



Annual Report 2012/2013

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المعلومة لك بلغتك، فالرجاء التأشير في المربع المناسب ثم إرساله إلى
إذا كنت ترغب في توضيح هذه
العنوان أدناه: ☐

Farsi

اگر مایل هستید این اطلاعات به زبان خودتان برای شما شرح داده شود، لطفاً در مربع مربوطه علامت زده و
به اینجا بفرستید: ☐

Kurdish

ئەگەر دەخوازیت ئەم زانیارییەت بە زمانی خۆت بۆ ڕوونبکریتەر، ئەوا تکایە نیشانە لە خانەی گونجاو بدە
و بیگەرێنەر موه بۆ: ☐

Imię i nazwisko, Isim 姓名 نام ناو	
Adres Adres 地址 آدرس ناونیشان	
	

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INTRODUCTION

CHAIRMAN'S FOREWORD

Welcome to our 2012/13 Annual Report.

It is a time of great change and challenges within the healthcare system. As well as new structures being put in place, we all face increasing pressures on finance, significant challenges around emergency admissions, an ageing population and problems associated with the discharge of medically fit patients. We face these challenges at a time when there has been considerable focus on the NHS related to some very high profile failures and the findings of the Francis report. This serves as a reminder to all of us that top quality care should always remain at the forefront of what we do.

Overall it has been a year of significant positive progress for the Trust and it was a major milestone to meet all of the key financial and performance targets. A programme of major transformational change was started and the Foundation Trust application progressed to the next stage in the assessment process. For Clostridium Difficile in 2012/13 we saw a 48% reduction down to 58 cases from 105 in the previous year and there were 6 cases of MRSA against a threshold target of 7. We achieved the national target of treating patients within 18 weeks, met all the key national targets for cancer care and we have seen our performance against the three different measures of mortality significantly improve. Despite one of the most difficult winters in recent years we achieved the target of treating 95 per cent of patients within four hours. The effort, professionalism and dedication of our staff in dealing with this very challenging situation was very noticeable.

In line with other NHS organisations we are looking at alternative models of service delivery and exploring greater partnership working. We believe that this is the way in which we will be best placed to meet the challenges that lie ahead and to continue to deliver the highest possible care to our local population across the local health economy. We began to establish relationships with the newly emerging Clinical Commissioning Groups within the NHS Humber Cluster. Along with other providers we have been working jointly on four transformational areas: urgent care, long term conditions, end of life care and dementia.

We have embraced the learnings of the Francis Report and quickly established a steering group to coordinate and implement improvements. I would like to thank our hospital chaplain Adrian Klos for agreeing to become a member of the steering group and to help to ensure that there continues to be a focus on compassion in what we do.

There were a number of changes on the Board and I would like to acknowledge Mrs Mary Wride, Non Executive Director, whose term of office came to an end in April 2013 after nine and a half years. Mary has always had the patient experience at the core of everything that she has done. Another Non Executive Director Professor Tony Kendrick, who was Dean of the Medical School, also left the Board and we wish him every success in his new role as a Research Professor at the University of Southampton. I would also like to thank John Barber, Chief Financial Officer, who retired and to Chief Nurse Mike Wright both of whom have made a significant contribution to the development of the Trust generally. I am most pleased to welcome Ursula Vickerton as Non Executive Chair of Audit, Morag Olsen as Chief Operating Officer and Amanda Pye who moved to the role of Chief Nurse.

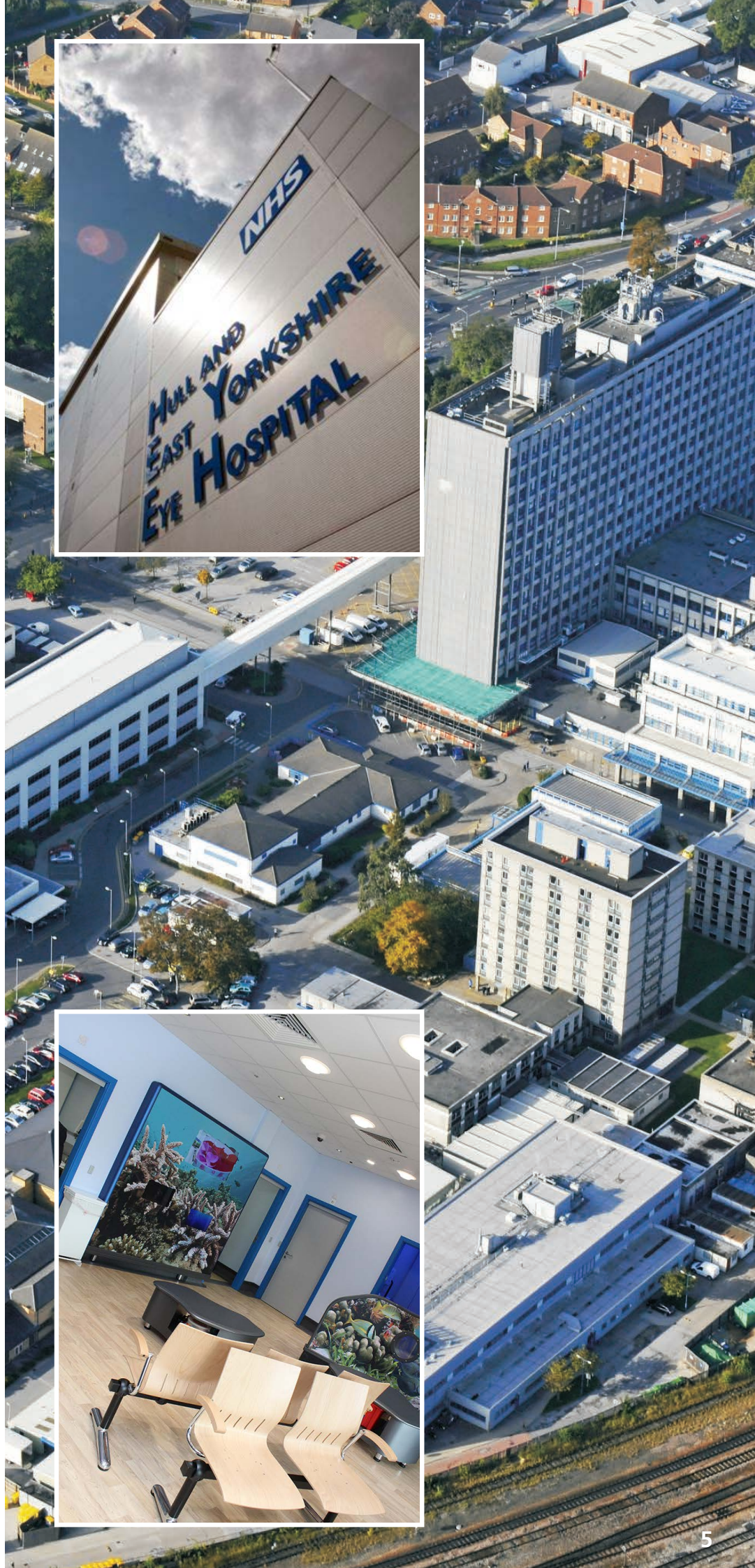


I particularly want to thank all of our staff who work with tremendous drive and commitment. Throughout the year our focus has continued to be on improving clinical outcomes, patient safety and quality. We recognise that we still have some way to go to reach our ultimate goals but our progress to date has only been possible with the dedication and kindness of staff, who want to provide the best possible care for our patients. I also wish to highlight the efforts of our many volunteers who are often overlooked but whose work is invaluable and I thank them all for the dedication they show.

I hope that you enjoy reading the many highlights of our year of which we are very proud. This report enables us to share some of our successes. The next year will undoubtedly be challenging for us, however, based on the success of this year, I believe that we are well placed to look ahead with confidence.



Rob Deri
Chairman



CHIEF EXECUTIVE FOREWORD

Did I make a difference? Did I add any value? What did I do today that truly made it better? These are the questions I find myself asking every time I get home. How did I help create an organisation, a team, a role that lived out our values, the things we believe in and ultimately met the needs, wants and rights of our patients, their families, carers, and the users of our services. Did I have the courage to say the difficult things; the compassion to do the right things; the heart to do the human things, like saying thank-you, giving a smile, making a cup of tea?

We are an organisation where 8,000 of us touch the lives of over a million people every year, a place where when human tragedy, natural disaster, and deepest need strike; human beings look to us for help, understanding, solutions, safety and care!

This is why our vision – “Great staff, great care, great future” starts with what matters most – our people. Without them, we have nothing but empty words. I have seen over this last year thousands of caring professionals, dedicated health-care workers, human beings who are constantly stretched yet continue to give of themselves in often the most trying circumstances; deliver fantastic results. We were an early implementer of the ‘Friends and Family Test’, and the average score of nearly 2,000 patients a month is 4.7 out of 5 or 94% happy or very happy with their care. The patient survey showed us as a high scorer and still improving. The Safety Thermometer demonstrated our clinical quality as being in the top quartile across England. Our mortality rates are better now than the national average. Our infection rates continue to fall and we are one of the best performing Trusts in the country. People living with cancer gave us a big thumbs-up in the National Cancer Survey for our facilities, clinical care, food, communication and the friendliness of our staff.

Our Pioneer Teams have worked in over 21 different areas of the Trust - with a passion for improving the quality of care – in diverse places such as:

- Hip Fracture
- Bereavement
- Nutrition in Cancer
- Community Midwifery
- Breast Care
- Patients in Lifts
- Pathology
- Catering Services
- Ophthalmology
- Physiotherapy

Their efforts and results are truly staggering. Using hip fracture as an example, the number of elderly patients with a fracture who die, has been reduced by 50%. The number of falls on the ward by a third and pressure sores by 20%.

We have responded to the challenges of the Francis Report with urgency and vigour. The top 27 priorities for the organisation were quickly identified; a steering board was established to implement the recommendations as soon as possible and every ward sister should be supervisory by the summer.



The year saw significant progress on the Tower Block and the A&E re-build. The difference this will make on staff and patient experience is enormous. We invested in new equipment to the value of £9m and a sum of £1.5m on new technology such as the Cayder Electronic White Boards to ensure important information reaches the right clinical person as quickly as possible. From our Big Conversations over last summer and the top 5 priorities for staff, voted on by over 1,500 people we have delivered changes in how we communicate, how we train and develop people, how we place patients on wards and how we plan for the future.

The development of the Link Listeners has created 110 people who volunteered to be the voice for their colleagues and ensure everyone has the chance to ask questions and find answers to issues, rumours and concerns. A huge thank-you to them for their time, enthusiasm and their sense of humour!

Our staff awards show-cased the very best of our teams and individuals, nominated and voted on by colleagues and patients. They were a tribute, powerful and moving, on the essence of what we do best. A crowning evening on a year of achievement and excellence.

All of this, and more, much more than simple words can say, make me humbled to be a part of this great organisation. My role is to serve our public and patients, and you our staff, by removing the barriers, bureaucracy and blocks to the great care we all desire to see, hear and experience. To help make this Trust, this place, this – our beloved National Health Service – the best it can be.

In closing, as I ask myself that question once more – “what did I do today that made a difference?” – my thoughts turn to our future, the challenges, the opportunities and the potential that awaits us, and I think “what can I do tomorrow to make it even better”



Phil Morley
Chief Executive

OUR STRATEGIC AIM

To meet the needs of our population, our partners and our people, by

- delivering excellent quality outcomes
- working in partnerships that add value and in ways that use public money wisely
- having buildings that are fit for purpose
- providing assurance to our regulators and commissioners that all necessary standards are being met

We have a three-fold mission:

To Listen:

By listening we will be able to understand and empathise, value feedback, challenge, gain insight and clarity, seek out ideas, innovation and creative thoughts, and be humble when we make mistakes

To Learn:

Through shared learning we will be able to make better choices, capture what we did well and spread good practice, not repeat mistakes, prevent harm from happening, ensure that lessons learned are impactful and enacted, learn what makes us stronger, better and more effective

To Lead:

As a Trust we will be at the forefront of superb healthcare in England, delivering services in new and innovative ways, with models of care that put patients at the heart of the pathway. We will be a Teaching Trust that carries out research in selected areas and implements research in all areas. We will work with our partners to improve the health of our local population and educate people to better care for their own health and well-being. We will be an employer that is in the top 20% of employee and patient satisfaction for hospitals and aim to be in the top 10% within five years

OUR VISION

'Great Staff, Great Care, Great Future'

Throughout this report you can read about how we are delivering our vision by highlighting achievements of our great staff, giving some examples of the great care we have delivered during the year and also telling you about our aims going forward.

We have also produced a separate [Annual Review](#) which tells you more about our 5 values which are Intentionality, Identity, Inclusion, Inspiration and It's All About You. The Annual Review tells you how we are implementing our organisational development strategy and celebrating the real changes that we have made both to patient care and in breaking down the barriers that staff face during their working day.

ABOUT OUR TRUST

- We are one of the largest acute Trusts in the UK
- We have two main hospitals sites: Hull Royal Infirmary and Castle Hill Hospital
- We were established in October 1999 when the two hospitals merged into a single organisation (previously Royal Hull Hospitals NHS Trust and East Yorkshire Hospitals NHS Trust).
- We provide medical and surgical services for approximately 600,000 people who live in the Hull and East Riding of Yorkshire area.
- We provide a range of more specialist services to a much wider population of between 1.05m and 1.25 million which includes people who live in North Yorkshire, North Lincolnshire and North East Lincolnshire.
- The only major services not provided locally are transplant surgery, major burns and some specialist paediatric services
- At 31 March 2013 we employed 6990 whole time equivalent staff (8664 people)
- We had a turnover of £495million in 2012/13



Care Quality Commission

The Trust has registration with the Care Quality Commission (CQC) for the following activities:

- treatment of disease, disorder or injury
- assessment or medical treatment for persons detained under the Mental Health Act 1983
- surgical procedures
- diagnostic and screening procedures
- maternity and midwifery services
- termination of pregnancies

External Agency Visits

41 visits were made to the Trust by 22 agencies which inspected various aspects of the Trust's services during 2012/13. Visits have included the Deanery, Patient Environment Action Team, cancer peers reviews, Medicines and Healthcare products Regulatory Agency and the Care Quality Commission. The NHS Litigation Authority visited in September and December 2012 and assessed the Trust as compliant against level 1 against maternity and also general risk management standards.

AN OVERVIEW

Development and performance of the Trust during the year

- We were an early implementer of the Friends and Family test and patients have given very positive feedback on the care they have received
- Our mortality rates are now better than the national average
- We met all our key national targets (patient treated within 18 weeks, patients seen in the Emergency Department within 4 hours and were below the threshold for MRSA and Clostridium Difficile infections)
- We met all of our statutory financial duties
- We commenced a major programme of upgrade to the tower block and the Emergency Department at the Hull Royal Infirmary
- We continued our programme of organisational development and launched a number of initiatives to improve communication with our staff and to celebrate success in improving our services

Position of the Trust at the end of the year

Throughout 2012/13 the Trust reported to the Strategic Health Authority on its performance. The Trust was required to submit a monthly return which contained a number of performance measures with two overarching indicators and a declaration agreed by the Board. At the end of March 2013 the position was:

Indicator	Rating	Commentary
Board declaration	Declaration 1	This declaration means that the Board considers that it is currently performing at a level compatible with Foundation Trust authorisation
Governance	Green	The governance score indicates whether the Trust is effectively managing performance and taking appropriate action to remedy any problems that might arise. At year end we had met all of our major targets.
Finance	3	Finance risk is assessed on a scale of 1 (high risk) to 5 (low risk). The average financial risk rating of existing Foundation Trusts is 3 which demonstrates that this Trust was performing at the same level as a Foundation Trust.

More detail of the performance of the Trust is contained in the following chapters under each of the Trust's 7 strategic objectives.

DID YOU KNOW?

- The Trust's land area is 85 hectares
- The gross internal area of the Trust's buildings is over 200,000 square metres
- The total patient main meals served (exc. breakfasts) in 2012/13 was over 760,000
- The Trust used over 4.4 million pieces of linen in 2012/13
- Number of surgeons' gloves ordered in 2012/13 – 325,000
- Number of examination gloves ordered 2012/13 – over 7.3 million
- Supplies department processed over 470,000 order lines
- Trust spent £600,000 on sutures

The main trends and factors which are likely to affect the entity's future development and position

The Health and Social Care Act 2012 is changing the way in which NHS providers are regulated. There will be an all Foundation Trust sector and at the end of March 2013 the Trust's application was being considered by the NHS Trust Development Authority. The Trust regards the achievement of Foundation Trust status as one of the keys to its future success and development.

Public confidence in healthcare has been affected by high profile failure. Following the publication of the Francis Report all Trusts have been requested to carefully reflect on the report's findings. The Trust has already begun this work and senior managers have prioritised the 290 recommendations and agreed the first 11 key issues to take forward. At a time of substantial change and transformation it will be essential that the delivery of high quality services remains at the forefront of everything that the Trust does.

The national economic environment will continue to present challenges for the NHS. The Trust will need to make difficult decisions as it faces and responds to pressures placed upon it. There is a challenging cost improvement programme that will need to be delivered over the next 5 years and a detailed programme covering the next two years has been put in place. The level of savings cannot be achieved working in isolation from other providers.

A key feature of the Trust's future development will be partnership and joined up working with other providers to deliver different service models. As we develop partnerships we will need to ensure that we have strong governance arrangements to minimise risk and receive assurance that we are providing services that meets the needs of the population that we serve.

Clinical Commissioning Groups and Local Area Teams are in their infancy. The Trust will need to develop and consolidate effective working relationships. These working relationships will need to extend to other key stakeholders including Health and Well Being Boards and local Healthwatch.



SAFE HIGH QUALITY EFFECTIVE CARE

OUR ACHIEVEMENTS IN 2012/13

Our Quality Accounts sets out our achievements over the last year these are available on our website www.hey.nhs.uk. Particular attention is drawn to the following achievements

- the reduction in our mortality rates
- the reduction of healthcare acquired infections (C Difficile and MRSA)
- Reducing the number of pressure ulcers
- Reducing the number of patient falls

We have also implemented a number of other service changes and initiatives:

- We have had 22 strategic conversations with our clinical services. These conversations have enabled specialties to consider how their services will change and develop over the next three to five years in order to respond to the needs of our population and to deliver services in the most appropriate setting
- A number of clinical pathways have changed. General Practitioners and Urologist have been working together to ensure that their patients can receive more care in the community rather than attending the hospital
- Part of the plastic surgery service has been relocated to the Hull Royal Infirmary. This has allowed the service to provide direct input to the Emergency Department which has resulted in emergency patients receiving much quicker treatment
- We redesigned our stroke services and were designated as a Hyper Acute Stroke Unit
- We appointed a Consultant with a lead responsibility for developing the way that we deliver care to patients with dementia. We established a Dementia programme Board to ensure that we gave priority to this work and introduced the Butterfly Scheme
- Each inpatient ward now has a quality and safety information board at the entrance to the ward. This gives information to patients and visitors on the performance of the ward and includes infection prevention and number of complaints
- We commenced a major programme of expansion and development of our Emergency Department which will improve the patient experience as well as enabling us to meet our A&E performance targets
- We established a process to ensure that expenditure reduction programmes do not have a negative impact on the quality of care provided
- We continued our programme of Trust Board quality and safety walk rounds. During the year Board members visited 21 wards/departments within the Trust as part of the Board development programme. Visits included elderly care wards, Queen's Centre, theatres, radiotherapy, neonatal unit, haemodialysis unit, cardiology wards and the Acute Assessment Unit. Visits are also made outside of the formal Board development session
- We met all mandatory national and local agreed targets for the reduction of healthcare associated infections in 2012/13. This is the first year in which all of these targets have been achieved.

Stroke Care

In November 2012 we received the results of the National Sentinel Stroke Audit. This compares the care that we give at this Trust with other Trusts nationally. Our services are judged against 9 standards which look at what specialist staff we have, what training and research we do, how we communicate with our patients and how we organise care.

We received a high score for the acute care organisation standard. This looks at whether we give care on a dedicated stroke unit which has the necessary equipment and procedures in place and is staffed with trained multidisciplinary clinicians. We received a score of 87.5 out of 100.

Our overall score had increased since the last audit in 2010.

Our Quality & Safety Strategy

2012/13 was the second year of our 5 year Quality and Safety Strategy. We have set ourselves some ambitious targets with year on year measurable objectives:

- Safety:** To reduce all avoidable deaths
To reduce all avoidable harm
- Effectiveness:** To ensure that the Trust always treats the right patient in the right place at the right time
To aspire to achieve the best clinical outcomes for all
- Experience:** To improve the patient experience through patient and staff engagement

The Butterfly Scheme®

reaching out to people with dementia



An admission to hospital can be an extremely distressing time for a person with dementia. To ensure that our hospitals become "Dementia Friendly" we have adopted the butterfly scheme. This enables staff to recognise patients suffering from dementia and provides tools to help staff to better respond and to meet the needs of this group of patients.

Did you know?

In 2005/6 mandatory surveillance of MRSA bacteraemia commenced.

We had 102 cases. In 2012/13 we had reduced this number to 6

"Thank You" to our Volunteers

The Trust is grateful to its 352 volunteers for the time they give freely to improve the patient experience and assist our staff – 26,500 hours this year. Meet & greet, dining companions, hospital radio, shops, ward trolleys, admin support and general ward assistance – these are just some of the valuable services our volunteers provide.

PATIENT SURVEY RESULTS

Achievements against our priorities

Our stated priority for 2012/13 was to improve our performance in the National Inpatient Survey questions which asked about the overall experience of the care we provide. The National Inpatient Survey is the responsibility of the Care Quality Commission and 850 patients receive questionnaires about different aspects of the care and treatment they received. Compared to the previous year our score for the specific question we measure ourselves against improved from 7.7 to 7.9.



The result of the survey is set out in the table below:

Performance	Number of questions	
	2011	2012
Green (Better than expected)	2	3
Amber (As expected)	60	57
Red (Worse than expected)	2	0
Total Categories assessed	64	60

There have been improvements particularly in the following questions: <ul style="list-style-type: none"> Copies of letter sent between hospital doctors and GPs (significant improvement) Length of time on the waiting list Choice of food Involvement in decisions about care and treatment 	We were in the top performing Trusts for: <ul style="list-style-type: none"> Cleanliness of the toilets and bathrooms Providing printed information to patients on what to do patients once they have been discharged Who to contact if the patient was worried after they left hospital
Worst performing Trusts <ul style="list-style-type: none"> We did not have any questions that fell in this category 	Where our performance dropped <ul style="list-style-type: none"> Emergency Department (we have a major programme of development underway)

In the national A&E survey there were 7 questions rated worse than expected (compared with 3 when the survey was last undertaken in 2008). 38 questions were rated as expected (compared with 28 previously). There were no questions that were better than expected (3 in 2008). At the time the survey was undertaken the Emergency Department was undergoing a programme of major refurbishment.

During the year we started preparing for the introduction of the Friends and Family Test which had to be introduced by 1 April 2013. Our initial results have been extremely positive.



National Cancer Survey

The Trust received the results from the national cancer survey. A total of 1251 patients from the Trust were identified as eligible to participate and 843 completed surveys which was a response rate above the national average. We were amongst the highest performing 20% of NHS Trusts in England for 6 responses which included giving information to patients on financial assistance, how to get free prescriptions, controlling the side effects of radiotherapy and controlling pain. We had also statistically improved on a further 6 areas of care and support. There were some responses where we need to do further work which included the provision of written information and explanations of surgical treatment. The results of the survey were given to the multidisciplinary teams involved in cancer care to develop action plans where improvements can be made.

Organ and Tissue Donation

The Trust has been at the forefront of promoting organ and tissue donation.

The last year has seen the organ donation taskforce realise its aim of a 50% increase in organ donation with the 5 year time period. It has also seen organ and tissue donation become more associated with usual end of life care.

We have two specialist nurses and a clinical lead in organ donation. We have an Organ Donation Committee which is chaired by a donor family member. We also have a very dedicated mortuary team who work extremely hard to raise awareness around tissue donation.

The organ donation team offer teaching/guidance throughout the Trust, and over the last year have delivered sessions to critical care doctors and nursing staff, operating theatre staff and emergency department staff. Over the last 5 years we have seen an increase in awareness amongst emergency department staff. An end of life room has been established in the emergency department to enable families to spend their last hours with their loved ones in a private and quite room.

The aim of the organ donation team is to ensure that all families whose loved one is dying or has died will be given the option of organ and/or tissue donation if it is appropriate for them. In 2012/13, 9 families made the brave decision for their loved ones to become organ donors, which resulted in 16 people receiving the wonderful gift of an organ transplant. 15 families made the brave decision to allow their loved ones to become tissue donors. Every single donor makes a phenomenal difference and we owe it to people to give them the opportunity to consider donation.

The team has been considering the best way to implement the NICE guidance (135) – Improving donor identification and consent rates for deceased organ donation (2011). Plans include nurse led referrals within the critical care and emergency department, the development of prompt guides including referral triggers and inclusion of referral to the Specialist Nurse in organ donation or tissue services in the end of life pathway. The recent improvements to the bereavement service have also brought some uniformity to information the family of patients are given when a loved one has died, as the bereavement booklet now contains information about tissue donation.

If you would like to find out more – you can contact Michael.felgate@hey.nhs.uk (clinical lead in organ donation), tracey.heron@hey.nhs.uk (specialist Nurse in organ donation Hull Royal Hospital), or Joanne.cheetham@hey.nhs.uk (specialist nurse in organ donation Castle Hill Hospital). There is also an intranet site – organ and tissue donation. For national guidance and information visit - <http://www.odt.nhs.uk>

Complaints and Patient Advice and Liaison Service (PALS)

The Trust continually reviews patient experience through a number of methods such as surveys, compliments, complaints, claims and concerns. These measures are reported to the Trust Board through the Board's Quality Effectiveness and Safety Committee. Survey results, complaints and PALS are regularly reviewed and discussed at the Trust's Patient Experience Forum along with the actions in response to both individual concerns and identified themes to improve patient experience and reduce the number of complaints received.

Complaints Received	2011/12	2012/13
Total number of complaints received	521	706
Number closed complaints responded to within the 25 day target	296	510
Percentage responded to within the 25 day target	62%	67%
Number of complaints resolution meetings recorded	88	100
Number of Healthcare Ombudsman requests	26	13
How many Ombudsman requests were upheld	2	1

The Trust has a gold standard target for all complaints to be responded to within 25 days from receipt. Every formal complaint is investigated and a complaints resolution meeting is offered to the complainant to ensure the service gains a better understanding of the cause of their concern and to allow a more personal response. If an investigation identifies areas for improvement an action plan will be developed and implemented. With an increasing number of complaints requiring resolution meetings (where patients or their representatives can meet staff from the Trust) up to 40 days may be required and in complex complaints it may take 60 days.

The majority of complaints received relate to inpatient episodes. The table below details activity levels for which we have used finished consultant episodes (FCEs) against the number of complaints received. Our activity has increased slightly year on year and as a result so has the number of complaints. However there has been an increase in complaints over activity (this has been experienced by all NHS organisations) as access to and awareness of the complaints procedure has increased.

Formal complaints to activity for the period April 2012 to March 2013

		Apr-June 12	July-Sept 12	Oct-Dec 12	Jan-Mar 13
Inpatients	FCEs	44992	44710	46062	31419
	Complaints	111	112	114	113
	Rate/1000 FCEs	2.47	2.51	2.47	3.60
Outpatients	Appointment	245302	256142	261150	176765
	Complaints	54	52	39	43
	Rate/1000 Appointments	0.22	0.20	0.15	0.24
A & E	Attendances	31554	32374	31652	21380
	Complaints	12	15	13	14
	Rate/1000 Attendances	0.38	0.46	0.41	0.65

Top five subjects raised in formal complaints received during 2011/12 and 2012/13

Subject of formal complaint	Number of complaints	% of Complaints	Number of Complaints	% of Complaints
	2011/12		2012/13	
Treatment	356	70%	419	59%
Discharge	31	6%	56	8%
Delays, waiting times and cancellations	31	6%	61	9%
Care and comfort including privacy and dignity	34	7%	31	4%
Attitude	27	5%	39	6%
Communication / record keeping	23	5%	75	11%

PALS is a free, confidential service for people who want to give feedback about any aspect of NHS care that they have received positive or negative. 2867 people approached the service in 2012/3/. Of these 643, were general enquiries and 97 were compliments which were passed on to staff. PALS try to ensure that concerns raised are dealt with promptly to avoid a formal complaint being made and manage to address a large number of issues within a few working days.

Top five subjects of PALS contacts during 2011/12 and 2012/13

Subject of PALS contact	Number of PALS	% of PALS	Number of PALS	% of PALS
	2011/12		2012/13	
Delays, waiting times and cancellations	473	22%	834	29%
General advice	523	24%	643	22%
Communication / record keeping	310	14%	412	14%
Treatment	315	14%	361	13%
Attitude	157	7%	190	7%
Care and comfort including privacy and dignity	98	4%	103	4%

What actions have we implemented as a results of Complaints and PALS?

- A relative raised concerns that a 'Do Not Attempt Resuscitation' form was completed for a patient without discussion with the family. As a result a specific e-mail was issued to remind all relevant staff of the importance of communication.
- A relative felt that a ward had made assumptions about a patient having dementia and behavioural problems which was due to the patient's age. As a result the relative was invited to become involved in 'the fifteen steps' programme and additional training of staff was undertaken relating to caring for patients with delirium.
- A number of complaints were received regarding residual scarring following surgery. The scars were within normal parameters so a new leaflet was commissioned to explain the potential for a residual scar, scar management and scar care.
- A number of patients were invited to participate in Patient Experience DVDs which are used throughout the Trust to highlight issues and illustrate the importance of caring for the right patient in the right place and at the right time. This included a patient presenting their experience to junior doctors in a 'live' forum.
- As part of the theatre improvement project a theatre transfer area was established adjacent to the theatre.

Detailed below are the number of complaints by occupational group which have been categorised by the principal individual who was named in the complaint.

Complaints by Staff Group 2012/13	
Admin, Clerical and Reception Staff	12
Medical staff	531
Nursing staff	113
Radiographer	1
Dietician	1
Physiotherapist	1

Principles of Remedy

The Trust has adopted the principles of remedy and considers that being responsive, open and honest are fundamental to the positive resolution of complaints as well as a range of remedies being available to complainant if required. The six principles involve getting it right, being customer focused, being open and accountable, acting fairly and proportionately, putting things right and seeking continuous improvement.

STRONG HIGH PERFORMING FOUNDATION TRUST

OUR ACHIEVEMENTS IN 2012/13

- We finalised our 5 year Integrated Business Plan which sets out the strategic direction of the Trust to 2017/18 and is the formal Foundation Trust application document
- We successfully passed the Strategic Health Authority assessment and our application was passed to the Department of Health/NHS Trust Development Authority on the 1 February 2013, which was the second stage of a 3 stage process
- We achieved a score of 3.5 against the Monitor Quality Governance Framework which is a requirement of the Foundation Trust application process. This score was subsequently confirmed by an independent assessor
- We completed the Board Governance Assurance Framework Memorandum which was independently assessed by Finnermore Ltd and is also a requirement of the Foundation Trust application process.
- We received the report on the refreshed Historic Due Diligence assessment in October 2012. Confirmation was received that all actions from stage 1 had been completed and progress made on stage 2 recommendations
- At March 2013 we had a service performance score of amber green against Monitor's governance ratings in its Compliance Framework
- At March 2013 we had a Financial Risk Rating of 3 against Monitor's Compliance Framework
- The Trust Board approved its Clinical Services Strategy in January 2013. The aim of the Strategy is to ensure that its core and tertiary services remain financially and clinically sustainable for the long term

The Trust has established a Foundation Trust Project Board as a time limited Board Committee and progress is reviewed at each meeting.

MEMBERSHIP

Foundation Trusts are more accountable to the local populations that they serve. This is achieved through recruiting people who live in the Trust's local catchment area as members who can then vote or stand to become a Governor of the Trust.

Two public constituencies have been established, one for the city of Hull and one for the East Riding of Yorkshire. A patient constituency has also established in recognition that there are a number of tertiary services provided by the Trust and to listen to the views of patients who may have to travel further to receive their care. In order to qualify for membership, individuals need to live in the geographical boundary of the two Local Authority areas or have been a patient at the Trust. They must also be 16 years or over.

Public and patient membership recruitment continued throughout the year and the table sets out how the patient and public membership has grown over the last 3 years.

Date	Target	Outcome
March 2011	7831	8109
March 2012	8600	8889
March 2013	9052	9282

The Trust initially decided not to automatically make all staff members. A target of 3500 staff numbers was set to be achieved by 31 March 2013. At the year end the Trust had 3352 staff members. There are five classes of staff membership – medical, nursing, non clinical, volunteers and scientific, therapeutic and technical. At the year end three classes had achieved their target by there was a shortfall of 270 nurses and 62 non clinical staff.

The total membership numbers at the end of 2012/13 were:

Public	6421
Patients	2861
Staff	3352
Total	<u>12634</u>

During 2012/13, 30 membership recruitment events took place both within the Trust and at external venues. These included outpatient waiting areas, health centres, supermarkets and a sixth form college. Compared with March 2012 there have been improvements in representation of public membership across all the indicators used by Monitor (ethnicity, socio-economic grouping and female members). Three editions of the Membership Newsletter were published during the year and the intranet pages were reviewed. The FT Facebook Account was established in December 2012 and at the year-end had 30 friends.



There were 14 prospective governor sessions in 2012/13. The aims of the session were to provide prospective governors with a realistic insight in to the role and to clarify expectations. An induction/ training programme for Governors was developed which set out the content of the individual training sessions over the first 6 months following elections.

Six 'medicine for members' events were held throughout the year as follows:

Event	Delivered by
Cardiology Services	Professor Clark/Dr Thackery
Family & Women's Health	Divisional Nurse Manager
Dementia Awareness	Dr Harman
Clinical Skills	Media Co-ordinator
A Healthy You	Dr Allan
Trust Future Plans (2)	FT Director Lead

We want as many members of the public and our patients to join the Trust so that they can have their say in the services that we provide. If you would like to become a member please visit our website at www.hey.nhs.uk

Risk Management

The context of healthcare is changing. The NHS is in a period of substantial reform, increasing financial constraint, greater expectations about delivering consistently high standards of care particularly in light of the serious failings at Mid-Staffordshire NHS Foundation Trust.

The Trust Board considers its Board Assurance Framework at each meeting in public. This document records the key risks the Trust is facing, what controls it has in place and the sources of information used to determine whether the risk is reducing. At the year end there were four risks that had a rating of high. These were:

- Patients receive and report poor experience
- Cancer centre population being at the lower limit
- Composition of the Trust Board due to changes of Directors
- Lack of strong, respected, impactful leadership

You will find the Governance Statement on page 54. This tells you more about the Trust's risk assessment process, the risk and control framework and its effectiveness.

CREATING AND SUSTAINING PURPOSEFUL PARTNERSHIPS

RESEARCH

Research is at the heart of good evidence based practice leading to better patient care. There are a number of academic departments in the Trust and the research activity undertaken reinforces our strong partnership arrangements with Hull University and others. The Trust is committed to testing and offering the latest medical treatments and techniques. You can read more about our research activity in our Quality Accounts (page 35) at the end of this document. Projects include:

- The Gastroenterology and Hepatology research department was the first in the UK to work with GPs specifically on managing Fatty Liver Disease. The key findings from the study have raised important questions about the management of Fatty Liver Disease in the community. It has generated national interest and will feed directly into the Department of Health strategy for tackling rising liver disease prevalence in the UK. The study and its findings are being presented at the British Nurses Liver Forum in London in June 2013.
- The Paediatrics and Reproductive Health Research Teams has established the BABY (Born and Bred in Yorkshire) cohort trial. This trial would like to recruit every child, mother and partner in Hull over a one year period. This will see the department potentially enrolling nearly 18,000 recruits a year into this trial .
- The work in Hull on microfluids has attracted funding in excess of £4 million with successful grants from institutions including Engineering and Physical Sciences Research Council and the Home Office. The aim of this work is to predict certain features of behavioural qualities of tissues such as blood and tumour biopsies
- Research on a device which confirms that a nasogastric tube has been placed in the correct position prior to feeding is being undertaken. The tube generates an electrochemical signal once in the stomach and this can be detected externally. Clinical Trials of the device are due to commence late 2013.
- In 2012/13 the Ophthalmology team acted as a trial centre for 7 portfolio studies; 4 of which involved Investigational Medicinal Products (IMPs) allowing patients to participate in trials researching new therapies for diabetic retinopathy and wet age related macular degeneration.
- The recruitment to the highly prestigious Food Standards Agency contracts within the Department of Diabetes and Endocrinology remained on track
- The Academic Renal Unit designed and co-ordinated the first regional research day on the 14th December 2013 at Hull Royal Infirmary with guest speaker the Tsar of Renal Medicine UK and with patients asked to give their views of being in studies. A previous patient participant of a clinical study attended and delivered her thoughts on both the process and the emotions of being a participant, along with her experiences and concerns throughout her study visits.
- A Renal Research Charity Ball raised over £2,500 for future research.



- The Renal Newsletter is distributed widely within the region. This has led to staff taking interest in research studies and understanding the importance of research to the advancement of optimal and evidence based treatments. The Local Clinical Research Network has recognised the success with several commendations for progress. Joint meetings are held with all the renal units in Yorkshire to drive Yorkshire towards the forefront of research and success in patient care. One example is a purely Yorkshire project designed to examine a decision aid to help patients decide on dialysis therapy. This will lead to patient informed decisions with sufficient information.
- The development of telehealth services and research continues across Cardiology and Respiratory research. The Trust will play a key role implementing the high impact innovations. Working with the University of Hull, the Trust will play an active role in supporting the bringing together telehealth expertise from academia, primary and acute care, local authorities, industry and third sector partners to develop the new service concepts in telehealth that will form the future basis for telehealth service delivery in the NHS and elsewhere. Heart failure and COPD packages are already under development, with new packages planned to cover community telehealth and telecare, diabetes, stroke and mental health. This has received in excess of £2 million funding to date. There are more than 30 staff working on the programme between the Trust and the University of Hull
- The Respiratory clinical trials unit became top recruiters for a cystic fibrosis study, which was struggling to obtain patients in the UK. The Hull Department was asked to come on board with the project due to our reputation as top recruiter for a previous Cystic fibrosis trial.
- The Academic Vascular Surgical Unit has collaborated with academic units in both York and Leeds to design a programme of research studying surgical wound healing by secondary intention. This innovative study was awarded an National Institute for health Research Programme grant in excess of £2 million.
- A research project involving speech valves is aimed at improving the duration of use from an average of 3 months to 18 months. This should improve the patient's freedom from the hospital and reduce the need for medical interventions.
- 2012-13 saw the appointment of a stroke research nurse tasked with increasing research activity in this area and raising the awareness amongst staff and patients of possible research in collaboration with the stroke research network.
- Working with the Trust and the University of Hull, the Daisy Appeal Charity has funded the construction and equipping of a state-of-the-art PET-CT Scanning Centre at Castle Hill Hospital. This will work in conjunction with a pre-clinical PET facility at the University to provide the basis of a truly translational major medical research programme looking to develop new markers (using Fluorine 18 or Carbon 11 from two charity funded cyclotrons) for use in patients with cardiac, neurological or oncology diseases. Investment to date exceeds £6 million.
- Preparations for a new obstetric forceps to be brought to market are underway.

EMERGENCY PREPAREDNESS

As a registered provider of healthcare the Trust is bound by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and must have:

- procedures in place for dealing with major emergency events
- ensure that staff involved in such incidents receive training, professional development, supervision and appraisal
- work with other agencies to ensure the co-ordination of emergency procedures

This is also underpinned in the Civil Contingencies Act 2004

During the year we undertook the following activities:

- We tested whether our major incident call out cascade system was working and undertook two exercises in September 2012 and March 2013. A Major Incident test message was dispatched to mobile telephones and long range pagers asking recipients if they would be available for duty within 30 minutes from the call being dispatched. This provided sufficient assurance that key major incident roles would be fulfilled in the event of a major incident.
- We participated in an exercise with our partners to review how the area would deal with an incident involving a number of burns victims. The exercise was held on 26th April 2012 at the Sandal Rugby Club, Wakefield. The outcome resulted in the review of the Burns Plans both regionally and locally. This has now been approved by the Northern Burns Care Network.
- We participated in Exercise Railroad which was co-ordinated by the Fire and Rescue Service (FRS) on Sunday 28th October 2012. An area of the Humber Bridge car park used for the exercise with a range of vehicles from cars to vans and heavy goods vehicles where arranged to replicate a road traffic collision. Two of the vehicles provided a particular hazard to the emergency services on scene as one was a road tanker carrying petrol and one was an army vehicle carrying munitions. Casualty actors including 'amputees in action' were the casualties trapped in the vehicles and were mocked up to replicate their injuries.



During the exercise we were able to test how well we communicated between the different organisations. We were also able to assess our ability to deal with patients who would be received in the Emergency Department and what action would need to be taken if patients had to be sent to other receiving hospitals.



DELIVERING AGAINST OUR PRIORITIES AND OBJECTIVES

OUR ACHIEVEMENTS IN 2012/13

- The Trust has maintained delivery of the key access standards for being treated within 18 weeks, meeting a range of cancer waiting times targets and also Emergency Department waiting times.
- The Hospital Acquired Infection rates were below the threshold set in 2012/13. The percentage of hospital admissions with a Venous Thromboembolism assessment undertaken has improved on last year.
- The Trust has maintained delivery of the Stroke and Transient Ischaemic Attack key performance indicators .
 - 126,812 people attended our Emergency Departments (119,407 attended Hull Royal Infirmary and 7,405 attended Beverly minor injuries unit)
 - There were 594,357 outpatients attendances
 - 154,390 patients were admitted to our wards
 - There were 181,635 inpatients (FCEs)
 - There were 11,696 attendance to our wards by outpatients requiring review

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

		2011/2012	Target	2012/2013	Target
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspected cancers		94.8%	≥93%	93.9%	≥93%
Maximum waiting time of 31 days from diagnosis to treatment for all cancers		98.5%	≥96%	97.4%	≥96%
Maximum waiting time of 31 days for subsequent treatments for cancer	Surgery	97.7%	≥94%	97.2%	≥94%
	Drugs	99.6%	≥98%	99.5%	≥98%
	Radiotherapy			97.9%	≥94%
Cancer – Breast Symptomatic		95.8%	≥93%	94.3%	≥93%
Maximum waiting time of 62 days from referral to treatment for all cancers	All Cancers	89.3%	≥85%	87.8% *	≥85%
	Screening Referral	90.1%	≥90%	91.9% *	≥90%
18 weeks admitted pathways		93.8%	≥90%	92.4%	≥90%
18 weeks non-admitted pathways		97.5%	≥95%	96.4%	≥95%
18 weeks incomplete pathways		94.5%	≥92%	93.8%	≥92%
A&E Operational Standard		98.1%	≥95%	96.7%	≥95%
A&E Patient Impact		1 out of 2	1 out of 2	1 out of 2	1 out of 2
A&E Timeliness		1 out of 3	1 out of 3	1 out of 3	1 out of 3
Methicillin-sensitive Staphylococcus Aureus (MSSA) Bacteraemia		43	≤110	33	Monitoring only
Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteraemia		8	≤9	6	≤7
Clostridium Difficile		105	≤60	58	≤60
Cancelled Procedures (% of activity)		0.7%	≤0.8%	0.94%	≤0.8%
Stroke – 90% of time on a stroke ward (acute pathway)		81%	≥80%	82.8%	≥80%
Stroke – 90% of time on a stroke ward (combined pathway)		81%	≥80%	83.0%	≥80%

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

Page 36 of the Quality Accounts tells you what action we have put in place for the under-performing targets (red).

Learning Disability

The Trust confirmed that it met the requirements relating to patients who have learning disability. There are six areas which the Trust is required to meet and these are adjustments to pathways of care, provision of information, protocols for supporting family carers, training of staff, representation and audit of practice.

Delivering Same Sex Accommodation

The Trust must provide separate sleeping areas and toilet facilities for men and women on all of its inpatient wards (except for agreed national exceptions which are critical care, high observation bays and acute assessment areas). The Trust continues to comply with the requirement to report and monitor all breaches of the mixed sex accommodation standards. Of the 181,635 finished consultant episodes completed in 2012/13, there were 7 breaches of the standard.

NHS CONSTITUTION

The Trust Board had regard to the NHS Constitution and received an update on its provisions and key principles in November 2012. The Trust's values were mapped to those of the NHS Constitution to confirm alignment and consistency.

Information Governance

Information Governance processes and systems help us to manage information appropriately to ensure openness, confidentiality and legal compliance, security and data quality. It covers personal information about patients and staff, corporate and departmental information.

In March each year NHS organisations are required to submit a self assessment return via the Information Governance Toolkit, and to have in place an action plan for the following year. The return and supporting evidence are independently audited. For 2012/2013 the Trust was able to demonstrate compliance at level 2 or above in all 45 standards and was awarded a "Reasonable Assurance" rating for the Information Commissioners Audit in November 2012. We have:

- a well established Information Governance Management Framework, Information Committee and reporting arrangements for the oversight of work streams
- an established network of information risk owners with specific responsibility for the management of information risk
- extensive mandatory training provision, including access to both classroom sessions and on-line tools
- a policy framework covering confidentiality, information security and data protection
- security of centralised IT infrastructure

- availability of expertise in all the information governance initiative areas
- well established data quality procedures
- well established procedures for responding to patients wanting to see their clinical records and requests for information under the Freedom of Information Act
- well established and automated health records management processes.

We had one serious untoward incident reported to the Information Commissioner during 2012/13. This involved an incorrectly addressed envelope containing a list of patients and covering letter arriving by Royal Mail to a residential address. The following tables provide a summary of the serious untoward incident and other personal data related incidents reported during 2012/13.

SUMMARY OF SERIOUS UNTOWARD INCIDENTS INVOLVING PERSONAL DATA REPORTED IN 2012/13				
Date of Incident (month)	Nature of Incident	Nature of Data Involved	Number of people potentially affected	Notification Steps
July	Unauthorised disclosure. A list of patients was posted to a named GP at an incorrect residential address.	NHS Number, name, DOB, address, pregnancy status. The covering letter referenced diabetes and the Retinal Screening programme	54	The Information Commissioner was notified following the incident and has been kept apprised of the remedial actions implemented.
Action taken	Actions implemented in response to the incident include: <ul style="list-style-type: none"> - Manual administration processes replaced with secure electronic processes - Recruitment of a manager to oversee the Retinal Screening programme - Review of the Retinal Screening service to ensure that it is fully operational and safe - Mapping of information flows within the service to demonstrate Information governance compliance 			

SUMMARY OF PERSONAL DATA RELATED INCIDENTS IN 2012/13		
Category	Nature of Incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	21
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	5
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	11
IV	Unauthorised disclosure	32
V	Other	25

The majority of Information governance incidents which occurred related to paper documents and not to theft or loss of electronic equipment.

SUSTAINABILITY AND CORPORATE SOCIAL RESPONSIBILITY

This year we agreed a new Sustainable Healthcare Strategy, setting out our vision and plans for the delivery of sustainable healthcare in key areas such as energy, transport, buildings, clinical pathways and workforce. We are committed to reducing our carbon footprint, protecting valuable resources, planning for the effects of climate change and acting as a good neighbour within our local community. This report gives an overview of the Trust's progress during 2012/13, with data on energy, water and waste, in line with HM Treasury Financial Reporting guidance.

Energy and Emissions

The prolonged spell of cold weather this year meant our achievements in energy reduction and progress made towards meeting carbon emissions targets received a bit of a setback. However, the good management of energy usage and improved energy contracts have been effective in mitigating any increases to consumption and costs. Also making a contribution were energy-saving projects such as additional metering for monitoring purposes and the installation of LED lighting in some high-use areas. The main energy-saving projects in progress for 2013/14 are the Combined Heat and Power plant at both sites, the refurbishment of the Hull Royal boiler house and computer auto-shutdown.

The Trust remains compliant with all relevant environmental legislation. As of 2013/14 we have taken the opportunity to opt out of the European Union Emissions Trading Scheme to reduce the administrative burden, but we will continue to demonstrate the management of emissions through internal and external audits.

Waste

Despite a small increase in total waste volume this year, waste to landfill has reduced and the total waste recycled has increased for the fourth year in a row. A target for 2013/14 is for zero domestic waste to landfill. This year, clinical waste for incineration started to be treated at a facility with energy recovery, thereby reducing carbon emissions. Food waste from catering facilities is now collected in special bins and sent for composting, though the overriding aim is to minimise food waste.

Corporate Social Responsibility

Significant progress has been made during the year under the banner of Corporate Social Responsibility. Of particular note has been the work with the Trust's first Charity of the Year, Emmaus, and the setting up of a Temporary Homeless Night Shelter over the winter period. Staff donated generously to 'unwanted gift', Christmas shoebox, socks for the homeless and Hull Foodbank appeals. Individuals and groups organised or took part in many other activities to raise funds for health-related and other worthy causes.

Travel and Transport

The Trust has a number of initiatives in place to encourage staff away from car use including free bus travel between hospital sites and also between Priory Park & Ride and Hull Royal Infirmary. There is a lift share scheme, additional bike stands at the Hull Royal site have been installed, with plans are for more at both sites and additional video-conferencing facilities are now in place to reduce business travel. In support of our partnership working with local public transport providers, two successful Transport Days were held in June 2012.

Biodiversity

The Diamond Jubilee Walk around the Castle Hill site was officially opened during the Fun Day on the 2nd of June 2012. Designed to showcase the site's areas of biodiversity, the walk covers just over one mile and includes viewpoint stops with information on the historical development of the site over the past 100 years. In terms of continuing to preserve the natural beauty of the site we have a policy that for every tree that dies or has to be felled, two will be planted in its place.

2012/13 Sustainability Performance Report

This year we have expanded the level of carbon reporting, particularly on transport and waste disposal emissions, and will continue to develop the recording and reporting of our carbon footprint and related measures.

Temporary Night Shelter for the Homeless

The connection between homelessness and health problems is well documented, as is the cost to the local health community of treating the immediate and long-term mental and physical consequences of homelessness. The Trust learned that the provision of emergency 'night shelter' accommodation in Hull often falls short of demand, particularly during bad weather so decided to help by setting up a shelter opposite Hull Royal Infirmary at 213 Anlaby Road.

The shelter opened in December 2012, providing an evening meal, bed and breakfast for up to 7 people referred on the day by homeless charity Hull Harp. Each resident had a private bedroom space and had access to shared toilet, bathing, catering and other facilities. Opening hours were between 20.00 and 08.00.

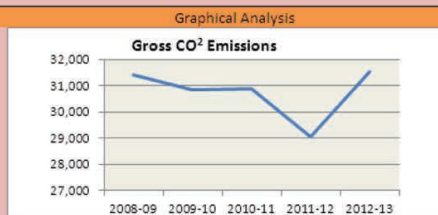
Over the course of the project a total of 82 members of staff volunteered to help with cleaning and food distribution - and generally spending time with anyone who wanted to chat. Clinical staff provided access to health checks. The accommodation was let rent-free to the Trust and donations of food were received from private catering companies and Hull Foodbank.

The shelter closed on 15 March 2013 by which time 35 different people stayed at the shelter, of which 7 became regular attendees. By working in partnership with Hull City Council and other homeless organisations 4 of the regular attendees found permanent homes. Despite taking in some of the most challenging cases, there was just one minor incident reported to the police during the whole 3 months.

The Trust was pleased to give something back to the local community, particularly as the project involved some of the most disadvantaged and vulnerable members of society. The staff involved in the project gained personal satisfaction from sharing their skills and time with the residents. Overall, the project received nothing but positive feedback, particularly from the residents themselves who appreciated the thoughtful care and attention they received. The local media got behind us too, and public comment was supportive and favourable. Already we have committed to involvement in a similar scheme for next winter.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST SUSTAINABILITY REPORT 2012/13

GREENHOUSE GAS EMISSIONS		2008-09	2009-10	2010-11	2011-12	2012-13
Non-Financial Indicators (tCO ₂)	Total gross emissions	31,407	30,858	30,887	29,050	31,529
	Scope 1 emissions (direct) gas	17,037	16,002	16,564	14,700	16,365
	Scope 2 emissions (indirect) electricity	14,371	14,856	14,322	14,350	14,576
	Scope 3 (indirect) supplier transport emissions					589
Related Energy Consumption (,000 kWh)	Electricity Non-Renewable	19,719,167	24,033,056	23,384,555	25,661,668	1,559
	Electricity Renewable	2,021	1,009	1,529	37	24,245
	Gas	86,192	85,274	88,463	78,727	86,259
Financial Indicators (£)	Expenditure on Energy	500,2863	408,3033	4,383,884	4,717,187	5,081,650
	Carbon Reduction Commitment Expenditure			294,108	284,856	281,196



Performance Commentary

Total Emissions remain less than 2008/09 but suffered a setback last year as a result of the exceptionally cold weather. The increase was lower than predicted due to improvements made to the site infrastructure such as additional automatic metering to aid better reporting and further lighting improvements.

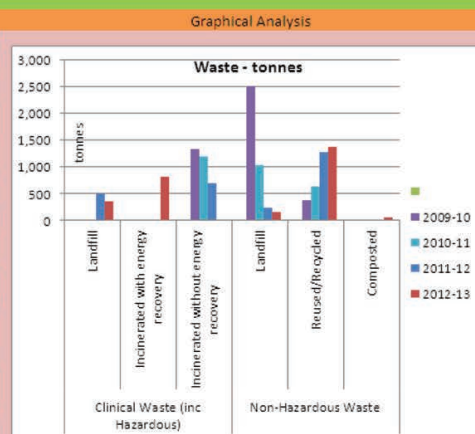
The Trust is compliant with all environmental legislation.

A new risk-managed electricity contract achieved savings of over £100,000. A similar type of contract has been put in place for gas for the 2013/14 year. During 2012/13 the Trust also was successful in identifying and recovering over £200,000 in billing errors.

Strategy for Reducing Energy Use

A number of projects have been identified for implementation over the next 3 years, notably new CHP plant at both sites and boiler house refurbishment at HRI, that should deliver 18% reduction in gross carbon emissions.

WASTE		2009-10	2010-11	2011-12	2012-13
Non-Financial Indicators (tonnes)	Total waste	4,231	2,871	2,712	2,779
	Clinical Waste (ink Hazardous)			501	368
	Incinerated with energy recovery				818
	Incinerated without energy recovery	1,332	1,204	695	
	Non-Hazardous Waste	2,519	1,036	233	155
	Landfill	380	631	1,283	1,374
Non-Financial Indicators (tonnes CO ₂ e)	Reused/Recycled				64
	Composted				304
	Clinical Waste (inc. Hazardous)*				87
	Incinerated with energy recovery				
Financial Indicators (£k)	Total disposal cost (£)	856,514	790,477	610,971	642,695
	Clinical Waste inc. Hazardous)			174,376	135,424
	Landfill				301,024
	Incinerated with energy recovery				
	Incinerated without energy recovery	690,986	637,421	254,511	
	Non Hazardous Waste	145,006	118,413	34,417	30,109
	Landfill	20,522	34,643	147,667	152,074
	Reused/Recycled				10,884
	Composted				



Performance Commentary

We continue to increase recycling - 261% increase since 2009/10 - and to divert the volume of waste going to landfill.

Carbon emissions from incinerated waste reduced in 2012/13 by using a facility with energy recovery.

2011/12 was the first year that clinical waste was treated using alternative technology resulting in landfill waste appearing under clinical waste reporting for the first time.

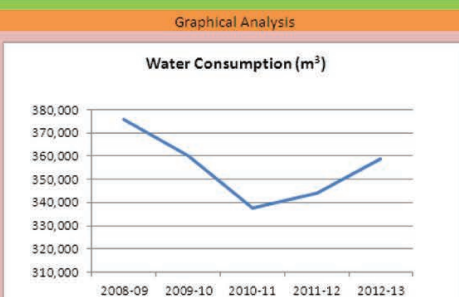
The volume of food waste being composted is increasing, however the real aim is to minimise food waste.

*Clinical waste emissions are being finalised at time of submission so may be subject to change.

Strategy for Reducing Waste

From 2013/14 the Trust will have zero domestic waste going to landfill. The Trust continues to work with its clinical waste contractor to explore potential for recycling and energy recovery.

FINITE RESOURCE CONSUMPTION : WATER		2008-09	2009-10	2010-11	2011-12	2012-13
Non-Financial Indicators	Water Consumption (m ³)	375,694	360,071	337,657	344,214	358,910
	Water tonnes CO ₂ e					158
Financial Indicators (£k)	Water Supply Costs	636,051	658,757	596,536	609,519	650,930
FINITE RESOURCE CONSUMPTION : TRANSPORT		2008-09	2009-10	2010-11	2011-12	2012-13
Vehicle Mileage	Own Vehicles Mileage					123,511
	Own Vehicles CO ₂ Tonnes					37
	Patient Transport Mileage					1,209,462
	Patient Transport CO ₂ Tonnes					481
	Non Patient transport Mileage					270,298
	Non Patient Transport Mileage CO ₂ Tonnes					108
	All Other Transport Mileage					712,060
	Total Transport Mileage					2,315,331
	Total Transport Mileage CO ₂ Tonnes					626



Performance Commentary

Increased water consumption over the last 2 years has now been traced to persistent leakage from a single section of mains pipe, now resolved by the installation of replacement pipework. We expect to see consumption return to a downward trend. Water-saving devices have been installed in all toilet cisterns or modifications made that reduce water usage.

2012/13 is the first year the Trust has reported vehicle emissions, this is part of ongoing work to identify knowledge of scope 1 and 3 emissions and to work with suppliers to reduce emissions from journeys carried out on behalf of the Trust.

Strategy for Reducing Water Use

A new leakage detection programme has been put in place and additional metering has been installed to enable more detailed monitoring of water usage and fault finding when required.

Trust Charity of the Year – Emmaus Hull

During the past year we have made significant progress in our commitment to working with local charities and other organisations, to make a positive impact on the local community. Our first 'Charity of the Year' is the homeless charity Emmaus Hull with staff contributing generously to the various appeals and events we have organised to support the project. Other events are planned for the summer of 2013 and the Trust's next charity will be chosen by staff in September 2013.

EQUALITY AND DIVERSITY

The Trust believes in fairness, equity and above all values diversity in all dealings, both as a provider of health services and an employer of people. We aim to provide accessible services, delivered in a way that respects the needs of each individual and does not exclude anyone. By demonstrating these beliefs the Trust aims to ensure that it develops a healthcare workforce that is diverse, non discriminatory and appropriate to the delivery of modern healthcare.

Under the Public Sector Equality Duty, the Trust has a responsibility to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between people who share a protected characteristic and those who do not

In complying with the Public Sector Equality Duty the Trust will:

- deliver fair and personalised services;
- promote a workplace free from discrimination
- foster continuous improvement

The Trust Board agreed the following objectives at its meeting in March 2012:

- To increase the level of patient, public and staff involvement in the development of services within the Trust
- To improve the experience of patients using the Trust's services, specifically in relation to the Emergency Department, Maxillofacial and Oral Surgery, Paediatric Services and Maternity Services.
- To make flexible working options available to staff consistent with the needs of the service, and the way people lead their lives.
- For all staff with a management responsibility to support and motivate our staff to work within a work environment free from discrimination.

We are an accredited user of the 'two ticks' disability symbol, in recognition of our commitment to the following:

- interviewing all applicants with a disability who meet the essential criteria for the post
- ensuring there is a mechanism in place to discuss with disabled employees how they can develop and use their abilities
- making every effort when employees become disabled to ensure they stay in employment
- taking action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work

CAPABLE EFFECTIVE VALUED AND COMMITTED WORKFORCE

The Trust has built its vision around having great staff who are well trained and able to deliver the best care possible.

Staff Employed at 31st March 2013		
Age	Headcount	%
17-21	54	1
22+	8068	99

Ethnicity	Headcount	%
White	7168	88
Mixed	68	1
Asian or Asian British	549	7
Black or Black British	93	1
Other	244	3

Gender	Headcount	%
Male	1826	22
Female	6296	78

	Headcount	%
Record Disability	106	1

The Trust set an attendance target of 96.1% for 2012/13. In March 2013, attendance of 95.65% had been achieved. This showed a minor reduction in attendance on last year which was 95.92%.

Staff Sickness Absence	2011-12	2012-13
	Number	Number
Total Days Lost	66114	66937
Total Staff Years	7080	6839
Average Working Days Lost	9.3	9.8

Staff survey results

The results of the 2012 NHS Staff Survey were published in April 2013. In total 840 surveys were issued to a sample of our staff in September 2012. 293 staff at our Trust took part in this survey (including 101 nurses and 30 doctors). This is a disappointing response rate of 35% which is in the lowest 20% of acute trusts in England, and compares with a response rate of 48% in this Trust in the 2011 survey. Nationally the response rate in 2012 was 50%.

In comparison in June 2012 over 2000 Trust staff filled out our online Pulse Check which surveyed staff on ten questions, including four taken directly from the national survey.

In 2010 our Trust was rated as being in the bottom 20% for Trusts nationally for the results of its staff survey. In 2011 we saw performance improve with our Trust being rated in the middle 60% of Trusts. For 2012 we have returned to the bottom 20% of Trusts.

In 2012 our top five ranking scores were as follows:

Question	Trust Score	National Score
Percentage of staff working extra hours (lower score better)	60%	70%
Percentage of staff saying hand washing materials are always available (higher score better)	68%	60%
Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months (lower score better)	13%	15%
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (lower score better)	28%	30%
Percentage of staff receiving job-relevant training, learning or development in last 12 months (higher score better)	81%	81%

In 2012 our bottom top five scores were as follows:

Question	Trust Score	National Score
Percentage of staff reporting errors, near misses or incidents witnessed in the last month (higher score better)	82%	90%
Staff motivation at work (higher score better)	3.65	3.84
Staff recommendation of the trust as a place to work or receive treatment (higher score better)	3.21	3.57
Percentage of staff agreeing that their role makes a difference to patients (higher score better)	85%	89%
Fairness and effectiveness of incident reporting procedures (higher score better)	3.36	3.50

Our overall staff engagement score is made up from three sub dimensions:

1. Staff ability to contribute towards improvements at work (no change since 2011)
2. Staff recommendation of the trust as a place to work or receive treatment (worse than 2011)
3. Staff motivation at work (no change since 2011)

In 2012 the Trust's engagement score was: 3.46 (national average 3.69 - higher scores are better)

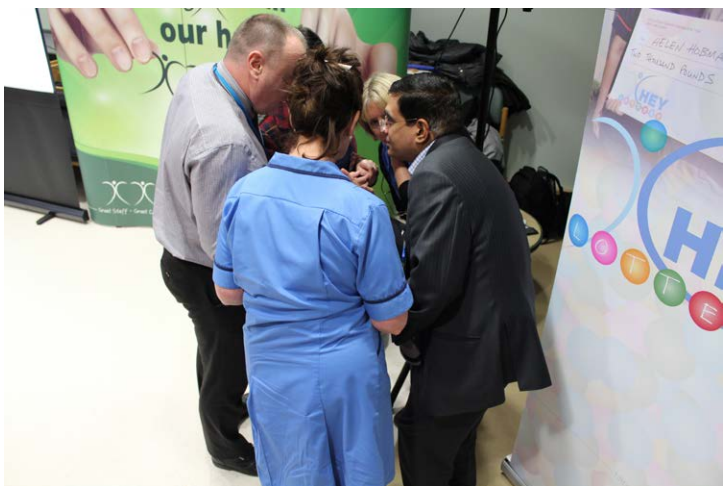
A significant programme of Organisational Development is underway across the organisation, with several key interventions in place and a schedule of further interventions ready to be launched in 2013. The organisation recognises that it is a five-year plan to fundamentally shift attitudes, performance and behaviours within the Trust. It has identified three areas of measurement for success in this regard:

- Staff surveys (including the quarterly Pulse Checks)
- Patient surveys (including Family and Friends test)
- Incidents of harm

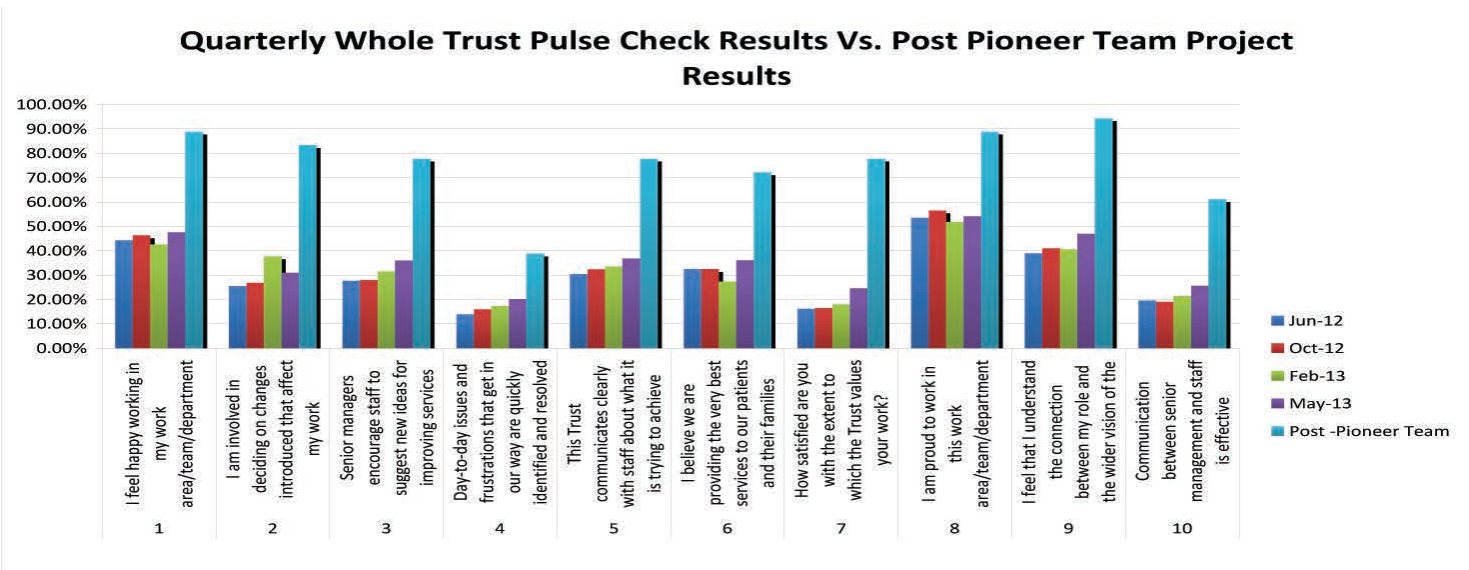


We have developed a specific brand for our organisation development programme called 'HEY it's In Our Hands'. Our interventions to date have sought to address key areas for improvement, including communications, leadership development, staff engagement and service improvement. Our Make It Happen, Pioneer Teams programme, sees ten teams every 12 weeks embark on transformation projects sponsored by executive directors. Their challenge is to engage with the right staff, first time in their programmes of work and this approach has enabled us to achieve some remarkable results:

- A 70% increase in referrals in to the cancer survivorship service
- The creation of an inflammatory bowel disease biologic unit in the gastroenterology ward
- Access to remote paperless working for all neurology nurses
- Hip fracture patients are now 28% less likely to die whilst in hospital
- One lift in HRI is now isolated for patient use only to improve privacy and dignity
- 6 out of 7 anaesthetic rooms in HRI theatres have been remodelled
- Patient therapy sessions to be scheduled through the Cayder boards
- Ocular Plastics has gone from being the worst to the best performing Ophthalmology service
- A standardised bereavement service has been developed for the relatives of deceased patients



At the heart of the Make It Happen, Pioneer Teams is the ethos that staff have permission to act and make decisions about the care and services they provide. Staff who have taken part in these teams report much improved scores against some of the key indicators in the staff survey. The chart below shows the shift in attitudes of our Make It Happen team participants (green) against the results from the whole Trust.



In the summer of 2012 we held six Big Conversation events and asked our staff to tell us what is getting in the way of us providing the best possible care to our patients. Over 500 people attended. Their feedback was invaluable in influencing our strategy for organisational development.

The biggest single change in the way we manage patients is with the roll-out of the Cayder boards. These enable us to see, at a glance what the immediate needs of our patients are and ensure they are in the Right Bed, First Time. The Cayder boards are in almost every ward and clinical area and feedback from ward staff has been really positive.

This piece of work will be complemented by the introduction of e-observations. All patient observations that are performed will be recorded via an electronic handheld device. The device then calculates the Early Warning Score and bleeps the appropriate personnel. This will ensure the patient is reviewed by the most appropriately experienced and skilled individual and will reduce incidences of harm.

In response to feedback that we are not communicating well with staff we also launched our Link Listeners programme. Link Listeners act as the link person for communications in their area of work and feedback information to their colleagues. We hold bi-monthly Chief Executive-led events for the Link Listeners and ask that they be released to attend these on behalf of their colleagues to improve communications. Furthermore Link Listeners are given a direct telephone number to call the Link Listener Director of the day at any time during working hours with an urgent enquiry.

We currently have over 100 Link Listeners in post and this number is growing all the time. The feedback from those staff is extremely positive and we hope that their role will develop further as we progress.

In the area of Leadership development we have been running two key programmes with external consultants: Advisory Board, for our top 100 leaders and Achieve Breakthrough, which is helping our staff to look at issues and relationships in a way that encourages forward thinking and staff engagement. This work is set to be expanded significantly in 2013.

See the [Annual Review](#) for more information.

OCCUPATIONAL HEALTH

The Trust underwent a SEQOHS assessment in January 2013. Safe Effective Quality Occupational Health Service (SEQOSH) is a set of standards and a process of accreditation that aims to help to raise the overall standard of care provided by occupational health services, thus helping to make a meaningful difference to the health of people of working age. The SEQOHS Accreditation Manager congratulated the Occupational Health Manager, and her staff for the high standard of achievement.

The assessors concluded that the information about the service was well publicized, informative, comprehensive and accessible in departments and on the intranet. The department met all the requirements in terms of its staff and assessors also congratulated the service on their targeted approach to services based on need and choice including counseling, stress reduction and increased physical activity amongst staff and also for their targeted health promotion activities.



EFFICIENT AND ECONOMIC USE OF RESOURCES

STATUTORY FINANCIAL DUTIES

These are set out below.

Table 1: Statutory Financial Duties	
<ul style="list-style-type: none"> Break even duty The cost of our services must be equal or less than what we are paid to provide these. 	<ul style="list-style-type: none"> Achieving a 3.5% return on capital Our surplus should be at least 3.5% of the total value of our assets.
<ul style="list-style-type: none"> Meeting our external financing limit Our overall borrowing must fall within limits agreed with the Department of Health. 	<ul style="list-style-type: none"> Meeting our capital resource limit Our capital expenditure must fall within limits agreed with the Department of Health.

REVIEW OF THE YEAR

We achieved our forecast surplus for 2012/13 and met all our statutory duties.

Our underlying surplus is as set out below.

Table 2: Operating, Reported and Underlying surplus/(deficit)	£ million
Reported Operating Surplus	7.4
Finance and other non-operating items	(5.3)
Public Dividend Capital dividend	(7.0)
Reported Retained Deficit	(4.9)
Changes in the value of buildings	7.8
Adjustment for changes in accounting rules ("IFRIC 12")	2.3
Adjustments for donated assets	0.2
Underlying Surplus	5.4

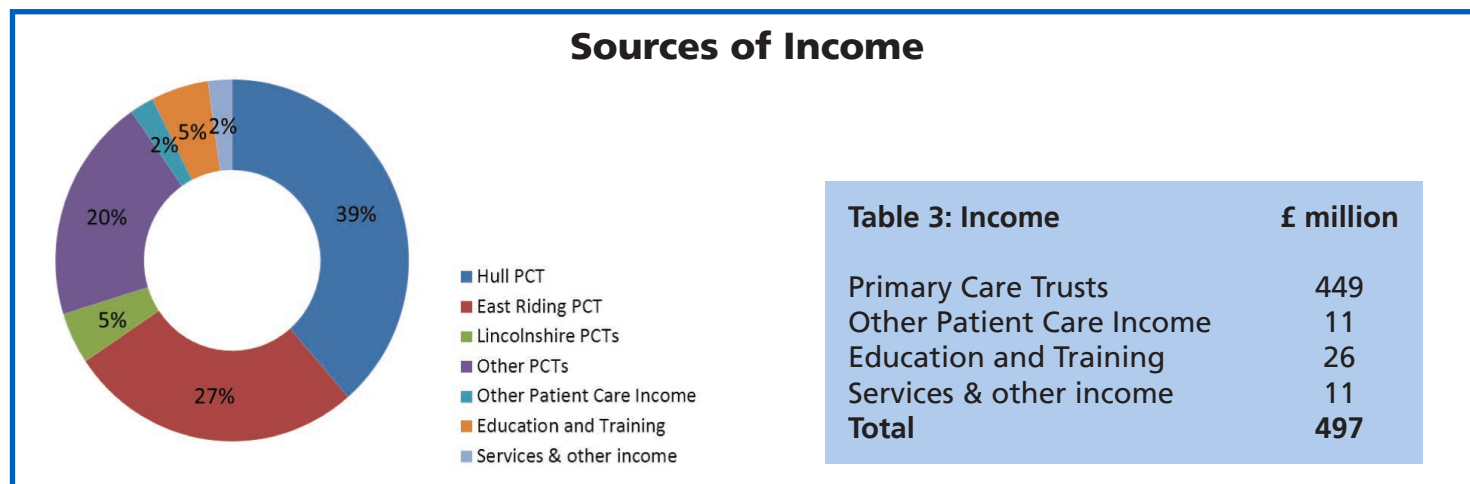
During the year the values of some of our buildings and land were re-assessed and this resulted in a net decrease in value of £9.8m. Some of this decrease is included in our retained deficit, the remainder is shown as a movement in our statement of financial position. These are just accounting entries and do not involve any cash or payment.

We have continued to invest in patient facilities and spent a total of £19.5m during the year, including £12.1m on buildings, £0.825m on IT, and £6.5m on medical and other equipment.

INCOME AND EXPENDITURE

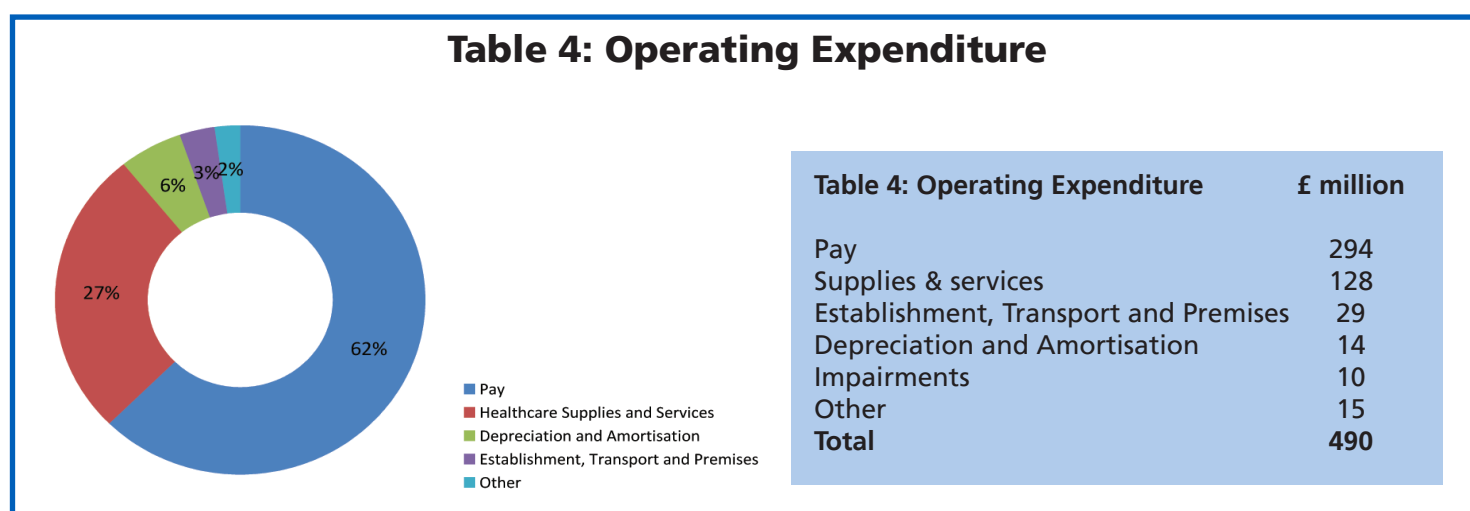
Where we get our Income from

As an NHS Trust we receive most of our income from agreements to provide clinical services to our Commissioners. Our Commissioners are mainly Primary Care Trusts within Hull and East Yorkshire.



What we spend our Resources on

Our biggest area of expenditure is on our staff. We spent £294m on pay during the year. An analysis of our spending during 2012/13 is shown below



Highest Paid Director

We are required to disclose the relationship between the remuneration of the highest-paid director and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in the Trust in the financial year 2012-13 was in the £230,000 - £235,000 band (2011-12, £175,000 - £180,000). This was 8.3 times (2011-12, 6.6 times) the median remuneration of the workforce, which was £28,083 (2011-12, £26,802)

In 2012-13, one (2011-12, fourteen) employee received remuneration in excess of the highest-paid director. Remuneration ranged from nil to £244,870 (2011-12, nil to £303,714). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The difference between years is a consequence of a different individual becoming the highest paid director.

Prompt Payment

Although not a statutory duty, the Trust is measured on its performance against the “better payments policy” target. We signed up to the Prompt Payment Code in 2010. The target requires that the Trust pays at least 95% of trade invoices within 30 days of receipt unless other payment terms have been agreed. Our performance falls short of this, and we are committed to improving. During the year we had 10 claims which totalled £187 from suppliers under the “Late payment of commercial debts (interest) Act 1988.” In 2011-12 we had 11 claims for a total of £205.

Details of compliance with the better payments policy code are detailed on page 48.

Efficiency

We continuously review all areas of the Trust’s business to find ways we can be more efficient and provide better value for money and a better patient experience. Our efficiency savings programme aims to save around £66.3m of continuing year on year savings over the next three years. These savings are necessary for the Trust to remain financially viable, to deliver high quality healthcare to our patients, and to continue to invest in and develop our services as part of our Clinical Services Strategy.

Our target for 2012/13 was to make £24m of savings. The trust achieved £22.3m (93% of target) and the savings helped us to achieve our underlying surplus of £5.4m.

Looking Ahead

As part of the NHS we face the same need to reduce costs as the rest of the public sector, following the more difficult economic and financial circumstances the country faces. The NHS expects to see little growth in its funding over the next few years, alongside growing demand for NHS services. So the Trust expects that it will need to make significant improvements to efficiency and productivity to help deliver services within the funding available. The amount of money we get for most of the services we provide (the “Tariff” price paid by Commissioners) will reduce by 1.3% in 2013/14, and we will need to improve our productivity and efficiency in line with this. Other initiatives will mean that our ability to grow and treat more patients will be limited.

In order to thrive and achieve Foundation Trust status in this challenging environment the Trust needs to strengthen its financial position through the successful delivery of its ongoing efficiency programme.

Policies

The Trust has adopted NHS accounting policies and treatments as recommended in the NHS Manual for Accounts and the Government Financial Reporting Manual. These policies are generally in line with the requirements of International Financial Reporting Standards.

STRONG IMPACTFUL LEADERSHIP

THE TRUST BOARD

The Trust Board is responsible for the exercise of the powers and the performance of the Trust. The Trust Board comprises of the Chairman, 5 voting Executive Directors and 5 Non Executive Directors. The five Executive Directors with voting rights are the Chief Executive, Chief Medical Officer, Chief Nurse, Chief Operating Officer and Chief Financial Officer. The Board has reviewed its composition and has determined that it will increase the number of voting posts once it has become a foundation Trust. This will ensure that there is the breadth of skills to ensure balance, completeness and appropriateness to meet the challenging agenda going forward.

The Non Executive Directors brought a diversity of skills and backgrounds to the Board. This included clinical expertise (medical and nursing), voluntary, public and commercial experience. In March 2013 half of the voting Board members were women.

The Chief of Workforce and Organisational Development and the Chief of Infrastructure and Development attend Board meetings and will become voting Directors once Foundation Trust status has been achieved. There were two Associate Non Executive Directors in post during 2012/13.






There were five meetings of the Trust Board in public in 2012/13.





Development of the Board






During 2012/13 there were eight Board development sessions. A broad range of topics were covered with a focus on preparing to become a Foundation Trust. Topics included the reviewing the NHS Atlas of Variation in Healthcare, stakeholder mapping and development, nurse staffing levels, Francis Report and Board quality and safety walk rounds.



A performance evaluation process is in place. Board members self assess against the four areas of Board intelligence, performance, delivering objectives and undertaking duties. In addition the Board has used De Bono's 6 hats to analyse group thinking. Board effectiveness has also been considered as part of the Quality Governance Framework and the Board Memorandum for Aspirant Trust self assessments and self assessments undertaken on the Board development sessions.

On an individual basis there is an appraisal process in place for both Executive Directors and Non Executive Directors.

	Non Executive Directors	Board meetings attended
	Mr Robert Deri (Chairman) Member of the Institute of Chartered Accountants of England and Wales. He served as a Non Executive Director and vice Chair of Scarborough and North East Yorkshire NHS Trust where he was also Chair of the Audit Committee prior to his appointment at Hull in January 2012. He is Managing Director of an independent business consultancy focussing on providing interim management, advisory and project management services to consumer facing organisations. Term expires: 31 December 2015	4/5
	Dr Keith Hopkins (Vice Chairman) Joined the Trust in May 2009. He has a BSc and a PhD in chemistry and 30 years experience in the international chemical industry. He has held positions of Chairman and Chief Executive and Non Executive Director in UK quoted companies. Term expires: 30 April 2017	5/5
	Mr John Hattam (Non Executive Director) Non Executive Director of the Trust since June 2008. Through his own training, consultant and provider businesses he has worked with a variety of public sector clients, including PCTs and the Department of Health. He lectures on social marketing and has worked with many PCTs to help implement behaviour change programmes. He has extensive commercial experience in marketing, sales and operations. Term expires: 31 May 2016	5/5
	Dr Duncan Ross (Non Executive Director) Joined the Trust as a Non Executive Director in October 2011. He is a member of the Royal College of General Practitioners and holds a MA in Health Management, Planning and Policy. He is a Director of International Programmes at the Centre for Innovation in Health Management, University of Leeds. Prior to this he was Deputy Chief Executive/Director of Planning at East Riding of Yorkshire Primary Care Trust. He has held a number of posts in the UK and abroad related to health management and planning. Term expires: 19 October 2015	4/5
	Mrs Vanessa Walker (Non Executive Director) Has worked in a number of different environments including health, civil service, private sector, voluntary sector and local government. She was Director of Practice at the Institute of Community Cohesion at Coventry University and senior improvement manager in the Improvement and Development Agency. She is a registered nurse. She joined the Trust in April 2011. Term expires: 31 March 2015	5/5

	Non Executive Directors	Board meetings attended
	<p>Mrs Mary Wride (Non Executive Director) Has worked in the IT industry in Business Development for 15 years and now manages her own property investment portfolio. She has served on various local Charity Committees over the last 18 years. She was appointed to the Trust in November 2003. Term expires: 31 March 2013</p>	3/5
	<p>Mrs U Vickerton (Non Executive Director) Member & Fellow of the Institute of Chartered Accountants of England & Wales. Has held a number of Non Executive Director posts and also been Chair of Audit Committees in a number of organisations including a Primary Care Trust, Strategic Health Authority and acute Trusts. Over 15 years experience in the private sector turnaround solvent and insolvency advice. Over 8 years experience in private sector auditing, accountancy and general work for small and medium enterprises, private and public companies Term expires: 30 November 2016</p>	1/1
	<p>Professor Tony Kendrick (Associate Non Executive Director) Dean of the Hull York Medical School and has been a Non Executive/ Associate Non Executive Director since November 2010 . He is a Fellow of the Royal College of General Practitioners, an honorary Fellow of the Royal College of Psychiatrists and a Member of the Institute of Learning and Teaching. He has practised as a General Practitioner for over 27 years. He is a Governor at the BUPA Foundation, a member of Health Technology Assessment Diagnostics Panel and a member of the National Institute of Health Research in Practice Research Training Fellowships Panel Term expires: 30 April 2013</p>	4/5
	<p>Mr Andrew Snowden (Associate Non Executive Director) Runs his own consultancy business which provides leadership and development expertise to health, local government and other organisations. Has been an Associate Non Executive Director in the Trust since November 2011 and has been appointed as an executive Director from 1 April 2013. Prior to this he was a Non Executive Director at NHS Hull. He has been a corporate director with two local Councils (Hull City and Middlesbrough) Mr Snowden was appointed as a substantive Non Executive Director on the 1 April 2013 and his term expires on 31 March 2015.</p>	4/5

	Executive Directors	Board meetings attended
	Mr Phil Morley (Chief Executive) Joined the Trust in October 2010 from Mid Cheshire NHS Foundation Trust where he was also Chief Executive. He has held a number of posts at the Department of Health including in the Systems Reform Policy Team and Performance Support Team Director. Prior to this he held operational management posts at a number of hospitals. Mr Morley has a clinical background having commenced his career in Clinical Pathology.	3/5
	Mr John Barber (Chief Financial Officer) Director of Finance at Hull since March 2006. His earlier career has been in senior finance posts at Strategic Health Authority and Trust levels. Prior to his appointment in Hull he was Director of Finance at Sherwood Forest Hospitals Trust and Director of Finance and Performance at North Lincolnshire PCT (retired March 2013)	5/5
	Miss Amanda Pye (Chief Operating Officer to 28 February 2013 and Chief Nurse from 1 March 2013) Joined the Trust as Interim Director and was appointed substantively in March 2011. Prior to this she was Associate Director at Mid Cheshire Hospitals NHS Trust. She has held commissioning posts in two PCTs post and had also had experience in a Mental Health Trust. Miss Pye is a registered nurse.	4/5
	Dr Yvette Oade (Chief Medical Officer) Joined the Trust in October 2011 from Calderdale and Huddersfield NHS Foundation Trust where she was Executive Medical Director. She has 18 years experience as a consultant Paediatrician with a special interest in Paediatric Diabetes and Endocrinology. She has 15 years experience in medical management leading major service change and reconfiguring secondary services	5/5
	Mr Michael Wright (Chief Nurse to 1 October 2012) Registered Nurse and has 29 years experience working in clinical, managerial and leadership roles. These have included various clinical roles up to and including senior nurse manager level, four years Directorate Manager/Head of Nursing at Guy's and St Thomas' Hospital and three years as a Deputy Director of Nursing at Guy's and St Thomas' Hospital.	3/3

	Executive Directors	Board meetings attended
	Mrs Pauline Lewin (Chief of Infrastructure and Development – Non voting) Assistant Director of Facilities at the Trust prior to her current appointment in 2003. She has held two Head of Facilities positions at East Yorkshire Hospitals and Edinburgh Priority Services Unit. She has extensive experience of estates and facilities management with a national reputation for delivery of quality services cost effectively.	5/5
	Mrs Jayne Adamson (Chief of Workforce and Organisational Development – Non voting) Mrs Adamson was appointed in July 2011. Prior to this she was Director of Human Resources at Scarborough and North East Yorkshire Hospitals NHS Trust. She has a commercial background having worked as Group Director of Human Resources at Swift Group Ltd and Head of Human Resources at Smith and Nephew Ltd.	4/5
	Mr Lee Bond (Chief Financial Officer) Mr Bond was appointed in March 2013. Prior to this he was Director of Business Delivery within the Trust and before that Director of Finance at Central Manchester University Hospitals NHS Foundation Trust. His previous financial posts include Sherwood Forest Hospitals NHS FT and Sheffield Childrens NHS FT.	
	Mrs Morag Olsen (Chief Operating Officer) Mrs Olsen is a registered nurse who joined the Trust in January 2013. She was previously interim Chief Executive at Trafford Healthcare NHS Trust and interim Chief Operating Officer at Buckinghamshire Healthcare NHS Trust. She has been an executive Director of Nursing and also a performance Lead for the Intensive Support National Cancer Waits Project and 18 Weeks	

BOARD COMMITTEES

The Trust Board has established a number of Committees to support it in discharging its responsibilities. In addition to meeting the statutory requirements having an Audit Committee and a Remuneration Committee, the Trust has established a Performance and Finance Committee, an Infrastructure and Investment Committee, a Quality, Effectiveness and Safety Committee and a Quality Governance and Assurance Committee. Minutes of the Board Committees are presented to the Trust Board and a front cover sheets highlights issues for the Board to note and items for escalation. The Chairman of each committee provides feedback to the next meeting of the Board.

Board Committee objectives were set by the Trust Board in July 2012. An internal review of the Board Committee effectiveness was undertaken at the year end. It comprised of 3 elements:

- Adherence to meeting arrangements (frequency, attendance, quorum)
- Achievement of terms of reference
- Achievement of work plan agreed by the Board

In addition, an independent review of Board committees was undertaken 2012/13. Key findings from this review included a good focus on quality within the committee structure, all committees having formal work plans and robust debate with a good focus on seeking assurance. Recommendations have been made to strengthen further the arrangements including induction to committees, succession planning and standardisation of reports. During the year the Board committees were also observed by the Strategic Health Authority as part of the Foundation Trust application process and also by Finnermore Ltd as part of the assessment against the Board Governance Framework for Aspirant Trusts.

AUDIT COMMITTEE

The aim of the Audit Committee is to provide one of the ways in which the Board and others are kept advised of the adequacy of the systems of integrated governance, risk management and internal control of clinical and non clinical matters, that supports the achievement of the Trust's objectives.

There were 7 meetings of the Audit Committee in 2012/13 which included 2 extraordinary meetings, one to consider the Annual Accounts and one to consider the external auditors opinion on the Quality Accounts. Two meetings of the Audit Committee were not quorate and the membership was reviewed to address this issue. Attendance is detailed below:

Members	Attendance
Mrs U Vickerton	1/1
Dr K Hopkins	6/7
Mr J Hattam	5/7
Mrs M Wride	6/7
Mrs V Walker	1/1

The Committee reviewed relevant disclosure statements in particular the draft Governance Statement for the year ended 31 March 2013, the Quality Accounts and the Head of Internal Audit Opinion in which significant assurance was given that a generally sound system of internal control was in place during the year. 87% of internal auditors recommendations had been fully implemented and these have led to improvements in the overall control environment.

The Committee reviewed the financial statements before they were considered by the Board and received the Annual Audit letter and reviewed other reviews and reports completed by the auditors during the year. Periodic reports and updates on the clinical audits undertaken were also received. Minutes and other updates from the work of Quality Governance & Assurance Committee, Quality Effectiveness and Safety Committee and Performance and Finance Committee were considered, all of which have a part to play in the assurance and governance aspects of Trust.

Work to prevent or counter fraud continued and reports were received throughout the year. The Committee reviewed the Board Assurance Framework and other documents in respect of risk during this period. Internal auditors also reviewed these documents and in planning their work plans considered the areas of risk shown in the Board Assurance Framework.

Internal Audit

Throughout the year the Committee sought to work effectively with internal auditors from the East Coast Audit Consortium. During the year to 3 April 2013, 433 days of internal audit time had been undertaken or 94% of the work plan of 470 days which was a risk based plan agreed in March 2012. Of the 26 completed audits, 18 provided Significant Assurance, 5 Limited Assurance and 2 a combination of both levels of Assurance, and 1 did not require such a measure.

External Audit

The audit of the year ended 31 March 2012 was undertaken and completed by the Audit Commission. Following a national retendering exercise, the Audit Committee was advised that the private sector firm KPMG LLB had been awarded the contract of external auditors of the Trust and other NHS bodies in Yorkshire and the Humber. The total charge for work undertaken during the year was £128,592.

During the year we spent an additional of £592,079 on assurance and consultancy services from KPMG for work that had been agreed before KPMG was appointed as external auditor. The Audit Committee sought and received assurance from KPMG that this did not compromise independence.

REMUNERATION AND TERMS OF SERVICE COMMITTEE

The Remuneration and Terms of Service Committee met on 4 occasions during 2012/13. The Committee reviewed its Terms of Reference in August 2012 and a number of changes were made to strengthen the governance arrangements. The Committee undertook a self assessment of its effectiveness at year end which was informed by an independent review of all Board Committees undertaken by Deloitte LLP, in line with best practice.

Membership of the Committee comprised the Trust Chairman and all Non Executive Directors. The Chief Executive was invited to the Committee but not present when his own salary and terms of service were discussed. The Chief of Workforce and Organisational Development attended the meeting to provide advice. Non Executive Director attendance is detailed below:

Member	Number of meetings attended
R Deri	4/4
J Hattam	2/4
K Hopkins	3/4
V Walker	4/4
D Ross	4/4
M Wride	2/4
U Vickerton	1/1

Details of the remuneration, including salary and pension entitlements of the Executive Directors is set out in the Annual Report on page 51/52.

There is an appraisal framework in place for Executive Directors which comprises 12 domains against which performance is scored on a 6 point scale. The domains include an assessment against meeting agreed objectives and delivering results, contribution to the Board, contribution to Executive team performance and to Health Group development. The agreed Executive objectives for 2012/13 were the Trust's seven strategic objectives. The Chief Executive undertook the performance review of each Executive Director. The Chairman undertook the performance review of the Chief Executive. Executive Directors have no component of performance-related pay.

The Committee agreed that, in light of the current economic environment, that there would be no pay increase for Executive Directors. A small increase was agreed for two Executives in recognition of a change in the role, the size and remit of the portfolio and its complexity.

Executive Directors are employed on contracts of service and are substantive employees of the Trust. Their contracts are open ended and can be terminated by the Trust by up to 6 month's notice. Pension tax changes and the impact on Directors' remuneration were considered during the year.

There was one compromise agreement approved by the Committee in 2012/13.

Non Executive Director salaries are not covered by the Remuneration Committee. These are set nationally.

The Quality Effectiveness and Safety Committee is responsible for overseeing the improvement and outcomes in quality, effectiveness and safety and ensuring delivery of the Quality strategy. This committee is chaired by Dr Duncan Ross, Non Executive Director. There were 6 meetings during the year. All meetings were quorate.

The Quality Governance and Assurance Committee is responsible for assuring the Board on the management of all strategic quality risks and assurance risks. This committee was chaired by Mrs Mary Wride, Non Executive Director to January 2013 and by Mrs Ursula Vickerton, Non Executive Director in March 2013. There were 6 meetings during the year. All meetings were quorate.

The Performance and Finance Committee is responsible for providing a strategic, operational and tactical view of financial and performance information and to provide assurance that these are being managed safely. This committee is chaired by Mr John Hattam, Non Executive Director. There were 12 meetings during the year. One meeting was not quorate.

The Infrastructure and Investment Committee is responsible for providing information and making recommendations to the Board on infrastructure and investment issues and for providing assurance that these are being managed safely. This committee is chaired by Dr Keith Hopkins, Non executive Director. The committee met on 12 occasions during the year. All meetings were quorate.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2013

	31 March 2013	31 March 2012
	£000	£000
Revenue		
Revenue from patient care activities	459,948	466,196
Other operating revenue	37,184	33,342
Operating expenses	(479,953)	(483,071)
Operating surplus - before Impairments	17,179	16,467
Impairments	(9,893)	(2,931)
Reversal of Impairment	131	16,199
Operating surplus	7,417	29,735
Investment revenue	61	52
Finance costs	(62)	(5,529)
Other Gains and Losses	(5,293)	31
Surplus for the financial year	2,123	24,289
Public dividend capital dividends payable	(7,070)	(6,953)
Retained surplus/(deficit)for the year	(4,947)	17,336
Other comprehensive income		
Impairments and reversals	(1,341)	(324)
Gains on revaluation		4,561
Total comprehensive income for the year	(6,288)	21,573
Reported NHS financial performance position	£000	£000
Retained surplus/(deficit) for the year	(4,947)	17,336
Adjustment for PFI costs	2,308	641
Impairments	7,850	(13,268)
Adjustments to donated asset	209	169
Reported NHS financial performance position	5,420	4,878

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2013

	31 March 2013	31 March 2012
	£000	£000
Non-current assets		
Property, plant and equipment	289,272	296,753
Intangible assets	1,759	1,617
Trade and other receivables	2,887	1,843
Total non-current assets	293,918	300,213
Current assets		
Inventories	10,358	12,108
Trade and other receivables	18,415	19,343
Cash and cash equivalents	5,328	1,533
Total current assets	34,101	32,984
Non-current assets held for sale	0	245
Total current assets	34,101	33,229
Total assets	328,019	333,442
Current liabilities		
Trade and other payables	(34,319)	(32,237)
Provisions	(239)	(616)
Borrowings	(3,875)	(2,370)
Capital loan from Department	(1,260)	(1,260)
Total current Liabilities	(39,693)	(36,483)
Total assets less current liabilities	288,326	296,959
Non-current liabilities		
Trade and other payables	0	(350)
Provisions	(1,064)	(1,156)
Borrowings	(57,842)	(60,090)
Capital loan from Department	(19,507)	(20,767)
Total Current Liabilities	(78,413)	(82,363)
Total assets employed	209,913	214,596
Financed by taxpayers' equity:		
Public dividend capital	199,809	198,189
Retained earnings	(34,856)	(33,744)
Revaluation reserve	44,960	50,151
Total taxpayers' equity	209,913	209,913

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2013

	31 March 2013 £000	31 March 2012 £000
Cash flows from operating activities		
Operating Surplus	7,417	29,735
Depreciation and Amortisation	13,878	13,428
Impairments and Reversals	9,762	(13,268)
Donated Assets – non cash	(234)	(427)
Interest Paid	(5,293)	(5,529)
Dividend paid	(7,353)	(6,800)
Decrease in Inventories	1,750	2,202
Increase in Trade and Other Receivables	(116)	(3,935)
Increase in Trade and Other Payables	1,575	2,719
Provisions Utilised	(691)	(431)
Increase in Provisions	190	570
Net cash inflow from operating activities	20,885	18,264
Cash flows from investing activities		
Interest Received	61	52
Payments for Property, Plant and Equipment	(18,675)	(15,295)
Payments for Intangible Assets	(632)	(71)
Payments for Investments with DH	(481,000)	(267,000)
Proceeds of disposal of assets held for sale (PPE)	2,304	142
Proceeds from Disposal of Investment with DH	481,000	267,000
Net cash outflow from investing activities	(16,942)	(15,172)
Net cash outflow before financing	3,943	3,092
Cash flows from financing activities		
Public Dividend Capital Received	2,020	0
Public Dividend Capital Repaid	(400)	0
Loans received from the DH	(1,260)	(1,260)
Loans repaid to the DH	(2,162)	(2,383)
Capital element of finance leases and PFI	234	427
Net cash outflow from financing	(1,568)	(3,216)
Net decrease in cash and cash equivalents	2,375	(124)
Cash & cash equivalents (incl bank overdrafts) at the beginning of the financial year	1,325	1,449
Cash & cash equivalents (incl bank overdrafts) at the end of the financial year	3,700	1,325

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2013

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Total
	£000	£000	£000	£000
Balance at 1 April 2012	198,189	(33,744)	50,151	214,596
Retained surplus for the year		(4,947)		(4,947)
Impairments and reversals			(1,341)	(1,341)
Net loss on revaluation of assets held for sale			(15)	(15)
New PDC received	1,620			1,620
Transfers between reserves		3,835	(3,835)	0
Net recognised revenue for the year	1,620	(1,112)	(5,191)	(4,683)
Balance at 31 March 2013	199,809	(34,856)	44,960	209,913

Better Payment Practice Code

Non NHS Suppliers

Total Non-NHS trade invoices paid in the year	94,550	174,085
Total Non NHS trade invoices paid within target	<u>70,709</u>	<u>136,912</u>
Percentage of Non-NHS trade invoices paid within target	<u>74.78%</u>	<u>78.65%</u>

NHS Suppliers

Total NHS trade invoices paid in the year	3,302	36,662
Total NHS trade invoices paid within target	<u>1,624</u>	<u>24,340</u>
Percentage of NHS trade invoices paid within target	49.18%	66.39%

2011-12	
Number	£000
91,133	147,304
<u>60,166</u>	<u>98,752</u>
<u>66.0%</u>	<u>67.0%</u>
3,244	51,142
<u>764</u>	<u>16,580</u>
23.6%	32.4%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

RELATED PARTY TRANSACTIONS

Hull & East Yorkshire Hospitals NHS Trust is a body corporate established by order of the Secretary of State for Health. During the year none of the Board members or members of the key management staff or parties related to them had undertaken any material transactions with the Trust except for that disclosed below:

Director/ Senior Manager	Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
		£	£	£	£
Ms J Dent – Director of Partnerships and Governance	Owner and Director of Eureka Solutions	95,333			
Mr R Deri - Chairman	Director of Zugelrien				
	Director of Rainbow Trust Children's Charity				
Mr J Hattam – Non Executive Director	Director of Archbishop Holgate's School				
	Owner of Catalyst Consultancy				
	Director of Scintillate Business Ltd				
Mr K Hopkins – Deputy Chairman	Council Member of University of Hull	4,248,519	1,005,2009	665,977	210,889
	Board Member of HYMS				
	Wife is Treasurer, Macmillan Cancer Support, Pocklington				
Professor T Kendrick – Associate Non Executive Director	Dean of Hull York Medical School – have employees with honorary contracts with the Trust				
	Sessional General Practitioner, New Hall Surgery, Cottingham Road, Hull				
	Member of NICE GP Contract Quality and Outcomes Framework Advisory Committee				
	Member of NIHR GP In-Practice Research Training Fellowships Panel				
	Member, NIHR Health Technology Assessment Diagnostics and Screening Technologies Panel				
	Member of Board of Governors of BUPA Foundation				
Mrs P Lewin – Chief of Infrastructure & Investment	Shares in N-Powered				
	Sheffield Hallam University Directors Research Forum	8,921		4,556	
	HEFMA National Council-Northern and Yorkshire representative				
	Husband is Chair of Rehabilitation Health Sciences – University of York	468,464	166,060	2,058	45
Dr Y Oade – Chief Medical Officer	Director of Strachan Travel Ltd				
Mrs M Olsen – Interim Chief Nurse	Owner and Director of Morag Olsen Ltd				
Dr D Ross – Non Executive Director	Partner in HD Insight LLP				
	Owner of Southwood Associates Ltd				
	Wife is Partner of The Bridge GP Practice, Hull				
Mr A Snowden – Associate Non Executive Director	Owner of Andy Snowden Associates				
	Associate Phoenix Consultancy USA				
	Adviser Local Government Association				

Director/ Senior Manager	Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
		£	£	£	£
Mrs U Vickerton – Non Executive Director	Voluntary Role as Trust Associate Manager of Rotherham, Doncaster and South Humber FT				
	Member of Barton Central Surgery GP Practice Patients forum	542			
Mrs V Walker – Non Executive Director	Director of Wetcover Ltd				
	Chief Executive of Networkidea Ltd. Not for profit company limited by guarantee principally supporting local government, but sometimes NHS related work				
	Stakeholder governor of Humber NHS Foundation Trust	1,913,877	1,150,822	6,521,745	299,216
	Vice Chairman of Hull and East Yorkshire MIND				
	Trustee Pickering and Ferens Homes				
	Parish Councillor Welton Parish				
	Vice Chair – Haltemprice and Howden Conservatives				
Mr D Haire – FT Director Lead	David Haire Consultancy Ltd	76,880			
	Medipex Ltd	18,000			
	Vertual Ltd		11,267		

DIRECTORS REMUNERATION

	2012-13			2011-12		
	Salary (Bands of £5000)	Other Remuneration (Bands of £5000)	Benefits in Kind (Rounded to nearest £00)	Salary (Bands of £5000)	Other Remuneration (Bands of £5000)	Benefits in Kind (Rounded to nearest £00)
Name and Title	£000	£000	£00	£000	£000	£00
Mrs J Adamson, Chief Of Workforce and Organisational Development	125-130			100-105	10-15	
Mr J Barber, Chief Financial Officer (to 28/02/13)	140-145			140-145		
Mr L Bond, Director of Business Delivery (from 14/5/2012), Chief Financial Officer (from 1/3/213)	100-105					
Mr R Deri, Chairman	20-25			5-10		
Mrs N Grosvenor, Director of Organisational Change and Development (from 2/7/212)	50-55		8			
Mr J Hattam, Non Executive Director	5-10			5-10		
Dr K Hopkins, Non Executive Director	5-10			5-10		
Prof A Kendrick, Associate Non Executive Director	5-10			5-10		
Mrs P Lewin, Chief of Infrastructure and Development	120-125			120-125		
Ms A Lovatt, Director of Patient Safety (from 2/7/12 to 28/10/12 and from 7/1/13, Chief Nurse from 29/10/12 to 6/1/13)	65-70					
Mr P Morley, Chief Executive	185-190		133	175-180		128
Mr S Nearney, Director of Workforce (from 24/9/12)	45-50					
Dr Y Oade, Chief Medical Officer	65-70	165-170		45-50	65-70	
Miss A Pye, Chief Operating Officer (from 1/4/12 to 28/2/13 and Chief Nurse from 1/03/13)	130-135			95-100	30-35	
Dr D Ross, Non Executive Director	5-10			0-5		
Mr A Snowden, Associate Non Executive Director	5-10			0-5		
Mrs U Vickerton, Non Executive Director from 1/12/2012	0-5					
Mrs V Walker, Non Executive Director	5-10			5-10		
Mrs M Wride, Non Executive Director	5-10			5-10		
Mr M Wright, Deputy Chief Executive and Chief Nurse (from 1/4/12 to 26/10/12)	85-90			140-145		
Ms J Dent, Director of Partnerships and Governance (from 2/5/12 - see note below)	95-100					
Mr D Haire, FT Director Lead (see note below)	75-80			140-145		
Mrs M Olsen, Chief Nurse (from 7/1/13 to 28/2/13 and Chief Operating Officer from 1/3/13) (See note below)	70-75					

Notes

David Haire and Jo Dent are engaged through personal services contracts
Morag Olsen is employed through a third party agency

This table has been
subject to audit

PENSION BENEFITS - YEAR ENDED 31 MARCH 2013

	Real increase / (decrease) in pension at age 60 (bands of £2,500)	Real increase / (decrease) in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real increase in Cash Equivalent Transfer Value
	£'000	£'000	£	£	£'000	£'000	£'000
Miss A Pye, Chief Operating Officer from 1/4/12 to 28/2/13, Chief Nurse from 1/3/13	5,001 - 7,500	17,501-20,000	20,001 - 25,000	65,001-70,000	279	183	86
Mrs J Adamson, Chief of Workforce and Organisational Development	0 - 2,500	0 - 2,500	10,001 - 15,000	0	137	103	26
Mr J Barber, Chief Finance Officer to 28/2/13	(2,499) - 0	(7,499)-(5,000)	65,001 - 70,000	205,001-210,000	1,471	1,392	6
Mr M Wright, Deputy Chief Executive and Chief Nurse from 1/4/12 to 26/10/12	(2,499) - 0	(2,499) - 0	55,001 - 60,000	170,001-175,000	995	935	7
Mrs P Lewin, Chief of Infrastructure and Development	(2,499) - 0	(4,999) - (2,500)	50,001 - 55,000	160,001-165,000	1,086	1,026	6
Mr L Bond, Director of Business Delivery from 14/5/12 to 28/2/13, Chief Finance Officer from 1/3/13	(2,499) - 0	(7,499) - (5,000)	25,001 - 30,000	80,001 - 85,000	407	403	(15)
Mrs N Grosvenor, Director of Organisational Change and Development from 2/7/12	0 - 2,500	0 - 2,500	2 - 5,000	0	39	23	11
Mrs A Lovatt, Director of Patient Safety and Quality Improvement from 2/7/12 to 28/10/12 and from 7/1/13, Chief Nurse from 29/10/12 to 6/1/13	0 - 2,500	2,501 - 5,000	35,001 - 40,000	105,001-110,000	691	573	37
Mr S Nearney, Director of Workforce from 24/9/2012	0 - 2,500	0 - 2,500	2 - 5,000	0	7	0	4
Dr Y Oade, Chief Medical Officer	0 - 2,500	2,501 - 5,000	70,001 - 75,000	220,001-225,000	1,436	1,300	69

This table has been subject to audit

2012-13 Annual Accounts of Hull and East Yorkshire Hospitals NHS Trust

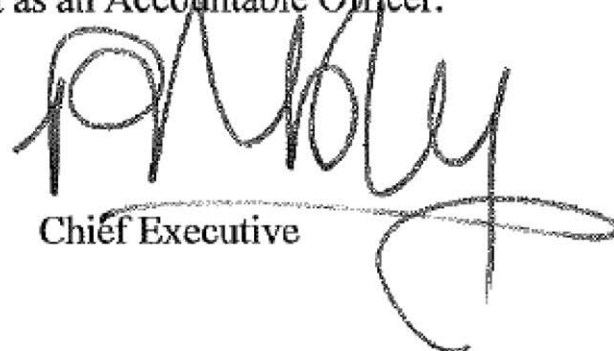
STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed



Chief Executive

4 June 2013

GOVERNANCE STATEMENT 2012/13

Scope of responsibility

As Chief Executive and the Accountable Officer I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives whilst safeguarding public funds. I ensure that the Trust meets its three principal functions as set out in the Accountable Officer Memorandum. These are to:

- enter into and fulfil agreements with commissioning bodies
- meet statutory duties
- maintain and develop relationships with patients, local partner organisations and the wider local community, their commissioning agencies and their suppliers.

In carrying out these functions I ensure the proper stewardship of public funds and assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The Governance Framework of the Organisation

The Trust Board is accountable for all aspects of the performance of the Trust. The Board has adopted Standing Orders and Standing Financial Instructions which set out the regulation of its proceedings and business. There is a schedule of matters reserved to the Board and a scheme of delegation which sets out the arrangements for delegation to Board committees and officers of the Trust. A procedure is in place for recording the declaration of interest of Board members which is published in the Trust's Annual Report.

The Trust Board met in public on five occasions during 2012/13. Agenda items are presented under each of the Trust's seven strategic objectives – safe high quality effective care, strong high performing Foundation Trust, creating and sustaining purposeful partnerships, efficient and effective use of resources, delivery against priorities, capable effective valued and committed workforce and strong respected impactful leadership. Six developmental sessions were also held at which a range of issues were discussed and external speakers invited.

The Trust Board has established six committees which support it in discharging its responsibilities. In addition to the statutory requirement for an Audit Committee and a Remuneration and Terms of Service Committee, the following committees have been established: Performance and Finance, Infrastructure and Investment, Quality Governance and Assurance and Quality and Effectiveness and Safety. A Charitable Funds Committee is in place for the management of funds held on trust and a (time limited) Foundation Trust Project Board oversees the progress of the Trust's foundation trust application.

The Board has a process in place for assessing its own effectiveness and that of its committees. The Board conducts its own self assessment against four domains (Board intelligence, performance, delivering objectives and undertaking duties) twice a year. Following the last assessment in December 2012, it agreed to focus attention on two areas for improvement. These were partnership working and regulatory requirements. The Board also evaluated itself against the Board Governance Assurance Framework for Aspirant Trusts which was subsequently independently assessed. Finnamore Ltd concluded that the Board had achieved a great deal and its focus on quality had yielded impressive results. Actions recommended included strengthening stakeholder engagement, appointing to the Chief Nurse Post (achieved March 2013), engagement with Governors and Board induction. In addition, throughout 2012/13 the Board evaluated itself against Monitor's Quality Governance Framework and achieved a score of 3.5 in November 2012 which enabled it to progress with its foundation trust application. This score was confirmed by Deloitte LLP. One domain had a score of 1.0 (amber red) which was the Board's awareness of potential risks to quality and reflected the stage of implementation of the Clinical Statements of Assurance. Since this time arrangements have been strengthened and an internal audit report has given significant assurance.

A number of reviews of the effectiveness of the Board's committees have been undertaken in 2012/13. The Strategic Health Authority observed three committees in September 2012 as part of the foundation trust application and two written reports were received on the outcome in October 2012. Deloitte was commissioned to undertake an independent review of Board committees and the draft report was received in March 2013. A number of recommendations have been made which include introducing a standardised work plan template, a standardised front sheet for all papers and ensuring that all committees produce an annual report. In addition, the independent review of the Board Governance Memorandum by Finnamore Ltd included a review of Board member commitment. The outcome of these assessments informed the Trust's own self assessment which is undertaken by the Trust Chairman and the Chief Executive at the year end.

An attendance record for the Board and each committee meeting is in place. The Audit Committee met on seven occasions during 2012/13 but was not quorate for two meetings. The Board was subsequently requested to review membership to ensure that future meetings met best practice and were quorate. The Remuneration Committee met on four occasions and all other committees met in line with their Terms of Reference. Of the twelve meetings of the Performance and Finance Committee, one meeting was not quorate.

The un-adopted minutes of each Board committee are received at the subsequent Board meeting and the chairman of the committee gives a verbal report. A standardised briefing sheet is used which highlights issues that need to be brought to the Board's attention, allowing for further discussion by the whole Board. Issues raised by the Audit Committee included seeking assurance regarding the independence of the external auditor in light of non audit work undertaken prior to appointment, increasing the membership of the committee, reviewing the Annual Accounts and assuring that the Quality Accounts met national guidance. In addition, record keeping, clinical sign off of cash releasing efficiency savings and staff receiving appropriate training to sit on interview panels were also brought to the Board's attention. The Remuneration Committee reviewed the posts that fell within its remit, received the outcome of Directors' appraisals and reviewed a compromise agreement of an Executive Director who ceased working at the Trust in 2011. The Investment and Infrastructure Committee provided additional scrutiny to major business cases (Emergency Department, tower block re-cladding) as well as recommending the acquisition and disposal of land and buildings. The Quality, Effectiveness and Safety Committee reported on its review of the mortality reduction action plan, progress in delivering the Trust's Quality and Safety Strategy and recommended the 2013/14 quality and safety targets for adoption by the Board. The Quality Governance and Assurance Committee reviewed progress against Clinical Negligence Scheme for Trusts standards, NHS Litigation Authority general standards, Monitor's Quality Governance Framework and action plans following Care Quality Commission inspections.

The Trust has used the principles in Monitor's NHS Foundation Trust Code of Governance to review the way it operates. Whilst there are elements of the Code that are not applicable to non foundation trusts (Governors, relationship between the Council of Governors and the Board of Directors, compliance with authorisation etc) the Trust adheres to the main and supporting principles.

The Trust's Quality Accounts are the responsibility of the Chief Nurse. They comprises 5 priorities (reduce all avoidable deaths and harm, ensure right patient, right place, right time, best clinical outcomes and improve communication). All data used to monitor the Quality Accounts is co-ordinated and validated by the central Business Intelligence Department and subject to an annual external assurance assessment by the Trust's external auditors.

One serious untoward incident was reported to the Information Commissioner during 2012/13.

Processes are in place to ensure that the Trust discharges its statutory functions. The internal audit programme in 2012/13 included compliance with Care Quality Commission registration, information governance, core financial systems, NHS Standards of Procurement, management of carbon reduction commitment and management of healthcare contracts (which received significant assurance). Control measures are in place to ensure all employer obligations contained within the NHS Pension Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are updated in accordance with the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Responsibility for ensuring that the Trust has regard to the NHS Constitution lies with the Chief of Workforce and Organisational Development. The Board reviewed the NHS Constitution in November 2012. Following this, the Trust's values were mapped to those of the Constitution to ensure consistency and alignment.

Risk Assessment

The Trust Board approves the risk management strategy on an annual basis and approved the current strategy in January 2013. The strategy sets the organisation's strategic risk objectives, its attitude and appetite to risk, processes for on-going review, monitoring and escalation of risk and the roles and responsibilities for risk management throughout the organisation.

The Trust approaches risk management from three directions: strategic, tactical and operational. All risks are categorised using the same risk matrix and framework based on the likelihood of the risk occurring and the severity of impact, with the highest risk having a score of 25 (almost certain and catastrophic) and the lowest risk of 1 (rare and negligible). The Trust uses a web based system (Datix) and designated members of staff have delegated authority to identify and enter risks on the risk register. The governance framework requires that these risks are reviewed at the appropriate level of the organisation including the ongoing assessment of the adequacy of controls and action plans. The Quality Governance and Assurance Committee in March 2013 reviewed all high and medium risks being added or removed from the risk register. In addition, it also reviews the timeliness that risks are reviewed and highlights the numbers that do not have an action plan.

The Trust's strategic objectives are reviewed annually. The risks that could threaten achievement of the Trust's strategic objectives are set out in the Board Assurance Framework which is reviewed at each Board meeting. The Board Assurance Framework includes an assessment of the source and level of assurance received as well as classifying gaps in assurance. Any increase or decrease in a risk score is agreed by the whole Board at its meeting in public.

There are 26 principal risks on the Board Assurance Framework at the end of 2012/13 and fourteen had a reduced risk score by the year end. There were four principal risks that were classified as high at the end of March 2013 and these were:

- the risk that patients receive and report poor experience
- the cancer centre population being at the lower limits
- the Trust Board not having the right composition of substantive Directors
- the risk of not having strong, respected, impactful leadership

A number of actions are in place to address these issues. A major organisational development/staff engagement initiative is underway as it is acknowledged that there is a relationship between staff well-being and patient experience. A leadership development programme for approximately 100 key leaders is in its second year of delivery and a new programme for 800 staff with supervisory responsibility is due to be launched. The Trust is proactively exploring the opportunity for greater collaboration and partnership working with its neighbours which will assist in securing the viability of its tertiary services going forward. The Trust improved delivery of its savings programme and has also significantly improved its governance arrangements through the establishment of its Business Delivery Unit. There have been a number of changes at Board level. The Chief Nurse left the Trust in October 2012 and a new appointee is now in place who was previously the Chief Operating Officer. The Chief Financial Officer retired in March 2013 and the new Chief Financial Officer took up post on 1 March 2013. A substantive appointment was made to the Chief Operating Officer in April 2013. A Non Executive Director with recent financial experience was appointed in December 2012 and became chair of the Audit Committee. Succession plans were in place to enable the smooth transition of an Associate Non Executive Director to a voting post which became vacant when the planned term of office of the incumbent came to end in March 2013.

The Care Quality Commission made four visits to the Trust during the year. Two visits were unannounced during which one moderate and one minor concern were identified. The first visit was made in August 2012 to the Hull Royal Infirmary as part of the Dignity and Nutrition inspections and found that some patients' Do Not Resuscitate forms, fluid balance and nutritional charts had been completed inconsistently. As a consequence the Trust was found to be non compliant with outcome 21 – records. Action was taken to address this through a specific campaign to raise awareness, internal audits and inspections to confirm compliance. The Care Quality Commission reviewed outcome 21 again in January 2013 and compliance was confirmed. A second unannounced visit was made over three days at the beginning of January 2013 to both the Hull Royal Infirmary and Castle Hill Hospital. Six outcomes were assessed at Castle Hill Hospital and five outcomes at Hull Royal Infirmary. These were consent, care and welfare, safeguarding, cleanliness/infection control, staffing and records. Castle Hill Hospital was compliant against all six outcomes. Hull Royal Infirmary was compliant with four outcomes but the Care Quality Commission considered that, on visiting the Acute Assessment Unit, it was not always able to address the holistic needs of patients at times of increased activity and was therefore non compliant with outcome 4 –care and welfare. An action plan has been developed to address the issues raised.

The remaining two visits made by the Care Quality Commission were to monitor section 120 of the Mental Health Act 1983 and a joint visit with Ofsted as part of a thematic inspection between children's and adult services when parents have mental health difficulties and/or substance mis-use problems.

There were 41 visits by 22 agencies which inspected various aspects of the Trust's services during 2012/13. The majority of these visits resulted in a written report. Visits have included the Deanery, Patient Environment Action Team, peer reviews within the cancer services, Medicines and Healthcare products Regulatory Agency, Counter Terrorism Security survey and Clinical Pathology Accreditation. In addition to the Care Quality Commission (paragraph above), key visits have included the Information Commissioner in April 2012 reviewing the arrangements in place for managing information security and information governance training. The resultant audit undertaken by the Commissioner gave "Reasonable Assurance". The NHS Litigation Authority visited in September and December 2012 and assessed the Trust as compliant against level 1 CNST maternity and general risk management standards.

During 2012/13 there were eleven serious untoward incidents of which 3 were Never Events. Two Never Events were classified as wrong site surgery and one was a retained foreign object.

The Risk and Control Framework

The system of internal control is designed to manage risk to a reasonable level. All risks that are entered on the Trust risk management system (Datix) are assigned initial, current and target risk rating. Controls are identified to mitigate the level of risk and where there are gaps in the controls, action plans are developed. The Board Assurance Framework also contains assurance stratification categories which assign a rating to sources of assurance and the risk owner's view of the robustness of the assurance arrangements. The Board receives an update at every meeting on the management of those risks that could threaten achievement of the strategic objectives. This includes a rationale for the current rating. Any change to ratings require full Board discussion. An adjustment to the level of risk is not always accepted and has been subject to rigorous challenge.

There is a mechanism for Health Groups and Directorate to escalate to the Operational Governance Committee issues of concern that have the potential to be a risk to the organisation. In the event that these cannot be resolved by the Operational Governance Committee, they can be escalated to the Board's Quality Governance and Assurance Committee. The Operational Governance Committee reviews risk activity on the risk register. At the end of 2012/13, there were 280 active risks of which 7 did not have controls in place. There were 112 risks without an action plan.

There are a number of mechanisms in place which are designed to prevent or minimise the potential of risks occurring. The Trust's incident reporting system records near misses as well as actual incidents. In 2012/13, 2175 near misses were reported.

The Trust has an annual fraud audit plan that is approved by the Audit Committee and is based on the model formally endorsed by NHS Protect. The Trust has a counter fraud expert that is supported by regional experts. A full report of all fraud activity and Trust response is received at each Audit Committee. The outcome of fraud investigations is publicised throughout the Trust via its newsletter.

The internal audit plan is approved by the Audit Committee and a summary of completed reports is received at each meeting. An action tracking system is in place to ensure that recommendations arising out of internal audit reports are implemented. Five reports received limited assurance in 2012/13. These were medication errors, e-travel expense claims, pathology computer back-up systems, compliance with mandatory training and communications. Two reports were given significant/limited assurance relating to workforce planning. Fifteen reports received significant assurance and four of these contained recommendations that were classified as significant. The significant recommendations related to staff on interview panels not having appropriate training which has been addressed. Two recommendations related to the sign off of Clinical Statements of Assurance. Standard Operating Procedures have now been developed. The fourth recommendation related to back up arrangements in retinal screening.

The Board receives at each meeting a status report on all external agency visits to the Trust where actions have been completed as well as those that remain outstanding. A new system of categorising all outstanding actions was introduced in 2012/13 which identifies any issues classified as fundamental.

A framework is in place for managing and controlling risks to data security. There is a Senior Risk Owner at Board level and a network of information risk owners across the organisation.

Review of the Effectiveness of Risk Management and Internal Control

The effectiveness of risk management and internal control has been determined through a number of mechanisms. The Head of Internal Audit provides an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of Internal Audit work. This gave significant assurance that there was generally a sound system of internal control designed to meet the Trust's objectives and that controls were generally being applied. No significant areas of risk were identified. However, some weaknesses in the design and/or inconsistent application of controls were identified in relation to medication errors, workforce planning and compliance with PDR and mandatory training requirements.

The Audit Committee, comprising Non Executive Directors, gives independent assurance to the Board. It receives all audit reports from internal and external auditors and monitors progress against agreed recommendations. Where gaps in control are identified management action is agreed and presented to the committee. A tracking system of agreed actions is in place. During the year significant assurance was provided on a range of internal audits including management of healthcare contracts, core financial systems, and implementation of e-rostering, information governance, basic Human Resource systems and compliance with NHS Standards of Procurement. Four reports received limited assurance. These were medication errors, e-travel expense claims, information technology pathology systems back-up, compliance with mandatory training and communications. Seven reports were in draft form and eight reviews awaiting completion.

Non Executive Directors participate in Board quality and safety walkrounds which provide all Board Directors with an opportunity to triangulate information provided in the Board room with that observed on visits. Visits are organised at different times and include weekends and nights.

Executive Directors provide assurance through regular and ad hoc reports submitted to the Board, Board committees and discussion held on Board development days. The corporate performance report is received and scrutinised by the Board monthly across a range of indicators including Monitor's Compliance Framework, quality metrics, finance and business, operational delivery, workforce and business development/market focus. The Trust has met the requirements of the Department of Health's performance framework with the exception of the 7 mix sex accommodation breaches. During the year there were approximately 166,121 finished consultant episodes.

The Board self certifies monthly that it has met the requirements of the Single Operating Model which is a requirement of an aspirant Foundation Trust. Reports have been received by the Board on doctors' revalidation, serious untoward incidents and actions to improve the Acute Assessment Unit. A number of Trust strategies were also reviewed in year including Quality and Safety, Research and Development, Risk Management and Performance Management.

The effectiveness of risk management and external control is also gauged from the outcome of visits from regulatory and third party agencies which has been reported in the risk assessment section of this statement. The Trust's self assessment of 3.5 against Monitor's Quality Governance Framework was confirmed by Deloitte. The four Health Groups have also self assessed themselves against this framework. A positive report was received from Fynamore Ltd who reviewed the Board Governance Framework for Aspirant Trusts.

Benchmarking information is used. The most recent report issued by the National Patient Safety Agency to September 2012 identified that the Trust was in the middle 50% of reporters in its peer group of 30 acute teaching hospitals and had a slightly higher percentage of incidents where no harm was caused (74.8% compared to peer of 74%). Other benchmark information is used including the patient safety thermometer and quality metrics such as the mortality indicators, which provide assurance on Trust performance.

The Care Quality Commission has made four compliance checks on the Trust during 2012/13. Areas visited have included the Acute Assessment unit, the High Dependency Unit, and Neonatal Intensive Care at Hull Royal Infirmary and wards 14 and 16 at Castle Hill Hospital. In addition, The Trust has established its own system of inspections to assess compliance with Care Quality Commission outcomes. Positive and negative themes arising out of the internal programme are reported to the Quality Governance and Assurance Committee.

The Trust Board has recognised that the environment in which it operates is changing rapidly and it therefore needs to respond to the new challenges going forward. In January 2013 the Board approved the Clinical Services Strategy and as Accountable Officer I am leading discussions with local Chief Executive colleagues to shape the future configuration of services.

The Board received a presentation on the Francis report in March 2013 and agreed formally the initial key actions at its meeting in April 2013.

Significant Issues

There are no significant issues to report having considered the Department of Health guidance.

Accountable Officer: Phil Morley

Organisation: Hull and East Yorkshire Hospitals NHS Trust

Signature:

Date:

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST ON THE SUMMARY FINANCIAL STATEMENT

We have examined the summary financial statement for the year ended 31 March 2013 set out on pages 45 to 48.

This report is made solely to the Board of Directors of Hull and East Yorkshire Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

We conducted our work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of Hull and East Yorkshire Hospitals NHS Trust for the year ended 31 March 2013 on which we have issued an unqualified opinion.

Damian Murray for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
1 The Embankment
Leeds
LS1 4DW

5 June 2013

Quality Accounts

2012/2013

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



Great Staff - Great Care - Great Future



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Part 1

Introduction and Welcome to the 2012/2013 Quality Accounts

WHAT IS A QUALITY ACCOUNT?

What is a Quality Account?

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

What should a Quality Account look like?

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

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

What does it mean for Hull and East Yorkshire Hospitals NHS Trust?

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

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

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

How will the Quality Account be published?

In line with legal requirements all NHS Healthcare providers are required to publish their Quality Accounts electronically on the NHS Choices website by 30th June 2013. Organisations must also ensure hard copies are available of the previous two years' Quality Accounts available on request. Hull and East Yorkshire Hospitals NHS Trust also make our Quality Accounts available on our website www.hey.nhs.uk.

STATEMENT FROM THE CHIEF EXECUTIVE

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

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

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

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

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

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

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



Phil Morley
Chief Executive



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

Part 2

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

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

- Patient Safety
- Clinical Effectiveness
- Experience

QUALITY AND SAFETY STRATEGY 2011-2016

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

Our Aim

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

Quality and Safety 'Going for Gold' Priorities

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

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

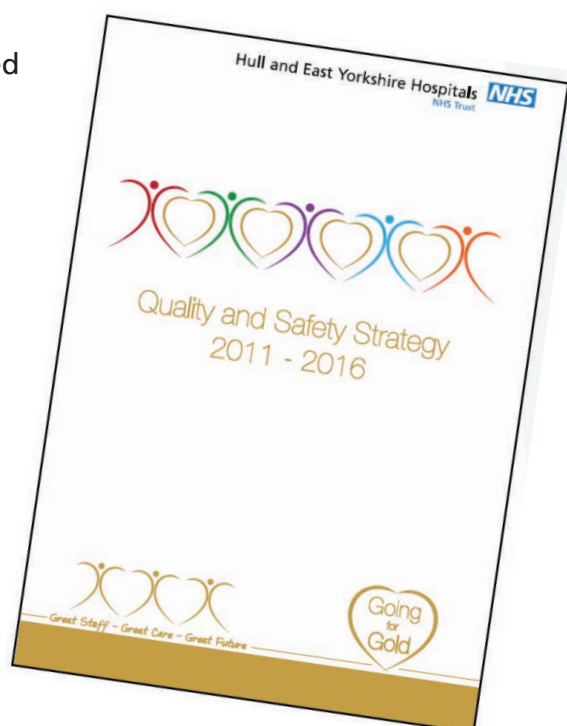
We will work on the above priorities and their workstreams to improve the quality of care provided for patients and reduce avoidable harm to patients.

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

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

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

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

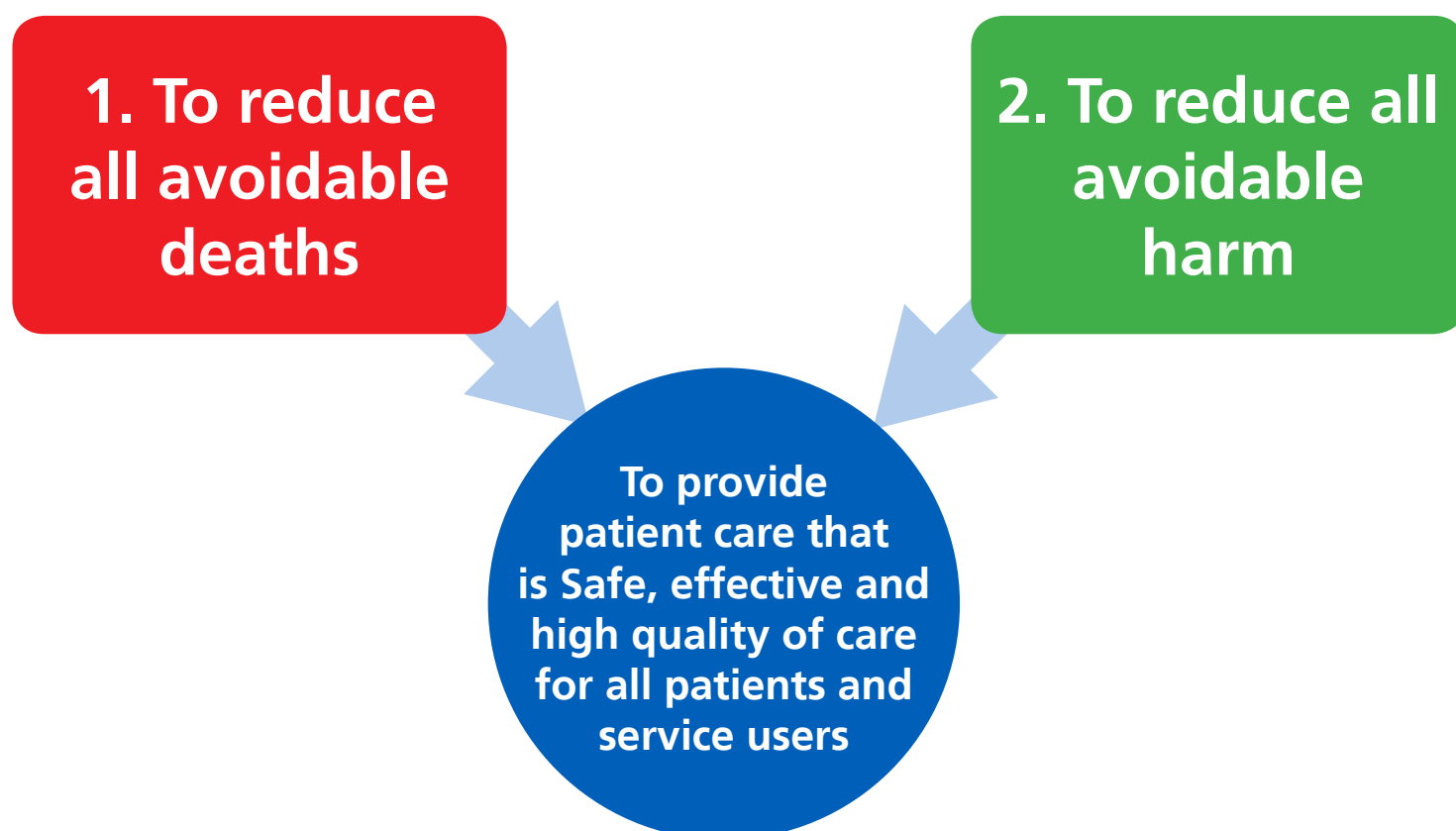


PRIORITIES FOR IMPROVEMENT – PATIENT SAFETY

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

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

Our two overarching priorities for patient safety are:



1. In order to achieve the priority to reduce all avoidable deaths, the Trust will continue its work on reducing mortality, the deteriorating patient workstream, infection, prevention and control as well as on pneumonia.
2. In order to achieve the priority to reduce all avoidable harm, the Trust will continue to work on improving medicines management, prevention of falls, as well as working towards the eradication of pressure ulcers

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

1. To reduce all avoidable deaths

Goal

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

Why and How?

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

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

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

Workstream 1 - Mortality Review Work -Stream	
What is Hospital Standardised Mortality Ratio (HSMR)?	Hospital mortality refers to the number of patients who die whilst in the hospital. The HSMR is an indicator of whether the death rates are higher or lower than expected.
What is Summary Hospital Mortality Indicator (SHMI)?	SHMI is a measure of whether mortality linked to being in hospital is at a level that would be expected for the services we provide and for the people that use them.
Why is this a workstream?	There is evidence of an improving hospital standardised mortality ratio (HSMR) started from 2011/12. The Trust aims to continue to have a year on year reduction in both HSMR and SHMI.
Planned Target Outcomes	<ul style="list-style-type: none"> ● Achieving and sustaining a reduction in mortality with the aim of 80 by 2016 (reduce to 90 in 2013/14) ● Reduction in crude mortality rates to 1.4% by 2013/14 ● Reduction in SHMI with the aim of 100 by 2016 (reduce to 104 in 2013/14)
Actions to be taken to achieve the planned target outcomes	Continue and build on the improvement work via the series of safety improvement workstreams. Please refer to part 2 of the Quality Accounts for further information on these workstreams.
Reporting Structure	<ul style="list-style-type: none"> ● The Trust Board ● Quality, Effectiveness and Safety Committee (QuEst) ● Patient Safety Committee ● Mortality Reduction Committee ● Infection, Prevention and Control Committee ● Infection Reduction Committee ● Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> ● Chief Medical Officer ● Health Group Medical Directors ● All clinical staff

Workstream 2 – Deteriorating Patient

What is a Deteriorating Patient?	It is a patient whose observations indicate that their condition is getting worse and requires intervention.
Why is this a workstream?	Deterioration of a patient must be detected and acted upon early to reduce further complications for the patient, in-hospital cardiac arrests and mortality rates. Actions taken during the early stages of observations can prevent deterioration progressing to a cardiac arrest.
Planned Target Outcomes	<ul style="list-style-type: none"> ● Reduce cardiac arrests from 653 (2010/11) to 117 by 2016 (reduce to 200 in 2013/14) ● Sustain 95% compliance with vital sign observations ● Monitoring of fluid balance chart with the overall aim of 95% compliance by 2016
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> ● Continuation of the deteriorating patient workstream with particular focus on the utilisation of the new National Early Warning Score charts (NEWS) ● Completing a root cause analysis into all cardiac arrests for identification and dissemination of lessons learnt to improve patient safety and the quality of care ● To develop a spread plan to roll out the new National Early Warning Score (NEWS), firstly to the following wards at Hull Royal Infirmary wards 8 and 80 (medical elderly), wards 6 and 60 (acute surgery), Acute Assessment Unit (AAU) and the Emergency Department (ED) ● E-learning to be undertaken and monitored when rolled out into each area
Reporting Structure	<ul style="list-style-type: none"> ● The Trust Board ● Quality, Effectiveness and Safety Committee (QuEst) ● Patient Safety Committee ● Deteriorating Patient Group ● Resuscitation Committee ● Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> ● Chief Medical Officer ● All Health Group Nurse Directors ● All clinical staff ● Corporate Nursing

Workstream 3 – Infection Prevention and Control

What is Methicillin-resistant Staphylococcus aureus MRSA?	Methicillin-resistant Staphylococcus Aureus (MRSA) is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections. It is particularly troublesome in hospitals where patients with open wounds, invasive devices, and weakened immune systems are at greater risk of infection than the general public.
What is Clostridium Difficile (C.Difficile)?	A Clostridium Difficile infection (C.Difficile) is a type of bacterial infection that can affect the digestive system. It most commonly affects people who are staying in hospital.
Why is this a workstream?	Infection, prevention and control is the responsibility of everyone because the failure to control healthcare acquired infections such as MRSA and C.Difficile can have devastating effects for patients and are a common cause of harm and mortality.
Planned Target Outcomes	<ul style="list-style-type: none"> ● To have no avoidable MRSA by 2016 (reduce to 0 in 2013/14) ● To have no avoidable C.Difficile bacteraemias by 2016 (reduce to 54 in 2013/14)

Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> • Continuation of the infection, prevention and control workstreams with focus on all avoidable hospital-acquired Bacteraemias, public campaigns, hand hygiene and invasive devices. • Continued programme of ward decontamination and deep cleaning. • Continued infection control training
Reporting Structure	<ul style="list-style-type: none"> • The Trust Board • Quality, Effectiveness and Safety Committee (QuEst) • Patient Safety Committee • Infection Prevention and Control Committee • Infection Reduction Committee • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> • Chief Medical Officer • Infection Prevention and Control Team • All Health Group Medical Directors • All clinical staff

Workstream 4 – Pneumonia	
What is Pneumonia?	Pneumonia is inflammation (swelling) of the tissue in one or both of your lungs. It is usually caused by an infection. For people with other health conditions, pneumonia can be severe and may need to be treated in hospital.
Why is this a workstream?	Community acquired Pneumonia is the fourth leading cause of deaths in the UK and some of these deaths are avoidable through the use of the recommended care bundle. This aims to reduce mortality and length of stay in patients needing admission with Pneumonia.
Planned Target Outcomes	<ul style="list-style-type: none"> • Achieve a 30% reduction in deaths with a diagnosis of Pneumonia by 2016 (reduce from 694 to 500 in 2013/14) • Achieve 95% compliance with the community acquired pneumonia bundle by 2016 (achieve 90% by 2013/14)
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> • Continue to implement the community acquired pneumonia 'COST' bundle (COST – chest x-ray, oxygen assessment, severity score and treatment) • Continued education to increase awareness about the pneumonia 'COST' care bundle and highlight its importance
Reporting Structure	<ul style="list-style-type: none"> • The Trust Board • Quality, Effectiveness and Safety Committee (QuEst) • Patient Safety Committee • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> • Chief Medical Officer • Infection Prevention and Control Team • All Health Group Medical Directors

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

Goal

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

Why and How?

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

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

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

Workstream 1 – Medication Errors	
What are Medication Errors?	Medication errors are an incorrect or wrongful administration for example a mistake in the dosage of medication.
Why is this a workstream?	Medication errors account for a significant proportion of the preventable harm that exists within healthcare. Medication errors are a major cause of harm.
Planned Target Outcomes	<ul style="list-style-type: none"> • No missed doses on wards by 2014/15 • No missed medication errors in Pharmacy by 2016 (reduce from 269 to 179 in 2013/14)
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> • Continuation of the Safer Medication Group with focused work on missed doses and medication errors • Undertake improvement work on the following wards at Hull Royal Infirmary, wards 6 and 60 (acute surgery) regarding missed doses
Reporting Structure	<ul style="list-style-type: none"> • Trust Board • Patient Safety Committee • Quality, Effectiveness and Safety Committee (QuEst) • Patient Safety Committee • Safer Medications Practice Committee • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> • Chief Medical Officer • All Health Group Medical Directors • All Health Group Nurse Directors • Pharmacists

Workstream 2 – Pressure Ulcer Prevention	
What are Pressure Ulcers?	Pressure ulcers are a type of injury that break down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are also sometimes known as ‘bedsores’ or ‘pressure sores’.

Why is this a workstream?	The incident of pressure ulcers is of concern to all healthcare providers. Patients who develop pressure ulcers can suffer from varying factors of harm and research shows that 95% of pressure ulcers are preventable. The Trust has adopted a zero tolerance approach to all hospital-acquired avoidable pressure ulcers and has implemented the Sskin care bundle to prevent avoidable harm to our patients.
Planned Target Outcomes	<ul style="list-style-type: none"> ● Achieve 95% compliance by 2016 with the Sskin care bundle (achieve 90% compliance in 2012/13) ● No grade 1 or 2 pressure ulcers by 2013/14 ● No grade 3 or 4 pressure ulcers by 2013/14 ● No unstageable pressure ulcers by 2016 (reduce from 82 to 50 in 2013/14)
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> ● Implementation of the Intentional Rounding process. The Intentional Rounding Process can reduce adverse events, improve patients' experience of care and provide much needed comfort and reassurance. ● Continuation of the Sskin care bundle ● Completing root cause analysis into all pressure ulcers for identification and dissemination of lessons learnt to improve patient safety and the quality of care
Reporting Structure	<ul style="list-style-type: none"> ● Trust Board ● Quality, Effectiveness and Safety Committee (QuEst) ● Patient Safety Committee ● Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> ● Chief Medical Officer ● Tissue Viability Nurses ● All Health Group Medical Directors ● All Health Group Nurse Directors ● All clinical staff

Workstream 3 – Venous Thromboembolism (VTE)	
What is Venous Thromboembolism (VTE)?	Venous Thrombosis is a blood clot within a blood vessel. It happens when a blood clot forms and blocks a vein or an artery, obstructing or stopping the flow of blood. Venous Thrombosis most commonly occurs in the 'deep veins' in the legs, thighs or pelvis (this is known as deep vein thrombosis).
Why is this a workstream?	Patients in hospital have the biggest risk factor for blood clots in a vein. Preventing them from happening is key to the quality and safety of a patients care.
Planned Target Outcomes	<ul style="list-style-type: none"> ● Continue to achieve the national Commissioning for Quality & Innovation (CQUIN) requirement of 90% of all patients admitted to hospital to undergo a VTE risk assessment ● 30% reduction in VTE deaths (hospital acquired) by 2016 ● 30% reduction in VTE episodes (hospital acquired) by 2016
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> ● Full implementation of the VTE National Institute for Health and Clinical Excellence (NICE) guidelines including risk assessment and prophylaxis ● Continue with the improvement work being undertaken in AAU to improve the reliability of the process for undertaking VTE risk assessments
Reporting Structure	<ul style="list-style-type: none"> ● Trust Board ● Quality, Effectiveness and Safety Committee (QuEst) ● Patient Safety Committee ● Thrombosis Committee ● Each Health Group will be monitored via their regular performance meetings with directors

Responsible Officers	<ul style="list-style-type: none"> • Chief Medical Officer • All Health Group Medical Directors • All Health Group Nurse Directors • All clinical staff
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Workstream 4 – Falls	
What are patient falls?	A fall is defined as an unplanned or unintentional descent to the floor, with or without injury, regardless of the cause.
Why is this a workstream?	A patient falling is the most common patient safety incident reported to the National Reporting and Learning System (NRLS). Although some falls cannot be prevented without unacceptable restrictions to patients' rehabilitation, privacy and dignity many falls can and should be prevented.
Planned Target Outcomes	Achieve a 50% reduction in falls by 2016 (reduction from 3372 to 2245 in 2013/14)
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> • Target high risk patients for the "falls" care bundle, root cause analysis of all falls causing harm of any severity and a zero tolerance to falls causing severe harm or death • Continue with the improvement work being undertaken on the following wards at Hull Royal Infirmary, wards 9 and 90 (trauma) to introduce intentional rounding. This involves carrying out regular checks with individual patients at set intervals. This approach helps nurses to focus on clear, measurable aims and expected outcomes. • Implementation of the Intentional Rounding process across the Trust.
Reporting Structure	<ul style="list-style-type: none"> • Trust Board • Quality, Effectiveness and Safety Committee (QuEst) • Patient Safety Committee • Falls Group • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> • Chief Medical Officer • Corporate Nursing • All Health Group Medical Directors • All Health Group Nurse Directors • All clinical staff

Workstream 5 – Dementia	
What is Dementia?	Dementia is not a single illness but a group of symptoms caused by damage to the brain. Dementia describes a set of symptoms including memory loss, mood changes and problems with communication and reasoning.
Why is this a workstream?	Dementia is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with dementia, their length of stay is longer than people without dementia and they are often subject to delays on leaving hospital. Patients with dementia are also more likely to come to harm than patients without dementia.
Planned Target Outcomes	<ul style="list-style-type: none"> • Deliver and maintain the Dementia CQUIN at FAIR • Achieve 95% compliance with Dementia Screening by 2016 (achieve 90% by 2013/14) • Implement Dementia signposting for carers

Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> Establishment of the Dementia Programme Board Dementia Programme Board to work with our partners across health, social and voluntary sectors to ensure there is a lasting improvement in the quality of care received by patients with Dementia in our organisation Roll out of Dementia Programme "The Butterfly Scheme" to improve patient safety and wellbeing in hospitals and to enable all staff to feel equipped to respond appropriately Commence work on the environment factors affecting patients with dementia to become a 'Dementia Friendly' hospital
Reporting Structure	<ul style="list-style-type: none"> Trust Board Quality, Effectiveness and Safety Committee (QuEst) Dementia Programme Board Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> Chief Medical Officer Dementia Care Lead Corporate Nursing All Health Group Medical Directors All Health Group Nurse Directors All clinical staff

Workstream 6 – Perioperative

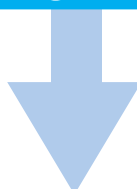
What is Perioperative?	Perioperative care is the care that is given before, during and after surgery. This period is used to prepare the patient both physically and psychologically for the surgical procedure and after surgery.
What is a Never Event?	A Never Event is a type of SUI. These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers
Why is this a workstream?	Having surgery increases a patient's risk of serious harm. Never events are serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. During 2011/12 the Trust had 3 such Never Events, these incidents are unacceptable and eminently preventable.
Planned Target Outcomes	To have no Perioperative (surgical) Never Events by 2013/14
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> Implementation of the Perioperative Improvement Project Undertake a root cause analysis on all avoidable Perioperative never events for identification and dissemination of lessons learnt to improve patient safety and the quality of care
Reporting Structure	<ul style="list-style-type: none"> Trust Board Quality, Effectiveness and Safety Committee (QuEst) Patient Safety Committee Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> Chief Medical Officer All Health Group Medical Directors All Health Group Nurse Directors All clinical staff

Priorities for Improvement – Effectiveness

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

Our overarching priority for effectiveness is:

To ensure that the Trust always treats the right patient, in the right place at the right time



To provide safe care and improve the overall performance

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

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

1. Right Patient, Right Place, Right Time

Goal

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

Why and How?

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

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

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

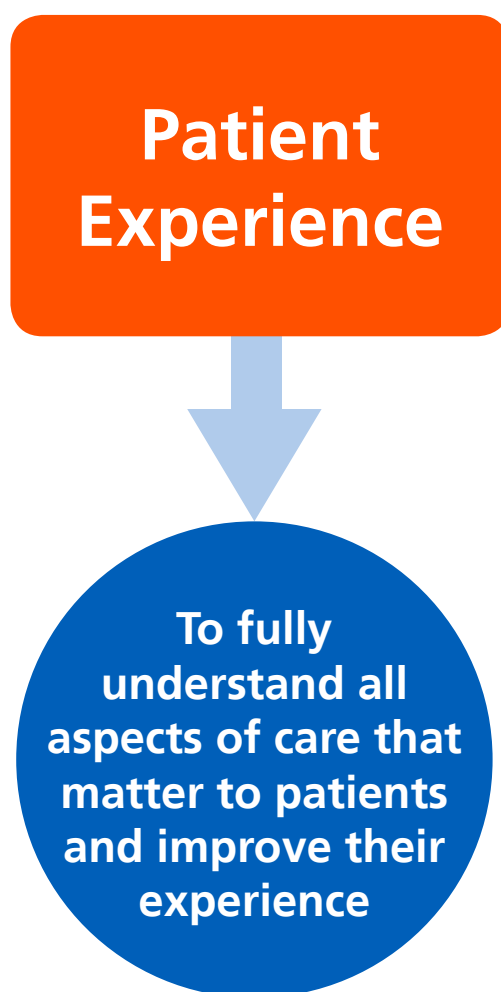
Workstream 1 – Planned Admission to Discharge from Hospital	
What is Planned Admission to Discharge from Hospital?	It is the process of patients being sent home as they no longer require acute medical care or the patient's care is handed over to another health care organisation in a more appropriate setting i.e. to a residential or nursing home, intermediate care facility or community hospital.
Why is this a workstream?	Effective discharge is a continuing concern for the Hull and East Yorkshire Hospitals NHS Trust our patients and our partners.
Planned Target Outcomes	<ul style="list-style-type: none"> • Reduction in patient readmissions to hospital after 28 days (reduce from 6.9 to 4.4% patient readmissions in 2013/14) • Reduction in the number of patients on the delayed discharge list to 1542 by 2015/16 (reduce from 2350 to 1904 in 2013/14) • Reduce length of stay >50 days to 514 by 2015/16 (reduce from 707 to 635 in 2013/14)
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> • Continuation of the discharge from hospital workstream • Continuation of the urgent care workstream • Monitoring discharges from hospital to home occurring after midnight
Reporting Structure	<ul style="list-style-type: none"> • Trust Board • Quality, Effectiveness and Safety Committee (QuEst) • Performance and Finance Committee • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> • Chief Nurse • All Health Group Medical Directors • All Health Group Nurse Directors • All Health Group Operation Directors • All clinical staff

Workstream 2 - Patient Pathways / Inpatient Transfers	
What are inpatient transfers?	It is the transfer of a patient from one ward to another including transfers between the Hull Royal Infirmary and Castle Hill Hospital Sites. An example of an avoidable transfer is the internal transfer of a patient between 10.00pm and 8.00am; this transfer should be avoided unless their clinical condition requires specialist support within other units of the Trust.
Why is this a workstream?	The Trust's aim is to ensure that all patients are treated on the most appropriate care pathway for their condition and are treated in the right place at the right time for their clinical care needs to be met.
Planned Target Outcomes	<ul style="list-style-type: none"> • Reduction in avoidable inpatient transfers, in particular for patients moved more than 2 times (Reduce from 475 to 375 in 2013/14) • Reduction in inpatient transfers after 10pm for non-clinical reasons (Reduce from 2436 to 1461 in 2013/14)
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> • Monitoring and analysis of patient transfers to identify further development of appropriate patient pathways
Reporting Structure	<ul style="list-style-type: none"> • Trust Board • Quality, Effectiveness and Safety Committee (QuEst) • Patient Safety Committee • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> • Chief Nurse • All Health Group Medical Directors • All Health Group Nurse Directors • All Health Group Operation Directors • All clinical staff

Priorities for Improvement – Experience

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

Our overarching priority for experience is:



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

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

1. Patient Experience

Goal

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

Why and How?

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

Patient Experience	
What is patient experience?	It is feedback from patients on their experience of the quality of care and treatment they have received.
Why is this a workstream?	Improving patient experience is a key aim for the NHS. By asking, monitoring, and acting upon patient feedback, organisations are able to make improvements in the areas that patients say matter most to them.
Planned Target Outcomes	<ul style="list-style-type: none"> • Be described as one of the best performing Trust in the CQC's national inpatient survey and national staff survey by 2016 • Reduction in complaints to 1.5 per 1000 in patient FCE's by 2016 (Reduce to 2.2 in 2013/14) • Reduction in complaints & PALS concerns regarding staff attitude to 150 by 2016 (Reduce from 197 to 180 in 2013/14) • Implement the Friends and Family Test in Maternity by October 2013 • Implement the Friends and Family Test in Paediatrics by February 2014 • Improved National Staff Survey as measured by those who would recommend the Trust question with a score of 4.05 by 2016
Actions to be taken to achieve the planned target outcomes	<ul style="list-style-type: none"> • The Trust will introduce Patient Panels/Patient Focus Groups to gather further insights into patients' experience. • The Patient Experience Forum will identify priority themes from the national staff and patient survey to inform actions and learning lessons • The Trust's membership scheme will be developed further • Trust being reported as being in the top 20% for overall patient experience, patient engagement and staff engagement by 2015
Reporting Structure	<ul style="list-style-type: none"> • Trust Board • Quality, Effectiveness and Safety Committee (QuEst) • The Patient Experience Forum • Each Health Group will be monitored via their regular performance meetings with directors
Responsible Officers	<ul style="list-style-type: none"> • Chief Nurse • Head of Patient Experience • Health Group Medical Directors • All Health Group Nurse Directors

Part 3

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

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

Review of Services

During 2012/13 the Hull and East Yorkshire Hospitals NHS Trust provided 43 NHS services within 4 Health Groups and 10 Divisions.

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

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

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

Participation in Clinical Audit

During 2012/13, 44 national clinical audits and 6 national confidential enquiries covered NHS services that Hull and East Yorkshire Hospitals NHS Trust provides.

During that period Hull and East Yorkshire Hospitals NHS Trust participated in 98% of the national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

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

National audit
Peri- and Neonatal
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)
Children
Paediatric pneumonia (British Thoracic Society)
Paediatric asthma (British Thoracic Society)
Paediatric Fever (College of Emergency Medicine)
Childhood epilepsy (Epilepsy 12 RCPH National Childhood Epilepsy Audit)
Paediatric intensive care (Paediatric Intensive Care Audit Network - PICANet)
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)
Acute care
Emergency use of oxygen (British Thoracic Society)
Adult community acquired pneumonia (British Thoracic Society)
Non invasive ventilation (NIV) – adults (British Thoracic Society)
Renal Colic (College of Emergency Medicine)
Adult critical care (Case Mix Programme)
Potential donor audit (NHS Blood and Transplant)
Long term conditions
Diabetes (National Adult Diabetes Audit)
National inpatient diabetes Audit (NaDIA)
Chronic pain (National Pain Audit)
Ulcerative colitis and Crohn's disease (National Inflammatory Bowel Disease - IBD Audit)
Adult asthma (British Thoracic Society)
Bronchiectasis (British Thoracic Society)
Elective procedures
Hip, knee and ankle replacements (National Joint Registry)
Elective surgery (National Patient Reported Outcome Measures Programme)
Coronary angioplasty (National Institute for Clinical Outcome Research – NICOR Adult cardiac interventions audit)
Peripheral vascular surgery (Vascular Society of Great Britain and Ireland Vascular Surgery Database)
Carotid interventions (Carotid Intervention Audit)
Coronary artery bypass graft and Valvular surgery (Adult cardiac surgery audit)

Cardiovascular disease

Acute myocardial infarction and other acute coronary syndrome (Myocardial Ischaemia National Audit Project)

Heart failure (Heart Failure Audit)

National cardiac arrest audit (NCCA)

Cardiac arrhythmia (Cardiac Rhythm Management Audit)

Renal disease

Renal replacement therapy (Renal Registry)

Cancer

Lung cancer (National Lung Cancer Audit)

Bowel cancer (National Bowel Cancer Audit Programme)

Head and neck cancer (Data for Head and Neck Oncology – DAHNO)

Oesophago-gastric cancer (National Oesophago-gastric Cancer Audit)

Trauma

Hip fracture (National Hip Fracture Database)

Severe trauma (Trauma and Audit Research Network)

Blood transfusion

Audit of Blood Sampling and Labelling (National Comparative Audit of Blood Transfusion)

Audit of the use of Anti-D (National Comparative Audit of Blood Transfusion)

Audit of the management of patients in Neuro Critical Care Units (National Comparative Audit of Blood Transfusion)

Older People

National dementia audit (NAD)

Parkinson's disease (National Parkinson's Audit)

Acute stroke (Sentinel Stroke National Audit Programme - SSNAP)

Fractured neck of femur (College of Emergency Medicine)

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study

Tracheostomy

Alcohol Related Liver Disease

Subarachnoid Haemorrhage Study

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

Maternal infant and perinatal programme (MBBRACE – UK)

Other Enquiries / Reviews

Asthma Deaths (NRAD)

Child Health (CHR – UK)

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

National audit
Chronic pain (National Pain Audit)

The national clinical audits and national confidential enquiries that Hull and East Yorkshire Hospitals NHS Trust participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National audit	Participation (Yes/No)	% cases submitted
Maternal infant and perinatal programme (MBBRACE – UK)		

Peri- and Neonatal		
Neonatal intensive and special care (National Neonatal Audit Programme – NNAP)	Yes	100%

Children		
Paediatric pneumonia (British Thoracic Society)	Yes	100%
Paediatric asthma (British Thoracic Society)	Yes	100%
Paediatric fever (College of Emergency Medicine)	Yes	100%
Childhood epilepsy (Epilepsy 12 RCPH National Childhood Epilepsy Audit)	Yes	100%
Paediatric intensive care (Paediatric Intensive Care Audit Network - PICANet)	Yes	100%
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	Yes	100%

Acute care		
Emergency use of oxygen (British Thoracic Society)	Yes	100%
Adult community acquired pneumonia (British Thoracic Society)	Yes	100%
Non invasive ventilation (NIV) – adults (British Thoracic Society)	Yes	100%
Renal Colic (College of Emergency Medicine)	Yes	100%
Adult critical care (Case Mix Programme)	Yes	100%
Potential donor audit (NHS Blood and Transplant)	Yes	100%

Long term conditions		
Diabetes (National Adult Diabetes Audit)	Yes	100%
National Inpatient Diabetes Audit (NADIA)	Yes	100%
Adult asthma (British Thoracic Society)	Yes	100%
Bronchiectasis (British Thoracic Society)	Yes	100%

Elective procedures		
Hip, knee and ankle replacements (National Joint Registry)	Yes	100%
Elective surgery (National Patient Reported Outcome Measures Programme - PROMs)	Yes	
Unilateral Hip Replacement		94%
Unilateral Knee Replacement		88%
Groin Hernia Surgery		92%
Varicose Vein surgery		96%
Coronary angioplasty (National Institute for Clinical Outcome Research - NICOR Adult cardiac interventions audit)	Yes	100%
Peripheral vascular surgery (Vascular Society of Great Britain and Ireland Vascular Surgery Database - VSGBI VSD)	Yes	100%
Carotid interventions (Carotid Intervention Audit)	Yes	100%
Coronary Artery Bypass Graft (CABG) and Valvular surgery (Adult cardiac surgery audit)	Yes	100%

Cardiovascular disease		
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	Yes	100%
Heart failure (Heart Failure Audit)	Yes	100%
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	Yes	100%
National cardiac arrest audit (NCCA)	Yes	100%

Renal disease		
Renal replacement therapy (Renal Registry)	Yes	100%

Cancer		
Lung cancer (National Lung Cancer Audit)	Yes	100%
Bowel cancer (National Bowel Cancer Audit Programme)	Yes	100%
Head and neck cancer (Data for Head and Neck Oncology – DAHNO)	Yes	100%
Oesophago-gastric cancer (National Oesophago-gastric Cancer Audit)	Yes	100%

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

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

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

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

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

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

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

National audits	Proposed actions
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)	To work collaboratively with Obstetrics regarding the provision of antenatal steroids. A local audit is to be undertaken to identify whether this is a deficit in records management or if local action is required.
Bowel cancer (National Bowel Cancer Audit Programme)	The report is to be discussed at the cancer multi-disciplinary team (MDT) time out in April 2013.
Head and neck cancer (Data for Head and Neck Oncology - DAHNO)	The report is to be discussed at the cancer MDT time out.
Lung cancer (National Lung Cancer Audit)	<ul style="list-style-type: none"> To resolve issues with data collection. Nurses to be trained to use the Somerset System to enter their activity. This should resolve some of the problems with data completeness. To improve rate of patients receiving palliative chemotherapy. This will be discussed at cancer MDT to explain why treatment is beneficial to patients.
Oesophago-gastric cancer (National O-G Cancer Audit)	<ul style="list-style-type: none"> To continue to audit to ensure all cases of cancer are discussed in MDT meetings. The Trust is working to expand palliative care services. The nutritional assessment tool for all OG cancer patients at initial presentation is not currently used. A meeting with the dietician has been set up to address this issue.
Paediatric intensive care (Paediatric Intensive Care Audit Network - PICANet)	All patients are led by the care team within Leeds, therefore no actions are felt appropriate.
Heavy Menstrual Bleeding	The report made recommendations to Primary Care regarding earlier referrals. Therefore no actions were felt necessary.

National audits	Proposed actions
Childhood epilepsy (Epilepsy 12 RCPH National Childhood Epilepsy Audit)	<ul style="list-style-type: none"> ● Increase capacity of clinic lead by paediatrician with special interest in Epilepsy. ● Improve tertiary neurology input. ● Regular training sessions for junior doctors and epilepsy nurses.
Coronary Artery Bypass Graft (CABG) and Valvular surgery (Adult cardiac surgery audit)	The Trust's results are in line with national figures therefore the plan is to continue to collate and analyse the data.
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	<p>The Trust has an excellent level of data completeness. No concerns have been highlighted with respect to the Trust's outcomes or treatment times.</p> <p>The action plan is to continue to collect and submit data and provide high quality Percutaneous Coronary Intervention (PCI) services.</p>
Heart failure (Heart Failure Audit)	<p>A working group is currently looking at the way heart failure services are provided in the Trust to ensure services are compliant with national guidance and audit criteria.</p> <p>There are heart failure pathway mapping sessions taking place within the Trust which are looking at gap analysis with current practice in the heart failure service. This is designed to identify any shortfalls within the service.</p>
Coronary angioplasty (National Institute for Clinical Outcome Research - NICOR Adult cardiac interventions audit)	<p>The Trust has an excellent level of data completeness. No concerns have been highlighted with respect to the Trust's outcomes.</p> <p>The action plan is to continue to collect and submit data and provide high quality PCI services.</p>
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	<ul style="list-style-type: none"> ● Further support/education to be provided to parents to increase engagement with families. ● All newly diagnosed patients should start on intensive regimen.
Diabetes (National Adult Diabetes Audit)	<ul style="list-style-type: none"> ● The National Diabetes Audit report has been discussed at the Hull and East Yorkshire Diabetes Network Board and it has been agreed that:- ● The practices that perform poorly on the 9 care processes for diabetes will be targeted for a review of why this is the case. Trust staff will be involved in this review ● The patient and staff education programmes, provided by dieticians and nurses, will be reviewed to ensure that the 4th quartile outcomes for lipid and BP control and the high prevalence of stroke in diabetes in East Yorkshire are addressed by enhanced education of practices and patients. ● There will be on-going discussions with medicines management regarding the increased use of atorvastatin rather than simvastatin now that the former is off patent and more affordable as well as efficacious

National audits	Proposed actions
Hip, knee and ankle replacements (National Joint Registry)	<ul style="list-style-type: none"> • To create a Hip Fracture Pioneer Team • To rationalise hip implants for elective patients • To propose guidelines for use of uncemented hip implants • To identify two preferred knee implants for routine use • To implement an Enhanced Recovery Programme for elective hip and knee patients in order to improve outcome and reduce length of stay • Nurse Led Clinic for elective Orthopaedic follow up has been accepted as a second wave Pioneer team
Ulcerative colitis and Crohn's disease (National Inflammatory Bowel Disease - IBD Audit)	<ul style="list-style-type: none"> • To devise a business case to remedy the shortage of Inflammatory Bowel Disease (IBD) Specialist Nurses. • To obtain dedicated pharmacy support which may help in streamlining use of drugs which will have potential cost savings. • To devise a business case to get a dietetic lead for the IBD service.
Chronic pain (National Pain Audit)	<p>The Trust is compliant with the recommendations in the report. There is a multi-disciplinary team working within the pain service already which currently provide a huge amount of information to our patients, although our complaints would suggest this is an area in need of improvement. There has recently been a redesign of the chronic pain service with significant input from GP commissioners. This work is on-going but there has already been a considerable change in the service with some work being taken up by the community rather than done within the hospital.</p>
Acute stroke (Sentinel Stroke National Audit Programme - SSNAP) organisational audit	<ul style="list-style-type: none"> • To review the current percentage and review the impact of the extended window for thrombolysis. • To appoint the clinical psychologists and establish the service • To review therapy staffing levels against patient outcomes. To review pharmacy input to the ward. • To formalise the Executive Lead for stroke as the Chief Operating Officer. • Scheduled team meetings to be reviewed and increased. Need to ensure that there is suitable representation from clinical psychology and social work. • Undertake a review of information shared with patients in outpatients and develop patient documentation • Policy to be developed to ensure all patients have named contact prior to transfer from hospital. • Review how patient and carer views sought and establish patient/carers survey service to reflect recommendation. Demonstrate how the information gained is being used to improve services. • Annual report to be produced and published on the stroke website. • Medical staff undertaking the discussion should document this in the case notes.

National audits	Proposed actions
Carotid interventions (Carotid Intervention Audit)	The Trust is currently performing well against other Trusts. Work is to be undertaken to look at improvements in timely referrals from other specialties and more timely intervention within the specialty, which may require more theatre space.
Hip fracture (National Hip Fracture Database)	<ul style="list-style-type: none"> • To develop a patient advice leaflet encouraging regular analgesia to support early mobilisation. • To Improve the air mattress ordering process • To reinforce agreements for theatre list preparation. • To pilot test Hb in theatres to assist with timely transfusions • To introduce Emergency Department Patient Status at a glance to support early interventions e.g. IV fluids. • To improve the x-ray pathway in the Emergency Department. • To pilot 'Intentional Rounding' on wards to reduce harm event e.g. pressure ulcers.
Adult critical care (Case Mix Programme)	Currently the Trust is performing within acceptable standards or better in most areas. Action on sedation pathways and scoring has demonstrated a significant reduction in length of stay. A Trust-wide project is planned regarding the deteriorating patient to improve mortality rates for patients with sepsis.
Severe trauma (Trauma and Audit Research Network)	<ul style="list-style-type: none"> • The Trust has been accredited as a major trauma centre and reviews TARN data at monthly meetings. Specific areas of review are consultant led trauma teams and the use of rehabilitation advice notes.
Adult asthma (British Thoracic Society)	<ul style="list-style-type: none"> • To improve follow up • Re-audit by January 2014
Management of Pain in Children in the Emergency Department (Royal College of Emergency Medicine)	<ul style="list-style-type: none"> • To develop a poster for use within the Emergency Department with pain scoring and the analgesia ladder for use in the paediatric area. • To redesign the Emergency Department patient record cards. The new cards will have a pain score
Management of Severe Sepsis and Septic Shock in Adults in the Emergency Department (Royal College of Emergency Medicine)	<ul style="list-style-type: none"> • To implement the Sepsis 6 as recommended by the 'surviving sepsis' campaign. Sepsis is now part of the Emergency Department's quality improvement programme.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study	Proposed actions
Cardiac Arrest Procedures	Gap analysis to be ratified at the Clinical Audit and Effectiveness Committee in May 2013
Bariatric Surgery	<ul style="list-style-type: none"> • To provide greater access to imaging facilities for morbidly obese patients in relation to the new Emergency Department, radiology screening room and MRI scanner • A discharge information leaflet to be provided to patients following bariatric surgery.

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

- To implement a texting service to encourage pregnant women with a BMI over 30Kg/m² (heavily overweight) to attend Healthy Lifestyles Clinics throughout their pregnancy
- To amend the local guidelines for the use of Oxytocin
- To amend the oxygen prescription chart in ICU/HDU

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

Participation in Clinical Research

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

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

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

Hull and East Yorkshire Hospitals NHS Trust (HEYHT) is committed to providing the best possible care to patients. The Trust recognises the value of high quality peer-review research as a fundamental tool in the successful promotion of health and well-being for the population it serves. To achieve this, the Trust has focused on research activity which addresses NHS priorities, is of national and international quality and is cost-effective. The Trust continues to demonstrate strong partnership and collaborative working with all key stakeholders. Furthermore, in the period 2012/13, the Trust has continued to strengthen current systems and processes to ensure that it can demonstrate the best standards in research governance and delivery.

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

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

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

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

The North East Yorkshire and Northern Lincolnshire Comprehensive Local Research Network (NEYNL CLRN) maintained its funding of staff participating in research across many topic and specialty areas in the Trust in 2012/13. The support infrastructure provided by the NEYNL CLRN continues to help the Trust maintain an increased volume of research activity and patient recruitment, ensuring that established studies are continuously supported throughout their life. This has helped to develop productive working relationships and has encouraged staff to actively support trial recruitment.

Goals agreed with the Commissioners

Commissioning for Quality and Innovation (CQUIN) Payment Framework

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

Use of the CQUIN payment framework

A proportion of Hull and East Yorkshire Hospitals NHS Trust income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between Hull and East Yorkshire Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

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

The following key applies to table below:

- ✗ Improvement not demonstrated
- ☑ Goal not achieved but improvements made
- ✓ Goal achieved

National / Local	Scheme	Indicator	Definition	Q4 11/12	Q4 12/13	Q4 Key
National	1	VTE Prevention	% of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool	91.34%	93.0%	✓
National	2	Patient Experience - Personal Needs	Composite indicator on responsiveness to personal needs from the adult inpatient survey	69.2	70.4%	✓
National	3a	Dementia	% of all patients aged 75 and over who have been screened following emergency admission to hospital		85.8%	✗
	3b		% of all patients aged 75 and over, who have been screened as at risk of dementia, who have had a dementia risk assessment within 72 hours of an emergency admission to hospital		97.1%	✓
	3c		% of all patients aged 75 and over, identified as at risk of having dementia who are referred for specialist diagnosis		95.4%	✓
National	4	Safety Thermometer	Percentage of months in the quarter for which complete data was submitted		100%	✓

National / Local	Scheme	Indicator	Definition	Q4 11/12	Q4 12/13	Q4 Key
Local	3a	End of Life Care	Number of people on the Liverpool Care Pathway	30.9%	77.2%	✓
	3b		Number of people with a recorded preferred priority of care	11.4%	68.9%	✓
Local	7	Pneumonia Care Bundle	% of people admitted with pneumonia as the primary diagnosis who have completed care bundle on admission		43.3%	✓
Local	7a	Patient Experience	Dignity - Index-based score reflecting positive responses to the 4 questions within the composite indicator	8.8	7.6	✓
	7b		Understanding - Index-based score reflecting positive responses to the 4 questions within the composite indicator	7.7	9.2	✓
Local	10	Criteria Led Discharge	% of patients discharged using criteria led discharge - Elective Chemotherapy	87%	85.2%	✓
			% of patients discharged using criteria led discharge - Elective Hip & Knee Replacement	71%	70.6%	✓
			% of patients discharged using criteria led discharge – Enhanced Recovery After Surgery (ERAS) - Major Colorectal Surgery	0%	69%	✓
			% of patients discharged using criteria led discharge - Elective Cardiology Procedures	86%	97.1%	✓
			% of patients discharged using criteria led discharge - Coronary Artery Bypass Graft	26%	44.7%	✓
SCG	8	Cardiac	% patients seen within 7 days		89.7%	✓
SCG	9	Cancer	% episodes of radiotherapy care delivered using IMRT		16.1%	✓
SCG	10a	Renal	% patients stating a preferred dialysis modality prior to starting dialysis		100%	✓
SCG	11a	Neonatal ICU	no. of blood stream infections per 1000 days of central line care		6.8	✓
SCG	15b	Renal	100% of patients referred to transplant service (or decision not to refer) for transplant / live donor within 180 days of commencing dialysis	100%	90%	✗

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

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

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

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

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

Care Quality Commission (CQC)

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

The Care Quality Commission has not taken enforcement action against Hull and East Yorkshire Hospitals NHS Trust during 2012/13. However, improvement actions were required against Outcome 4 – Care & Welfare and Outcome 21 – Records, during the year.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Data Quality

Data Quality

Hull and East Yorkshire Hospitals NHS Trust submitted records during 2012/13 to the Secondary Users service for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in the published data:

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

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

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

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

Information Governance Toolkit

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

Clinical Coding Error Rate

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

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

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

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

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

Recommendation 1	Priority	Progress update
<p>Improve refresher training at the Trust for coders covering the areas of error identified in this audit including:</p> <ul style="list-style-type: none"> • data extraction and sequencing; • coding to national standards; • Coding of mandatory and other related co morbidities 	High	All coding errors have been discussed with relevant coder plus included in internal coding training plan to all coding staff. All staff to be reminded of coding standards and dialogue on new coding rules / standards that have been introduced that year will be undertaken. Reminders of mandatory codes and comorbidities will also be undertaken at each training session
Recommendation 2	Priority	Progress update
<p>Improve the internal audit programme to ensure coders are following rules correctly, particularly for data extraction and indexing</p>	High	All coding audits will now include a section on coding rules and indexing as well as data extraction. Any audit that shows to the coding manager a level of concern will receive extra training by the coding trainer

Data Quality Assurance

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

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

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

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

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

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

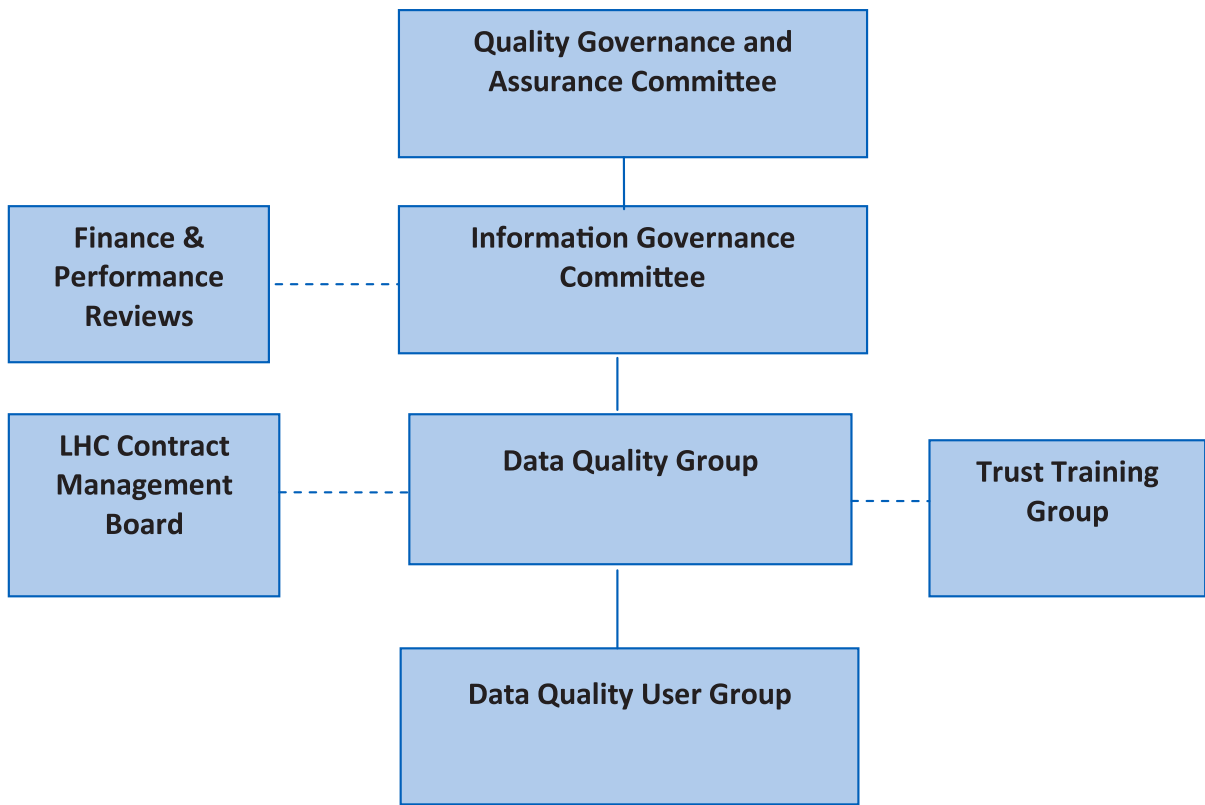
Where data quality issues have been identified in the above assessments, a data quality improvement plan has been put in place to address these.

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

The Trust has a dedicated Data Quality Team who:

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

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



NHS Outcomes Framework

What is the NHS Outcomes Framework?

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

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

The Hull and East Yorkshire Hospitals NHS Trust considers that this data is as described for the following reasons:

- Performance information is consistently gathered and data quality assurance checks made as described in the previous section

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 1: Preventing people from dying prematurely	The value and banding of the Summary Hospital-Level Mortality Indicator (SHMI) for the Trust	15.1	18.2	13.9	28.6	18.2
	The percentage of patients deaths with palliative care (contextual indicator) coded at either diagnosis or specialty level for the Trust	14.6	20.0	15.1	5.9	14.6

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

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

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

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

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

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

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

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

NHS Outcome Framework Domain	Quality Indicator	2011-12	2012-13	National Average	Other Trusts – Highest	Other Trusts – Lowest
Domain 4: Ensuring that people have a positive experience of care	<p>Responsiveness to inpatients' personal needs. The Trust receives an average score based on the results from the following 5 questions in the CQC inpatient survey:</p> <ul style="list-style-type: none"> • Q32 - Were you involved as much as you wanted to be in decisions about your care and treatment? • Q34 - Did you find someone on the hospital staff to talk about your worries and fears? • Q36 - Were you given enough privacy when discussing your condition or treatment? • Q58 - Did a member of staff tell you about medication side effects to watch for when you went home? • Q62 - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? 	69.2	70.4	68.1	85.6	56.6

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Patient Safety Incidents

Patient safety is identified as the organisation’s number one priority and aim to provide care that is safe, effective and high quality for all patients and service users. One of our priorities is ‘To Reduce all Avoidable Harm’ with the aim of 95% of patients receiving harm free care, it is our duty to protect patients from all avoidable harm and to actively learn lessons from patient safety incidents, serious untoward incidents (SUIs) and never events. Learning lessons allows us as an organisation to understand the causes of the incidents and to take the appropriate action to avoid reoccurrence.

To be able to learn lessons from patient safety incidents we need to ensure the organisation has a strong incident reporting culture (i.e. a high level of incident reporting), which is a sign of a good patient safety culture.

Figure 1 is taken from the latest National Patient Safety Agency National Reporting and Learning Service data report published March 2013 and shows that Hull and East Yorkshire Hospitals NHS Trust is in the top 50% of reporters for the cluster. The Trust is slightly above national average, reporting 6.9 incidents per 100 admissions compared to an average of 6.8 incidents per 100 admissions for other Trusts.

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

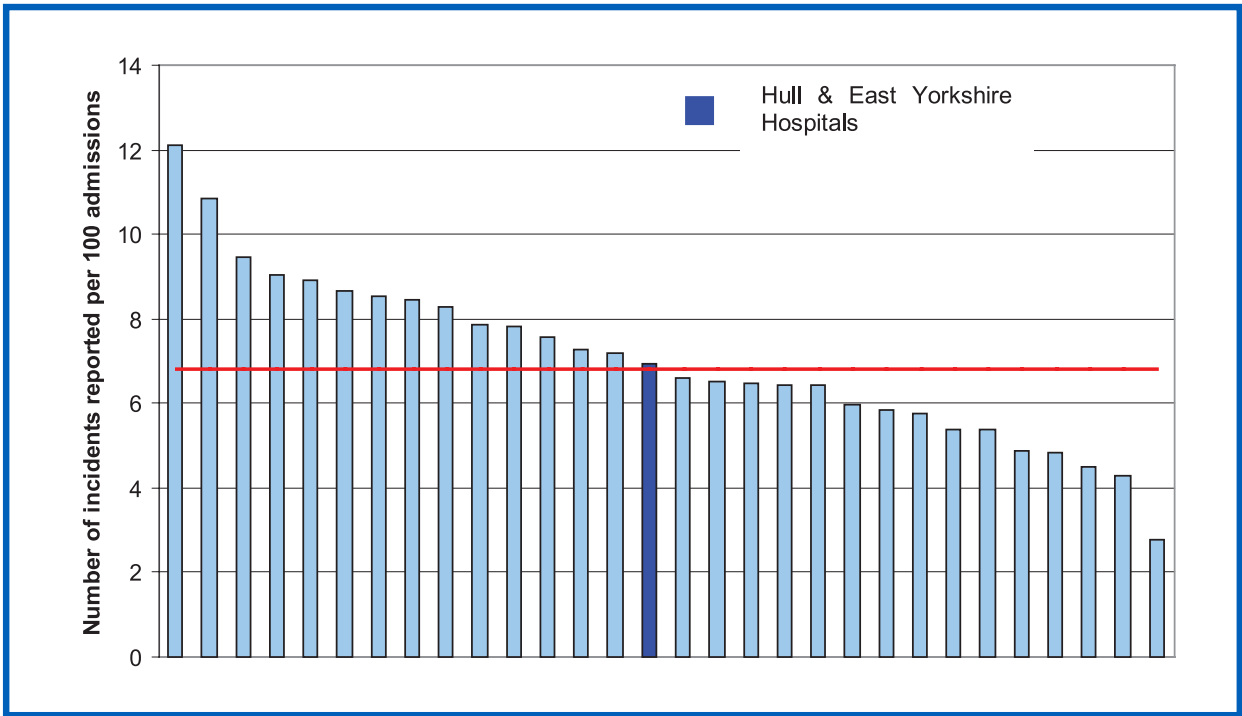
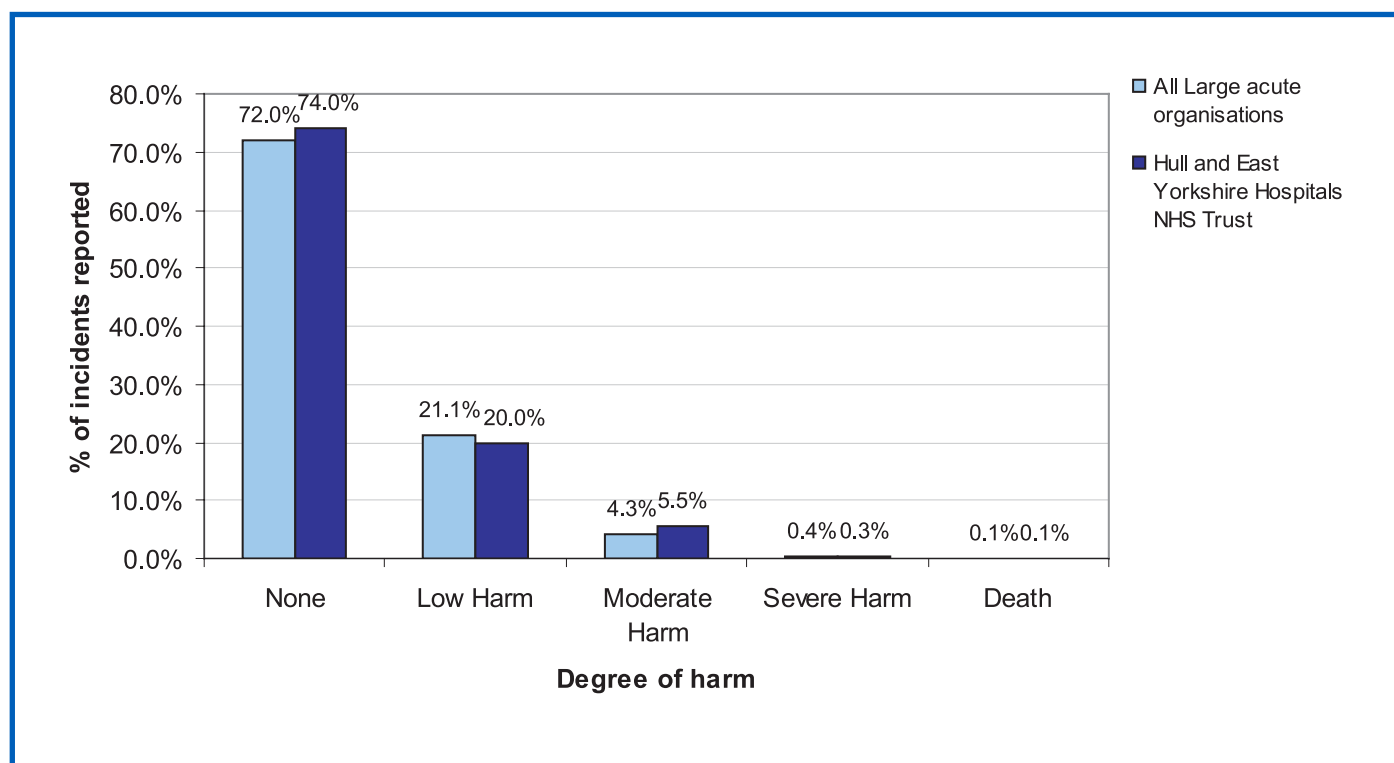


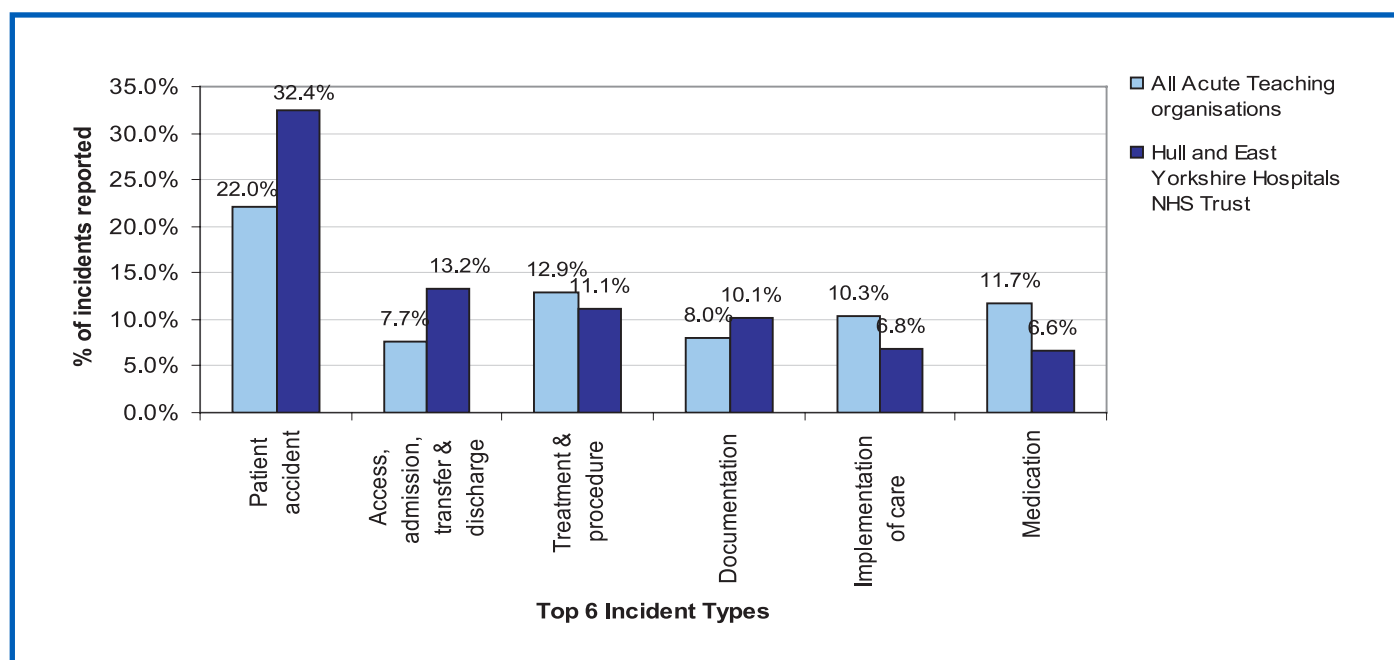
Figure 2 shows the incidents reported by degree of harm comparing Trust performance with that Acute Teaching Hospitals. The Trust has a higher number of incidents where no harm was caused and a fewer number of incidents where there was low harm caused. The external assurance report in Part 5 ‘Independent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

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



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

Figure 3: Top six patient safety incidents reported by %



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

Serious Untoward Incidents (SUI) and Never Events

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

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

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

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

Top five SUI and Never Events declared during 2012/13

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

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

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

Key Indicators and National Targets

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

		2011/2012	Target	2012/2013	Target
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspected cancers		94.8%	≥93%	94.0% *	≥93%
Maximum waiting time of 31 days from diagnosis to treatment for all cancers		98.5%	≥96%	97.7% *	≥96%
Maximum waiting time of 31 days for subsequent treatments for cancer	Surgery	97.7%	≥94%	97.0% *	≥94%
	Drugs	99.6%	≥98%	99.4% *	≥98%
	Radiotherapy			97.9% *	≥94%
Cancer – Breast Symptomatic		95.8%	≥93%	94.4% *	≥93%
Maximum waiting time of 62 days from referral to treatment for all cancers	All Cancers	89.3%	≥85%	86.4% *	≥85%
	Screening Referral	90.1%	≥90%	91.3% *	≥90%
18 weeks admitted pathways		93.8%	≥90%	92.4%	≥90%
18 weeks non-admitted pathways		97.5%	≥95%	96.4%	≥95%
18 weeks incomplete pathways		94.5%	≥92%	93.8%	≥92%
A&E Operational Standard		98.1%	≥95%	96.7%	≥95%
A&E Patient Impact		1 out of 2	1 out of 2	1 out of 2	1 out of 2
A&E Timeliness		1 out of 3	1 out of 3	1 out of 3	1 out of 3
Methicillin-sensitive Staphylococcus Aureus (MSSA) Bacteraemia		43	≤110	33	Monitoring only
Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteraemia		8	≤9	6	≤7
Clostridium Difficile		105	≤60	58	≤60
Cancelled Procedures (% of activity)		0.7%	≤0.8%	0.95% **	≤0.8%
Stroke – 90% of time on a stroke ward (acute pathway)		81%	≥80%	82.8%	≥80%
Stroke – 90% of time on a stroke ward (combined pathway)		81%	≥80%	83.0%	≥80%
Transient Ischemic Attack (TIA) – high risk patients having a brain scan within 24 hours		93%	≥60%	91.0%	≥60%
TIA – low/moderate patients having a brain scan within 7 days		100%	≥95%	96.8%	≥95%
Immediate Discharge Letters (Timeliness)		100%	≥98%	93.0%	≥98%
Immediate Discharge Letters (Quality)		96%	≥90%	89.0%	≥90%
Venous Thromboembolism		91%	≥90%	91.95%	≥90%
Appointment Slot Issues		0.2	≤0.1	0.27	≤0.1
Diagnostic 6 week breaches		0.14%	≤1.0%	0.41%	≤1.0%

* Cancer data is reported 2 months behind - YTD at February 2013 shown.

** Quarter 4 cancelled operations data is unvalidated

What achievements have we made?

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

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

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

Part 4

Achievements against our Quality and Safety Priorities during 2012/13

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

- Patient Safety
- Clinical Effectiveness
- Experience

To reduce all avoidable deaths

Goal

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

Since 2011 we have achieved a ~~47~~4% reduction in cardiac arrests

Mortality Review / Failure to Rescue

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

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

*YTD –latest data available is February 2013

Deteriorating Patient

Performance against the deteriorating patient planned target outcomes

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

Infection, Prevention and Control

Performance against the infection, prevention and control planned target outcomes

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

Summary of Achievements

- We have seen a year on year reduction in our mortality rates
- Sustained compliance with the vital signs observations
- Improvement work commenced on 5 wards, specifically looking at identifying deterioration and escalation. This work has already achieved a reduction in cardiac arrests on 1 of those wards
- Multi-professional safety briefings developed and implemented to take place every morning
- Implementation and roll out of the new National Early Warning Scores (NEWS) charts
- During 2012 the longest spell between cardiac arrests was 90 days
- The number of patients with completed observations on time and in full has risen from 13.7% to 97%
- The number of patients with completed and correct early warning score has risen from 8.7% to 100%, this percentage has been maintained since January 2013
- Launch of a 'keep if fluid balance' campaign aimed to improve the completion of the fluid balance charts and reduce risks to patients
- Launch of a 'make malnutrition history' campaign aimed to meet patients nutritional needs through staff education and improve completion of the nutrition charts

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



**Ward Quality
and Safety Board**

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

To reduce all avoidable harm

Goal

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

Pressure Ulcer Prevention

Performance against the pressure ulcer prevention planned target outcomes

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

Venous Thromboembolism (VTE)

Performance against the VTE planned target outcomes

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

Falls

Performance against the falls planned target outcomes

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

Summary of Achievements

- The Trust has adopted a zero tolerance approach to all hospital-acquired avoidable pressure ulcers and has implemented the Sskin care bundle
- Continuous reduction in the number of avoidable grade 3 and 4 pressure ulcers
- The Trust now undertakes a root cause analysis on all grade 3 and grade 4 pressure ulcers with the identification and dissemination of lessons learnt to improve patient safety and the quality of care
- Improvement work has been undertaken on wards 9 and 90 (trauma) at Hull Royal Infirmary to introduce intentional rounding
- Training provided for all link tissue viability nurses on all wards to raise awareness of pressure ulcers and the use of the Sskin care bundle
- Many wards have experienced a reduction in the number of inpatient falls
- A Trust-wide protocol has been developed in order to ensure a consistent approach following an inpatient fall
- Comprehensive guidelines have been written in order to provide staff with support and information required to follow the protocol and continue to deal with an inpatient fall effectively and efficiently
- The Trust continues to achieve above 90% of all patients admitted to hospital to undergo a VTE risk assessment
- Implementation of the safety thermometer to be used as a point of care survey instrument and provides a ‘temperature check’ on harm. It also allows wards to measure harm and the proportion of patients who receive ‘harm free’ care

- Improvement work has been undertaken in AAU to improve the reliability of the process for undertaking VTE risk assessments. This work has included raising awareness with all medical staff and the introduction of a safety briefing element to the handover process
- Improvement work has been undertaken on wards 6 and 60 (acute surgery) at Hull Royal Infirmary regarding missed medication doses. This work has involved conducting a baseline assessment of the total of missed doses on a ward each day
- Reduction in the number of missed doses of medication on the wards

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

Patient Safety Walk Arounds

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

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

The aim of the Walk Arounds is to:

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



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

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

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

The Walk Arounds have also given the Directors the opportunity to see first-hand many areas of good practice and new initiatives in action. This has included safety briefings, infection prevention, team talks, dedicated therapy support services to wards, ward quality boards, and the Cayder boards. The Cayder Board is an electronic ward information board which enables us to ensure that the right patient is in the right bed at the right time. The use of the Cayder Boards will help us reduce the amount of time patients spend in hospital and in turn will help save lives.

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

Right Patient, Right Place, Right Time

Goal

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

Planned Admission to Discharge from Hospital

Performance against the planned admission to discharge planned target outcomes

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

Patient Pathways / Inpatient Transfers

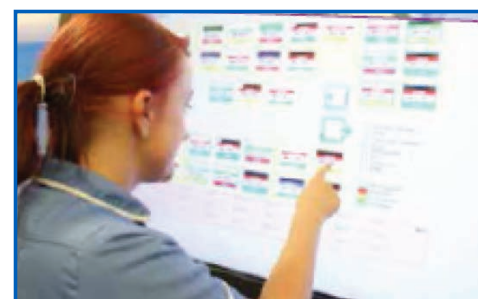
Performance against the patient pathways / inpatient transfers planned target outcomes

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

Summary of Achievements

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

Cayder Board



- Launched an electronic Discharge Communication System which enables electronic referrals to our colleagues in Social Services and improved communication
- Achieved a 70% increase in referrals into the Cancer Survivorship Service

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

Best Clinical Outcomes

Goal

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

Since 2011 we have seen an 18% reduction in average length of stay

Stroke

Performance against the stroke planned target outcomes

How / Aims	2011/2012	Target 12/13	2012/2013	Achieved
Implementation of the Stroke 90:10 care bundle with continued 90% compliance by 2016	90.9%	90.0%	80.4%	✗
To be in the upper quartile of the National Sentinel Stroke Audit	Upper Quartile	Upper Quartile	Upper Quartile	✓

Best Practice Care Bundles

Performance against the best practice care bundles planned target outcomes

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

Summary of Achievements

- Continuous reduction in Heart Failure readmission rates
- Continuous reduction in Myocardial Infarction HSMR
- Continuous reduction in Colorectal HSMR, length of stay and readmission rates

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

Patient and Staff Engagement

Goal

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

Patient Engagement and Patient Experience

Performance against the patient engagement and patient experience planned target outcomes

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

Staff Engagement

Performance against the staff engagement planned target outcomes

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

Summary of Achievements

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



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

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

Friends and Family Test (FFT)

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

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

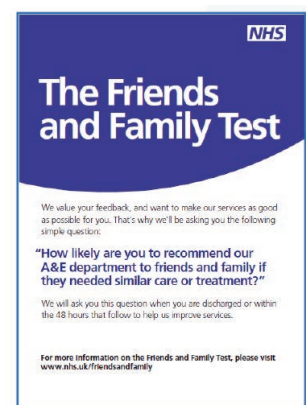
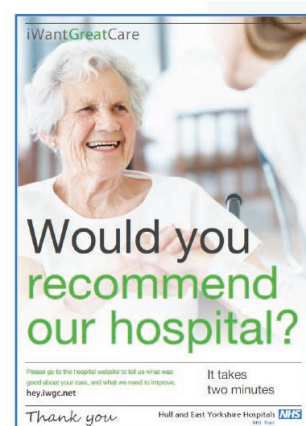
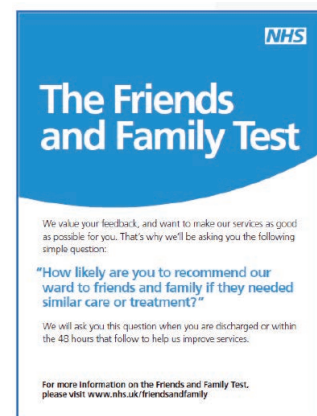
'How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?'

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

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

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

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



Part 5

Engagement – Keeping Everyone Informed

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

Engagement

Quality and Safety Communication Plan

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

Staff and Public Members

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

The consultation exercises included:

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

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

Stakeholder Event

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

Overview and Scrutiny Committees

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

Statements from Key Stakeholders

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

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

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

The commissioners were asked to:

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

The Local Health Watch and the Overview and Scrutiny Committees were asked to consider:

- Whether the Quality Account is representative
- Whether it gives a comprehensive coverage of the provider's services
- Whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts

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

NHS Hull Clinical Commissioning Group

NHS Hull Clinical Commissioning Group welcomes the opportunity to review and comment on the Hull and East Yorkshire Hospitals Trust Annual Quality Accounts 2012-13.

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

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

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

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

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

Finally, we note that the draft report is still missing some updated year end data for areas such as local Clinical Audit and work stream actions. Notwithstanding this, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Hull and East Yorkshire Hospitals Trust and that the data and information contained in the report is accurate.

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

NHS East Riding of Yorkshire Clinical Commissioning Group

East Riding of Yorkshire Clinical Commissioning Group is pleased to be given the opportunity to review and feedback on Hull and East Yorkshire NHS Trusts' Quality Accounts for 2012/13. Overall feedback is that the report is well presented and provides a balanced view in terms of achievements and areas where further effort is required to improve patient experience and outcomes. The report represents a genuine desire for a culture change in terms of becoming a more listening organisation. Although the staff survey results are disappointing it is apparent that the trust is taking action to address any issues.

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

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

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

We note that the report is based on data up to and including the end of Quarter Three 2012/13. Taking that into account, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Hull and East Yorkshire NHS Trust and that the data and information contained in the report is accurate.

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

Healthwatch Kingston upon Hull

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

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

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

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

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

Healthwatch East Riding of Yorkshire

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

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

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

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

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

Hull City Council Overview and Scrutiny Committee

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

East Riding of Yorkshire Overview and Scrutiny Committee

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

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

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

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

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

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

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

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

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

Trust Response to the Statements

The Trust would like to thank all stakeholders for their comments on the 2012/13 Quality Accounts. We are pleased that the statements from our stakeholders demonstrate the collaborative commitment we share in improving the quality of services we provide and the outcomes for our patients and that all stakeholders are in agreement that our quality and safety priorities for 2013/14 are the right ones.

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

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

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

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

<p>As Commissioners, we are keen to see the work that will be undertaken relating to for example, the Nursing 6 C's strategy and the second Francis Enquiry report recommendations.</p>	<p>The Trust continues to review the Francis Enquiry Report and has now reviewed all recommendations. Whilst each will be considered and actioned where appropriate, 11 key recommendations have been identified as a high priority for the Trust. There is a steering group led by the Chief Executive with a number of workstreams and initiatives reporting into this group. The work will be themed around different areas including nursing, openness and transparency, governance and putting patients first.</p> <p>The Trust launched 'Compassion in Practice', which is a three year strategy. Significant work is being undertaken across the organisation to demonstrate how the 6 C's are evident in practice on all wards. There are also plans to roll out a cultural barometer to assess the working environment on our wards, to develop a series of metrics to measure compassionate care and to introduce a national scheme to recognise excellence in implementing the 6 C's.</p>
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East Riding of Yorkshire Clinical Commissioning Group	
<p>Although the staff survey results are disappointing it is apparent that the trust is taking action to address any issues</p>	<p>Please see the response to the NHS Hull Clinical Commissioning Group to both of these comments.</p>
<p>The reduction in MRSA bacteraemia and C Difficile during 2012/13 is a positive achievement, although we would prefer that the Trust was aiming for zero MRSA for 2013/14 in line with the national target</p>	

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

Healthwatch East Riding of Yorkshire	
<p>Data in the accounts covering the goal of 'Right Patient, Right Care, Right Time' and failures to achieve targets under 'planned admission to discharge from hospital' and 'patient pathways/ inpatient transfers', reflect concerns raised by the former East Riding LINK and work done by our neighbouring Hull LINK and we look forward to working to improve systems to collect patient experience over the next 12 months to inform the Trust's work in this area</p>	<p>The Trust is disappointed that it has failed to meet the standards it set itself. A new project called "Predict" has started, led by the Medical Healthcare Group and supported by the Chief Nurse.</p>

The Quality Account is a lengthy document and we suggest production of an 'easy read' summary document designed to get key messages across to the general public	Please see the response to the Healthwatch Kingston upon Hull to this comment.
Although the structure is in part determined by Department of Health guidance , we would suggest that it would be more helpful in reading the Accounts if Part 4 - looking back at achievements over 2012/13, could have preceded Part 2 - plans and priorities for 2013/14, to show how past progress has influenced future priorities	The Department of Health guidance states the order of the Quality Accounts must be looking forward (part 2), mandated statements (part 3) and then looking back (part 4). Therefore, we are unable to take this suggestion forward.

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

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

Statement of Directors' Responsibility

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

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

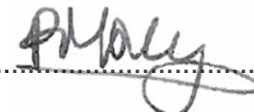
- the Quality Accounts presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance

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

By order of the Board

NB: sign and date in any colour ink except black

25.06.2013.....Chair

25.06.2013.....Chief Executive

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

We are required by the Audit Commission to perform an independent assurance engagement in respect of Hull and East Yorkshire Hospitals NHS Trust's Quality Account for the year ended 31 March 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendments Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("The Regulations").

Scope and subject matter

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

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

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

Respective responsibilities of Directors and auditors

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

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

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not considered in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2012/13 issued by the Audit Commission on 25 March 2013 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all materials respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the

Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

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

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

This report, including the conclusion, is made solely to the Board of Directors of Hull and East Yorkshire Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by Commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Hull and East Yorkshire Hospitals NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the contents of the Quality Account to the requirements of the Regulations; and
- reading the documents

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

Limitations

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

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

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

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

KPMG LLP

KPMG LLP
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Neville Street
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26 June 2013

Part 6

Appendices

Abbreviations and Definitions

Abbreviation	Definition
A&E	Accident and Emergency Department
AAU	Acute Assessment Unit
Avoidable Deaths	Deaths that could have been avoided given a different course of action
Avoidable Harm	Harm of patients that could have been avoided given a different course of action
Care Bundles	Care bundles help us to deliver safe and reliable care. They are research based actions for delivering care to certain patients. They are designed to ensure we deliver safe and reliable care to our patients at a certain point in their care e.g. on discharging, prescribing antibiotics, and preventing certain infections
Care Pathways	This is an anticipated care plan that a patient will follow, in an anticipated time frame and is agreed by a multi-discipline team (i.e. a team made up of individuals responsible for different aspects of a patient's care)
Cayder Boards	Is an electronic ward information board which enables us to ensure that the right patient is in the right bed at the right time. The use of the Cayder Boards will help us reduce the amount of time patients spend in hospital and in turn will help save lives
CHH	Castle Hill Hospital
Clinical Audit	This is a quality improvement process that looks at improving patient care and outcomes through a review of care against a set of criteria. This helps to ensure that what should be done in a Trust is being done
Clinical Governance	This is an approach to maintaining and improving the quality of patient care
Clinical Outcomes	A clinical outcome is the "change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions
Clinical Research	Clinical research is a branch of medical science that determines the safety and effectiveness of medication, diagnostics products, devises and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease
COPD	Chronic obstructive pulmonary disease - is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the COPD diagnosis. COPD is not simply a "smoker's cough" but an under-diagnosed, life-threatening lung disease
CQC	Care Quality Commission – the organisation that regulates and monitors the Trust's standards of quality and safety
CQUIN	Commissioning for Quality & Innovation – a payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative
Deteriorating Patient	A patient whose observations indicate that their condition is getting worse
e-Learning Package	Training programme that individuals or groups can complete online
ED	Emergency Department
Engagement	This is the use of all resources available to us to work with staff, patients and visitors to gain knowledge and understanding to help develop patient pathways and raise staff morale. It also means involving all key stakeholders in every step of the process to help us provide high quality care.
Harm Free Care	Harm free care is aimed at ensuring that no patient is unnecessary harm as a result of the care they receive whilst being a patient of ours.

Health Groups	Health Groups are the areas of the Trust delivering care to our patients. There are four Health Groups; Medicine, Family and Women's Health, Clinical Support and Surgery. These four Health Groups are headed by a Consultant (Medical Directors) who is the accountable officer. They are supported in their role by a Director of Nursing and an Operations Director
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
Hospital Episode Statistics	Is a data warehouse containing details of all admissions into NHS hospitals in England
HRI	Hull Royal Infirmary Hospital
HSMR	Hospital Standardised Mortality Ratio – is an indicator of whether death rates are higher or lower than would be expected
IDL	Immediate Discharge Letters – these are letters that summaries a patient's hospital stay
Intentional Rounding	Intentional rounding is a process that involves carrying out regular checks with individual patients at set intervals. This approach helps nurses to focus on clear, measurable aims and expected outcomes and can reduce adverse events, improve patients' experience of care and provide much needed comfort and reassurance
MDT	Multi-disciplinary team – the team consists of members of staff from different professional groups, for example, doctors, nurses, physiotherapists and pharmacists
Medication Errors	An incorrect or wrongful administration of a medication, such as a mistake in the dosage of medication
National Patient Safety Agency Alerts	Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develops advice for the NHS that can help to ensure the safety of patients. Advice is issued to the NHS as and when issues arise, via the Central Alerting System in England and directly to NHS organisations in Wales. Alerts cover a wide range of topics, from vaccines to patient identification. Types of alerts include Rapid Response Reports, Patient Safety Alerts, and Safer Practice Notices
Never Event	A Never Event is a type of SUI. These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to make sure that the care they provide is of the best possible quality and offers the best value for money
NIHR	National Institute for Health Research – this organisation commissions and funds research in the NHS and in social care
NHS	National Health Service
NHS Outcomes Framework	This framework has been developed to provide national level accountability for the outcomes that the NHS delivers. Its purpose is threefold: to provide a national level overview of how well the NHS is performing, wherever possible in an international context; to provide an accountability mechanism between the Secretary of State for Health and the NHS Commissioning Board; and to act as a catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a renewed focus on tackling inequalities in outcomes.
NPSA	National Patient Safety Agency – this is an arms length body of the Department of Health that leads on improving patient safety and care

PALS	Patient Advice and Liaison service – where patients, carers and or relative are able to raise concerns regarding care and treatment and other services provided by the Trust
Patient Safety Pledge	The Pledge made by the Trust to reduce all avoidable deaths and avoidable harm
Patient Panel	Is a group of local people who volunteer their time and skills and work in partnership with the Trust to provide a patient's perspective on Trust services and developments
Pressure Ulcer	Open wounds that form when prolonged pressure is applied to the skin. Patients who spend prolonged periods of time in a bed are prone to such ulcers. A pressure ulcer can be avoided if the appropriate preventative actions are taken.
Re-admissions	There are two types of readmission. The first is following planned treatment or care and the second is following emergency treatment or care. When a patient is discharged after completing their treatment or care, the Trust would not expect them to be readmitted unless it was for a different condition.
Safety Thermometer	The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that you can measure and monitor local improvement and harm free care over time
SBAR	Situation Background Assessment Recommendation – a communication technique for all patients to identify any actions to taken to minimise or prevent further deterioration in patients and to escalate any concerns between team members/ healthcare professionals and to ensure effective handover of information between staff
Secondary Users Service	The Secondary Users Service Programme supports the NHS and its partners by providing a single source of comprehensive data on planning, commissioning, management, research, audit, public health and payment by results
Sepsis	Is a medical condition that is characterised by a whole body inflammatory state and the presence of a known infection
SHMI	Standardised Hospital Mortality Indicator - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
Serious Untoward Incident (SUI)	A SUI is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death on hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.
Sskin Care Bundle	The SSKIN bundle must be applied/used in conjunction with the Pressure Ulcer Prevention and/or Pressure Ulcer Treatment Care Plan for every patient who is assessed as at risk from pressure ulceration or has existing damage.
TIA	Transient Ischemic Attack – an interruption of the blood supply to the part of the brain that causes a temporary impairment of vision, speech or movement
Trust Board	The Trust's Board of Directors, made up of Executive and Non-Executive Directors
Urgent Care	Urgent care is the treatment of patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department
Vital Signs	Vital signs are measures of various physiological statistics and are an essential part of care. Vital signs are normally the recording of body temperature, pulse rate (or heart rate), blood pressure, and respiratory rate
VTE	Venous Thromboembolism – a blood clot within a vein
Workstream	A project which has been organised to complete a number of actions or implement processes and systems in practice to help achieve our main priorities

We need your views

Trust Membership

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

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

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

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

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

Feedback

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

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

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

Thank you for your time

Hull and East Yorkshire Hospitals NHS Trust

Quality Accounts – Feedback Form

What best describes you? (Please circle or delete one of the following options)

Patient	Member	Stakeholder	Staff	Public
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How would you rate the current safety, effectiveness and experience priorities? (1 to 5 - 1 being most important and 5 being least important)

Safety:

Mortality Review	
Deteriorating Patient	
Infection, Prevention and Control	
Medication Errors	
Pressure Ulcer Prevention	
Venous Thromboembolism (VTE)	
Falls	
Pneumonia	
Dementia	
Perioperative	

Effectiveness:

Planned Admission to Discharge	
Patient Pathways / Inpatient Transfers	

Experience:

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

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How useful did you find the contents? (Please circle or delete one of the following options)

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

Too simplistic	About right (user friendly)	Too complicated
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What did you like about the Quality Accounts?

What did you not like about the Quality Accounts?

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

Do you have any suggestions for future improvements?

Additional Comments

Contact us
Hull and East Yorkshire Hospitals NHS Trust



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