



Annual Report 2013/2014

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Our Annual Report sets out our achievements over the year and how we have performed against our objectives. The report includes our Quality Accounts, our performance against national targets and delivery of our financial plan. The report is set out under our 7 strategic objectives.

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INTRODUCTION

CHAIRMAN'S FOREWORD

I am pleased to introduce this Annual Report as Acting Chairman of Hull and East Yorkshire Hospitals NHS Trust. I took up this post in April 2014 having served as Non-Executive Director since May 2009. This Annual Report provides an opportunity to reflect on our achievements as well as the challenges that we have faced.



The Trust achieved its targets for seeing cancer patients within 2 weeks of referral from their General Practitioner, treating cancer patients within 31 days and meeting two of the three national targets for waiting times (18 weeks). However, we saw our performance against some targets slip during the year compared to the previous year. Like many Trusts across the country we have seen an increasing number of patients attend our Emergency Department. Compared to 5 years ago we now see 6000 more patients each year with dramatic increases in the number of both major injuries and from attendances of the frail elderly. The major capital development of the Emergency Department will double the size of our treatment area and will be completed by the end of this year. In addition we are developing innovative ways to find more appropriate pathways of care to avoid unnecessary admissions to hospital while providing a timely, effective and caring service. Above all we recognise the need to adopt an overall health care system approach and we will work very closely with our partners to achieve this end.

We have also seen some significant increases in referrals for inpatient care during this last year. We have reviewed critically all our 18 week pathways so that we can be sure that we have sufficient capacity in the future to be able to treat our patients within this timescale. We now have plans in place for each specialty which sets out the trajectory for compliance during 2014/15. We are committed to providing the best possible care to the communities that we serve.

I am pleased to report that by the end of the financial year 2013/14 we had achieved our statutory financial duties and had a surplus of £5.9m. The Trust achieved significant savings of £21.9m as part of its cost improvement programme which enables us to invest in our services. We continue to have to make the Trust more efficient and to spend our resources effectively given the pressures on public funding. Certainly with the increasing demands on our services the achievement of our financial targets over the coming year will be a challenge indeed.

We have continued to see a marked improvement in our mortality indicators in the last two years undoubtedly due to reviews of treatment outcomes and from the introduction of a number of care bundles as well as the effect of ensuring good observational care for very ill patients.

As well as meeting the government targets we also know that providing care that is kind and compassionate is critically important. At the beginning of the year the Friends and Family Test was introduced across the NHS. Our results throughout the year have been excellent with 66,957 patients telling us that they would be extremely likely to recommend our hospitals if someone close to them needed similar care or treatment. However, we also know that there is room for improvement and the results of the national patient survey identified the need for more nurses as well as issues relating to privacy and dignity. We are already addressing these and the Board has approved additional investment in nurse staffing. The upgrading of the Emergency Department will also enable us to address the privacy and dignity concerns identified by our patients.

In February 2014 the Chief Inspector of Hospitals assessment of the Trust took place. The Trust received a 'Good' rating for effective care and a 'Good' rating for caring services but an overall rating of 'Requires Improvement'. The excellent End of Life Care Services provided by the Palliative care team were recognised as well as the introduction of Pioneer Teams and Link Listeners which you can read more about in this Annual Report. We recognise that we need to make changes to the way that emergency patients access

our services and we are committed to increase the numbers of both doctors and nursing staff in the coming year. Our action plan to address the shortcomings highlighted in the Care Quality Commission report will be a key focus of work during 2014/15.

Strengthening our Board and improving the effectiveness of our governance arrangements will be fundamental to our success in the future. Mr R Deri stepped down as Chairman at the end of the financial year and we are in the process of recruiting a new Chairman. At the time of writing this report we are delighted to have announced the appointment of Chris Long as our new Chief Executive who will start in September this year. I would also like to thank Mr John Saxby for leading the Trust through a challenging time whilst we wait for our new Chief Executive to join us.

Whilst the Trust has faced many challenges over the past year, we can also mark significant achievements. We agreed major investment to replace our Patient Management System. The new e-system will revolutionise the way that we deliver care and will provide clinicians and front line staff with clinical information at their fingertips to aid decision making about care and treatment for each patient. We started our £8m programme to refurbish the external façade of the tower block at the Hull Royal Infirmary which has improved the conditions for patients and staff in our wards in that building. Our research and development activities have gone from strength to strength and you can read about this on page 24. May 2014 saw the opening of the PET/CT scanning facility at Castle Hill Hospital. This will provide improved facilities for both patients and staff, replacing the service that was previously delivered from a mobile unit. The capital costs of this development were met by the Daisy Medical Research Charity and will support the charity's research strategy.

I would like to take this opportunity to thank our volunteers who do wonderful work across a whole range of activities; from escorting patients who are having difficulty finding their way around the hospital to providing a very welcome trolley service to the wards. We also have many lay people who also give their time freely to be part of patient groups which help to change the way we provide services based on their experience and knowledge.

Finally, I particularly want to acknowledge our staff who are very committed and loyal to the Trust and who work with tremendous drive and commitment. The feedback from the Care Quality Commission that some of our staff had felt that there was a culture of bullying within parts of the Trust was of great concern and is totally unacceptable. The Trust is taking steps to understand fully the reasons behind this concern and is addressing this as a matter of urgency.

I know we still have some way to go but the foundation is there to make our Trust one to be proud of in our region.

Dr Keith Hopkins
Acting Chairman

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 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

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

OUR VISION

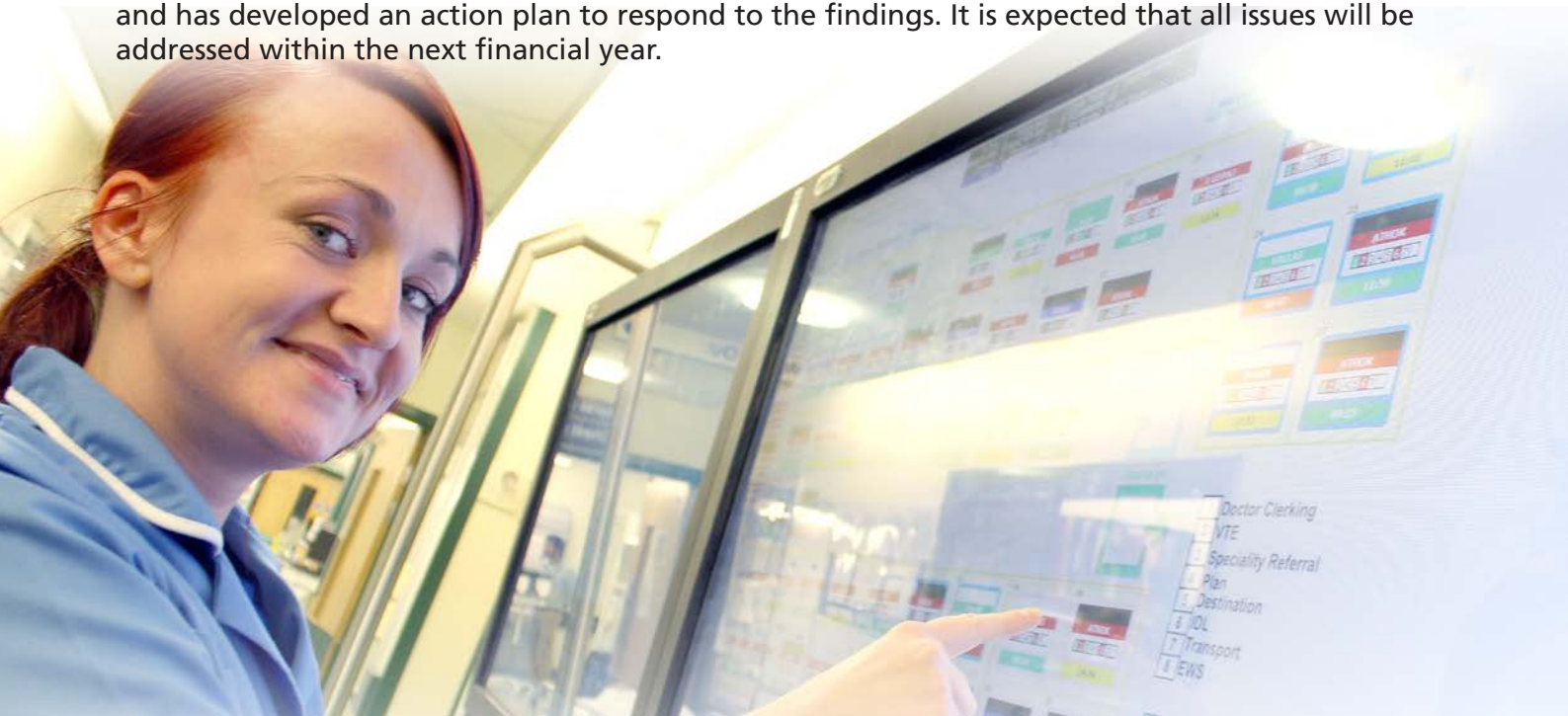
'Great Staff, Great Care, Great Future'

Throughout this report you can read about how we are delivering our vision. We have developed a 5 year strategy supported by a 2 year Operating Plan which we submitted to the Trust Development Authority in March 2014. Our Clinical Services Strategy is our overarching strategy which we began to refresh in 2013/14 and will be formally presented to the Trust Board in 2014 for ratification. It sets out what quality improvements we aim to achieve to ensure that our services are safe, caring and effective. It also sets out our service development plans so that we are clear on how we will deliver unplanned care, planned care and tertiary services in the future. Finally, the strategy sets out our plans to enhance research, education and clinical leadership in the Trust, recognising these areas as key drivers of high quality clinical services. Our Annual Reports tells you about the achievements of our great staff, giving some examples of the great care we have delivered during the year and 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 and the work we have been undertaking around employee engagement and organisational development. This can be accessed on the Trust's web page at www.hey.nhs.uk/About-Us/annual-reports.htm

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 2014 we employed 6,764 whole time equivalent staff (8664 people).
- We had a turnover of £506million in 2013/14.
- The Trust had a Chief Inspector of Hospitals inspection in February 2014. The Trust was included in wave 2 as it was an aspirant Foundation Trust. The Trust was rated overall as Requiring Improvement and has developed an action plan to respond to the findings. It is expected that all issues will be addressed within the next financial year.



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

Please see Quality Accounts for information on inspections during 2013/14 and compliance against the CQC essential standards of quality and safety.

External Agency Visits

41 visits were made to the Trust by 18 agencies which inspected various aspects of the Trust's services during 2013/14. Visits have included the Care Quality Commission, Medicines and Healthcare products Regulatory Agency, Deanery, Health and Safety Executive, Cancer Screening Programmes, Royal Colleges and Patient Led Assessment of the Care Environment (PLACE). All visits and associated action plans are monitored to ensure that actions are implemented and that any concerns are addressed and improvements are made.

Chief Inspector of Hospitals assessment

In February 2014 the Chief Inspector of Hospitals inspection took place. The Trust was assessed as 'Requiring Improvement' but was rated as Good in two of the domains. The Quality Report published following the assessment highlighted that the Trust had a clear vision and organisational development was taking place involving a range of stakeholders, including patient and staff. New initiatives to engage and empower staff to drive improvements within the Trust had been introduced and there were systems and processes to identify and monitor risk. The Care Quality Commission identified a number of areas of good practice including the excellent End of Life Care service provided by the Palliative Care Team and the introduction of the Pioneering Teams and the Link Listeners which were both implemented to improve staff engagement.

The CQC also highlighted areas for improvement and identified 21 'must do' actions and 14 'should do' actions. The Trust agreed to address all 35 actions for improvement over the next 12 months. An initiative was commenced following the Care Quality Commission feedback relating to bullying to understand the reasons why some staff felt this way and what action should be taken to address it. Director Leads worked in partnership with all stakeholders in the development of the Trust's action plan. The action plan was approved by the Trust Board in June 2014 and can be found on the Trust's website.

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



AN OVERVIEW

Development and performance of the Trust during the year

- We met the majority of our key national targets including patients treated within 18 weeks (admitted and non-admitted), patients with suspected cancer being seen within 2 weeks and patients with cancer treated within 31 days.
- Our performance against MRSA and Clostridium Difficile infections improved over the previous year.
- 93,187 people gave us feedback about their experience of our wards, Emergency Department, maternity services and outpatients. 66,957 patients said that they would be extremely likely to recommend our hospital to family and friends.
- Our mortality rates are now better than the national average.
- We met all of our statutory financial duties and achieved a surplus of £5.9m.
- Patients having radiotherapy provided very positive feedback about the care they had received in the National Radiotherapy Patient Survey with 100% of those surveyed rating their care as excellent to good.
- The Trust was in the top 20% of Trusts nationally for 10 out of the 63 questions responded to in the National Cancer Patient Experience Survey. 90% of patients rated their cancer care as excellent or very good compared to a national position of 88%.
- We opened the upgraded Children's A&E Department and the minor injuries areas.
- Our programme of upgrading the tower block façade and windows made significant progress.
- The Trust launched its Great Leaders programme and 800 staff have been identified to complete the programme.

Position of the Trust at the end of the year

The Trust had an ambitious programme of transformation and delivered some major projects during the year which included upgrade of Childrens Emergency Department, Tower Block upgrade and the Surgical Admissions Lounge.

The Trust achieved a number of its access and outcome targets. These included seeing patients with suspected cancer within 2 weeks, treating cancer patients within 31 weeks of referral and treating patients not requiring admission within 18 weeks. However, other targets proved challenging and at year end the Trust had not seen 90% of all patients referred for screening within 62 days, had not consistently met the required standard for seeing patients within 4 hours in the A&E Department and did not manage to treat all patients within the 18 week (incomplete pathway). Action plans for these three targets have been developed to enable the Trust to meet these requirements in 2014/15. Enhanced monitoring arrangements are in place so that progress can be tracked on an ongoing basis.

The Government's spending review stressed that the NHS would need to continue to increase productivity and make substantial efficiency savings if it was going to be able to deal with rising demand and cost pressures. At the end of the year the Trust had achieved a surplus of £5.9m and had delivered significant savings of £21.9m. Income agreed with Commissioners was £16.5m above contract value which enabled the Trust to resolve outstanding legacy items, including support for cancer services. At the end of 2013/14 the EBITDA margin was 6.2%.

The Trust Chief Executive left the Trust in April 2014 and a new appointment has been made. Mr Chris Long will take up post on 29 September 2014. Mr John Saxby was appointed as interim Chief Executive in the intervening period. In addition, the recruitment of a Chairman is under way. The Trust currently has two Non-executive Director vacancies and these will be progressed.

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?

This year...

- Switchboard staff answered over 1.4 million phone calls
- Over 780 thousand lunches and suppers were served to patients
- Over 4.5 million pieces of linen were used
- The Chaplaincy Team had 2,488 referrals

Every day, cleaning contractor MITIE washes over 800 mops used to clean our hospitals. Every month, MITIE descales over 2,000 taps, shower heads, water fountains and toilets. The Trust's internal space is 196 square metres and land area is 86 hectares.

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

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. The Trust needs to strengthen its underlying financial position in order to support its Foundation Trust application. 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 balance between making savings whilst not compromising on the delivery of high quality care will continue to challenge the Trust.

The Chief Inspector of Hospitals action plan will be a key area of focus over the coming 12 months. There are some clear priorities which require greater working and collaboration with partners in order to address those issues that are outside of the control of the Trust. These include redesigning the emergency admission pathway and looking at different workforce models in order to address the staffing issues highlighted. Concerns were raised about a culture within the Trust and work is underway to understand why some staff don't feel engaged or pressurised in the workplace.

Current commissioner intentions place a clear emphasis on the delivery of high quality patient care in a variety of settings with the majority of outpatient consultation, diagnostic tests, minor treatments and minor surgery to be carried out closer to the patient's home. The Better Care Fund plans for Hull and the East Riding seeks to deliver transformational change in both health and social care in order to maintain services in the face of growing demand. This will include a focus on prevention and self-care, ambulatory care models, rehabilitation and a shift in care from hospital to community, residential care to home care. The impact for the acute sector will be a reduction in emergency admissions and the streamlining of elective care services.

The Trust currently holds a contract with the Specialised Commissioning Group for the delivery of a range of specialised services. As clinical services are reviewed and new standards for service delivery are developed there is a risk that the Trust's services may not be commissioned in the future. It is therefore working closely with Specialised Service Commissioners to ensure that the Trust can meet required standards.

The appointment of a new Chief Executive and a new Chairman will bring new influences to the Trust and there will be a period of further recruitment with the appointment of two Non-Executive Directors. There will be an emphasis on a development programme to build a strong and effective Board.



EAST YORKSHIRE



668

PN02 XBR

AMBULANCE

2778

Y002 JHL

RENAULT

SAFE HIGH QUALITY EFFECTIVE CARE

OUR ACHIEVEMENTS IN 2013/14

Our **Quality Accounts** sets out our achievements over the last year which you can find in the second part of this report. Some of the quality improvements we have made are set out below:

- We have improved our performance against the NHS Safety Thermometer which measures harm free care, which was 95% in March 2014.
- We have maintained a hospital acquired pressure ulcer prevalence rate of 2.5% which is well below the national average of 5%.
- We introduced the Patient Safety briefing which is undertaken twice daily and identifies vulnerable patients and ensures they receive the necessary support and care.
- We have rolled out Electronic White Boards across the organisation. These boards are used by all staff and provide an 'at a glance view' of the status for each patient. The use of the Cayder Boards has transformed the way in which staff work and care for patients. The Trust is working with a number of our community partners to use the electronic white boards to link the local community hospitals and social care which will support patients when they are ready for discharge.
- Of the 7 indicators relating to the provision of care for stroke patients, the Trust fully met 6 of them.
- We introduced Intentional Rounding on all wards. This requires each patient on each ward to be proactively reviewed every 2 hours so any concerns about the patient's condition or worries they may have are identified early and acted on.
- We introduced Quality Boards outside of all patient areas which provide performance information specific to that area on falls, hospital acquired pressure ulcers, MRSA and C Difficile.
- We introduced the Transparency Programme: The Trust has been part of a joint initiative with NHS England to promote Transparency in Care. The aim of this programme is to improve the culture and care by publishing data on harm, experience and staffing that supports patient choice and enhances staff knowledge, leading to empowerment to change practice. The Trust has been publishing an Open & Honest report each month since December 2013.
- Board members visited 19 wards/department in 2013/14, including the Surgical Admission Lounge, Intensive Care Unit, General Medicine wards, Ophthalmology, Physiotherapy and the Mortuary.



Our response to the Francis report:

A Steering Group was established at the start of the year, chaired by the Chief Executive to oversee progress. Five Task and Finish Groups were set up to look at the 107 recommendations that apply to acute Trusts. 27 key recommendations were identified and these were further prioritised to 11 top recommendations. Of the top 11 recommendations, 5 have been fully implemented. Work is ongoing with the remaining 6. This includes further promoting the learning from comments and complaints, introducing an electronic observation system to support nurses in ensuring that patient monitoring is carried out and recorded, promoting incident reporting and assessing nursing staff values, attitudes and behaviours at recruitment.

Nursing strategy

In July 2013 the Trust Board approved a Nursing Strategy for the next 3 years. The Trust Strategy was built on the national strategy for nurses and midwives "Our Culture of Compassionate Care" which was published by the Department of Health in 2012. The Trust Strategy places care and compassion at the heart of everything we do and will ensure the specific needs of our midwives and nurses are met. There are 3 components of the strategy, which are:

- VOICE** – In order to deliver the vision of this Strategy, it is important that our nurses listen to our patients and to their colleagues and actively hear what they are saying, as every voice counts.
- PLACE** – Regardless of where patients receive their healthcare, every place they experience care must provide an equally high standard.
- TIME** – Patients are afforded the right level and a consistently high quality of care, as a great patient experience can stay with people for a lifetime.

These are underpinned by leadership, which is critical to making this happen.

Bereavement Service

In 2013/14 a small project group comprising of 7 members of the Mortuary team wanted to improve the way that they supported bereaved relatives. They wanted everyone to feel that their loss was understood and staff recognised what they were feeling.

The Bereavement Service has changed its ways of working to provide relatives with just one point of contact at both our Hull Royal Infirmary and Castle Hill sites. Each office supports families with whatever they need at the time, whether that's help with registering the death, arranging collection of personal belongings, or even being put in touch with support groups or other sources of advice.

Bereavement packs have been introduced to provide both practical support for relatives and these have received very positive feedback. A bereavement questionnaire provides continual feedback on areas of good practice as well as those requiring improvement.

In developing the service the team has worked with a range of agencies including local end of life care teams and Cruse Bereavement Care, the national bereavement charity. The bereavement centres at both Hull Royal Infirmary and Castle Hill have been completely refurbished, and now offer a much more appropriate environment for bereaved relatives. Viewing facilities are available which are fully adaptable to meet specific relatives needs. People can view their loved ones for the last time, plus there are extra private rooms in which visitors can take time out, discuss issues with staff or even arrange to meet with the doctor, nursing staff or Coroners officer involved in the patient's care.

“Thank You” to our Volunteers

The Trust is grateful to all of its volunteers for the time they give freely to improve the patient experience and assist our staff. This year our volunteers gave us 16,500 hours of their time. They undertake a range of activities in the Trust which have a direct benefit for the patients that we treat. The duties include meet & greet, dining companions, hospital radio, shops, ward trolleys, administration support and general ward assistance.

During the year we recruited 40 new volunteers for the Government’s Patient Led Assessment of the Care Environment (PLACE) process in which lay people are involved in visiting areas and giving feedback on a range of services. The dining companions scheme has also been very successful. Volunteers receive training so they can help at mealtimes to feed patients who have difficulty feeding themselves. Some members of staff have also joined the scheme to give assistance in their own time. A new role has been created to support the Digital Reminiscence Therapy for dementia patients on ward 8/80 at HRI. This is designed to unlock the patient’s memory, facilitate communication and improve their quality of the life.

We have delivered a major Capital Programme which will improve the environment in which we treat patients. Schemes delivered included:

- Refurbishment of the Westwood suite, Castle Hill Hospital so that the existing minor surgery area can accommodate new services and provide an improved patient waiting area for patients.
- Electrical boards and wiring to the tower block has been replaced to give better resilience of supply in the event of failure of a board or cable.
- Improvements to the layout of the Endoscopy department has resulted in a more efficient use of space, and allows us to care for patients in more single sex accommodation.
- Adaptations have been made to wards in Tower Block, Hull Royal Infirmary to make better use of wards and to allow the Trust to free up additional beds to cope with winter bed pressures.
- The Argyle Street Car Park has been upgraded to “pay on foot” parking and improvements have been made to the surface of the roads and external lighting.
- The remaining services at Princess Royal Hospital (X-ray and Physiotherapy Services) moved to a new modular building situated at Greenwich Avenue in East Hull. This has allowed the old building to be demolished to make way for a housing development whilst also maintaining services closer to patients.

Emergency Department Reconfiguration

We are in the process of delivering a £7.1m refurbishment programme in the Emergency Department. We opened a new, much larger and more aesthetically pleasing Children’s Emergency Department which has been very well received by children, families and staff. Innovative robust materials and interior designs have been used to ensure that the area is child and family friendly and enhances the patient experience.

A much larger, brighter, more open and calmer area has been created for adult emergency attenders and the waiting area is directly overlooked from the staff base. Patient flow has been improved by adopting a ‘see and treat’ care model, supported by a trial of self-booking patient kiosks, which also help to prioritise attenders based on key clinical criteria.



The patient experience has been significantly enhanced and we have experienced less disruptive behaviour from those waiting to be seen.

Work also started on the most complex phase of the Emergency Department upgrade, a new area for treating patients with more complex needs. The work will be completed by October 2014 and provide a range of benefits, including a 10 bay resuscitation area, 8 initial assessment bays and 24 treatment cubicles, all fully glazed for greater privacy. The new area will also feature advanced medical technologies, including bespoke resuscitation room pendants, mobile digital x-ray machines and an updated CT scanner. Medical students and consultants were involved in an emergency simulation exercise to test the design of a mock-up resuscitation room.

National award for hospital food

The Trust was recognised for their work in developing a new range of hospital food designed to prevent malnutrition in vulnerable patients at the 2013 Cost Sector Catering Awards. Jill Venables the Trust's Catering Manager designed and developed a new range of energy rich meals, soups and puddings which could easily be adapted to the needs of each individual patient. Healthy soups, chicken dinners and even banoffee pies are now being enjoyed and aiding the recovery of our patients.

National award for hospital cleanliness

Everyone knows just how important clean hospitals are, but now the Trust and its cleaning contractor, MITIE, have been recognised for our achievements in this field. MITIE received the "Working in Partnership" award from the Association of Healthcare Cleaning Professionals (AHCP) for its joint working with the Trust. The winning team from MITIE's Facilities Management business had been nominated for the award in light of outstanding results in the recent inpatient survey and was praised for meeting the Trust's overall goals. Martyn Freeman, managing director of MITIE's Facilities Management business, said: "We're proud to have built up an award-winning partnership with Hull and East Yorkshire Hospitals Trust. Over the last seven years we've continually challenged our teams to innovate, and we look forward to working further with the Trust in delivering a world-class service."



Dining with dignity

Therapy teams have set up special lunchtime dining clubs to help with patients' recovery and offer a more supportive, sociable lunchtime experience. The dining clubs were set up as a way of providing practical support to stroke patients from all the various therapy teams; Dietetics, Speech and Language Therapy, Occupational Therapy and Physiotherapy. Mealtimes can be particularly difficult for these patients as they often have complex needs, can have difficulty swallowing, cognitive or nutritional problems or unable to hold their cutlery. The dining clubs run every weekday, catering for between four and six people at a time. The aim is for patients to regain their independence with feeding and other daily activities. Patients who are signed up to the dining clubs really look forward to their turn each week, and both patients and relatives are telling us that they appreciate us being able to offer that extra bit of mealtime support.

PATIENT SURVEY RESULTS

Every year the Trust participates in The National Inpatient Survey. Patients receive questionnaires about different aspects of the care and treatment they received. The questionnaire was sent out to 850 patients, 383 were returned completed, a response rate of 47.6% which was above the national rate of 46%. Each question is rated using 3 outcomes, better than expected, worse than expected.

A summary of how the Trust performed is below. The Trust had 6 questions which are worse than expected. Measures are already in place to improve these areas of poor performance.

National Inpatient survey questions	2011	2012	2013
Red (Worse than expected)	2	0	6
Green (Better than expected)	2	3	0
Amber (As expected)	60	57	54
Total Categories assessed	64	60	60

There were improvements in the following question: During your hospital stay, were you ever asked to give your views on the quality of your care?	We were in the Best performing Trusts for: The Trust had no questions in this category
Improvements required in: <ul style="list-style-type: none"> Information given regarding condition/ treatment whilst in A&E Privacy whilst being treated in A&E Not enough nurses on duty Not enough privacy & dignity when discussing condition/treatment Control of pain not sufficient Further health or social care required after leaving hospital 	Where our performance dropped: <ul style="list-style-type: none"> Not enough nurses on duty Not sufficient control of pain by hospital staff Not treated with respect and dignity

National Cancer Survey

A total of 1590 patients were included in the National Cancer Patient Experience Survey across 13 cancer tumour groups. Of the 63 survey questions, 4 responses were in the lowest 20% performing Trusts, 10 were in the top 20% performing Trusts and the remaining scores were ranked equal to 60% of Trusts. The four responses which require the most improvement relate to the way in which patients were told about their diagnosis, information about the type of cancer they had, written information if they required an operation and nurse staffing. The Trust performed particularly well in staff providing information about financial help, information about free prescriptions, taking part in research, privacy, being able to discuss worries, who to contact after discharge, managing the side effects of radiotherapy and how they wished to be addressed. The Trust was better than the national average for patients rating their care as excellent or very good in 12 out of the 13 cancer types.

National Maternity Survey

The national maternity survey results identified that the Trust's antenatal care was better than other Trusts but improvements needed to be made during labour and birth. Patients reported a positive experience in being able to move around and choose a comfortable position to give birth but would have liked more information/explanations, more involvement in decisions about care and had been left alone at a time when they were worried. The service has developed an action plan to address these areas.

Organ and Tissue Donation

In 2013 the national recommendation of increasing organ donation by 50% over a five year period was reached. The aim is to make the option of organ and tissue donation a normal part of end of life care.

The Organ Donation Taskforce has taken its vision to 2020; the single most important objective of this strategy is to increase consent. In 2013/14 only 40% of families who were given the option of organ donation consented to it. 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 2013/14 six families made the brave decision for their loved ones to become organ donors, which resulted in seven people receiving the wonderful gift of an organ transplant. Families also decided 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 strategy recommends that families must be given the best possible support when asked to consider donation on behalf of a loved one, and a collaborative approach with a specialist nurse in organ donation is best practise, ensuring the loved one is fully informed and supported. In 2013/14 a collaborative approach was only taken in 53% of the approaches made. The plan for 2014/15 is to improve this rate.

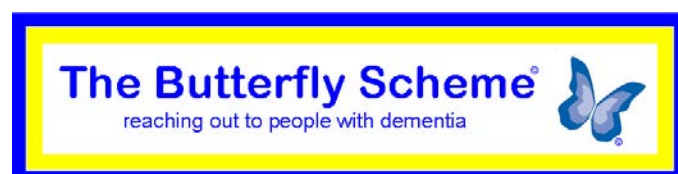
Two specialist nurses work in the Trust together with a clinical lead in organ donation. The Trust has an Organ Donation Committee but it did not meet the required number of times in 2013. Work has been undertaken to review the Terms of Reference and identify a new lay chair, following the resignation of the previous post holder. A dedicated mortuary team support the organ donation team who also work extremely hard to raise awareness.

The organ donation team offer teaching/guidance throughout the Trust and over the last year has delivered sessions to critical care doctors and nursing staff. In February 2014 a nurse led referral programme commenced which is part of the work to make the Trust compliant with NICE guidance 135 (improving donor identification and consent rates for deceased organ donation (2011)). The team also teaches at the university and have been involved in increasing organ donation awareness within local schools.

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 Organ Donation – Hull Royal Infirmary), joanne.cheetham@hey.nhs.uk (Specialist Nurse Organ Donation – Castle Hill Hospital). For national guidance and information visit – <http://www.odt.nhs.uk>

Supporting Patients with Dementia

In 2013/14 Butterfly Scheme training continued in all wards and departments. There is a one hour awareness session for all staff and a half day session for staff who regularly care for patients with dementia. Following the half- day session, staff can apply to do the distance learning course NCFE Level 2 Certificate in The Principles of Dementia Care. A web-site was developed so that staff can access all the documentation required to implement the scheme. An e-learning certification for Butterfly scheme training is now also available. Across the Trust over 500 people have accessed some form of dementia training.



COMPLAINTS AND PATIENT ADVICE AND LIAISON SERVICE (PALS)

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.

Complaints Received	2013/14	2012/13
Total number of complaints received	789	706
Number closed complaints responded to within the 25 day target	510	510
Percentage responded to within the 25 day target	47%	67%
Number of complaints resolution meetings recorded	135	100
Number of Healthcare Ombudsman requests	9	13
How many Ombudsman requests were upheld	1	1

The Trust has a 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 the concern and to allow a more personal response. Resolution meetings occur when patients or their representatives want to meet staff from the Trust and up to 40 days may be required before a comprehensive response can be given. More complex complaints may take 60 days.

If an investigation identifies areas for improvement an action plan will be developed and implemented. The majority of complaints relate to inpatient episodes. The table below details activity levels by finished consultant episodes (FCEs) against the number of complaints received. The number of patients we treat has increased year on year and so have the number of complaints. However access to and awareness of the complaints procedure has also increased as a consequence of the issues identified at Mid Staffordshire NHT Foundation Trust and in the Robert Francis's report.

		Qtr. 1	Qtr. 2	Qtr. 3	Qtr.4	TOTAL
Inpatients	Finished Consultant Episodes (FCE)	45540	46312	46617	47283	185752
	Complaints	105	114	124	145	488
	% per 1000 FCE	2.3	2.5	2.7	3.1	
Outpatients	Appointments	251805	258045	257789	264110	1031749
	Complaints	34	50	55	61	200
	% per 1000 Appointments	0.1	0.2	0.2	0.2	
Emergency	Attendances	32951	33691	32140	32541	131323
	Complaints	14	21	21	18	74
	% per 1000 Attendances	0.4	0.6	0.7	0.6	
Maternity	Births	1258	1322	1428	1339	5347
	Complaints	9	6	5	7	27
	% per 1000 births	7.2	4.5	3.5	5.2	

Top five subjects raised in formal complaints received during 2012/13 and 2013/14

Subject of formal complaint	Number of complaints	% of complaints	Number of complaints	% of complaints
	2013/14		2012/13	
Treatment	523	66%	419	59%
Discharge	43	5%	56	8%
Delays, waiting times & cancellations	56	7%	61	9%
Care & comfort including privacy & dignity	69	9%	31	4%
Attitude	28	3.5%	39	6%
Communication / record keeping	61	8%	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, both positive or negative. 2825 people approached the service in 2013/4. Of these 516, were general enquiries and 147 were compliments which were passed on to staff. PALS ensure that concerns raised are dealt with promptly to avoid a formal complaint being made and aim to address issues within a few working days.

Top five subjects of PALS contacts during 2012/13 and 2013/14

Subject of PALS complaint	Number of PALS	% of PALS	Number of PALS	% of PALS
	2013/14		2012/13	
Delays, waiting times & cancellations	911	32%	834	29%
General advice	516	18%	643	22%
Communication / record keeping	408	14%	412	14%
Treatment	313	11%	361	13%
Attitude	126	8%	190	7%
Care & comfort including privacy & dignity	98	3%	103	4%

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

- Actions were put in place to bring forward outpatient appointment.
- Refreshment and snacks made available on a ward for patients awaiting discharge.
- Two televisions were purchased for Cardiology Day Unit.
- Visiting times extended on the Elderly Short Stay Unit.
- Increased medical cover provided on a ward.
- Patient concerns addressed and further explanation given about their medication.
- Patient supported in addressing concerns about discharge arrangements.
- Changes introduced to the immediate discharge letter to minimise delays in patients being discharged.

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	2013/14
Admin, Clerical and Reception Staff	12	15
Consultant	251	418
Dietician	1	0
Medical staff	279	165
Nurses	119	146
Occupational Therapist	1	0
All other staff	36	28
Pharmacist	0	3
Physiotherapist	1	8
Radiographer	1	6
Totals:	701	789

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.

Serious Incidents

In 2013/14 the Trust declared 32 serious incidents and 4 Never Events. The Never Events related to a wrong site surgery (removal of a tooth), 2 retained foreign objects and 1 surgical error. Two Never Events reported in 2013/14 had occurred the previous year (2012/13). Key themes from Serious Incidents relate to patient falls, unexpected deaths and 4 incidents which occurred on one ward. The Trust undertook a review of its reporting arrangements as it considered that it was out of line with the number of incidents reported at similar size Trusts. The result of the review was a large increase in reporting in the last quarter of 2013/14.

As a result of the Serious Incidents we have implemented the following actions:-

Falls

- Revision of Inpatient Falls Risk Tool and Falls Intervention Care Plan.
- Review of Falls Policy & Falls Protocol.
- Introduction of Safety Briefs twice daily to identify vulnerable patients.

Unexpected Deaths

- A surgeon and a physician reviewed all the unexpected deaths to determine whether there were any common themes.
- A review of the way that emergency patients are assessed on arrival at the hospital is being undertaken.

Incidents on one ward

- Increased monitoring was put in place to ensure that required standards were being met.

PALS

Patient Advice & Liaison Service



STRONG HIGH PERFORMING FOUNDATION TRUST

OUR ACHIEVEMENTS IN 2013/14

- The Trust paused its Foundation Trust application at the end of 2013/14. We were included in wave 2 of the Chief Inspector of Hospitals inspection in February 2014. The Trust received a rating of 'Requires Improvement' and will need to address the compliance issues identified before it can progress its application. A commitment has been given to address issues within 12 months.
- The Trust will have a new Chairman and Chief Executive in 2014 and this will provide an opportunity to build a strong and high performing Board.
- The Board continued to assess itself against Monitor Quality Governance Framework which is a requirement of the Foundation Trust application process and maintained a score of 3.5.
- At March 2014 we had a Financial Risk Rating of 3 against Monitor's Risk Assessment Framework.
- We continued to recruit members and at the end of the year had a membership base of 13282.

MEMBERSHIP

Foundation Trusts are more accountable to their local population. This is achieved through recruiting people who live in the Trust's local catchment area, as members 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 2012	8600	8889
March 2013	9052	9282
March 2014	9600	9704

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 2014. At the year end the Trust had 3578 staff members. There are five classes of staff membership – medical, nursing, non clinical, volunteers and scientific, therapeutic and technical.

The total membership numbers at the end of 2013/14 were:

Public	6683
Patients	3021
Staff	3578
Total	<u>13282</u>

During 2013/14, 35 membership recruitment events took place both within the Trust and at external venues. These included outpatient waiting areas, health centres, shopping centres, Hull University, a DIY store, 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). Two editions of the Membership Newsletter were published during the year and the intranet pages were reviewed. The FT Facebook Account had 91 friends at year end.

There were 5 prospective governor sessions in 2013/14. The aims of the session were to provide prospective governors with a realistic insight in to the role and to clarify expectations with 73 members attending. 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.

Following the publication of the Francis report into the failings at Mid Staffordshire Hospitals NHS Foundation Trust, and subsequent recommendations a group involving members was established to review the membership strategy, the governor job description and governor induction programme.

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

Event	Delivered by
The Changing Face of Your Hospitals	Head of Strategy, Communication and Estates
Palliative Care	Consultant in Palliative Medicine
Alcohol Awareness	Consultant in Gastroenterology & Hepatology
Clinical Research	R&D Manager
Trust Future Plans	Chief Executive
Mortality – The Facts	Director of Infection Prevention and Control

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

A description of the Trust's Governance Framework, its risk and control framework and how it assesses risk is set out in the Governance Statement which is on page 64 of this report. The Board considered the Governance Statement for 2013/14 at its meeting on the 24 April 2014 and identified 4 issues for disclosure. These were taking action in response to the Chief Inspector of Hospitals assessment, improving performance against the referral to treatment time target, cancer targets, Emergency Department 4 hour wait, filling all Board positions substantively and ensuring delivery of the financial plan.

A Board Assurance Framework is in place, which identifies the key risks that might prevent the Trust from achieving its objectives. At the end of March 2014, there were 23 principal risks of which the highest rated risk was the delivery of the national targets. The other high level risks were compliance with the Trust Development Authority Accountability Framework, the implementation of a new Trust-wide electronic patient record (Lorenzo), maintaining tertiary referral pathways and strengthening leadership.



CREATING AND SUSTAINING PURPOSEFUL PARTNERSHIPS

OUR ACHIEVEMENTS IN 2013/14

- The Trust developed a Clinical Alliance with York Teaching Hospital NHS Foundation Trust (YTHFT). This Alliance has enabled services across Hull, York and Scarborough to work together to care for our patients. Over 15 specialties have now commenced some form of joint working. Examples include:
 - An escalation plan for a single-handed Ophthalmology service, so that patients in both Trusts can continue to be seen if this specialist expertise becomes unavailable for any reason.
 - Development of a Hepatitis C service in York which will allow patients in North Yorkshire with Hepatitis C to access treatment and support closer to their home. This service will operate on a Network basis.
 - Development of a Networked HIV service, with a single Multi Disciplinary Team which now serves the populations of York, Scarborough, Hull, Grimsby and Scunthorpe.
 - Biochemistry support from York to cover sessions in Hull.
 - Review of all laboratory tests which are sent out of the region, to identify whether these could be provided in-region.
- A 'Working Together for Our Future' conference was held by York and Hull on 8 November 2013 with over 500 delegates attending from the two Trusts. Presentations were given by national, regional and local speakers. Over 90 posters were also submitted as part of the conference, outlining areas where working together would benefit our patients.
- The Trust raised £13,000 for Emmaus, its charity that it supported up to October 2013 and chose Dove House Hospice as its next charity.
- Research and Innovation Strategy was approved by the Board January 2014.

RESEARCH

Research activity reinforces our strong partnership arrangements with Hull University and others. There are a number of academic departments in the Trust. Research is at the heart of good evidence based practice leading to better patient care and the Trust is committed to testing and offering the latest medical treatments and techniques. 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 researchers are in the process of developing the electronic form of an integrated care pathway with the University of Hull and an IT company for trial in GP practices across Yorkshire. The team is also developing several other research initiatives with partners. These include a Knowledge Transfer Project, a device trial and a drug trial with the University of Hull. One of the Gastroenterology research nurses has recently become a committee member of the British Liver Nurses Forum with the remit of promoting liver disease nurse-led research at a national level.
- **The Neonatal Intensive Care Unit (NICU) research team** was named 'Star Recruiter' for the month of January 2014, by the 'SIFT' (speed of increasing feeds) study. The Clinical Research Network funded a research nurse who started in July 2013 and the number of active studies within paediatrics has increased from 2 to 7.



- **Rheumatology** has substantially increased clinical trial activity and national registry recruitment with the appointment of a research nurse. Three industry sponsored trials have 100% recruitment with a request from the companies to increase our targets. The team continues to focus on clinical trials using various Biologics in a variety of Rheumatic Diseases.
- **The Renal research team** has achieved and often exceeded set accrual targets in 2013/14. The 'FEPOD', 'Genetic', 'Biomarkers', 'Pipeline' and 'Monofer' studies all exceeded the original recruitment targets. Led by Professor Bhandari, the Renal research team continues to work on multi-centre studies funded by the National Institute of Health Research and Charitable organisations including the £1.4m study to test a hypothesis that stopping certain treatment compared with continuing on the same treatments, improves or stabilises renal function in patients with progressive stages 4 or 5 chronic kidney disease.
- **The Critical Care and Anaesthetic research team** had the second highest monthly recruitment rate for the 'OBTAIN' study and were the 4th highest recruiter to the study in the UK and 5th highest recruiting site out of 65 sites worldwide.
- **The Reproductive Medicine research department (Obstetrics and Gynaecology)** has continued to support recruitment into the 'Born And Bred in Yorkshire' (BABY) cohort study, capturing data on more than 1,500 participants enabling researchers at the University of York to collect data on maternal and infant health during pregnancy, labour and the neonatal period.
- **The Vascular research team** has helped support the recruitment of 400 patients in 'Characterising Surgical Wounds Healing by Secondary Intention'. The IMPROVE trial (Professor Chetter as co-author) was published in BMJ. The vascular team (represented through Professor Chetter) were also co-applicants on 2 successful Health Technology Award grants (EVRA & BASIL2).
- **The Oncology/Haematology** research team were the top recruiter for the 'Green gene' study which concerns Haemophilia A. The team has also been very successful in recruiting patients to a range of other studies including 'Standard vs Modified Drug Therapy in Renal Cancer' and studies into breast cancer and colorectal cancer.
- **The Diabetes and Endocrinology research team** have managed a breakthrough in 2013/14 in their ability to recruit to Type 1 diabetes studies for the first time. Historically, they have struggled and recruited only 2 or 3 subjects to each study. However, after building new relationships with the multidisciplinary team and the development of a new database they have changed this position.
- **Daisy Laboratory:** 2013/14 saw the commissioning of the Preclinical Imaging unit at the University of Hull, comprising a table-top cyclotron purchased by the Daisy Charity. The Unit combines staff from Chemistry, the School of Biological Biomedical & Environmental Sciences, Hull York Medical School and the Trust. The development of novel probes for imaging, coupled with the 'lab on a chip' platform will be a strength for Hull in the coming years. Integration of the Preclinical imaging unit with the soon to be opened clinical centre at Castle Hill Hospital, is a priority in order to maximize the benefits of both facilities.
- **The Ophthalmology research unit** continues to expand Clinical Trials activity with a further two additional ophthalmic studies initiated in 2013/14 to produce a total of 6 active portfolio studies. The ophthalmic research infrastructure was further expanded with the creation of a designated optometry room to allow accredited refraction studies for clinical trials work. In addition, 4 ophthalmic photographers are now accredited to take clinical trials retinal images. The team has continued to collaborate with other research departments within the Trust.
- **In the Cardiology research team**, the 'Home Oxygen Therapy' study completed the recruitment phase. The research team were awarded two substantial grants to support 'Lifelab'. The team picked up a variety of personal accolades with Professor Andrew Clark becoming the chair of British Society for Heart Failure, Dr Pellicori being awarded young investigator award at the British Society for Heart Failure meeting, with Dr Shoaib as runner up and Dr Costanza confirmed as either the winner or runner up in young investigator award at the European Heart Failure meeting later this year.
- **The Academic Respiratory research department** celebrated its successful contribution to the Centre for Cardiovascular and Metabolic Research (CCMR) 'Research Day' on 26 November 2013 at which many researchers presented their achievements through poster presentations. As partners in 'theophylline' study, the department has secured an award of £127,000 from the National Institute of Health Research.
- **The Dermatology research team** has worked incredibly hard in 2013/14 and their efforts meant that they were the centre to recruit the most patients into the 'Blister' study nationally. Additionally, the team was one of the top 10 recruiting centres for the 'BADBIR' study out of 137 centres nationally as well as being one of the top 6 recruiting centres out of 48 for 'A case-control study for genotype

phenotype associations in severe acne vulgaris'. A key priority area for development last year was to build a collaborative working relationship with the Faculty of Health and Social Sciences at the University of Hull. The team has been working with the University of Hull on a Cochrane Review on Hygiene and Emollient Interventions for maintaining skin integrity in older people in hospital and residential care settings that was published in 2013/14. In addition to this, the team commenced exciting work on a collaborative research project with the Faculty of Health. 'The Humanizing Services: A new transferable leadership strategy for improving 'what matters to older people' to enhance dignity in care'.

- **The Palliative Care research team** completed their multi-centre national portfolio study on Shortness of Breath in Lung Cancer and are currently undertaking data analysis. The team celebrated its successful collaboration with their Australian partners with the 'FAB' study and recruited all patients within 4 months over two UK sites. Furthermore, the team achieved a 'world first' data collected in the 'MAP' study. 2013/14 has also seen the team secure funding for two more studies currently in start up including British Heart Foundation funding for a multi-centre for breathlessness in people with heart failure and Marie Curie funding for a clinimetric testing of a needs assessment tool for people with interstitial lung disease.

Further information on any of the above mentioned research studies can be obtained via the Trust Research and Development Team: research.development@hey.nhs.uk or 01482 461882.

Dr Ariyaratnam, a Cardiothoracic Surgical Registrar and Research Fellow at Castle Hill, was presented with the European Association of Cardiothoracic Surgeons (EACTS) Young Investigator Award in Cardiothoracics at the EACTS' annual conference in Vienna in October 2013. The award was given for his novel research into pulmonary hypertension, a joint collaboration between the Academic Medicine department under Professor Alyn Morice and the Cardiothoracic department under Mr Mahmoud Loubani. The study has important implications for both post-cardiac surgery complications as well as for the exciting new developments in lung optimisation outside the body prior to transplantation.

European Award for HYMS (Hull York Medical School) STUDENT

Dr Priyadarshanan Ariyaratnam, a postgraduate HYMS student won a major European award for the second consecutive year.

TRUST CHARITY OF THE YEAR - EMMAUS

Last year, Emmaus was the Trust's Charity of the Year. Emmaus communities enable people to move on from homelessness, providing work and a home in a supportive, family environment. Companions, as residents are known, work full time collecting renovating and reselling donated furniture. This work supports the community financially and enables residents to develop skills, rebuild their self-respect and help others in greater need.



Companions receive accommodation, food, clothing and a small weekly allowance, but for many, the greatest benefit is a fresh start. To join a community, they sign off unemployment benefits and agree to participate in the life and work of the community and abide by its rules, for example not bringing drugs or alcohol into the community.

Emmaus is aiming to raise enough funds to enable the building of a companion centre in Hull. The Trust donated goods which could be sold in the Emmaus shop. Fund raising events took place throughout the year and included a number of cake stalls/coffee mornings, which raised hundreds of pounds. We even had a 'Bake off' between the Health Groups. Other fund raising events included Christmas card donations, Sockathon, Shoe Box and Unwanted Christmas gifts, dance lessons and a sponsored walk of the National 3 Peaks, Ben Nevis, Scafell Pike and Snowdon.

Collectively, the Trust raised an amazing £13,000 for Emmaus in 2013 and this went some way to help start the building works at the Emmaus Hull site in Lockwood Street which it is hoped will be open later in 2014.

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.

In December 2013 NHS England conducted an assessment of NHS Trusts in relation to emergency preparedness, resilience and response (EPRR). This was conducted through a self-assessment, including evidence, which was then reviewed and graded by NHS England. As a result of the review NHS England confirmed that overall they are assured with our self-assessment submission.

During the year we undertook the following activities:

- We tested whether our major incident call out cascade system was working and undertook two cascade tests, one in September 2013 and the other in March 2014. 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.
- Radiotherapy tested their business continuity plans in April 2014. Two scenarios were conducted, the first being the loss of two of the linear accelerators for 11 days due to a burst water pipe. The second scenario was the failure of the IT system which is used to run the treatment regimes on the linear accelerators. This was a national problem; therefore assistance from other Trusts was not available. The test identified that on the whole their plans were sufficiently robust however the second scenario did identify further issues that they needed to develop more robust arrangements and include in their revised plan.
- The Trust conducted a winter plan 2013/14 stress test, which was a NHS Trust Development Authority requirement. The plan tested the Trust's response and the Winter Plan 2013/14 in areas such as:
 - Infection outbreak (Norovirus).
 - Essential equipment failure over a weekend (CT imaging equipment).
 - Inclement weather resulting in an increase of casualties attending the Emergency Department with fractures as a result of slips and falls.
 - Staffing shortages due to inclement weather affecting specialist areas (Neonatal Intensive Care)
 - Significant demands on the Emergency Department and emergency admissions.
- The evacuation plans for the general theatres at the HRI were tested through a table top exercise. The scenario was a fire in an area which immediately put at risk two of the 9 operating theatres and the Post Anaesthetic Care Unit (PACU). Staff were asked to use the existing plan during the exercise. Improvements were identified and these have been included in the review of the general theatres evacuation plan.



DELIVERING AGAINST OUR PRIORITIES AND OBJECTIVES

OUR ACHIEVEMENTS IN 2013/14

- The Trust achieved its cancer targets with the exception of the 62 day screening target.
- Two of the 3 national targets in relation to treating patients within 18 weeks were achieved, the exception being patients on incomplete pathways.
- The Trust had 3 more C diffile infections than its threshold (54) but was not an outlier on the number of infections compared to other Trusts.
- The Trust Board approved action plans for meeting the A&E 4 hour standard on a sustainable basis.
- The Trust only had 2 MRSA infections over the year, 55 wards have not had an MRSA infection in over a year (out of 57 wards).
- 131,325 people attended our Emergency Departments (122,639 attended Hull Royal Infirmary and 8,686 attended Beverly Minor Injuries Unit).
- There were 617,850 outpatients attendances.
- 158,306 patients were admitted to our wards.
- There were 185,791 inpatients (Finished Consultant Episodes).
- There were 9,680 attendances to our wards by outpatients requiring review.

The table below details the Trust's performance against key indicators and national targets, comparing 2012/13 with 2013/14.

Indicator		2012/2013	Target	2013/2014	Target
Maximum waiting time of two weeks from urgent GP referral to first outpatient appointment for all urgent suspected cancers		94.0% *	≥93%	93.8%	≥93%
Maximum waiting time of 31 days from diagnosis to treatment for all cancers		97.7% *	≥96%	96.7%	≥96%
Maximum waiting time of 31 days for subsequent treatments for cancer	Surgery	97.0% *	≥94%	95.3%	≥94%
	Drugs	99.4% *	≥98%	99.3%	≥98%
	Radiotherapy	97.9% *	≥94%	96.8%	≥94%
Cancer – Breast Symptomatic		94.4% *	≥93%	94.0%	≥93%
Maximum waiting time of 62 days from referral to treatment for all cancers	All Cancers	86.4% *	≥85%	84.1%	≥85%
	Screening Referral	91.3% *	≥90%	87.2%	≥90%
18 weeks admitted pathways		92.4%	≥90%	91.8%	≥90%
18 weeks non-admitted pathways		96.4%	≥95%	95.7%	≥95%
18 weeks incomplete pathways		93.8%	≥92%	91.3%	≥92%
A&E Operational Standard		96.7%	≥95%	94.9%	≥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		33	Monitoring only	45	Monitoring only
Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteraemia		6	≤7	2	0 - based on local contact
Clostridium Difficile		58	≤60	57	54
Cancelled Procedures (% of activity)		0.95%	≤0.8%	1.03%	≤0.8%
Stroke – 90% of time on a stroke ward (acute pathway)		82.8%	≥80%	84%	≥80%
Stroke – 90% of time on a stroke ward (combined pathway)		83.0%	≥80%	82.6%	≥80%

	2012/2013	Target		2013/2014	Target
Transient Ischemic Attack (TIA) – high risk patients having a brain scan within 24 hours	91%	≥60%		100%	≥60%
TIA – low/moderate patients having a brain scan within 7 days	96.8%	≥95%		100%	≥95%
Immediate Discharge Letters (Timeliness)	93%	≥98%		92.8%	≥98%
Immediate Discharge Letters (Quality)	89%	≥90%		90.3%	≥95%
Venous Thromboembolism	91.95%	≥90%		94.9%	≥95%
Appointment Slot Issues	0.27	≤0.1		0.40	≤0.1
Diagnostic 6 week breaches	0.41%	≤1.0%		0.6%	≤1.0%

The Trust has developed an action plan for meeting the 18 week target and treating cancer patients within 62 days of referral. These have been approved by the Trust Board and enhanced monitoring arrangements are in place.

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 185,791 finished consultant episodes completed in 2013/14, there was one sleeping accommodation breach of the standard.

Information Governance

Information Governance is about managing information to ensure openness, confidentiality and legal compliance, security of information 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 2013/2014 the Trust was able to demonstrate compliance at level 2 or above in all 45 standards and were awarded a "Significant Assurance" rating for the ICO Audit in March 2014.

Contributing to achieving this we have:

- a well established Information Governance Management Framework, Information Governance 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 across the Trust.
- extensive mandatory training provision, including access to both classroom sessions and on-line training tools.
- a mature policy framework covering confidentiality, information security and data protection.
- availability of expertise in all the information governance initiative areas.
- well established data quality procedures.
- well established procedures for responding to Access Requests and requests for information under the Freedom of Information Act.
- well established and automated health records management processes.

We did not report any information governance Serious Incidents requiring investigation to the Information Commissioner during 2013/2014.

The following table provides a summary of the personal data related incidents reported during 2013/14.

SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2013-14		
Category	Nature of Incident	Total
A	Corruption or inability to recover electronic data	0
B	Disclosed in Error	43
C	Lost in transit	2
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	7
F	Non-secure Disposal – hardware	1
G	Non-secure Disposal – paperwork	3
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	0
K	Other	10

SUSTAINABILITY AND CORPORATE SOCIAL RESPONSIBILITY

The Trust has a Sustainability Strategy, setting out our vision and plans for the delivery of sustainable healthcare locally. We are committed to reducing our carbon footprint, meeting emissions targets, protecting valuable resources, planning for climate change and acting as a good neighbour within our local community – all of which support the Trust in delivering effective, quality healthcare now and in the future.

This year the Trust was proud to be asked to host the first NHS Sustainability Day Roadshow giving the opportunity for the sharing of news, ideas and best practice with NHS colleagues and representatives from other organisations, such as local authorities.

This report gives an overview of the Trust's progress during 2013/14, with data in line with HM Treasury Financial Reporting guidance.

Energy and Emissions

Again, this has been a challenging year managing the increasing costs of energy. Despite the relatively mild winter, the average temperature remains colder than the 20-year average, driving up consumption for heating. However, the Trust's total gross carbon emissions fell to its lowest level in the last five years even when with the new inclusion of third party transport emissions.

The Trust uses a risk management strategy to control the purchase of electricity and gas, enabling buying and selling to minimise the financial risk due to the fluctuating market. As a result we have been able to improve unit costs when the markets started to fall in January.

Compared with 2012/13 the Trust has shown a 10% reduction in emissions from energy consumption alone. Most of the electricity supplied to the Trust is now sourced from Levy Exempt Electricity (from renewable sources). This enables the Trust to avoid paying the Climate Change Levy and supports the development of more sustainable forms of electricity generation.

Over the next two years, subject to capital funding, we aim to improve energy and emissions performance through projects such as the replacement of main boilers at Hull Royal Infirmary and the installation of Combined Heat and Power plant at Castle Hill.

Waste

The Trust has been concerned about the relatively high water consumption for some time, specifically at the Castle Hill site. A number of leaks had been located and fixed, but this year a substantial leak was uncovered and faulty pipework replaced. As a result water consumption reduced by 28%.

Recycling and Waste

The Trust's excellent performance in waste recycling continues with a further increase of 12.7% over 2012/13. Quantities of healthcare waste remain fairly constant despite increasing patient activity. There is a reduction in waste sent for incineration due to the improvement in on-site segregation combined with the move away from an incineration contract to alternative treatment.

Future developments include improvements to segregation, particularly of food waste which we continue to extend throughout the organisation.

Environmental

The Central Decontamination Unit has maintained its environmental accreditation ISO14001, first awarded in October 2012. We aim to extend the accreditation to other areas.

The Trust continues to comply with all current environmental legislation including both the Carbon Reduction Commitment (CRC) and the European Union Emissions Trading Scheme (EUETS). Changes in legislation have enabled the Trust to register as an opt-out site for phase three of the EUETS meaning that although we no longer have to submit allowances for emissions, we must continue to monitor and evidence good management.

Travel and Transport

Staff have been able to take advantage of free Park and Ride since October 2012. The number of journeys has continued to increase peaking at 111 per day. The service provides a short 10 minute journey from the West of the City direct to the Hull Royal Infirmary site. The Trust is also continuing with the car share scheme and the Cycle to Work scheme, with an additional 73 staff purchasing bikes during the year. The use of video-conferencing continues to increase in line with improvements in supporting technology. The benefits are fewer expenses claims, less travelling time and reduced carbon emissions.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST SUSTAINABILITY REPORT 2013/14

GREENHOUSE GAS EMISSIONS		2009-10	2010-11	2011-12	2012-13	2013-14
Non-Financial Indicators (tCO ₂)	Total gross emissions	30,858	30,887	29,050	31,529	29,037
	Scope 1 emissions (direct) gas	16,002	16,564	14,700	16,365	14,933
	Scope 2 emissions (indirect) electricity	14,856	14,322	14,350	14,576	13,189
	Scope 3 (indirect) supplier transport emissions				589	916
Related Energy Consumption (kWh)	Electricity Non-Renewable	24,033,056	23,384,555	25,661,668	1,558,395	10,104,829
	Electricity Renewable	1,009,000	1,529,000	37,000	24,244,775	16,578,639
	Gas	85,274,000	88,463,000	78,727,000	86,258,942	80,729,427
Financial Indicators (£)	Expenditure on Energy	408,303	4,383,884	4,717,187	5,081,650	6,035,057
	Carbon Reduction Commitment Expenditure		294,108	284,856	281,196	279,408

Performance

Gross emissions have returned to a downward trend this year, partly as a result of a return to weather more in line with historical norms. This is also the lowest emissions figure produced in the last five years.

Strategy for Reducing Energy Use

Plans to replace the ageing Hull Royal Infirmary boilerhouse plant and to install Combined Heat and Power plant at Castle Hill Hospital will be put forward in 2014/15. If approved, both projects will support the achievement of the 10% reduction in carbon emissions from the revised 2010 baseline.

WASTE			2009-10	2010-11	2011-12	2012-13	2013-14
Non-Financial Indicators (tonnes)	Total waste		4,231	2,871	2,712	2,779	2,851
	Clinical Waste (ink Hazardous)	Landfill			501	368	587
		Incinerated with energy recovery					
		Incinerated without energy recovery	1,332	1,204	695	818	589
		Non-Hazardous Waste	Landfill	2,519	1,036	233	155
		Reused/Recycled	380	631	1,283	1,374	1,548
		Composted				64	54
Non-Financial Indicators (tonnes CO ² e)	Clinical Waste (inc. Hazardous)*	Landfill				304	146
		Incinerated with energy recovery				87	66
Financial Indicators (£k)	Total disposal cost (£)		856,514	790,477	610,971	642,695	645,580
	Clinical Waste inc. Hazardous)	Landfill			174,376	135,424	226,611
		Incinerated with energy recovery					
		Incinerated without energy recovery	690,986	637,421	254,511	301,024	
		Non Hazardous Waste	Landfill	145,006	118,413	34,417	30,109
		Reused/Recycled	20,522	34,643	147,667	152,074	163,434
		Composted				10,884	6,251

Performance

There is a slight increase to total volume of waste due to the disposals associated with the number of service changes and relocations. The Trust was achieving zero domestic waste to landfill for 6 months of the year until contractor plant failure resulted in reduced materials recovery. Clinical waste emissions from last year have been re-assessed and moved to the incinerated without energy recovery category due to uncertainty regarding the level of energy recovery. All emission are now shown in the without energy recovery category.

Strategy for Reducing Waste

Food waste continues to be an area of focus. New segregation has been put in place in main kitchen areas and a number of wards, bringing a reduction in the quantity of packaging contamination.

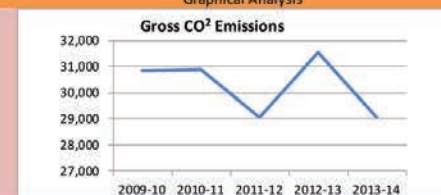
FINITE RESOURCE CONSUMPTION : WATER		2009-10	2010-11	2011-12	2012-13	2013-14
Non-Financial Indicators	Water Consumption (m ³)	360,071	337,657	344,214	358,910	279,813
	Water tonnes CO ₂ e				158	96
Financial Indicators (£k)	Water Supply Costs	658,757	596,536	609,519	650,930	570,315
FINITE RESOURCE CONSUMPTION : TRANSPORT		2009-10	2010-11	2011-12	2012-13	2013-14
Vehicle Mileage	Own Vehicles Mileage				123,511	259,707
	Own Vehicles CO ₂ Tonnes				37	93
	Patient Transport Mileage (YAS Contract)				1,209,462	1,138,839
	Patient Transport CO ₂ Tonnes				481	493
	Non Patient transport Mileage				270,298	214,856
	Non Patient Transport Mileage CO ₂ Tonnes				108	93
	All Other Patient Transport Mileage				712,060	894,148
	All Other Patient Transport Mileage CO ₂				262	330
	Business Miles				1,766,427	1,165,390
	Business Miles CO ₂				344	356.78
	Total Transport Mileage				4,081,758	3,672,940
	Total Transport Mileage CO ₂ Tonnes				1,231	1,366

Performance

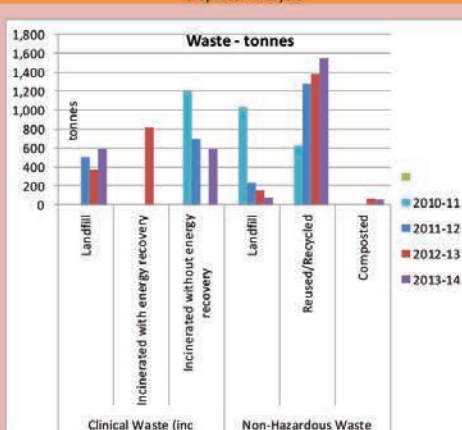
Locating a number of leaks and replacing the faulty pipework has resulted in a dramatic reduction in the amount of leakage. Some leaks were difficult to uncover as they occurred around the same time as new facilities opened so had previously been included in baseline figures. Going forward the Trust has reprofiled its water usage.

The transport mileage figures have increased due to the a number of Trust fleet vehicles being unaccounted for in last year's figures. For consistency, these have not been changed but are available and have been incorporated into the Trust transport internal figures. The other notable change is a result of more accurate categorisation of patient transport providers. The Trust has seen an increase in the number of patient journeys.

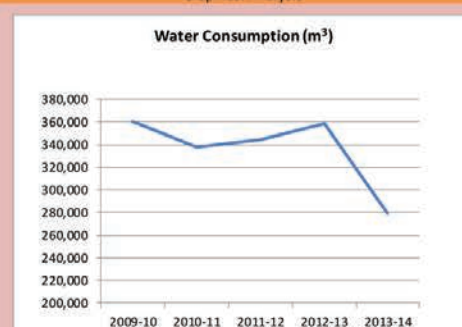
Graphical Analysis



Graphical Analysis



Graphical Analysis



EQUALITY AND DIVERSITY

The Trust is currently working in partnership with strategic local partners including the Humberside Police and Crime Commissioner, Humberside Police, Humberside Fire and Rescue, East Riding of Yorkshire Council, Humber NHS Foundation Trust, NHS East Riding of Yorkshire Clinical Commissioning Group and the North Yorkshire and Humber Commissioning Support Unit. The purpose of the partnership approach is to share knowledge and best practice whilst working to promote equality and diversity across Hull and the East Riding.

The Trust believes in fairness, equality and above all values diversity in 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.

In January 2014 a formal Equality and Diversity Group, chaired by the Director of Workforce was established. The group, which has both an employment and service aspect, has met on a monthly basis. The group has actively sought representation from key staff within Health Groups who are able to influence the Equality and Diversity agenda at a local level. The group is also seeking representation from the Lesbian, Gay, Trans, Bisexual (LGBT), Black Minority Ethnic (BME) and Disabled communities within the Trust.

The Trust also continues to use the Equality Delivery System (EDS) toolkit, to review and improve its performance for people with protected characteristics. The EDS toolkit assists the Trust to understand how equality can drive improvements, strengthen the accountability of services to those using them, and to create a workplace free from discrimination.

Further Equality workforce and service information can be found on our website.



**Clinical Skills Training &
Dermatology Department**

CAPABLE EFFECTIVE VALUED AND COMMITTED WORKFORCE

OUR ACHIEVEMENTS IN 2013/14

- The Trust achieved its attendance target of 96%.
- The Trust improved its performance on mandatory training by 4.7% compared with the previous year.
- The retention target improved from 91.9% (2013/14) to 92.3% in 2013/14.
- 30 pioneer teams undertook at variety of projects.
- Great Leaders management development programme commenced in October 2013.
- Occupational Health Department supported the Trust's flu vaccination campaign resulting in 82.6% of staff vaccinated and was one of the 3 highest achieving acute Trusts in the country.

Staff Employed at 31st March 2013		
Age	Headcount	%
17-21	106	1
22+	8100	99

Ethnicity	Headcount	%
White	7196	88
Mixed	64	1
Asian or Asian British	572	7
Black or Black British	111	1
Other	263	3

Gender	Headcount	%
Male	1820	22
Female	6386	78

	Headcount	%
Record Disability	112	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	2013-14
	Number	Number	Number
Total Days Lost	66114	66937	57883
Total Staff Years	7080	6839	6682
Average Working Days Lost	9.3	9.8	8.7

Staff survey results

The results of the 2013 NHS Staff Survey were published in April, 2014. In total 840 surveys were issued to a sample of our staff in September 2013. 450 staff at our Trust took part in the survey (including 180 nurses and 49 doctors). The response rate for the Trust was 52% which is average compared against other acute Trusts, however a vast improvement on the 2012 response rate of 35%.

Answers to each of the survey questions are clustered into Key Findings. There are a total of 28 Key Findings in the 2013 survey. These can be summarised as follows:

- 3 issues in the best 20% of trusts
- 0 issues better than average
- 4 issues at the average
- 8 issues worse than average
- 13 issues in the worst 20%
- 5 issues have improved since 2012
- 0 issues have deteriorated since 2012

Overall staff engagement score is 3.56 which is an improvement on the 2012 score of 3.46. However, this is still below the national average of 3.73. The five areas where the Trust improved significantly reflect areas of focus in 2013 – including the development of a new appraisal system - and are as follows:

- Percentage appraised in the last 12 months – (85%)
- Percentage of staff having well-structured appraisals in the last 12 months – (33%)
- Support from immediate managers – (3.59)
- Fairness and effectiveness of incident reporting procedures – (3.46)
- Staff recommendation of the Trust as a place to work – (3.41)

The Trust has identified key areas for improvement within each of the Health Groups and Directorates as well as support services, including Governance and Education and Development. Each area has agreed a set of actions to address issues which are most affecting their performance in the survey. These will be worked on during 2014 and progress reported to the Performance and Finance Committee.

At a Trust-wide level the Organisational Development (OD) programme will continue to address some of the issues the Trust faces in terms of its leadership capability and staff engagement. The OD team will also undertake a specific piece of work to identify and address stress and bullying issues.

In March 2014 the Trust had great success in the Health Education England Apprentice awards for the Yorkshire and Humber region. Winning Non-clinical Apprentice of the Year, Apprentice Supporter of the Year; Runners up in Apprentice Champion of the Year, Clinical Apprentice of the Year and finalist in Employer of the Year and a further nomination in non-clinical Apprentice of the Year.

PIONEER TEAMS

We have continued with our flagship programme of Pioneer Teams, which has seen over 30 teams working on projects that matter to them and our patients, over an intense 12 week period. These teams are given permission to make it happen by the Trust and this includes them being sponsored and supported by our Board, Corporate and Health Group Directors. Alongside structured training and development that ensures they know how to engage with their stakeholders, manage change effectively and get outstanding results for their staff, patients and the wider hospital/health community.

HEY GREAT LEADERS

The Trust launched the Great Leaders programme in October 2013. A total of 120 Leaders began the programme with a further 120 due to begin throughout 2014/15. The managers on the Great Leaders programme attend 4 separate modules during the 9 months they are part of the course. This ranges from a workshop with Achieve Breakthrough to consider their leadership approach and to work on an engagement or improvement project, to modules in Great Staff (people management), Great Care (systems thinking and service improvement), and Great Future (business planning and finance).

All sisters, matrons, therapies managers and lead scientists, along with business managers and key managers from the corporate directorates will complete the programme by March 2015. This will ensure there are managers in every area who understand the direction the Trust is travelling in in terms of leadership, and have been supported to develop the necessary skills to take their teams along on this journey. We also offer spaces to aspiring leaders who want to apply or have been nominated by their manager.

Feedback from all the waves so far as been extremely positive with each module's evaluations scoring highly on the overall impact each module is having. Our Great Leaders Feedback shows how the modules are impacting on them:

"Work through problems and give staff the chance to work through problems instead of always solving them for them."

"Accepting that for some of my difficult barriers, there is only me that can solve them..."

OCCUPATIONAL HEALTH

The Occupational Health Service provides a comprehensive service to Trust staff, volunteers and contract staff. The service underwent its annual assessment and was successful in maintaining national accreditation for the quality of the services it provides. The service also shares its expertise with a number of small organisations in the local community including several charitable organisations.

The Occupational Health Service is responsible for managing the Trust's annual staff seasonal flu vaccination campaign. The Department for Health set Trust's a target to vaccinate 75% of frontline healthcare workers to be eligible for a share of £250 million pounds of winter pressure money in 2013/14. The Trust achieved a vaccination rate of 82.6% and was one of the three highest achieving acute trusts in the country

THE NURSING HEARTS AWARDS

Our wards are busy and the demands on staff are high, but faced with these pressures we still find time to empathise with our patients, provide the care they need and drive improvements in our service.

And these efforts don't go unnoticed, as the hundreds of thank you cards which line the walls of our wards and departments will testify.

Based around the categories for the Trust's overall Golden Hearts Awards, for this first time this year we introduced a series of awards specifically for nursing and midwifery staff. Awards were made across seven categories and the winners were announced at the end of the Trust's Nursing Conference on 22 March 2013.

WE'RE MAKING IT BETTER

WINNER: Sister Elaine Pardoe and the Plastics Trauma Team

As part of the new Plastics Trauma Clinic, Elaine and the team have helped to improve many aspects of the patient experience for those attending with trauma injuries.

WINNER: Elizabeth Morris and Gynaecology Outpatient Team

Elizabeth and the team have been instrumental in broadening the range of contraceptive services available to patients via the gynaecology and obstetric unit.

TEAM OF THE YEAR

WINNER: Sister Gillian Martin and the Ward 70 Team

Ward 70 is a 28 bedded ward at Hull Royal Infirmary looking after older people who are acutely ill. Over recent months, Sister Gillian Martin and the rest of the multi-disciplinary team have been working hard to ensure the needs of deteriorating patients are highlighted and to test initiatives designed to improve the care they receive.

OUTSTANDING MIDWIFE OF THE YEAR

WINNER: Lorraine Cooper

Lorraine is a Labour Ward Coordinator and has been a Contact Supervisor of Midwives (CSoM) since July 2011. Since taking on the latter role, she has been instrumental in helping the team to develop a supervision strategy which supports midwives to practice safely and effectively, and has gone over and above to keep team members motivated during some very difficult periods.

OUTSTANDING REGISTERED NURSE OF THE YEAR

WINNER: Margaret Bradley

As Team Leader for HRI Theatre, Maggie is highly effective in organising her team to deliver efficient and productive theatre sessions. Key to her success is her ability to communicate effectively, keeping information flowing between the different professionals and regularly acknowledging the contributions of her team to patient care.

OUTSTANDING NON REGISTERED NURSE OF THE YEAR

WINNER: Tina Busby

Tina Busby is a Nursing Auxiliary working in Gynaecology Outpatients at the Women and Children's Hospital. Tina is organised and supportive, ensuring the needs of staff are met in order to support the smooth running of the service.

VALUING OUR CUSTOMERS

WINNER: Sister Lou Beedle and the C30 Team

The team on Ward 30 is dedicated to providing patients with the best possible care at all times. Un-phased by recent changes which have seen the ward become a 'five day' ward, all staff have handled these developments professionally and in an upbeat manner.

NURSE LEADER OF THE YEAR

WINNER: Sister Jackie King

Jackie is a Ward Sister on the 6th floor of Hull Royal Infirmary, and has been described by her colleagues as the epitome of professionalism. She has earned the respect of her colleagues by fostering a culture of openness and good communication; taking the time to listen to her staff, to involve them in decisions and respect their opinions.

LINK LISTENER INTERVIEW – ANNELI JAMES

- **When did you become a Link Listener and why did you put yourself forward?**

I became a Link Listener in October 2012 and to be perfectly honest it was actually my manager, Lisa Baldwin that put me forward, I think perhaps she thinks I'm a busy body! I was quite dubious initially but soon settled into the role.

- **What difference do you think it has made to people in your department?**

It has made a huge difference not only to my colleagues but also to our patients I now have a point of contact for any issues or suggestions. Prior to the Link Listener programme we were desperately trying to get a heater put into our reception area as it was so cold but we just weren't getting anywhere. I brought this up and within a couple of weeks we had one fitted, thus making it more comfortable not only for the patients, many of whom are elderly, but also to our receptionist who was really struggling during the winter months.

- **What has been the highlight of the last year and why?**

Most definitely winning my Golden Hearts award, I have never won anything in my life and it was a huge privilege to win this. I have had great support from not only my own team but also the executive board involved in the Link Listener programme, particularly Myles Howell and Anne Burdis who have been wonderful.

- **What would you say the incentive is for other people to become Link Listeners?**

It brings great sense of achievement, if your team have any concerns regarding rumours they have heard, you can get an immediate answer for them which helps staff morale.

- **What have you gained from the experience and would you recommend it?**

It makes you feel a valued member of the Trust and not just another person on the payroll. For the Chief Executive to actually know my name and listen to suggestions I have made has been highly encouraging.



GOLDEN HEARTS 2013

This year's Golden Hearts awards ceremony took place at Willerby Manor on 17 May. Showcasing many outstanding examples of how our colleagues have gone the extra mile to innovate, to improve and generally deliver a better care experience for our patients, the evening was once again a glittering success. And as it was Golden Hearts, it was only fair that we brought in Olympic gold medal winner Luke Campbell to present the award for Outstanding Moment of Magic.

HEY! WE'VE PLANNED OUR FUTURE

Winner: Operating for Organisational Success (OFOS)

Quality improvement is at the heart of the Operating for Organisational Success (OFOS) Programme. A strategy is in place to reconfigure surgical services across the Trust, which involves improving the experience and outcomes for both patients and staff.

HEY! WE'RE STRONGER TOGETHER: OUTSTANDING TEAM OF THE YEAR

E-roster Implementation Team

E-rostering was implemented to improve efficiency and release staff to care for patients. From the outset the e-rostering team prioritised the behaviours they wanted to keep as a bedrock of decisions made during roll out, such as empowering others and bravely challenging unsafe practice or low standards.

HEY! WE'RE MAKING IT BETTER

Plastics Trauma Clinic

The Plastics Trauma clinic opened in December 2012 and has already seen well over 500 patients. Patients generally access the plastic trauma pathway following incidents such as dog bites, work injuries, or dislocations.

HEY! WE'RE GREAT LEADERS

Helen Hudson

Helen is the Divisional Nurse Manager for Emergency Medicine. She spends a large proportion of her time on the shop-floor, making her visible and approachable to staff, and making sure the Six Cs of nursing are at the heart of all the team does.

HEY! EVERY PERSON MATTERS - LINK LISTENER OF THE YEAR

Anneli James, Senior Associate Research Practitioner

Anneli was voted as the Trust's Link listener of the Year based on her outstanding commitment to the role. She ensures others in her team are kept in the loop and given the opportunity raise questions or concerns back with the Executive Management Team. Anneli has truly embraced her responsibility as a Link Listener.

HEY! PROUD OF OUR STAFF - MOMENTS OF MAGIC***Susan Chadwick, Clinical Imaging Support Worker***

Susan won the award for the kindness she showed to a frail 93-year old patient. Disorientated after leaving hospital, Sue walked him to the bus stop in the pouring rain but, still concerned for his well-being, she chose to pay for a taxi herself to ensure he returned home safe and sound.

HEY! VALUING OUR CUSTOMERS***Butterfly Scheme Team***

The team has designed and implemented a trust wide dementia screening tool for all patients admitted to the Trust, which has seen thousands of people screened and helped to diagnose early dementia in many patients.

OUTSTANDING INDIVIDUAL OF THE YEAR, NON CLINICAL***Carol Thackeray, Clinic Preparation Clerk***

Carol is very focused on her work, and if there are any notes she can't find she will become Sherlock Holmes until she does! She performs a lot of jobs not normally associated with a clinic prep role, such as booking appointments for bone scans, which often means working later or starting early.

OUTSTANDING INDIVIDUAL OF THE YEAR, TECHNICAL AND SCIENTIFIC***Sally Fenton, Clinical Lead Physiotherapist***

Sally has led her team to bring about many positive changes, generating new ideas to develop the service and working up clear plans on how to transform these into practice. Once she embarks upon a task she always delivers.

OUTSTANDING INDIVIDUAL OF THE YEAR, MEDICAL***Dan Harman, Consultant***

Dr Harman has a clear vision to improve the care of patients with dementia and their carers/families. He has significantly raised the profile of dementia care within the trust, and ensures national best practice in dementia care is implemented locally.

OUTSTANDING INDIVIDUAL OF THE YEAR, NURSING***Angi Rymer, Sister (Women & Children's)***

Angi shows dedication, commitment and a passion for improving services for staff and patients. She ensures her staff feel valued every day, taking time to talk to them, to implement their suggestions and ensure everyone understands the strategy for obstetric care.

SPECIAL RECOGNITION - OUTSTANDING STAFF ENGAGEMENT AND IMPROVEMENT***Janet Chambers, Portering Supervisor***

Janet is a truly inspirational individual. In June 2012 she put herself forward to lead a project as one of our original Pioneer Teams. Janet felt that patient privacy and dignity could be improved when transporting patients in the lifts at Hull Royal Infirmary.

SPECIAL RECOGNITION - CORPORATE SOCIAL RESPONSIBILITY***Awarded to all staff who helped to run the Homeless Shelter this winter***

This award was given to a team of people from across the Trust who helped to make things that bit easier for local homeless people over the winter. Many staff, including members of the estates team, security, catering, cleaning, medics, and nurses gave up their own time to help run the shelter on Anlaby Road between December and March. The award was accepted by Steve Roberts, but everyone helped to make this possible.

TOP ACCOLADE FOR 'UNSUNG HERO'

Colleagues from the Department of Anaesthesia & Critical Care explain how one of their most revered team members has finally been awarded the recognition he deserves.

Every department has one or two 'unsung' heroes; people whose contributions to their department are immense but somehow never receive the due recognition or accreditation. For two decades, Dr Mike Donaldson has been working tirelessly as a college tutor, programme director, college assessor on appointment committees and senior appraiser. On Friday 17th January 2014 at a national congregation of more than 800 anaesthetists, the Association of Anaesthetists of Great Britain & Ireland (AAGBI). Mike was awarded the prestigious Evelyn Baker Gold Medal for his 'outstanding clinical competence, technical proficiency, consistently reliable clinical judgement and wisdom, and skill in communicating with patients, their relatives and colleagues. Mike is the 16th recipient of this esteemed honour in the 82 year history of the AAGBI.

Congratulations go to Dr Shakeel Riaz, who has successfully completed the NHS Vanguard Programme for emerging leaders, organised through the NHS Institute of Innovation. As well as receiving a structured teaching programme and participating in management meetings, Dr Riaz was required to lead a project and present the results of his work at a high profile national event. He chose to design and create a patient information video for the surgical admission lounge within our Trust, and in doing so was able to foster excellent team working with web services colleagues, nurses and managers.

The Trust's Clinical Skills Team and the teacher practitioners under the leadership of Dr M Purva, Director of Medical Education, have developed a new course designed to improve patient care through simulation based learning. Nursing and Midwifery Simulation (NAMS) is being rolled out to registered nurses and midwives in a bid to complement their existing technical and non-technical skills for the benefit of patients. The NAMS course provides a supportive learning environment in which nurses and midwives can practice and develop their skills by responding to simulated scenarios which have been tailored to their work area or specialty. The training takes place in just half a day, and as well as helping individuals to practice their individual skills, the training also supports team building and the SBAR (Situation, Background, Assessment, Recommendation) mode of communication, which staff can then take back and implement in real-life clinical situations. Every session concludes with a debrief and feedback, and staff are guided through the process of self-evaluation, which places the emphasis firmly on learning and development rather than performance evaluation.

The Science Council has recently announced the Queen's Centre's Professor Andy Beavis as one of the UK's Top 100 Practising Scientists. He was recognised for his work resulting in the development of an entirely new way of using virtual simulation technology to enable trainee radiotherapists to learn and practice their skills safely. The VERT system (Virtual Environments for Radiotherapy Training) is now used worldwide from Vancouver to Wellington. It is now in use in over 100 institutions, including every training school in the UK. Alongside the invention of VERT, Andy and his team at the Trust have also worked with the Department of Health to train other radiotherapy departments in state of the art techniques including Intensity Modulated Radiotherapy Treatment.

at leaders 

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EFFICIENT AND ECONOMIC USE OF RESOURCES

OUR ACHIEVEMENTS IN 2013/14

- We achieved a surplus of £5.9m for 2013/14 and met all our statutory duties.
- £21.9m cash releasing efficiency savings were achieved in 2013/14.
- Capital expenditure for the year was £27.5m, in line with the revised capital plan.
- The Trust's risk rating was 3 against Monitor's new Continuity of Service Risk rating.

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.

Our published accounts include some values that would mean our results would be misleading if we did not adjust for them. Once these are taken into account our underlying surplus is as set out below.

Table 2: Operating, Reported and Underlying surplus/(deficit)	£ million
Reported Operating Surplus	13.0
Finance and other non-operating items	(5.0)
Public Dividend Capital dividend	(6.5)
Reported Retained Deficit	(1.5)
Changes in the value of buildings	3.1
Adjustment for changes in accounting rules ("IFRIC 12")	1.1
Adjustments for donated assets	0.2
Underlying Surplus	5.9

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 £20.047m. Part of this decrease in value (£4.150m) is reported as part of the surplus for the year, with the remainder shown as a movement in our statement of financial position. These are accounting entries and do not involve any cash transfer.

We have continued to invest in patient facilities and spent a total of £27.5m during the year, including £20.3m on buildings, £2.5m on IT, and £4.7m 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 main Clinical Commissioning Groups are Hull and the East Yorkshire, but we also receive funding directly from NHS England.

Sources of Income

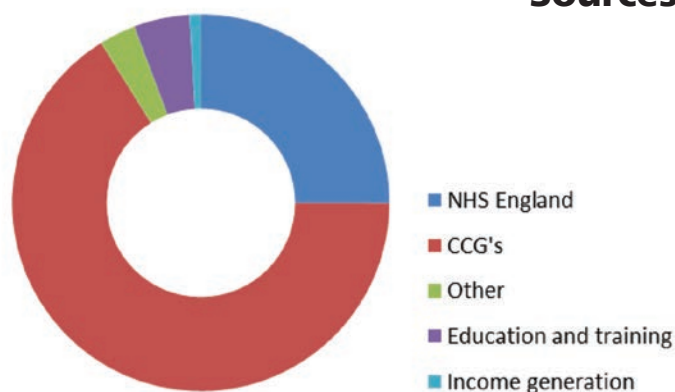


Table 3: Income	£ million
NHS England	127
CCG's	335
Other	16
Education and Training	24
Income generation	5
Total	507

What we spend our Resources on

Our biggest area of expenditure is on our staff. We paid them £295m during the year. An analysis of our spending during 2013/14 is shown below:

Table 4: Operating Expenditure

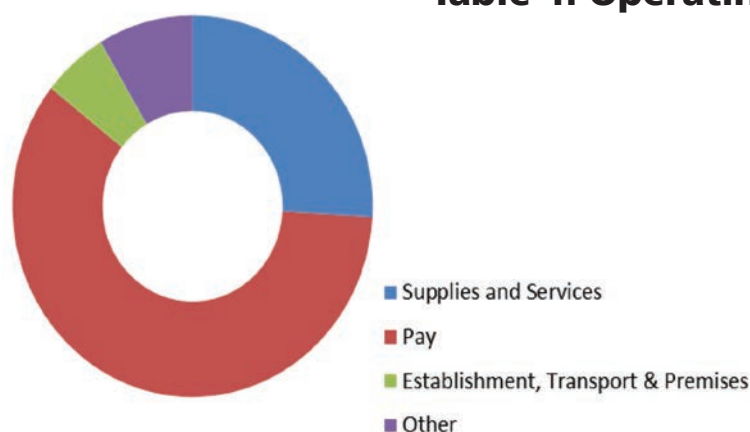


Table 4: Operating Expenditure	£ million
Supplies & services	128
Pay	295
Establishment, Transport and Premises	29
Other	42
Total	494

Highest Paid Director

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in Hull and East Yorkshire Hospitals NHS Trust in the financial year 2013-14 was £250,000-255,000 (2012-13, £230,000 - £235,000). This was 9.4 times (2012-13, 8.3%) the median remuneration of the workforce, which was £26,805 (2012-13, £28,083). The difference between years is a consequence of a different individual becoming the highest paid director and changes in the workforce mix.

In 2013-14, no employees received remuneration in excess of the highest-paid director (2012-13, one). Remuneration ranged from nil to £252,246 (2012-13 £nil - £244,870). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Prompt Payment

Although not a statutory duty, the Trust is measured on its performance against the “better payments practice code” (BPPC). We signed up to the Prompt Payment Code in 2010. The BPPC 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 2 claims which totalled £30 from suppliers under the “Late payment of commercial debts (interest) Act 1988.” In 2012-13 we had 10 claims for a total of £187.

Efficiency

We continuously review all areas of the Trust’s business to find ways we can be more efficient, provide better value for money and a better patient experience. Our efficiency savings programme aims to deliver £63.3m of continuing year on year savings over the next three years. There are targeted improvements through a number of initiatives that facilitate increases in day case rates, reductions in length of stay and more efficient use of clinical staffing resources and highly capitalised assets, particularly operating theatres.

These savings are necessary for the Trust to remain financially viable and continue to provide high quality healthcare to our patients in a sustainable way. It also enables the Trust to continue to develop and invest in services as part of our overall Clinical Strategy and Business Plan.

Looking Ahead

As part of the NHS we face the same need to become more efficient 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 1.5% in 2014/15, and we will need to improve our productivity and efficiency in line with this.

We will also need to adapt to changes in the way services are provided. Our Clinical Commissioning Groups are looking for services to be provided more locally, and NHS England is looking to rationalise specialist provision.

Our capital expenditure programme will expand significantly to provide services that are fit for purpose and in particular that respond to the issues identified through the recent Care Quality Commission report. This will include making improvements to our Emergency Department and replacing medical and radiology equipment. We will also invest in improvements to our patient record and IT systems, and in transforming the way we provide services. Capital spend will support planned improvements to our surgical services, and to the rationalisation of elective and non-elective services between the Castle Hill and Hull Royal sites respectively.

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 6 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 Non Executive Directors brought a diversity of skills and backgrounds to the Board. This included clinical expertise, voluntary, public and commercial experience. In March 2014 half of the voting Board members were women. There has been one Associate Non Executive Directors in post during 2013/14.





There were six meetings of the Trust Board in public in 2013/14.





Development of the Board






During 2013/14 there were eight Board development sessions. A broad range of topics were covered. Topics included reviewing the Monitor Quality Governance Framework, stakeholder mapping and development (which included presentations from the Clinical Commissioning Groups and Dove House Hospice) nurse staffing levels, Francis Report and Board quality and safety walk rounds.

Board effectiveness has also been considered as part of the Quality Governance Framework. The key areas for the self assessments include review of strategy, capabilities and culture, processes and structures and measurement.

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. Left the Trust: 31 May 2014	5/6
	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. He is currently a pro-Chancellor of the University of Hull and Chair of their Finance and Investment Committee, he is also a Board member of the Hull York Medical School. Term expires: 30 April 2017	5/6
	Mr John Hattam (Non Executive Director/Senior Independent Director) Non Executive Director of the Trust since June 2008. John is an experienced commercial professional with extensive senior sales and marketing experience in both blue chip multinationals and smaller companies. Since 2007 he has used this experience to run his own training and consultancy business working with private sector clients. He also works in the public and third sectors delivering behaviour change programmes for a range of clients including local authorities and health commissioners, and has also experience as a NHS provider running physical activity pathways in Essex and Bedfordshire. Term expires: 31 May 2016	6/6
	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 works as a health management consultant and as an associate at Leeds University Business School. Previously he has held executive posts in Primary Care Trusts and worked extensively in international health development. Term expires: 19 October 2015	5/6
	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. Left the Trust: 28 February 2014	5/5

	Non Executive Directors	Board meetings attended
	<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>	6/6
	<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. Left the Trust: 30 April 2013</p>	1/1
	<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 a Non 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). Term expires: 31 March 2015</p>	5/6
	<p>Professor John Hay (Associate Non Executive Director) A member of Department of Health's Healthcare Science Strategic Advisory Group in Higher Education, now the Council of Healthcare Science in Higher Education. Professor Hay joined the Trust as an Associate Non Executive Director in October 2013. He is a Member of the Kent, Surrey & Sussex Deanery Advisory Board, and a stakeholder Governor at Ashford & St Peter's Hospitals NHS Foundation Trust. He has 14 years' experience in industry, followed by academic experience since 1994. He was also Pro-Vice-Chancellor (Research and Enterprise) at the University of Hull as well as a NHS Foundation Trust Governor and School Governor/ Trustee of London Orphan Asylum and a Trustee of Ferens Education Trust. Left the Trust: 30 June 2014</p>	2/4

	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. Left the Trust: 17 April 2014	5/6
	Professor Ian Philp Professor Philp joined the Trust in September 2013 from South Warwickshire NHS Trust where he was Executive Medical Director. He has 25 years' experience as a Consultant in the Care of Older People. From 2000 -2008 he was the Older Peoples "Tsar" in the Department of Health. He directs the EASY-Care International programme for communicating the needs of older people. He has commissioned and led courses on medical leadership for a number of health organisations. Professor Philp was awarded a CBE for Services to Health Care in 2008 in the Queen's Birthday Honours.	4/4
	Miss Amanda Pye (Chief Nurse) Joined the Trust as Interim Chief Operating Officer and was appointed substantively in March 2011. In March 2013 she was appointed as the Chief Nurse. 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.	6/6
	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. Left the Trust: 17 May 2013	1/1
	Mrs Pauline Lewin (Chief of Infrastructure and Development – Non voting) Mrs Pauline Lewin has served on the Board since 2003. She has 39 years service in the NHS and previously worked a Head of Estates and Facilities in East Yorkshire Hospitals and Edinburgh Priority Services Unit. She has extensive experience in estates and facilities management and has worked nationally. Her reputation is for delivery of high quality services cost effectively.	1/6

	Executive Directors	Board meetings attended
	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.	5/6
	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.	5/6
	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 operations and also a performance Lead for the Intensive Support National Cancer Waits Project and 18 Weeks.	6/6
	Ms Jacqueline Myers (Director of Planning and Delivery) Ms Myers was appointed in July 2013. She was previously Director of Planning at Leeds Teaching Hospitals NHS Trust as well as Divisional General Manager and the Lead Cancer Manager. She has experience in strategic vision, business and service planning, project management and service redesign.	5/5
	Ms Liz Thomas (Director of Governance & Corporate Affairs) Ms Thomas has 22 years' experience in the NHS and 8 years working in the health service in New Zealand. She has been a General Manager in Medicine and Surgery divisions and is a Chartered Company Secretary.	6/6

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 of having an Audit Committee and a Remuneration Committee, the Trust has established a Performance and Finance Committee, a Quality, Effectiveness and Safety Committee and a 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 2013.

AUDIT COMMITTEE

The aim of the Audit Committee is to provide assurance on the Trust's systems of internal control, integrated governance and risk management. There were 7 meetings of the Audit Committee in 2013/14 which included 2 extraordinary meetings, one to consider the Annual Accounts and one to consider a report which had been commissioned by the Committee from KPMG regarding remuneration and expenses. All meetings of the Audit Committee were quorate with the exception of the first part of the meeting in February 2014. At the February 2014 meeting decisions were ratified once the meeting became quorate. Attendance is detailed below:

Members	Attendance
Mrs U Vickerton	7/7
Dr K Hopkins	4/7
Mr J Hattam	5/7
Dr D Ross	6/7

The Committee reviewed relevant disclosure statements in particular the draft Governance Statement, the Quality Accounts and the Head of Internal Audit Opinion. The Head of Internal Audit gave signification assurance that there was a generally sound system of internal control and that controls were generally being applied consistently. However some weaknesses were identified most notably in claims management, IT server operational management, consultant job plans and CRES programme management.

The Committee reviewed the financial statements before they were considered by the Board and received the Annual Audit letter. Reports were received from the External Auditors at each meeting which highlighted interim audit key findings, resources and provided a technical update.

Minutes and other updates from the work of the Governance & Assurance Committee, Quality Effectiveness and Safety Committee and Performance and Finance Committee were considered which contributed to the overall view of governance and internal control.

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. These included Payment by Results Data Assurance Framework report, Reference Costs, Losses and Special Payments and the Register of Gifts and Hospitality.

The Committee had a development session on the 15th October 2013 during which it conducted a self-assessment of its performance. In addition at the session external auditors updated the Committee on quality governance in the current NHS climate, the new commissioning landscape and the new role of governors in Foundation Trusts.

The Committee tendered for its internal audit services during the year. A contract was awarded to Mersey Internal Audit Agency which commenced on 1 April 2014.

Internal Audit

East Coast Audit Consortium was the Trust's Internal Auditors for the year 2013/14. The Committee approved the Internal Audit Plan in April 2013. The plan was based on a local risk assessment aligned to the Trust strategic risks. The proposed fee for 2013/14 was £123,140, this excludes the charge for the counter fraud service of £19,216. 38 audit reviews were identified on the audit programme and of these 12 received limited assurance (at 7 April 2014) and 5 audits were not progressed as they were no longer considered a priority. The limited assurance reports included Pharmacy System General Controls, IM&T Issues, Consultant Job Plans, CRES Programme Management, Outpatient Cancellations, Claims, Business Planning and Emergency Department 4 hour waits.

The Trust tendered for internal audit services in 2013, presentations were received from interested parties in December 2013 and the contract was awarded to Mersey Internal Audit Agency which commenced on 1 April 2014.

External Audit

KPMG was the Trust's external auditors for the year 2013/14. The total charge for work undertaken during the year was £139,911. Of this £12,000 was for the audit of our Quality Accounts and £115,592 for the audit of our financial accounts and £12,319 for other work carried out under the code of Audit Practice.

The Audit Committee receives the annual accounts, the annual audit letter and other reviews and reports completed by the auditors during the year.

External auditors reviewed and reported on the Trust's use of resources and provided an opinion on the Trust's annual accounts. At each meeting of the Audit Committee KPMG brought to the committees attention technical updates on a wide range of topics, which had an impact on the health sector as well as highlighting issues relating to leadership drawing on experiences from other countries.

REMUNERATION AND TERMS OF SERVICE COMMITTEE

The Remuneration and Terms of Service Committee met on 4 occasions during 2013/14 in line with its terms of reference. Membership of the Committee comprised the Trust Chairman and all Non-Executive Directors. The Chief Executive was invited to the Committee but was not present when his own salary and terms of service were discussed. The Chief of Workforce and Organisational Development also attended the Committee. Non Executive Director attendance is detailed below:

Member	Number of meetings attended
R Deri	4/4
J Hattam	3/4
K Hopkins	4/4
V Walker	4/4
D Ross	3/4
U Vickerton	4/4
A Snowden	4/4

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 in 2013/14 with the exception of one Chief. The Chief Operating Officer also received an increase in salary of £5,000 as a result of taking on the role of Deputy Chief Executive. Severance arrangements for 3 senior managers were discussed by the Committee in October 2013.

There is an appraisal framework in place for Executive Directors which is led by the Chief Executive. The framework comprises 10 attributes which include assessment against meeting agreed objectives and delivering results, strategic thinking, contribution to the Board, contribution to executive team

performance and to Health Group development. Each Director is given a score using a 6 point scale ranging from extraordinary performance to unsatisfactory performance. The June 2013 meeting of the Committee considered the annual performance review of the Chief Executive which was submitted to the National Trust Development Authority.

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 months' notice. Directors' contracts were reviewed in year to ensure compliance with the Public Interest Disclosure Act 1988. The Committee also reviewed the recommendations of the HMT in relation to tax arrangements.

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

The Committee reviewed its Terms of Reference and these were approved by the Board in December 2013.

Details of the remuneration, including salary and pension entitlements of the Executive Directors is set out in the Annual Report on page 60 .

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 Vanessa Walker, Non Executive Director to February 2014 and by Mr Andy Snowden, Non Executive Director in March 2014. There were 5 meetings during the year. One meeting was cancelled as it was not 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 4 occasions during the year. This committee was merged with the Performance & Finance Committee in September 2013.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2014

	2013 - 14	2012-13
	£000s	£000s
Gross employee benefits	(295,026)	(294,347)
Other operating costs	(194,496)	(185,606)
Revenue from patient care activities	472,250	459,948
Other operating revenue	34,453	37,184
Operating surplus - before Impairments	17,181	17,179
Impairments	(10,408)	(9,893)
Reversal of Impairment	6,258	131
Operating surplus	13,031	7,417
Investment revenue	54	61
Other Gains and Losses	46	(62)
Finance costs	(5,097)	(5,293)
Surplus for the financial year	8,034	2,123
Public dividend capital dividends payable	(6,467)	(7,070)
Retained surplus for the year	1,567	(4,947)
Other comprehensive income	2013-14	2012-13
	£000s	£000s
Impairments and reversals taken to the Revaluation Reserve	(15,898)	(1,356)
Net gain/(loss) on revaluation of property, plant & equipment	257	
Total comprehensive income for the year	(14,074)	(6,303)
Financial performance for the year		
Retained surplus/(deficit) for the year	1,567	(4,947)
IFRIC 12 adjustment (including IFRIC 12 impairments)	1,093	2,308
Impairments (excluding IFRIC 12 impairments)	3,057	7,850
Adjustments iro donated asset/gov't grant reserve elimination	226	209
Adjusted retained surplus	5,943	5,420

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2014

	31 March 2014	31 March 2013
	£000s	£000s
Non-current assets		
Property, plant and equipment	281,905	289,272
Intangible assets	2,502	1,759
Trade and other receivables	2,353	2,887
Total non-current assets	286,760	293,918
Current assets		
Inventories	11,200	10,358
Trade and other receivables	19,312	18,415
Cash and cash equivalents	6,991	5,328
Total current assets	37,503	34,101
Total assets	324,263	328,019
Current liabilities		
Trade and other payables	(38,038)	(34,319)
Provisions	(237)	(239)
Borrowings	(4,039)	(3,875)
Capital loan from Department of Health	(1,260)	(1,260)
Total current Liabilities	(43,574)	(39,693)
Net current liabilities	(6,071)	(5,592)
Non-current assets less net current liabilities	280,689	288,326
Non current liabilities		
Provisions	(1,038)	(1,064)
Borrowings	(57,881)	(57,842)
Capital loan from Department of Health	(18,247)	(19,507)
Total Non Current Liabilities	(77,166)	(78,413)
Total assets employed	203,523	209,913
Financed by taxpayers' equity:		
Public dividend capital	207,493	199,809
Retained earnings	(33,289)	(34,856)
Revaluation reserve	29,319	44,960
Total taxpayers' equity	203,523	209,913

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2014

	2013-14	2013-12
	£000s	£000s
Cash flows from operating activities		
Operating Surplus	13,031	7,417
Depreciation and Amortisation	14,327	13,878
Impairments and Reversals	4,150	9,762
Donated Assets received credited to revenue but non cash	(245)	(234)
Interest Paid	(5,069)	(5,293)
PDC Dividend paid	(6,612)	(7,353)
Increase/(Decrease) in Inventories	(842)	1,750
(Increase) in Trade and Other Receivables	(363)	(116)
Increase in Trade and Other Payables	820	1,575
Provisions Utilised	(312)	(691)
Increase in Provisions	256	190
Net cash inflow from operating activities	19,141	20,885
Cash flows from investing activities		
Interest Received	54	61
Payments for Property, Plant and Equipment	(20,870)	(18,675)
Payments for Intangible Assets	(1,280)	(632)
Proceeds of disposal of assets held for sale (PPE)	46	2,304
Net cash outflow from investing activities	(22,050)	(16,942)
Net cash inflow/(outflow) before financing	(2,909)	3,943
Cash flows from financing activities		
Public Dividend Capital Received	7,684	2,020
Public Dividend Capital Repaid	0	(400)
Loans repaid to DH – capital Invest Loans		
Repayment of Principal	(1,260)	(1,260)
Capital element of payments i.r.o. of finance leases and On-SoFP PFI	(2,504)	(2,162)
Capital grants and other capital receipts	245	234
Net cash inflow/ (outflow) from financing activities	4,165	(1,568)
Net increase in cash and cash equivalents	1,256	2,375
Cash & cash equivalents (incl bank overdrafts) at beginning of period	3,700	1,325
Cash & cash equivalents (incl bank overdrafts) at year end	4,956	3,700

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2014

	Public dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000s	£000s	£000s	£000s
Balance at 1 April 2013	199,809	(34,856)	44,960	209,913
Changes in taxpayers equity for 2013 - 14				
Retained surplus/(deficit) for the year		1,567		1,567
Net gain/(loss) on revaluation of property, plant, equipment			257	257
Impairments and reversals			(15,898)	(15,898)
New PDC received - Cash	7,680			7,680
New PDC received/(Repaid) – PCTs and SHAs				
Legacy items paid for by Department of Health	4			4
Net recognised revenue/ (expense) for the year	7,684	1,567	(15,641)	(6,390)
Balance at 31 March 2014	207,493	(33,289)	29,319	203,523
Balance at 1 April 2012	198,189	(33,744)	50,151	214,596
Changes in taxpayers equity for the year ended 31 March 2013				
Retained surplus/(deficit) for the year		(4,947)		(4,947)
Net gain/(loss) on revaluation of assets held for sale			(15)	(15)
Impairments and reversals			(1,341)	(1,341)
Transfers between reserves		3,835	(3,835)	0
New PDC received	2,020			2,020
PDC repaid in year	(400)			(400)
Net recognised revenue/ (expense) 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 Payables

Total Non-NHS trade invoices paid in the year	105,323	198,920	94,550	174,085
Total Non-NHS trade invoices paid within target	94,431	165,633	70,709	136,912
Percentage of Non-NHS trade invoices paid within target	89.66%	83.27%	74.78%	78.65%

NHS Payables

Total Non-NHS trade invoices paid in the year	3,309	30,919	3,302	36,662
Total Non-NHS trade invoices paid within target	1,361	18,428	1,624	24,340
Percentage of NHS trade invoices paid within target	41.13%	59.60%	49.18%	66.39%

2013-14 Number	2013-14 £000s	2012-13 Number	2012-13 £000s
105,323	198,920	94,550	174,085
94,431	165,633	70,709	136,912
89.66%	83.27%	74.78%	78.65%
3,309	30,919	3,302	36,662
1,361	18,428	1,624	24,340
41.13%	59.60%	49.18%	66.39%

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

We paid £30 interest to our suppliers in respect of 2 overdue invoices, in 2012/13 we paid £187 in respect of 10 invoices.

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
		£	£	£	£
Deputy Chairman, Keith Hopkins	Pro Chancellor of the University of Hull	4,134,432	530,233	2,573,524	230,416
Chief of Infrastructure & Development, Pauline Lewin	Sheffield Hallam University Directors Research Forum	3,810	4,160	710	
	Husband is Chair of Rehabilitation Health Sciences – University of York	276,095	205	77,397	160
Non-Executive Director, Vanessa Walker	Stakeholder Governor of Humber NHS Foundation Trust	2,028,000	960,000	667,000	264,000

The Trust has an investment in ordinary shares in Vertual Ltd, a company registered in the United Kingdom. The company's main activity is the sale of hardware and software used to train Radiotherapists. The Trust holds 15% of the company's shares, valued at £138,000. This has not been included in the accounts. Mr D Haire sits on the Board as a Non-Executive Director.

The Trust also has an investment in Medipex Ltd, a company registered in the United Kingdom. The company's main activity is to assist the NHS in exploiting intellectual and industrial property rights. It is a company limited by guarantee and the Trust's liability under that guarantee is £100.

	2013-14				2012-13			
	(a)	(b)	(c)		(a)	(b)	(c)	
Name and Title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension- related benefits (bands of £2,500)	TOTAL (a) to (c) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension- related benefits (bands of £2,500)	TOTAL (a) to (c) (bands of £5,000)
	£000	£00	£000	£000	£000	£00	£000	£000
Jayne Adamson, Chief of Workforce and Organisational Development	135-140		45.0-47.5	185-190	125-130		42.5-45	170-175
Lee Bond, Chief Financial Officer (from 1 March 2013)	140-145		137.5-140.0	275-280	100-105		(42.5)-(40.0)	60-65
Pauline Lewin, Chief of Infrastructure and Development	120-125			120-125	120-125		(30.0)-(27.5)	90-95
Phil Morley, Chief Executive Officer	195-200	27		195-200	185-190	132		200-205
Amr Mohsen, Chief Medical Officer (from 1.6.13 to 31.8.13)	60-65		30.0-32.5	90-95				
Jacqueline Myers, Director of Planning and Development (from 1.7.13)	75-80		37.5-40.0	115-120				
Yvette Oade, Chief Medical Officer (to 31.5.13.)	35-40		0.0-2.5	40 - 45	230-235		30.0-32.5	265-270
Morag Olsen, Chief Operating Officer and Deputy Chief Executive	150-155		185.0-187.5	335 - 340	70-75			70-75
Ian Philp, Chief Medical Officer (from 1.9.13)	145-150			145-150				
Amanda Pye, Chief Nurse (from 1 March 2013)	140-145		47.5-50.0	185-190	130-135		145.0-147.5	275-280
Duncan Taylor, Interim Chief of Infrastructure and Development (from 1.7.13)	70-75		72.5-75.0	145-150				
Elizabeth Thomas, Director of Governance and Corporate Affairs (from 1.7.13)	80-85		60.0-62.5	140-145				
Robert Deri, Chair	20-25			20-25	20-25			20-25
John Hattam, Non-executive Director	5-10			5-10	5-10			5-10
Keith Hopkins, Non-executive Director	5-10			5-10	5-10			5-10
Ursula Vickerton, Non-executive Director	5-10			5-10	0-5			0-5
Vanessa Walker, Non-executive Director (to 28.2.14)	5-10			5-10	5-10			5-10
Duncan Ross, Non-executive Director	5-10			5-10	5-10			5-10
Andrew Snowden, Non-executive Director	5-10			5-10	5-10			5-10
Anthony Kendrick, Associate Non-executive Director (to 30.4.13)	0-5			0-5	5-10			5-10
Mary Wride, Associate Non-executive Director (to 30.4.13)	0-5			0-5	5-10			5-10
John Hay, Associate Non-executive Director (from 1.10.13)	0-5			0-5				

- Notes
1. Morag Olsen was engaged through an agency contract for one month.
 2. Pauline Lewin has been on special leave from 1.7.2013. Duncan Taylor has filled this post on an interim basis.
 3. John Hay is employed by the University of Hull and payment for his services is made directly to the University

OFF PAYROLL ENGAGEMENTS

From time to time the Trust engages the services of individuals who are self-employed or who trade through a personal services company. The table below shows those engagements where an equivalent daily rate of £220 or more has been charged and the engagement had been in excess of 6 months.

The Trust has sought and received assurances from all of these individuals that they are paying the correct amount of UK tax and have not been involved in tax avoidance schemes.

	Number
Number of existing engagements at 31 March 2014	5
<i>Of which, the number have existed:</i>	
For less than 1 year	1
For between 1 and 2 years at the time of reporting	2
For between 2 and 3 years at the time of reporting	
For between 3 and 4 years at the time of reporting	
For more than 4 years at the time of reporting	2

The table below shows the number of new engagements that started during the 2013/14 financial year.

	Number
Number of new engagements between 1 April 2013 and 31 March 2014	1
Number of engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations.	0
Number for whom assurance has been requested	1
Of which assurances received	1

PENSION BENEFITS - YEAR ENDED 31 MARCH 2014

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £5,000)	Total accrued pension at age 60 at 31 March 2014 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2013	Cash Equivalent Transfer Value at 31 March 2014	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£	£	£
Jayne Adamson, Chief of Workforce and Organisational Development	2.5-5.0	0-5	10-15	0-5	137,401	185,072	44,647
Lee Bond, Chief Financial Officer (from 1 March 2013)	5.0-7.5	20-25	35-40	105-110	406,592	528,955	113,418
Pauline Lewin, Chief of Infrastructure and Development	0-2.5	0-5	55-60	165-170	1,085,748	1,149,821	40,186
Amr Mohsen, Chief Medical Officer (from 1.6.13 to 31.8.13)	0-2.5	0 - 5	60 - 65	180 - 185	1,025,141	1,205,774	39,845
Jacqueline Myers, Director of Planning and Development (from 1.7.13)	0-2.5	5-10	20-25	60-65	243,856	295,573	34,796
Yvette Oade, Chief Medical Officer (to 31.5.13.)	0-2.5	0-5	75-80	230-235	1,436,275	1,527,540	9,972
Morag Olsen, Chief Operating Officer and Deputy Chief Executive	7.5-10.0	25-30	25-30	85-90	358,076	535,845	169,891
Amanda Pye, Chief Nurse (from 1 March 2013)	2.5-5.0	5-10	25-30	75-80	278,697	330,306	45,478
Duncan Taylor, Interim Chief of Infrastructure and Development (from 1.7.13)	2.5-5.0	10-15	30-35	95-100	500,191	616,796	79,273
Elizabeth Thomas, Director of Governance and Corporate Affairs (from 1.7.13)	2.5-5.0	5-10	25-30	75-80	440,281	551,173	75,973

This table has been subject to audit

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

The Chief Executive of the NHS Trust Development Authority 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 Chief Executive of the NHS Trust Development Authority. 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..........Interim Chief Executive Officer

Date 3rd June 2014

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

GOVERNANCE STATEMENT 2013/14

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 am responsible for 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 six occasions during 2013/14. 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. Eight Board development sessions were also held at which a range of issues were discussed and external speakers invited.

The Trust Board has established five 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 Board has established a Performance and Finance Committee, a Governance and Assurance Committee and a Quality, Effectiveness and Safety Committee. A Charitable Funds Committee is in place for the management of funds held on trust.

An attendance record is kept for the Board and each of its committees. The Audit Committee met seven times during 2013/14 and was quorate for all meetings. The Remuneration Committee met on four occasions and was quorate for all meetings. The Performance and Finance Committee met on 11 occasions, the Governance and Assurance Committee met five times and the Quality, Effectiveness and Safety Committee met 6 times. All meetings were quorate.

The Audit Committee's work plan set out the business to be conducted during the year. Reports from Internal Audit, Counter Fraud and External Audit were received together with information on losses and special payments, the register of gifts and hospitality, updates on clinical audit and the work of other Board Committees. The Committee reviewed the Annual Accounts and received assurance that the Quality Accounts met national guidance. The Committee tendered for internal audit services and a contract was awarded to a new supplier, Mersey Internal Audit Agency to commence 1 April 2014. KPMG has reported to the Audit Committee on Remuneration and corporate credit card expenditure. The Audit Committee has agreed an action plan.

The Remuneration Committee agreed the salaries of new Chiefs appointed during the year, reviewed directors contracts to ensure that termination notices were not in excess of 6 months and that they complied with the Public Interest Disclosure Act 1988. An oversight was maintained of the salaries of management in the tier below Board level, the top 20 earners and consideration was given to severance notifications served during the year.

The Quality, Effectiveness and Safety Committee scrutinised quality performance, provided assurance that cash releasing efficiency savings schemes were not adversely impacting on quality, reviewed information relating to patients experience and received updates on the work of the Mortality Reduction Committee and Infection Reduction Committee. The Governance and Assurance Committee reviewed progress against a number of issues including doctors' revalidation, safeguarding arrangements, Francis recommendations, external agency visits and Care Quality Commission actions. The Performance and Finance Committee considered the Trust's performance in relation to national access targets and delivery against the Trust's financial plan. Information was received from the four Trust Health Groups (Medicine, Surgery, Clinical Support and Family and Women) on their performance during the year and the Committee extended its remit to also consider investment decisions.

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). The outcome of the self-assessment was presented to the Board in July 2013. The Trust Board has continued to focus on partnership working as an area for development. Both Clinical Commissioning Groups (Hull and the East Riding of Yorkshire) and the Chief Executive of Dove House Hospice attended development days to present their strategies and future plans. In addition, improving staff satisfaction and engagement was also identified as an area of continued focus and the comprehensive programme of organisational development which commenced in 2011 has continued throughout the year. In February 2014 the Trust Development Authority commissioned Sir Ian Carruthers to undertake a review of the Board's effectiveness and at the time of writing this report formal feedback is awaited.

During the year the Board also evaluated itself against the Monitor's Quality Governance Framework and continued to achieve a score of 3.5 which is the minimum requirement for an aspirant Foundation Trust. A number of actions were taken to strengthen evidence within the Governance Framework. These included formalising the process for signing off efficiency savings to ensure there is no impact on quality, improving performance in relation to personal development plans and mandatory training and reviewing the way that quality information is presented in the Corporate Performance Report.

Reviews of the effectiveness of the Board's committees have been undertaken in 2013/14. Deloitte was commissioned to undertake an independent review of Board committees and the draft report was received in March 2013. The Deloitte report informed the Trust's own self-assessment which was led by the Trust Chairman and the Chief Executive at year end (2013/14). As a result of the effectiveness reviews, the number of Board Committees reduced by one (the Infrastructure and Investment Committee was disestablished), one committee changed its name (Governance and Assurance), each committee produced an annual report and changes to Terms of Reference and committee membership were approved by the Board in July 2013. The Trust Development Authority observed three of the Board Committees during the year. These were Governance and Assurance (July and November 2013) Quality Effectiveness and Safety (December 2013) and Performance and Finance (July 2013). Feedback on the July 2013 Governance and Assurance Committee identified a number of areas of best practice as well as some areas for development.

The un-adopted minutes of each Board committee are received at the subsequent Trust Board meeting and the chairman of the committee reports the outcome of the meeting. 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 which have been highlighted from committees include the Colchester report regarding cancer waiting times (Performance and Finance), limited assurance audit reports (Audit Committee), Quality Assurance Breast Screening assessment (Governance and Assurance), Compliance with Reference cost guidance (Audit Committee) and Referral to Treatment Time performance (Performance and Finance).

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) the Trust adheres to the main and supporting principles.

The Trust's Quality Accounts comprise the following priorities: reduce all avoidable deaths, reduce all avoidable harm, ensure right patient, right place, right time and improve the patient experience. 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. The Trust participated in all national clinical audits and the outcomes are reported in the Trust's Quality Accounts.

During the year a review was undertaken of Serious Incident reporting which concluded that the Trust had been a low reporter and actions were put in place to strengthen arrangements. As a consequence, the Trust's level of reporting has increased during the last quarter of 2013/14. The Trust reported 4 Never Events during the year. Two of these were identified as part of the retrospective review and related to wrong site surgery and a retained swab. The other two incidents were a retained foreign object and a surgical error. The Trust's Clinical Quality Committee subsequently approved the introduction of a Never Event Assurance Framework which will be used in panel investigations.

No Serious Incidents were reported to the Information Commissioner during 2013/2014.

Processes are in place to ensure that the Trust discharges its statutory functions. The internal audit programme in 2013/14 included compliance with Care Quality Commission requirements, core financial systems, management of healthcare contracts and planning and business development. The Trust has three compliance conditions currently in place from the Care Quality Commission and actions are in place to address these. A Chief Inspector of Hospitals assessment was undertaken in February 2014. The Trust received an overall 'Requires Improvement' rating specifically identifying three domains – 'safe', 'responsive' and 'well-led' that require improvement. The domains of 'caring' and 'effective' were rated as 'Good'.

Control measures are in place to ensure that the Trust complies with all of its obligations under equality, diversity and human rights legislation.

Risk Assessment

The Trust Board has a risk management strategy which sets its 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 risk strategy is due to be reviewed following the further development of the clinical services strategy in the first quarter of 2014/15.

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 Governance and Assurance Committee reviews new high and moderate risks added and removed from the risk register and the high level risks are also reported monthly to the operational Executive Management Board.

The Trust's strategic objectives were reviewed by the Board in March 2013 and remained unchanged for 2013/14. The risks that could threaten achievement of the Trust's strategic objectives are set out in the Board Assurance Framework which is reviewed four times a year at the Board meeting. The Board Assurance Framework includes an assessment of the source and level of assurance received as well as gaps in assurance. Any increase or decrease in a risk score is agreed by the whole Board.

There were 23 principal risks on the Board Assurance Framework at the end of 2013/14. One risk was removed during the year relating to mortality reporting and monitoring and one new risk was added relating to the deployment of the Lorenzo (IT) project. The principal risks that were classified as high at the end of March 2014 were:

- meeting national targets
- the deployment of Lorenzo (IT system)
- maintaining tertiary services
- Board turnover/composition
- leadership development

The Trust has a number of controls in place to address the risks identified in the Board Assurance Framework. Plans have been developed to address the under performance against the national targets in relation to the emergency department 4 hour wait, cancer targets and referral to treatment times. Performance is reviewed at each Performance and Finance Committee and is reported monthly to the Board in the corporate performance report. A Programme Board is in place to address risks relating to the Lorenzo project to ensure that Trust wide training is delivered, capacity is made available in Health Groups to deliver the project and risks associated with the project are managed. In relation to maintaining tertiary services, work has been ongoing with key stakeholders during the year to review pathways of care which will assist in securing viability of tertiary services going forwards. A joint declaration of collaboration between the Trust and two neighbouring Trusts was signed by the Board in February 2014. The major organisational development/staff engagement initiative has continued during the year. The leadership development programme for 100 key leaders is in its third year of delivery and a new programme for 800 staff with management responsibility commenced in September 2013.

There were 41 visits by external agencies which inspected various aspects of the Trust's services during 2013/14. The majority of these visits resulted in a written report. Visits have included the Deanery, cancer peer reviews, Medicines and Healthcare products Regulatory Agency, Quality Assurance Reference Group. The Care Quality Commission visited the Trust on three occasions and also participated in the reviews of Looked after Children. 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 external agencies was introduced in 2013/14 which identifies those agencies with statutory enforcement powers, other bodies with a statutory role and those with a legitimate interest. Potential risks are identified and reported to the Board. At the end of the year there were actions outstanding in relation to the Care Quality Commission recommendations.

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 quarter 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 is subject to rigorous challenge.

There is a mechanism for Health Groups and Directorates to escalate risks. The Executive Management Board provides a forum where significant operational issues are discussed and action agreed. The overall effectiveness of the systems and processes are overseen by the Clinical Quality Committee and the Board's Governance and Assurance Committee. A Governance Dashboard is in place for each Health Group as well as at Trust level. At the end of 2013/14, there were 29 high rated active tactical risks and 29 high rated active operational risks on the risk register. Not all risks had been reviewed within the timescales set out in the Risk Management policy and action has been taken to address this.

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 2013/14, 2285 near misses were reported (15.4.14). Training is provided to staff who use the Datix system. Root Cause Analysis training was also provided to senior managers involved in investigating Serious Incidents. The Trust's intranet site contains information to support staff in managing risks.

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 who is supported by regional experts. A full report of all reported fraud activity and the Trust's response is received at each Audit Committee. The outcome of fraud investigations is publicised throughout the Trust via its newsletter. A Quality Assurance Annual Report 2013/14 was received by the Audit Committee which confirmed that the Trust had met the requirements of NHS Protect's Standards for Providers: Fraud, Bribery and Corruption.

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. Eight reports had received limited assurance in 2013/14 at the time of the Audit Committee meeting on the 17 April 2014. These were Pharmacy IM&T system general controls, IM&T server operational management, consultant job plans, cash releasing efficiency savings programme management, outpatient cancellations, lessons learned from incidents & claims, claims management and chemotherapy activity. Twelve reports received significant assurance.

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. Some weaknesses in the design and/or inconsistent application of controls most notably in relation to claims management, IT server operational management, outpatient cancellations, consultant job plans and cash releasing efficiency savings programme management were identified.

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 which included infection prevention and control, medical records management, response to Francis report, management of healthcare contracts, cash management, information governance, main accounting system, non-pay expenditure and sickness absence management. The number of limited assurance internal audit reports increased from four to eight. At the time of writing the Governance Statement, eight internal audits were still in progress.

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 have included 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 Risk Assessment Framework, quality and safety, finance and business performance, operational delivery and workforce. At the end of March 2014 the Trust was not meeting a number of targets including the incomplete and non-admitted referral to treatment times target and cancer 62 day treatment pathway. Some quality indicators were not met but a number of initiatives were put in place including the introduction of

intentional rounding, the roll out of the Setting the Standard programme in nursing and internal inspection programme relating to CQC regulations. The introduction of the Friends and Family test has resulted in very positive feedback on the care provided at the Trust. The Board self certifies monthly that it has met the requirements of the national Trust Development Authority Accountability Framework and has identified a risk to the achievement of the national targets, since September 2013. In its February 2014 return, the Board also identified a risk in relation to Board posts and plans in place to address any vacancies.

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.

Internal and external benchmarking information is used. The most recent report from the National Learning and Reporting System identified that the Trust was the tenth highest reporter of incidents (01.10.12 – 31.03.13) in its peer group of 29 acute teaching hospitals. It was also the ninth highest reporter of incidents where no harm was caused. High reporting is generally regarded as a positive safety culture. 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 Trust also uses internal benchmarking information on a number of measures including nurse staffing, nurse to patient ratios and patient acuity. The Board has already approved increases to nursing establishments as a result of reviewing this information.

Significant Issues

I consider that the following four significant issues should be disclosed:

The Care Quality Commission has issued the Trust with a report following the Chief Inspector of Hospitals assessment in February 2014. The report identifies three domains - 'safe', 'responsive' and 'well-led' that require improvement. An action plan to be agreed with the Health and Social Care economy stakeholders will be formally received by the Trust Board at its June meeting.

The Trust did not meet all its access and outcome measures in 2013/14 including referral to treatment times, emergency department 4 hour wait and a number of cancer targets. During the year the Trust had support from the NHS Intensive Support Teams to assist in improving performance against the emergency department and referral to treatment time (RTT) targets. The RTT targets will continue to pose a significant risk into 2014/15. The Intensive Support Team (IST) was requested to review RTT systems and processes and also to provide an opinion on the robustness of the Trust's recovery plan. The IST report is awaited and this will inform the further development of the Trust's own RTT action plan which will be considered by the Trust Board in June 2014. Proposed actions were presented to the Board in March 2014 for addressing the underperformance against the cancer targets and for the Emergency Department 4 hour wait target. Further work is being undertaken to develop these in to formal action plans.

There has been a high turnover of Board membership over the last 12 months which is highlighted as a potential risk in the Board Governance Assurance Framework for Aspirant Trusts. In addition, at the start of 2014/15 the Trust has an acting Chairman and an Interim Chief Executive. Plans are in place to recruit to the Chief Executive post and following this, a substantive Chairman will also be appointed. There is also one Non-Executive Director vacancy.

In 2013/14 the Trust delivered a surplus of £5.9m. Within this the Trust achieved 89% of its cash releasing efficiency savings programme. Looking forward into 2014/15 and recognising the other significant issues facing the Trust, namely quality and access to services together with the annual challenge of meeting a national efficiency requirement, delivery of this financial plan will be extremely challenging and therefore represents a further significant risk.

Accountable Officer: Mr J Saxby, Interim Chief Executive

Organisation: Hull and East Yorkshire Hospitals NHS Trust

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 2014 set out on pages 55 to 58.

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 2014 on which we have issued an unqualified opinion.

John Prentice for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
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Leeds
LS1 4DW

6 June 2014



Quality Account 2013/14



Great Staff - Great Care - Great Future

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If you require any further information about the 2013/14 Quality Account please contact:
The Compliance Team on 01482 604305 or e-mail us at quality.accounts@hey.nhs.uk

Part 1: Introducing our Quality Account



Statement on Quality from the Chief Executive

Welcome to Hull and East Yorkshire Hospitals NHS Trust's 2013/14 Quality Account.....

I am pleased to present Hull and East Yorkshire Hospitals NHS Trust fifth Quality Account. The Quality Account is an annual report which reviews our performance and progress against the quality of services we provide and sets out our key quality and safety improvement priorities for 2014/15. It demonstrates our commitment to continue to improve and provide high quality safe effective care to our patients and their families. This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year to further improve patient safety, care and experience.



In part 2 of this report (pages 33-35) we set out the quality and safety improvement priorities for 2014/15 which were identified through consultation with patients, staff, Foundation Trust members, Health and Wellbeing Boards, Healthwatch and the local community, during which 598 responses were received. As a result of the very good consultation the following quality and safety improvements priorities were identified because they are important to our staff, patients and stakeholders:

1. Deteriorating Patient

We want to improve the early recognition of patients who require support for their end of life care through the use of vital observations. Early recognition of patients will ensure their end of life care plans are agreed, appropriately documented and acted upon including the decisions and documentation relating to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders to avoid inappropriate attempts at resuscitation and to ensure that the patient's wishes are met.

2. Medication Safety

We want to improve patient safety issues relating to medicines. We want to increase the level of medicine reconciliation being undertaken across the organisation to ensure patient's current medications are documented in their medical notes on admission, reduce the number of missed doses and to improve the safety of the use of high risk medicines such as anticoagulants, opioids, injectable sedatives and insulin.

3. Dementia

The Trust has recognised that dementia remains an emerging issue; therefore it was identified as a priority for 2014/15. We want to improve the dementia training packages available for all staff (clinical and non-clinical) to increase the number of staff attending the training. This will ensure that we have an adequately trained workforce that is able to meet the specific needs of patients with dementia.

4. Learning Lessons

Learning lessons from incidents has been identified as a high priority for the Trust during 2014/15. It was identified as a quality and safety improvement priority by our staff, patients and stakeholders during the Quality Account consultation period and it was also identified as an area for improvement following the Care Quality Commission (CQC) Chief Inspector of Hospitals inspection in February 2014.

We want to improve our learning from Serious Incidents (SIs) and Never Events so that we can understand the root causes that have contributed to the incidents and what changes and improvements can be made as a result. This will ensure lessons are learned, sustainable improvements are made and similar incidents are prevented from reoccurring.

5. Sepsis

We want to improve the implementation rate of the sepsis care bundle in the Emergency Department (ED) and in the Acute Assessment Unit (AAU). The sepsis care bundle is a documented care bundle which includes three specific

treatments and three specific investigations which must be completed within one hour of identifying sepsis. It is essential that these key interventions are performed to improve the chance of survival. We want to increase the number of patients identified and commenced on the sepsis care bundle as well as the overall management of sepsis.

We have seen a number of improvements and achievements during 2013/14 as also set out in part 2 of this report (pages 6-32). The Trust has achieved continuous improvement over the past three years on reducing our Hospital Standardised Mortality Rate (HSMR) from 118.45 in 2011/12 to 89.8 in 2013/14. This improvement is also recognised in the Dr Foster 'My Guide to Hospitals' report which identifies Hull and East Yorkshire Hospitals NHS Trust as outperforming many other Trust's when it comes to HSMR. The Trust has also seen further improvements in reducing the number of avoidable MRSA and C.difficile infections, improving the number of patients receiving harm free care as well as reducing the number of avoidable stage 2 and unstageable pressure ulcers.

The Trust experienced its first inspection from the Care Quality Commission (CQC) Chief Inspector of Hospitals inspection in February 2014, which was an intense period for all. The Chief of Hospitals inspection was welcomed by the Trust Board and all Trust staff as an opportunity to show the quality of care provided at HEYHT and to learn and further develop our services. The CQC identified a number of good practices, for example the excellent End of Life service provided by the Palliative Care Team and the introduction of the Pioneering Teams. The CQC also identified a number of areas for improvement, in particular the Acute Medical Pathway, Nurse staffing, Junior Doctor staffing, Outpatient cancellations and learning lessons from incidents. We are now working with stakeholders to finalise a quality improvement plan to address all areas of improvement within the next 12 months. Further information on these work-streams can be found throughout this report. The approved action plan and updates against work-streams will be published on the Trust's website during 2014/15.

Many staff and our stakeholders have been involved in the development of the Quality Account. Comments from the stakeholders on the content of the Quality Account are included in full in part 4 of this report (pages 59-62). We welcome involvement and engagement from all staff and stakeholders because their comments help us acknowledge achievements made and identify further improvements to be made with their support.

I can confirm that the Board of Directors has reviewed the 2013/14 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate fair account of our performance.

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



John Saxby
Interim Chief Executive



Part 2: Our Commitment to Quality



Reducing all avoidable deaths

Hospital mortality refers to the number of patients who die whilst in and soon after leaving hospital. Mortality ratios are just one of the ways Trusts can detect potential quality issues in their organisations and should be treated as 'smoke detectors' in that they highlight potential problems that need investigating and possible opportunities for improvement.

The Trust uses a number of measures such as our actual rate of deaths within the hospital (crude mortality) and risk adjusted measures (such as Hospital Standardised Mortality Rate and Summary Hospital-level Mortality Indicator) which are used to compare hospitals as they take into account the impact of individual risk factors such as age, severity of illness and other medical problems that can put some patients at greater risk of death than others.

What we aimed to achieve by March 2014:

To reduce our Hospitals Standardised Mortality Rate (HSMR) to 90

To reduce our Summary Hospital-level Mortality Indicator (SHMI) to 104

To reduce our crude mortality rate to 1.4%

Actual outcome:

Our HSMR for April 2013 to December 2013 is 89.8 – ✓ **Goal achieved**

Our SHMI for April 2013 to November 2014* is 95.5 – ✓ **Goal achieved**

Our crude mortality rate is 1.47% – ☑ **Improvement made compared to last year**

What is Hospital Standardised Mortality Rate (HSMR)?

HSMR is the ratio of the actual number of acute in-hospital deaths to the expected number of in-hospital deaths. It is a scoring system that works by taking a hospital's crude mortality rate and adjusting it for a wide variety of factors, such as population size, age profile, level of poverty, range of treatments and operations provided.

What is Summary Hospital-level Mortality Indicator (SHMI)?

SHMI is a similar scoring system to HSMR, but it does not just look at the number of patients that die whilst in hospital. It also includes patients who died soon after (within 30 days) leaving hospital.

What does this data tell us?

A hospital scoring below 100 (HSMR and SHMI) would be described as having a 'lower than expected' number of deaths. It is important to remember that this figure does not represent actual deaths – it is just a baseline number that statisticians use to compare performance.

When Sir Bruce Keogh reviewed 14 hospitals with high mortality rates during 2013, he found that understanding mortality (and concepts such as excess and avoidable deaths) is much more complex than studying a single hospital-level indicator. There are many different causes of high mortality and no 'magic bullet' for preventing it.

There are factors not related to the quality of care patients receive that can, and do, affect our scores:

- The quality of the clinical coding – every clinical procedure undertaken in the NHS has its own unique code and unless these are used properly on our computer records, this can have a direct effect on the resulting HSMR score.
- Where a patient dies – compared to other parts of the country, Hull has fewer hospice beds and community-based services that help people to be with their families and loved ones when they die. As a result, we have more people who die in our hospitals when that doesn't need to happen, or they wish to die elsewhere. Again this can affect our HSMR score.

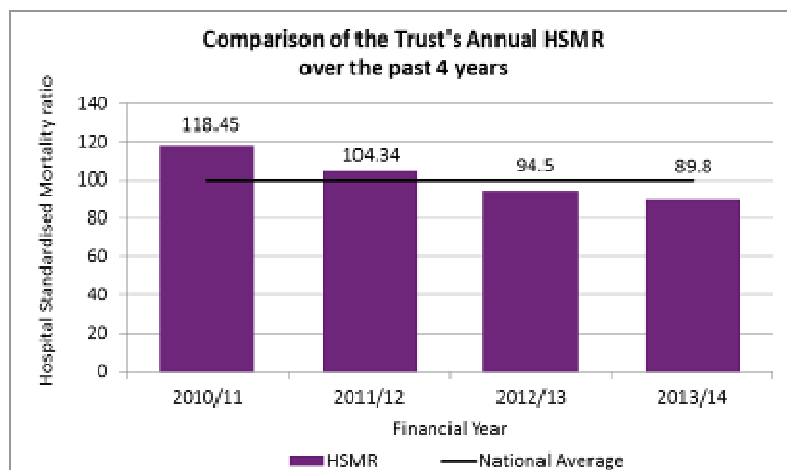
*Unvalidated HED Publication data. Validated IC publication data is only available for Q1 which is 99.5.

In 2010/11 the Trust's HSMR score was 118 which was 'higher than expected' and therefore prompted an investigation to see if this related to the quality of care being provided to our patients. What we found was a problem that the clinical codes recorded on our electronic system did not always accurately reflect the clinical reasons why patients came into hospital or why they died. The quality of our clinical coding has greatly improved due to actions taken following this investigation.

Although this work did not directly influence clinical care received by our patients, it has allowed us to see any areas where our HSMR was higher than it should have been and therefore should be investigated. For example, the 2013 Hospital Guide identified a potential problem with patients with complex illness following surgical procedures. Initial investigations suggest that half of these deaths occurred in patients who were undergoing medical procedures rather than actual surgery under anaesthetic and many of these patients were already critically ill. Firstly this shows a problem with the quality of information recorded on our systems. Secondly, that we intervene and carry out procedures on patients to give them the best possible chance of survival, even if they are really poorly.

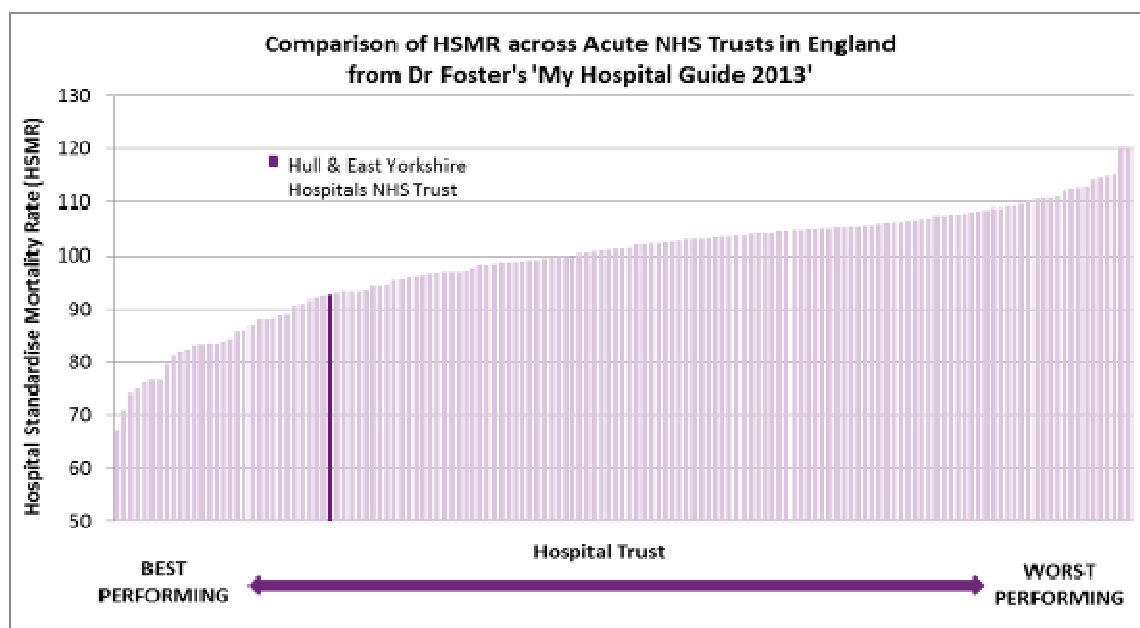
We have also been working closely with our commissioners to look at avoiding inappropriate admissions from nursing homes for end of life care. We have also increased support available to people who want to die in their own homes and this includes funding a palliative care consultant who works in the community.

The graph opposite shows that we have improved our HSMR for the past three years. During this time we have also seen a decrease in our crude mortality from 1.6% in 2011/12 to 1.47% in 2013/14. This confirms that we have seen a decrease in the number of patients dying in hospital.



How do we compare?

Each year Dr Foster Intelligence (a provider of healthcare information to monitor the performance of the NHS) publishes its 'My Hospital Guide' which provides information to the public about mortality within the NHS. In their latest guide for 2013 it shows the Trust as outperforming many other Trusts when it comes to HSMR.



Further improvements identified:

We will continue to investigate all incidences of higher than expected mortality rates and work with our partners within the community to improve services, therefore reducing the need for patients to be admitted to hospital to die.

Deteriorating patient

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

Research shows that some patients who are, or become acutely unwell in hospital may not receive good care. A large proportion of patients who suffer a cardio-respiratory arrest in hospital have recognisable changes in routine observations during the preceding 24 hours. Action taken during these early stages can prevent deterioration progressing to cardiac arrest. Therefore we need to ensure that patients have all their observations taken on time, any early signs of deterioration are recognised and communicated, so that appropriate action can be taken to prevent cardiac arrest.

What we aimed to achieve in 2013/14:

To reduce cardiac arrest calls to 200

To sustain 95% compliance with vital sign observations

Actual outcome:

There were 289 cardiac arrests calls –

✓ **Improvement made compared to last year**

95.3% compliance with vital sign observations –

✓ **Goal achieved**

Improvements achieved:

The Trust uses a Root Cause Analysis (RCA) tool to investigate when a patient has had a cardiac arrest on a ward* and we have attempted to resuscitate them. RCA is a tool to help identify problems and improve systems of care. Through this process we have found that the Early Warning Score (EWS) that we use was not sensitive enough to provide early detection of deterioration; therefore, following a successful pilot, the Trust implemented the National Early Warning Score (NEWS) in September 2013.

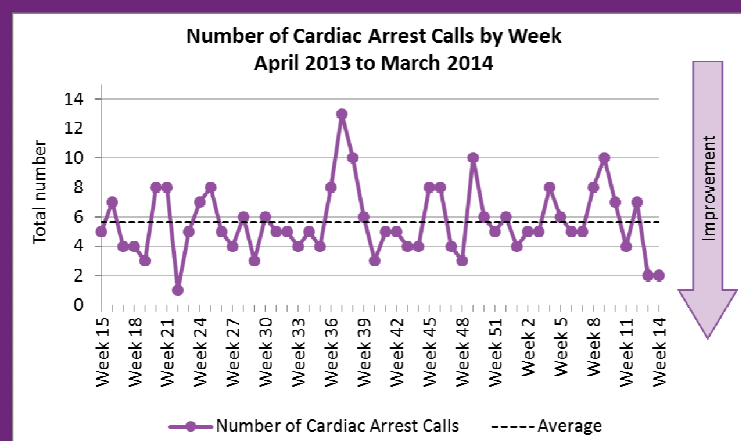
NEWS has been developed and recommended by the Royal College of Physicians[†] to provide a single, standardised early warning system across the NHS which should help to identify patients most at risk and enable their care to be escalated appropriately in order to prevent further deterioration and possible respiratory or cardiopulmonary arrest.

Following the introduction of NEWS, an audit of 781 patients from 38 wards across the Trust was conducted by the Critical Care Outreach team which showed compliance with vital signs or observations' being completed at 96%. Calls to escalate concerns about deteriorating patients to the Critical Care Outreach team have increased following the introduction of NEWS and the team has delivered training aimed to empower the nurse in charge to decide whether a call to the Critical Care Outreach team is required.

*Please note that this does not include patients in intensive care areas or patients with heart disease.

[†]Royal College of Physicians. National Early Warning Score (NEWS): Standardising the assessment of acute illness severity in the NHS. Report of a working party. London: RCP, 2012.

Although we have not met our target for 2013/14, we have seen a 16% reduction in the number of cardiac arrest calls being made compared to 2012/13.



Our weekly monitoring tool which looks at 5 observation charts on each ward shows the percentage of observation charts been completed with all vital signs (respiratory rate, oxygen saturations, temperature, systolic blood pressure, heart rate and level of consciousness).

We aim to improve our monitoring over the next year through replacing this system with a monthly point prevalence audit which will look at every patient's observation chart.

Our Improvement Story

Medical Elderly Ward 70, Hull Royal Infirmary

The NEWS was initially introduced on Ward 70 at HRI. A team of consultants, nurses and junior doctors tested small scale changes until they designed a process that ensured that patients had all of their vital signs or observations completed.



The NEWS is more sensitive than our current system and incorporates the fact that not all patients should be escalated. This highlighted the need for each patient to have a documented plan in the event of deterioration in their clinical condition to help ensure that the entire team is aware of the situation and understands the escalation plan for the patient.

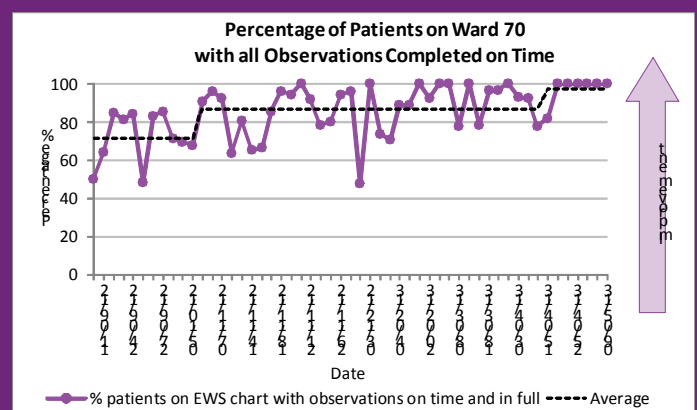
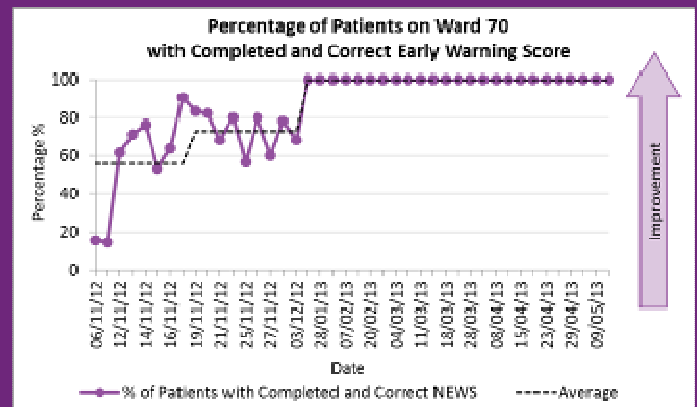
The team also improved culture on the ward through:

- Introducing daily team Safety Briefings, this helped staff become more aware of the patients who were at risk of deterioration. The briefings allow all members of the team to have up to date information about each patient and work more efficiently to promote early discharge and reduced length of stay. The safety briefings also help to highlight other patient safety issues such as falls, hospital acquired infections and pressure ulcers.
- Undertaking skills training with all the team.
- Completing a Pulse Check and a Big Conversation to help engage staff and give them the opportunity to voice their ideas to improve nutrition and the ward environment. Achievements to date include the development of an A La Carte Menu with the support of the catering team, a welcome desk at the entrance to the ward and a new nurse call system which allows an emergency bell to be used should a patient's condition deteriorate.
- The Chief Executive also visited the ward as part of the Trust Board's Leadership Walkrounds.

The team achieved a real shift in culture. Before the project started cardiac arrest calls were just a generally accepted occurrence on the ward. The nurses now feel empowered to act on and escalate their concerns to medical staff and by working together the team is able to prevent further deterioration or act in the patient's best interests if it is not appropriate to escalate care.

Results of the Pilot

- The longest spell between cardiac arrest calls was 91 days.
- The average number of days between cardiac arrests calls increased from 5 days to 44 days (an increase of 780%).
- The ward has reduced the number of cardiac arrest calls made by 75%.
- Compliance with patient's observations completed on time and in full rose from 72% to 97%.
- Compliance with a completed and correct early warning score rose from 56% to 100%.



The project was led by Consultant Dr Fiona Thomson and Sister Gill Martin. Their leadership engaged all levels of Medical and Nursing staff on the ward. This project has been recognised through the Nursing and Golden Hearts, and was nominated for a national patient safety award.

Further improvements identified:

Over the coming year the Trust will be introducing an Electronic Observations Decisions Support System [EODS]. This is a recommendation from the Francis Report.

EODS is a medical system using hand-held mobile technology that enables clinicians and nurses to collect vital signs observations on admission and throughout the patient's stay. Combined with data from patient administration, pathology, microbiology and radiology systems, EODS identifies high risk and deteriorating patients and immediately alerts a doctor. EODS addresses the fundamental question of "who, where and how is my patient?" so that interventions can be started earlier, reducing complications and potentially preventing cardiac arrests. Consultants and senior nurses can therefore check, at any time, that their patients are being monitored appropriately and their care promptly escalated when needed.

We have also identified that we need to improve with regards to deciding and documenting individual plans for patients about how their care should be escalated if their condition deteriorates. The Trust has highlighted the deteriorating patient improvement project to continue to be a priority for 2014/15.



Infection prevention and control

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 as patients with open wounds, invasive devices (such as urinary catheters) and weakened immune systems are at greater risk of infection than the general public.

A *Clostridium difficile* infection (C.difficile) is a type of bacteria which may live in the bowel and can produce a toxin that can affect the digestive system.

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.

What we aimed to achieve in 2013/14:

To have no avoidable MRSA

To reduce avoidable C.difficile infections to 54

55 wards (97%) have not had a case of MRSA in over a year.

31 wards (54%) have not had a case of C.Difficile in over a year.

Actual outcome:

We had 2 cases of MRSA – ☒ **Improvement made compared to last year**

We had 57 cases of C.difficile – ☒ **Improvement made compared to last year**

Improvements achieved:

Many patients who develop C difficile diarrhoea can be identified in advance as being at high risk, especially people who have had previous infection documented. In July 2013 the Trust introduced a C. difficile passport in partnership with City Healthcare Partnership Hull to identify any patient who is at risk or has previously been C difficile positive. An alert has also been placed on our electronic system 'Patient Centre' to alert any member of staff providing care for the patient.

The Trust has reviewed the cleaning materials it uses, which has resulted in changing from hypochlorite based disinfectant to chlorine dioxide across the Trust from 31st March 2014.

The Trust has increased the size of its monitoring team to ensure that all of the National Specification for Cleanliness in NHS frequencies is met in all risk areas. The Trust Facilities team now report weekly to the Divisional Nurse Managers so that immediate action can be taken. We currently exceed the expected minimum standards and improvements have been made to improve our scores in relation to the cleaning of ward equipment. An electronic tracking system is now used to track beds and mattresses. All beds have an identification tag (barcode) and all cleaning dates are logged to ensure that our decontamination processes are being followed.

Another key area that the Infection Prevention and Control team has focussed on is Urinary Tract Infections (UTI). These are one of the most common infections acquired in hospitals and studies show that the risk of bacteriuria increases by 5% for each day that a urinary catheter is in situ, the risk of a UTI is therefore significantly increased following the insertion of a urinary catheter. These types of infection are also associated with bacteraemia, increased mortality and may lead to complicated infections of the urinary tract. Data from the NHS Safety Thermometer (see page 15 for more information) shows that the Trust is higher than the national average for patients that have a urinary catheter.

A Catheter Steering Group was set up in September 2013 to co-ordinate both on-going and current work to facilitate further improvements to catheter care and reduce urinary catheter related infections. They undertook a point prevalence audit of pre-connected urinary catheters in October 2013. The results showed that the number of catheters being inserted had reduced and there had been an increase in appropriate selection of catheter type and size.

A pilot project has been undertaken on a number of wards, (Elderly Short Stay Unit, Ward 70, Cedar Ward, Intensive Care Unit and General High Dependency Unit at HRI, and Ward 21 at CHH) to review the process for urinary catheter insertion and removal. In these areas posters are used to prompt clinical staff to review the need for the urinary catheter before it is inserted and to review the continuing need for the catheter so that it can be removed as soon as possible therefore reducing the risk of infection. Information posters explaining the maximum duration for long and short term urinary catheters and the appropriate duration of urinary catheter drainage bags have also been developed.

The data from the Safety Thermometer shows that 18.4% of our patients have an indwelling urethral urinary catheter. This is a 2% reduction in urinary catheters since 2012/13, but further improvements are required to meet the national average of 16.7%. The last five months of 2013/14 have also seen a reduction in catheter related urinary tract infections from an average of 6 per month between April and October 2013 to 2 per month between November 2013 and March 2014.

Further improvements identified:

The Trust will continue to monitor cases of MRSA and C.difficile and take any actions identified through root cause analysis. Our C.difficile action plan has been updated for 2014-15 and progress against it will continue to be monitored through the Infection Prevention and Control Committee. The Committee will also be focusing on actions to reduce cases of Methicillin-sensitive Staphylococcus aureus (MSSA) Bacteraemia and E.Coli bloodstream infections.

The UTI pilot project (described above) will be introduced more widely across the Trust. Posters and pocket sized prompt cards will be produced to support this initiative.

It has been identified that continuity of care for catheterised patients when they are discharged into the community is extremely important. Therefore, we are planning to introduce a Urinary Catheter Passport during April 2014 to ensure that there is a comprehensive handover of care that is necessary for these patients.

Our Improvement Story Urinary Catheter Infections (UTIs) Ward 21, Castle Hill Hospital

Ward 21 started the project in December 2013. It included raising consciousness about patients that have an indwelling catheter and a regular review to check if the patient still needs to have the catheter so that it can be removed as quickly as possible. The project helped to empower the nursing staff to challenge the Medical staff regarding the clinical need for the patient to have the catheter. Within 4 weeks the average length of catheter days reduced from 7.8 to 3.8 days.

The team also tested the use of intermittent catheters in conjunction with the use of bladder scanners. An intermittent urinary catheter is inserted just long enough to drain your bladder before being removed, therefore reducing the risk of infection to the patient. In total ten intermittent catheters were inserted and both patients and nurses gave positive feedback about their use.

A heightened awareness by both medical and nursing staff meant that bladder scanning was undertaken on more patients which allowed them to identify patients with urinary retention. This allowed them to focus on bowel care for the patient to avoid constipation and therefore urinary retention, reducing their need for catheterisation.

Pneumonia

Pneumonia is inflammation (swelling) of the tissue in one or both 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.

Community acquired Pneumonia is the fourth leading cause of death in the UK and some of these deaths are avoidable through the use of the recommended care bundle 'COST'. A care bundle is a set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes. COST stands for Chest x-ray, Oxygen assessment, Severity score and Treatment and by ensuring that patients needing admission to hospital with Pneumonia receive all of these elements of care we can reduce their risk of death and the length of time they need to stay in hospital.

What we aimed to achieve in 2013/14:

To reduce the number of deaths with a diagnosis of Pneumonia to 500

Actual outcome:

534 patients died in hospital from Pneumonia –

✅ **Improvement made compared to last year**

Improvements achieved:

Although we have not met our improvement target for 2013/14, the number of patients who died in hospital from pneumonia has reduced by 23% since 2012/13.

A Registrar led improvement project has been undertaken in the Emergency Department to improve compliance with the COST care bundle to reduce mortality and length of stay for patients needing admission to hospital due to pneumonia. Please see the improvement story opposite.

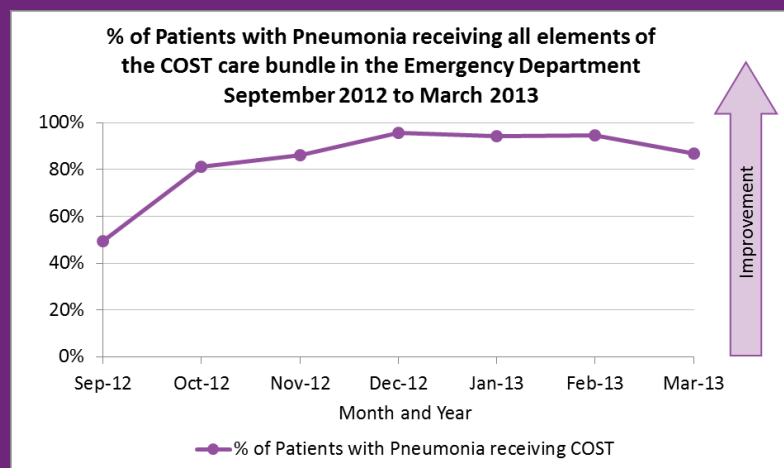
Further improvements identified:

Our compliance with the COST care bundle across the Trust requires improvement; therefore this has been continued as a local priority for improvement with our commissioners under the CQUIN scheme.

Our Improvement Story Emergency Department (ED)

An initial audit showed 40% of patients with pneumonia received all the elements of the COST care bundle in the Emergency Department.

Clinicians and nurses were given educational sessions to increase their awareness and highlight the importance of the bundle but this showed little improvement. Following feedback from the staff, regular face to face teaching was undertaken and a checklist was designed to prompt clinicians. After testing they found that the checklist worked when it was re-designed as a sticker on the front page of the patients' notes.



Compliance improved to 90% within the first three months of this project and continued to be sustained.

Reducing all avoidable harm

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.

What we aimed to achieve by March 2014:

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

Actual outcome:

95% of patients received 'harm free' care in March 2014 – **✓ Goal achieved**

What is the NHS Safety Thermometer?

The NHS Safety Thermometer is a point of care survey that is carried out on 100% of in-patients on one day each month and is one of the largest patient safety data collection of its kind in the world. It provides a 'temperature check' on harm and looks at the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism (VTE).

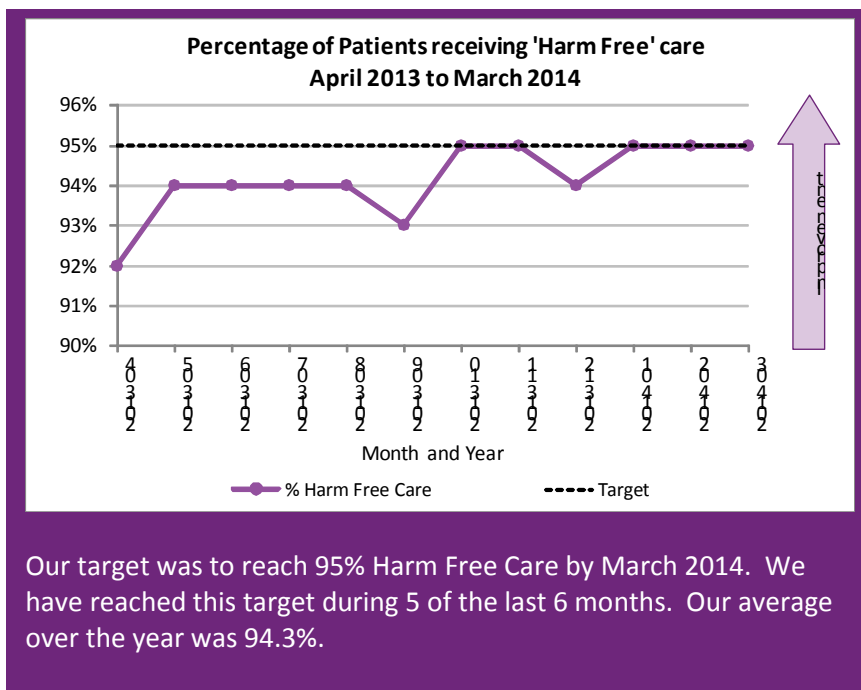
How does it define harm?

Pressures ulcers – It identifies pressure ulcers that were either present when the patient came under our care, or developed after the patient was admitted to hospital.

Falls – It identifies falls (an unplanned or unintentional descent to the floor), with or without injury, regardless of cause (slip, trip, fall from a bed or chair) that the patient has experienced within 72 hours of the survey taking place.

Catheter and urinary tract infections (UTI) – It identifies patients that have a urinary catheter in place within 72 hours of the survey taking place and any patient being treated for a UTI either before the patient came under our care or after the patient was admitted to hospital.

Venous thromboembolism (VTE) – It identifies patients that are being treated for a deep vein thrombosis, pulmonary embolism, or other recognised type of VTE with appropriate therapy such as anticoagulants, starting either before or after the patient was admitted.



How does our performance compare?

The table below shows our performance against each of the harm indicators from the Safety Thermometer for March 2013 to February 2014:

Harm Indicator:	Hull and East Yorkshire Hospitals	Average for Acute (non-specialist) Trusts in England	How do we Compare?
Patient with any Pressure Ulcer	4.1%	4.8%	✓
Patient with a New Pressure Ulcer	0.7%	1.1%	✓
Falls with Harm	0.3%	0.7%	✓
Patients with a Catheter	18.4%	16.7%	✗
Patients with a Catheter and UTI	0.8%	1.2%	✓
Patients with a New VTE	0.6%	0.6%	✓
Patients with Harm Free Care	94.4%	93%	✓
Patients with Harm Free Care (New Harm Only)	98%	97.1%	✓

We have performed well over the past year in all but one indicator. The number of patients with a catheter remains above the national average although we have seen an overall reduction by 2% compared with 2012/13.

Further improvements identified:

Improvements that have been identified regarding reducing the number of patients with a urinary catheter are detailed on page 11.

The Trust has signed up to NHS QUEST. This is a network of Trusts aspiring to levels of quality and safety beyond current expectation. The network focuses on four key priority areas: leadership, measurement, building capability and improvement programmes. This includes improving the 'harms' identified through the Safety Thermometer.

Medication errors

Medication errors can occur with the prescribing, dispensing, storage, handling or administration of medicines.

Medicines remain the most common therapeutic intervention in healthcare. It is important that individual patients get as much benefit out of medicines as possible and resources are used wisely and effectively.

Dispensing errors are just one specific measure of medication incidents.

What we aimed to achieve in 2013/14:

To reduce the number of dispensing errors that leave Pharmacy to 179

Actual outcome:

There were 171 dispensing errors that left the Pharmacy department – **✓ Goal achieved**

There was also a 2% increase in the number of medicines dispensed during this period.

Improvements achieved:

In October 2013 the CQC judged the Trust as non-compliant against Management of Medicines regarding the safe and secure storage of medicines. This was an opportunity to review and improve all aspects of medicines use. As a result, a comprehensive action plan was developed by the Chief Pharmacist and some of the improvements made are detailed below:

- Implementation of the pharmacy waste bins on all wards across the Trust – these pharmacy waste bins ensure that all used medicines are disposed of safely and appropriately.
- The Chief Pharmacist has made unannounced visits to wards to monitor how medicines are used and stored. Patients and relatives are also asked for their views and experiences. Feedback is given to the senior nurses at the end of the visit and action plans are agreed if necessary and monitored for progress.

New processes have been introduced to help patients manage their medicines when they leave hospital including compliance aids, the introduction of new documentation to help carers ensure medicines are given safely and closer worker with colleagues outside the hospital.

Our Improvement Story

The pharmacy team have developed an outreach service in conjunction with City Health Care Partnership to all care homes in Hull. This has been developed following an investigation into an incident which highlighted the need for a 'gold standard' service for patients who reside in care homes, as this group of patients are vulnerable to harm due their complex medication needs.

A referral system has been put in place for care homes to notify us that one of their residents has been admitted. This allows the pharmacy service to clinically review these patients' medications to ensure that any medications that are no longer needed to be taken are stopped. This focus is to reduce the number of unnecessary drugs the patient is taking, therefore reducing their risk of harm, and ensuring that the care home is made aware of any changes. Through this 'gold standard' service we have helped to reduce the number of patents with dementia taking antipsychotic drugs and also helped patients that have a higher risk of falls due to the side effects of medication being taken.

After the patient is sent home, we contact the care home within 7 days to ensure that they have all the medications and information they need to ensure there is no room for error.



Increased seven day working has been introduced in Pharmacy. The department is open 365 days a year and a clinical pharmacy service at weekends has been introduced to target vulnerable patients and those on high risk medications. This also supports a safer and more efficient discharge 7 days a week.

A review of pharmacy cover on the wards was undertaken leading to an increase in support for the Acute Assessment Unit. Pharmacists can check prescriptions on admission and any medication required is supplied in a timelier manner.

An electronic 'virtual ward' has been developed in pharmacy which helps staff to identify patients ready for discharge or those requiring specific help with medication issues.

The Trust has introduced an electronic prescribing system for chemotherapy (ARIA). This will improve patient safety as this system has built in safeguards and checks.

The Pharmacy team at CHH have developed a service to collect and deliver prescriptions to the wards throughout the day. The new service has reduced the time that patients have to wait to receive their medicines.

Further improvements identified:

The pharmacy team at the Queen's Centre has developed a process for reporting and providing feedback to doctors about any errors they make when prescribing medications. This has helped to identify common themes and identifies any training needs. It is planned to implement this system across the Trust.

We are currently looking at the possibility of a contract with a pharmacy outside the Trust to further improve our service to outpatients.

In February 2014 the CQC undertook an inspection of HEYH. They wanted us to increase the number of medicines reconciliations for our patients, and also to increase the pharmacy teams out on the wards. Medicines Reconciliation is the process of identifying the medications that the patient is currently taking and ensuring these are accurately prescribed in hospital, if appropriate. The Trust will seek to increase the percentage of medicine reconciliations undertaken on admission and ensure this key patient safety work is undertaken in a timely fashion. The Chief Pharmacist will review the level of Pharmacy support on the wards, especially in high risk areas.

Pressure ulcers

Pressure ulcers are a type of injury that causes skin and underlying tissue to breakdown. They are caused when an area of skin is placed under pressure. They are also sometimes known as 'bedsores' or 'pressure sores'. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle. They can be painful and debilitating and, if left untreated, can lead to serious harm or death.

Research shows that between 80% and 95% of pressure ulcers are preventable through providing good care.

The Trust has adopted a zero tolerance approach to all hospital acquired avoidable pressure ulcers and uses the SSKIN care bundle, which is a tool that helps our nurses deliver best practice care to their patients who are at risk of developing pressure ulcer.

What we aimed to achieve in 2013/14:

No stage 1* or 2 pressure ulcers
No stage 3 or 4 pressure ulcers
50 unstageable[†] pressure ulcers

Actual outcome:

227 stage 2 hospital acquired pressure ulcers –

☑ **Improvement made compared to last year**

2 stage 3 hospital acquired pressure ulcers
3 stage 4 hospital acquired pressure ulcer
38 unstageable** pressure ulcers – **✓ Goal achieved**

Improvements achieved:

The Trust is part of the of the Transparency Project which encourages organisations to be open and transparent about how they are doing in areas of patient safety and quality of care. This includes reporting the number of patients who have developed a stage 2, 3 and 4 pressure ulcer whilst in our care. We have also chosen to report the number of suspected deep tissue injuries and un-stageable pressure ulcers to this project.

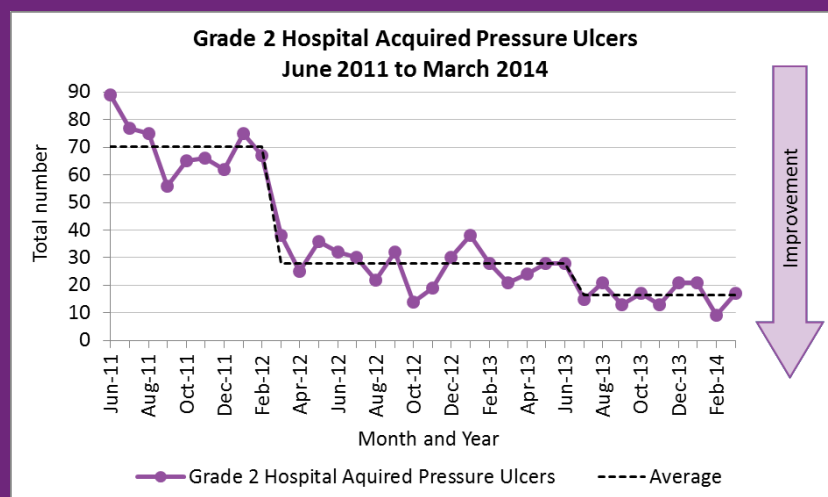
The Trust uses a root cause analysis (RCA) tool to learn lessons from all hospital acquired pressure ulcers. Through the RCA we determine whether the pressure ulcer was avoidable, i.e. we failed to do one of the following: evaluate the patient's clinical condition and risk of developing a pressure ulcer; plan and provide individualised care for that patient to recognised standards of practise; monitor and evaluate the impact of the care received by the patient; or take further actions as appropriate. Where all of these aspects of care have taken place and yet the patient still develops a pressure ulcer, this is classed as unavoidable.

* Please note that our current policy does not include the mandatory reporting of stage 1 pressure ulcers.

† Unstageable pressure ulcers are a wound covered with a fluid or scab which prevents the depth of the wound from being determined. Once the pressure ulcer becomes stageable it is recorded within our information systems.

Our Improvement Story

Although we have not met our target for grade 2 pressure ulcers, the Trust has seen a reduction for a second year. The graph below shows that since June 2011 and with the introduction of the SSKIN care bundle, the number of grade 2 pressure ulcers has fallen from 67 per month in 2011/12 to 19 per month in 2013/14. This represents a 66% reduction overall.



The Trust also captures information about pressure ulcers through the NHS Safety Thermometer. During 2013/14 the percentage of patients with a new pressure ulcer was 0.7%. This is lower than the national average which stands at 1.1%.

The nursing teams use a validating skin injury poster to ensure the correct cause of the wound is documented. This enables the nursing team to correctly treat and evaluate the skin injury. The Tissue Viability team confirm and photograph all stage 3, 4, suspected deep tissue injury and un-stageable pressure ulcers. All hospital acquired stage 3 and 4 pressure ulcers are declared and investigated as a Serious Incident (SI) and the patient is referred to the Safeguarding Adult Team.

A Tissue Viability Wound Management Committee has been created in order to share lessons from root cause analysis and results from audits (including Setting the Standard) and evidence of good practice to improve patient outcomes.

A new database has been developed to record all hospital acquired un-stageable and suspected deep tissue injury pressure ulcers. The staging of the potentially severe pressure ulcers cannot be achieved until the depth of the wound bed is revealed. If the outcome is known before the patient is discharged this is recorded on the database and the Tissue Viability protocol is followed. Following the RCA process, all hospital acquired un-stageable pressure ulcers are discussed at nurse director level and a decision is made whether further actions are required.

The Tissue Viability team is working closely with the ward and senior nursing teams to ensure that the workforce has the knowledge and skills to correctly identify the category of pressure ulcer. The team is also working closely with the podiatrists and ostomy nurses to improve cross speciality working, share knowledge and good practice to improve patient outcomes.

Further improvements identified:

Over the next year we aim to reduce all avoidable hospital acquired pressure ulcers.

We have highlighted that there is an issue relating to education. Competency based training for tissue viability and wound management will be rolled out across the organisation by the end of 2014. This will promote a skilled, competent and confident workforce in wound management, pressure ulcer prevention and their treatment and care. This training will become mandatory. All registered and non-registered nurses will attend a study day once every 3 years; this will be supported with an e-learning package and bedside training. Competencies will be assessed by key trainers and recorded in the tissue viability learning passport. This will be implemented across the Trust during 2014.

The reporting of pressure ulcers within the wider Yorkshire and Humber health community has been agreed with our commissioners as a goal for improvement. Part of this will involve working with our health partners over the coming year on developing a process for tracking or following patients with pressure ulcers, regardless of where the pressure ulcer developed in order to improve the continuity of their care.

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. It most commonly occurs in the deep veins of the legs, (this is known as deep vein thrombosis or DVT) or can move to the lungs causing a blockage that could lead to death (this is known as pulmonary embolism or PE). Patients in hospital have a greater risk due to a number of reasons including being immobile or having a major operation. This risk can be greatly reduced through assessing every patient when they are admitted to hospital so that appropriate treatment can be given to prevent a VTE from occurring.

What we aimed to achieve in 2013/14:

95% of all patients admitted to hospital to undergo a VTE risk assessment.

Actual outcome:

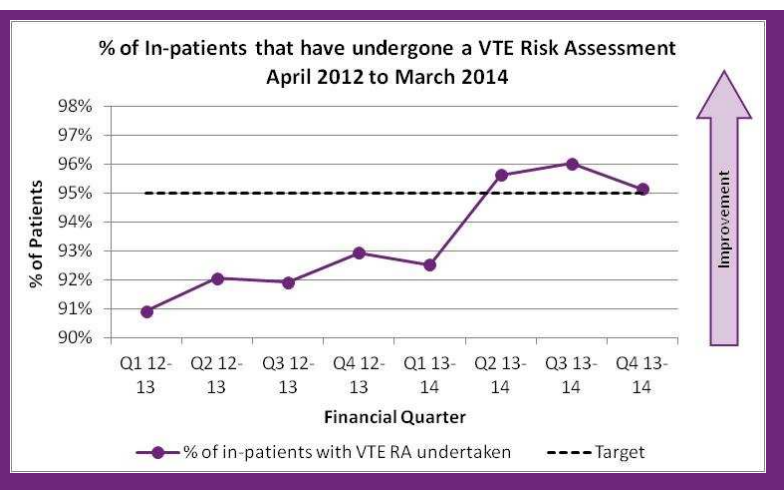
94.8% of patients admitted to the Trust had a VTE risk assessment undertaken – ☒ **Improvement made compared to last year**

Improvements achieved:

Although we have not met our target over all, during the last three quarters we have exceeded the 95% target.

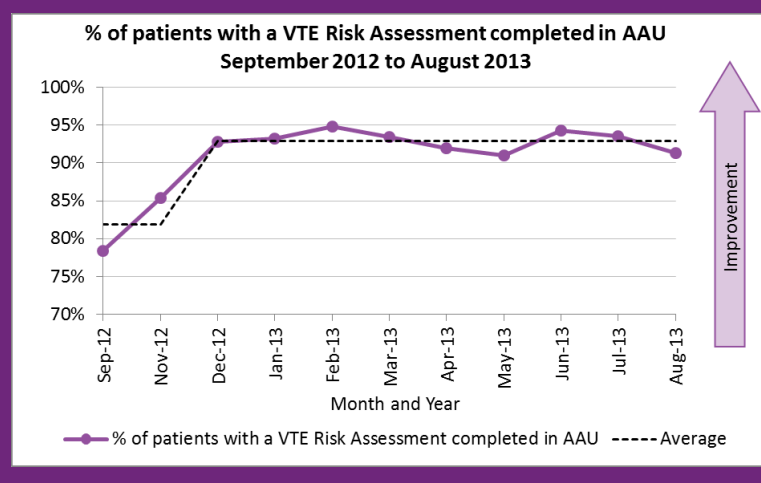
A project to improve compliance with patients who are admitted to hospital receiving a VTE risk assessment has been completed on our Acute Assessment Unit (AAU), Hull Royal Infirmary. This was a particular issue due to the number of patients admitted on a daily basis; the unit has around 500 admissions a week and has a high rotation of junior doctors.

A team of nurses from Ward 7 have been supported through the Trust's Pioneer Teams to improve the system in place for ensuring that patients get a clinic appointment to check their international normalisation ratio (INR) and medication following discharge from hospital. The INR is a laboratory measurement of how long it takes blood to form a clot. It is used to determine the effects of oral anticoagulants on the clotting system. The current system is time consuming for staff and can cause delays in discharging patients from hospital. The project involves working with our partners in the community to look at the possibility of developing an electronic system. They plan to use our new Electronic Patient Record system, Lorenzo, to make electronic referrals to the Anticoagulation team in Hull from December 2014 and hope to also introduce this system for patients within the East Riding.



Our Improvement Story Acute Assessment Unit (AAU)

The team introduced prompt cards for junior doctors, involved the nursing staff more in the process, targeted education, and strengthened their morning handover to include a safety brief. The team designed a handover prompt sheet based on recommendations from the Royal College of Physicians and includes participation of the nursing team in which had previously been seen as a medical handover. Together, these changes have delivered a rise in overall compliance to 93%.



Further improvements identified:

All patients highlighted by the NHS Safety Thermometer as developing a VTE following hospital admission have a root cause analysis completed in order to learn lessons to improve patient care. We would like to improve this system; therefore we are currently developing a database to identify every inpatient VTE episode.

The Trust also plans to increase the number of patients that receive verbal counselling on signs and symptoms for VTE before they are discharged from hospital.

The INR Pioneer Team will be looking at introducing INR Link Nurses at ward level to advise staff and patients regarding anticoagulation therapy and monitoring.

Falls

A fall is defined as an unplanned or unintentional descent to the floor, with or without injury, regardless of the cause. 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.

What we aimed to achieve in 2013/14:

To reduce falls to 2245

Actual outcome:

2649 patient falls in 2013/14 – ☒ **Improvement made compared to last year**

Improvements achieved:

The Trust has introduced Intentional Rounding on all wards from December 2013. This is a tool that aims to help nurses deliver a reliable standard of care to every patient. What is important is that it is patient rather than task-focused: every hour, nurse checks with the patient, to find out if they are comfortable and if there is anything they need. The idea of hourly rounds has been promoted by the Prime Minister and endorsed and encouraged by the Chief Nursing Officer at the Department of Health as there is evidence to show that Intentional Rounding can reduce adverse events such as falls and pressure ulcers, improve patients' experience of care and provide much needed comfort and reassurance to the patient.

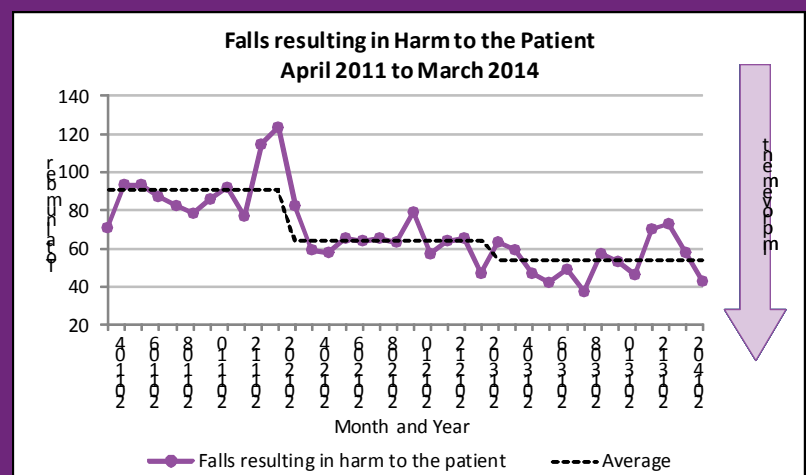
We have also introduced a Root Cause Analysis (RCA) tool which looks at the reasons why a patient has fallen. This tool is used as part of the Transparency Project that the Trust is part of alongside other Trusts in the north of England. After being tested successfully on the Elderly Short Stay Ward (ESSU) at Hull Royal Infirmary the questions from the tool have been added to our electronic incident form (DATIX) so that root causes of all patient falls can be identified at the time of the incident.

Open visiting has also been introduced within some of our wards (Elderly Short Stay Ward, Ward 70 and Ward 100 at Hull Royal Infirmary, and Ward 21 and Ward 19 at Castle Hill Hospital) which has shown an overall reduction in the number of falls within the elderly care areas.

In January 2014, the Trust started to report all incidents where a patient fell and suffered a fractured hip as Serious Incidents (SIs). Since then 9 incidents have or are currently being investigated as a serious incident. A common theme that we have found from looking at these incidents is that the current risk assessment we use does not always correctly

Our Improvement Story

Although the overall number of patient falls reported in 2013/14 has only fallen by 6% compared with last year, the Trust has seen a significant reduction in the number of falls resulting in harm (patient falls reported with a severity of minor, moderate, major and catastrophic) to the patient. The graph below shows that since April 2011 the number of falls causing harm to the patient has reduced from 90 per month in 2011/12 to 53 per month in 2013/14. This represents a 41% reduction overall.



identify patients who have a higher risk of falling. There is currently no national tool that can be used across all specialities; therefore we have developed a new tool that is being tested within the Trust. It involves a scoring system that looks at all risk factors such as medication the patient is receiving, specific medical conditions the patient may have, how frail the patient is and the environment in which they are being cared for.

The Trust has also introduced daily Safety Briefings across all wards. The ward team come together to discuss patient safety issues such as the number of patients that have a high risk of falling, the dependency of patients on the ward and any staffing issues. These are then escalated to the Patient Safety Meeting which takes place twice a day with representation from a Nursing Director so that issues can be acted upon promptly.

Further improvements identified:

Although Intentional Rounding has been introduced, there are still improvements to be made to ensure that all patients receive these checks every time. This process will be monitored as part of 'Setting the Standard' where all wards are reviewed by senior nurses on standards of nursing care. See page 56 for more details.

Over the coming year the new falls risk assessment will be introduced across the Trust. It will be accompanied by a new care plan which is currently being developed. The care plan will identify what actions should be taken in response to which factors have been assessed as causing a high risk to the patient. This will encourage care to be individualised to each patient.

Other improvements that are planned for 2014/15 include introducing visibility zones in all clinical areas, the development of guidance for patients with confusion, and possible introduction of open visiting to other wards following evaluation of the pilot.

A Falls Prevention Committee has also been established and it will meet on a monthly basis during 2014/15 to drive and monitor these improvements.

Dementia

Dementia is not a single illness but a group of symptoms caused by damage to the brain. These symptoms include memory loss, mood changes and problems with communication and reasoning.

Dementia is a significant challenge for the NHS with an estimated 25% of acute beds occupied by people with dementia. Their length of stay is longer than patients without dementia and they are often subject to delays in discharge when leaving hospital. Patients with dementia are also more likely to come to harm than patients without dementia.

What we aimed to achieve in 2013/14:

90% compliance with Dementia Screening

Actual outcome:

90.87% of patients received Dementia screening – ✓ **Goal achieved**

Improvements achieved:

Over the past year the Trust has continued to implement Dementia screening for all patients, with 90% of our patients being screened. The FAIR process (Find, Assess, Investigate and Refer) is helping to identify people with undiagnosed Dementia, allowing them to be referred onto the appropriate community services for further assessment and treatment.

There is a national drive to reduce the use of antipsychotics in managing 'behaviour that challenges' in people with dementia. The Trust has been working closely with our liaison psychiatry team to reduce our prescribing rates. A regional audit completed in 2013 shows that we now have one of the lowest antipsychotic prescribing rates in the region.

In April 2013 we established a multidisciplinary Dementia Programme Board to ensure we deliver high standards of care for people with dementia and their carers. It has membership from health, social care, carer and voluntary organisations and is therefore truly representative of the needs of people with dementia.

The Trust has appointed a Dementia Care Lead consultant, a nurse trainer and

Our Improvement Story Elderly Short Stay Unit (ESSU)

Through listening to our patients, their relatives and carers we have made a number of improvements in response to the issues they identified and to make the ward a better environment for our patients that suffer with dementia.

- We have introduced open visiting between 9am and 7pm
- We have bought picture signage to help our patients find the toilets on the ward
- We have increased our number of Dining Companions (these are volunteers who assist patients at meal times)



We have also introduced coloured crockery to help our patients eat and drink independently. People suffering from dementia often experience visual problems including not being able to distinguish between different colours. Studies have found that this can be a problem at mealtimes if the crockery is a similar colour to the food being served as a person with dementia may not be able to see the contrast and recognise the food that is on their plate.

We also now offer digital reminiscence therapy to our patients. This uses prompts, such as photos from the past, to encourage the patient to talk about earlier memories, which people with dementia tend to retain best. By talking about who they are, people with dementia can help others focus on them, and not their dementia. We are currently recruiting and training volunteers to deliver this on our wards.

dementia champions across the Trust not only in nursing and medical teams, but also in therapies, catering, security and volunteer teams.



We have continued to implement the Butterfly Scheme across the Trust. It is a tool to enable staff to provide person centred care to our patients with dementia. With the patient's consent a symbol of a butterfly is placed above the patient's bed and staff are taught skills to allow them to care for these patients. Patients with dementia are also now identified on the Trust's CAYDER board using a butterfly symbol. This helps to minimise the transfer of patients with dementia when bed pressures occur.

We have created a database which looks at the health care outcomes for patients with dementia across the Trust. This allows us to identify issues relating to length of stay, readmission to hospital, falls, in hospital mortality and pressure ulcers for patients with dementia.

We have introduced a carer survey in July 2013 within our elderly care areas to help us to address the needs of carers for people with dementia. This has prompted us to develop a patient and carer leaflet in order to highlight support services that exist both within the Trust and community based services.

Further improvements identified:

We are one of only a few acute hospital Trusts to use dementia mapping in our wards to understand the deficiencies in our service from the patient's perspective. Hull's local Dementia Academy has supported us with this project and we plan to use dementia mapping in all our environments in which people with dementia are cared for.

A Trust wide training package has been developed for staff, which includes an awareness module for all staff and more detailed training for dementia champions, but the uptake remains low. We need to ensure that we have an adequately trained workforce to meet the needs of patients with dementia. This concern was also highlighted when the CQC undertook the Chief of Hospitals Inspection in February 2014 and stated that the Trust must ensure that staff employed for caring duties, including dealing with patients exhibiting challenging behaviour due to mental health illness or dementia, appropriately support patients. The dementia awareness training programme will be rolled out to all clinical and non-clinical staff. Although non-clinical staff e.g. Porters do not care for patients, they do come into contact with patients and therefore it is important that they are also able to respond to challenging behaviour and appropriately support patients.

We plan to continue to refurbish the Elderly Short Stay Ward (ESSU) to enhance the healing environment and to meet the specific needs of patients with dementia.

Perioperative Care

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.

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. These incidents include surgery performed on the wrong site (for example wrong knee, wrong eye, wrong patient, wrong limb, or wrong organ) and retained instruments (where an instrument or a swab is left inside a patient during surgery).

During 2012/13 the Trust had 3 such Never Events. These incidents are unacceptable and preventable.

What we aimed to achieve in 2013/14:

To have no Perioperative (surgical) Never Events.

Actual outcome:

4 Perioperative (surgical) Never Events were reported – **✗ Goal not achieved**

Improvements achieved:

During the past year the Trust has declared 4 perioperative Never Events. All of these incidents have been investigated as a Serious Incident using root cause analysis techniques in order to learn lessons and put in place action to reduce the risk of similar incidents happening in the future.



The Surgery Health Group and the theatres team have introduced a new policy regarding needles and swabs. This includes a new escalation process that must be followed if it is suspected that a needle or swab has been misplaced during surgery. This involves stopping surgery to perform an x-ray to ensure that the needle or swab is not retained inside the patient.

Incident reporting training has been provided to senior nurses (Band 6 and 7) and a weekly senior nurse team meeting has been introduced which allows the opportunity to learn lessons from incidents.

Further improvements identified:

Through the investigation of these incidents and other incidents within theatres it has been identified that the safety briefing that takes place prior to each theatre list could be improved. The Theatre Team is currently reviewing their safety brief prompt to include more complex questions in order to improve the quality of information discussed to improve patient safety and efficiency.

Learning lessons from Serious Incidents and Never Events has been identified as a key priority for the Trust over the coming year. Please see page 35. The CQC undertook the Chief of Hospitals Inspection in February 2014 and stated that the Trust must ensure that staff receive feedback and learn lessons from incidents reported including Never Events being disseminated Trust wide.

Planned admission to discharge from hospital

We aim to ensure that every 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 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.

Planned admission to discharge from hospital 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.

What we aimed to achieve in 2013/14:

To reduce in patient readmissions to hospital after 28 days to 4.4%

To reduce the number of patients on the delayed discharge list to 1904

To reduce the total numbers of patients with a length of stay greater than 50 days to 635

Actual outcome:

6.7% of patients were readmitted to hospital after 28 days – ✗ **Goal not achieved**

4191 patients were on the delayed discharge list between April 2013 and March 2014 – ✗ **Goal not achieved**

538 patients had a length of stay greater than 50 days in 2013/14 – ✓ **Goal achieved**

Improvements achieved:

A multi-disciplinary 'PREDICT' team has been established to develop and implement effective patient management planning process to improve core patient management, planning processes and discharge arrangements and patient experience when going home. The aims of the Predict Team is to revise ward rounds to 'make every ward round count' and to ensure they are the key vehicle for planning patient care and discharge, improve communication ensuring the patient is at the centre, ensure the Expected Date of Discharge is planned early and informs the timeliness of care and interventions and promote pro-active and collaborative working towards a safe, timely and effective discharge.

Further improvements identified:

In February 2014 the CQC undertook the Chief of Hospitals Inspection and judged that the Trust was non-compliant with Outcome 4 (Regulation 9) Care and Welfare. The CQC Chief of Hospitals Inspection identified patient pathways into and out of hospital as one of the reasons why the Trust was non-compliant with regulation 9. The review of the Acute Medical Pathway (including patient transfers in and out of hospital) has been identified as one of the Trust's top six priorities following the Chief of Hospitals Inspection. A Transformation Programme will be led by the Chief Medical Officer and the Medical Director for the Medicine Health Group to review the Acute Medical Pathway to ensure the Trust and its stakeholders have robust and effective patient pathways into and out of hospital.

PREDICT Methodology

Plan
Review
Engage/Educate
Discharge
Inform
Communicate
Transfer

PREDICT

*working towards
your ticket home*

Patient pathways / inpatient transfers

Inpatient transfers are 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 6.00am; this transfer should be avoided unless their clinical condition requires specialist support within other units of the Trust.

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.

What we aimed to achieve in 2013/14:

To reduce avoidable inpatient transfers, in particular for patients moved more than 2 times, to 375

To reduce the number of patients transferred after 10pm for non-clinical reasons to 1461

Actual outcome:

499 patients were transferred more than 2 times; this includes avoidable and unavoidable transfers – **✗ Goal not achieved**

2035 patients were transferred after 10pm; this includes patient transferred for both clinical and non-clinical reasons – **✓ Improvement made compared to last year**

Improvements achieved:

Each of the Health Group has a system in place to investigate incidences of transfers occurring between 10pm and 6am, and when a patient is transferred more than twice. The aim is to find out if the transfer took place for reasons relating to the clinical care of the patient (i.e. unavoidable) or for non-clinical reasons, such as relating to bed capacity (i.e. avoidable) and report their findings to safety briefing meeting in order to share and learn lessons. The investigations and lessons learned are reported in the corporate performance report to the Trust Board on a monthly basis.

This review of transfers shows that:

- some transfer times were recorded incorrectly on our system and actually occurred before 10pm or after 6am
- some patients were transferred to and from Critical Care areas which would be appropriate for the patient
- some patients were transferred within the same ward or speciality – this was to ensure that they were cared for with other patients of the same sex
- some patients were transferred due to clinical need, but pathways, such as having a Hickman line inserted should be reviewed to minimise the number of transfers required
- some patients that are moved do not have a clinical need to be in hospital, but are waiting for access to community services
- one transfer was due to a specific request by the patient

Of the 166 transfers that were reviewed between December 2013 and March 2014, 85 (51%) patients were transferred for non-clinical reasons. This is an unacceptable number and further improvements have been identified.

Further improvements identified:

In February 2014 the CQC undertook the Chief of Hospitals Inspection and judged that the Trust was non-compliant with Outcome 4 (Regulation 9) Care and Welfare. One of the reasons why the Trust was non-compliant with regulation 9 was because patients experienced multiple moves around the hospital and across sites. The CQC felt that the multiple moves were putting patients at risk of delayed assessment and inconsistent treatment. The Trust's Chief Medical Officer will review the current patient flow within and across hospitals sites and implement a revised process to significantly reduce the number of patient transfers for non-clinical reasons including multiple moves and moves during the night. The Trust is currently looking at how the wards could be better located to minimise the need for transfers to

take place between the two hospital sites.

The CQC Chief of Hospitals Inspection also identified patient pathways into hospital, in particular attendance at the Emergency Department (ED) and admission to the Acute Assessment Unit (AAU) or other hospital wards as well as the quality and consistency of the documentation as another reason why the Trust was non-compliant with Outcome 4 (Regulation 9) Care and Welfare. A Transformation Programme will be led by the Chief Medical Officer and the Medical Director for the Medicine Health Group to review the Acute Medical Pathway to ensure patients are assessed and treated appropriately to meet their needs and that patients are admitted to the appropriate ward for their clinical condition. The Transformation Programme will also review the current handover arrangements to improve communication among clinicians across the organisation.

The Transformation Programme will work in conjunction with the Clinical Commissioning Groups and Local Authorities to improve patient pathways into the Emergency Department. This will include reviewing ambulance criteria for attendance at the Emergency Department to ensure patients are admitted to the most appropriate place to meet their needs and also to monitor the GP referrals into the Acute Assessment Unit (AAU).

Patient experience

Our vision is to provide great care. To achieve this it is essential to listen to the needs, concerns and suggestions from our patients about how we can improve care, quality and experience. We are committed to learning from and acting on patient feedback to improve the aspects of quality that matter most to our patients.

What we aimed to achieve in 2013/14:

To reduce complaints to 2.2 per 1000 in patient Finished Consultant Episodes (FCEs)

To reduce complaints & PALS concerns regarding staff attitude to 180

Outcome:

We received 5.1 per 1000 in patient Finished Consultant Episodes FCE's – **✗ Goal not achieved**

242 complaints & PALS concerns were received regarding staff attitude – **✗ Goal not achieved**

In October 2013 a report, commissioned by the Prime Minister, called 'Putting Patients Back in the Picture' was published. The report highlights the need to make improvements to the complaints process to make it more accessible and responsive. The review panel writing this report heard from people who had not complained because they felt the process was too confusing or they feared for their future care. This is supported by a survey completed by Healthwatch England which identified that 54% of people who had a problem with health or social care in the past three years did not report it.

What this information means is that the Trust needs to adopt an entirely new approach towards complaints and as a result we need to find different ways to monitor patient experience. In successfully implementing the recommendations from this report to make our complaints process more accessible, we would hope to see more people feeling able to raise concerns. Therefore it is too simple to have our aim as reducing the number of complaints we receive and our aim should be to encourage patients to report their concerns.

Improvements achieved:

Over the past year the Trust has made significant steps to actively gain information from patients about the services we provide and also learn from the feedback we have received.

The Trust hosted a 'Big Conversation' in September 2013 as part of the Trust Innovation Day, which was well attended, inviting patients and relatives to share their experiences of the care received whilst in hospital.

The Chief Nurse has also introduced Patient Story sessions for staff to help us better understand the quality of care we provide and the impact we have on people's lives. The monthly sessions enable all staff to hear directly from patients about their experiences, both good and bad, and ask questions to help us to better understand what we do well and how we might improve care for future patients.



Friends and Family Test

Since we introduced it in March 2013, the NHS Friends and Family Test has been helping us to review the care we provide across our wards, outpatient clinics and urgent care services and to look for ways of improving based on direct feedback from the people who have used our services.

Over the past year we have also introduced the Friends and Family test to cover our Maternity and Paediatric services.

The Friends and Family Test is a great way of capturing patients' thoughts, experiences, criticisms and compliments whilst they're still fresh in their minds. Patients are asked to rate the care they have received, usually at or near to the point they are discharged. There is one key question; how likely are you to recommend this ward/department to friends and family if they needed similar care or treatment?

The results enable us to learn from patients' comments and suggestions and to make improvements to their care. Over the past year the Trust has seen many fantastic examples of our staff taking initiative from their patients to make changes for the benefit of future patients. These include:

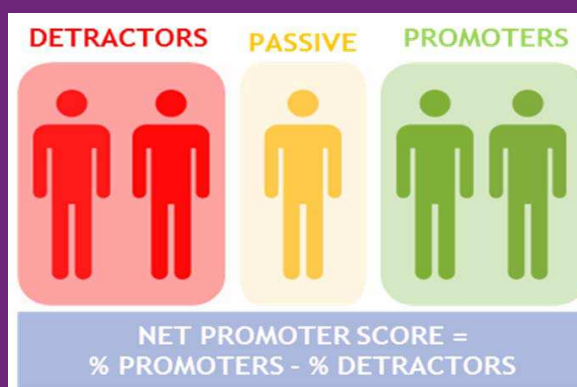
- Ward 26 at Castle Hill Hospital, where delivery times were changed after a patient complained of the disturbance created by a lorry delivering goods during the night.
- The introduction of a special Sister's Surgery on Ward 9 at Hull Royal Infirmary to help patients and their relatives better understand the patient's plan of care and discharge arrangements.
- A daily nutritional assessment of patients on Ward 110 at Hull Royal Infirmary, to ensure those at risk of malnutrition are regularly eating enough for their requirements.
- The Fracture and Orthopaedic clinic staff are currently looking at how they can reduce waiting times within the department following feedback from patients.
- The Emergency Department has devised a new one way system to change the flow of patients after then have had their initial assessment so that patients do not return to the waiting room and feel that they have been forgotten about.
- Ward 8 at Castle Hill Hospital has developed a welcome pack which is being used in the admission lounge following a comment from a patient about the lack of information available about the ward.
- The Eye Clinic has introduced weekend clinics and a new 'scan van' for Wet AMD (Lucentis) patients to improve waiting times.
- Ward 9 at Castle Hill Hospital reduced delays in discharge due to patients waiting for their take home medications. They have worked with the junior doctors and the pharmacists to devise a way to ensure that medications are prescribed the day before so that patients do not have to wait on the day of their discharge.

In March 2014 the Trust scored 80 for the Friends and Family Test*

To measure patient and staff experience we use a Net Promoter Score. The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others. From the answers given 3 groups of people can be distinguished:

- Detractors - people who would probably not recommend you based on their experience, or couldn't say.
- Passive - people who may recommend you but not strongly.
- Promoters - people who have had an experience which they would definitely recommend to others.

This gives a score of between -100 and +100, with +100 being the best possible result. The average score for NHS Hospitals in England for March 2014 was 72.



*This is based on 1679 responses. Please note that this result may have changed since publication, for the latest score please visit: <http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

- Ward 10 at Hull Royal Infirmary has changed their ward routine so that the medicines round starts earlier as patients had commented about getting their medicines late in a morning.

Further improvements identified:

An action plan has been developed to implement the recommendations from the 'Putting Patients Back in the Picture' report. This includes:

- Providing basic information to patients about what they need to know about the ward that they are being treated on
- Helping patients to understand their treatment
- Utilising volunteers to help patients to express any concerns they may have
- Training for staff on how to respond to a complaint
- Improving the way complaints are handled
- Sharing both positive and negative feedback from patients
- Review of our policy and procedure to ensure that we offer a truly independent review of complaints.

The Trust also is launching the #hello my name is campaign on Friday 25th April 2014 at our Nursing Conference. "Hello, my name is..." is a small gesture, but one that really makes a difference.

You said...

"I now hold a 'Sister's Surgery' and go around the ward whenever I'm clinically working to see the patients and relatives."

"This has helped to reduce complaints and helped patients and relatives to understand the plan of care and discharge process."

"We also try and make each ward round count and I always ask if they have any further questions for the doctor".

Sister Anne Broadhurst, Ward 9, Hull Royal Infirmary

... We did

Great Staff - Great Care - Great Future

Help us to improve. Give us your feedback. Contact the Friends and Family Team on 01482 675189 or PALS on 01482 623065. Visit us online at www.hey.nhs.uk/fft

#hello my name is...

During 2013 Dr Kate Granger, a senior registrar specialising in the care of older people, and who is also terminally ill, was an in-patient in NHS care and noticed that only some members of the healthcare team looking after her introduced themselves. Kate wondered why this fundamental element of good communication (the introduction) seemed to have failed. She noted how members of healthcare staff know so much about the patients in their care but that this is not always reciprocated and she pointed out that this tends to push the balance of power in favour of the healthcare worker. Given that people receiving treatment and care often feel vulnerable already, this imbalance creates an unhelpful and unfortunate gap.

Kate shared her views via twitter and suggested that getting to know people's names is the first rung on the ladder towards providing compassionate care. It is getting the simple things right that means that the more complex things follow more easily and naturally. As a result, the idea of #hellomynameis was born.

Our Plans for the Future

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

- Evaluating our performance against our priorities for 2013/14;
- Looking at national priorities and local priorities that have been agreed with our commissioners (Clinical Commissioning Groups) as part of Commissioning for Quality and Innovation (CQUIN).
- Considering recommendations made in reports such as the Francis inquiry, the Keogh mortality review and the Berwick review into patient safety.
- Looking at what our regulators have identified as priorities, such as compliance with the CQC Essential Standards of Quality and Safety.

The Trust also asked patients, staff, Foundation Trust members, Health & Well Being Boards, Healthwatch and the local community what they thought the priorities should be for 2014/15.

This year 598 people completed an online survey in March 2014, including 420 staff members, 51 Foundation Trust members and 127 members of the public.

The results of the survey were discussed by the Clinical Quality Committee. The third most important issue identified by the respondents of our survey was Infection Prevention and Control. The Committee felt that we have made many significant achievements in this area over the past few years and felt that Dementia was still an emerging issue and should be given more of a focus. The Trust has good systems in place for monitoring and responding to issues relating to Infection Prevention and Control and the previous section details the work we are continuing in this area.

We have identified these quality improvement priorities for 2014/15 because they are important to our staff, patients and stakeholders:



Quality Improvement Priorities 2014/15

- Deteriorating Patient
- Medication Safety
- Dementia
- Learning Lessons
- Sepsis

These priorities are part of a number of projects we will be focussing our attentions during 2014/15.

Quality Improvement Priorities 2014/15

1. Deteriorating patient

What do we want to achieve?

Early recognition of patients who require support for end of life care and to ensure the end of life care plans are documented including a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order form to avoid inappropriate attempts at resuscitation.

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

Implementation of electronic observations.

How will we measure this priority?

Root cause analysis of cardiac arrests is undertaken, as recommended by the NCEPOD's Time to Intervene study and the Resuscitation Council. We aim to reduce avoidable cardiac arrests (i.e. futile attempts and failure to rescue). A baseline of compliance against the implementation of the NEWS score and the electronic observations is to be established. The Trust will then aim to improve compliance throughout 2014/15.

How will we monitor and report on progress?

Root cause analyses of cardiac arrests are undertaken and learning is monitored monthly by the Resuscitation and Deteriorating Patient Committee. Monthly escalation reports are also received by the Clinical Quality Committee. The Clinical Quality Committee will also receive a bi-monthly report detailing progress against the quality improvement priorities to monitor improvements and identify gaps in assurance for further action.

2. Medication safety

What do we want to achieve?

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

How will we measure this priority?

This will be monitored through the Trust's local Medications Safety Thermometer and incident reporting. Medicines reconciliation will be monitored using the electronic 'Cayder' board.

How will we monitor and report on progress?

The Safer Medication Practice Committee will monitor this quarterly. Escalation reports are also received by the Clinical Quality Committee. The Clinical Quality Committee will also receive a bi-monthly report detailing progress against the quality improvement priorities to monitor improvements and identify gaps in assurance for further action.

Improvements against medication reconciliation will also be monitored through the CQC Chief Inspector of Hospitals' action plans.



3. Dementia

What do we want to achieve?

We need to ensure that we have an adequately trained workforce to meet the needs of patients with dementia.

How will we measure this priority?

This will be monitored through the number of staff attending training. A baseline will be identified and the Trust will then aim to improve compliance throughout 2014/15.

How will we monitor and report on progress?

The Dementia Programme Board will monitor this monthly. Monthly escalation reports are also received by the Clinical Quality Committee. The Clinical Quality Committee will also receive a bi-monthly report detailing progress against the quality improvement priorities to monitor improvements and identify gaps in assurance for further action. Improvements against dementia training will also be monitored through the CQC Chief Inspector of Hospitals' action plans.

4. Learning lessons

What do we want to achieve?

To improve learning from Serious Incidents and Never Events so that the organisation understand the root causes that contributed to those incidents and what improvements have been made as a result. This should be visible through the implementation of sustainable changes and improvements and the delivery of the learning lessons trust-wide communication plan.

How will we measure this priority?

This will be measured through the staff survey, compliance with the learning lessons trust-wide communication plan including debriefs, newsletters, events and lesson of the month. A number of short pulse checks will also be undertaken to evaluate the dissemination of lessons and the knowledge of workers at the front line and to set a target for improvement following a baseline assessment.

How will we monitor and report on progress?

To be monitored monthly by the Clinical Quality Committee. The Clinical Quality Committee will also receive a bi-monthly report detailing progress against the quality improvement priorities to monitor improvements and identify gaps in assurance for further action. Improvements against learning lessons will also be monitored through the CQC Chief Inspector of Hospitals' action plans.

5. Sepsis

What do we want to achieve?

Implementation of the Sepsis care bundle in the Emergency Department (ED) and the Acute Assessment Unit (AAU). The care bundle is 3 treatments and 3 investigations that should be completed within one hour of identifying sepsis. These key interventions if performed reliably, will improve survival.

How will we measure this priority?

This will be monitored through the number of patients identified and commenced on the Sepsis care bundle and the improved management of Sepsis. A baseline of compliance against the implementation of the bundle is to be established. The Trust will then aim to improve compliance throughout 2014/15.

How will we monitor and report on progress?

Resuscitation and Deteriorating Patient Committee will monitor this monthly. Monthly escalation reports are also received by the Clinical Quality Committee. The Clinical Quality Committee will also receive a bi-monthly report detailing progress against the quality improvement priorities to monitor improvements and identify gaps in assurance for further action.

Statements of Assurance from the Board

Review of services

During 2013/14 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 2013/14 represents 100% of the total income generated from the provision of NHS services by the Hull and East Yorkshire Hospitals for 2013/14.

Participation in clinical audit

During 2013/14, 37 national clinical audits and 5 national confidential enquiries covered NHS services that Hull and East Yorkshire Hospitals NHS Trust provides.

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

The table below details the national clinical audits and national confidential enquiries that Hull and East Yorkshire Hospitals NHS Trust was eligible to participate in and those which we participated in during 2013/14. For those national clinical audits and national confidential enquiries that Hull and East Yorkshire Hospitals NHS Trust participated in, and for which data collection was completed during 2013/14, the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry are listed in the last column:

Audit:	Participated	% of Cases Submitted
Peri- and Neonatal		
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)	Yes	100%
Children		
Paediatric asthma (British Thoracic Society)	Yes	100%
Moderate or severe asthma in children (care provided in Emergency Departments - College of Emergency Medicine)	Yes	100%
Childhood epilepsy (Epilepsy 12 RCPH National Childhood Epilepsy Audit)	Yes	100%
Paediatric intensive care (Paediatric Intensive Care Audit Network - PICANet)	Yes	100%
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	Yes	100%
Acute care		
Emergency use of oxygen (British Thoracic Society)	Yes	100%
National audit of seizure management (NASH)	Yes	100%
National emergency laparotomy audit (NELA)	Yes	59% Hull Royal Infirmary 100% Castle Hill Hospital
Adult critical care (Case Mix Programme – ICNARC)	Yes	100%

Audit:	Participated	% of Cases Submitted
Paracetamol overdose (care provided in Emergency Departments - College of Emergency Medicine)	Yes	100%
Severe sepsis and septic shock (care provided in Emergency Departments - College of Emergency Medicine)	Yes	100%
Long term conditions		
Diabetes (National Adult Diabetes Audit)	Yes	100%
National Inpatient Diabetes Audit (NADIA)	Yes	100%
Ulcerative colitis and Crohn's disease (National Inflammatory Bowel Disease - IBD Audit, includes Paediatric IBD Services)	Yes	Casenote audit 1% Organisational audit (Biologics Audit 100%)
Chronic Obstructive Pulmonary Disease (COPD)	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 99% Unilateral Knee Replacement 98% Groin Hernia Surgery 90% Varicose Vein surgery 44%
Coronary angioplasty (National Institute for Clinical Outcome Research - NICOR Adult cardiac interventions audit)	Yes	100%
National Vascular Registry (elements include CIA, National Vascular Database, AAA, peripheral vascular surgery/VSGBI Vascular Surgery Database)	Yes	Endovascular and open operations for abdominal aortic aneurysm 100% Above and below knee amputations 20% for 2013. 100% for 2014. Fem-Pop bypasses 20% for 2013. 100% for 2014.
Adult cardiac surgery audit (ACS)	Yes	100%
Heart		
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	Yes	100%
Heart failure (Heart Failure Audit)	Yes	Data due to be submitted in July 2014
Cardiac arrhythmia (HRM)	Yes	96%
National cardiac arrest audit (NCCA)	Yes	100%
Renal disease		
Renal replacement therapy (Renal Registry)	Yes	100%
Cancer		
Lung cancer (National Lung Cancer Audit)	Yes	97%
Bowel cancer (National Bowel Cancer Audit Programme)	Yes	100%
Head and neck cancer (Data for Head and Neck Oncology - DAHNO)	Yes	100%
Oesophago-gastric cancer (National O-G Cancer Audit)	Yes	100%
Trauma		
Severe trauma (Trauma and Audit Research Network)	Yes	100%
Blood transfusion		
Audit of the use of Anti-D (National Comparative Audit of Blood Transfusion)	Yes	100%

Audit:	Participated	% of Cases Submitted
Audit of the management of patients in Neuro Critical Care Units (National Comparative Audit of Blood Transfusion)	Yes	100%
Older People		
Falls and Fragility Fractures Audit Programme (FFFAP) - including the hip fracture database (NHFD)	Yes	100%
Acute stroke (Sentinel Stroke National Audit Programme - SSNAP)	Yes	Quarter 2 80 – 89% Quarter 90+% Quarter 4 Data to be submitted by 27 May 2014
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study		
Tracheostomy (i) Ward questionnaires (ii) Clinical questionnaires	Yes	100% 90%
Lower Limb Amputation	Yes	100%
National Review of Asthma Deaths	Yes	100%
Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBBRACE – UK)		
Maternal infant and perinatal programme (MBBRACE-UK)	Yes	100%
Other Enquiries/Reviews		
Child Health (CHR – UK)	Yes	100%

The reports of 27 national clinical audits were reviewed by the provider in 2013/14 and Hull and East Yorkshire Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Audit	Proposed actions
National audit	
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)	<ul style="list-style-type: none"> To revise the Trust antenatal steroid policy (as part of Clinical Guideline 133) to comply with national guidance To train neonatal junior staff at induction onto the Neonatal Unit (and subsequent monitoring of practice) regarding recording of data items in the database To develop and implement a system for capturing and recording of 2 year outcome data obtained at outpatient follow up of babies born at <30 weeks gestation in BadgerNet database To audit 'missed' antenatal steroid cases identified to determine accuracy and reasons for missed opportunities
Chronic pain (National Pain Audit)	<ul style="list-style-type: none"> Ensure full participation in future national audits Review patient questionnaire at first appointment
Bowel cancer (National Bowel Cancer Audit Programme)	The audit results showed the Trust is consistently performing over the 90% threshold for all the performance indicators.
Head and neck cancer (Data for Head and Neck Oncology - DAHNO)	Pathway measures summary and percentage of pathway indicators met: <ol style="list-style-type: none"> 1. 1.4% Pre-treatment seen by Clinical Nurse Specialist 2. 26.4% Pre-treatment nutritional assessment 3. 9.3% Pre-treatment speech and language therapy (SALT) assessment 4. 44.3% Pre-treatment dental assessment 5. 52.9% Pre-treatment chest CT/CXR 6. 100% Discussed at multi-disciplinary team meeting 7. 72.9% Resective pathology discussed at multi-disciplinary team meeting

Audit	Proposed actions
	<p>As the data within the report is from 2011/12, a number of changes have already been put into place. Of the indicators above, points 1, 2, 3, 5 and 7 are outside expected anecdotal experience in the Multi-disciplinary team.</p> <p>The Clinical Nurse Specialist now uploads information directly to the national database therefore improvements should be seen in the next report. The Trust has appointed a Consultant within the Head and Neck Max Fax Department who will be providing pre-treatment dental assessment.</p>
Lung cancer (National Lung Cancer Audit)	<ul style="list-style-type: none"> • To undertake a service review based around the histological diagnosis and CT before bronchoscopy results. • To undertake an investigation into the lung biopsies and lung cancer not otherwise specified results. • To discuss with colleagues the availability of nurse specialists at appropriate clinics.
Oesophago-gastric cancer (National O-G Cancer Audit)	The key recommendations of the audit report were reviewed and circulated to multi-disciplinary team meeting members. The multi-disciplinary team meeting comply with key recommendations and continue to audit outcomes by annual participation in the national audit.
Heavy Menstrual Bleeding	The audit results showed compliance with the NICE guidelines therefore no actions were felt necessary.
Paediatric Fever (College of Emergency Medicine)	<ul style="list-style-type: none"> • To increase the awareness of blood pressure measurements within the nursing team. • To include the College of Emergency Medicine standards within the training of new staff members.
National dementia audit (NAD)	<ul style="list-style-type: none"> • Establish Dementia care Lead in Clinician, Nursing and Managerial teams. • Work in partnership with the Education team and the Dementia Academy to design a training package for the Trust. • Deliver basic dementia awareness training to all working with older people. • Deliver higher dementia training to all Dementia Champions. • Develop a Dementia Programme board with representation from all key partners. • Ensure the Trust is represented at local, regional and national networks. • Implement a monthly dementia carer survey within the Trust • Develop a Dementia screening tool for all patients admitted to our organisation. • Audit the screening tool to ensure improvements in patient care. • Develop a web-based patient tracker tool to assist in patient placement and assessment. • Implement the "Butterfly Scheme" trust wide. • Appoint Dementia Champions in all clinical and non-clinical team. • Reduce the use of antipsychotics in the management of BPSD. • Use Dementia Mapping in our wards to understand delivery of care from the patient's perspective. • Develop trust guidance on the management of Delirium. • Introduce Digital Reminiscence Therapy for patients in the Trust. • Develop a Dementia Dashboard to report on healthcare outcomes for patients with Dementia. • Refurbishment of ward environments to enhance the healing environment for people with dementia.
Cardiac arrhythmia (HRM)	<ul style="list-style-type: none"> • To improve the education received by junior doctors within the Acute Assessment Unit for this condition. • To increase the presence of cardiology physicians on the Acute Assessment Unit
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	<ul style="list-style-type: none"> • To hold bi-monthly meetings to review compliance with targets. • To meet the clinical leads from the emergency departments of referring hospitals regarding the timely transfer of patients. • Ongoing audit of pre-alert acceptance rates against criteria. • To review the training needs of paramedic ambulance providers.
Heart failure (Heart Failure Audit)	<ul style="list-style-type: none"> • To increase the availability of specialist heart failure cover for Hull Royal Infirmary • To have NHS rather than academic heart failure service • To recruit to the heart failure nurse post • To configure an inpatient heart failure service with specialist nurse and consultant cover
Coronary angioplasty (National Institute for	<ul style="list-style-type: none"> • No further action required as the results met the standards.

Audit	Proposed actions												
Clinical Outcome Research - NICOR Adult cardiac interventions audit)													
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	<ul style="list-style-type: none">To aim to reduce mean HbA1C by 0.5% with measures such as intensive insulin regimen, more frequent follow up and psychology input as indicated												
Diabetes (National Adult Diabetes Audit)	<ul style="list-style-type: none">To continue to work with local commissioners and health care providers to continuously improve the quality of diabetes care for the local population. At this time specific actions are delayed pending the publication of the final reports by Health and Social Care Information Centre for Hull and East Riding due to data quality issues												
National Inpatient Diabetes Audit (NADIA)	<ul style="list-style-type: none">To increase the frequency of foot risk assessments undertaken during inpatient episodesFor patients admitted with foot disease to be seen by MDT within 24 hoursTo reduce the number of insulin errorsTo increase the awareness of diabetes through an e-learning package												
Hip, knee and ankle replacements (National Joint Registry)	Currently under review.												
National cardiac arrest audit (NCCA)	<ul style="list-style-type: none">To write ceilings of care for all acute admissions with altered NEWSTo improve documentation for advanced care planning in the TrustTo review the resuscitation policy												
Fractured neck of femur (College of Emergency Medicine)	<ul style="list-style-type: none">To use information from the report to feed into new working practices in new Emergency Department e.g. Controlled drugs available at interventional triageNew emergency care record to have pain scoring												
Renal Colic (College of Emergency Medicine)	<ul style="list-style-type: none">To use information from the report to feed into new working practices in new Emergency Department e.g. Controlled drugs available at interventional triageNew emergency care record to have pain scoring												
Carotid interventions (Carotid Intervention Audit)	<ul style="list-style-type: none">No further action required as the results met the standards.												
Hip fracture (National Hip Fracture Database)	Currently under review.												
Adult critical care (Case Mix Programme)	<p>Hospital Standardized Mortality ratio for HRI has reduced from 1.4 to 0.97 (2010 – 2013), our mortality is now below the national average. The database helped us identify areas which needed improving. The following patient group mortalities were reduced as follows:</p> <table><tr><td></td><td>2010</td><td>2013</td></tr><tr><td>Sepsis</td><td>65%</td><td>36%</td></tr><tr><td>Pneumonia</td><td>76%</td><td>38%</td></tr><tr><td>Emerg. Surg.</td><td>58%</td><td>20%</td></tr></table> <p>It was therefore agreed that no actions were deemed necessary.</p>		2010	2013	Sepsis	65%	36%	Pneumonia	76%	38%	Emerg. Surg.	58%	20%
	2010	2013											
Sepsis	65%	36%											
Pneumonia	76%	38%											
Emerg. Surg.	58%	20%											
Severe trauma (Trauma and Audit Research Network)	Currently under review.												
Adult asthma (British Thoracic Society)	<ul style="list-style-type: none">To undertake an inhaler technique review and an educational audit in healthcare professionals to be started in 2014/15.To promote the importance of Peak Flow monitoring.To increase the awareness of smoking cessation services in asthmatics.												
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study													
Subarachnoid Hemorrhage	<ul style="list-style-type: none">To provide education to local district hospitals regarding the management of Subarachnoid Haemorrhage patients.												
Alcohol Related Liver Disease	<ul style="list-style-type: none">To develop guidelines for the ‘Identification of Alcohol Misuse’ and ‘Management of Alcohol Withdrawal’												

Audit	Proposed actions
Other Enquiries/Reviews	
Child Health (CHR – UK)	<ul style="list-style-type: none"> To revise the way in which deaths are reviewed in the health group governance meetings. To discuss with the neonatologists on how to revise the perinatal and older children's deaths internal reviews.

The reports of 123 local clinical audits were reviewed by the provider in 2013/14 and Hull and East Yorkshire Hospitals. For a full list of the proposed actions Hull and East Yorkshire Hospitals NHS Trust intends to take following local audits reviewed during 2013/14, please see the Clinical Audit Annual Report. This can be requested via the Quality Accounts email address: quality.accounts@hey.nhs.uk or reviewed online via the Quality Accounts page at: www.hey.nhs.uk/qualityaccounts

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Hull & East Yorkshire Hospitals NHS Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 6,192.

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

The Trust is committed to providing the best possible care to patients and recognises the value of high quality peer-review research as a fundamental tool in the successful promotion of health and well-being for the population it serves. To achieve this, the Trust has focused on research activity which addresses NHS priorities, is of national and international quality and is cost-effective. The Trust continues to demonstrate strong partnership and collaborative working with all key stakeholders. Furthermore, in the period 2013/14, the Trust has continued to strengthen current systems and processes to ensure that it can demonstrate the best standards in research governance and delivery.

The Trust was involved in processing 187 clinical research studies of which 147 commenced during the reporting period 2013/14. This compares with 210 new submissions and 148 commencing in 2012/13.

The Trust used national systems to manage the studies in proportion to risk. Of the 147 studies given permission to start, 93 were National Institute for Health Research (NIHR) portfolio adopted and 77% of these were given permission by an authorised person less than 30 days from receipt of a valid application.

The Trust has 172 studies actively reporting accruals (patient recruitment) under the NIHR Comprehensive Local Research Network (CLRN) Portfolio as compared to 142 portfolio studies reporting accruals for the period 2012/13. This represents a growth of 21% for active portfolio studies compared to 2012/13.

The number of recruits into HEYHT portfolio studies for the periods 2012/13 and 2013/14 was 3743 and 4,190 respectively. This demonstrates an overall level of recruitment is being maintained across the two years with a 12% increase overall compared with last year. A target of more than 5,500 patient accruals is expected to be set for 2014/15. The largest topic area of portfolio adopted studies across 2013/14 is Oncology (Cancer) and Haematology with 25 studies between them. In the last year, 235 publications have resulted from our involvement in portfolio and non-portfolio research across 16 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 2013/14. The support infrastructure provided by the NEYNL CLRN continued to help the Trust maintain an increased volume of research activity and patient recruitment, ensuring that established studies are continuously supported throughout their life. This has helped to develop productive working relationships and has encouraged staff to actively support trial recruitment.

Goals agreed with our commissioners

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

Use of the CQUIN payment framework

A proportion of Hull and East Yorkshire Hospitals NHS Trust income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between Hull and East Yorkshire Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The total contract value of the CQUIN indicators, including the Specialist Commissioning Group indicators, is £10.8 million for 2013/14. At the end of quarter 3 the Trust had successfully achieved all but one of the requirements for the 2013/14 CQUIN programme. We did not achieve our target in quarter 3 for the Pneumonia indicator which represents a financial sanction of approximately £60,000. This indicator has been reviewed with our commissioners and has been changed to reflect quality outcomes rather than a percentage target. The Trust expects to achieve all the requirements in quarter 4 and therefore, should receive 99.3% of the total contract value.

The Trust has worked closely with local commissioners to develop a programme of CQUIN quality indicators for 2014/15. While some topics have been carried forward, there are also some new additions.

National CQUIN Goals:

- Friends and Family Test – where commissioners will be empowered to incentivise high performing providers
- Improvement against the NHS Safety Thermometer, particularly pressure ulcers
- Improving dementia and delirium care, including sustained improvement in Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR)
- Improving diagnosis in mental health – where providers will be rewarded for better assessing and treating the mental and physical needs of their service users

Local CQUIN Goals:

- I Want Great Care - Use of patient feedback to drive continuous improvement
- Working with bereaved carers to improve support
- Transparency Programme - Improve accountability and reduce harm to patients
- To develop acuity monitoring and staffing plans
- Continuous improvement from reviewing end of life care cases
- Improving compliance with the pneumonia care bundle
- Better identification and support to patients with learning disabilities
- Reporting of pressure ulcers within the wider Yorkshire Humber health community

Specialist CQUIN Goals

- Implementing new quality dashboards
- Improving the clinical data collection of patient receiving pulmonary hypertension drug therapies
- Improving registration and communication with GPs about care of the HIV patient
- Increase the percentage of patients enrolled in clinical trials
- Improving access to breast milk for preterm infants

Further details of the agreed goals for 2013/14 and for the following 12 month period are available on request from the following email address: quality.accounts@hey.nhs.uk.

What others say about the Trust

The Care Quality Commission regulates and inspects health and social care services in England. It checks that services meet the government's standards or rules about care. If it feels that an organisation provides good, safe care it registers it without conditions.

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 2013/14.

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

The CQC undertook two compliance inspections at Hull and East Yorkshire Hospitals NHS Trust during the reporting period (June and October 2013). The areas of non-compliance for Hull and East Yorkshire Hospitals NHS Trust following these two inspections are detailed below:

Outcome	Reasons for non-compliance
Outcome 4 – Care and welfare of people who use services	The CQC felt that patients were not protected against the risks of receiving care or treatment that is inappropriate or unsafe because the planning and delivery of care and where appropriate, treatment, did not meet the patient's individual needs or ensure the welfare and safety of the patient.
Outcome 7 – Safeguarding people who use services from abuse (This was a review of safeguarding adults only. Safeguarding children is assessed separately via the looked after children and safeguarding review described above)	The CQC felt that patients (adults) were not safeguarded against the risk of abuse. This is because the hospital did not take reasonable steps to identify the possibility of abuse and prevent it before it occurred or respond appropriately to allegations of abuse.
Outcome 9 – Management of Medicines	The CQC felt that patients were not protected against the risks associated with medicines because the arrangements in place to manage medicines safely were not adhered to consistently and that patients were not protected against the risks associated with medicines because the hospital did not have appropriate arrangements to obtain and store medicines.

The Trust has developed a comprehensive action plan to address all areas of non-compliance and improvement from both the June and October 2013 compliance inspections. The Trust has responded to the CQC outlining how it intends to make the improvements and maintain compliance with the Essential Standards of Quality and Safety. The action plans are being monitored to ensure that actions are implemented and that the concerns have been addressed. Examples of actions taken to improve include:

- The development of a central database for recording safeguarding adult concerns/referrals received externally and raised internally. This database also records the number of Deprivation of Liberty applications to the relevant Safeguarding Adult Team and the number of approved Independent Mental Capacity Advocate.
- Reviewed the safeguarding adult training content to ensure the signs of abuse are clear and staff understands how to recognise abuse.
- Revised the Trust's Tissue Viability Assessment and Management Protocol to include a trigger point for potential safeguarding adult incidents and an escalation processes for staff.
- Developed a policy for the prevention and management of delirium or behavioural and psychological symptoms of dementia (BPSD).
- Included training sessions on the Junior Doctor training and corporate induction regarding medicine management.
- Included medicine management audits into the Setting the Standard audit programme led by the Chief Nurse in

conjunction with the Medicines Management Nurse.

- The Chief Pharmacist became a member of the board Quality, Effectiveness and Safety (QUEST) Committee to ensure important issues relating to medicines management are escalated from Ward to Board and acted upon.

The Trust was selected as one of the healthcare providers to be inspected during wave two of the Chief of Inspector of Hospitals Inspection programme because it is an aspiring Foundation Trust. The inspection took place on the 4 and 5 February 2014 at Hull Royal Infirmary and the Castle Hill Hospital. The reports from this inspection have been published by the CQC and are available on the CQC website. The Quality Summit meeting led by the CQC and the NTDA (NHS Trust Development Authority) took place on 2 May 2014 with relevant stakeholders present to review the findings of the inspection, respond to the final reports and commence action planning. The Trust is currently developing a sustainable action plan to address all areas of non-compliance and other areas for improvement. The Trust is working in partnership with all stakeholders in developing the action plan to ensure the right support is in place to help improve the services provided. The Trust's Chief of Hospitals Inspection action plan will be published on the hospitals internet site following approval by the Trust Board in June 2014.

The overall rating for Hull and East Yorkshire Hospitals NHS Trust is – Requires Improvement. A breakdown of the overall rating is detailed in the table below.

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

Data quality

NHS number and general practice code validity

Hull and East Yorkshire Hospitals NHS Trust submitted records during 2013/14 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;
99.9% for out patient care; and
99.1% 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

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

Hull and East Yorkshire Hospitals NHS Trust's Information Governance Assessment Report score overall score for 2013/14 was 71% and was graded green.

Clinical coding error rate

Hull and East Yorkshire Hospitals NHS Trust was subject to the Payment by Results 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 treatments coding (clinical coding) were:

10.8% primary diagnosis incorrect

14.6% secondary diagnosis incorrect

5.4% primary procedures incorrect

15.6 % secondary procedures incorrect

The data above and the recommendations rated as a high priority detailed below are drawn from the Audit Commission external audit review of Payment by Results (PbR) coding for the year ended 31 March 2013. The audit was conducted by the Audit Commission's business partner, Capita Business Services Limited.

Hull and East Yorkshire Hospitals NHS Trust will be taking the following actions to improve data quality:

Recommendation	Priority	Progress update
Recommendation 1 All errors found through the audit should be fed back to the coding staff and any required training provided to ensure they are aware of the common coder errors found such as: <ul style="list-style-type: none"> extraction, indexing and sequencing of codes; coding of symptoms of diagnosed conditions; primary diagnosis definition; and coding of mandatory comorbidities 	High	All staff was made aware of the general findings in the November 2013 coding meeting. Each individual error was also discussed with the coder responsible and the correct coding was agreed.
Recommendation 2 Ensure coding staff are up to date with national guidance and coding standards.	High	Regular internal training is provided to all coders, the last session was in January 2014 on External Cause codes. At present all coders are up to date with their refresher training. It is also a specification in all coders Personal Development Review's that their coding reference books are up to date and these are regularly checked at internal training sessions.
Recommendation 3 Improve the standard of information included in the immediate discharge letters, particularly around the coding of mandatory co morbidities.	High	<p>Due to the missing information on the Immediate Discharge Letters in Acute Assessment Unit it had already been decided to refer back to case notes. Currently the business manager for medicine is looking for office space on or close to AAU so the coder can code work from there.</p> <p>The coding manager has also requested that complex ENT/MaxFax operation notes are typed out rather than hand written but at present there is insufficient secretarial support to provide this.</p> <p>All Health Groups have been asked to improve on the quality of the Immediate Discharge Letters when they are expected to be used for coding purposes.</p>

Part 3:
Looking back over
the past year



The NHS Outcomes Framework: Quality Indicators

What is the NHS Outcomes Framework?

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

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

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.

Prescribed Information	2012/13	2013/14	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to—					
<ul style="list-style-type: none"> the value of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period 	102.5	102.6	99.9	65.2	117
<ul style="list-style-type: none"> the banding of the SHMI for the trust for the reporting period 	2	2	NA	3	1
<ul style="list-style-type: none"> the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. *The palliative care indicator is a contextual indicator. 	25.1%	NA	21.3%	0.0%	44.9%

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 are part of our quality improvement project for mortality which is detailed on pages 6-7.
- Work commenced in January 2014 to remove the use of the Liverpool Care Pathway from the Trust, in line with national guidance. The Liverpool Care Pathway was replaced with Trust developed guidelines on personalised management planning for the dying patient, symptom management and palliative rapid discharge pathways. Work will continue to embed the new Trust guidelines and working towards national gold standards of best practice.

Prescribed Information	2012/13	2013/14	National Average	Best performer	Worst performer
The data made available to the National Health Service trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to the trust's patient reported outcome measures scores during the reporting period for—					
<ul style="list-style-type: none"> groin hernia surgery 	50.9	54.7	50.2	100	14.3
<ul style="list-style-type: none"> varicose vein surgery 	56.1	54.5	52.7	88	14.3
<ul style="list-style-type: none"> hip replacement surgery 	83.2	84.4	87.8	100	70.6

Prescribed Information	2012/13	2013/14	National Average	Best performer	Worst performer
<ul style="list-style-type: none"> knee replacement surgery 	80.1	84.1	81	100	35.7

Notes on data:

Most recent data on HSCIC is for period 01/04/2013 – 31/12/13

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

- The Trust does have a higher than average percentage of revisions for both Knee and Hip which can affect outcomes. Data is now available split between primary and revision and this data is being used alongside the following to investigate our results.
- The Trust has begun to look at the issues with the hip replacement outcomes scores in greater detail in particular those patients who had a negative outcome. The latest data has seen a significant improvement in our outcomes for Hip primary.
- Patient level data is being analysed to look at the outliers and their impact on the overall scores by our orthopaedic surgeon team and to understand how we can improve overall.

Prescribed Information	2012/13	2013/14	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre during the reporting period with regard to –					
<ul style="list-style-type: none"> the percentage of patients aged 0 to 14 readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period 	7.4%	6.9%	7.8%	1.4%	28.6%
<ul style="list-style-type: none"> the percentage of patients aged 15 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period 	6.7%	6.6%	7.5%	0%	30.0%

Notes on data:

The data presented in the 2012/13 Quality Account was for the % of patients aged 0 to 17 and the % of patients aged 18 or over, in line with the reporting arrangements. The reporting arrangements have changed for 2013/14 to the requirements above therefore the data for 2012/13 has changed from the Quality Account published last year.

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 are part of our quality improvement project for discharge which is detailed on page 27.

Prescribed Information	2012/13	2013/14	National Average	Best performer	Worst performer
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	70.4	75.1	76.9	87	67.1

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 Chief Nurse will lead on the implementation of #hellomynameis campaign to improve communication between nursing and medical staff and patients.

- A number of initiatives at ward level to improve the patient experience, Setting the standard, the 6C's and using the real time feedback from the inpatient Friends and Family Test to drive improvement at a ward and service level – using You said we did.

Prescribed Information	2012/13	2013/14	National Average	Best performer	Worst performer
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	92.1%	94.73%	96%	100%	80.2%

Notes on data:

For 2013/14 only quarters 1 -3 are fully reported on NHS England stats website

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 are part of our quality improvement project for venous thromboembolism (VTE) which is detailed on pages 20-21.

Prescribed Information	2012/13	2013/14	National Average	Best performer	Worst performer
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	26.5	15.9	14.41	0	30.8

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 are part of our quality improvement project for infection prevention and control which is detailed on pages 11-12.

Prescribed Information	2012/13	2013/14	National Average	Best performer	Worst performer
The data made available to the National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre with regard to -					
<ul style="list-style-type: none"> • the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, 	6.9	6.96	7.94	12.84	4.87
<ul style="list-style-type: none"> • the number and percentage of such patient safety incidents that resulted in severe harm or death 	0.3%	0.3%	0.3%	0.1%	0.9%

Notes on data:

The data above is for the reporting period 01/04/13 – 30/09/2013 from NRLS

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

- The actions and improvements identified are detailed on pages 51-54. Learning lessons from Serious Incidents (SIs) and Never Events has been identified as a priority for 2014/15, which is detailed on page 35.

Prescribed Information	2013/14	National Average	Best performer	Worst performer
Friends and Family Test – Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre ‘If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation’ for each Acute and Acute Specialist Trust who took part in the survey	52.94*	52.57**	93.92	39.57

Notes on data:

The Trust implemented the staff Friends and Family Test in April 2014 and therefore does not have any data for the reporting period of 2013/14.

This information is taken from the National NHS Staff Survey as provided by HSCIC for inclusion

*This result puts the Trust in the 1st quartile (lowest performing Trusts). Trusts in the 4th quartile are top performers

**National average for Trust's in the 1st quartile

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:

- A programme of focus groups are to take place led by the Communications and Engagement team between March and November 2014 as well as summer engagement events planned for staff to focus on this issue.
- Hold Big Conversation session with Ophthalmology and Paediatrics as well as five focus group sessions with staff in maternity and breast care to work on engagement and morale.

Prescribed Information	2013/14	National Average	Best performer	Worst performer
Friends and Family Test – Patient - The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all Acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)	75	64	NA	NA

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

- The Trust already has rolled out the Friends and Family Test to all outpatient areas and day case services ahead of national requirements after demand from services to help understand patient experience and what patients are saying about the service to help improvement.
- Implement the consultant Friends and Family Test.

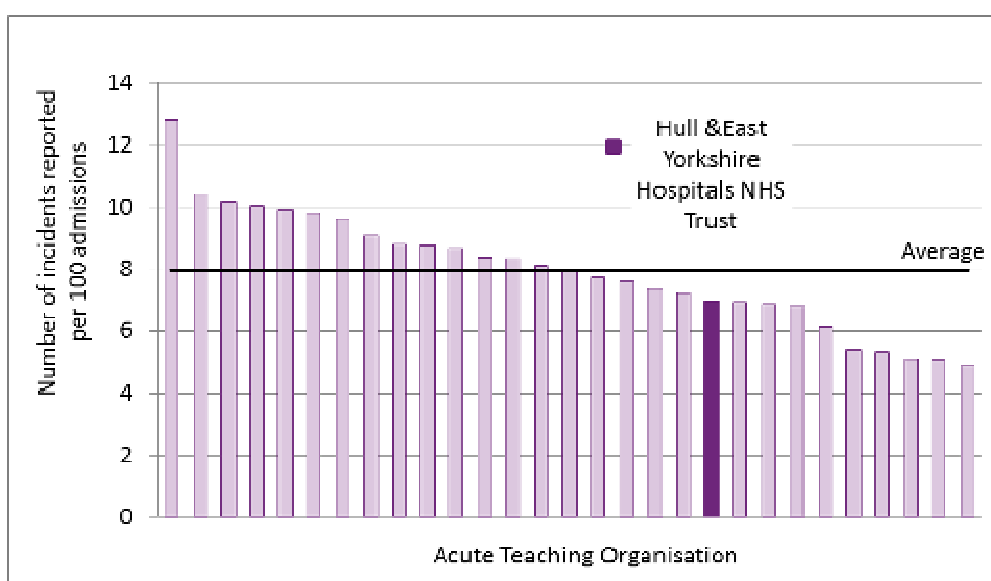
Patient Safety Incidents

Patient safety is identified as the organisation's number one priority. The Trust aims 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 incidents (SIs) and never events. Learning lessons allows us as an organisation to understand the causes of the incidents and to take the appropriate action to avoid reoccurrence.

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

Figure 1 is taken from the latest National Patient Safety Agency National Reporting and Learning Service (NRLS) data report published May 2014 and shows the Trust to be below average for reporting of patient safety incidents.

Figure 1: Patient safety incidents per 100 admissions for the period of 01 April 2013 to 30 September 2013



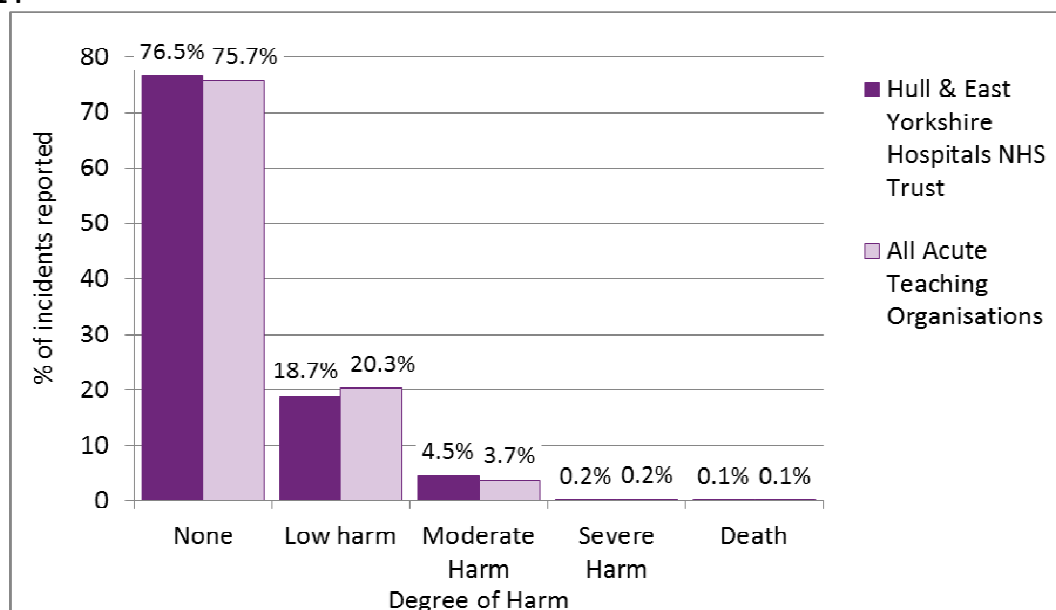
The latest report covers 6 months in 2013. At this point in time the Trust had identified a drop in incident reporting through receiving feedback from staff, including responses in the staff survey, and from previous NRLS reports.

In response to this the Trust held an Incident Reporting Big Conversation in October 2013, which resulted in an action plan being developed by the Risk Team to address the issues raised. The actions taken so far include:

- Working with the Communications Team to include an incident reporting button on the intranet front page
- Review of the incident form to make it quicker and easier to complete
- On-line training package produced for How to Report Incidents
- Development of Newsletters to raise awareness of incident reporting and lessons learned
- Work with individual teams to look at their specific issues around incident reporting and how to resolve them (i.e. Tissue Viability and Transport Incidents)

Figure 2 shows the incidents reported by degree of harm comparing Trust performance with that of Acute Teaching Hospitals and is taken from the latest National Patient Safety Agency National Reporting and Learning Service data report published May 2014.

Figure 2: Incidents reported by degree of harm for Acute Teaching organisations for the period of 01 April 2013 to 30 September 2014



The Trust appears to be reporting in line with the cluster on degree of harm. This would indicate that the severity ratings for incidents are generally correct.

The top six patient safety incidents reported during 01 April 2013 to 30 September 2014 are detailed in Figure 3 below.

Figure 3: Top six patient safety incidents reported by %

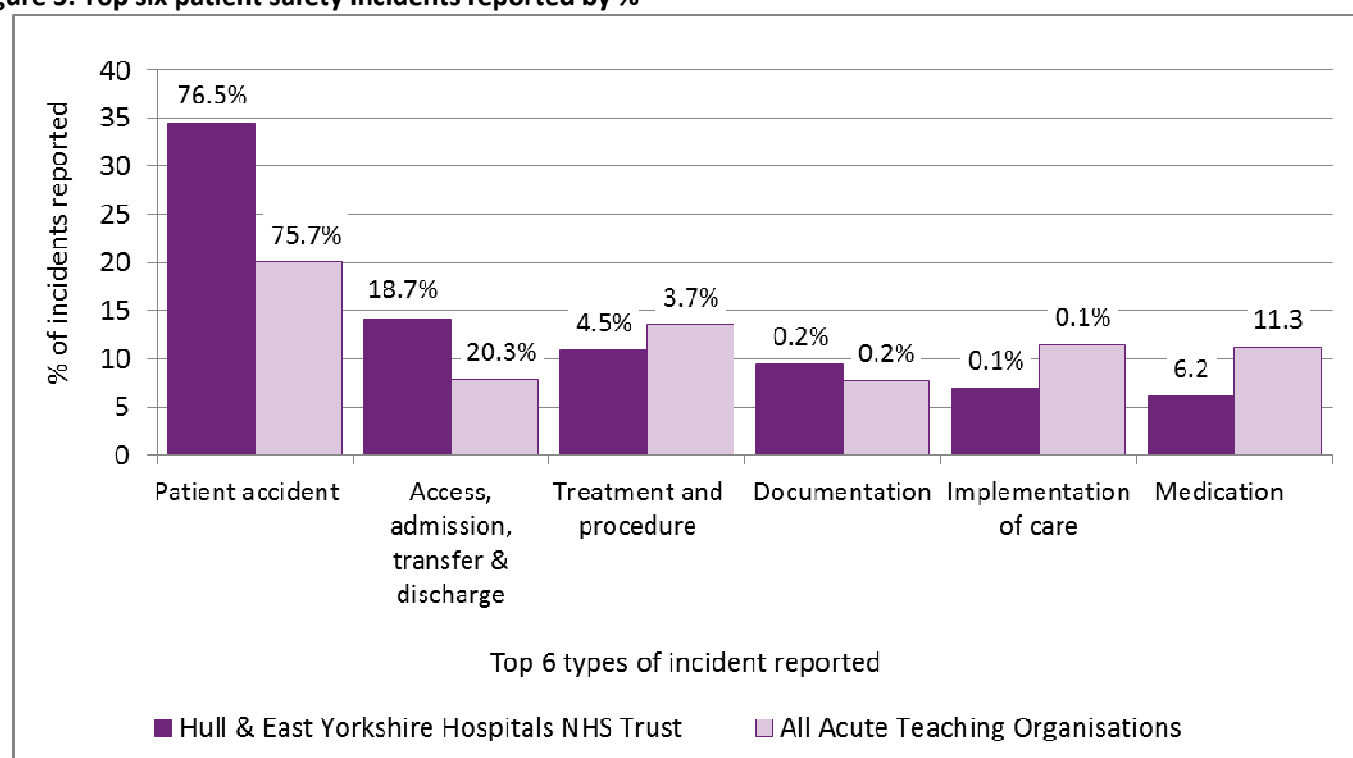


Figure 3 shows our top 10 types of incidents reported against the cluster. Our profile does look different from the cluster, and the differences could be attributed to the way our mapping codes have been mapped to the NRLS codes (i.e. how we matched our Type, Category and sub-category codes to the NRLS) or due to possible high risk areas within incidents. The Risk Team have sent over the Trust mapping to the NRLS team to check how our codes have mapped.

The above graphs are taken from the recently published NRLS report.

Serious Incidents and Never Events

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

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

The Trust was informed that it may be an outlier in the number of reported Serious Incidents being declared when compared to its peers. The Trust was reporting significantly less SIs than the peer group average. A review was therefore undertaken of the 71 incidents which had been identified as Critical Incidents to determine whether they had been correctly categorised. The incidents had occurred between April 2011 and August 2013.

The review commenced in November 2013 and was undertaken by the Chief Medical Officer, Chief Operating Officer, Chief Nurse and Deputy Director of Governance and was completed in December 2013.

The review determined that 26 of the 71 Critical Incidents should have been reported as Serious Incidents.

Of the 26, it was agreed that those that had occurred after to 1 April 2013 would be declared as Serious Incidents and have been investigated accordingly. Of the remaining 21, 20 are been reported retrospectively as Serious Incidents by this Trust and 1 by another Trust. The approved Critical Incident reports are being shared with the commissioners.

This work led to a review of the declaration and escalation arrangements for potential Critical Incidents, Serious Incidents and Never Events, with a more robust process put in place in January 2013/14. Critical Incidents have now been removed as a category.

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

	2011/12	2012/13	2013/14
Total Never Events declared	4	3	4
Total Serious Incidents declared	10	8	32
Total	14	11	36

Top three types of Serious Incident and Never Events declared during 2013/14

Serious Incident	
Type of incident	Number
Fall resulting in fractured neck of femur or other injury	8
Unexpected death of patient	8
Avoidable Hospital Acquired G3 and G4 Pressure Ulcer (G3 = 2 and G4 = 3)	5

Never Events	
Type of incident	Number
Retained Foreign Object (Never Event)	2
Wrong Site Surgery (Never Event)	1
Surgical Error (Never Event)	1

An investigation is undertaken for each SI and Never Event declared, and from the investigation lessons learned are identified and recommendations made. During the final quarter of 2013/14 a new Lessons Learned Newsletter was developed which shares the learning identified from Serious Incident investigations. The content is agreed at the Clinical Quality Committee.

The information included in the newsletter covered:

- Staff awareness of a recent Patient Safety Alert
- Tissue viability training now being mandatory for all clinical staff which has led to a higher confidence in looking for and monitoring pressure ulcers
- Providing feedback from the CQC in October 2013 relating to pressure ulcer care and details of further audits and mock inspections that took place, including improvements demonstrated regarding better completion of assessments and recording of pressure ulcers
- Detailing work undertaken by the Tissue viability team to examine protocols and which has led to an increased awareness of the link between pressure ulcers and safeguarding
- Staff awareness of roles and responsibilities relating to the Data Protection Act and staff duties when accessing patients records
- Staff awareness regarding reporting all medical device and medications incidents through the Trust reporting system
- Staff awareness of ensuring security guards have been given a brief handover of the patient if a patient requires a 'bedwatch'. This ensures that the security guard and patient are not put at risk
- Information regarding the implementation of the new Restraint Policy to ensure patients who are restrained are done so appropriately with no detrimental impact on the patient, there is full documentation in their notes and that their needs are still met
- Providing feedback from the CQC regarding Safeguarding and the action taken in response. Improvements included:
 - Introduction of an internal Trust Safeguarding adult telephone advice line
 - The development of a central database for recording safeguarding adult concerns/referrals received externally and raised internally. This database records the number of Deprivation of Liberty applications to the relevant Safeguarding Adult Team and the number of approved Independent Mental Capacity Advocate
 - Bespoke safeguarding training for senior nurses and midwives introduced
 - Commencement of Mental Capacity Assessments, Best Interests and Deprivation of Liberty Standards training for senior managers and clinicians
 - Development of a central safeguarding adult database which now records the number and reason for contact with the Learning Disabilities Nurse and whether a safeguarding referral is required
 - Feedback being provided to the reporters of safeguarding adult concerns to ensure they understand why a concern was not escalated to a formal concern and outcomes following investigations undertaken internally or by the Local Authorities
 - A significant increase in the awareness of the different types of abuse and reporting of safeguarding adult concerns.



Setting the Standard for Hospital Care

Patients and visitors can now tell at a glance how well our hospital wards are performing. The Trust has implemented its 'Setting the Standard' initiative across all wards at Hull Royal Infirmary and Castle Hill Hospital to publicly demonstrate how well we're looking after our patients.

Setting the Standard is essentially a rating system whereby each ward is awarded either a Red, Bronze, Silver, Gold or Platinum rating based on its performance in 12 key standards of care. Following a successful pilot on six wards during June and July 2013, the Senior Nursing team has assessed every ward based on performance in areas such as patient nutrition, respect and dignity, and infection control and awarded a rating.

Amanda Pye, Chief Nurse, says:

"The Mid Staffs Inquiry and the subsequent Francis Report clearly demonstrate the need for us as health professionals to be more open and up-front with our patients, and to be accountable for the quality of care we provide. Setting the Standard is a scheme we've chosen to introduce locally which will enable anyone visiting a ward at either Hull Royal Infirmary or Castle Hill Hospital to see how that ward is performing at any given time. We feel this will offer patients and the public reassurance that the care being provided meets core standards in respect of quality and safety."

Each ward's rating will be displayed prominently at its entrance, and quarterly unannounced reviews, which take into account the views of patients, will determine whether a ward's rating changes or stays the same.

Within one week of review, every ward must produce an action plan designed to address any notable areas of concern, and performance against these plans will be tracked through regular ward team meetings.

The 12 Key Standards

- ✓ Patient safety; Organisation and management of the clinical area
- ✓ Staffing
- ✓ Culture
- ✓ Respect and dignity
- ✓ Leadership
- ✓ Clinical Safety
- ✓ Communication
- ✓ Record keeping
- ✓ Safeguarding
- ✓ Medicines management
- ✓ Nutrition and hydration
- ✓ Pressure ulcers

Improvements achieved:

- New process were introduced across the organisation and the nutrition risk assessment and care plans was revised and reformatted
- Further embedding of the intentional rounding process
- Introduced daily Safety Briefings across all wards. The ward team comes together to discuss patient safety issues such as the number of patients that have a high risk of falling, the dependency of patients on the ward and any staffing issues. These are then escalated to the Patient Safety Meeting
- Introduction of the Patient Safety Meeting which takes place twice a day with representation from a Nursing Director so that issues can be acted upon promptly
- Standardised student booklets across all clinical areas

Further improvements identified:

- Mandate specific link nurse roles across the organisation with defined responsibilities
- Review the ward round documentation and process
- Undertake large scale testing of revised nursing and inpatient risk assessment documentation and include a section on infection control admission risk
- Introduce the Setting the Standard review process to incorporate other clinical areas such as Theatres and the Emergency Department

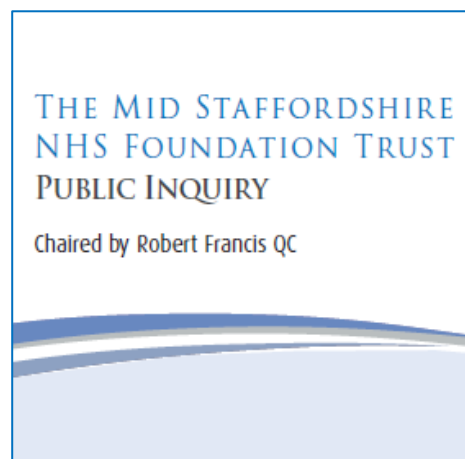
Responding to the Francis Report

The Francis Report was published nationally in February 2013. Following the publication a number of actions occurred within the Trust including:

- The Senior Team met to discuss the 290 recommendations, and agreed that there were 27 key recommendations to take forward, 11 of which were prioritised.
- A steering committee was set up to review and deliver the recommendations as agreed by the Trust Board, this meeting was chaired by the Chief Executive.

As a result five task and finish groups have been set up and they each have a set of recommendations to consider:

- Openness, Transparency & Candour
- Information
- Leadership & Foundation Trust
- Care & Compassion
- Values & Standards



These groups meet monthly to review and progress their action plan. Every month the task and finish groups report to the Francis Committee on their progress with particular reference to the Top 27 and specifically progress made against the top 11 recommendations. A member of the Francis Committee also sits on the Francis 2 Programme Board. The purpose of the Francis 2 Programme Board is to provide seamless appropriate quality care when a patient journey spans more than one organisation and is made up of all the relevant stakeholders including, Hull and East Yorkshire Hospitals NHS Trust, NHS Hull Clinical Commissioning Group, NHS East Riding of Yorkshire Clinical Commissioning Group, Humber NHS Foundation Trust, City Health Care Partnership, Spire Hospital – Hull and East Riding, Hull City Council, East Riding of Yorkshire Council and NHS Yorkshire and Humber Commissioning Support Unit.

Improvements achieved:

- 225 staff have signed up and become Dementia Champions
- Great Leaders Programme, which is a middle management leadership programme introduced Trust-wide in October 13
- Speak Out Safely: Supports the Nursing Times speak out safely campaign
- Hospital Control Team Helpline: Phone line to report any urgent issues or concerns relating to patient safety
- Staffing levels are now published on the Quality and Safety Boards on each ward across the Trust
- Using 6Cs to demonstrate issues & learning from patient harm; tissue viability posters
- Relative Clinics were successfully tested on one ward; wide scale test to commence in the Surgery Health Group during May 2014
- Open & Honest Care: Driving Improvement: Since November 2013 we have been one of sixteen Acute Trust boards in the North of England who have published data on safety, effectiveness and experience with the overall aim of driving improvements in practice and culture. These reports are published on our public facing website

Further improvements identified:

Our "IWantGreatCare" results tell us that our patients rate, very highly, the care we provide. Sometimes, though, our staff don't see things in the same way. Staff underestimates the excellent care they provide and forget the amazing things they do every day. Therefore we plan to hold a series of Big Conversations where we will encourage staff to talk about their stories. We want the staff to talk about the great work that is being done and help to bring to life the five domains that the report identified as above.

Implementing the Six C's for Nursing

In late 2012, the Chief Nursing Officer launched 'Compassion in Practice', a three year-strategy for developing a culture of compassionate care throughout the NHS and social care.

For all nurses, the 'Six Cs' are not new, but serve as a useful reminder of the basic skills and values we should be demonstrating towards our patients every day. They are:

Care	Our core business of providing patient centred, tailored care at any and every stage of a person's life
Compassion	Showing empathy, dignity and respect, which are often central to how people view their care overall
Competence	Having the ability to understand an individual's health and social care needs, as well as the expertise and clinical knowledge to deliver effective care and treatment
Communication	This is the key to generating a healthy workplace and central to successful caring relationships which benefit patients and staff alike. Listening becomes as important as the things we say, and this is essential for "no decision about me without me"
Courage	Having the personal strength and vision to innovate, to embrace change, and to do the right thing on behalf of those we care for
Commitment	Taking our commitment to our patients and our population and building on it by improving the patient experience and tackling challenges head on

In order to really make these values come alive within our Trust, a piece of work will be undertaken to demonstrate how the Six Cs will be delivered trust-wide. More specifically, one of the Cs will be a focus every other month, using roadshows and other methods, and work with nursing and midwifery staff to ensure these values are embedded and staff are consistently delivering the care and quality our patients rightly expect.

In the wake of the Francis Report, it is vital that the Trust along with many other healthcare professionals up and down the country show that we remain committed to delivering on these basic but vital principles of care.



Part 4: Annex



Statements from Key Stakeholders

The first draft of the Trust's 2013/14 Quality Account was forwarded to key stakeholders on the 8 May 2014 with a request for statements of no more than 500 words to be received before the 7 June 2014. The key stakeholders are:

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

The commissioners were asked to:

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

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

- Whether the Quality Account is representative
- Whether 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 2013-14.

The report clearly demonstrates the progress made and challenges encountered by Hull and East Yorkshire Hospitals NHS Trust in 2013-14.

NHS Hull Clinical Commissioning Group recognises the Trust's ongoing commitment to clinical audit and research and confirms the research section in the Quality Account is accurate, representative, and appropriate and gives a satisfactory coverage of the activities provided in this domain.

As Commissioners, we are pleased to note the work undertaken relating to the Nursing 6 C's strategy and the Francis 2 recommendations, however a greater level of detail on the outcomes of the work streams would be beneficial. We recognise the participation of the Trust in the multi-stakeholder Francis 2 Partnership board and it is good to see examples of ward to board/board to ward leadership within the Quality Accounts.

The draft report does not yet provide the data for Patient Safety Incidents or the Key Performance Indicators & National Targets, however commissioners are aware that there have been significant difficulties and underachievement of some national targets and anticipate that the final report will accurately reflect these challenges and the actions being taken to address the shortfall.

With regards to Patient Safety, Commissioners remain concerned with the Trust's current ability to recognise and escalate incidents that require investigation and reporting under the Significant Incident and Never Events framework and this is an area which we expect to feature comprehensively in the Trust's action plan and response to the CQC Chief Inspector of Hospitals Inspection report.

We are pleased to note the inclusion of Deteriorating Patient, Medication Errors, Sepsis and Learning Lessons in the Trust's priorities for improvement in the coming year and will continue to support the Trust in this endeavour. NHS Hull Clinical Commissioning Group anticipate that the Learning Lessons area will draw not only on individual learning but also the cross cutting theme/trend learning to prevent repetition in other areas of the Trust, particularly in relation to key risk areas such as Peri-operative harms, Pressure Ulcers and Falls.

Finally, we note that notwithstanding the missing updated year end data for some areas of the report, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care 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 remains committed to continuing to work with the Trust and its regulators to improve the quality of services available for our population in order to improve patient outcomes.



Emma Latimer
Chief Officer
NHS Hull Clinical Commissioning Group

NHS East Riding of Yorkshire Clinical Commissioning Group

East Riding of Yorkshire Clinical Commissioning Group is pleased to be given the opportunity to review and feedback on Hull and East Yorkshire NHS Trusts' Quality Accounts for 2013/14. Overall the report is well presented and the information included provides a balanced view. Areas where further improvement in care delivery is required have been identified with the focus on patient experience and outcomes, which is pleasing.

The Trust's continued achievement in reducing mortality rates is noted along with the focus on investigating all incidences of higher than expected mortality rates. The on-going work to reduce infection rates is also encouraging; however it is disappointing to see that the C-Difficile trajectory was breached by the Trust this year.

It is encouraging to see that the Trust has acknowledged themselves as an outlier in reporting incidents and serious incidents in comparison to its peers. The Trust has reviewed its serious incident policy and the reporting of serious incidents and work is been undertaken to improve this , ensuring staff are competent and have the skills and knowledge to provide safe, effective patient care.

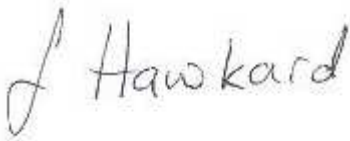
We are supportive of the areas identified by the Trust for further improvement, which clearly identify with the three elements of quality; patient safety, clinical effectiveness and patient experience and also include recommendations from the Francis Report. The focus on dementia care is positive, although achievements have been made over the past few years; dementia is still seen as an emerging issue and requires further focus which has been acknowledged.

The information in relation to clinical audits and research is positive, however it would have been beneficial to have an overview of the outcomes of the audits that have been completed, and the impact the outcomes have had on patient care and service delivery.

The recent CQC inspections have been acknowledged within the report by the Trust and the action plan that has been developed as a result to address the issues of non-compliance. Further expansion on the actions for improvement regarding patient safety would have been of benefit and provided a more detailed account.

The Trust has demonstrated improvement across the majority of the CQUIN indicators for 2013/14 supporting innovation and quality improvement. The CCG has worked in partnership with the Trust to agree the CQUIN schemes for 2014/15 with particular focus on pressure ulcer care and medication errors.

We confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Hull and East Yorkshire Hospital Trust and that the data and information contained in the report is accurate. The Clinical Commissioning Group is looking forward to working with the Trust in the future to improve the quality of services available for our patients and continually improve patient outcomes.



Jane Hawcard
Chief Officer
NHS East Riding of Yorkshire Clinical Commissioning Group

Healthwatch Kingston upon Hull

Healthwatch Kingston upon Hull are focussing their resources on other work connected to the Trust's services following the Care Quality Commission (CQC) Chief Inspector of Hospitals Inspection report and therefore will not be submitting a statement for inclusion in the 2013/14 Quality Account. However colleagues from Healthwatch Kingston upon Hull were involved in the quality and safety priorities consultation process and have liaised with the Compliance Team on the development of the Quality Account regarding readability of the document.

Hull City Council Overview and Scrutiny Committee

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission has continued to be involved in the development of the Hospital Trust's Quality Accounts and was last consulted in April 2014. The Commission welcomed the proposal to reduce the number of key priorities and recommended that patient care and staff numbers should be reflected in the 2014/15 priorities.

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 2013-14.

The Sub-Committee found the new style used in the accounts to be very clear in the presentation of information. The use of improvement story boxes which are clearly laid out also provide a different way of understanding the information being presented in a format that it is felt will be far more user friendly to members of the public.

The Sub-Committee was pleased to see that the Trust had come in just under target with regard to the number of medication errors made but would also like to see more information on what the Trust is doing to reduce delayed discharges due to the long waits for prescriptions to be filled.

The reduction in the number of falls causing the patient harm is a good news story and the Sub-Committee looks forward to similar reductions in the number of actual falls occurring throughout the Trust. The new tool that has been developed by the Trust to identify patients who have a higher risk of falling is welcomed by the Sub-Committee and it is hoped that this leads to no new patients breaking a hip through falling.

The results of the family and friends test are extremely positive and the Sub-Committee welcomes these.

The Sub-Committee notes with concern the outcomes of the Care Quality Commission inspection earlier this year and very much looks forward to seeing improvements arising from implementing the recommendations which will of course benefit East Riding residents.

The Care Quality Commission judged that the Trust was non-compliant with Outcome 4 (Regulation 9) Care and Welfare. One of the reasons why the Trust was non-compliant with regulation 9 was because patients experienced multiple moves around the hospital and across sites. It is hoped that the Trust will look at this as a matter of urgency to ensure that numbers are reduced.

Although the advances made with regard to dementia are a positive step, the Sub-Committee remains concerned following the recent inspection by the Care Quality Commission which indicated that not all staff had received training in the butterfly scheme.

Although overall, the Health, Care and Wellbeing Overview and Scrutiny Sub-Committee supports the Trust's priorities for 2014/15 and hope that these can be achieved, members would also have liked to have seen additional priorities added to reflect the most important issues raised by the Care Quality Commission, for example around staffing levels, demand in the Accident and Emergency Department and the number of cancelled procedures and appointments.

In the past, engagement with the Sub-Committee had been patchy; however, we are confident that with the recent changes at senior level within the Trust, much closer relationships will develop between the Trust and scrutiny.

Trust Response to the Statements

The Trust would like to thank all stakeholders for their comments on the 2013/14 Quality Account. We are pleased that the statements from our stakeholders demonstrate the collaborative commitment we share in improving the quality of services we provide and the outcomes for our patients and that stakeholders are in agreement that the quality and safety improvement priorities for 2014/15 are the right ones.

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

- All the data for the full financial year is now included in the workstream updates in part 2 and performance review updates in part 3 of the Quality Account
- Achievements and areas for further improvement have been added to the planned admission to discharge section
- Amended the Serious Incidents and Never Events section to ensure the number of Serious Incidents and Never Events reported each year are correct

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

NHS Hull Clinical Commissioning Group	
As Commissioners, we are pleased to note the work undertaken relating to the Nursing 6 C's strategy and the Francis 2 recommendations, however a greater level of detail on the outcomes of the work streams would be beneficial	More information has been included on pages 56-57 to provide feedback on actions undertaken by the workstreams and improvements that have been made.
The draft report does not yet provide the data for Patient Safety Incidents or the Key Performance Indicators & National Targets	<p>The data for the patient safety indicators and the key performance indicators was not available at the time of sending the draft Quality Account to stakeholders. All data for the financial year is now included.</p> <p>The performance against the national targets has now been removed from the Quality Account and is included in the Trust's annual report instead.</p>
With regards to Patient Safety, Commissioners remain concerned with the Trust's current ability to recognise and escalate incidents that require investigation and reporting under the Significant Incident and Never Events framework and this is an area which we expect to feature comprehensively in the Trust's action plan and response to the CQC Chief Inspector of Hospitals Inspection report	The concerns relating to incident reporting including the reporting of Serious Incidents and Never Events and learning lessons from incidents will be addressed through the Trust's Chief Inspector of Hospitals Inspection action plan.

NHS East Riding of Yorkshire Clinical Commissioning Group	
The information in relation to clinical audits and research is positive, however it would have been beneficial to have an overview of the outcomes of the audits that have been completed, and the impact the outcomes have had on patient care and service delivery	The Trust will include outcomes and actions from internal audits in the clinical audit section of the Quality Accounts from 2014/15.

<p>The recent CQC inspections have been acknowledged within the report by the Trust and the action plan that has been developed as a result to address the issues of non-compliance. Further expansion on the actions for improvement regarding patient safety would have been of benefit and provided a more detailed account</p>	<p>Missing information has been added to the 'What others say about us (CQC) section to ensure the involvement and support from stakeholders during the development of the Chief Inspector of Hospitals Inspection action plan is recognised and to include some information regarding the recommendations and actions following the compliance inspections in June and October 2013</p>
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East Riding of Yorkshire Overview and Scrutiny Committee	
<p>The Care Quality Commission judged that the Trust was non-compliant with Outcome 4 (Regulation 9) Care and Welfare. One of the reasons why the Trust was non-compliant with regulation 9 was because patients experienced multiple moves around the hospital and across sites. It is hoped that the Trust will look at this as a matter of urgency to ensure that numbers are reduced</p>	<p>The concerns relating to the Acute Medical Pathway has been identified as one of the top six priorities for the Trust following the Chief of Hospitals Inspection in February 2014. Further improvements on this area of concern can be found on pages 28-29 of this document.</p>
<p>Although the advances made with regard to dementia are a positive step, the Sub-Committee remains concerned following the recent inspection by the Care Quality Commission which indicated that not all staff had received training in the butterfly scheme</p>	<p>The concerns relating to the completion of Dementia training was identified by the CQC during the Chief of Hospitals Inspection and the Trust has included this in the Chief of Hospitals Inspection action plan to be addressed as well as identified it as an area for further improvement in this document.</p>
<p>Although overall, the Health, Care and Wellbeing Overview and Scrutiny Sub-Committee supports the Trust's priorities for 2014/15 and hope that these can be achieved, members would also have liked to have seen additional priorities added to reflect the most important issues raised by the Care Quality Commission, for example around staffing levels, demand in the Accident and Emergency Department and the number of cancelled procedures and appointments.</p>	<p>The concerns relating to the Accident and Emergency, Staffing levels and cancellation of appointments have all be identified in the Trust's top six priorities following the Chief of Hospitals Inspection in February 2014 and included on the Trust's action plan. These work-streams will be closely monitored by the Trust Board. Information on progress against these priorities will be included in the 2014/15 Quality Account.</p>

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

26.06.14Chair

26.06.14Chief Executive

Independent Auditor's Report

INDEPENDENT AUDITOR'S 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 2014 ("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) Amended Regulations 2011 and the National Health Service (Quality Account) Amended Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2014 are subject to limited assurance consist of the following indicators:

- Friends and family test (Patient element score)
- Patient safety incidents resulting in severe harm or death

We refer to those 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 the 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, confirms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- the Quality Account has been prepared in accordance with Department of Health guidance.

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

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;

- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2013/14 issued by the Audit Commission on 17 February 2014 (“the Guidance”); and the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulation 2009;
- the latest national patient survey dated 2013;
- the latest national staff survey dated 2013;
- the Health of Internal Audit’s annual opinion over the Trust’s control environment dated June 2014;
- the annual governance statement dated 3/6/2014;
- Care Quality Commission quality and risk profiles/intelligence monitoring dated October 2013 and March 2014; and
- The results from the Payments by Results coding review dated October 2013.
- 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 with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of our appointment under the Audit Commission Act 1998 and in accordance with the Audit Commission’s 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 selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations, and;
- reading the documents.
- A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

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

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

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

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

Basis for qualified conclusion

We are unable to confirm that the indicators in the Quality Account subject to limited assurance (Friends and Family Test patient element score and Patient Safety Incidents Resulting in Severe Harm or Death) have been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We are unable to confirm the accuracy, validity and reliability of the Patient Safety Incidents Resulting in Severe Harm or Death indicator due to the difficulty of auditing the clinical judgements made in grading the severity of incidents and cannot confirm the completeness of the dataset as it is not possible to obtain assurance that all incidents have been recorded.

We are unable to confirm the accuracy, validity, reliability and completeness of the Friends and Family Test patient element score as completed questionnaires are processed by a third party and prime documentation is held off site.

Qualified conclusion

Based on the results of our procedures, with the exception of the matter(s) reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance.



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

26 June 2014

Abbreviations and definitions

AAU	Acute Assessment Unit
Avoidable Deaths	Deaths that could have been avoided given a different course of action
Avoidable Harm	Harm of patients that could have been avoided given a different course of action
Care Bundle	Care bundles help us to deliver safe and reliable care. They are research based actions for delivering care to certain patients. They are designed to ensure we deliver safe and reliable care to our patients at a certain point in their care e.g. on discharging, prescribing antibiotics, and preventing certain infections
Care Pathways	This is an anticipated care plan that a patient will follow, in an anticipated time frame and is agreed by a multi-disciplinary team
Cayder Boards	Cayder boards are an electronic ward information board which enables us to ensure that the right patient is in the right bed at the right time. The use of the Cayder Boards will help us reduce the amount of time patients spend in hospital and in turn will help save lives
C.Difficile	Clostridium difficile infection is a type of bacteria which may live in the bowel and can produce a toxin that can affect the digestive system
CHH	Castle Hill Hospital
Clinical Audit	This is a quality improvement process that looks at improving patient care and outcomes through a review of care against a set of criteria. This helps to ensure that what should be done in a Trust is being done
Clinical Outcomes	A clinical outcome is the "change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions
Clinical Research	Clinical research is a branch of medical science that determines the safety and effectiveness of medication, diagnostic products, devices and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease
CLRN	Clinical Research Network
COPD	Chronic obstructive pulmonary disease - is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the COPD diagnosis. COPD is not simply a "smoker's cough" but an under-diagnosed, life-threatening lung disease
COST Bundle	Chest x-ray, Oxygen assessment, Severity score and Treatment
CQC	Care Quality Commission – the organisation that regulates and monitors the Trust's standards of quality and safety
CQUIN	Commissioning for Quality & Innovation – a payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative
DATIX	DATIX is the trust wide incident reporting system
Deteriorating Patient	A patient whose observations indicate that their condition is getting worse
e-Learning Package	A training programme that individuals or groups can complete online
ED	Emergency Department
Engagement	This is the use of all resources available to us to work with staff, patients and visitors to gain knowledge and understanding to help develop patient pathways and raise staff morale. It also means involving all key stakeholders in every step of the process to help us provide high quality care

EODS	The Electronic Observations Decisions Support System is a medical system using hand-held mobile technology that enables clinicians and nurses to collect vital signs observations on admission and throughout the patient's stay
ESSU	Elderly Short Stay Unit
FCE	Final Consultant Episode
Friends and Family Test	The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care
Harm Free Care	Harm free care is aimed at ensuring that no patient is unnecessarily harmed as a result of the care they receive whilst being a patient of ours
Health Groups	Health Groups are the areas of the Trust delivering care to our patients. There are four Health Groups; Clinical Support, Family and Women's, Medicine, and Surgery. These four Health Groups are headed by a Consultant (Medical Directors) who is the accountable officer. They are supported in their role by a Director of Nursing and an Operations Director
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
Hospital Episode Statistics (HES)	HES is a data warehouse containing details of all admissions into NHS hospitals in England
HRI	Hull Royal Infirmary Hospital
HSCIC	Health & Social Care Information Centre
HSMR	Hospital Standardised Mortality Ratio – is an indicator of whether death rates are higher or lower than would be expected
IDL	Immediate Discharge Letters – these are letters that summaries a patient's hospital stay
Intentional Rounding	Intentional rounding is a process that involves carrying out regular checks with individual patients 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 – a team composed of staff from different professional groups, e.g. doctors, nurses, physiotherapists and pharmacists
Medication Errors	An incorrect or wrongful administration of a medication, e.g. a mistake in the dosage of medication
MRSA	Methicillin-resistant Staphylococcus Aureus is a type of bacterial infection that is resistant to a number of widely used antibiotics
MSSA	Methicillin-sensitive Staphylococcus Aureus
National Patient Safety Agency Alerts	Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develop advice for the NHS that can help to ensure the safety of patients. Advice is issued to the NHS as and when issues arise, via the <u>Central Alerting System</u> in England and directly to NHS organisations in Wales. Alerts cover a wide range of topics, from vaccines to patient identification. Types of alerts include Rapid Response Reports, Patient Safety Alerts, and Safer Practice Notices
Never Event	A Never Event is a type of serious incident (SI). These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'
NEWS	The National Early Warning Score has been developed to provide a single, standardised early warning system across the NHS which should help to identify patients most at risk and enable their care to be escalated appropriately in order to prevent further deterioration and possible respiratory or cardiopulmonary arrest.

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

Urgent Care	Urgent care is the treatment of patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency department
UTI	Urinary Tract Infection
Vital Signs	Vital signs are measures of various physiological statistics and are an essential part of care. Vital signs are normally the recording of body temperature, pulse rate (or heart rate), blood pressure, and respiratory rate
VTE	Venous Thromboembolism – a blood clot within a vein
YTD	Year To Date

How to provide Feedback

We would like to hear your views on our Quality Account

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

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

Alternatively you can e-mail your comments to: quality.accounts@hey.nhs.uk

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

The Compliance Team
Governance and Assurance Department
4th Floor, Alderson House
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ