.6 Whistleblowing



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2.7 Freedom to Speak Up

In June 2021 the post of Head of Freedom to Speak Up was created and incorporated the Freedom to Speak Up Guardian (FTSUG) role. Fran Moverley is now the permanent trained FTSUG at HUTH and the role is supported through ring fenced time.



In January 2022 the Staff Advisory and Liaison (SALs) service was integrated into the remit of the FTSUG, due to the duplication between the two services and to ensure staff are clear who they can contact.

The FTSUG supports staff, trainees, students and volunteers to speak up about their workplace concerns and/or ideas for improvement. It can be difficult to know how to speak up and the FTSUG also plays a key role in signposting staff to the appropriate staff support services available at the Trust.

During 2021/2022 Fran has focused on increasing the profile and accessibility of the FTSUG role. This has included creating dedicated pages on the staff intranet, building on working relationships with key stakeholders across the Trust and implemented a variety of 'drop in sessions'. Sessions have been offered over the telephone, virtual meetings and face to face and included the opportunity to speak with the FTSUG on an evening outside of normal office hours.

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

FTSUGs are supported by the National Guardian's Office (NGO). The NGO office leads and trains Guardians across the healthcare section and conducts speaking up reviews to identify learning. The NGO publishes an annual FTSU Index which is a metric for NHS Trusts, drawn from four questions in the NHS Annual Staff Survey. The 2021 Index for HUTH (from the 2020 survey results) was **79.1%**; compared to the highest scoring Trust **87.6%**. Due to changes to the staff survey questions, the index will no longer be published in the future.

2.2.8 Duty of Candour



What is Duty of Candour

The Care Quality Commission (CQC) introduced the Duty of Candour regulation in November 2015. Duty of Candour sets out specific requirements that providers must follow when things go wrong with a patient's care and treatment.

Requirements include informing people about the incident, providing a truthful apology and providing feedback to patients following the investigation of the incident.

How is the Trust Implementing Duty of Candour?

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

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

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

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

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

Duty of Candour compliance

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

It is recognised that further assurances are necessary to ensure compliance rates meet 100% for incidents that have met the threshold where the application of Duty of Candour is required. Work is underway to improve including:

- Review of the current process in place for monitoring Duty of Candour to ensure improvements are made
- Identifying the issues where delays may occur in providing an apology

2.3 Statements of Assurance from the Board

This section covers:

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

2.3.1 Review of services

During 2021/22 the Hull University Teaching Hospitals NHS Trust provided and /or sub-contracted **40** NHS services within **5** Health Groups and **14** Divisions.

The Hull University Teaching Hospitals NHS Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services.

The income generated by the NHS services reviewed in 2021/22 represents **100%** of the total income generated from the provision of NHS services by the Hull University Teaching Hospitals NHS Trust for 2021/22.



2.3.2 Clinical audits



What is a clinical audit?

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

Participation

During 2021/22, **45** national clinical audits and **3** national confidential enquiries covered NHS services that Hull University Teaching Hospitals NHS provides.

During that period Hull University Teaching Hospitals NHS Trust participated in **89%** of the national clinical audits and **100%** of the national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Hull University Teaching Hospitals NHS Trust was eligible to, and participate in during 2021/22 are listed below.

The national clinical audits and national confidential enquiries that Hull University Teaching Hospitals NHS Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry is listed in the last column:

| Audit: | Participated | % of Cases Submitted |
|--|--------------|--|
| Peri- and Neonatal | | |
| National Neonatal Audit Programme (NNAP) | ✓ | 100% |
| National Maternity and Perinatal Audit (NMPA) | ✓ | 100% |
| National Perinatal Mortality Review Tool | ✓ | 100% |
| Children | | |
| National Paediatric Diabetes Audit (NPDA) | ✓ | 100% |
| National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) | ✓ | 100% |
| Acute care | | |
| Pain in Children (Care in Emergency Departments) (RCEM) | ✓ | Data submission deadline of 1 October 2022 |
| Severe Sepsis and Septic Shock (Care in Emergency Departments) (RCEM) | ✓ | 100% |
| National Emergency Laparotomy Audit (NELA) | ✓ | 91% |
| Society for Acute Medicine's Benchmarking Audit (SAMBA) | ✓ | 100% |
| Adult Critical Care (Case Mix Programme – ICNARC) | ✓ | 100% |
| National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme | ✓ | |

| Audit: | Participated | % of Cases Submitted |
|--|---------------------|---|
| (NACAP) | | |
| a. Paediatric Asthma | | 100% |
| b. Adult Asthma | | 100% |
| c. Chronic Obstructive Pulmonary Disease | | 100% |
| Respiratory Audits (BTS) | | |
| a. National Smoking Cessation 2021 Audit | X | |
| National Audit of Care at the End of Life (NACEL) | ✓ | 100% |
| | | |
| Chronic Kidney Disease Registry | ✓ | 100% |
| | | |
| National Diabetes Core Audit | ✓ | 100% |
| National Diabetes in Pregnancy Audit | ✓ | 100% |
| National Diabetes Footcare Audit | ✓ | 100% |
| NaDIA-Harms (Diabetic Inpatient Harms in England) | ✓ | 100% |
| Inflammatory Bowel Disease Programme / IBD Registry | X | There has been a delay in purchasing the software due to Covid-19. It is being purchased in March 2022 and will then be implemented |
| National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis | ✓ | 42% |
| UK Cystic Fibrosis Registry | ✓ | 100% |
| Elective procedures | | |
| National Joint Registry (NJR) | ✓ | 100% |
| National Audit of Percutaneous Coronary Interventions (PCI) | ✓ | 90% |
| National Vascular Registry | ✓ | 100% |
| Urology Audits | | |
| a. Cytoreductive Radical Nephrectomy Audit | X | The Trust did not participate |
| b. Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit) | X | |
| Transurethral Resection and Single Instillation Mitomycin C Evaluation in Bladder Cancer Treatment | X | The Trust did not participate |
| Neurosurgical National Audit Programme | ✓ | 100% |
| Adult Cardiac Surgery Audit (ACS) | ✓ | 100% |
| Heart | | |

| Audit: | Participated | % of Cases Submitted |
|---|---------------------|--|
| Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP) | ✓ | 100% |
| National Heart Failure Audit | ✓ | 100% |
| Cardiac Rhythm Management (CRM) | ✓ | 100% |
| Out-of-Hospital Cardiac Arrest Outcomes Registry | ✓ | 100% |
| National Cardiac Arrest Audit (NCCA) | ✓ | 100% |
| Cancer | | |
| Lung Cancer (National Lung Cancer Audit) | ✓ | 100% |
| Bowel Cancer (National Bowel Cancer Audit Programme) | ✓ | 100% |
| Oesophago-gastric Cancer (National O-G Cancer Audit) | ✓ | 100% |
| National Prostate Cancer Audit | ✓ | 100% |
| Trauma | | |
| Major Trauma (Trauma and Audit Research Network) | ✓ | 84% |
| Older People | | |
| Falls and Fragility Fractures Audit Programme (FFFAP) | | |
| a. National Audit of Inpatient Falls | ✓ | 100% |
| b. National Hip Fracture Database | ✓ | 100% |
| National Audit of Breast Cancer in Older People (NABCOP) | ✓ | 100% |
| Acute Stroke (Sentinel Stroke National Audit Programme - SSNAP) | ✓ | 100% |
| Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBBRACE – UK) | | |
| Maternal Infant and Perinatal Programme (MBBRACE-UK) | ✓ | 100% |
| National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study | | |
| Epilepsy | ✓ | Organisational audit – 100% Clinician questionnaires – 50% |
| Transition From Child to Adult Health Services | ✓ | Organisational audit – 100% Clinical questionnaires – ongoing |

Actions

The reports of 19 national clinical audits were reviewed by Hull University Teaching Hospitals NHS Trust in 2021/22 and Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

| Audit | Proposed Actions |
|--|--|
| National audit | |
| Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit) | <ul style="list-style-type: none"> To implement a new High HbA1c pathway To ensure carbohydrate counting is done from diagnosis To commence additional Nurse Dietitian clinics To increase the use of technology (insulin pumps, continuous glucose monitoring) |
| National Cardiac Arrest Audit (NCAA) | <ul style="list-style-type: none"> To maintain and encourage the appropriate use of ReSPECT to ensure goals of care are documented |
| National Vascular Registry | <ul style="list-style-type: none"> To review all carotid endarterectomy cases pre-2020 to check risk adjusted stroke free survival rate for each patient. |
| Sentinel Stroke National Audit Programme (SSNAP) | <ul style="list-style-type: none"> To develop a business case for occupational therapy due for submission by February 2022 A gap analysis regarding rehabilitation goals is being undertaken to establish where the data is readily available, such as other clinical systems, Nerve Centre for robust data collection |
| National Audit of Breast Cancer in Older People (NABCOP) | <ul style="list-style-type: none"> No further action required |
| Children and Young People Asthma Clinical and Organisational Audits | <ul style="list-style-type: none"> To amend the Immediate Discharge Letter to include two additional tick boxes. One stating if inhaler technique has been checked and one asking if parent/carer tobacco dependency has been addressed. This will improve documentation for these two concerns To raise the issue of low steroid administration at the Emergency Department MDT meeting |
| National Audit of Cardiac Rhythm Management | <ul style="list-style-type: none"> To implement a new Solus reporting system. This new system will ensure the response to all dataset questions is mandatory. To implement a local team to review data each month/quarter to monitor for data completeness and accuracy |
| Heart Failure (Heart Failure Audit) | <ul style="list-style-type: none"> Heart Failure is a priority work stream on the upcoming cardiology strategy which will be available within the next few weeks. The result will be an emerging partnership between the 'in-patient' heart failure service at HUTH and the community heart failure teams who are currently provided by CHCP. The new cardiology beds at Hull Royal Infirmary (ward 39) will improve many of the in-patient metrics for heart failure care although the whole service does need much greater integration with the community provision (CHCP's service) – this is the work which is currently being scoped out |
| Care of Children in Emergency Departments (RCEM) | <ul style="list-style-type: none"> To develop and implement a safeguarding pathway (incorporating senior review for all patients under 2 years of age, as well as any others at high risk of safeguarding issues). To introduce the 'Did not wait' pathway To introduce a psychosocial risk assessment tool for use in the department |
| National Early Inflammatory Arthritis Audit (NEIAA) | <ul style="list-style-type: none"> To add the Helpline number to all letters and copy all letters to the patient. |

| Audit | Proposed Actions |
|--|--|
| | <ul style="list-style-type: none"> To develop a proforma for a dedicated annual review assessment. This will include an assessment of cardiovascular risk, osteoporosis risk, complications of disease, mental health assessment and update x-rays. |
| National COPD Audit (National Asthma & COPD Audit Programme) | <ul style="list-style-type: none"> To continue working with Humber, Coast and Vale looking at accessing spirometry results in primary care To develop a business case to address staffing levels. This would greatly improve the number of patients having a completed discharge bundle. |
| National Audit of Percutaneous Coronary Interventions (PCI) | <ul style="list-style-type: none"> To review the pathway relating to the discharge of elective PCI patients. All patients currently have a bed booked for overnight stay which is not always required |
| Acute Myocardial Infarction (Myocardial Ischaemia National Audit Project - MINAP) | <ul style="list-style-type: none"> To raise awareness to ensure all medication information is documented on the Immediate Discharge Letter and in the case notes |
| National Emergency Laparotomy Audit (NELA) | <ul style="list-style-type: none"> To undertake an audit looking at patient journeys to theatre to determine if or where there are delays in arrival time To document frailty scores at the time of anaesthetic assessment as part of best practice |
| National Joint Registry (NJR) | <ul style="list-style-type: none"> To attempt implant retention in the event of a periprosthetic fracture when possible – feed this back to surgeons |
| National Hip Fracture Database | <ul style="list-style-type: none"> To set up a multi-disciplinary hip fracture governance meeting to review data monthly and agree any actions To increase theatre capacity to increase the number of patients having surgery on the day of, or day after, admission |
| | |
| NCEPOD In Hospital Care of Out-of-Hospital Cardiac Arrest | <ul style="list-style-type: none"> Gap analysis underway |
| NCEPOD Dysphagia in Parkinson's Disease | <ul style="list-style-type: none"> Gap analysis underway |
| | |
| MBRRACE-UK Perinatal Mortality Surveillance | <ul style="list-style-type: none"> To establish a Preterm Birth Group to review care for all preterm births <32 weeks To undertake an audit to understand the high rates of mortality in 32-36+6 weeks gestation due to placental issues |

Action Progress

An update regarding the implementation of the actions identified as a result of a national clinical audit report published in 2020/21 are provided in the following table. Actions taken in response to reports published in 2021/22 will be included in the Quality Accounts for 2022/23.

| Proposed actions | Progress |
|---|---|
| Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit) | |
| <ul style="list-style-type: none"> To develop a proforma to complete in clinic which will ensure patients are screened for coeliac disease and carb counting | <ul style="list-style-type: none"> This is now listed on the clinic sheet for the first visit after discharge to prompt the team |

| Proposed actions | Progress |
|--|--|
| <ul style="list-style-type: none"> To contribute to a QI project with Royal College of Paediatrics. This is developing a web based platform for patients to improve diabetes control in children To implement a home testing kit for HbA1c. This will ensure that results are available at the time of the clinic appointment | <p>to check that the test was carried out during the admission</p> <ul style="list-style-type: none"> The team took part in the QI project and successfully got the majority of patients on web platforms to upload their diabetes related data which is shared with the clinical team Home testing for HbA1c was tried but did not succeed. Blood collection at home into the bottles provided was not easy and many samples were insufficient. It was felt that the effort for doing this test was far too great and in return very few results were obtained. Currently this project has been put on hold pending an improvement in the test kit as and when that happens |
| National Cardiac Arrest Audit (NCAA) | |
| <ul style="list-style-type: none"> To encourage the use of ReSPECT to set appropriate goals of care by adding to the Covid-19 clerking documentation | <ul style="list-style-type: none"> The Covid-19 documentation is ensuring ReSPECT conversations with patients. A snapshot reassurance audit in 2020 confirmed this. |
| National Epilepsy 12 Audit | |
| <ul style="list-style-type: none"> To liaise with other services to develop a pathway for children and young people who are transitioning to adult services and who have additional needs To work with the Psychology team to develop a Mental Health Screening questionnaire to deliver in clinics. Also to commence monthly meetings involving the Specialist Nurses and the Clinical Psychologist | <ul style="list-style-type: none"> A bespoke transition questionnaire has been developed. There is a transition MDT with adult services for children with more complex needs. The questionnaire is currently being audited |
| National Bowel Cancer Audit (NBOCA) | |
| <ul style="list-style-type: none"> To increase the number of patients seen by a clinical nurse specialist To work with the MDT team to improve data submission for recording ASA grade | <ul style="list-style-type: none"> The number of patients seen by a clinical nurse specialist has increased by 10% to 60%, as shown in the latest report The latest data submission is for 2019/20 and shows that the ASA grade was complete for 92.4% of records (122 out of 132 records) |
| National Vascular Registry | |
| <ul style="list-style-type: none"> To introduce a carotid referral pathway To appoint a vascular physician | <ul style="list-style-type: none"> A carotid referral pathway has been introduced A vascular physician has been appointed |
| Sentinel Stroke National Audit Programme (SSNAP) | |
| <ul style="list-style-type: none"> To develop and run a trial of a communications screen for all new patients, to improve the timeliness of referrals to the Speech and Language Therapy team | <ul style="list-style-type: none"> The trial has been postponed due to staffing levels. It will commence once staffing levels have improved |

| Proposed actions | Progress |
|---|---|
| <ul style="list-style-type: none"> To remind staff to always use the DISC assessment sticker (for mood and cognition screening) even where no issues are identified, to ensure accurate identification of those patients that have had the appropriate assessments carried out | <ul style="list-style-type: none"> The stickers are used for all patients unless they are very unwell |
| National Prostate Cancer Audit (NPCA) | |
| <ul style="list-style-type: none"> To carry out a snapshot audit on men who receive docetaxel To continue to work at improving the data completeness, specifically 'Performance status' and 'Multiparametric MRI' | <ul style="list-style-type: none"> The most recently published data (2020) shows that 35% of patients with M1 disease received docetaxel chemotherapy (an improved rate). This is in keeping with the national average of 36%. This has improved in the more recent data |
| National Audit of Care at the End of Life | |
| <ul style="list-style-type: none"> To ensure e-learning for end of life care is available to all staff via hey247 To implement EPaCCS with community partners across HCV which will increase the number of advance care plans documented and available to see in HUTH To update end of life guidance to ensure clear indications are written for anticipatory medications and amend prescribing on ePMA where able. To ensure education provided to prescribers regarding anticipatory medications | <ul style="list-style-type: none"> All staff can access the nationally recognised and up to date end of life care training from ELFH (End of Life Care - eLearning for healthcare (e-lfh.org.uk)). Any modules completed are updated in the hey247 record. EPaCCS is currently being used by the hospital palliative care team as a link through SystmOne and implementation is ongoing with the community setting. A link to the system (BlackPear) is required via Lorenzo before this can be more widely used in the Trust. This is on the risk register and has recently been moved to the hDigital risk register. Written guidance has been updated and ratified and is available on the intranet. ePMA prescribing has been adjusted to include relevant indications. Teaching sessions have been updated to include advising prescribers to document indications. |
| Neonatal Intensive and Special Care (National Neonatal Audit Programme –NNAP) | |
| <ul style="list-style-type: none"> To develop a Neonatal Service Nurse Staffing strategy and action plan using Neonatal CRG recognised toolkit to ensure correct staffing levels and structure are identified To recruit a neonatal feeding support lead to encourage and support breastfeeding mothers of preterm babies | <ul style="list-style-type: none"> HUTH secured funding for nurse staffing after a successful bid via Neonatal ODN for NCCR from NHSE LTP plans for "hands in cot care". Plans have since been drawn up to recruit an additional 5.2 WTE Band 6 QIS Nurses and recruitment is now underway A feeding lead for NICU has been appointed and is supporting staff training and achievement of BFI accreditation in addition to active participation in NICU nutritional ward rounds |

| Proposed actions | Progress |
|--|---|
| Lung Cancer (National Lung Cancer Audit) | |
| <ul style="list-style-type: none"> • To review data in relation to the collection of FEV1 in patients undergoing surgery or radiotherapy. • To increase the rates of pathological diagnosis through increased use of Navigational Bronchoscopy. • To increase the resection rate for patients with localised lung cancer – enabled by the transition to specialist Thoracic Surgery within HUTH (implemented during the 2019 audit year). | <ul style="list-style-type: none"> • This is likely to have been a data recording issue as the surgeons and clinical oncologists would not accept a patient for treatment without such measurements. It is part of the Standard Operating Policy; any patient being considered for lung resection or radical radiotherapy would undergo spirometry (for FEV1) and transfer factor assessment (TLCO) and this is in accordance with National Standards of Care. After the low data entry rates, the data clerk has been requested to gather those figures for inclusion at upload. A review of early stage and good performance score patients directly from the Somerset database between August and October 2021 showed that 67 out of 77 (87%) patients going for radical treatment had lung function. • Histological confirmation in good performance score (0/1) lung cancer has been audited. Taking patients from 1 April 2021 to 31 March 2022 (relatively normal management time outside major Covid-19 waves) the data showed 257 patients with PS 0/1 and 80% had a pathological TNM score, implying histology was present. This is much higher than 67.8%, previously quoted in the national audit for the 2018 patients. This is due to a number of factors, including dedicated pure thoracic surgeons, navigational bronchoscopy and the fact it was undercounted in the previous figures. It is not surprising that it is not 100% as some patients will have treatment without a tissue sample. Good performance score patients may still have poor lung function that precludes safe sampling and some areas remain inaccessible to sampling, except by resection. The number of patients treated with Stereotactic Ablative Radiotherapy may well go some way to explain this as patients with localised disease may be treated based on a clinical and radiological diagnosis. This is consistent with national guidance and became even more widely adopted during Covid-19 |

| Proposed actions | Progress |
|--|--|
| | <ul style="list-style-type: none"> The proportion receiving surgery between October 2020 and October 2021 (a less disrupted time) is 19% compared to 13.6% for 2019 (the national average was 18.4%). This is for all treatments with surgery. In terms of whether localised disease patients (who are fit for lung resection and are potentially cured) receive surgery, the resection rate in PS 0-2/Stage I-II, is 53.7% compared to the national average of 62%. However, the pilot Lung Health Check is bringing through many more early-stage tumours which should result in an increased resection rate. Now that the thoracic surgeons are now pure thoracic and no longer cardiothoracic, they will be doing more resections in marginal cases. This is yet to be measured fully. As the national audit has stopped producing data for individual Trusts, like for like comparisons over time will now be impossible as they use black box adjustments in some of their quoted statistics. |
| National Diabetes Audit | |
| <ul style="list-style-type: none"> To continue to improve the quality of the data collected by continuing to raise issues with the provider of SystmOne (e.g. features available in primary care that are missing from the secondary care version; to avoid the duplication of workload through ensuring that data pulled from the system is visible to all (not just the submitting organisation)). These discussions are now being carried out in conjunction with numerous other NHS providers across the country, as well as representatives from GIRFT | <ul style="list-style-type: none"> There is now a regular group of diabetes S1 users from diabetes teams across various NHS hospitals who have been meeting via Microsoft Teams over the last 9-12mths. This group has brought in SystmOne developers and has led to improvements with some new codes created and plans for recommended diabetes templates in development. The Trust has been involved in this process |
| National Oesophago-Gastric Cancer Audit | |
| <ul style="list-style-type: none"> To complete a Mortality Review Audit to investigate the 90 day mortality rate To hold a meeting with surgeons and anaesthetists to discuss the referral to treatment pathway and enhanced recovery after surgery (ERAS) | <ul style="list-style-type: none"> The data has been reviewed by the hospital mortality review board and submitted to the national team. An action plan relating to 30 and 90 day mortality has been presented at the Upper GI and Anaesthetic meetings |
| National Emergency Laparotomy Audit (NELA) | |
| <ul style="list-style-type: none"> To develop a business plan to ensure pre-assessments for elderly patients are part of the job plan for Elderly Care Specialists To remind staff to record the name of the supervising surgeon and anaesthetist | <ul style="list-style-type: none"> A pilot project has been completed with the Elderly Medicine Team. A business case is currently being developed This is now on the Lorenzo theatre system and NELA data collection sheet. Junior |

| Proposed actions | Progress |
|------------------|---|
| | doctor knowledge of NELA has improved leading to improved compliance with documentation |

The reports of local clinical audits were reviewed by the provider in 2021/22 and Hull University Teaching Hospitals NHS Trust.

For a full list of the proposed actions Hull University Teaching Hospitals NHS Trust intends to take following local audits reviewed during 2021/22, please see the Clinical Audit Annual Report. This can be requested via the Quality Accounts email address: hyp-tr.quality.accounts@nhs.net or online via <https://www.hey.nhs.uk/about-us/corporate-documents/#quality-account>.

2.3.3 Clinical research



What is clinical research?

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

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Hull University Teaching Hospitals NHS Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee or Health Research Authority was **7,608**.

Clinical Research Network – National Institute Health Research portfolio

There were **7,203** participants recruited onto **138** National Institute Health Research (NIHR) portfolio adopted studies. Specifically, we would like to highlight the following:

- Participant recruitment for 2021-22 is **66%** above National Institute Health Research (NIHR) target with over **7,000** accruals and so represents notable value for money and impact on the local community.
- For the first time since the inception of the Yorkshire and Humber Clinical Research Network (CRN), our recruitment has surpassed that of Sheffield Teaching Hospitals NHS Trust, ranking the Trust third behind only Leeds and Bradford in terms of Teaching Hospital performance.
- The Trusts commercial activity is also ranked third highest in the network showing a commitment to delivering the CRN 'Managed Recovery' for the Life Sciences Industry post-pandemic.
- Population and Mental Health feature amongst the top recruiting studies in the Trust's portfolio with the 'Hull Lung Health' and 'Faster Access to Alcohol Treatment' work, with both also focussing on collaboration with the wider community population within the region and neighbouring Trusts such as North Lincolnshire and Goole (NLAG).
- The Trust continues to deliver a broad research portfolio with **138** active and open portfolio studies – again, ranked third highest in the network.
- Notable activity areas to highlight include Oncology and Haematology, Respiratory, Metabolic & Endocrine (top recruiter in the network and nationally), Renal, Paediatrics, Gastroenterology, Hepatology and Trauma and Emergencies.

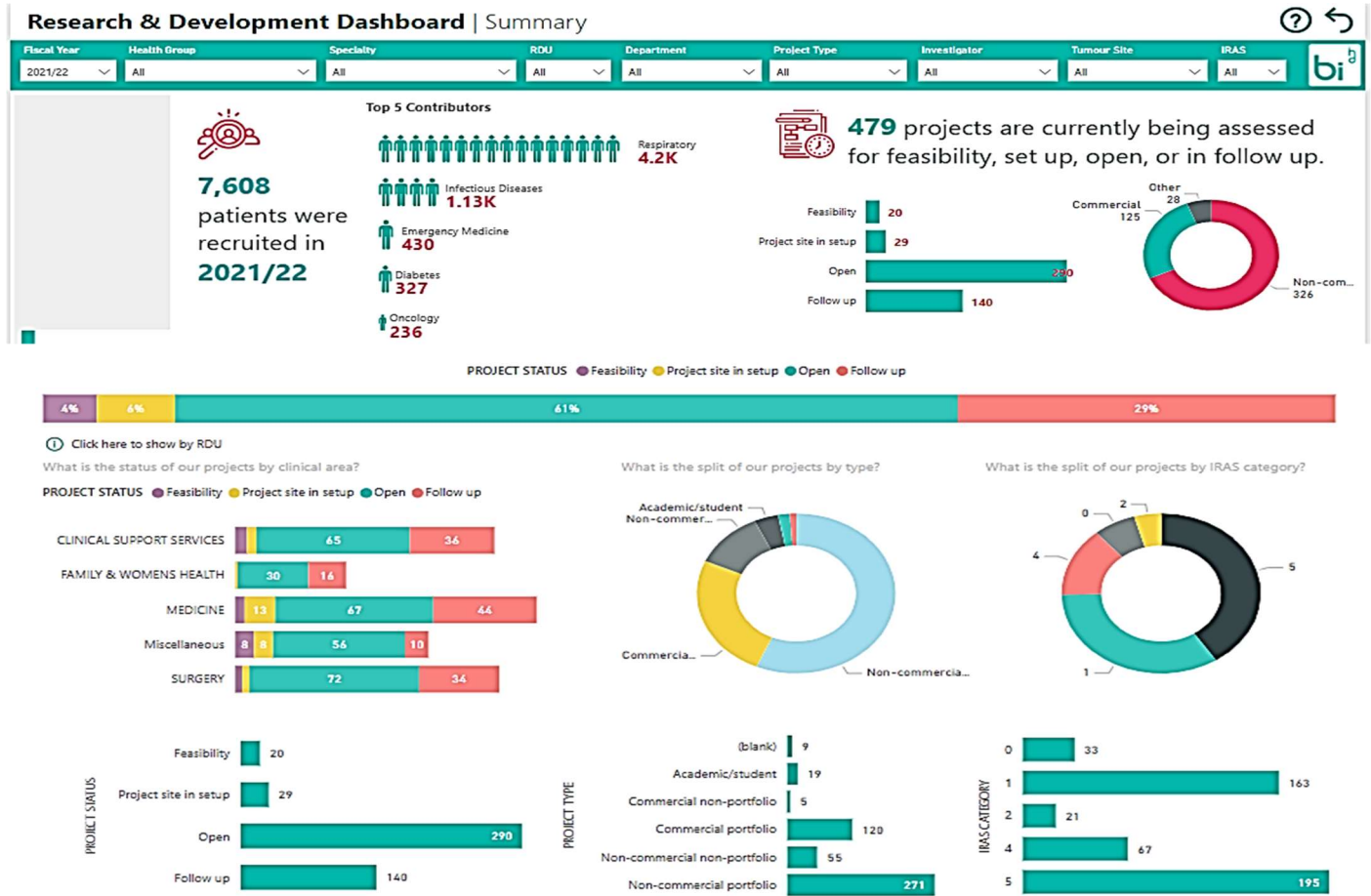
We feel sure that the ongoing delivery of our Research and Innovation Strategy (and continued pursuit of this throughout the pandemic) has contributed to this notably strong performance. In particular, we are also aware of the significance of the step-wise increase in Trust-led research undertaken nationally, which is providing the catalyst for the Trust's planned expansion of research capability and capacity.

In collaboration, we have now delivered **four** Covid-19 Vaccine Trials. This has done much to enhance the reputation of the Trust's Research and Development Team as well as operational and support staff. Individual researchers continue to attain national prominence, the most recent being Dr Lynsey Corless who is to be appointed the NIHR Hepatology National Speciality Group Lead.

Following the Trust's tremendous contribution to COVID-19 research over the past two years, it is critical that it can build on this momentum and champion research as a treatment option for those who use our services within the acute setting and the wider Humber Coast and Vale Integrated Care System (ICS).

Research and Development Summary Dashboard

The following tables show the Research and Development summary dashboards as of 31st March 2022:

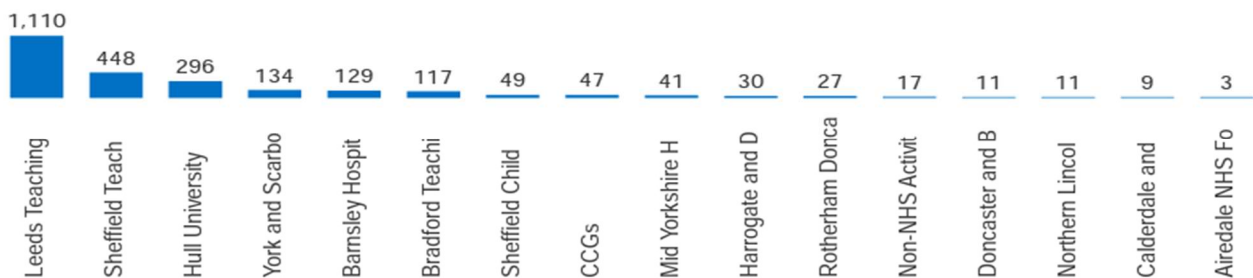


Commercial Research Activity

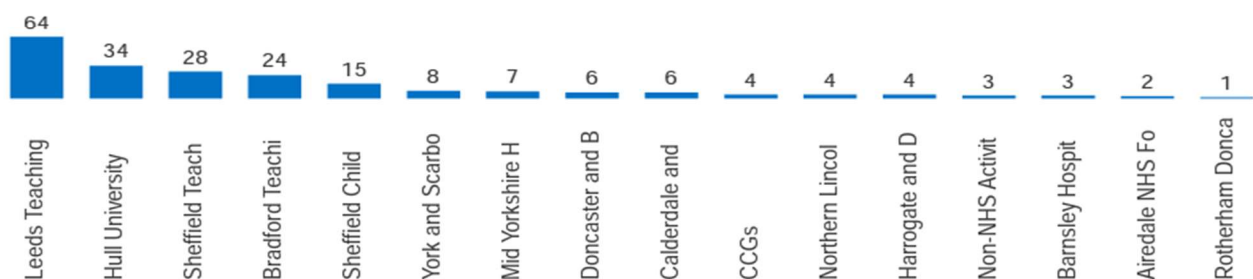
The following table demonstrated the commercial research activity as of 31st March 2022:

Recruitment by Trust FY2122 (data cut 03/04/2022)

Recruitment



Recruiting Studies



Research Activity Performance Summary

The following tables details the research activity performance as of 31st March 2022:

CRN: Yorkshire and Humber Performance Summary FY2122 Hull University Teaching Hospitals NHS Trust

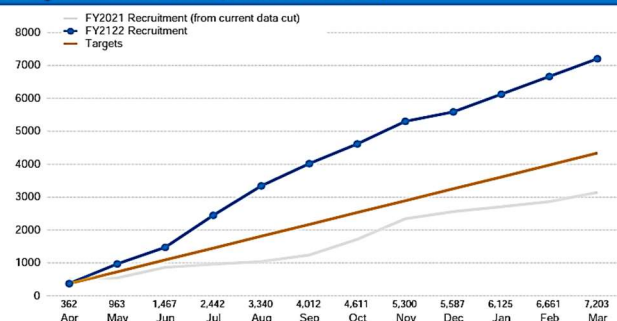
Recruitment Summary FY2122 (data cut 03/04/2022)

| | | |
|---|---------------------|-------------|
| Recruitment | Total: 7,203 | Queried: 66 |
| Percentage of YTD Recruitment Targets * | 166% | |
| Percentage of Year End Recruitment Targets ** | 166% | |
| Trust Share of LCRN Recruitment | 6.5% | |
| Commercial : Non-Commercial Recruitment Ratio | 4% : 96% | |

* YTD = Activity & Target to end of Apr/May. Performance against YTD target will be underestimated if data cut is early in m...

** Year end Local Target = 4,331. 100% of year elapsed

Monthly Recruitment Trend (data cut 03/04/2022)



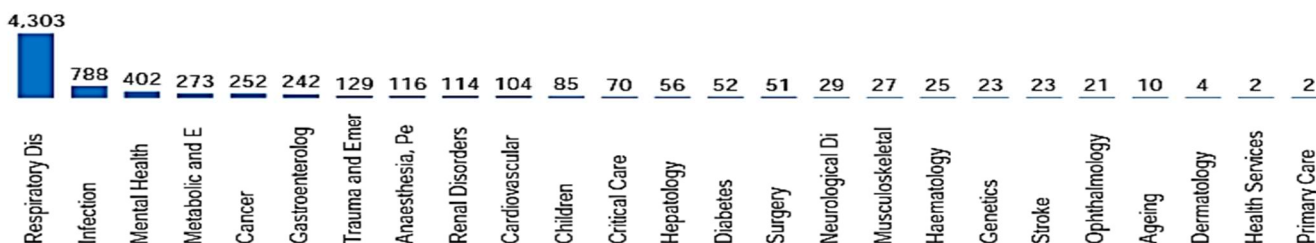
LCRN Recruitment FY2122 (data cut 03/04/2022)

Recruitment

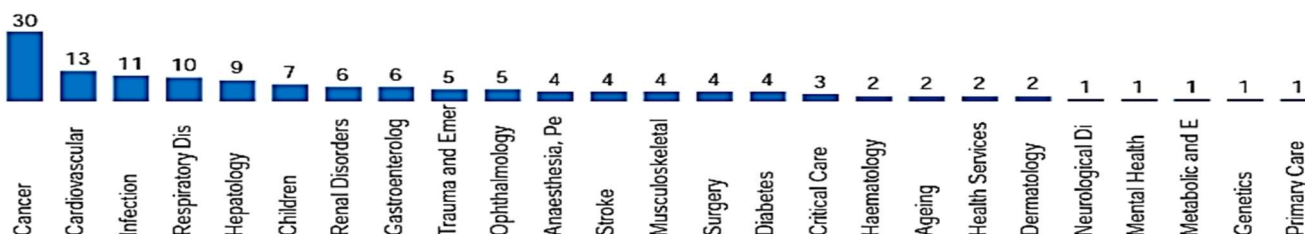
| | | |
|----------------------|----|--------|
| Non-NHS Activity in | 1 | 36,159 |
| Leeds Teaching Hospi | 2 | 19,963 |
| Bradford Teaching Ho | 3 | 10,236 |
| CCGs | 4 | 8,202 |
| Hull University Teac | 5 | 7,203 |
| Sheffield Teaching H | 6 | 4,814 |
| York and Scarborough | 7 | 4,209 |
| Calderdale and Hudde | 8 | 2,717 |
| Mid Yorkshire Hospit | 9 | 2,520 |
| Northern Lincolnshir | 10 | 1,989 |
| The Rotherham NHS Fo | 11 | 1,933 |
| Harrogate and Distri | 12 | 1,389 |
| Sheffield Children's | 13 | 1,332 |
| Rotherham Doncaster | 14 | 1,041 |
| Airedale NHS Foundat | 14 | 1,041 |
| Doncaster and Basset | 16 | 1,021 |
| Barnsley Hospital NH | 17 | 905 |
| Yorkshire Ambulance | 18 | 785 |
| Sheffield Health & S | 19 | 634 |
| Bradford District Ca | 20 | 618 |
| Leeds and York Partn | 21 | 606 |
| Humber Teaching NHS | 22 | 575 |
| South West Yorkshire | 23 | 521 |
| Leeds Community Heal | 24 | 392 |

Recruitment by Specialty FY2122 (data cut 03/04/2022)

Recruitment



Recruiting Studies



Progress on key strategic priorities in 2021-22

- **Significantly increasing Trust-led research undertaken nationally:** As our research activity and workforce capacity incrementally expand, our success in securing externally funded grant income from the NIHR continues. We can now boast to lead multi-centre national research in the areas of Vascular Surgery, Gastroenterology (IBD and Hepatology), Renal, Orthopaedics, Respiratory, Infection and Haematology (a £2.3m NIHR Grant secured in 2021-22).

- **Expanding our research capability:** Continuing from the vital Covid-19 vaccine research, the Infection Research Group have now secured a Genetically Modified Organisms (GMO - Contained Use) license from the Health and Safety Executive. This will initially support the delivery of a specific Hepatitis-B commercial trial but will open up the possibility of further work seen as critical to the ability of the Trust to participate in this emerging field across both Infection and Oncology.
- **Establishing research programmes with the potential to positively impact our key performance and quality indicators:** The Hull Lung Health Study builds on the fantastic work of the HCV ICS Hull Lung Health Checks. This data collection study will generate a highly valuable cohort dataset that can help determine future research and influence the direction of service provision in this area. To date, over 3,700 patients have consented to this important study. The Respiratory and Therapies teams are working with colleagues across the patch in a major new research consortium, which will inform medium- and longer-term policy and health system responses to long Covid. Our Trust will support the delivery of an important 'Long-Covid' study 'STIMULATE-ICP'.
- **Exploiting our research potential:** A concerted effort by our local partners (Hull York Medical School and University of Hull) to bring together all key stakeholders to embed a pipeline of PET-CT research is gathering momentum with one study in the advance stages of negotiation with an international commercial company.
- **Exploiting our research potential:** The Trust is currently in early feasibility discussions with two commercial companies including projects to use AI technology in breast screening (supported by NHSx) and improved detection of abnormal chest x-rays. Academically, partnerships between clinicians in Cardiology and staff at the University of Hull are beginning to explore the use of large datasets with AI technology. Additionally, six potential AI projects have been chosen to be taken forward in collaboration with MSc students at the University of Hull's Faculty of Science and Engineering. This is the first time such a collaboration has been attempted and it is hoped this can create a mutually beneficial mechanism to unify the clinical and academic skills on our doorstep.
- **Humber Coast and Vale ICS:** The Trust wishes to lead the establishment of a Humber, North Yorkshire and York Integrated Care System (ICS) 'Research Collaborative' initially of the Acute Providers in the patch; Harrogate, HUTH, NLAG and York. Initial meetings with the HCV ICS and acute Trusts are ongoing with a view to establishing a formal governance pathway for research and innovation activities in 2022/23.
- **Cancer Data Network (IQVIA):** The Research and Development Office is currently working with IT colleagues and the commercial company IQVIA to explore the possibility of implementing the infrastructure to host the 'Cancer Data Network'. This is multi-faceted with a focus on (1) advanced on-site cancer data analytics and benchmarking to identify variations in pathways and (2) research services and trial matching solutions to optimise research as a treatment option for these patients. Fundamentally, this is aimed at increasing treatment options of cancer patients. The implementation would drive efficiencies in viewing data and making clinical decisions to reduce variations in practice but also from a research perspective, would save valuable hours of pre-screening that is currently done manually.

2.3.4 Goals agreed with commissioners



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

Due to the ongoing pandemic, NHS England continued to suspend CQUINs for 2021/ 2022. Payments continued to be made on a block arrangement, and included the element identified for CQUIN. However, the CQUIN scheme recommenced in April 2022 and will be reported on in the 2022/23 Quality Accounts.

2.3.5 What others say about the Trust: Care Quality Commission



About the Care Quality Commission

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

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

The eight core services are:

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

The four additional services are:

- Gynaecology
- Diagnostic Imaging
- Rehabilitation
- Spinal Injuries

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

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

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

- Outstanding
- Good
- Requires improvement
- Inadequate

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

Statement of compliance with the Care Quality Commission

Hull University Teaching Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement

action against Hull University Teaching Hospitals NHS Trust during 2021/22. Hull University Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Current CQC Ratings

The CQC have not inspected Hull University Teaching Hospitals NHS Trust during 2021/22. The last comprehensive inspection was undertaken in March 2020. The Trust's overall rating remains as 'Requires Improvement'.

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

Rating for acute services/acute trust

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

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

Ratings for Hull Royal Infirmary

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

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

Ratings for Castle Hill Hospital

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

2.3.6 Secondary Users Service



What is Secondary Users Service?

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

Hull University Teaching Hospitals NHS Trust submitted records during 2021/22 (as of February 2022) to the Secondary Users service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data:

- That included the patient's valid NHS number:
 - **99.9%** for admitted patient care;
 - **99.9%** for outpatient care; and
 - **99.5%** for accident and emergency care.

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

2.3.7 Information Governance



What is Information Governance?

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

Data Security & Protection Toolkit

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

It remains Department of Health policy that all organisations that process NHS patient information provides assurance via the IG Toolkit and is fundamental to the secure usage, sharing, transfer, storage and destruction of data both within the organisation and between external organisations. The Information Governance Assurance Statement is a required element of the DSP Toolkit and is re-affirmed by the annual submission to demonstrate that the organisation has robust and effective systems in place to meet statutory obligations on data protection and data security. The submission deadline for the 2021/22 DSP Toolkit Assessment is 30th June 2022 and updates can be accessed via the NHS Digital website: <https://www.dsptoolkit.nhs.uk/OrganisationSearch/RWA>.

The current status for Hull University Teaching Hospitals NHS Trust following submission of the 20/21 DSP toolkit is **Approaching Standards**. Due to the increasing Impact of Covid-19 and the 'Log4J Cyber Alert' on organisations, it was announced that it was no longer a requirement for the 20/21 toolkit to submit improvement plan updates and there were no new deadlines been set by NHS England / NHS Improvement (NHS Digital).

As of December 2021, there were **5** actions remaining on the improvement plan. Responses to these actions will be captured in the 21/22 return. The actions are as follow:

| 20/21 DSP ref | 202/21 DSP Toolkit Evidence item text |
|---------------|---|
| 3.2.1 | Have at least 95% of all staff, completed their annual Data Security awareness training in the period 1 April to 31 March? |
| 3.3.2 | The organisation has appropriately qualified technical cyber security specialist staff and/or service. |
| 8.2.2 | The Senior Information Risk Owner (SIRO) confirms that the risks of using unsupported systems are being managed. |
| 9.6.10 | The organisation has a plan for protecting devices that are natively unable to connect to the Internet, and the risk has been assessed, documented, accepted, and signed off by the SIRO. |
| 9.7.6 | Do all of the organisations desktop and laptop computers have personal firewalls (or equivalent) enabled and configured to block unapproved connections by default? |

2.3.8 Payment by results Clinical Coding Audit



What is Clinical Coding

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

Clinical Coding Audit

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

The below table details the recommendations that were drawn from individual spot checks and audits performed internally throughout 2021/22:

| Recommendation | Priority | Progress Update | Status |
|---|----------|--|--|
| 2019_20 R2 – Achieve mandatory level in all internal speciality audits | High | Speciality audit programme paused due to COVID-19 response. Temporarily replaced by an extension to the regular individual spot check programme. | On-going. Regular programme to resume when the majority of elective specialities return. |
| 2020_21 R1 Validate COVID coding and ensure accurate | High | Coders trained in new COVID related standards. All COVID FCEs validated. | Ongoing. All COVID codes are validated each month. |
| 2021_22 R1 – Rotate specialities around teams and individuals | High | Workload changes throughout Q4. Coders have opportunity to learn a greater number of specialities. Many individuals already proficient in multiple specialities. | Ongoing. |
| 2021_22 R2 – Look for additional areas that can be case note free and reliant on electronic sources only. | Medium | Some short stay patients on certain wards already trialled, one ward was successful, on others too much information was only to be found in case notes. Currently trialling day surgery as electronic only source documentation. | On going |
| 2021_22 R3 – Source documentation for coders should be complete, easy to find and consistent. | High | Coder's issues highlighted regularly. Some co-morbidity proforma's in use. | On-going |

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

| Percentage Correct | | | |
|--------------------|---------------------|-------------------|---------------------|
| Primary Diagnosis | Secondary Diagnosis | Primary Procedure | Secondary Procedure |
| 95.59 | 93.76 | 93.96 | 91.23 |

2.3.9 Learning from deaths



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

During 2021/22, **2416** of Hull University Teaching Hospitals NHS Trust patients died within the hospital as an inpatient. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- **518** in the first quarter
- **617** in the second quarter
- **675** in the third quarter
- **606** in the fourth quarter

During 2021/22 there were a total of **121** Structured Judgement Reviews completed.

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

| Section | Avg Score | 1 Poor | 2 | 3 | 4 | 5 | 6 Good |
|--------------------------------------|-----------|-----------|----|-----|-----|-----|-----------|
| 1. Phase of Care | | | | | | | |
| Admission & initial care (1st 24hrs) | 4.0 | 9 | 65 | 162 | 389 | 276 | |
| Care during a procedure | 4.1 | 2 | 12 | 26 | 122 | 81 | |
| End of life care | 4.0 | 7 | 42 | 179 | 355 | 313 | |
| Ongoing care | 3.8 | 16 | 72 | 198 | 370 | 228 | |
| Overall assessment of care | 3.8 | 8 | 85 | 205 | 388 | 211 | |
| Perioperative care | 3.9 | 3 | 13 | 40 | 107 | 44 | |
| 2. Avoidability of death | | | | | | | |
| Avoidability of death judgement | 5.0 | | 3 | 6 | 22 | 16 | 44 |
| 3. Themed Analysis | | | | | | | |
| Ceiling of care | 3.6 | 1 | 18 | 16 | 21 | 24 | |
| Communication with patient/family | 3.8 | 5 | 25 | 19 | 38 | 52 | |
| Documentation | 3.1 | 13 | 52 | 69 | 42 | 32 | |
| End of life care | 4.0 | 6 | 17 | 43 | 71 | 91 | |
| Fluid balance | 2.3 | 8 | 11 | 9 | 2 | 2 | |
| Interventions | 3.3 | 2 | 11 | 13 | 11 | 10 | |
| Management plans | 3.3 | 5 | 25 | 26 | 15 | 26 | |

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

Key Learning from Review

The Trust aims to undertake Structured Judgement Reviews on at least 5% of patients who pass away, per month. In addition to these reviews, the Trust also undertakes Mortality and Morbidity review within the Specialty setting. Some of the excellent practices highlighted from review include:

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

Some of the recurrent themes in terms of improvement include:

- Gaps in documentation in relation to pressure care
- Lack of ReSPECT plan within the patients records, thus potentially leading to a patient not dying in their preferred location.
- Communication with community care settings – in some cases it appears that there were delays in communicating the patient's deterioration to the hospital.
- Incomplete recording of capacity status on ReSPECT plan

The Medical Examiner's Office

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

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

Quality Improvement Initiatives

The Trust strives to continually improve how it learns from Mortality and Morbidity. Several quality improvement projects have been driven forward to help this improvement, including the following:

- Collaborative reviews with other agencies, including but not limited to, Clinical Commissioners, CHCP, Yorkshire Ambulance Service and General Practice.
- Development of a bespoke data system to allow detailed analysis of mortality statistics, enabling better identification of trends.
- A higher level of engagement with Clinicians to ensure learning is maximized across the Trust, where mortality and morbidity is reviewed.

2.3.10 Reporting Against Core Indicators: NHS Digital



What is NHS Digital?

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

Reporting against core indicators

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

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

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

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|--|---------|---------|------------------|----------------|-----------------|
| The value of the SHMI for the Trust for the reporting period* | 1.1245 | 1.1505 | 1.0001 | 0.7193 | 1.186 |
| The banding of the SHMI for the Trust for the reporting period* | 2 | 1 | 2 | 3 | 1 |
| The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period* | 32.00% | 33.00% | 39.00% | 11.00% | 64% |

*Most recent data on NHS Digital for period November 2020 to October 2021

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

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

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|---|----------------------|-----------------|------------------|----------------|-----------------|
| Hip replacement surgery EQ-5D Average health gain (Primary)* | 0.42 | Zero submission | 0.475 | Not sourced | Not sourced |
| Hip replacement surgery EQ-5D Average health gain (Revision)* | Insufficient records | Zero submission | 0.329 | Not sourced | Not sourced |
| Hip replacement surgery Oxford Hip score Average health gain (Primary)* | 23.195 | Zero submission | 23 | Not sourced | Not sourced |
| Hip replacement surgery Oxford Hip score Average health gain(Revision)* | Insufficient records | Zero submission | 15.1 | Not sourced | Not sourced |

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|--|----------------------|-----------------|------------------|----------------|-----------------|
| Knee replacement surgery EQ-5D Average health gain (Primary)* | 0.324 | Zero submission | 0.319 | Not sourced | Not sourced |
| Knee replacement surgery Oxford Knee score Average health gain (Primary)* | 17.2 | Zero submission | 16.9 | Not sourced | Not sourced |
| Knee replacement surgery EQ-5D Average health gain (Revision)* | Insufficient records | Zero submission | 0.285 | Not sourced | Not sourced |
| Knee replacement surgery Oxford Knee Score Average health gain (Revision)* | Insufficient records | Zero submission | 13.3 | Not sourced | Not sourced |

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

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

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

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|---|---------|---------|------------------|----------------|-----------------|
| The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period* | 9.21% | 10% | 9.37% | 0.26% | 17.5% |
| The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period* | 8.28% | 6.82% | 8.32% | 2.79% | 11.91% |

*Most recent data on NHS Digital for 21/22

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

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

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|---|---------|---------------|------------------|----------------|-----------------|
| The Trust's responsiveness to the personal needs of its patients during the reporting period* | 64.4 | Not published | 67.1 | 84.2 | 59.5 |

*Most recent data on NHS Digital – not published

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

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

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|--|---------|---------|------------------|----------------|-----------------|
| The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends* | 74% | 82% | 81% | 100% | 50% |

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

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

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

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|--|---------|---------|------------------|----------------|-----------------|
| The percentage of patients who were admitted to hospital and who were risk assessed for VTE during the reporting period* | 83.83% | 82.90% | Not sourced | Not sourced | Not sourced |

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

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

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

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|--|---------|---------|------------------|----------------|-----------------|
| The rate per 100,000 bed days of cases of C Difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period* | 17.62 | 13.85 | 15.5 | 6.41 | 45.77 |

*Most recent data on NHS Digital – December 2021

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

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

| Prescribed Information | 2020/21 | 2021/22 | National Average | Best performer | Worst performer |
|---|---------|---------|------------------|----------------|-----------------|
| The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period,* | 53.9 | 53.03 | 72.74 | 27.18 | 118.74 |
| The number and percentage of such patient safety incidents that resulted in severe harm or death* | 0.1 | 0.24 | 0.44 | 0.03 | 2.80 |

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

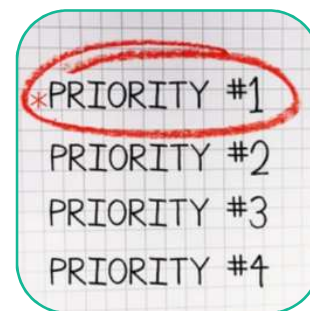
The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services, by continually monitoring performance at the Trust Patient Safety and Clinical Effectiveness Committee.

Part 3: Plans for the Future and Priorities for Improvement

This sections includes:

- [3.1 Plans for the future – consultation](#)
- [Priority One: Improved care for patients with Dementia](#)
- [Priority Two: COVID-19 Recovery Plans and Learning](#)
- [Priority three: Improved Mortality and Morbidity including Learning from Deaths](#)
- [Priority four: Improved care for patients with Mental Health needs in the Emergency Department](#)
- [Priority five: Learning from Patient Experience](#)

3.1 Plans for the future – consultation



Quality and Safety Improvement Priorities 2022/23 Consultation

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

- Evaluating performance against the quality and safety priorities for 2021/22
- Evaluating our performance against the quality improvement projects which are on the Trust's overall Quality Improvement Plan for 2022/23
- Looking at national priorities and local priorities that have been agreed with our commissioners)
- Looking at what our regulators have identified as priorities, such as compliance with the CQC fundamental standards
- Areas we have identified as requiring improvement from incidents and patient feedback

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

- An online survey was developed and circulated to all Trust staff, patient members and stakeholders to consult on the 2022/23 priorities in March 2022. The survey had **112** respondents, **8** of which were patients and public members of the Trust.
- Relevant committees were also asked for their comments and ideas.
- It was very clear from the results that all staff, stakeholders and patient members agreed on what areas the Trust should focus on. The top five priorities identified have been included as the Trust's priorities for 2022/23 and are as follows:

Our chosen priorities

The Trust has identified these quality improvement priorities for 2022/23 because they are important to our staff, patients and stakeholders:

Safer Care (Patient Safety)

1. Improved care for patients with Dementia

Better Outcomes (Clinical Effectiveness)

2. COVID-19 Recovery Plans and Learning
3. Improved Mortality and Morbidity including Learning from Deaths
4. Improved care for patients with Mental Health needs in the Emergency Department

Improved Experience (Patient and Staff Experience)

5. Learning from Patient Experience

Priority One: Improved care for patients with Dementia



Why is this important?

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

| Aims | Objectives | Key Performance Indicators |
|--|--|---|
| <ul style="list-style-type: none"> • Improve compliance with dementia, delirium and depression triple screening on admission • Embed the Butterfly scheme • Audit current dementia and delirium care delivery and highlight areas for improvement | <ul style="list-style-type: none"> • Ensure full compliance with dementia, delirium and depression triple screening on admission is delivered • Areas for improvement that have been identified from audits are progressed | <ul style="list-style-type: none"> • Participation in the Royal College of Psychiatrists National Audit of dementia – improve from the 2019 benchmark • Reduction in the average readmission rate for patients with Dementia • Reduction in the average fall rate for patients with Dementia |

Planned outcomes:

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

Monitoring arrangements:

- The project will be led by the Dementia Lead Matron and Dementia Lead Consultant supported by the Continuous Quality Improvement Team.
- Delivery of the project will be monitored via the Dementia and Delirium Steering Group with reporting and escalation to Patient Safety and Clinical Effectiveness Committee and updates to the Trust Quality Committee for assurance.

Priority Two: COVID-19 Recovery Plans and Learning



Why is this important?

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

| Aims | Objectives | Key Performance Indicators |
|--|---|---|
| <p>The Trust will continue to undertake the overarching COVID-19 recovery plan detailing:</p> <ul style="list-style-type: none"> • The continued requirements to enable effective recovery • Review the timescales for ensuring a full recovery and return to pre-pandemic levels • How progress will be continue to be monitored and reported <p>The COVID-19 recovery plan covers all elements of the Trust that continues to be affected by the repercussions of the pandemic such as waiting times and cancelled operations</p> | <ul style="list-style-type: none"> • Build on what has been learnt during the pandemic and the recovery programme to continually improve the delivery of services • Ensure elective and cancer care services are fully restored to pre-pandemic levels • Provide continued support to staff with health and wellbeing • Review preparation arrangements for potential future pandemics to ensure timely mobilisation of emergency preparedness and business continuity plans. | <ul style="list-style-type: none"> • Achieve 96% Cancer 31 day wait from diagnosis to treatment • Reduction in the 104 week waits • Achieve 85% Cancer 62 day waits for first treatment (from urgent GP referral) • 25% reduction of outpatient follow ups • Reduction in the number of cancelled operations |

Planned outcomes:

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

Monitoring arrangements:

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

Priority three: Improved Mortality and Morbidity including Learning from Deaths



Why is this important?

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

| Aims | Objectives | Key Performance Indicators |
|---|---|---|
| <ul style="list-style-type: none"> • Reviews and investigations are shared for continued learning and improvement of patient care • Increase partnership working with other Healthcare providers and Local Authorities to identify areas for improvement around mortality and morbidity | <ul style="list-style-type: none"> • Deaths that are of concern are appropriately escalated and reviewed in line with Trust policy • Learning is identified, shared and implemented appropriately • Increased partnership working with external providers to continually improve mortality and morbidity rates | <ul style="list-style-type: none"> • Achieve below the national average of 100 against the Trust HSMR • Achieve below the national average of 1.0 against the Trust SHMI • Achieve 15% completion of Structured Judgement Reviews • Increase the number of M&M meetings that are in place |

Planned outcomes:

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

Monitoring arrangements:

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

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



Why is this important?

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

| Aims | Objectives | Key Performance Indicators |
|--|--|--|
| <ul style="list-style-type: none"> Evaluate the impact of the pilot study undertaken to identify any further recommendations and areas for improvement to support improved care for patients with Mental Health needs in the Emergency Department Work with external partners ensuring that people experiencing a mental health crisis are able to access meaningful alternatives to the Emergency Department Provide safe therapeutic environments for mental health, learning disabilities and patients with autism which conform to national standards within the Emergency Department | <ul style="list-style-type: none"> Implement recommendations where applicable following evaluation of the pilot study Increased partnership working with local services to improve provision of Mental Health Support ensuring patients are attending the Emergency Department for the right level of support Staff in the Emergency Department are supported through training to provide safe therapeutic environments for patients with mental health needs | <ul style="list-style-type: none"> Reduction in the 12 hour Decision to Admit (DTA) breaches – target is to achieve 0 50% reduction in patient with mental health needs who remain in the department in excess of 4 hours Patients are seen by Humber Mental Health within 1 hour of referral |

Planned outcomes:

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

Monitoring arrangements:

- The project will be led by the Emergency Care Health Group Nurse Director supported by the Continuous Quality Improvement Team.
- Delivery of the project will be monitored by the Operational Quality Committee with reporting and escalation to the Trust Quality Committee for assurance.

Priority five: Learning from Patient Experience



Why is this important?

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

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

| Aims | Objectives | Key Performance Indicators |
|---|--|---|
| <p>Through engagement with patients and the public and feedback received, we will be able to:</p> <ul style="list-style-type: none"> Perform greater triangulation of patient experience data, to include complaints, PALS contacts, Friends and Family, inpatient surveys, staff surveys, internal audits including Fundamental Standards and the Matron handbook. Audit a selection of complaints to test the complaints process, ensure responses are of a high quality and test the robustness and implementation of action plans following completion of a complaint. Commence improvement work following release of the new PHSO national standards. | <ul style="list-style-type: none"> Highlight key areas that require improving by identifying themes and trends from patient experience feedback Ensure appropriate actions are taken to facilitate effective learning and enhance patient experience | <ul style="list-style-type: none"> Achieve 40 day compliance in responding to complaints Reduce the number of referrals made to the PHSO Reduce the number of complaints re-opened |

Planned outcomes:

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

Monitoring arrangements:

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

ANNEXES

This section includes:

- [Annex 1:](#)
 - [Statements from Key Stakeholders](#)
 - [Trust response to Stakeholder Statements](#)

- [Annex 2:](#)
 - [Statement of Directors' Responsibility](#)
 - [Independent auditor's report](#)

- [Annex 3](#)
 - [Abbreviations and definitions](#)
 - [How to provide feedback](#)
 - [Other formats](#)

Annex 1

This section includes:

- [Joint Statement from NHS Hull Clinical Commissioning Group and NHS East Riding of Yorkshire Clinical Commissioning Group](#)
- [Joint Statement from Healthwatch Kingston upon Hull and Healthwatch East Riding of Yorkshire](#)
- [Trust response to Stakeholder Statement](#)

Statements from Key Stakeholders

Joint Statement from NHS Hull Clinical Commissioning Group and NHS East Riding of Yorkshire Clinical Commissioning Group

Firstly, NHS Hull and East Riding of Yorkshire Clinical Commissioning Groups would like to take this opportunity to thank all the staff at Hull University Teaching Hospitals NHS Trust for their hard work and dedication during the COVID-19 pandemic. We would like to extend our gratitude and appreciation to you all, for your part in the local NHS response and the wider system response.

NHS Hull and NHS East Riding of Yorkshire Clinical Commissioning Groups welcome the opportunity to review and comment on the Hull University Teaching Hospitals NHS Trust Quality Accounts for 2021/22. Commissioners would like to congratulate the Trust and staff on the successes that you have achieved in 2021/22, in what has proved to have been another challenging year. The Moments of Magic recognition scheme and the Golden Hearts awards provide true examples of staff dedication and commitment to the outcomes for patients. Commissioners were impressed to see that, despite the challenges of the pandemic, the Trust had still achieved several national awards and are congratulated for this.

Commissioners also recognise that the Infectious Diseases Team were awarded the clinical team of the year by the Trust and acknowledge the challenges faced by the team during the pandemic and in mitigating the risks associated with covid infections. Furthermore, commissioners acknowledge the significant increase in Trust-led research, particularly in the specialities of diabetes, endocrinology, and vital COVID-19 vaccine research. It is pleasing to read that the Infection Research Group have now secured a Genetically Modified Organisms (GMO - Contained Use) license from the Health and Safety Executive.

Safer Care:

- Commissioners note that whilst the “Stop the Line” reporting was not achieved in full however a review of the policy and further guidance for staff is achieved. Commissioners recognise this priority was impacted upon by the operational pressures of the pandemic and are pleased to see this priority carried forward for 2022-23. We look forward to seeing the positive impact of this in preventing incidents, reducing harm, and protecting patient safety. Furthermore, Commissioners note that some key milestones were achieved as part of the Quality Improvement plan (QIP) and in reducing inpatient falls of patients who have a diagnosis of Dementia within the Department of Elderly Medicine. We welcome the further improvements which will be led by the Trust Falls Committee.*

Better Outcomes

- In implementing the Trust COVID-19 Recovery Plan, Commissioners acknowledge that the QIP was due to be delivered by March 2022, but, due to the ongoing pandemic full delivery could not be achieved. Commissioners acknowledge the challenges and increasing focus upon this priority and the requirement to achieve the performance targets and reduce the total waiting list volume for patients and the associated risks.*
- Commissioners note that due to the continued impact of COVID-19 the Trust has not met all the objectives from the 2021/2022 Quality Improvement Priority to improve mental health triage in the Emergency Department. It is acknowledged that this will be carried forward into 2022/2023 and we look forward to seeing a positive improvement for patients presenting with mental health concerns.*

Improved Experience:

- Commissioners acknowledge that some of the objectives for learning from complaints and patient experience were achieved however recognise that further learning has been identified and improvements in learning are progressing. The Trust are congratulated in their use of volunteers and the new ‘Customer Services Skills’ course which is to be made available during 2022.*

Commissioners acknowledge that there are a further eight quality and safety indicators, identified by the Trust and reported within the quality accounts. We note that progress and monitoring of the clinical standards for seven-day services has been suspended following direction from NHS Improvement to

release NHS services to manage the impact of the COVID-19 pandemic and will resume following the easing of COVID-19 restrictions and return to normal activities.

Commissioners acknowledge the increase that the Trust has seen in 2021-2022 on the number of reported patient safety incidents and welcome the development of the Lessons Learned Framework in 2022-2023 and in embedding of the learning to support sustainable change.

Commissioners note the increase in the number of Serious Incidents (SIs) and Never Events reported during 2021/22 compared to the previous years, acknowledging that whilst this demonstrates an open reporting culture within the Trust this remains an improvement priority and work is being undertaken by the Trust continuously to improving patient safety. Commissioners note that serious incidents have occurred within maternity services and therefore welcome the appointment of a Head of Midwifery (HoM) and the improvement and safety actions taken in response to the Ockenden report and in working collaboratively with Local Maternity System.

Commissioners remain concerned that the impact of the pandemic has resulted in a backlog of outstanding SI investigations, an area we appreciate the Trust is working hard to resolve and commissioners welcome the Trusts decision that the Internal Serious Incident Oversight Group now has Commissioner membership and involvement. Commissioners welcome ongoing improvements in the overall quality of the Trusts Serious Incident investigations and associated action plans and would like to see greater involvement of patients, families, carers; supported with the introduction of the new National Patient Safety Incident Response Framework in 2022.

Commissioners note the details of the 2021 Staff Survey at the Trust and the positive increase in responses of 6% and drive to involve, empower and engage teams and staff in decision making. Commissioners recognise that the Trust has appointed a Head of Freedom to Speak Up which is positive to the varying routes staff can use to raise a concern underpinned by the Trusts whistleblowing policy.

Commissioners acknowledge the ongoing challenges with regards to the delivery of NHS Constitution Targets and the continued impact of the COVID-19 pandemic in terms of performance recovery and patients' safety. The Trust have been in a period of Enhanced Surveillance aligned with the Quality Risk Profile and continue to provide detailed recovery plans and assurances within stakeholder meetings and in implementing the Trusts Covid-19 recovery plan. Commissioners and wider stakeholder partners continue to monitor the delivery of this, we look forward to collaborating with you and the health system over the next year in achieving these goals.

In rounding up this review of the 2021/22 Quality Account, Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for our population and look forward to working with the Trust to continue to deliver better outcomes for all our patients. Commissioners would welcome an opportunity to contribute to the Trusts priorities for 2022/2023 and look forward to working alongside the Trust, in a partnership approach to improving quality across the Integrated Care System (ICS).

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

The two local Healthwatch organisations recognise that the Quality Account report is a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public about the quality of service they provide. The following is the joint response from Healthwatch East Riding of Yorkshire and Healthwatch Kingston upon Hull. The Quality Account for 2021/22 is well presented in an easy to read format with appropriate language. The performance against priorities summary page was particularly clear, and the one item that was not completed, appears to be carried over to the 2022 objectives. Healthwatch was pleased to see the addition of pictures and how the data is broken down with tables to make it easier to digest. The Quality Accounts for 2021/22 gives a comprehensive coverage of the provider's services, and it is encouraging to see positive patient views and feedback. It is promising to see that there are several instances of efforts to be 'patient friendly' through the Seven Day Service, Never Events, Trust Patient Experience and Engagement Committee, in addition to the Freedom to Speak up Guardian being promising and the Clinical Research Network is excellent. Healthwatch believe that there are no significant

omissions of issues of concern that had previously been discussed with providers. The Quality Accounts for 2021/22 highlight the details of patient alerts, the Stop Line project performance, the Mental Health triage in the Emergency Department, in addition to the CQC rating for Hull Royal Infirmary is representative in 2021/22. Healthwatch recognise the effort to continue to improve the quality and safety of services within the trust and we look forward in continuing to work more closely with Hull University Teaching Hospitals Trust in the future and seeing how their new priorities are developed. We would like to thank all of your staff for the hard work they have put in during these unprecedented times, Healthwatch recognises it has been a difficult year for Secondary Care Providers, however, the Trust has continued to recognise the areas that need improving and put action plans in place to improve the situation.

Yours Sincerely,



Jon Dunn
Delivery Manager
Healthwatch Kingston upon Hull



Julie Dearing
Delivery Manager
Healthwatch East Riding of Yorkshire

Trust response to Stakeholder Statement

The Trust would like to thank all stakeholders for their comments on the 2021/22 Quality Account. All statements received from our Stakeholders have been included in the Quality Account as provided.

We are pleased that the statements from our stakeholders acknowledge the progress made during a very difficult and testing year for the NHS and that stakeholders agree that the quality and safety improvement priorities for 2022/23 are the correct ones.

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

Annex 2

This section includes

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

Statement of Directors' Responsibility

The directors 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

Chair:



Date:

30 June 2022

**Chief
Executive:**



Date:

30 June 2022

Independent Auditor's Report

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

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

Annex 3

This section includes:

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

Abbreviations and Definitions

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

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

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

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

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

How to provide feedback

We would like to hear your views on our Quality Account

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

If you have any feedback regarding the Quality Account please e-mail your comments to:

hyp-tr.quality.accounts@nhs.net

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

The Compliance Team

Quality Governance and Assurance Department

Medical Education Centre

Hull Royal Infirmary

Anlaby Road

Hull

HU3 2JZ

Other formats

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

For more information, you can contact Rebecca Thompson:

Call: (01482) 674828

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