

Hull University Teaching Hospitals NHS Trust Quality Accounts 2023/2024

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Part 1: Introducing our Quality Account

This section includes:

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1.1 Statement on Quality from the Group Chief Executive

I am pleased to present Hull University Teaching Hospitals NHS Trust's Quality Account. The Quality Account is an annual report, which reviews our performance and progress against the quality of services we provide and sets out our key quality and safety improvement priorities for 2023/24. It demonstrates our commitment to continue improving our services and provide high quality, safe and effective care to our patients, their carers and their families. This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year.



I would like to start by thanking all our staff. I joined the Trust as Group Chief Executive, in a joint role with Northern Lincolnshire and Goole NHS Foundation Trust (NLAG), in August 2023. Since my first week I have spent much time visiting services across our sites and speaking with staff. I am privileged to have met so many committed, hard-working staff who want to make a real difference to patients.

As with every part of our NHS, our services are under pressure. The Covid-19 pandemic had an impact on already long waiting lists and I am sorry for the extended waiting times that a number of our patients have had. I am pleased that our Trust was able to continue treating some of its elective patients during the pandemic, working in partnership with neighbouring organisations. Our staff worked hard to treat patients who had waited the longest in this reporting year of 2023-24 and I thank all the teams involved in doing that.

Our Emergency Department on the Hull Royal Infirmary site has continued to experience sustained pressure during 2023/24. Greater numbers of patients have presented to our ED as well as an increase in ambulance conveyances, similar to other parts of the country. We have continued to experience a higher proportion of patients with *No criteria to reside* which has meant that our patient wards have had consistently high levels of occupancy.

The target to see and admit or discharge patients in Emergency Departments was set nationally at 76% for March 2024, and despite making significant improvements, was a target we were not able to meet. Whilst we did manage to see and treat most patients in four hours 61% of the time, this is not good enough and I am sorry that this has been our patients' experience. I am optimistic that the opening of the Urgent Treatment Centre on the Hull Royal Infirmary site in February 2024, and increased hours of opening since April 2024, will assist in further improving the local healthcare system's ability to see patients in a timely and safe manner and reduce pressure in our Emergency Department.

Our staff remained focused on patient care during periods of industrial action taken by medical staff around their national terms and conditions. Thank you to everyone who worked over these periods as well as staff who have worked closely with patients whose appointments had to be cancelled and rescheduled. We did, by the end of the year, make significant progress in clearing the long backlogs against the targets directed by NHS England.

Since joining the Trust in August 2023, I have been working with senior staff to put in place a single shared Group Executive team as well as a new clinical service structure for the NHS Humber Health Partnership, the new branding name for the Group organisation. Going into 2024/25 we have new leadership teams in place in our 14 clinical service care groups. The next financial year will be one where we can really start to realise the benefits of Group working.

Improving the quality of our care

The Trust reported in its 2022/23 Quality Account that the Care Quality Commission (CQC) had inspected its services in November 2022 and issued its report in March 2023. Unfortunately this rated the Trust overall as '*Requires Improvement*', but rated the Trust as *Inadequate* for the Safe domain primarily driven by ratings in Urgent and Emergency Services and Surgery.

Prior to my arrival as Group Chief Executive in August 2023, the CQC subsequently reported on its March 2023 inspection as part of its national maternity inspection programme. This was a focused inspection of the maternity service, looking only at the safe and well-led key questions. Unfortunately both of these domains were rated as *Inadequate*.

We set out more detail of our response to these CQC inspection findings in **section 2.3.5**. I am heartened by the progress the Trust is starting to embed against its action plans during a period of organisational change towards Group collaboration and responding to reducing our backlogs arising from the covid pandemic. We do, however, have significant more work to do on our improvement journey which is the Board's focus going into 2024/25, supported by our system partners.

I would like to draw out some of the many improvements during 2023/24 as follows:

Urgent and Emergency Care

- We opened the Urgent Treatment Centre on the Hull Royal Infirmary site on 6 February 2024 which has been successful in diverting patients to a more appropriate setting and allow patients requiring urgent and emergency treatment to be seen in the Emergency Department in a more timely manner;
- Our celebrating success summary in section 1.5 draws out that the Trust's Emergency Department team won the national 2023 Health Service Journal (HSJ) Award for Patient Safety, arguably one of healthcare's most sought-after titles. This was for their project focusing on improving the diagnostic detection of thoracic aortic dissection. I am excited by the further potential of the Group going forward to harness the opportunities from the foundations both trusts have laid in respect of quality improvement.

Surgery

- The actions we have taken through our theatre improvement programmes in response to the findings as part of the CQC inspection of surgery has significantly reduced the number of Never Events during 2023/24, although we still sadly had one such never event.
- The opening of the state-of-the-art Day Surgery Centre at Castle Hill earlier in the year has provided additional theatre capacity and pre-assessment facilities and marked the first phase of expansion.
- The Trust has been stepped down from NHS England tiering for elective recovery as a result of demonstrable improvements in the reduction of number of long waiting patients at the trust. The number of patients feeding back negatively on waiting times has reduced in year as captured in section 1.4.

Maternity

- Within our Maternity services, we have undertaken a number of physical and digital improvements during the year. At the time of our CQC inspection, our planned and unplanned activity was seen in the same small physical space. We quickly addressed this before opening the new Maternity Triage Unit in November 2023. This has driven significant improvement to ensure that women attending the hospital are triaged, assessed and streamlined in a timely manner by appropriately skilled and qualified staff. The Maternity services implementation of BadgerNotes / BSOTS commenced on 12 March 2024. The Trust

has embedded performance in excess of 90% of high risk patients seen within 15 minutes in the 2024 calendar year to date which is described in more detail in section 2.3.5.

- Healthwatch East Riding of Yorkshire and Healthwatch Kingston upon Hull have recently conducted a review of maternity services between October 2023 and January 2024 and concluded that 'there has been many improvements made by the staff of HRI to improve patient experience following the CQC report published in 2023', These included the improvements to triage made, but also rightly drew out the need to sustain our staffing models. We look forward to working with Healthwatch, and more widely the Hull Maternity and Neonatal Voices Partnership who have separately provided the Trust with superb support and feedback to further embed the feedback from patients.

2024/25 Quality Priorities

In [Part 3](#) of this report we set out the quality and safety improvement priorities for 2024/25.

As part of our work as a Group, we have established a Group wide quality improvement team. The Trust has agreed to combine the quality priorities as a Group and the below list demonstrates the approved quality priorities for HUTH and NLAG organisations:

- End of Life;
- Deteriorating Patient;
- Sepsis;
- Medication Safety; and
- Mental Capacity.

During 2023/24 the Trust has made good progress against the 2023/24 priorities set at the start of the year. These were set prior to the receipt of the CQC findings, to which our teams have placed significant energy and focus to making progress against. Therefore, our 2024/25 priorities acknowledge that the 2023/2024 priorities we set and have made progress against are still very important for the 2024/2025 period. These will operate in addition to other trust-wide quality improvement projects, such as Falls, Tissue Viability and VTE. We will continue to embed learning from incidents and learning from deaths as part of the normal course of our everyday operations and governance oversight.

At Hull University Teaching Hospitals NHS Trust, we have two new priorities for 2024/25 in *End of Life* and *Deteriorating Patient*. We will harness some of the opportunities presented to us by our new Group structure as our teams at NLAG have already progressed work against these priorities in 2023/24. As Group Chief Executive, I am pleased that these form part of our priorities for the forthcoming year. I personally read and sign off for approval every complaint letter response within the Trust to our patients and their relatives that have taken time to provide feedback. The learning we take from complaints has helped to inform this important work we need to undertake to improve both our experience for patients and communication with families in these areas.

I can confirm that the Board of Directors has reviewed the 2023/24 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate and fair account of our performance.



Jonathan Lofthouse
Group Chief Executive

1.2 What is a Quality Account?

What is a Quality Account?

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

What should a Quality Account look like?

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

The Quality Account must include:

Part 1: Introduction

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

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

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

Part 3: Priorities for the coming financial year

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

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

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

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

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

How will the Quality Account be published?

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

1.3 About Us

We employ just over **8,995 whole time equivalent staff** and are supported by over **500 volunteers**



We saw over **130,000** patients in our **Emergency Department** last year



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



We admitted over **94,000** patients into our **wards** last year

We have an **annual income** of circa **£886 million**



Over **880,000** patients attended an **Outpatient Department** last year



We delivered over **5,245** babies in our **Women's and Children's Hospital** last year



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

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



Going forward the Trust has formed a Group with Northern Lincolnshire and Goole NHS FT. The Group is known as the **NHS Humber Health Partnership**.



The Group has a new Vision:
United by Compassion;
Driven by Excellence;
This is underpinned by our values of: Compassion, Honesty, Respect and Teamwork

1.4 What our patients said in 2023/24

The Trusts Friends and Family provider was replaced in January 2020 and Healthcare Communications now help with the Trust methodology for the Friends and Family Test (FFT). The Emergency Department and the Radiology department have been working with Healthcare Communications since 2017 and since working with them, the Trust has been able to obtain rich data from our patients and their relatives with regards to their experience whilst being cared for in the Trust, working with Healthcare Communications has given patients and relatives the opportunity to feedback to the Trust on five different platforms SMS (Text messaging) IVM (Interactive voice messages) a webpage, QR code and paper feedback forms, Volunteers have been trained to assist patients with access to iPads who are struggling to complete the survey, to improve response rates and accessibility.

During 2023/2024 the Trust collected **120k** responses from patients and is grateful for the **99k** comments that patients made whilst completing our survey to help us improve our services. This is broadly similar to the response rate in the prior year and the Trust has continued to achieve an overall star rating of 4.5 out of 5, with some progression in our overall rating. Whilst we have received fewer negative elements of feedback, there is significant work for us to drive forward and improve our experience for patients.



The main themes of feedback are contained in the below tables with a year on year comparison:

2022/23			2023/24		
#	Top 5 positive themes	% respondents feedback	#	Top 5 positive themes	% respondents feedback
1	Staff attitude	44.14%	1	Staff attitude	↑ 49.07%
2	Implementation of care	27.51%	2	Implementation of care	↑ 28.67%
3	Environment	16.76%	3	Environment	↑ 19.04%
4	Patient mood/feeling	11.90%	4	Patient mood/feeling	↑ 13.76%
5	Communication	11.40%	5	Communication	↑ 13.06%

2022/23			2023/24		
#	Top 5 negative themes	% respondents feedback	#	Top 5 negative themes	% respondents feedback
1	Staff attitude	4.35%	1	Staff attitude	↓ 3.96%
2	Waiting time	3.97%	2	Environment	↓ 3.18%
3	Environment	3.60%	3	Waiting time	↓ 3.12%
4	Implementation of care	2.95%	4	Communication	↓ 2.54%
5	Communication	2.79%	5	Implementation of care	↓ 2.52%

We are pleased that nearly half of our responding patients (49%) take the time to positively feedback on the attitude and caring nature of our staff. This is the most improved theme during 2023/24, but we recognise there is more work to do. Our staff survey results are documented in section 2.2.4 which shows some positive improvement in staff engagement during 2023/24. During the year we have successfully increased our staffing establishments across the Trust, better ensuring we can meet the timely needs of our patients. This has also helped to reduce the volumes of negative feedback we have received from patients in respect of the theme of waiting times.

However, as a Trust we recognise we have more work to do to act on the significant feedback patients give to us through the Friends and Family Test, Patient Advice and Liaison Service and through formal complaints. This will remain a key focus during 2024/25 to enact changes in a timely manner.

HUTH has shown progression against the four core FFT national benchmarks as follows during the year:

- Our **FFT A&E** score has improved during the winter period which is against the reducing national trend and significant regional capacity pressures. We ended 2023/24 with a score of **70%**, which fell short of the regional performance of 76% and national performance of 77%. We have opened the Urgent Treatment Centre on the Hull Royal Infirmary site which we hope will further contribute to reduced waiting times and better prioritisation of our Emergency patients during 2024/25.
- Our **FFT Outpatients** score has improved to **94%** at the end of 2023/24 and is consistent with other regional providers. We are striving to exceed the national target score of 95%.
- Our **FFT Inpatients** score has increased by **+5%** during 2023/24 since our CQC inspection was reported in March 2023, with a score of **90%** in March 2024. We are targetting significant improvement for our inpatients feedback and are seeking to exceed regional and national benchmarks of 94%.
- Our **FFT Birth** score achieved **100%** for 7/12 months during 2023/24, including the last 5 months of the year from November 2023. The Trust is seeking to collect additional feedback from our antenatal and postnatal patients to further our learning and improvement initiatives in Maternity.

Examples of feedback provided by our patients include:

After waiting 3 months for the 'hot clinic' following a referral from A&E my referral was declined with no explanation why it was inappropriate. A&E suggested after a CT and MRI that I have brain lesion, my anxiety is through the roof being left in the dark.

Great recovery service midwives we're really helpful and supportive and offered lots of great advice for me

The staff go above and beyond. They are so friendly and lovely, nothing is too much trouble.

I was seen in a very timely manner, courteous staff all the way through. Very efficient and accommodating with my appointment

My mum was brought into A&E by ambulance. All staff were so lovely and all introduced themselves by name, made sure she heard and understood what was going and took the time to care. I am a nurse myself and the team made me proud of my profession

Nobody knew what was wrong so basically they let me go with the same problems I went in with

Prior to the Nephrostomy procedure I asked the person doing it to please ensure that all the joints and connections were tight, because of previous problems, afterwards while I was getting changed, I had to tighten the accessible joints, then at 0500 the following morning I had to return to castle hill hospital ward 15 because the Nephrostomy was leaking the nurse who checked it said all the connections under the dressing were loose/undone, the nurse tightened them and redressed the Nephrostomy, this incident is not isolated, and has happened on a number of other occasions, very inconvenient.

1.5 Celebrating success

Like many NHS providers across the country, in 23/24, the Trust faced another challenging year. Although the Trust has experienced a number of difficulties, staff across the Trust continue to rise to the challenge with many examples of amazing successes and accomplishments achieved throughout the year. Some of this year's successes are highlighted below.

Moments of magic



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

Thank you Tracey Walker, Gynaecology Outpatients

Tracey is passionate about supporting vulnerable patients attending the Pregnancy Advisory Service. Tracey has developed strong links with local networks to safeguard patients in abusive relationships to ensure they can access the help they require. Tracey ensures that patients are supported throughout their journey in the clinic with the CNS's and will meet and greet patients on the day of surgery to ensure they feel safe and reassured. Tracey has recently created a patient information board in the Early Pregnancy Assessment Unit to raise awareness about Domestic Violence and provide details of local support agencies. Thank you Tracey.

Thank you Leanne Hall, Paediatric Outpatients

I would like to send a big thank you to our Volunteer Leanne. Leanne has such a good, joyous attitude and has helped transform Paediatric Outpatients. She really makes a difference to all the children coming through our department. At Christmas she dressed as an elf and gave out good list stickers which patients and their families loved. Nothing is too much trouble for her and she works between the Paediatric Outpatients Department (POPD) and Woodland Ward trying to make Children's experience in Hospital a positive one.

Thank you C14, Upper GI

During a shift that was already difficult due to patient acuity and staffing levels, a patient had an acute mental health crisis. The student nurses, auxiliary nurses, and nursing team worked under unfamiliar circumstances, which were stressful and distressing, not only for the patient concerned but also for other patients and staff on the ward. Everyone worked well and offered emotional support to one another. A special nod to ward Sister Lucy and Michelle.

Thank you ED Resus critical care outreach team HRI, Critical Care Outreach Service

My mum came into ED resus recently and sadly passed away. What has helped me through this difficult time is the professionalism and the care and compassion and empathy from the Ed Majors resus team and critical care outreach who were on shift had to break bad news to us. I feel as a staff member these teams go unrecognised by what they do. They were truly amazing fantastic in the way they thought to save my mums life, and could not. These teams are truly exceptional human beings and should be commended for

their excellent care just simply amazing. I shall never forget what they did that evening and I am truly proud to be part of the NHS.

Internal staff awards

The Trust presents staff with Golden Hearts Awards and the awards recognises staff across the Trust for their amazing and outstanding contributions towards patients and colleagues. The final Hull University Teaching Hospitals NHS Trust staff awards ceremony was held in 2023. A fresh new start is coming in 2024 for our first ever NHS Humber Health Partnership awards, Golden Stars!



The 2023 categories and winners were:

Making it Better: Rapid Diagnostic Operational Project Group

Patient Safety: Urgent Cancer Pathway Development Team

Patient Experience: Respiratory Virtual Ward

Outstanding Contribution to Equality, Diversity and Inclusion: Elaine Hillaby

Zero 30: The SENTINEL Project Team

Excellence in Research, Development and Innovation: The TEM-PAC Study Team

Outstanding Team of the Year: Non-Clinical: Clinical Administration Services

Unsung Hero: Ann Brown

Great Leader: Lucy Vere

Rising Star: Sebastian Spencer

Lifetime Achievement: Professor Sunil Bhandari

Health Group Award: Clinical Support Services



External staff awards

Hull A&E team scoops national award for patient safety

Hull University Teaching Hospitals NHS Trust's Emergency Department was awarded the 2023 Health Service Journal (HSJ) Award for Patient Safety, arguably one of healthcare's most sought-after titles.

Emergency Department staff received the award for their project: "Improving the diagnostic detection of thoracic aortic dissection in the Emergency Department." The category was intensely competitive with over 100 applications and 9 short-listed projects. It was fantastic to see one of the Trust's many Quality Improvement projects get such national recognition.



Acute Aortic Dissection (AAD) can affect adults of all ages, but can be difficult to diagnose as it only accounts for around 1 in every 1,000 cases of atraumatic chest pain, so misdiagnosis is not unusual.

The project involved data monitoring, ensuring timelier access to CT scans and investigations, and creating an open and honest forum for discussion with staff, bringing in knowledge and experience from colleagues in radiology, vascular and cardiothoracic surgery. The proactive involvement of the Thoracic Aortic Dissection Charitable Trust was also considered invaluable.



National award for hospital porters

The Portering Team in the Trust were celebrated nationally the award in 2023 for one of the key achievements upon which the team's award nomination was based this year is the 'Ready to Go' model, which is designed to make the process of discharging a patient from hospital or to another ward or unit more efficient. When booking a job, ward staff are asked to consider the MINTED* model and ensure all essential stages of preparation such as medication and transport have been arranged before the porter attends.

Being recognised nationally as 'Portering Team of the Year' is outstanding their responsibilities and duties go far beyond simply pushing a stretcher or moving a bed.

Head of Midwifery honoured by University of Bradford

The University of Bradford has conferred an honorary degree on Rukeya Miah, Head of Midwifery at Hull Royal Infirmary.

Described as a midwife with a very special history with the University of Bradford, Rukeya has been awarded the Outstanding Contribution Award as part of the Winter Graduation Ceremonies held at the university. The university said the award was in recognition of her outstanding career as an award-winning midwife and her advocacy for equality and inclusion within healthcare and leadership.



Rukeya's work has seen her recognised by the Nursing and Midwifery Council as BAME Midwife of the Year 2022, British Journal of Nursing Public Health Nurse of the Year 2023 and shortlisted in three categories in the Nursing Times Awards 2022. On top of that, she has been named as one of Bradford's most influential South Asians in 2021 and awarded the British Empire Medal in the Queen's birthday honours in June 2022.

Hospitals nurses winners of prestigious UK award for staff support scheme

The nursing workforce and education team at Hull University Teaching Hospitals NHS Trust had been selected from 920 entries as winners in the Workforce Initiative category of the RCN Nursing Awards 2023. The award was sponsored by NHS Professionals.



Chair of the judging panel Joanne Bosanquet, chief executive of the Foundation of Nursing Studies and Fellow of the RCN, said: “The Hull nursing team’s recruitment and retention programme really stood out. At a time when there is a workforce crisis it has managed to turn their vacancies around through investing in local and international recruitment, supporting existing staff to progress and retain essential skills. The nursing team has transformed lives as well as improving outcomes for patients due to the reduction of supplementary staffing. This could be replicated in other organisations and have a huge impact UK-wide”



Hull’s Interventional Radiology Day Unit named best in UK

Hull University Teaching Hospitals NHS Trust has been named as having the best performing Vascular Interventional Radiology (IR) Day Unit in the country, conducting almost 1,200 minimally invasive treatments in a single year.*

The Unit’s commitment to excellence has led to its recognition as the highest performing interventional centre in the UK for 2022, as acknowledged by the National Vascular Registry.

As a teaching hospital, the Radiology Day Unit plays a pivotal role in training future radiologists. By actively participating in research and innovation, the Unit contributes to advancements in the field of radiology, improving patient outcomes and driving progress in healthcare.

The Trust takes immense pride in the transformative work accomplished by the Unit. Through unwavering commitment to excellence, innovative approaches to diagnosis and treatment, and dedication to advancing the field, the Unit continues improve the lives of patients.

* Vascular IR data can be found at National Vascular Registry

HUTH Travel Team scoop top national award

Congratulations to HUTH’s Travel Team after they beat off competition from around the country to scoop the title of “Team of the Year” at a prestigious national awards ceremony.

HUTH held off competition from Leeds City Council, South Gloucestershire Council and the Bikeability Trust to claim the title at the National Modeshift Convention after being nominated by NHS England.



The staff travel project was launched as part of our Zero 30 campaign and the trust now offers staff a range of free bus services on routes to the north, south, west and east of the city to Hull Royal Infirmary and Castle Hill.

Innovation



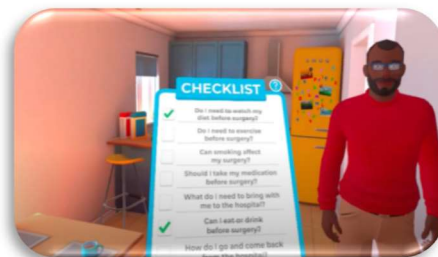
We're better than that: Hospitals' commitment as new Zero Tolerance to Ableism Framework is launched

It's a form of discrimination that often goes under the radar; and comes in many forms, affecting people with both overt and hidden disabilities across our region on a daily basis.

Hull University Teaching Hospitals NHS Trust (HUTH) has launched its Zero Tolerance to Ableism Framework. The framework reinforces the Trust's commitment to creating an environment where staff members, irrespective of any disability or impairment they may have, can expect to be treated with dignity and respect by their patients, visitors and colleagues they work with. Like our Zero Tolerance to Racism Framework, the Zero Tolerance to Ableism Framework reflects the Trust's dedication to eradicating this form of discrimination and ensuring every staff member feels valued and supported.

Patients offered custom virtual reality experiences to help prepare them for surgery

Patients preparing for planned surgery at Hull Royal Infirmary and Castle Hill Hospital will be given on-demand access to virtual reality (VR) education resources. The content has been designed to support patients in the run-up to their surgery and to speed up their postoperative recovery. The initiative, My Pre-op Assistant, is predicted to reduce the number of last-minute cancellations, improve patient flow through the hospital, and subsequently reduce elective surgery wait times across the Trust.



The programme designers consulted with Hull patients to learn more about the types of questions and concerns that they experienced in the run up to surgery, and to establish their preferred way of accessing and consuming multimedia content. The content can be accessed via Meta Quest VR headsets whilst patients are at the hospital, and when they return home they can access My Pre-Op Assistant content via Cognitant's Healthinote digital patient learning platform on any internet-enabled device



New wellbeing programme for patients awaiting surgery

Patients in Hull and the East Riding who are waiting for potentially life-changing hip and knee operations are being offered help to stay fit and well for surgery.

The new 'Waiting Well – Orthopaedics' programme is a joint venture between Hull University Teaching Hospitals NHS Trust and Forum and is aimed to provide wellbeing advice and access to group activities for appropriate patients to ensure, when the time comes for surgery, they have the best possible chance of success.

Almost 800 patients waiting for procedures such as hip and knee replacements and other complex procedures will be invited to join the Waiting Well programme, including some who have been waiting for several months and others who have more recently joined the hospital's lists.

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

This section includes:

- [2.1 Performance against priorities 2023/24](#)
- [2.2 Performance against other quality and safety indicators](#)
- [2.3 Statements of assurance from the Board](#)

2.1 Performance against Priorities 23/24

This section covers

- Patient Safety:
 - [Learning from incidents](#)
- Safer Care:
 - [Sepsis](#)
 - [Medication Errors](#)
- Focused:
 - [Mental Health Triage in the Emergency Department](#)
- Effective and Learning:
 - [Learning from deaths](#)

Patient Safety: Learning from Incidents



Why this was important

Patient safety is fundamental for healthcare organisations. However, as humans, we can make mistakes. As a Trust, we need to minimise the potential for error by learning from patient safety incidents.

Responding to and learning from patient safety incidents is key to identifying the systems and processes currently in place and to inform continuous improvement making sure that this is aligned with a patient safety culture. Learning should focus on identifying system factors that contribute to patient safety incidents not individual root causes.

A system-based approach and systems thinking recognises that Healthcare is a complex system and explores multiple contributory factors moving away from the simple linear cause and effect of Root Cause Analysis.

What did we aim to achieve?

The aims from the quality priority centred on the following:

- Implementing the national Patient Safety Incident Response Framework (PSIRF);
- Implementing a human factors and systems based approach when responding to patient safety incidents; and
- Implementing learning from excellence.

Objectives of the project

The objectives of the project included:

- Reduction in the number of Never Events on the previous year;
- Increase in the number of no harm and near miss incidents being reported;
- Increase excellence reporting;
- To improve the quality, timeliness of investigations with the involvement patients and/or their families;
- Increase the number of after action reviews(AARs) and Thematic Reviews being undertaken;
- Increase the number of Learning Response Leads having received 'PSIRF' training;
- Implementation of Patient Safety Partners; and
- Review of the DATIX incident reporting form to align with the National Learn from Patient Safety Events (LFPSE) service.

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience:** Compassionate engagement with patients and their families to ensure they are listened to and have their questions answered in an open and transparent way to reduce the breakdown of trust and a feeling that duty of care has been removed. To ensure the offer of a meaningful apology is provided following a patient safety incident in line with the Duty of Candour.
- **Quality Experience:** Learning from patient safety incidents and alignment with continuous quality improvement to ensure a joint approach to translating learning into action.

- **Staff Benefits:** Engaging with staff affected by patient safety incidents improves the understanding of what happened and potentially how to prevent a similar incident in the future. Ensuring correct support mechanisms are available where necessary ensures a restorative just culture and to ensure staff are 'heard'.
- **Organisational Benefits:** Delivery of the Patient Safety Strategy.

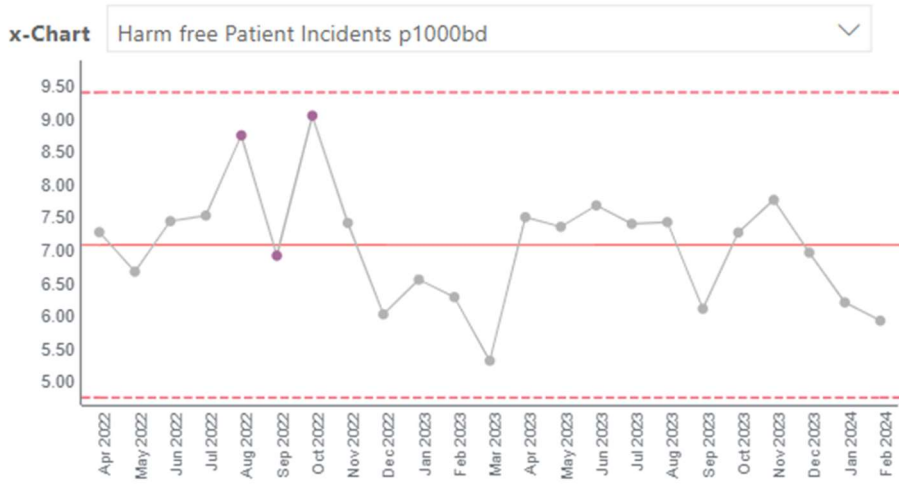
How did we perform?

A number of Key Performance Indicators (KPIs) were used to measure progress against the quality priority for learning from incidents and the following table outlines the progress made throughout 23/24:

KPI	Progress										
Achieved: Reduction in the number of Never Events on the previous year:	<p style="text-align: center;">Number of Never Events Declared</p> <table border="1"> <caption>Number of Never Events Declared</caption> <thead> <tr> <th>Year</th> <th>Number of Never Events</th> </tr> </thead> <tbody> <tr> <td>2020/21</td> <td>1</td> </tr> <tr> <td>2021/22</td> <td>5</td> </tr> <tr> <td>2022/23</td> <td>7</td> </tr> <tr> <td>2023/24</td> <td>1</td> </tr> </tbody> </table> <p>There has been 1 never event in 2023/24, down from 7 in 2022/23 which is a reduction of 6 (86% reduction).</p>	Year	Number of Never Events	2020/21	1	2021/22	5	2022/23	7	2023/24	1
Year	Number of Never Events										
2020/21	1										
2021/22	5										
2022/23	7										
2023/24	1										
Not achieved: Reduction in the number of incidents resulting in death, major harm or moderate harm being reported:	<p>The following run chart shows the number of moderate and above incidents per 1000 bed days between the months of April 22 and March 24:</p> <p>With a median of approx. 1 incident resulting in harm being reported per 1000 bed days (actual number 1050 in 2023/24 v 942 in 2022/23), the data shows that there hasn't been any significant sustained improvement in the reduction of moderate or above harm incidents being reported throughout 23/24.</p> <p>The Trust continues to promote the increased the level of reporting to ensure we capture and learn from our incidents.</p>										
Data no longer reported:	NHS England have paused the annual publishing of this data while they consider future publications in line with the current introduction of Learning from Patient										

KPI	Progress
Achieve top 25% quartile reporting to the National Reporting Learning System/LFPSE	Safety Events (LFPSE) service to replace the National Reporting and Learning System (NRLS).

The following table outlines the progress made to date against the key objectives for the learning from incidents quality priority:

Objective	Progress
Achieved: Reducing the number of Never Events on the previous year	<p>A number of actions have taken place to support the reduction in the number of never events being reported including but not limited to:</p> <ul style="list-style-type: none"> • An action and improvement plan for Theatres commenced following the last CQC report released in March 2023; • Regular newsletter produced to share learning from patient safety incidents; • Increased reporting of near miss never events being reported. <p>NB The National Patient Safety Team have launched a public consultation on the future of the Never Events Framework. The Care Quality Commission (CQC) and Health Services Safety Investigations Body (HSSIB), as well as a series of focus groups with relevant experts, has highlighted that for several types and sub types of Never Events, the protective barriers are not strong enough and called for the Never Event framework to be reviewed.</p>
Working towards: Increasing the number of no harm and near miss incidents being reported	<p>The following chart demonstrates the number of harm free incidents reported per 1,000 bed days between April 2022 and February 2024 (17,195 in 2023/24 v 15,241 in 2022/23):</p>  <p>Awareness sessions were held in October 2023 discussing the importance of reporting no harm and near miss incidents. These sessions helped to further increase understanding that recording patient safety events whether they result in harm or not, also provides vital insight into what can go wrong in healthcare and the reasons why and how this is in line with the national LFPSE.</p> <p>Following the release of PSIRF in April 2023, the number of no harm incidents reported has shown signs of a steady increase of no harm incidents being reported</p>

Objective	Progress
	<p>above the median highlighting the importance of regular communication highlighting best practice.</p> <p>Further awareness sessions alongside a communication package will be implemented following the changes to the Datix reporting form in line with LFPSE.</p>
<p>Working towards:</p> <p>Increase excellence reporting</p>	<p>Staff are able to report learning from Excellence via Greatix¹ reporting supports capturing positive events and improve safety by sharing and spreading the excellent work that happens at the trust. During 23/24, 9 Greatix submissions were received of which only 3 met the criteria with the remaining 6 highlighting moments of magic. Moving forward, a relaunch of the Greatix system is required to increase reporting from excellence as well as increasing the number of celebration events to display and share learning from excellence.</p> <p>Moving forward, following updates to the Datix incident reporting in line with LFPSE, this will provide further opportunities for sharing learning from excellence.</p>
<p>Working towards:</p> <p>Improving the quality and timeliness of investigations with the involvement patients and/or their families</p>	<p>As of 1 April 2023, the Trust began the transition to PSIRF with 29 ongoing Serious Incident (SI) investigations; these were investigated whilst the Trust was adapting to the new way of responding to patient safety incidents. All outstanding SI investigations were completed by November 2023. The aim is to complete all outstanding SI actions by March 2024 with a closing report submitted to ICB shortly after.</p> <p>PSIRF is centred on the involvement of patients and during the transitional period and beyond, investigations are actively involving patients in Patient Safety Incident Investigations (PSII) where the want for involvement has been confirmed.</p> <p>The Trust has a response plan (PSIRP) which outlines the different response methods and tools available for responding to patient safety incidents for the purpose of learning and improving patient safety.</p> <p>The Trust presented to the regional Yorkshire and Humber Collaborative PSIRF Learning Community to share the process that was undertaken whilst developing the Trust safety profile, the themes that emerged and how this informed the Trust PSIRP. They shared assurances that were provided to the Board, plans for proactively seeking assurance and reflections on the journey to date.</p> <p>Feedback from the Learning Community was very positive and it led to more interest with other Trusts asking for further information about our journey; the Trust held an 'open event' to help other providers which was well received.</p> <p>Moving forwards, further work is required for patient involvement in After Action Reviews (AARs) and low-level investigations.</p>
<p>Working towards:</p> <p>Increasing the number of AARs and Thematic</p>	<p>As part of implementing PSIRF, our response plan includes AAR and thematic reviews as a learning response.</p> <p>The Patient Safety Team (PST) have provided training on how to undertake an AAR and since April 2023, the PST have facilitated 30 AARs with more having</p>

¹Greatix - a Greatix is a nomination form that any member of staff can submit in recognition of a colleague or team. Submitting a Greatix enables us to capture positive events and improve safety by sharing and spreading the excellent work that happens at the trust. It is important to identify areas of good practice (as well as when things do not go so well which are reported on Datix) and ensure we create opportunities for learning.

Objective	Progress
Reviews undertaken	<p>been undertaken within the Health Groups. The learning is shared across the Trust via governance meetings, newsletters and one page learning responses summarising what had happened, what went well and key findings and learning.</p> <p>Any incidents reporting a fall are responded to immediately with a swarm. The purpose of the swarm is to collect information needed to learn from falls. The data collected is then used to identify patterns associated with inpatient falls and inform after-action reviews. The swarm also aims to identify immediate actions required to reduce further falls and be a mechanism to provide support to the staff involved in a fall incident.</p> <p>The Patient Safety Team have completed 4 Thematic Reviews for TAVI, stroke, radiotherapy and radiology and a further 6 are currently underway for VTE, falls, hypoglycaemia, sepsis, ED, transfer care concerns and ophthalmology. A thematic review is useful in understanding common links, themes, or issues within a cluster of investigations or incidents. It will seek to understand key barriers or facilitators to safety as well as identifying areas for further improvement.</p>
Working towards: Increasing the number of Learning Response Leads	<p>Training within the Trust around Human Factors Train the Trainer training and PSIRF, has been led and delivered by MedLed. To date, 50 members of staff have undergone PSIRF training and 30 members of staff have received Human Factors train the trainer training.</p> <p>The training helps with understanding human factors and a systems thinking approach when investigating PSII. This approach also supports with building and nurturing a Just Culture within the organisation.</p> <p>To benchmark staff perceptions of the organisation's Just Culture, a baseline was established using survey results from March 23 to May 23. A follow-up survey in April 2024 will evaluate improvements post PSIRF launch and incident reporting changes.</p>
Achieved: Implementation of Patient Safety Partners (PSPs) within the organisation	<p>There are 4 Patient Safety Partners (PSPs), which have been recruited within the Trust, 2 of which are Maternity PSPs. Recruitment of PSPs within the Trust will continue alongside plans to develop and increase co-production with lived experience partners to drive improvement within the Trust.</p>
Achieved (June 2024) Reviewing the DATIX (incident reporting tool) incident reporting form to align with the LFPSE service	<p>Currently, the Trust is non-compliant with LFPSE due to delays with upgrades to the Datix system in house, which was a national issue. Datix was upgraded in April 2024 which has removed the system barrier to going live and the Trust's transition is planned for late May 2024. Concerns around non-compliance with LFPSE and Datix were escalated to the Quality Committee in Common in 2023 and included as a risk on the corporate risk register. The Trust made the transition to the LFPSE service within Datix on 17 June 2024 with confirmation received that submissions were successful.</p>

Going forward

A number of areas have been identified to further improve the organisations learning from incidents:

- To undertake timely learning responses for incidents resulting in patient harm
 - Safety Huddles
 - After Action Reviews (AARs)
 - Table Top Reviews
- To share learning from the above learning responses in 'one page learning responses' published on the Trust intranet for Trust wide learning and via the governance reporting structure;
- To raise the understanding of systems and human factors thinking and how it impacts on patient safety;
- To raise the understanding of psychological safety and encourage staff to speak up about and report their concerns regarding patient safety;
- To involve the staff affected by patient safety incidents in learning responses in a restorative manner and including them in AARs ;
- We will ensure that patients and their families are involved in and contribute to learning and quality improvement for PSIs;
- We will work in collaboration with system partners for shared learning; and
- To host the 3rd Trust Patient Safety Conference on World Patient Safety Day in September 2024 inviting internal and external stakeholders.

Safer Care: Sepsis



Why this was important

The Trust is committed to improving outcomes in relation to the early identification of sepsis and treatment, through culture through education, pathways, sepsis bundles, audits, targets/KPIs and awareness.

What did we aim to achieve?

The aims from the quality priority centred on the following:

- Improve the identification and management of patients with Sepsis;
- Improved compliance of the Sepsis Six²; and
- Improve the outcome of patients with Sepsis.

Objectives of the project

The objectives of the project included:

- Improve compliance with administering antibiotics within appropriate timescales for patients with sepsis;
- Increase compliance rates for the utilisation of the electronic 'Infection and Sepsis Screening and Management Pathway' through to completion of part 2, within 2 hours of admission with particular attention to encouraging doctors/ACPs to use the tool in initial assessment of patients with NEWS2 score 5+ (or 3 in one parameter)/ sepsis red flag/ signs or symptoms of infection;
- Support Junior Doctors with undertaking smaller improvement projects in relation to sepsis management and treatment at a local level; and
- Review previous improvement projects relating to sepsis to understand what worked well and adopt/rollout successes to other areas within the Trust.

Benefits of the project

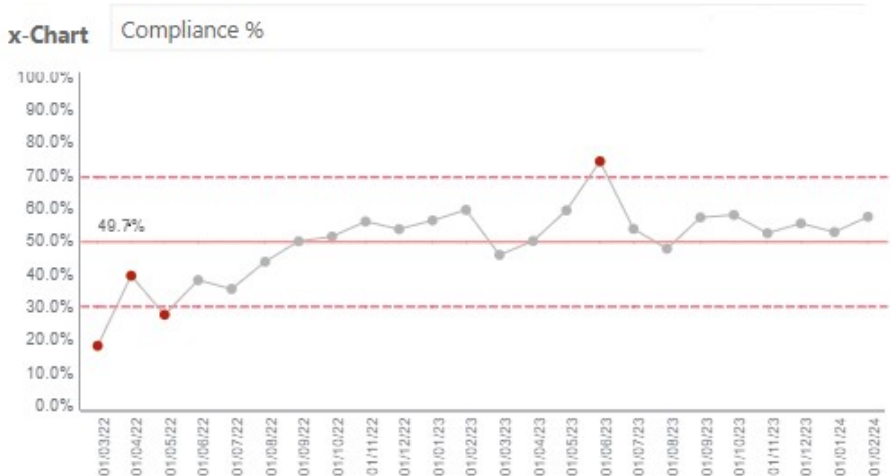
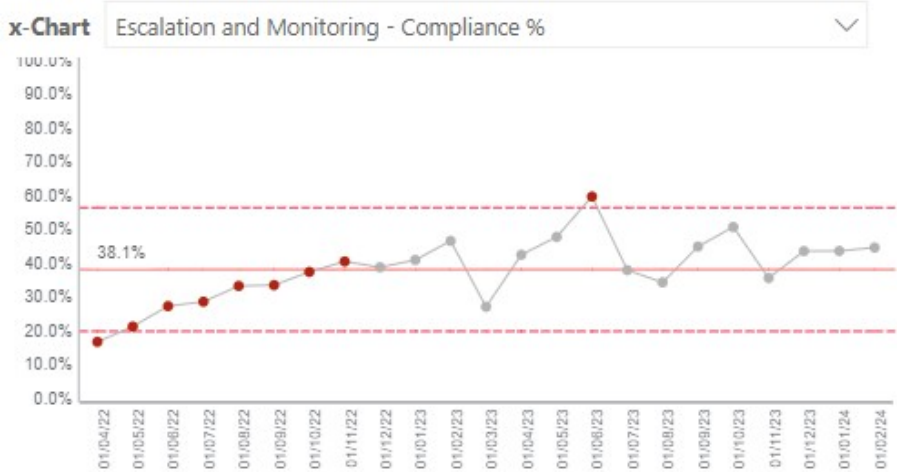
The identified benefits from implementation of the project included:


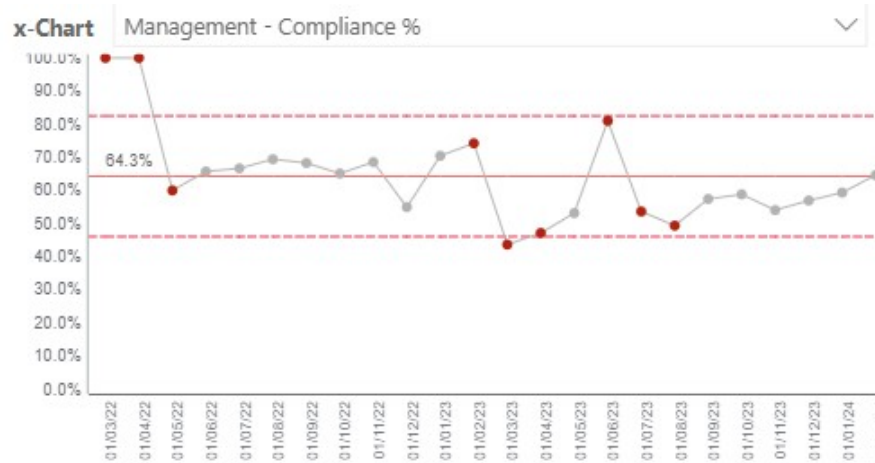
- **Patient Experience:** Patients will receive the appropriate level of care in a timely manner to support optimised recovery.
- **Quality Experience:** Timely interventions and treatments provided.
- **Staff Benefits:** Staff will have improved knowledge and understanding of Sepsis and the required treatment and timescales.
- **Organisational Benefits:** Reputational benefits, improved care pathways for patients, reduction in mortality outlier status.

How did we perform?

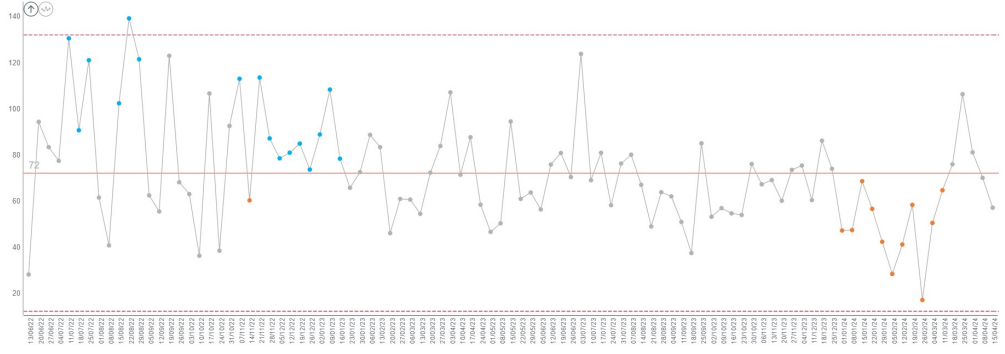
A number of Key Performance Indicators (KPIs) were used to measure progress against the quality priority for learning from incidents and the following table outlines the progress made throughout 23/24:

² Sepsis six - a set of six tasks including oxygen, cultures, antibiotics, fluids, lactate measurement and urine output monitoring to be commenced within one hour to reduce mortality in patients with Sepsis.

KPI	Progress
<p>Ongoing</p> <p>Improved compliance with the standards outlined on the Sepsis Audit dashboard.</p>	<p>Audits are regularly undertaken with support from Junior Doctors within the Trust, which then supports quality improvement. The audits help to increase knowledge around sepsis as well as increasing awareness with the challenges around sepsis management. From review of the audit data, this supports with identifying areas for improvement.</p> <p>Overall compliance with the sepsis standards has shown signs of improvement since 1 April 2022 with performance above 50% sustained in 2023/24 as demonstrated by the below SPC chart:</p>  <p>Further work is required to improve compliance with individual sepsis standards including:</p> <ul style="list-style-type: none"> • Escalation and monitoring; • Investigation; and • Management. <p>Improvements in these standards will have a significant impact on positive outcomes for patients diagnosed with sepsis.</p> <p>Currently, compliance for escalation and monitoring patients with sepsis is low with an average of 38% compliance rate over the period since 1 April 2022 as demonstrated by the below SPC chart:</p>  <p>A number of quality improvement projects are underway to improve escalation and monitoring compliance including, Escalation and assessment of patients with NEWS 5+ (or 3 in 1 parameter) on C7 and sepsis recognition in the ED:</p>

KPI	Progress
	<p>Compliance for investigation for patients with sepsis has shown sustained improvement with an average of 52% compliance rate since 1 April 2022 and sustained above 50% in 2023/24 as demonstrated by the below SPC chart:</p>  <p>A number of quality improvement projects are underway to support improvement with investigation compliance including, Improving compliance with blood culture sampling and processing and improving the search for source of sepsis in ED</p> <p>Compliance for management of patients with sepsis is low with an average of 64% over the period since 1 April 2022 which has declined in 2023/24 as demonstrated by the below SPC chart:</p>  <p>A number of quality improvement projects are underway to support improvement with management compliance including, improving IV antibiotic administration times in Oncology and Haematology wards and reducing antibiotics administration time in ED.</p>
<p>Ongoing</p> <p>Reduction in patient deaths with a primary diagnosis of Sepsis</p>	<p>Following the CQC Inspection in November 2022, HUTH commenced monthly ED Audits. These include a snap shots in the recognition of sepsis and escalation of patients where required. The audits have shown improvements and sustained treatment.</p> <p>Post sepsis follow up clinics are in place to encourage sepsis survivors who develop recurrent signs of sepsis in the community, to seek early and appropriate healthcare intervention. The clinics also support sepsis survivors to undertake infection prevention measures, such as, vaccinations, to avoid recurrent sepsis.</p>

The following table outlines the progress made to date against the key objectives for the quality priority:

Objective	Progress
<p>Ongoing:</p> <p>Improved compliance with administering antibiotics within appropriate timescales for patients with sepsis</p>	<p>The Emergency Department Sepsis Quality Improvement Project saw the implementation of a part time sepsis nurse, escalation nurses and a High Acuity Bay (HAB). A significant improvement was seen in response to these actions; however, the improvements were not sustained after an increase in demand within ED meant the HAB had to be repurposed.</p> <p>The Acute Assessment Unit are undertaking a quality improvement project to improve stat IV antibiotic times. The below SPC chart demonstrates improvements had been made between February 24 and March 24:</p>  <p>The data continues to be monitored to understand where changes have been made, if this has resulted in continued and sustained improvement or whether further changes need to be made.</p> <p>A number of additional wards and specialities are undertaking locally led improvement projects to support with timely administration of antibiotics. These locally led projects explore the barriers that are specific to those areas and work with staff to identify what change ideas can be implemented that will support with continued improvement.</p>
<p>Ongoing:</p> <p>Increase compliance rates for the utilisation of the electronic 'Infection and Sepsis Screening and Management Pathway' through to completion, within 2 hours of admission with particular attention to encouraging doctors/ACPs to use the tool in initial assessment of patients with NEWS2 score 5+ (or 3 in one parameter)/ sepsis red flag/ signs or symptoms of infection</p>	<p>Progress is being made with the electronic sepsis pathway with further work underway to improve access to electronic data with both the electronic paediatric sepsis pathway and the revised electronic sepsis pathway due to launch in May 2024.</p> <p>Currently, we are unable to monitor compliance with the use of the electronic sepsis pathway, however, it is anticipated that following the release of the new electronic sepsis pathways, we will be able to monitor compliance moving forward.</p> <p>NB: There have been significant changes to NICE Guidance and further review and revision will be required in line with the new guidance.</p>
<p>Ongoing:</p> <p>Support Junior Doctors to undertake smaller improvement projects in</p>	<p>The following list details some of the sepsis related Quality Improvement Projects lead by junior doctors with support from the Sepsis Specialist Nursing team:</p> <ul style="list-style-type: none"> • Escalation of the deteriorating patient on the Acute Medical Unit (AMU); • Mid-stream urine samples;

Objective	Progress
relation to sepsis management and treatment at a local level	<ul style="list-style-type: none"> • Reducing IV STAT antibiotic administration times on AMU; • Improving compliance with blood culture sampling and processing; • Improving the search for source of sepsis at Hull Royal Infirmary Emergency Department (ED); • Sepsis - Escalation and assessment of patients with NEWS 5+ (or 3 in 1 parameter) on C7 (Infectious Diseases ward); • Sepsis: Improving IV antibiotic administration times in Oncology and Haematology wards; • Sepsis recognition in the ED; • Reducing STAT IV antibiotics administration time in the Emergency Department; and • Improving the hospital experience for patients diagnosed with Sepsis.
Ongoing: Review previous improvement projects relating to sepsis to understand what worked well and adopt/rollout successes to other areas within the Trust	<p>The Sepsis Specialist Nursing team provide support for sepsis related quality improvement projects throughout the organisation.</p> <p>Previous improvement projects are continually reviewed to understand what has worked and what could be adopted elsewhere as well as learning from projects that have not been successful to identify what could be done differently.</p>
Ongoing: Improve the outcome of patients with Sepsis.	<p>Further improvements required with timely patient monitoring of vital signs to support appropriate management and timely escalation of patients.</p> <p>Continued communication, training, and resources (electronic sepsis pathway) to ensure accurate recognition of sepsis.</p> <p>Further improvements required for timely antibiotics. There has been good compliance with prescribing antibiotics following the release of Micro-Guide and reaching almost 80% compliance rates with prescribing the correct antibiotics for the source of infection.</p> <p>Identifying the source of infection at an early stage increases chances of survival and potential reduce the chances of patients of infection related readmission within 30 days.</p> <p>Currently developing a leaflet for patients previously admitted with sepsis or discharged with infection are provided with adequate safety netting advice to encourage patients to seek medical help at an appropriate time as opposed to presenting to hospitals in the later stages of sepsis. Patients will receive the leaflet automatically via text on discharge.</p>

Going forward

Going forward, Sepsis has been agreed as a quality priority as part of the 24/25 Quality Accounts. [Please see section 3.1 for further information.](#)

From 1 May 2024 the Associate Chief Medical Officer for Quality and Safety will be dedicating time to drive further improvements in relation to sepsis and the deteriorating patient.

Safer Care: Medication Errors



Why was this important

Medicines optimisation describes a patient-focused approach to getting the best from the investment in and use of medicines. This is holistically achieved from an enhanced level of patient centred care and partnerships between clinical professionals, relatives and carers and patients. Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time.

What did we aim to achieve?

The aims from the quality priority focused on patients and their experiences, helping patients to:

- Improve their health outcomes;
- Improve medicines safety;
- Take medication correctly;
- Avoid taking unnecessary medication; and
- Reduce the wastage of medicines.

Objectives of the project

The objectives of the project included:

- The Trust will continue to include audits/improvement work on the safe and secure handling of medicines, including controlled drugs and omitted doses and undertake quality improvement projects as appropriate.
- Significant medication incidents will continue to be reported using DATIX and escalated as appropriate.
- Medicines reconciliation will be monitored.
- Medication cost reduction schemes will be risk assessed for service quality.
- The Drug Policy will be reviewed by a Multidisciplinary Team to ensure its fitness for purpose lead by the Trust Medication Safety Officer.
- The Medication Safety Officer role will continue to support patient safety improvement in the Trust and support national work on medication safety.
- The Trust will work with others to ensure medication safety across the interface into other health care sectors is optimised.
- The Trust has e-prescribing for chemotherapy and in some areas for in-patients and discharge medication, the programme was rolled out to the adult wards within Hull Royal Infirmary in 2022. The successful roll out of the programme will be key to improving patient safety.
- The Department of Pharmacy will work with the 'Scan4Safety' project and support work where it links with the safe use of medicines.
- The Trust will plan and work towards compliance with national initiatives including Dictionary of Medicines and Devices (DMandD).
- The implementation of the New Medicines Service will be rolled out across the trust in line with the 2022/23 CQUIN, which will improve discharge communication with community pharmacies and reduce readmission rates.

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience:** Patients and carers will be involved in decisions made about their medicines and supported to take their medicines as intended. We know that a better patient experience results in better clinical outcomes.
- **Quality Experience:** Maximised patient safety and experience around medication issues.
- **Staff Benefits:** The Trust will ensure workforce planning, development and education and training support to deliver optimal use of medicines. Services will be delivered by competent and well trained staff.
- **Organisational Benefits:** The Trust will support getting the best value out of medicines and Pharmacy.

How did we perform?

A number of Key Performance Indicators (KPIs) were used to measure progress against the quality priority for learning from medication errors and the following table outlines the progress made throughout 23/24:

KPI	Progress
Achieved: Stop medication related never events within HUTH	<p>During 22/23, 1 medication related never event had been reported. There has been a 100% reduction in the number of medication related never events reported so far in 23/24 (0).</p> <p>The previous 2022/23 event involved an error in administering strong potassium. Much work has been undertaken following the investigation, including redesign and rollout of new theatre controlled drugs registers, and revision of the second checker process within theatres for injectable medicines.</p> <p>NB: The National Patient Safety Team have launched a public consultation on the future of the Never Events Framework. The Care Quality Commission (CQC) and Health Services Safety Investigations Body (HSSIB), as well as a series of focus groups with relevant experts, has highlighted that for several types and sub types of Never Events, the protective barriers are not strong enough and called for the Never Event framework to be reviewed.</p>
Not achieved: Reduction in significant and major harm medication related incidents on DATIX	<p>The following SPC chart demonstrates the number of medication related incidents reported as moderate or above over time:</p>

KPI	Progress
	<p>Medication incidents reported as moderate and above - starting 01/04/22</p> <p>In 22/23, there were 17 medication related incidents reported as moderate or above. There has been an increase of 24% (21) medication related incidents reported as moderate above during 23/24. Whilst this reflects an increase during 2023/24, this has coincided with efforts to increase reporting to ensure all incidents are captured and where necessary taken action to learn from them.</p>
<p>Achieved:</p> <p>Improvement in medication related CQUIN – Discharge medicines service (DMS) and IV to Oral switch for antibiotics</p>	<p>CQUIN 03 centres on the prompt switching of intravenous (IV) antimicrobial treatment to the oral route as soon as patients meet the switch criteria. The CQUIN target is to achieve 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria.</p> <p>The following graph demonstrates the progress for 2023/24:</p> <p>The Trust has met the standards of this CQUIN for all four quarters in 23/24.</p>
<p>Achieved:</p> <p>Embed QI</p>	<p>A medicines quality improvement group is held on a monthly basis chaired by the Chief Pharmacist for the Trust to support and embed quality improvement for</p>

KPI	Progress
programmes for medicines optimisation	<p>medicines optimisation. The following illustrates a number of projects that have taken place and/or ongoing to embed QI for medicines optimisation:</p> <ul style="list-style-type: none"> • Medical Gas/Oxygen task and finish group; • Reducing duplication/waste in medication; • Improving flow within the dispensaries; • Dialysate fluid work with procurement to reduce waste and improve storage safety; • Scan for ID project to improve identification of patients; • Neonatal workstream – reduction in interruptions to improve patient safety • Nicotine advice referral service improvements; • IV to oral switch of paracetamol during shortages; • Electronic keys for controlled drugs (and others) – looking to roll out across the Trust pending funding; • Druggles – spreading out to maternity; • CQC improvement in theatres and Emergency Department (ED) and recording of controlled drugs and updates to the controlled drug registers; • Implementation of Electronic Prescribing and Medicines Administration (EPMA); • IV pumps and drug libraries work. Antimicrobial resistance task and finish group; • Cotrimoxazole hard stop on ePMA; • Task and finish group set up to action Hyperkalaemia/Calcium gluconate NPSA along with review of Trust Electrolyte/Hyperkalaemia Guidelines and supporting order set setup on EPMA; and • Insulin task and finish group commenced in February 2024.

The following table outlines the progress made to date against the key objectives for the quality priority:

Objective	Progress
Ongoing: Continue including audits/improvement work on the safe and secure handling of medicines, including controlled drugs and omitted doses	<ul style="list-style-type: none"> • As demonstrated, the embedding of QI programmes in relation to medicines optimisation showcases the continued work from Pharmacy and services within the Trust to continually learn and improve on the safe and secure handling of medicines including controlled drugs and omitted doses. • Trust Controlled Drug Accountable Officer (CDAO - the Chief Pharmacist) chairs the Trusts CDAO monthly meeting to ensure oversight and audit of Controlled Drugs usage. Chief Pharmacists attend the Controlled Drug Local Intelligence Network (CDLIN) on a quarterly basis. • Pharmacy involvement with the implementation of PSIRF and development of safety actions in relation to medicines.
Ongoing: Significant medication incidents will continue to be reported using	<ul style="list-style-type: none"> • Insulin working group commenced Feb 24 to review learning from insulin medication related incidents and determine areas for improvement.

Objective	Progress
DATIX and escalated as appropriate	<ul style="list-style-type: none"> Trust Medical Safety Office (MSO) attend the monthly national MSO webinar, to share learning from incidents and updates. Trust MSO attends the Yorkshire regional MSO webinar 2-3 monthly, to share learning from incidents and updates.
Ongoing: Medication cost reduction schemes will be risk assessed for service quality.	<p>A number of improvement projects are ongoing to support reduction in costs for medicines optimisation. Details of the some of the improvement programmes include but not limited to:</p> <ul style="list-style-type: none"> Reducing duplication/waste in medication; IV to oral switch of paracetamol during shortages; Improving flow within the dispensaries; Reducing waste resulting from inappropriate fridge storage; Dialysate fluid work with procurement to reduce waste and improve storage safety – approx. £3,500 has been saved to date; Biosimilar switches of medicines – approx. £100,000 has been saved to date and forecasted saving of £250,000 for 24/25; and Fragmin to enoxaparin switch has saved approx. £300,000 per annum. <p>NB: Inflation and medicine supply issues/shortages continues to impact costs of medication, work is ongoing to identify areas for further cost improvement, ensuring patient safety is maintained at all times.</p>
Achieved: The Drug Policy will be reviewed by a Multidisciplinary Team to ensure its fitness for purpose lead by the Trust MSO	Following a review by the MSO and appropriate governance committees, the drugs policy has been updated and approved.
Ongoing: The MSO role will continue to support patient safety improvement in the Trust and support national work on medication safety	<ul style="list-style-type: none"> In the 2023 year, 121 Medicines Supply Notifications (MSNs) were received. Pharmacy managed these medicines shortages in conjunction with clinical multidisciplinary teams. MHRA “Drug Alerts” were successfully managed by Pharmacy. In the 2022 year, 52 drug alerts were received and actioned appropriately, in addition to 4 NPSAs that related to medicines supplies. In 2023, 44 MHRA Drug alerts and 1 NPSA related to medicines supplies were received and successfully managed. Exploring use of electronic medication cupboards Valproate and pregnancy safety work – implementation of the national patient safety alert and new regulatory measures: <ul style="list-style-type: none"> CAS-ViewAlert (mhra.gov.uk) Valproate safety measures - GOV.UK (www.gov.uk)
Ongoing:	<ul style="list-style-type: none"> Trust MSO attends the monthly national MSO webinar, to share learning from errors and updates.

Objective	Progress
The Trust will work with others to ensure medication safety across the interface into other health care sectors is optimised	<ul style="list-style-type: none"> Trust MSO attends the Yorkshire regional MSO webinar 2-3 monthly, to share learning from errors and updates.
Completed: The Trust has e-prescribing for chemotherapy and in some areas for in-patients and discharge medication, the successful roll out of this programme will be key to improving patient safety	EPMA for Chemotherapy is operational on the ARIA system.
Working towards: The Department of Pharmacy will work with the 'Scan4Safety' project and support work where it links with the safe use of medicines.	Pharmacy Leadership Team have met with the Scan 4 Safety team to scope out requirements.
Completed: The Trust will plan and work towards compliance with national initiatives including Dictionary of Medicines and Devices	EPMA and ASCRIBE pharmacy computer systems are fully compliant with the exception of specials and unlicensed items.
Achieved: Implementation of the New Medicines Service will be rolled out across the trust to improve discharge communication with community pharmacies and reduce readmission rates	The CQUIN has been achieved and systems are in place.

Going forward

Going forward, medication safety has been agreed as a quality priority as part of the 24/25 Quality Accounts. [Please see section 3.1 for further information.](#)

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



Why was this important

Studies have shown that poor mental health can significantly affect physical health, increasing the amount of intervention that is required.

Whilst our Trust is not a specialist mental health provider, it is vital that we have a clear and robust mental health strategy in place to ensure that patients with existing and new mental health needs have those needs met whilst in our care.

What did we aim to achieve?

The aims from the quality priority centred on the following:

- Continued implementation of the triage process for patients attending ED to make they have a mental health triage with a Nurse on arrival and appropriate risk assessments undertaken;
- Provide safe therapeutic environments for mental health, learning disabilities and patients with autism which conform to national standards within ED;
- Work with external partners making sure people experiencing a mental health crisis are able to access meaningful alternatives to ED; and
- Develop a patient survey to collect feedback and inform further work required.

Objectives of the project

The objectives of the project included:

- Reduction of waiting times using the ED Flowchart for patients with no physical health concerns presenting with mental health illness;
- Increased partnership working with local services to improve provision of Mental Health Support ensuring patients are attending the Emergency Department for the right level of support; and
- Staff in the Emergency Department are supported through training to provide safe therapeutic environments for patients with mental health needs.

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience:** Patient receive the level of support from the Emergency Department required when experiencing a mental health crisis.
- **Quality Experience:** Timely interventions and treatments provided.
- **Staff Benefits:** Staff will have improved understanding of therapeutic training and de-escalation techniques and improved knowledge of mental health illness. Reduction in violence and aggression.
- **Organisational Benefits:** Reputational benefits, improved pathways for patients, reduction in patient and staff incidents of violence and aggression. Improved collaborative working with external partners

How did we perform?

A number of Key Performance Indicators (KPIs) were outlined to measure progress against the quality priorities. The following table outlines progress to date:

KPI	Progress																																													
Working Towards: Monitor complete and accurate completion of assessments	Evidence of appropriate physical health assessment, relevant investigation and treatment carried out by the ED clinician appropriate to patient presentation in 81.6%																																													
Ongoing: Proportion of patients who had a complete mental health triage with risk assessment within 15 and within 30 minutes of arrival	<p>Prior to January 2023, there was no documented evidence that mental health triage was taking place. Compliance has since improved following the rollout of the risk assessment tool with compliance consistently above the average.</p> <div><p>% of patients with a completed mental health triage - starting 01/01/23</p><table border="1"><thead><tr><th>Month</th><th>% of patients</th><th>Category</th></tr></thead><tbody><tr><td>Jan 23</td><td>35.0%</td><td>Special cause - improvement</td></tr><tr><td>Feb 23</td><td>80.0%</td><td>Special cause - improvement</td></tr><tr><td>Mar 23</td><td>95.0%</td><td>Special cause - improvement</td></tr><tr><td>Apr 23</td><td>50.0%</td><td>Special cause - improvement</td></tr><tr><td>May 23</td><td>42.0%</td><td>Special cause - improvement</td></tr><tr><td>Jun 23</td><td>68.0%</td><td>Special cause - improvement</td></tr><tr><td>Jul 23</td><td>88.0%</td><td>Special cause - improvement</td></tr><tr><td>Aug 23</td><td>78.0%</td><td>Special cause - improvement</td></tr><tr><td>Sep 23</td><td>82.0%</td><td>Special cause - improvement</td></tr><tr><td>Oct 23</td><td>83.0%</td><td>Special cause - improvement</td></tr><tr><td>Nov 23</td><td>80.0%</td><td>Special cause - improvement</td></tr><tr><td>Dec 23</td><td>85.0%</td><td>Special cause - improvement</td></tr><tr><td>Jan 24</td><td>85.0%</td><td>Special cause - improvement</td></tr><tr><td>Feb 24</td><td>70.0%</td><td>Special cause - improvement</td></tr></tbody></table></div> <p>Further improvements are required to support patients receiving a mental health triage risk assessment within 15 or even 30 minutes of arrival.</p>	Month	% of patients	Category	Jan 23	35.0%	Special cause - improvement	Feb 23	80.0%	Special cause - improvement	Mar 23	95.0%	Special cause - improvement	Apr 23	50.0%	Special cause - improvement	May 23	42.0%	Special cause - improvement	Jun 23	68.0%	Special cause - improvement	Jul 23	88.0%	Special cause - improvement	Aug 23	78.0%	Special cause - improvement	Sep 23	82.0%	Special cause - improvement	Oct 23	83.0%	Special cause - improvement	Nov 23	80.0%	Special cause - improvement	Dec 23	85.0%	Special cause - improvement	Jan 24	85.0%	Special cause - improvement	Feb 24	70.0%	Special cause - improvement
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Working Towards: Performance of a parallel mental health and ED assessment	There was evidence of parallel assessment in 64.2%																																													
Working Towards: Proportion of medium or high-risk patients having an appropriate level of observation	<p>This was hard to evidence due to a lack of documentation but there was evidence of compliance in only 36%</p> <p>The Trust undertake monthly assurance visits within external partners and document the departments mental health patients on each visit and ensure that they are in the correct environment and observations.</p>																																													

KPI	Progress
Working Towards: Proportion of patients who had a risk assessment by an ED clinician of risk of suicide and further self-harm	64% of patients had a risk assessment; this reflects the frequency with which the risk assessment is documented. It is possible that improved documentation will adequately reflect actual practice.
Ongoing: Evidence of compassionate and practical care. Service user satisfaction from experience	Evidence of appropriate physical health assessment, relevant investigation and treatment carried out by the ED clinician appropriate to patient presentation in 81.6% There are a mixture of responses from surveys and from patient feedback. Compassionate care and praise for staff has been highlighted but there is room for improvement when providing privacy during triage. Unknown wait times are also mentioned as a problem as is the poor selection of food.

The following table outlines the progress made to date against the key objectives for the quality priority:

Objective	Progress
Ongoing: Continue implementing the triage process for patients attending ED to make they have a mental health triage with a Nurse on arrival and appropriate risk assessments undertaken	The ED have digitalised all assessments and therefore are now able to track all completed and outstanding assessments for patients including mental health and is monitored on a live dashboard, which is overseen by the matrons.
Completed: Provide safe therapeutic environments for mental health, learning disabilities and patients with autism which conform to national standards within ED	There have been allocated spaces within in ED that have modified to conform to national standards within ED. These include specific rooms in both ECA and majors. An additional space has also been designed and staff with mental health staff within the ED. Feedback from the CQC in April 2024 was positive on the Trust's work to provide safe mental health rooms within ED.
Ongoing: Work with external partners making sure people experiencing a mental	The ED team meet frequently with Humber Foundation NHS Teaching Trust to discuss provision within ED and locally for mental health patients to promote community crisis services.

Objective	Progress
health crisis are able to access meaningful alternatives to ED	
Working Towards: Develop a patient survey to collect feedback and inform further work required.	This has been developed and feedback is being collected.

Going forward

A number of areas have been identified to further improve mental health triage in ED including:

- There is now provision of spare clothing for those who have wet or muddy clothing or those who have had clothing cut off.
- De-escalation Management & Intervention (DMI) Training has been delivered to the first few cohorts of ED staff and dates are booked throughout 2024.
- Training has been delivered to the multi-disciplinary ED team on unmet needs in high-impact service users.
- Cubicle 5 in Majors has been repurposed to be a safe environment for those presenting with mental health emergencies.
- There is now a bespoke area on site designed for the assessment and treatment of those with mental health emergencies. Appropriate patients can now be streamed to this area, which is run by Humber Teaching NHS Foundation Trust.

Effective and Learning: Learning from Deaths



Why was this important

For many people, death under the care of the NHS is an expected outcome and a majority of patients experience excellent care from the NHS in the months or years leading up to their death. However, some patients experience poor quality provision of care from a range of contributory factors, including but not limited to poor leadership and system-wide failures.

Staff in the Trust work determinedly under ever-increasing pressures to deliver safe and high-quality patient centred care. When mistakes happen, as an organisation, we have a duty of care to understand where problems in care may have contributed to a patient's death, to learn lessons in order to prevent recurrence as well as identifying, sharing and celebrating good practices.

What did we aim to achieve?

The aims from the quality priority centred on the following:

- Reviews and investigations shared for continued learning and improvement of patient care;
- Collaborative reviews undertaken;
- Effective and cohesive collaboration with the Trusts Medical Examiner's Office; and
- Further development of Structured Judgment Reviews to respond to the Trust clinical needs.

Objectives of the project

The objectives of the project included:

- Deaths that are of concern are appropriately escalated and reviewed in line with Trust policy;
- Learning is identified, shared and implemented appropriately;
- Seek opportunities to work a broad range of stakeholders;
- Improve and amend the Structured Judgement Review tool to allow for a greater depth of review and learning;
- To improve and develop feedback mechanisms across the Trust; and
- Undertake an internal quality control audit.

Benefits of the project

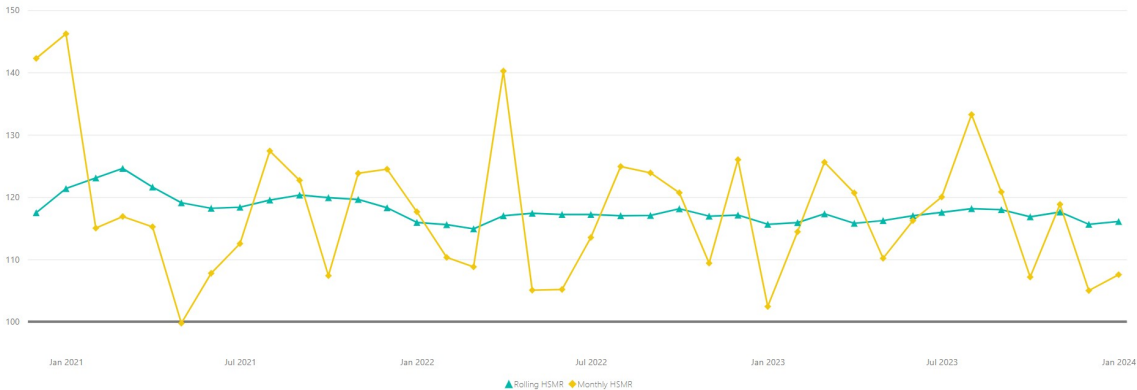
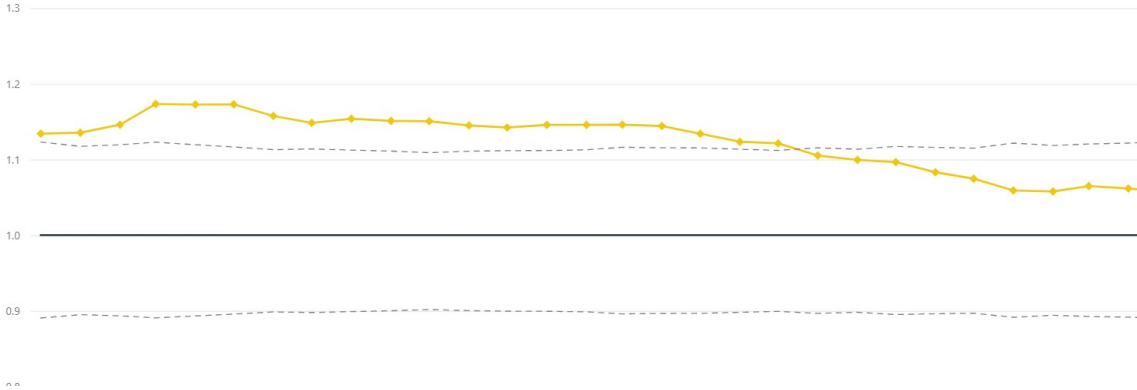
The identified benefits from implementation of the project included:

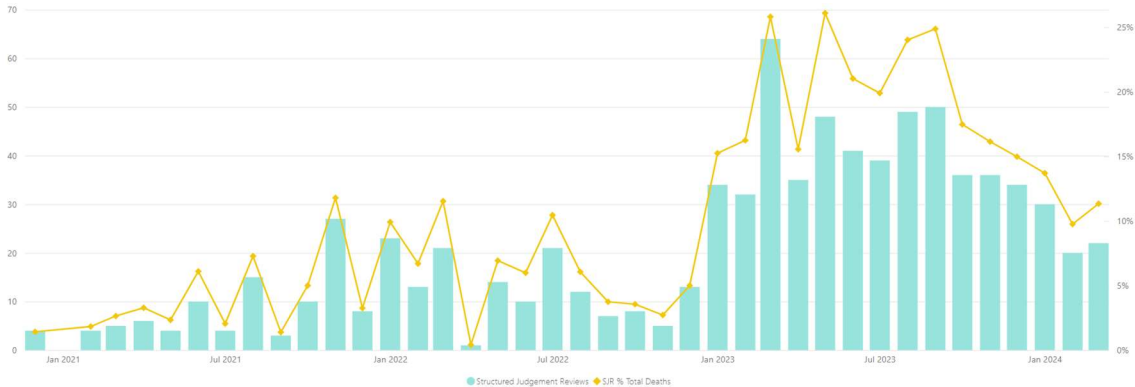
- **Patient Experience:** Learning from deaths supports continued improvement for patient experience
- **Quality Experience:** Learning from deaths supports continued improvement for services
- **Staff Benefits:** Provision of high quality care and improved education from learning from deaths
- **Organisational Benefits:** Support the patient safety strategy.

How did we perform?

A number of Key Performance Indicators (KPIs) were outlined to measure progress against the quality priorities.

The following table outlines progress to date:

KPI	Progress
<p>Not achieved:</p> <p>Achieve below the national average of 100 against the Trust Hospital Standardised Mortality Ratio (HSMR)</p>	<p>The run chart shown above demonstrates the HSMR data.</p>  <p>The latest data available (up to January 2024) for the rolling average is currently 116.08.</p> <p>Further work is required to meet the national average of 100 for HSMR.</p> <p>As part of the 24/25 Quality Priorities, focus will be on the deteriorating patient and sepsis – this will support with driving improvements patient outcomes and reduce the current average against SHMI to below the national average.</p>
<p>Not achieved</p> <p>Maintain the national average and aim to achieve below the national average of 1.0 against the Trust SHMI</p>	<p>The Summary Hospital-level Mortality Indicator (SHMI) provides data on mortality rates within individual healthcare trusts across the NHS in England. It calculates the ratio of actual patient deaths following hospitalisation at a trust to the expected number of deaths based on average national figures and patient characteristics.</p> <p>The run chart shown below, demonstrates the SHMI data:</p>  <p>The Trust had seen a reduction in its SHMI data from April 2021 through to May 2023. This was driven by reductions particularly in respect of sepsis and pneumonia diagnosis conditions, although with significant improvement still required through our sepsis improvement programmes.</p> <p>Of the conditions for which a SHMI is calculated by NHS Digital, HUTH is identified as being higher than expected for the below conditions in the most recent published data (12 months to December 2023 published in May 2024):</p> <ul style="list-style-type: none"> • Septicaemia; • Fracture of neck of femur (hip); and • Secondary malignancies.

KPI	Progress
	<p>Of the two sites forming HUTH, the SHMI for the Hull Royal Infirmary site has continued to reduce during 2023/24. However, there is a notable and clear change in the calculated SHMI for Castle Hill Hospital, reflective of both an increase in the actual number of deaths and a decrease in the number of expected deaths. This is driving the change for HUTH overall. There hasn't been a noticeable increase in the volume of activity (spells) included in the SHMI data for CHH in recent SHMI reporting periods.</p> <p>There are several drivers that may have caused this change which are subject to in depth investigation, including:</p> <ul style="list-style-type: none"> • Consolidation of oncology/haematology services at CHH. This means that more patients from a much wider geographical area are being referred to CHH to utilise the Queen's Centre specialisms. • Patients with cancer requiring emergency assessment are now admitted at CHH rather than HRI. In addition we have made some changes to the coding of patients which has had an impact in comparison to previous data. • Alterations made to the arrangements for treatment of cardiac patients from other organisations. <p>As part of the 24/25 Quality Priorities, focus will be on the deteriorating patient and sepsis – this will support with driving improvements patient outcomes and reduce the current average against SHMI to below the national average.</p> <p>The Trust has a quality improvement programme to reduce falls which was initiated in 2023 and will continue into 24/25. The number of inpatient falls resulting in fracture of neck of femur has reduced by 50% since the focused improvement work was initiated.</p>
<p>Achieved:</p> <p>Achieve 15% completion rate of Structured Judgement Reviews</p>	<p>Over the course of 23/24, we have been able to achieve 15% or above completion rate for SJR as demonstrated by the below graph:</p>  <p>There has been positive engagement with SJRs, which is an essential tool for assessing care given, identifying gaps in care and areas of good practice that can be shared across the organisation.</p> <p>A working group was established in response to concerns raised regarding fluid balancing, which were prompted by findings from several SJRs. A series of actions were identified, including the implementation of digital platforms for monitoring fluid balance and providing support and training for fluid balance management.</p> <p>Regular SJRs for patients who died with a Learning Disability, have enabled the Trust to identify potential gaps in care relating to best interest meetings and proper documentation of learning disabilities within case-notes.</p>

KPI	Progress
Working towards: Standardise the outcomes to the central team from the Mortality and Morbidity meetings held	<p>A digital online platform (AMaT – Audit Management and Tracking) was funded in October 2023 supporting a number of functions across the Trust including clinical audit, NICE guidance and quality improvement.</p> <p>The platform also has a mortality and morbidity module. This module will support clinical teams to record and review the care and treatment of patients in relation to mortality and morbidity. Furthermore, staff will be able to:</p> <ul style="list-style-type: none"> • Undertake speciality and multi-disciplinary reviews; • Create presentations and monitor peer review; • Record meetings and discussions; • Have an instant overview of quality of care scores and progress; • Link to risks and record learning points; • Create and monitor actions for learning and improvement; and • Record complex morbidity cases for learning. <p>Discussions are underway to integrate Lorenzo PAS with AMaT to support with data accuracy and increase clinical interaction with the system to standardise meetings held and share learning.</p>

The following table outlines the progress made to date against the key objectives for the quality priority:

Objective	Progress
Ongoing: Deaths that are of concern are appropriately escalated and reviewed in line with Trust policy	<p>Significant improvement made with reviewing deaths and any death highlighted as a cause for concern, are then escalated accordingly.</p> <p>Further work is required to triangulate information and provide assurances that actions are undertaken where appropriate. This will be supported by the ongoing work to standardise the outcomes from mortality and morbidity reviews.</p>
Ongoing: Learning is identified, shared and implemented appropriately	<p>Further work is required to triangulate information and provide assurances that actions are undertaken where appropriate. This will be supported by the ongoing work to standardise the outcomes from mortality and morbidity reviews.</p>
Ongoing: Seek opportunities to work a broad range of stakeholders	<p>Collaborative working with Yorkshire Ambulance Service to review learning from mortality, morbidity and highlighted cases by either party, these meetings take place on a monthly basis and with the ICB also in attendance, next steps are to include GP practices as part of the wider learning process and a broader depth of understanding where improvements maybe required.</p>
Ongoing: Improve and amend the Structured Judgement Review tool to allow for a greater depth of review and learning	<p>There has been a shift towards identifying cases where a death was more likely than not due to problems in care, rather than using the terminology of avoidable or unavoidable death. The</p>

Objective	Progress
	<p>changes have been made to support staff to learn and improve rather than apportioning blame.</p> <p>Bespoke review forms are also developed to support learning at speciality level – this enables meaningful actions to be implemented to ensure continuous improvement.</p>
<p>Working towards:</p> <p>To improve and develop feedback mechanisms across the Trusts</p>	<p>Further work is required to triangulate information and provide assurances that actions are undertaken where appropriate. This will be supported by the ongoing work to standardise the outcomes from mortality and morbidity reviews.</p>
<p>Ongoing:</p> <p>Undertake an internal quality control audit</p>	<p>Quarterly audits are undertaken with ten SJRs reviewed to provide assurances that the SJRs are investigated in line with Trust policy. Any concerns or issues highlighted are escalated accordingly.</p>

Going forward

A number of areas have been identified to further improve learning from deaths including:

- The development of the digital solution for encompassing SJRs and mortality and morbidity reviews whilst standardising the process across the organisation.
- Terms of reference for speciality mortality and morbidity meetings to outline the expectations of mortality and morbidity reviews meetings taking place – this will further support with standardisation across the organisation.
- Support services with higher than expected SHMI to identify areas for improvement.
- Formation of a central team of clinicians to support with reviews where potential concerns have been identified to maximise learning opportunities and provide robust escalation.

Learning from deaths will continue with collaborative working North Lincolnshire and Goole Hospitals NHS Trust.

2.2 Performance against other Quality and Safety Indicators

This section covers:

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

2.2.1 Patient Safety Incidents

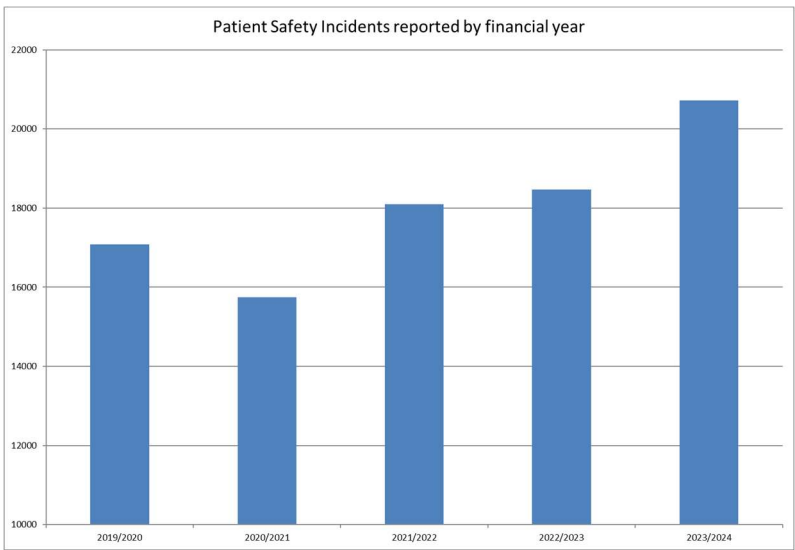


What is a patient safety incident

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

Patient Safety Incidents reported by the Trust

The total number of patient safety incident reported from 1 April 2023 to 31 March 2024 (20,722) is displayed in the graph below with comparison against previous year's data:



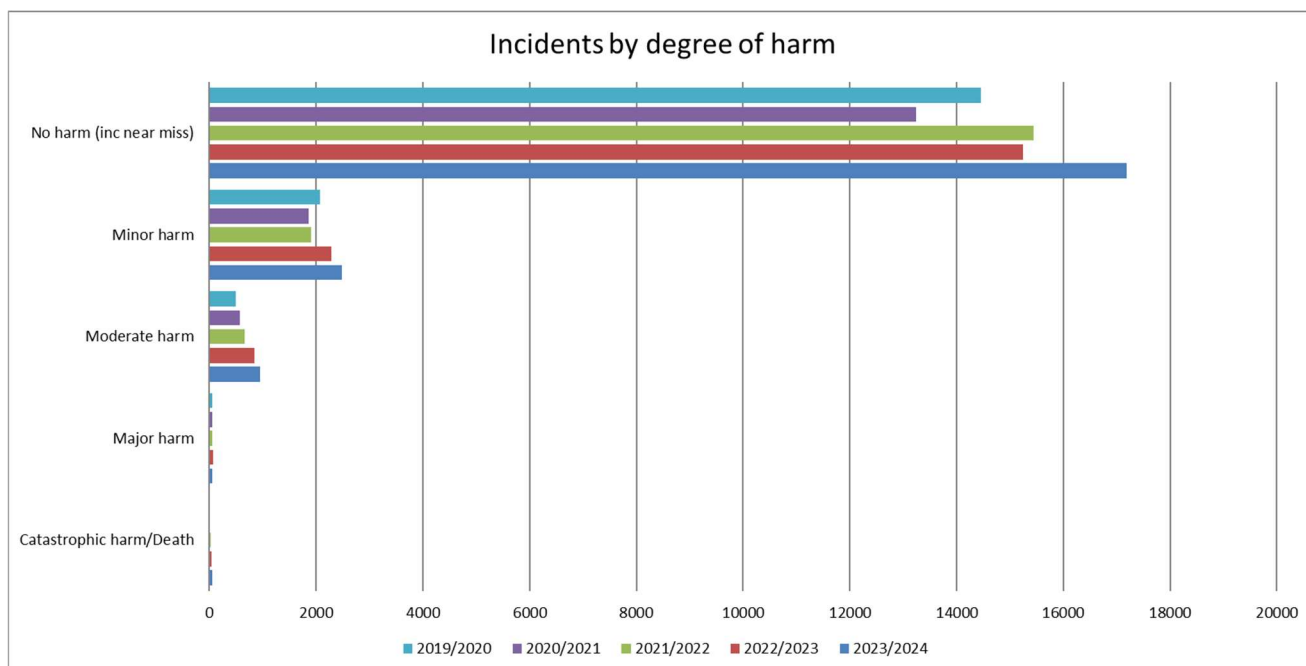
The patient safety incidents when reviewed against bed occupancy for 2023/24 is shown in the table below

Number of incidents reported	Bed occupancy	Incidents per 1,000 bed days	Incidents reporting an Injury/harm	Incidents reporting a Near Miss	Incidents reporting No Injury/harm
20,722	435,492	47.58	3,533	2,129	15,060
As a percentage			17%	10%	73%
2022/23 comparison			18%	9%	73%

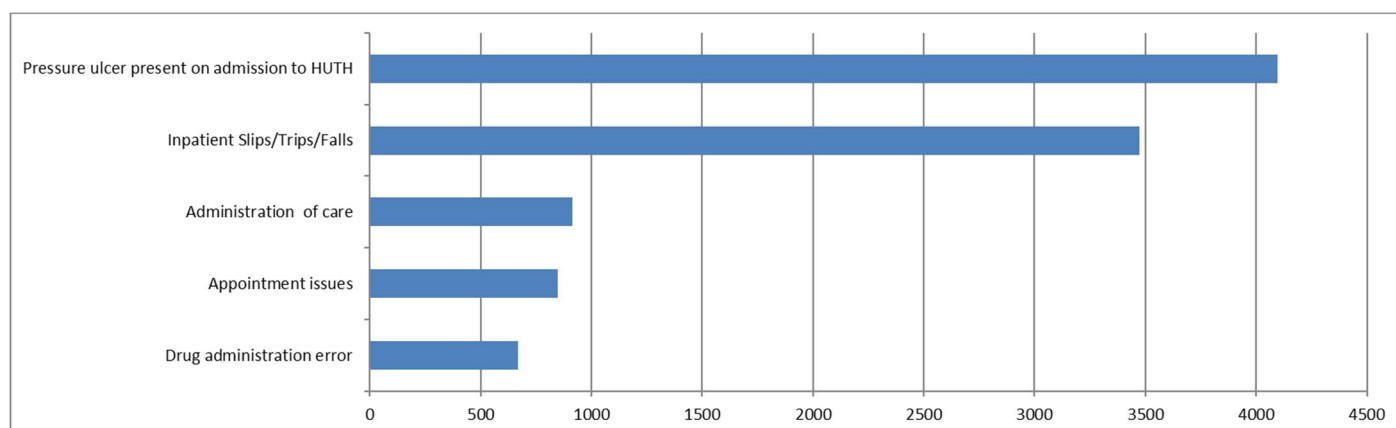
The Trust encourages incident reporting, and recognises that a good incident reporting rate is a sign of a healthy patient safety culture and provides insight into patient safety. Despite the increase in patient safety incidents being reported, 83% were events which resulted in 'no harm' or a 'near miss'. The observed high reporting of 'no harm' incidents is recognised as a positive safety culture and demonstrates 'high volume, low harm' reporting culture.

The Trust monitors its levels of harm within the former Health Groups and the Quality Governance and Assurance Directorate, and levels of harm may be adjusted, either increased or decreased, according to information known about the event upon investigation.

The graph below shows the Trust's incidents by degree of harm during 2023/24 with comparison against previous years:



The graph below demonstrates the top 5 reported incident themes during 2023/24:



These top 5 are consistent with those reported in 2022/23. However, for 4 of the 5 categories, the number has reduced following targeted improvement work. However, the number of pressure ulcer incidents has increased in 2023/24 as we have targeted improved reporting in this space.

In August 2022, the National Patient Safety Team (NHSE/I) published the Patient Safety Incident Response Framework (PSIRF), which outlined how Trusts move towards a proactive approach to learning from patient safety incidents. The focus of PSIRF is on learning and improvement, with fewer full investigations being the exception as opposed to the rule, to focus on quality rather than quantity of patient safety investigations and utilising different models of investigation.

During quarters 3 and 4 of 2022/23, a PSIRF steering group undertook preparatory work in response to the PSIRF and developed a Patient Safety Incident Response Plan (PSIRP), which sets out how the Trust intends to respond to patient safety incidents in line with the new framework from April 2023. The PSIRP outlines different investigation and learning response methods to National Priorities requiring mandatory responses (e.g. Never Events) and local responses to patient safety incidents.

2.2.2 Serious Incidents and Never Events



In April 2023, the Trust became an early adopter and started the transition to responding to patient safety incidents in line with the National Patient Safety Incident Response Framework (PSIRF), which was published in August 2022. The PSIRF outlines how Trusts move towards a proactive approach to learning from patient safety incidents. The focus of PSIRF is on learning and improvement, with fewer full investigations being the exception as opposed to the rule, to focus on quality rather than quantity of patient safety investigations and utilising different models of investigation.

In response to the PSIRF the trust developed a Patient Safety Incident Response Plan (PSIRP), which sets out how the Trust responds to patient safety incidents. The PSIRP outlines different investigation and learning response methods to National Priorities requiring mandatory responses (e.g. Never Events) and local responses to patient safety incidents. Never Events are patient safety incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

The Trust presented to the regional Yorkshire and Humber Collaborative PSIRF Learning Community to share the process that was undertaken whilst developing the Trust safety profile, the themes that emerged and how this informed the Trust PSIRP. They shared assurances that were provided to the Board, plans for proactively seeking assurance and reflections on the journey to date.

Feedback from the Learning Community was very positive and it led to more interest with other Trusts asking for further information about our journey; the Trust held an 'open event' to help other providers which was well received.

Patient safety incidents that meet the national priorities including Never Events and '*deaths clinically assessed as more likely than not due to problems in care*' are investigated as a Patient Safety Incident Investigation (PSII). PSII's apply a system-based approach to learning to understand how work systems and human factors can influence processes which in turn shapes outcomes resulting in patient safety incidents.

PSII Learning Response Leads ensure that the four key aims of the PSIRF are integrated into the PSII and are reflected within the report:

- compassionate engagement and involvement of those affected by patient safety incidents;
- application of a range of system-based approaches to learning from patient safety incidents;
- considered and proportionate responses to patient safety incidents and safety issues; and
- supportive oversight focused on strengthening response system functioning and improvement.

As well as PSII's the Trust utilises other methods of learning responses such as After Action Reviews (AARs), Walkthrough Analysis (table tops) and Thematic reviews. The learning responses from these investigation methods are shared throughout the Trust through the governance structures and are publicised on the Trust intranet

Never Events, SIs and PSII's investigated by the Trust:

Whilst the Trust began the transition to the PSIRF in 2023/24 there were still 29 investigations still open for investigation that had been declared in line with the Serious Incident Framework (SIF, 2015). These investigations continued and were completed during the transition to PSIRF.

The Trust investigated one Never Events in 2023/24; a decrease on the number investigated in 2022/23 (7).

The Never Event was in relation to a 'Wrong Site Surgery' involving the administration of a root nerve block. The Never Event was investigated by means of a simulation exercise to recreate the procedure to identify system errors.

An improvement action plan was initiated in response to this event which continues to be delivered into 2024/25.

During 2023/24, in addition to the 29 investigations under the Serious Incident Framework, there were 16 investigations identified to be investigated as PSIs.

Learning response method	2022/23	2023/24
Never Event investigations completed	7	1
Serious Incidents (SI) investigations completed (framework applicable to April 2023)	123	29
Patient Safety Incident Investigations (PSII) completed (framework applicable from April 2023)	N/A	16
After Action Reviews/Walkthrough Analysis facilitated (framework applicable from April 2023)	N/A	40
Thematic Reviews (framework applicable from April 2023)	N/A	4

During 2023/24, each patient safety incident that has resulted in harm to the patient has been discussed at the Weekly Patient Safety Summit (WPSS). This enabled early identification of immediate actions and learning from the incidents to be discussed at a Trust wide level and for agreement on the type of learning response required to ensure that proportionate investigations were undertaken.

The Patient Safety Team facilitated the majority of the different learning responses (AARs) however a training programme has also been delivered across the Trust to nursing staff providing them with the skills required to facilitate AARs at ward and specialty level.

The Trust continues to be open and honest when a patient safety incident has occurred, to ensure that they are fully investigated, with appropriate actions taken as a result. The Trust is committed to providing the best care to our patients and our responses patient safety incidents focuses on the learning and actions arising from the investigations to improve the patient safety culture within the organisation.

Patients and their representatives are invited to ask questions to the investigation panel and to agree the terms of reference of the investigation to ensure that a full holistic picture of the consequences of the incident are considered during the investigation, not just how the incident has impacted on the Trust.

A Learning from Patient Safety Incidents Oversight Group meets on a weekly basis to oversee the completion of investigations and learning responses providing additional scrutiny and assurance that key factors identified are addressed by the actions. The Oversight Group is also responsible for reviewing themes and trends arising from investigations and aligning them to quality improvement projects that are being undertaken within the Trust.

2.2.3 Patient Safety Alerts Compliance



What is meant by Patient Safety Alerts

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

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

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

Compliance for Patient Safety Alerts

The patient safety team continues to undertake improvement work with a focus on enhancing compliance with and adherence to deadlines for National Patient Safety alerts.

A robust monitoring process has been put in place for all alerts received by the organization to ensure proactive identification and resolution of patient safety issues.

This approach has demonstrated additional learning and improvements from National Patient Safety Alerts, as well as preemptive actions taken for identified issues in advance of receiving a National Patient Safety Alert. To facilitate wider sharing of these alerts across the Trust, the patient safety team produces a monthly National Patient Safety Newsletter. Efforts are ongoing to promote the embedding of learning from National Patient Safety alerts across the Trust, in keeping with the Trust Quality Strategy 2022-2025 of Safe Care.

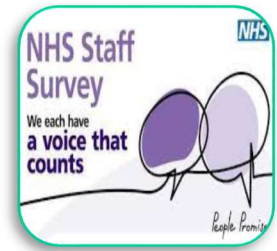
The table below demonstrates the alerts received from April 2023 to March 2024 and the Trust response:

Reference	Title of Alert	Date Issued	Due Date	Completed Date	Trust Response
NatPSA/2023/004/MHRA	Recall of Emerade auto injectors due to the potential for device failure	09-May-23	12-May-23	12-May-23	Action Completed

Reference	Title of Alert	Date Issued	Due Date	Completed Date	Trust Response
NatPSA/2023/005/MHRA	Removal of Philips Health Systems V60 and V60 Plus ventilators from service - potential unexpected shutdown leading to complete loss of ventilation	18-May-23	02-Oct-23	03-Oct-23	Action Completed
NatPSA/2023/006/DHSC	Shortage of pyridostigmine 60mg tablets	24-May-23	26-May-23	26-May-23	Action Completed
NatPSA/2023/007/MHRA	Potential risk of underdosing with calcium gluconate in severe hyperkalaemia	27-Jun-23	01-Dec-23	23-Nov-23	Action Completed
NatPSA/2023/008/DHSC	Shortage of GLP-1 receptor agonists	18-Jul-23	18-Oct-23	03-Oct-23	Action Completed
NatPSA/2023/009/OHID	Potent synthetic opioids implicated in heroin overdoses and deaths	26-Jul-23	04-Aug-23	31-Jul-23	Action Completed
NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	31-Aug-23	01-Mar-24	Ongoing	Ongoing – task and finish group in place to address actions working with system partners; the Trust bed stock is not compliant and alternatives are being sought
NatPSA/2023/011/DHSC	Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets	27-Sep-23	11-Oct-23	Not Applicable	Assessed - not relevant to organisations services
NatPSA/2023/012/DHSC	Shortage of verteporfin 15mg powder for solution for injection	28-Sep-23	20-Oct-23	19-Oct-23	Action Completed
NatPSA/2023/013/MHRA	Valproate: organisations to prepare for new regulatory measures for oversight	28-Nov-23	Response Not Required	Response Not Required	Response Not Required
NatPSA/2023/015/UKHSA	Potential contamination of some carbomer-containing lubricating eye products.	07-Dec-23	17-Dec-23	Not Applicable	Assessed - not relevant to organisations services

Reference	Title of Alert	Date Issued	Due Date	Completed Date	Trust Response
NatPSA/2023/014/ NHSPS	Identified safety risks with the Euroking maternity information system	07-Dec-23	07-Jun-24	Ongoing	Ongoing – actions being addressed by Trust Clinical Safety Officers and Digital Midwives
NatPSA/2023/016/ DHSC	Potential for inappropriate dosing of insulin when switching insulin degludec (Tresiba) products	08-Dec-23	22-Dec-23	14-Dec-23	Action Completed
NatPSA/2024/001/ DHSC	Shortage of GLP-1 receptor agonists (GLP-1 RA) update	03-Jan-24	28-Mar-24	07-Mar-24	Action Completed
NatPSA/2024/002/ NHSPS	Transition to NRFit connectors for intrathecal and epidural procedures, and delivery of regional blocks	31-Jan-24	31-Jan-25	Ongoing	Ongoing – a task and finish group has been set up to address the actions
NatPSA/2024/003/ DHSC	Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials	26-Feb-24	08-Mar-24	04-Apr-24	Action Completed

2.2.4 NHS Staff Survey Results



What is the NHS Staff Survey

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

Results of the 2023 Staff Survey for HUTH

Background

All NHS trusts are required to survey their workforce annually using the National Staff Survey. The survey comprises around 100 questions. The NHS England benchmark reports are themed in line with the seven NHS People Promise areas.

The National Staff Survey ran between September and December 2023. Picker is commissioned by 62 Acute and Acute Community Trusts organisations to run their National Staff survey, including HUTH.

HUTH increased its **completion rate** from **37% to 50%** (4,620 staff responded compared to 3,160 last year).

The Picker report uses “positive score” as its primary unit of measurement. This allows organisations to compare results historically, and to other similar organisations on a question-by-question basis, for all questions that can be positively scored. HUTH has significantly improved on its overall positive score.

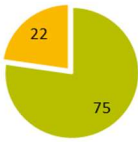
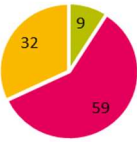
HUTH was the second most improved Picker Trust in 2023, moving from 59th/65 of the Picker league table for overall positive score to 48th/62 against the Picker average.

The National Staff Survey measures organisations against key themes, seven of which are based on the national People Promise indicators. Each indicator is a score out of 10.

HUTH has improved on all elements of the People Promise.

	2022	2023	Change
People Promise element 1: We are compassionate and inclusive	7.0	7.2	+0.2
People Promise element 2: We are recognised and rewarded	5.5	5.9	+0.4
People Promise element 3: We each have a voice that counts	6.4	6.5	+0.1
People Promise element 4: We are safe and healthy	5.7	6.0	+0.3
People Promise element 5: We are always learning	5.2	5.7	+0.5
People Promise element 6: We work flexibly	5.6	6.0	+0.4
People Promise element 7: We are a team	6.3	6.6	+0.3
Theme: Staff Engagement	6.4	6.7	+0.3
Theme: Morale	5.5	5.9	+0.4

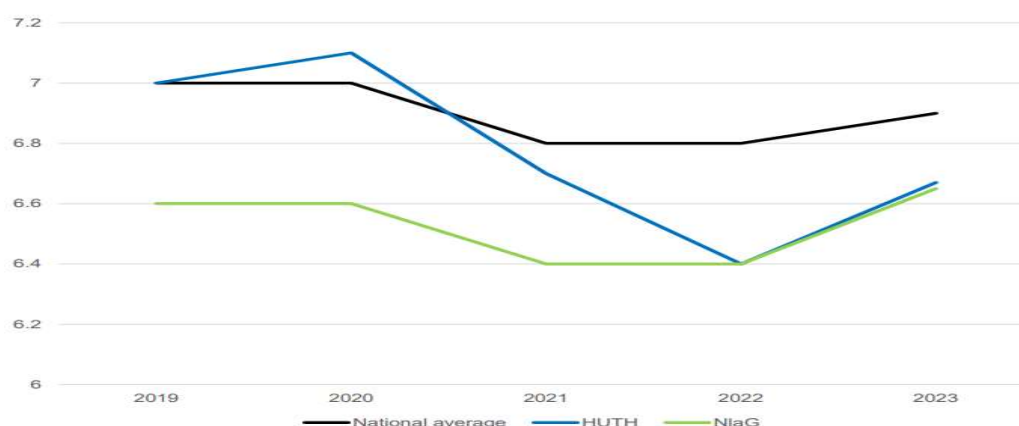
The table below shows comparison scores for HUTH in 2023.

55%	q25c. Would recommend organisation as place to work	Comparison to 2022**  <ul style="list-style-type: none"> Significantly better Significantly worse No significant difference 	Comparison with average**  <ul style="list-style-type: none"> Significantly better Significantly worse No significant difference
55%	q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation		
66%	q25a. Care of patients/service users is organisation's top priority		

Staff Engagement

One of the key measures in the National Staff Survey is that of staff engagement, which is seen as a strong indicator of cultural health in an organisation. HUTH has seen a significant improvement in staff engagement in the 2023 survey.

A chart showing staff engagement trend data for the past five years is below. HUTH shifted from a score of 6.4 in 2022 to a score of 6.7 in 2023. Whilst this remains below the national average, the Trust is seeking through its improvement journey to return to ahead of national average as it was prior to the pandemic.



Top five scores in the National Staff Survey vs Picker average:

HUTH top 5 scores vs Picker average	HUTH	Picker Avg
q15. Organisation acts fairly: career progression	60%	57%
q24e. Able to access the right learning and development opportunities when I need to	63%	61%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	76%	74%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	50%	48%
q23a. Received appraisal in the past 12 months	84%	83%

Bottom five scores in the National Staff Survey vs Picker average:

HUTH bottom 5 scores vs Picker average	HUTH	Picker Avg
q25a. Care of patients/service users is organisation's top priority	66%	74%
q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation	55%	63%
q6b. Organisation is committed to helping balance work and home life	42%	49%
q25b. Organisation acts on concerns raised by patients/service users	62%	69%
q7b. Team members often meet to discuss the team's effectiveness	55%	61%

Most improved scores:

HUTH most improved scores	HUTH 2023	HUTH 2022
q3h. Have adequate materials, supplies and equipment to do my work	59%	51%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	50%	42%
q23a. Received appraisal in the past 12 months	84%	77%
q8a. Teams within the organisation work well together to achieve objectives	49%	41%
q23b. Appraisal helped me improve how I do my job	27%	19%

Most declined scores:

HUTH most declined scores	HUTH 2023	HUTH 2022
q24a. Organisation offers me challenging work	71%	72%
q13d. Last experience of physical violence reported	66%	67%

q16a. Not experienced discrimination from patients/service users, their relatives or other members of the public	93%	93%
q7i. Feel a strong personal attachment to my team	62%	62%

2.2.5 Whistleblowing



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

Individuals at the Trust are encouraged to raise concerns which are believed to show malpractice or impropriety in a constructive and positive manner. This can contribute constructively to the development and continuous improvement of services.

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

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

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

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

In addition to the legal framework, in 2010 the NHS Staff Council agreed that 'Employees in the NHS have a contractual right and duty to raise genuine concerns they have with their employer about malpractice, patient safety, financial impropriety or any other serious risk they consider to be in the public interest'. This change has been incorporated into the Terms and Conditions of Service Handbook (section 21) for staff employees.

The Francis Report 'Freedom to Speak Up – A review of whistleblowing in the NHS' published in February 2015, clearly indicated that NHS staff did not feel safe raising their concerns about patient care that was being delivered. A key theme of the report was the requirement for openness, transparency and candour about matters of concern; the need for a 'just culture' as opposed to a 'no blame culture'. Sir Francis also recommended the introduction of a 'Freedom to Speak Up Guardian' post as an additional person staff can raise concerns with. In line with national guidance, there has been a Freedom to Speak Up Guardian post at HUTH since 2017.

At HUTH staff are able to follow the 'Raising Concerns at Work (Whistleblowing) policy' (CP169) to raise concerns via internal reporting processes. The policy is managed by the Human Resources team and reviewed regularly in line with Trust processes and changes to relevant legislation. The policy sets out the

process for raising concerns and who the concerns should be raised with, and the different sources of support available for the staff member.

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

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

2.2.6 Freedom to Speak Up



All organisations that provide services under the NHS Standard Contract are required to appoint a Freedom to Speak Up Guardian (FTSUG).

The National Guardian's Office (NGO) train FTSUGs across the healthcare sector and raise the profile of speaking up at a national level. Both the FTSUG role and the NGO were created as a result of the recommendations in Sir Robert Francis QC's report "The Freedom to Speak Up" (2015).

FTSUGs provide dedicated confidential support to permanent and temporary staff, trainees, students and volunteers to encourage speaking up about workplace concerns and/or ideas for improvement. It can be difficult to know how to speak up and the FTSUG also plays a key role in signposting staff to the appropriate staff support services available at the Trust. The FTSUG role acts impartially and provides an option to raise concerns in a confidential manner.

Freedom to speak up supports the NHS People Promise which states:

"We all feel safe and confident when expressing our views. If something concerns us, we speak up, knowing we will be listened to and supported. Our teams are safe spaces where we can work through issues that are worrying us. If we find a better way of doing something, we share it."

"We use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation. We take the time to really listen – beyond the words – to understand the hopes and fears that lie beneath them. We help one another through challenges, during times of change, and to make the most of new opportunities".

The FTSUG role at HUTH is undertaken by the Head of Freedom to Speak Up, Frances Moverley. The role is supported by both an Executive Sponsor and a Non-Executive Director sponsor.

The FTSUG attends and reports directly to the formerly the Trust Board and from January 2024, the newly formed Group Trusts Boards-in-Common (held in public), the Workforce, Education and Culture Committees in Common and the Audit, Risk and Governance Committees in Common. This includes presenting a high level summary of the types of concerns being raised through this role, any learning and the proactive activities undertaken by the FTSUG to promote and raise awareness of speaking up.

The FTSUG has continued to focus on strengthening partnership working across the Trust, with staff support services and the Staff Network leadership teams. The Speak Up Champion Network continues to expand and at present, has 26 trained Speak Up Champions based across the Trust to support their colleagues and encourage speaking up.

As a result of continued engagement and promotion during 2023/24, the Trust has successfully increased the number of referrals to 201, a 101% increase from the 2022/2023 reporting year, which makes the Trust an above average reporter when compared nationally.

During 2023/2024 work continues on the actions within the improvement and strengths plan produced by the Board completing NHS England Self-reflection and Planning tool. In addition the Trust has adopted the Freedom to Speak Up in the NHS national policy, as required by NHS England, and sets out how the Trust supports staff members to speak up about workplace concerns.

2.2.7 Duty of Candour



What is Duty of Candour

The Care Quality Commission (CQC) introduced the Duty of Candour regulation in November 2015. Duty of Candour sets out specific requirements that providers must follow when things go wrong with a patient's care and treatment. Requirements include informing people about the incident, providing a truthful apology and providing feedback to patients following the investigation of the incident.

How is the Trust Implementing Duty of Candour?

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

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

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

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

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

Duty of Candour compliance

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

It is recognised that further assurances are necessary to ensure compliance rates meet 100% for incidents that have met the threshold where the application of Duty of Candour is required. A recent review of the systems and processes in place for Duty of Candour identified elements requiring improvements to address issues that affect the timescales in providing a written apology. This work will continue into 2024/25.

2.3 Statements of Assurance from the Board

This section covers:

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

2.3.1 Review of services



During 2023/24 the Hull University Teaching Hospitals NHS Trust provided and /or subcontracted a range of services within 7 service categories within the standard contract. The Trust has reviewed all the data available to them on the quality of care in the provision of these NHS services. The income generated by the NHS services reviewed in 2023/24 represents 100% of the total income generated from the provision of NHS services by the Hull University Teaching Hospitals NHS Trust for 2023/24.

2.3.2 Clinical audits



What is a clinical audit?

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

Participation

During 2023/24, 54 national clinical audits and 3 national confidential enquiries covered NHS services that Hull University Teaching Hospitals NHS provides.

During that period Hull University Teaching Hospitals NHS Trust participated in 94% of the national clinical audits and 100% of the national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Hull University Teaching Hospitals NHS Trust was eligible to, and participated in during 2023/24 are listed below.

The national clinical audits and national confidential enquiries that Hull University Teaching Hospitals NHS Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry is listed in the last column.

Audit:	Participated	% of Cases Submitted
National Neonatal Audit Programme (NNAP)	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	100%
National Perinatal Mortality Review Tool (PMRT)	✓	100%
National Paediatric Diabetes Audit (NPDA)	✓	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	✓	100%
National Child Mortality Database	✓	100%
Paediatric Intensive Care Audit (PICANet)	✓	100%
Care of Older People (RCEM)	✓	100%
Mental Health Self Harm (RCEM)	✓	100%
National Emergency Laparotomy Audit (NELA)	✓	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)	✓	100%
Adult Critical Care (Case Mix Programme – ICNARC)	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	✓ ✓ ✓	Ongoing
a. Adult Asthma Secondary Care		
b. Chronic Obstructive Pulmonary Disease Secondary Care		
c. Paediatric Asthma Secondary Care		
National Audit of Care at the End of Life (NACEL)	✓	Ongoing
Audit of Blood Transfusion Against NICE Quality Standard 138	✓	100%

Audit:	Participated	% of Cases Submitted
Bedside Transfusion Audit	X	N/A
Serious Hazards of Transfusion UK National Haemovigilance Scheme	✓	100%
Perioperative Quality Improvement Programme	X	N/A
National Acute Kidney Injury Audit	✓	100%
UK Renal Registry Chronic Kidney Disease Audit	✓	100%
National Diabetes Core Audit	✓	100%
National Diabetes in Pregnancy Audit	✓	100%
National Diabetes Footcare Audit	✓	75%
National Diabetes Inpatient Safety Audit	✓	100%
Improving Quality in Crohn's and Colitis (IQICC) / IBD Registry	X	Non-participation due to the cost of the software. The Registry is closing on 31 March 2024
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	✓	Ongoing
UK Cystic Fibrosis Registry	✓	100%
National Ophthalmology Database Audit	✓	Ongoing
National Audit of Dementia	✓	100%
Adult Respiratory Support Audit	✓	100%
National Joint Registry (NJR)	✓	100%
National Audit of Percutaneous Coronary Interventions (PCI)	✓	97%
National Vascular Registry	✓	100%
Adult Cardiac Surgery Audit (ACS)	✓	100%
Breast and Cosmetic Implant Registry	✓	100%
Elective Surgery (National PROMs Programme)	✓	100%
National Bariatric Surgery Registry	✓	66%
National Obesity Audit (NOA)	✓	100%
Myocardial Ischaemia National Audit Project (MINAP)	✓	100%
National Heart Failure Audit	✓	100%
Cardiac Rhythm Management (CRM)	✓	100%
National Audit of Mitral Valve Leaflet Repairs (MVLRL)	✓	100%
UK Transcatheter Aortic Valve Implantation (TAVI)	✓	100%
National Cardiac Arrest Audit (NCCA)	✓	100%
Lung Cancer (National Lung Cancer Audit)	✓	100%
Bowel Cancer (National Bowel Cancer Audit Programme)	✓	100%
National Gastro-Intestinal Cancer Audit Programme (GICAP)	✓	100%
National Prostate Cancer Audit	✓	100%
Major Trauma (Trauma and Audit Research Network)	✓	The University of Manchester (UoM) switched off the TARN platform and allied resources, such as the TARN website, in June 2023 because of the cyber breach. The Trust continued to collect data locally using the nationally established dataset.

Audit:	Participated	% of Cases Submitted
Falls and Fragility Fractures Audit Programme (FFFAP)		
a. National Audit of Inpatient Falls	✓	100%
b. National Hip Fracture Database	✓	
Acute Stroke (Sentinel Stroke National Audit Programme - SSNAP)	✓	Ongoing
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study		
Endometriosis	✓	50%
End of Life Care	✓	100%
Juvenile Idiopathic Arthritis	✓	Ongoing

The Trust was a positive outlier for 3 audit programmes between 1 April 2023 and 31 March 2024 as detailed below:

- National Neonatal Audit Programme (NNAP) The Trust was identified as outstanding for the audit measure – Two Year Follow-up, which the Trust was measured at 95.2% compared with the national average of 74.4%
- National Neonatal Audit Programme (NNAP) The Trust was identified as outstanding for the audit measure – Temperature, which the Trust was measured at 93.5% compared with the national average of 76.3%
- National Audit of Seizures and Epilepsies in Children and Young People. The Trust was identified as outstanding for the audit measure – ESN input, which the Trust was measured at 100% compared with the national average of 77%

Actions

The reports of 19 national clinical audits were reviewed by Hull University Teaching Hospitals NHS Trust in 2023/24 and Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Audit	Proposed Actions
National Emergency Laparotomy Audit (NELA)	<ul style="list-style-type: none"> • The lack of a Care of the Elderly Specialist post was added to the Risk Register last year and taken forward by the Health Group team. • To undertake an audit looking at patient delays to theatre due to the reduction in pre-operative input by Consultant Surgeons at Hull Royal Infirmary. • To undertake an audit on unplanned admissions to Critical Care at Castle Hill Hospital. • To review the unplanned returns to theatre (General Surgeons).
National Chronic Obstructive Pulmonary Disease Audit (COPD) (National Asthma & COPD Audit Programme)	<ul style="list-style-type: none"> • Funding has been made available for a new smoking cessation team at the Trust. This should help to address the indicators relating to smoking for both adult asthma and COPD. • Spirometry tests are undertaken in primary care and therefore not routinely done on admission. This also means that results are not always available. Work is still ongoing to look at accessing spirometry results in primary care.
National Lung Cancer Audit	<ul style="list-style-type: none"> • To implement a new specialist multi-disciplinary team meeting for Non-small Cell Lung Cancer IIIA and IIIB patients
National Audit of Percutaneous Coronary Interventions (PCI)	<ul style="list-style-type: none"> • To complete an audit on intravascular ultrasound imaging during PCIs. • To increase the number of same day discharges for elective PCIs.
Myocardial Ischaemia National Audit	<ul style="list-style-type: none"> • To speak to Consultants and junior doctors to ensure all medications are

Audit	Proposed Actions
Project (MINAP)	<p>documented on the Immediate Discharge Letter.</p> <ul style="list-style-type: none"> To speak to Consultants and Junior Doctors to ensure all echocardiograms are documented on the Immediate Discharge Letter.
National Neonatal Audit Programme (NNAP)	<ul style="list-style-type: none"> To complete a QIP regarding parental first consultation and parental attendance on consultant ward rounds. To complete a QIP regarding own mothers milk feeding in babies. To review the neonatal staffing charter. To complete an audit against Saving Babies Lives CBV3 Standards for Caffeine and Volume Guided Ventilation use in Premature Infants Admitted to Hull NICU during the CNST Monitoring Period.
National Joint Registry (NJR)	<ul style="list-style-type: none"> To review the casenotes of patients receiving hip revisions, to determine if they were discussed at a multi-disciplinary team meeting, prior to the revision surgery
National Hip Fracture Database	<ul style="list-style-type: none"> To introduce the 'golden patient' where an identified patient goes first on the theatre list To add information regarding 'no pressure ulcer' and 'no reoperation' to discharge letters To discuss general anaesthetic and nerve block with the ICU Consultants, to determine how to improve compliance
National Paediatric Diabetes Audit	<ul style="list-style-type: none"> To continue using technology to improve care of children with diabetes. To improve additional 4+ HbA1c measurement check. To commence getting all albuminuria samples done in clinic To ensure that all annual reviews are done in the first half of the year. This will ensure all Did Not Attend (DNA) patients are still seen within the year.
National Prostate Cancer Audit	<ul style="list-style-type: none"> No further action required.
National Oesophago-Gastric Cancer Audit	<ul style="list-style-type: none"> To continue undertaking more laparoscopic surgery as this reduces length of stay by up to two days. To continue with efforts to recruit further pathologists to help address the issue of low lymph node examinations.
National Vascular Registry	<ul style="list-style-type: none"> To continue to pursue the plans for a hybrid theatre To continue to pursue the creation of anaesthetic pre-assessment sessions
National Audit of End of Life Care	<ul style="list-style-type: none"> To improve recognition of dying through education. To develop an electronic care plan for dying patients in Nerve Centre and to include sections regarding discussions about anticipatory medications and side –effects. To ensure end of life training is included in induction training and priority training for staff who will be caring for patients at the end of life. To promote advance care planning discussions and sharing of advance care plans via the Electronic Palliative Care Coordination System (EPaCCS) To establish links with the medical examiners service to ensure that if requested, carer and family feedback can be obtained for subsequent round of audit.
National Audit of Dementia	<ul style="list-style-type: none"> To introduce a Pain Assessment Tool for use across the Trust. To present a business case at the Nutritional Steering group to introduce a finger food menu across the Trust. To liaise with the Digital Team to convert the Delirium Screening and Pain Assessment tools to digital forms. To liaise with the Digital Team to ensure Delirium Screening and Pain Assessments are made mandatory screening questions. A3 laminated posters regarding pain assessment and general management of pain, the Abbey Pain Assessment Tool (including QR

Audit	Proposed Actions
	<p>codes for the SOP, the record chart and guide to opioid prescribing) to be distributed to every ward and department across the Trust to be prominently displayed on the ward.</p> <ul style="list-style-type: none"> • To create credit card sized laminated guides which can be carried in ID badges regarding pain assessment tools and the basic analgesic ladder. 300 have been produced so far, to be distributed to staff on the wards and at the Link Nurse meetings. • To request that Pain Assessment is made mandatory on Nervecentre with routine clinical observations for all patients. The team are currently working with the digital team to ensure that pain is featured in the list of categories in the clinical handover and also in the Nursing assessments • To work with ICU to ensure that appropriate assessment is conducted for all patients, including those ventilated or sedated, with the possibility of developing a QR code for the on-line Critical Care Observation (CPOT) tool. • To post a blog on the intranet explaining pain assessment scales and the types of tools which are used in the Trust. • To arrange a Pain Link Nurse meeting, where pain assessment and specific training on the Abbey Pain Assessment tool, will feature. • To complete a snapshot survey of staff knowledge regarding pain assessment to collect baseline data. This will be repeated to evaluate improvements
National Audit of Bowel Cancer	<ul style="list-style-type: none"> • To undertake a QIP to look at the number of patients having laparoscopic surgery attempted. • To undertake a QIP on patients who have not seen a nurse specialist to understand why.
ICNARC Case Mix Programme	<ul style="list-style-type: none"> • Unit acquired blood infections - data is coded (by interpreting written clinical notes) and input by non-clinical staff. To improve data quality, medical staff to review this information. • To improve data quality for unit acquired blood infections The Trust has re-enrolled in a Health Protection Agency project where microbiologists state the source of the infection. • To undertake infection control awareness training, promoting standards in terms of handwashing, changing gloves etc
NCEPOD Community Acquired Pneumonia	<ul style="list-style-type: none"> • Gap analysis underway
NCEPOD Crohn's Disease	<ul style="list-style-type: none"> • Gap analysis underway
NCEPOD Testicular Torsion	<ul style="list-style-type: none"> • Gap analysis underway

The reports of local clinical audits were reviewed by the provider in 2023/24. For a full list of the proposed actions Hull University Teaching Hospitals NHS Trust intends to take following local audits reviewed during 2023/24, please see the Clinical Audit Annual Report. This can be requested via the Quality Accounts email address.

2.3.3 Clinical research



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

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Hull University Teaching Hospitals NHS Trust (HUTH) in 2023/24 that were recruited during that period to participate in research approved by a research ethics committee or Health Research Authority was **4,833**.

Clinical Research Network – National Institute Health Research portfolio

There were **4,776** participants recruited onto **193** National Institute Health Research (NIHR) portfolio adopted studies. Specifically, we would like to highlight the following:

- Participant recruitment for 2023-24 achieved the target set by our clinical research network (Yorkshire and Humber) representing notable value for money and impact on the local community.
- Our overall portfolio recruitment for 2023-24 ranked the Trust sixth in Yorkshire and Humber.
- The Trusts commercial activity is also ranked second highest in the network with 54 studies (recruiting 351 participants) showing a commitment to delivering for the Life Sciences Industry post-pandemic.
- Respiratory Diseases was the top recruiting specialty in the Trust's portfolio with the 'Hull Lung Health' cohort study and a broad range of interventional drug studies.
- Notable activity areas to highlight based on recruitment figures include; Endocrinology, Respiratory and ENT (ranked 1st across Yorkshire and Humber), Renal and Hepatology (ranked 2nd across Yorkshire and Humber), Diabetes, Haematology, Cardiovascular, Surgery, (ranked 3rd across Yorkshire and Humber), Gastroenterology, Cancer, Infection, Trauma and Emergencies (ranked 4th across Yorkshire and Humber).
- The Trust continues to deliver a broad research portfolio with **193** active and open portfolio studies, ranked third highest in the network.
- In the annual Participant in Research Experience Survey (PRES) 98% of our research participants feel that they are fully prepared for their research experience by our research staff and feel valued when taking part in our research. 100% of our research participants feel they are always treated with courtesy and respect by staff and 96% would take part in further research trials.

2023-24 has again illustrated the significance of the step-wise increase in Trust-led research undertaken nationally, which is providing the catalyst for the Trust's planned expansion of research capability and capacity. We have seen another year of the tireless efforts of all staff (research and non-research) in ensuring all possible opportunities to participate have been made available for our patients, staff and carers.

Commercial Research Activity

The following table illustrates the commercial research activity as of 25th April 2024:

Recruitment by Trust FY2324 (data cut 26/04/2024)

Recruitment



Recruiting Studies



Research Activity Performance Summary

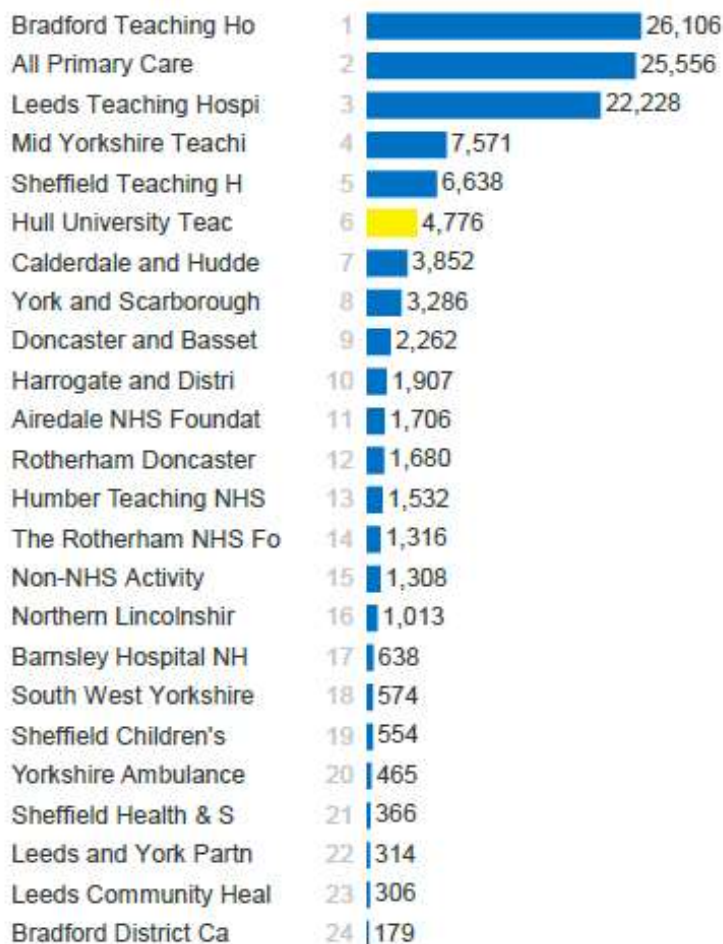
The following tables detail the research activity performance as of 25th April 2024:

Recruitment Summary FY2324 (data cut 25/04/2024)

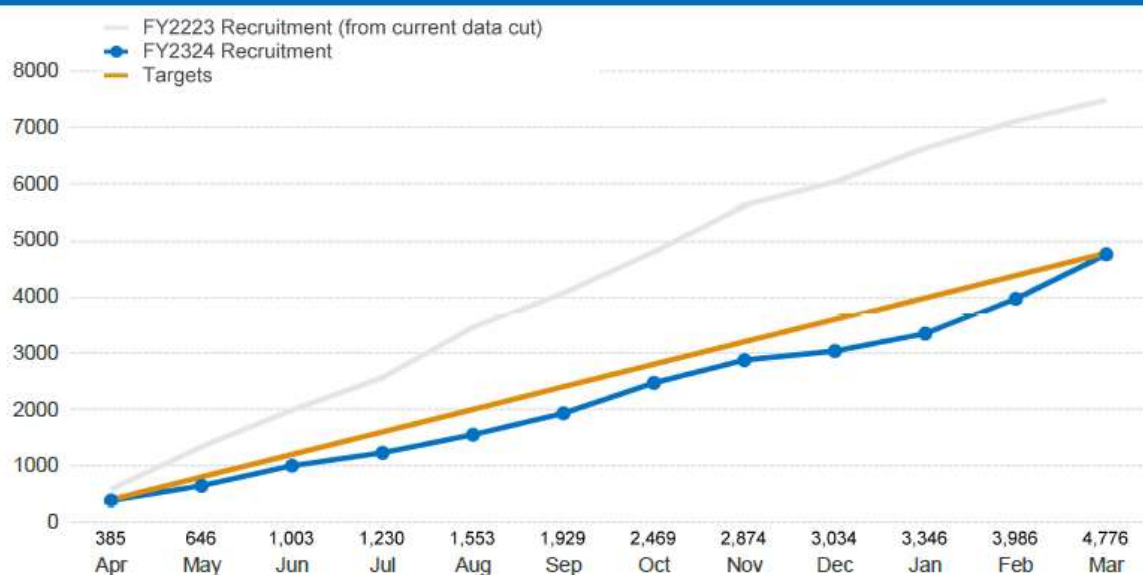
Recruitment	Total: 4,776
Percentage of YTD Recruitment Targets *	100%
Percentage of Year End Recruitment Targets **	100%
Trust Share of LCRN Recruitment	4.1%
Commercial : Non-Commercial Recruitment Ratio	7% : 93%

LCRN Recruitment FY2324 (data cut 25/04/2024)

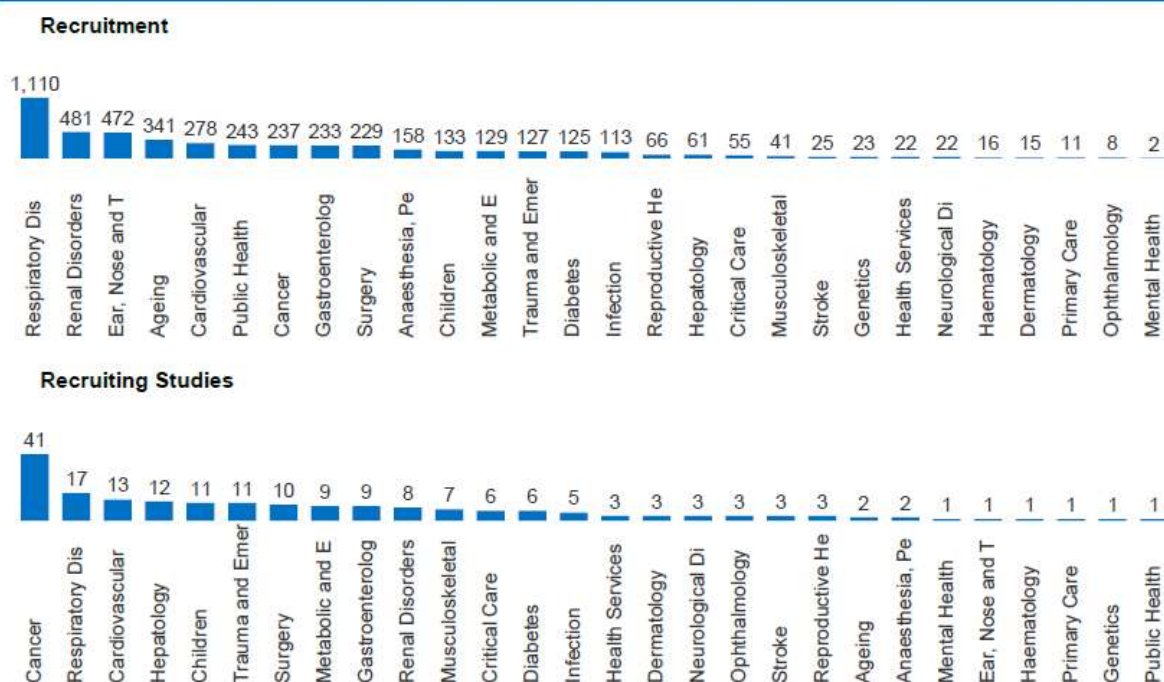
Recruitment



Monthly Recruitment Trend (data cut 25/04/2024)



Recruitment by Specialty FY2324 (data cut 25/04/2024)



Celebrating Research Success in 2023-24

- Establishing research programmes with the potential to positively impact our key performance and quality indicators** – February 2024 saw the launch of the Born and Bred (BaBi) in Hull and East Yorkshire study. Families across Hull and the East Riding are being invited to help shape a healthier generation by taking part in a unique study. The BaBi project is a significant study specifically looking at children's health in their early years. We want to connect up all the information which health, education, social care and other organisations hold about young children and families to try and identify patterns which could then drive improvements in the lives of the next generation and beyond. External support funding has been secured for this initial work and discussions are ongoing with maternity services and external partners (University of Hull and Hull City Council) about how we can maximise the benefits of this cohort work. A Research Midwife is taking a pivotal role in leading this work with over 200 participants recruited in the first eight weeks.
- Northern Powerhouse Life Sciences Team** – HUTH RDI Team, in conjunction with the University of Hull and Hull City Council, had the pleasure of welcoming a delegation from the Northern Powerhouse (NPH). The NPH is the government's vision for a super-connected, globally-competitive northern economy with a flourishing private sector, a highly-skilled population, and world-renowned civic and business leadership. Through investment in research and development, the NPH is committed to supporting science and innovation in the North. The visit provided an opportunity to showcase a fraction of our research capabilities forged from our core academic partnerships with Hull York Medical School, the University of Hull and the Daisy Appeal with a tour of the CHH campus which included visits to the Daisy Laboratories outlining our collaborations on 'Lab on a Chip' microfluidics work and extensive wound healing research programmes; Ward 7 and the growing Infection Research Group vaccine and OMICS research capabilities and the Molecular Imaging Research Centre (MIRC), demonstrating our strong and unique proposition of access to on-site radiochemistry and cyclotron unit – allowing us to specialise in systemic diseases and drug development research. The NPH were truly impressed with our research offering to the Life Sciences Industry and has already promoted our capabilities to the extensive network of industry partners and contacts, ensuring our work can expand for the benefit of everyone.

- **Exploiting our research potential (OMICS Research)** - HUTH, in collaboration with the University of Hull, has been awarded a PromethION24 (approx. £400k), via the MRC World Class Labs funding scheme. This device uses nanopore DNA/RNA sequencing technology to sequence DNA/RNA in real-time and supports metagenomics, whole genome sequencing (WGS) and transcriptomics. Clinicians at HUTH are applying "omics" to a range of clinical samples, which has resulted in local expertise with an established bioinformatics pipeline at HUTH. Importantly, the technology will increase research participation opportunities for local patients, who live in an area with high disease burden.
- **Exploiting our research potential (Home-grown research)** – As our research activity and workforce capacity incrementally expand, our success in securing externally funded grant income from the NIHR continues. We can now boast to lead multi-centre national research in the areas of Vascular Surgery, Gastroenterology (IBD and Hepatology), Renal, Orthopaedics, Respiratory, Infection and Haematology and Cardiothoracic Surgery and Rehabilitation with over £1.6m of NIHR research funding in the last 12 months.
- **Global and European Firsts Commercial Research** – the achievement of Global and European first participants into trials is now considered an indicator within the NIHR Outcomes Framework (NOF) Economic Benefit domain, as it is a measure/indicator of the global competitiveness of the UK's research system. HUTH is proud of achieving multiple European and UK first trial participants in commercially led research (Endocrinology, Renal, Respiratory, Hepatology, Rheumatology, and Paediatrics).

Progress on key Research, Development and Innovation (RDI) strategic priorities in 2023-24

- **Increasing research capacity in our workforce** – HUTH continued to work towards securing additional research capability and capacity. Areas supported by additional funding in 2023-24 include; Imaging, Pathology, Pharmacy, Paediatrics and Reproductive Health.
- **Research Workforce Strategy** – HUTH is currently supporting 7 staff through a pathway to obtain PhDs (4 nurses, 2 AHPs and 1 medic) including projects commencing in the areas of ultrasound services, plastic surgery/infection and wound management, physiotherapy and liver disease. 4 RDI funded Clinical Research Fellows have continued to work on the delivery of research programmes (including endometriosis, wound management, chronic endocrine conditions and artificial intelligence). 5 nursing staff have had successful applications to PG Cert Research Courses that commenced in September 2022.
- **Professorship promotions at UoH/HYMS** – in 2023-24 there have been several professorship promotions including Prof Gavin Barlow (Infection), Prof Dumbor Ngaage (Cardiothoracic Surgery) and Prof Mike Crooks and Prof Simon Hart (Respiratory). These will serve to enhance research activities and awareness in these core specialties and facilitate further building of critical mass.
- **Strategic Bid for NMAHP Research Engagement Initiative** – the Trust received CRN funding for a 2023-24 project to look at how best to engage NMAHP staff in Research. The deliverables from this work will include a nursing, midwifery and AHP research strategy that will form part of the wider Group research strategy, a peer-to-peer forum to signpost, support and mentor nursing and AHP staff on their early career research journeys as well as tools for how to get involved in delivering and designing research projects and seeking funding.

- **NIHR Capital Funding Bids** – HUTH successfully secured over £500k of capital funding for research equipment and associated building refurbishment costs. This bid will help enhance facilities and capabilities across several research areas including rehabilitation (CDP/IVR System Computerised Dynamic Posturography System), Diabetes and Endocrinology (Fibroscan), Gastroenterology and Hepatology (-80 Freezer, Incubator and GridION Mk1 CapEX sequencing device) and Vascular (Ultrasound and Shockwave machines).
- **Research communications and engagement strategy: HUTH RDI Newsletter** – a monthly update on research successes, publications, funding opportunities and career development pathways is helping to raise awareness of our research activities and is helping to encourage other staff to engage positively. A Group newsletter is planned in 2024-25 to ensure that the achievements of both NLaG and HUTH are promoted.
- **Exploiting our innovation potential:** As part of joint University of Hull (UoH) and Trust initiative, Aarthi Rajendran, commenced in post as 'Health Innovation Manager' in April 2022. Aarthi is crucial in identifying our collective innovation assets as well as pulling together the prioritisation of innovation projects that would harness the academic and clinical synergies of our partnerships. Projects and themes emerging over the last year include; 3D anatomical printing, virtual wards, rehabilitation, use of AI in clinical radiology and simulation training and mobile healthcare technology solutions.
- **Humber and North Yorkshire Integrated Care Board (ICB)** – As the largest provider Trust and most active research partner, HUTH is taking a proactive approach in shaping the establishment of a HNY ICB 'Research Collaborative' with a view to prioritising a formal governance pathway for joint research and innovation activities and identifying projects that can be jointly delivered for the mutual benefit of patients in our region. HUTH and NLaG have been representing the Group in Innovation, Research and Improvement System (IRIS) 'Communities of Practice' forums for research and innovation as we seek to influence the HNY ICB research strategy.
- **Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)** – in parallel to the provision of plans to ensure HUTH and NLaG clinical pathways and synergies are realised, the RDI Teams at both organisations are now implementing plans with regards to how we might pool resources, expand research programmes across both sites and streamline governance pathways. This work will also be critical to our respective and joint influence within the research and innovation strategies of the HNY ICB. Some of the short to longer term structural, operational and strategic work programmes that will be considered throughout 2024-25 under the Group Structure include:
 - A Group research leadership and management model (effective from 01/04/2024)
 - Development of a Group Research Strategy
 - Alignment of research governance, finance, engagement and promotion activities.
 - Increasing joint capability and capacity to maximise opportunities for patients (including 'home-grown' research for vulnerable patient cohorts).
- **University of Hull/HYMS** – Our portfolio of research is, in large part founded on partnerships between our local universities (Hull and York via HYMS) and those partnerships are stronger than ever. We offer a wide clinical base within which to study the conditions which most affect our communities. By working together with our core academic partners and patients, we can ensure we improve their health, while developing research that can be applied nationally and globally.

How our joint research is making a difference:

1. [Unlocking the genetic code of blood cancer | Hull York Medical School \(hyms.ac.uk\)](#) – Dr David Allsup's research means that treatment can be personalised based on a patient's genetic makeup.
 2. [Researchers revolutionise type 1 diabetes management with flash glucose technology | Hull York Medical School \(hyms.ac.uk\)](#) – Led by Professor Thozhukat Sathyapalan and Dr Harshal Deshmukh, people with type 1 diabetes now have the Freestyle Libre device through the NHS to manage their diabetes effectively.
 3. [Addressing the silent killer: Revolutionising diabetic foot ulcer healing with shockwave therapy | Hull York Medical School \(hyms.ac.uk\)](#) – Ms Louise Hitchman is making waves in improving diabetic foot ulcer healing - a stark marker of advance stage of the disease.
 4. [Research reveals the crucial role of the skin microbiome in wound healing and antimicrobial resistance | Hull York Medical School \(hyms.ac.uk\)](#) – Research in laboratories in the Daisy Building at Castle Hill Hospital is paving the way in skin and wound healing.
 5. [Research trial aims to revolutionise antifungal treatment for patients with acute leukaemia | Hull York Medical School \(hyms.ac.uk\)](#) – A study led by Professor Gavin Barlow will seek to identify the most effective to prevent and detect fungal infections in patients with acute leukaemia.
 6. [Revolutionising asthma care cuts blue inhaler reliance and carbon emissions | Hull York Medical School \(hyms.ac.uk\)](#) – A project led by Professor Mike Crooks is improving appropriate use of inhalers, leading to a huge reduction in the use of blue SABA inhalers.
 7. [Trial investigates whether vacuum dressings accelerate healing of open surgical wounds | Hull York Medical School \(hyms.ac.uk\)](#) – Professor Ian Chetter is leading a trial that could help patients suffering from open wounds.
- **BAME and Research Ready Communities initiatives** – work led by Jenny Ubi is looking at how best we can provide opportunities to engage BAME and socially deprived communities in research participation. Working alongside the NIHR Ethnic Minority Research Inclusion (EMRI) colleagues, Jenny is making a real impact in this area and is working closely with the commercial research companies to ensure BAME representation is increased. Trials activity is increasing as a direct result of this initiative.

2.3.4 Goals agreed with Integrated Care Board



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

Use of the CQUIN payment framework

A proportion of Hull University Teaching Hospitals NHS Trust income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between the 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 financial value of CQUIN in 2023/24 is 1.25% of the annual contract value. The CQUIN financial incentive has been applied on the five most important indicators for each contract (5 main contract, 1 specialized commissioning contract) as agreed by commissioners.

It is anticipated that the CQUIN scheme for 2024/25 will not be mandated and will be a change from the previous contract requirements. There will be no central data collection by NHS England, under their current plans. The ICB may request local mandated reporting to continue. Specialised commissioning have advised that they do not plan for their CQUINs to continue.

The CQUIN scheme for 23/24 was:

- **CQUIN01: Flu vaccinations for frontline healthcare workers**
Achieving 80% uptake of flu vaccinations by frontline staff with patient contact
- **CQUIN02: Supporting patients to drink, eat and mobilise (DrEaM) after surgery**
Ensuring 80% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.
- **CQUIN03: Prompt switching of intravenous to oral antibiotic**
Achieving 40% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria.
- **CQUIN04: Compliance with timed diagnostic pathways for cancer services**
Achieving 55% of referrals for suspected prostate, colorectal, lung, oesophagogastric, head & neck and gynaecological cancers meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways
- **CQUIN05: Identification and response to frailty in emergency departments**
Achieving 30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up.
- **CQUIN06: Timely communication of changes to medicines to community**
Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.
- **CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions**
Achieving 30% of unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes

- CQUIN08 Achievement of revascularisation standards for lower limb Ischaemia**
 Following guidance published by the Vascular Society, to reduce the delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia, and in turn to reduce length of stay, in-hospital mortality rates, readmissions and amputation rates.
- CQUIN09 Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres**
 The percentage of patients commencing treatment within 4 weeks of referral to ODN
- CQUIN10: Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway**
 Achieving 85% of adult patients with non-small-cell lung cancer (NSCLC) stage I or II and good performance status (WHO 0-2) referred for treatment with curative intent, as per the NICE QS17 recommendation.
- CQUIN11: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery**
 The level of patient satisfaction with shared decision making conversations – as measured by patient scores on internationally validated patient questionnaires – at key decision points in specialised pathways
- CQUIN12: Assessment and documentation of pressure ulcer risk**
 Achieving 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.

The table below outlines the CQUINs achieved for 2023/24:

Key	
	Maximum target achieved or exceeded
	Minimum target achieved
	Target not achieved

	Min	Max	Q1	Q2	Q3	Q4	Full Year performance
CQUIN01: Flu vaccinations for frontline healthcare workers	75%	80%	N/A	N/A	40%	54%	54%
CQUIN02: Supporting patients to drink, eat and mobilise (DrEaM) after surgery	70%	80%	90%	69%	76%	84%	80%
CQUIN03: Prompt switching of intravenous to oral antibiotic (Target: Lower is better)	60%	40%	13%	20%	12%	23%	17%
CQUIN04: Compliance with timed diagnostic pathways for cancer services	35%	55%	32%	38%	40%	43%	38%
CQUIN05: Identification and response to frailty in emergency departments	10%	30%	58%	48%	33%	36%	44%
CQUIN06: Timely communication of changes to medicines to community pharmacists	0.5%	1.5%	2.34%	3.39%	4.15%	3.51%	3.35%
CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions	10%	30%	61.5%	75.86%	73.08%	59.0%	67.36%

CQUIN08: Achievement of revascularisation standards for lower limb Ischaemia	45%	65%	72.%	57%	83%	N/A	N/A
CQUIN09: Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres	60%	75%	N/A	N/A	N/A	N/A	N/A
CQUIN10: Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	80%	85%	92.86%	100%	93.5%	100%	96.6%
CQUIN11: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	65%	75%	N/A	73%	N/A	72%	73%
CQUIN12: Assessment and documentation of pressure ulcer risk	70%	85%	24%	22%	50%	65%	40%

Unfortunately, the Trust did not meet the minimum threshold for CQUIN12 to be able to evidence achievement of 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks. Whilst our performance improved during the course of the year, with 65% compliance in Quarter 4, we did not meet the minimum threshold. The Tissue Viability team have regular meetings with wards an action plan is in place progress has been made, with ongoing work with the digital team to improve collection of information.

The Trust met the minimum thresholds for CQUIN 4 and CQUIN 11. The Trust notes its efforts for flu vaccinations did not meet the minimum threshold, but delivered above the regional and national average. It is positive that for two areas where the Trust did not pass the CQUIN threshold in 2022/23, these have been met in 2023/24 for:

CQUIN02: Supporting patients to drink, eat and mobilise (DrEaM) after surgery; and

CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions.

Increasingly as the Trust's data capabilities have been enhanced, including electronic patient records, we will be able to draw this information from source as opposed to rely on manual records. Our systems now have inbuilt prompts which enforce our recording of patients drinking, eating and mobilising post surgery.

2.3.5 What others say about the Trust: Care Quality Commission



About the Care Quality Commission

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

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

The eight core services are:

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

The four additional services are:

- Gynaecology
- Diagnostic Imaging
- Rehabilitation
- Spinal Injuries

Statement of compliance with the Care Quality Commission

Hull University Teaching Hospitals NHS Trust is required to register with the CQC and in 2023/24 our registration status had two additional conditions on its registration under a Section 31 Notice in Maternity Services. The CQC has not undertaken enforcement action during the period.

The conditions on registration for maternity services require the Trust to:

- i. implement an effective system for managing and responding to patient risk to ensure all mothers and babies who attend Hull Royal Infirmary are cared for in a safe and effective manner and in line with national guidance. The registered provider must operate an effective clinical escalation system to ensure every woman attending the hospital are triaged, assessed, and streamlined in a timely manner by appropriately skilled and qualified staff;
- ii. implement an effective risk and governance system, with individual prompts covering oversight, incident management and shared learning.

The Trust responded to the Section 31 notice for Maternity Services and provided an action plan to address concerns. Progress is submitted to the CQC monthly and monitored also by the ICB and NHSE monthly. Further update to our progress in maternity is documented on **page 79**.

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

Current CQC ratings

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate ↓ Mar 2023	Requires Improvement ↓ Mar 2023	Good ↔ Mar 2023	Requires Improvement ↔ Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↔ Mar 2023

The CQC inspected Hull University Teaching Hospitals NHS Trust during 2022/23. The inspection was undertaken in November 2022 of Urgent and Emergency Services, Surgery and Medicine. The Well-led inspection was undertaken in December 2022. The Trust's overall rating remains as 'Requires Improvement'. The report was published in March 2023.

Several significant changes were published in the report with the Trust receiving 'Inadequate' ratings for Urgent and Emergency Services in the Safe, Effective, Responsive and Well-Led domains. Surgery also received at 'Inadequate' rating for the Safe domain. In addition, Surgery and Medical care was downgraded to reflect "Requires Improvement" ratings for the Effective, Responsive and Well-Led domains.

The following details the ratings against each of the core services that take place at individual sites including the Maternity visit which was reported on 9 August 2024:

Hull Royal Infirmary

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Medical care (including older people's care)	Requires improvement	Requires improvement	Good	Requires improvement
Services for children & young people	Requires improvement	Good	Good	Good
Critical care	Good	Good	Good	Requires improvement
End of life care	Good	Good	Good	Good
Maternity	Inadequate	Good	Good	Inadequate
Outpatients	Good	Not rated	Good	Requires improvement
Surgery	Inadequate	Requires improvement	Good	Requires improvement
Urgent and emergency services	Inadequate	Inadequate	Requires improvement	Inadequate

Castle Hill Hospital

Overall rating	Inadequate	Requires improvement	Good	Outstanding
Medical care (including older people's care)	Requires improvement	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	Requires improvement
End of life care	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement
Surgery	Inadequate	Requires improvement	Good	Requires improvement

Trust response to CQC actions

March 2023 report incorporating Urgent and Emergency Services, Medical care and Surgery

The 2023 report contained 51 'Must do' and 16 'should do' actions across both sites. The Trust structured these into a robust action plan incorporating a total of 194 actions.

These have been subject to Health Group and Executive oversight during the course of the year. In addition, the progress against plans has been reported to the monthly Quality Improvement Group which is chaired by NHS England (North East & Yorkshire) and NHS Humber and North Yorkshire ICB, with attendance by the CQC. This group receives progress against the actions but has a work plan to review outcome measures over the course of the year to ensure that actions are being sustained.

The Trust has already made significant progress with completing 78% of the action plans as at 31 March 2024. Progress on actions are as follows:

Actions completed with evidence of completion provided	153
Actions implemented with ongoing monitoring	38
Actions not yet due but on track	0
Actions overdue	3

There are two actions within our Surgery action plan still to implement. In addition, the Trust continues work to reconfigure the Ground floor model at the Hull Royal Infirmary.

Our action plans were subject to an independent review by the Trust's Internal Auditors in 2023/24 which provided reasonable assurance and for 35/35 actions reviewed were satisfied with the process and supporting evidence to sign these off as complete.

During the course of the year, the NHSE Quality Improvement Group has received progress updates against the action plan, in addition to detailed updates in respect of:

- **Staff training** – this was a consistent theme across services reviewed but the Trust is now ahead of its mandatory training targets, with the exception of resuscitation training which is on a trajectory to meet compliance in August 2024.
- **Nurse Staffing** – the status of nursing establishments, which during 2023/24 have been over established by c.120WTE Register Nurses across our theatres, wards and Emergency Department. This has been achieved by successful long term workforce planning including engagement with local colleges and universities.
- **Falls** – to monitor the reduction in both volume and harm of falls in the Trust. This included a reduction of greater than 50% of falls resulting in a FNOF since summer 2023.
- **Theatres Oversight group improvement** – the progress made against underpinning workstreams in respect of: NatSIPS2 (National Safety Standards for Invasive Procedures); Consent; Medicine management; IPC- Infection prevention control; and Never Events.
- **Nutrition and Hydration** – The work to provide better food provision to those patients waiting in the Emergency Department and steps to achieve compliance with NHSE National Standards for healthcare food and drink issued in November 2022.
- **Patient Safety Incident Response Framework** – The Trust was an early adopter and has concluded outstanding Serious Incident (SI) investigations and undertaken thematic reviews and after action reviews.
- **Emergency Department deep dive** – To monitor improvements in Emergency Department outcomes and receive updates on the ICB assurance visits. This includes the improved performance and reduction in patient harm during the winter 2023/24, including after the period that the Trust opened the Urgent Treatment Centre on the HRI site in February 2024.

August 2023 Maternity Services report

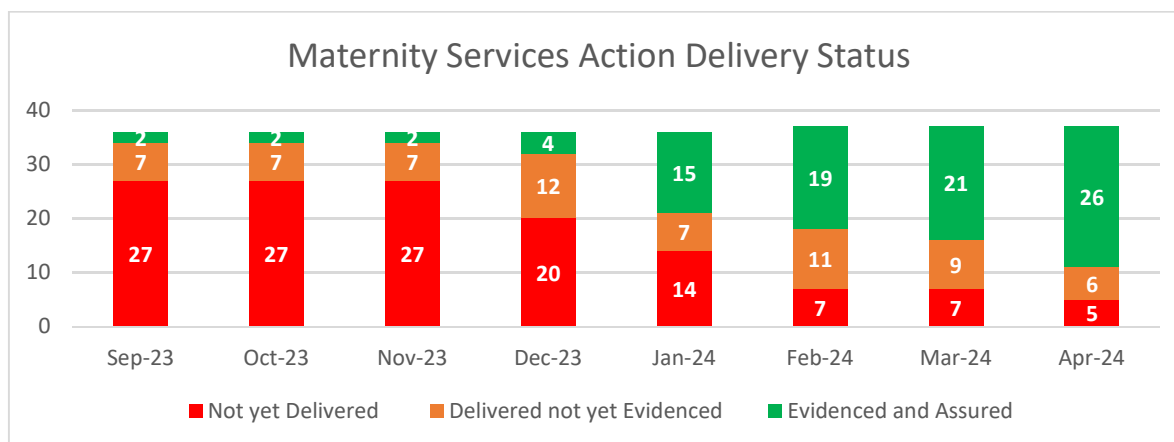
The CQC inspected the maternity service at Hull University Teaching Hospitals NHS Trust in March 2023 as part of its national maternity inspection programme. This was a focused inspection of the maternity service, looking only at the safe and well-led key questions.

Following the inspection the Trust was required to respond to urgent concerns, including action plans. In April 2023 a further visit was undertaken by the Care Quality Commission at which point the Section 31 notice was issued. The final report was published in August 2023 which provided a rating of 'Inadequate' in the Safe and Well-Led domains. There were 9 'Must Do' and 3 'Should' actions.

To address these stipulated actions, the service engaged external support and developed an action plan containing 37 actions, with an ambition to deliver these between October 2023 and April 2024.

The Trust utilised external support to map out the evidenced required to show that outcomes had been sustained at which point could be signed off as delivered and assured (green).

At the date of this report, the Trust has delivered 26/37 actions on the plan:



For the remaining actions in the plan, the Trust has made good progress which has been overseen by the Executive Led Maternity Transformation and Assurance Committee.

Against the conditions placed on the Trust's registration:

Condition 1: ADU/ Maternity Triage Activity

There has been continued improvement in ADU and Maternity triage. In response to the CQC visit, the service began electronic recording in March 2023 to measure comprehensively our waiting times.

Planned and unplanned activity was originally seen in the same area and was then separated in September 2023. The service's new Maternity Triage Unit opened in November 2023 and this has driven the significant improvement to ensure that women attending the hospital are triaged, assessed and streamlined in a timely manner by appropriately skilled and qualified staff.

At the point at which digital monitoring was commenced, **less than 60%** of patients were seen within the guidelines of 15 minutes. This was consistent with the challenges the CQC observed in March 2023. In the 2024 calendar year the Trust has embedded performance in **excess of 90%** of patients seen within 15 minutes and has since implemented BadgerNotes / BSOTS on 12 March 2024. We are firming up the sustainable staffing solutions to ensure our maternity triage provision remains robust overnight.

Condition 2: Risk and governance systems

A significant amount of work has been undertaken against this action and the overall governance arrangements within Maternity since the inspection in March 2023.

Progress on the action plans has been received by the Trust's Maternity Transformation and Assurance Committee (MTAC) which has met bi-weekly and is attended by the ICB Director of Midwifery, Maternity Improvement Advisor and Safety Champion. Progress is also provided to the ICB, NHSE and CQC on a monthly basis through a robust monitoring process at HUTH Quality Improvement Group which reviews outcomes.

As the Trust has now entered into a Group Collaboration with Northern Lincolnshire and Goole NHS Foundation Trust, the new Family Services Care Group is ratified revised governance arrangements which will also take into account the support from the National Maternity Improvement Advisor supporting the Trust.

CQC National Maternity Survey 2023 (published 9 February 2024)

The Maternity survey results were published on the 9th February 2024; the Trust had 214 responses (46%). There were 54 questions and of these, the CQC asked people to answer questions about different aspects of their care and treatment. Based on their responses, the CQC gave each NHS trust a score out of 10 for each question (the higher the score the better).

Each trust also received a rating of 'Much better', 'Better', 'Somewhat better', 'About the same', 'Somewhat worse', 'Worse' or 'Much worse' which compared to most other trusts in the country. 121 trusts took part in the survey.

At HUTH, for 49/54 questions the Trust's scores were considered 'About the same' which means that the trust is performing about the same for that particular question as most other trusts that took part in the survey. There was 1 question where the Trust scored 'somewhat worse' and 4 questions where the Trust scored 'worse'.

Somewhat worse than expected

- B14. Thinking about your antenatal care, were you involved in decisions about your care?

Worse than expected

- B3. Were you offered a choice about where to have your baby?
- B4. Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
- B7. During your antenatal check-ups, did your midwives or doctor appear to be aware of your medical history?
- C7. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?

It is worth noting that the 2023 survey was undertaken at the same time of the March 2023 Maternity inspection, and the survey period for the 2024 survey has already passed.

As part of its response to the maternity inspection findings, the Trust revised its governance structures to have greater oversight of maternity services from Ward to Board. These have been further revised in early 2024/25 to reflect our Group Collaboration, and particularly to ensure we have robust action plans to where we need to improve such as those highlighted on the CQC maternity survey.

The Trust highly values the support of the local Healthwatch organisations who have participated in the Trust's monthly assurance visit programme. Healthwatch East Riding of Yorkshire and Healthwatch Kingston upon Hull have recently conducted a review of maternity services between October 2023 and January 2024 and concluded that **'there has been many improvements made by the staff of HRI to improve patient experience following the CQC report published in 2023'**.

Healthwatch raised 9 recommendations, which align with those actions we have not fully signed off as embedded as part of our CQC action plan. The report recognised the significant work undertaken to recovery staff training compliance but with a clear recommendation to devote protected time for staff to undertake their training. This has been incorporated in our establishments for 2024/25 with steps already taken to book next year's training.

The Trust is equally indebted to the enthusiast support from the Hull Maternity and Neonatal Voices Partnership (MNVP). The Trust continues to work through a comprehensive action plan from their 15 steps visits in March 2023 and follow up visit in September 2023 and looks forward to providing an update against this action plan, and the national CQC survey, at our next Maternity Transformation and Assurance Committee in June 2024.

2.3.6 Secondary Users Service



What is Secondary Users Service?

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

Hull University Teaching Hospitals NHS Trust submitted records during 2023/24 (as of March 2024) to the Secondary Users service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data:

- That included the patient's valid NHS number:
 - **99.9%** for admitted patient care;
 - **99.9%** for outpatient care; and
 - **99.4%** for accident and emergency care.
- That included the patient's valid General Medical Practice Code:
 - **100%** for admitted patient care;
 - **100%** for outpatient care; and
 - **100%** for accident and emergency care.

2.3.7 Information Governance



What is Information Governance?

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

Data Security & Protection Toolkit

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

It remains Department of Health policy that all organisations that process NHS patient information provides assurance via the IG Toolkit and is fundamental to the secure usage, sharing, transfer, storage and destruction of data both within the organisation and between external organisations. The Information Governance Assurance Statement is a required element of the DSP Toolkit and is re-affirmed by the annual submission to demonstrate that the organisation has robust and effective systems in place to meet statutory obligations on data protection and data security. The submission deadline for the 2023/24 DSP Toolkit Assessment is 30th June 2024 and updates can be accessed via the NHS Digital website: <https://www.dsptoolkit.nhs.uk/OrganisationSearch/RWA>.

The current status for Hull University Teaching Hospitals NHS Trust following submission of the 23/24 DSP toolkit is **Approaching Standards**. The Trust has developed an improvement plan which is monitored by NHS England.

2.3.8 Payment by results Clinical Coding Audit



What is Clinical Coding

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

Clinical Coding Audit

Hull University Teaching Hospitals was not subject to an external clinical coding audit during 2023/24.

A programme of internal speciality and individual coder audits has been completed by the Trusts NHS England Approved Auditors. A sample of audited FCEs (Finished Consultant Episodes) has been taken and summarised below:

Percentage Correct			
Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
97.55%	96.72%	96.88%	96.48%

Department Priorities 23/24

Priority	Level	Progress Update	Status
Achieve mandatory level in all internal spot checks and audits	High	Regular programme of internal coder and speciality audits	On-going rolling programme
Increase clinical engagement	High	Attended more Junior Doctor inductions than 2022. Coder/Clinical Engagement sessions established in areas identified at audit. Speciality guides produced in collaboration with clinicians.	On-going
Reduce reliance on paper casenotes	Medium	Additional wards and day case areas added to electronic coding source list.	Trial areas completed. On-going investigations to highlight other potential areas.
Maintain data quality, coding depth and accuracy	High	Internal and external validations. Investigating areas with, for example, low depth, high SHMI/HSMR	On-going

2.3.9 Learning from deaths



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

During 2023/24, **2,479** of Hull University Teaching Hospitals NHS Trust patients died within the hospital as an inpatient. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- **604** in the first quarter;
- **601** in the second quarter;
- **656** in the third quarter; and
- **618** in the fourth quarter.

During 2023/24 there were a total of **440** Structured Judgement Reviews completed (an increase from 268 in 2022/23).

Of these reviews undertaken, it was deemed that **6** deaths were more likely than not due to problems in care. The Trust has adopted the Patient Safety Incident Response Framework (PSIRF) and there were **4** cases where a SJR was undertaken as part of the PSIRF, however, none of these cases were identified to be more likely than not, avoidable deaths.

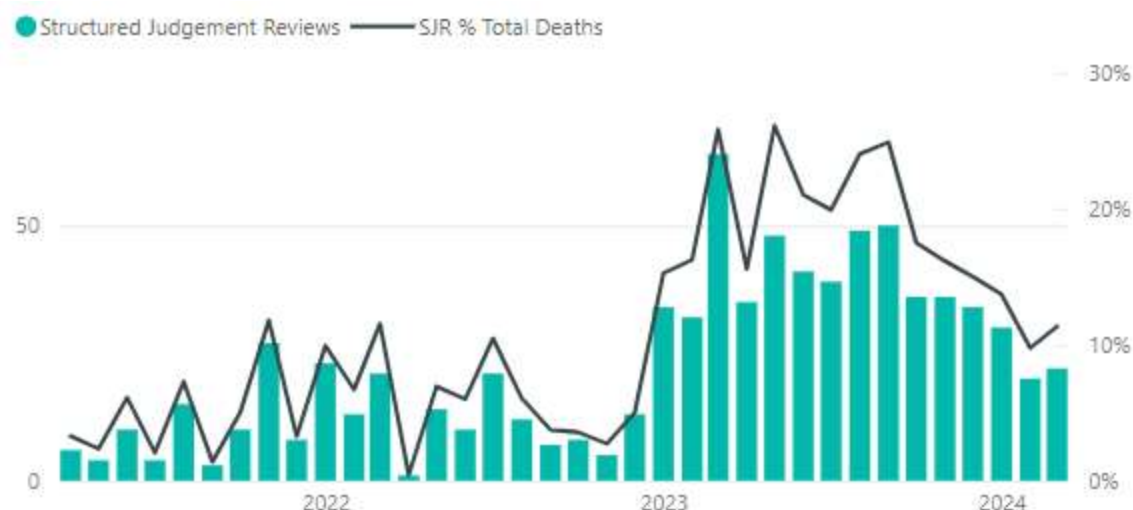
The Structured Judgement Methodology allows reviewers to subjectively judge the care delivered to patients during the various stages of care. A score out of 5 is given for each stage, ranging from 1 (Poor) to 5 (Excellent). The table below provides a breakdown of these scores that were given during the Structured Judgement Reviews during 2023/24

		N/A	Poor	1	2	3	4	5	Good
1. Phase of Care									
Admission & initial care (1st 24hrs)	3.8	0.2%	1.8%	7.3%	23.0%	48.2%	19.5%		
Care during a procedure	4.0	89.3%	0.7%	1.8%	4.8%	3.4%			
End of life care	4.1	2.3%	0.5%	1.8%	16.1%	52.7%	26.6%		
Ongoing care	3.8	1.4%	1.4%	5.2%	25.2%	50.0%	16.8%		
Overall assessment of care	3.7	0.9%	1.1%	6.6%	26.6%	49.1%	15.7%		
Perioperative care	4.0	88.4%	0.5%	1.8%	6.6%	2.7%			
2. Avoidability of death									
Avoidability of death judgement	5.2	92.0%		0.7%	0.7%	3.0%	3.6%		
3. Themed Analysis									
Clinical care	4.1	96.8%	0.2%	0.5%	1.4%	1.1%			
Communication with patient/family	4.1	89.3%	0.2%	0.5%	1.6%	3.6%	4.8%		
Documentation	2.8	90.2%	0.9%	2.5%	4.8%	0.7%	0.9%		
End of life care	4.2	76.1%	0.2%	0.5%	3.9%	9.1%	10.2%		
Fluid balance	2.2	97.7%	0.5%	0.9%	0.9%				
Interventions	3.0	95.2%	0.2%	1.4%	1.8%	1.1%	0.2%		
Management plans	3.6	86.4%	0.5%	1.6%	4.1%	5.0%	2.5%		

The overall care scores reflect good to excellent care delivered to patients. In some instances, there were potential issues relating to fluid balance. Upon review, it was noted that the level of documentation in relation to the recording of fluid balance needed to be improved. As a result of these issues around fluid balance, a task & finish group was formed which led to the creation of several quality improvement work-streams which targeted these issues and as a result, processes were put in place to further improve upon the recording and management of fluid balance.

The Structured Judgement Methodology

During 2023/24, one of the key focuses of the Trust was to ensure that the appropriate clinical staff received adequate training and support to enable them to undertake Structured Judgement Reviews. This resulted in a positive uptake of reviewers who are engaged with the process and has had a positive impact on the number of cases receiving review via the SJR methodology, as the following graph shows:



Moving Towards Proactive

In 2023/24 the Trust took positive steps to becoming more proactive in how it utilises its available resources, enabling to better learn from patient mortality, by identifying key areas in patient care that would benefit from proven quality improvement techniques. With the Trust's on-going commitment to quality improvement in the foreground of patient care, this has enabled the learning from deaths framework to expand upon the requirements set by the National Quality Board, enabling focus on deeper understanding of systemic factors that affect patient care, as well as providing bespoke quality improvement projects to areas that require improvements to be made.

Key Learning from Mortality Review

Some of the excellent practices highlighted from review include:

- A high level of ongoing communication with the patient and the next of kin; providing regular updates on patient care, including management plans.
- A high level of compassion and understanding, towards the patient as well as the patient's next of kin, including those who had a learning disability.
- Fast access to Specialist Palliative care review;
- Multidisciplinary approaches to care sought, with the aim of getting the best possible outcome for the patient;
- An excellent multidisciplinary approach to the mortality and morbidity discussion, drawing learning from a range of clinical areas with a strong commitment to quality improvement.

Some of the key ongoing improvements include:

- Further identification of areas of improvement for Sepsis care;
- Further identification of areas of improvement in caring for patients with fractured neck of femur;
- Development of a detailed mortality strategy to further improve outcomes of patients.

2.3.10 Reporting Against Core Indicators: NHS Digital



What is NHS Digital?

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

Reporting against core indicators

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

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

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

Prescribed Information	2022/23	2023/24	National Average	National Highest	National lowest
The value of the SHMI for the Trust for the reporting period*	1.0965	1.1391	1.0	1.25	0.72
The banding of the SHMI for the Trust for the reporting period*	2 (as expected)	1 (higher than expected)	2 (as expected)	1 (higher than expected)	3 (lower than expected)
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period*	32%	35%	42%	67%	16%

Source: NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>). *Reporting period January 2023 to December 2023

Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust continues with the processes to improve the quality and accuracy of the data that underpins statistical mortality calculations like the SHMI and improving the consistency of the learning from deaths programme of work.
- The improvement in the Hull Royal Infirmary metric is consistent with work to improve pneumonia outcomes which has reduced that SHMI condition to “as expected”.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- Development of a Mortality strategy;
- continually monitoring performance at the Trust Mortality and Morbidity Committee and enhancing individual specialty focus and escalation;

- designated work to improve the 3/10 diagnosis conditions that are 'higher than expected' which are Fracture Neck of Femur, Secondary malignancies, and Septicaemia;

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

The data detailed in the table below was made available to the Trust by NHS Digital with regard to the Trust's patient reported outcome measures scores for:

- Hip replacement surgery
- Knee replacement surgery

Type of surgery	Sample time frame	Trust adjusted average health gain	National average	National highest	National lowest
Hip replacement (Primary)	April 2020 – March 2021	Not published in national data set	0.472	0.574	0.393
	April 2021 – March 2022	0.378	0.462	0.534	0.375
Knee replacement (Primary)	April 2020 – March 2021	Not published in national data set	0.315	0.399	0.181
	April 2021 – March 2022	Not published in national data set	0.324	0.417	0.245

Source: NHS Digital Quality Account Indicators Portal, Primary data used, EQ-5D Index used (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>)

The Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services, by:

- continually monitoring performance – this has occurred during the 2023/24 year through the Trust Patient Experience and Engagement Committee.
- The Trust has taken steps to ensure all data submissions are made to ensure incorporation into national data sets.

The table below details performance against the Readmission rate into hospital within 30 days of discharge

Prescribed Information	Trust (April 2021 to March 2022)	Trust (April 2022 to March 2023)	National average	National Highest	National Lowest
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the Trust during the reporting period*	11.6%	11.4%	12.8%	302.9%*	3.7%
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the Trust during the reporting period*	11.2%	13.3%	14.4%	46.8%	2.5%

Source: NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>)

Note the score of 302.9% is considered an anomaly. The next highest data presented by NHS Digital is 37.9%.*

Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust is below national benchmarks.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- The Trust continues to monitor its readmission rates on a monthly basis (from locally available data) and compares these to the national rates in order to benchmark our performance.
- Patient flow and discharge workstreams continue in order to achieve national targets.

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

There has been no new data made available to the Trust by NHS Digital about the Trust's responsiveness to the personal needs of its patients since 2020. Therefore, the table below shows the data up to the most recent entry covering hospital stays between 01 July 2019 to 31 July 2019 (data collected between 01 August 2019 to 31 January 2020). Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-100. Therefore, this indicator will also take values between 0-100.

Prescribed Information	Trust value 2019 - 2020	National average	National highest	National lowest
The Trust's responsiveness to the personal needs of its patients during the reporting period*	64.4	67.1	84.2	59.5

Source: NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>).

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- Further build on the data collected from our patients, for example utilise the Friends and Family data from the 120,000 patients that responded during 2023/24 and identify improvement plans at care group (and ward) area.
- Respond robustly and timely to other stakeholder surveys (e.g. CQC surveys such as maternity) and other stakeholder input.
- Continued to undertake monthly assurance visits, incorporating Safety Champions and other stakeholders such as MNVP and healthwatch and apply 15 Steps process.

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

Prescribed Information	2022	2023	National Average	National highest	National lowest
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends*	51.7%	55.21%	63.32%	88.82%	44.31%

*Most recent staff survey data – 2023 (Source: [Bridget download](#) slide 83)

Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- The data is collected from our staff as part of the latest National Staff Survey.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- Continue the work Proactive career planning within nursing, including expanding the apprenticeship framework to enrich nursing career opportunities and retain good staff.
- continually monitoring performance at the Trust Workforce and Transformation Committee.

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

Prescribed Information	2022/23	2023/24	National Average	National Highest	National Lowest
The percentage of patients who were admitted to hospital and who were risk assessed for VTE during the reporting period*	Not published	Not published	Not published	Not published	Not published

*Most recent data on NHS Digital for period - [National data](#) stopped March 2020

Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to improve this score, and so the quality of its services:

- The Group Chief Medical Officer has commissioned a significant priority Quality Improvement project which commenced in Q4 of 2023/24.
- A training and awareness programme has been launched with Junior doctors.
- Additional system functionality to be developed and executed with a Nerve Centre Dashboard.
- Pilot underway on wards 500, 37 and 39 to be rolled out more widely in the Trust.

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

Prescribed Information	2021/22	2022/23	National Average (England)	National Highest	National Lowest
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*	10.83	7.05	18.48	73.34	0

* (Most recent data published by NHS digital on 6 October 2023).

Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust has improved its performance in the most recent data available which is consistent with the targeted work. This ranges from better governance oversight, the implementation and utilisation of the IPC BAF and some estates changes, particularly within the Tower Block to reduce transmission.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- continually monitoring performance at the Trust Infection, Prevention and Control Committee.
- the Trust has an evidence-based Clostridium difficile policy and patient treatment care pathway.

- multi-disciplinary team meetings are held for inpatient cases where required to identify any lessons to be learnt and post-infection review is conducted for hospital onset cases.
- As part of wider IPC improvements, launch a sustained bare below the elbow / back to basics campaign.

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

Time period	Trust number of patient safety incidents reported	Trust rate of patient safety incidents reported per 1,000 bed days	Trust number of patient safety incidents reported involving severe harm or death	Trust rate of patient safety incidents reported involving severe harm or death per 1,000 bed days	Percentage of safety incidents that resulted in severe harm or death
April 2021 – March 2022*	17,760	55.0	43	0.30	0.24%
April 2022 – March 2023**	18,467	45.6	102	0.25	0.55%
April 2023 – March 2024**	20,722	47.6	113	0.27	0.55%

Source: *NRLS Organisation data workbook for the reporting period April 2022 – March 2023. **From April 2022 there has been no data published nationally therefore this has been calculated internally by the Trust

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

- The Trust continues to monitor incident rates locally and actively promotes and encourages staff to report all incidents including near misses as part of an open and transparent culture designed to support learning and improvement, recognising that high levels of reporting indicate a high level of safety awareness. This is particularly so when the high level of reporting is for no/low harm or near miss incidents.
- The Trust continues to monitor the data for understanding of key themes and sharing learning opportunities.
- In April 2023 the Trust commenced transition to the new Patient Safety Incident Response Framework (PSIRF) as part of the new national initiative. The Trust has completed a number of proportionate learning responses focusing on areas where improvement will have the greatest impact as outlined in the Trust's Patient Safety Investigation Response Plan. Findings from these reviews are used to identify themes and trends across the organisation for learning and improvement purposes.

Part 3: Plans for the Future and Priorities for Improvement

This sections includes:

- [3.1 Plans for the future – consultation](#)
- [Priority One: End of Life](#)
- [Priority Two: Deteriorating Patient](#)
- [Priority Three: Sepsis](#)
- [Priority Four: Medication Safety](#)
- [Priority Five: Mental Capacity](#)

3.1 2024/25 Quality Priorities



Quality and Safety Improvement Priorities 2024/25

For 2023/24 the Trust put together a list of potential quality improvement priorities by:

- Evaluating performance against the quality and safety priorities for 2023/24;
- Evaluating our performance against the quality improvement projects which are on the Trust's overall Quality Improvement Plan for 2023/24;
- Looking at national priorities and local priorities that have been agreed with our commissioners;
- Looking at what our regulators have identified as priorities, such as compliance with the CQC fundamental standards; and
- Areas we have identified as requiring improvement from incidents and patient feedback.

The Trust is now working closely with Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) as part of a Group. The Trust has agreed to combine the priorities as a Group and the approach was ratified by the Group's Quality and Safety Committee in Common. There was agreement that due to collective desire to fully embed new methodologies until significant improvement is achieved, and some constraints imposed by the ongoing PAS work at NLAG that no new topics should be considered and the existing 2023/24 quality priorities should be carried over to 2024/25. The below list demonstrates the priorities for both organisations for 2023/2024 which will be rolled forward into 2024/2025.

Our chosen priorities focus on patient safety, clinical effectiveness and patient experience as follows:

- **End of Life:** To improve personalised palliative and end of life care to ensure patients are supported to have a good death. (*Clinical effectiveness and patient experience*).
- **Deteriorating Patient:** Improved recognition and responding to the deteriorating patient. (Clinical effectiveness and patient safety).
- **Sepsis:** Improved recognition and responding to sepsis in patients. (*Clinical effectiveness and patient safety*).
- **Medication Safety:** To improve the safety of prescribing weight dependent medication to adults. (Clinical effectiveness and patient safety).
- **Mental Capacity:** Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording. (*Clinical effectiveness and patient experience*).

For HUTH, of the five priorities selected for 2024/25, *End of Life* and *Deteriorating Patient* reflect new additional priorities. The benefit of being part of the Group with NLAG means that we can apply significant learning from the work they have undertaken during 2023/24 to improve in these areas.

Our 2023/24 priorities in respect of *Learning from incidents* and *learning from deaths* will continue to be embedded as part of our routine governance processes which we have redesigned as part of our Group working.

2024/25 Priority One: End of Life



Why is this important?

As stated by the National End of Life Care Strategy 2008, 'How we care for the dying is an indicator of how we care for all sick and vulnerable people'

Death and dying are inevitable therefore, palliative and end of life care must be a priority, as outlined in the ambitions for Palliative and End of Life Care.

Aims	Objectives	Key Performance Indicators
<ul style="list-style-type: none"> To improve personalised palliative and end of life care to ensure patients are supported to have a good death Improving the identification of patients at the End of Life at an earlier stage. Develop a mandated End of Life education programme and align to group structure. 	<ul style="list-style-type: none"> Asking what matters to patients Identify challenges staff face within end of life care Complete Trust Wide End of Life Survey Baseline. Follow-up Focus Groups with Staff, Bereaved Relatives Participation in the national audit of care at the end of life (NACEL) Triangulate data in regards to SJR's and PALS/Complaints and collaborate with of life providers regarding of End of Life Care to identify themes and learning. Increase community engagement promoting talking about death and dying and engaging with national initiatives. Establish regular End of Life Forum for staff support. 	<ul style="list-style-type: none"> Specialist Palliative Care Dashboard National Audit of Care at the End of Life (NACEL) Trust wide End of Life Survey Results Training data for the End of Life education programme.

Planned outcomes:

- Patient Experience:** Patients and their friends and family will received personalised holistic palliative and end of life care.
- Quality Experience:** Providing high quality patient centre end of life care.
- Staff Benefits:** Improved support for staff through education and support forums.
- Organisational Benefits:** Improved patient, carers and staff experience of Palliative and End of Life Care. Provide assurance and maintain a positive organisational reputation

Monitoring arrangements:

- The project will be led by the End of Life /Specialist Palliative Care Team and supported by the Quality Improvement Team.
- Delivery of the project will be monitored by the:
 - End of Life Steering Group
 - Corporate Patient Experience Effectiveness and Safety Committee

2024/25 Priority Two: Deteriorating Patient

Managing
Deteriorating
Patients

Why is this important?

In order to improve the safe and effective care of patients in the communities and hospitals of Humber Health Partnership, it is of fundamental importance that we are able to recognise and act when our patients show signs of physical deterioration.

Aims	Objectives	Key Performance Indicators
<ul style="list-style-type: none">• Improve the identification and management of the deteriorating patient.• Improve the outcome of patients with high NEWS2 score.	<ul style="list-style-type: none">• Improve documentation for recording NEWS2 scores to support with appropriate escalation of the deteriorating patient.• Improve patient outcomes from reduced readmission rates.	<ul style="list-style-type: none">• Reduced number of incidents causing harm due to failure to recognise or respond to deterioration.• Recording of and response to NEWS2 score for unplanned critical care admissions. New stretch target 80%.• Percentage of adult observations recorded on time. New stretch target of 95% and reduction in grace period to within 15minutes.• Evidence of Situation Background Assessment Recommendation (SBAR) escalation. Target 30%.

Planned outcomes:

- **Patient Experience:** Patients will receive the appropriate level of care in a timely manner to support optimised recovery.
- **Quality Experience:** Timely interventions and treatments provided.
- **Staff Benefits:** Staff will have improved knowledge and understanding of the deteriorating patient.
- **Organisational Benefits:** Improved care pathways for patients and reduction in mortality rates.

Monitoring arrangements:

- The project will be led by the Associate CMO for Quality and Safety and supported by the Quality Improvement Team.
- Delivery of the project will be monitored by the Mortality and Morbidity Committee with reporting and escalation to the Group's Quality and Safety Committee in Common for assurance.

2024/25 Priority Three: Sepsis



Why is this important?

Sepsis is defined as life-threatening organ failure in response to infection. Sepsis is one of the most common causes of patient deterioration and organ failure. It is vital to differentiate sepsis from other causes of patient deterioration. The Trust is committed to improving outcomes in relation to the early identification of sepsis and treatment.

Aims	Objectives	Key Performance Indicators
<ul style="list-style-type: none"> Improve the identification and management of patients with Sepsis Improve the outcome of patients with Sepsis. 	<ul style="list-style-type: none"> Improve compliance with administering antibiotics within appropriate timescales for patients with sepsis. Increase compliance rates for the 'Infection and Sepsis Screening and Management Pathway' 	<ul style="list-style-type: none"> Maintain/improve SHMI diagnosis groups outcome risk percentage (Note: to include diagnosis groups related to infections). Target is to be below England average. Adult primary sepsis screening completed within 15 minutes in response to elevated NEWS2 score. Target 90%. Paediatric Sepsis screening tool completed on presentation to ED/Paediatric Assessment Unit. Target 90%.

Planned outcomes:

- Patient Experience:** Patients will receive the appropriate level of care in a timely manner to support optimised recovery.
- Quality Experience:** Timely interventions and treatments provided.
- Staff Benefits:** Staff will have improved knowledge and understanding of Sepsis and the required treatment and timescales.
- Organisational Benefits:** Reputational benefits, improved care pathways for patients, reduction in mortality outlier status.

Monitoring arrangements:

- The project will be led by the Associate CMO for Quality and Safety and supported by the Quality Improvement Team.
- Delivery of the project will be monitored by the Sepsis Steering Group and Mortality and Morbidity Committee with reporting and escalation to the Group's Quality and Safety Committee in Common for assurance.

2024/25 Priority Four: Medication Safety



Why is this important?

Medicines optimisation is a patient-focused approach that aims to maximise the benefits of medication through enhanced patient care and collaboration between healthcare professionals, patients, and caregivers. It involves ensuring that the right patient receives the appropriate medication at the correct time.

In line with the NHS Patient Safety Strategy, healthcare providers must be committed to minimising risk and harm to patients, ensure quality, effective care alongside good patient experience. Medication safety contributes to optimising medications, saving lives, promoting a transparent reporting culture to learn from mistakes, decrease errors and harm, and reduce over-prescribing.

The following table outlines the key aims and objectives alongside some key performance indicators for the quality priority:

Aims	Objectives	Key Performance Indicators
<ul style="list-style-type: none"> • Collaborative approaches with the group and system wide partners to improve medicines optimisation. • Improving medication safety through learning from incidents to promote a just reporting culture and reduce harm. • Explore digital solutions to improve medicines optimisation. • Support anti-microbial stewardship initiatives across the group. 	<ul style="list-style-type: none"> • Harmonisation of policies and procedures across the group to support staff to keep patients safe. • Joint area prescribing committee to support formulary of medicines. • System wide approach to managing medicines and medication safety. • Development, alignment and collaborative working for medicines governance meetings e.g. safer medicines prescribing committee prescriber, medicines and therapeutics committee, medical gas committee and non-medical prescribing group. • Review digital systems to improve patient safety from medicine related incidents including ePMA, electronic medicines storage and identifying suitable solutions. 	<ul style="list-style-type: none"> • Reduction in harm impact for weight related medication-prescribing incidents. • Weight recorded in ePMA within 24 hours of admission. Target 80%. • Weight recorded in ePMA within 48 hours of admission. Target 95% • Improve medicine reconciliation within 24 hours of admission • Increase in the number of near miss or no harm medication related incidents

Planned outcomes:

- **Patient Experience:** Patients and carers will be involved in decisions made about their medication. Patients will be supported to take their medicines as intended. Improved patient experience will support enhanced clinical outcomes.
- **Quality Experience:** Enhanced patient safety and experience relating to medication.
- **Staff Benefits:** Workforce planning, development, education, and training to support and deliver optimal use of medicines. Services will be delivered by competent and well-trained staff.
- **Organisational Benefits:** Supporting services to the best value out of medicines and Pharmacy.

Monitoring arrangements:

- The project will be led by the Chief Pharmacists and supported by the Quality Improvement Team.
- Delivery of the project will be monitored by the Medicines oversight group with reporting and escalation to the Group's Quality and Safety Committee in Common for assurance.

2024/25 Priority Five: Mental Capacity



Why is this important?

All patient should be involved in decision making in their health care. This upholds our statutory duty to the Mental Capacity Act (2005).

Where patients are assessed as having an impairment of the mind or brain that may impact on their decision making all reasonable adjustments must be made and demonstrated to allow the patient to make their own decision.

When a patient is assessed as lacking capacity, the law requires health professionals to provide clear documentary evidence of this assessment and adherence to the best interest process. By adhering to the law this balances the wishes of the patient and the proposed actions of the health professional.

Aims	Objectives	Key Performance Indicators
<ul style="list-style-type: none"> Where health professionals identify that a patient may have an impairment of the mind or brain, the mental capacity assessment and best interest process, is correctly followed 	<ul style="list-style-type: none"> Review current paper/digital pathways on how health professionals determine if the patient is able to make their own decisions Complete review of available MCA training and implement changes in collaboration across NHS Humber Health Partnership Baseline data of surgical consent training Review AMAT database relating to consent audits and adherence to MCA process – e.g. surgical consent 4 process Digitalise Deprivation of Liberty Safeguards (DoLS) application process Embed MCA process within Diamond Standards pathways 	<ul style="list-style-type: none"> Clear MCA process guidance across all operational care groups All relevant patients identified on the Enhanced Care Assessment tool Identified staff groups attend MCA training (compliance at 85%) Identified staff groups attend surgical consent training (compliance at 85%) 95% of DoLS applications are successful on first submission 95% of surgical consent form 4's have associated MCA documentation

Planned outcomes:

- Patient Experience:** Patients are involved making decisions about their health care/support needs. This may include providing reasonable adjustments and independent mental capacity advocates (IMCA)
- Quality Experience:** Provide patient-centred care and treatment
- Staff Benefits:** Safe practice within professional registration
- Organisational Benefits:** Adherence to legislation, provide inspection assurance and maintain a positive organisational reputation

Monitoring arrangements:

- The project will be led by the Safeguarding Team and supported by the Quality Improvement Team.
- Delivery of the project will be monitored by;
 - Cross sectional case note review based on the Diamond Standards pathway
 - Quarterly DoLS audit
 - Surgical consent audit via AMAT
 - Linking with Consent Task and Finish Group
 - PSII investigations
 - Data received from IMCA Advocacy Agency
 - Data received from Patient Experience – PALS/Complaints
 - Training records
- Escalation to the Group's Quality and Safety Committee in Common for assurance.

ANNEXES

This section includes:

- [Annex 1:](#)
 - [Statements from Key Stakeholders](#)
 - [Trust response to Stakeholder Statements](#)
- [Annex 2:](#)
 - [Statement of Directors' Responsibilities in respect of the Quality Account](#)
- [Annex 3](#)
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Annex 1: Stakeholder feedback

This section includes:

- [Statement from NHS Humber and North Yorkshire Integrated Care Board \(ICB\)](#)
- [Joint Statement from Healthwatch Kingston upon Hull and Healthwatch East Riding of Yorkshire](#)
- [Trust response to Stakeholder Statement](#)

Statements from Key Stakeholders

Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB)

Firstly Humber & North Yorkshire Integrated Care Board (ICB) would like to thank all staff working within the Trust, for their continued commitment and work, during what has been another challenging year for health partners. We welcome the opportunity to review the Quality Account for the 2023/24 period and reflect upon the key successes and the contribution of all within the Trust across local partnerships and within our integrated health system.

The ICB recognises all the achievements of the past year, reflected within the account and across nursing, medical, research, administration, and support staff. It is positive to see so much great work and the contribution of individuals and team reflected and recognised by the trust, in the awarding of the Golden Hearts during this period. The Moments of Magic recognition scheme and the Golden Hearts awards continue to provide evidence of staffs dedication and commitment to improvement in healthcare and positive outcomes for patients.

Furthermore, the ICB congratulate the Trust in the achievement of both internal and external national awards. We applaud the Health Service Journal award, won by the Emergency Department for their work in improving the diagnostic detection of thoracic aortic dissection. Also, the national award for Porters. The ICB congratulate all staff recognised for their achievements with both internal and external awards during this period.

The ICB acknowledges the work undertaken by HUTH in implementing the new Patient Safety Incident Reporting Framework (PSIRF). The Trust was an early adopter of the new framework, and in doing so have shared their learning both locally and regionally. We therefore thank the Trust for their support in this work and in their contribution to the wider health system and partners. The Trust has also been innovative in implementing the Human Factors training for its staff and we are grateful of the trusts generosity in offering this training to staff external to HUTH, including ICB staff. The ICB also note the commitment to further improve timeliness in respect of Duty of Candour, both verbal and written to patients, relatives and carers following patient safety incidents. We look forward to hearing of these improvements next year.

The Trust's participation in National Clinical Audits and Confidential Enquiries is acknowledged. It was interesting to see the summary of actions undertaken as a result and we look forward to reading again next year regarding the impacts of the action taken. The detail on the National Chronic Obstructive Pulmonary Disease Audit (COPD) was very welcome including the creation of the Smoking Cessation Team at the Trust as the ICB has identified smoking as one of the key causes of ill health for its population.

The Integrated Care Board would like to congratulate the Trust for the work which is being undertaken in research. We note the partnership work planned with the Research Department at the North Lincolnshire and Goole NHS Foundation Trust which will no doubt lead to further combined success in 2024/2025.

The ICB recognises the Trusts continued focus on Infection Prevention and Control, and particularly the priority area of Sepsis. Furthermore, we acknowledge the commitment to improvements in IPC and Antimicrobial Resistance and work to sustain and increase compliance. We acknowledge the work undertaken regarding CQUIN 03 IV to oral switch antibiotics.

The ICB is supportive of the Trust's Quality Priorities for 2024/2025. The continued focus on driving improvement in the delivery, experience and outcomes associated within End of Life, deteriorating patients, sepsis, medication safety and mental capacity is welcomed by the ICB. Further concentration on these areas will assist with embedding changes and continued focus to help support the realisation of the Trust's objectives to make sustained improvements. ICB Quality & Improvement staff would welcome the opportunity to work with Trust staff on your plans for this work.

The ICB thank the Trust for the support in facilitating and offering accredited quality improvement training across the health partnership and for their commitment to offering training to staff working across the local system, in developing our quality improvement community.

Finally, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by HUTH and that the data and information contained in the report is accurate.

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

Healthwatch Hull and Healthwatch East Riding of Yorkshire welcome the opportunity to make a statement on the Hull University Teaching Hospitals NHS Trust Quality Accounts.

The report highlights during 2023/24 the Trust has made good progress against the 2023/24 priorities set at the start of the year.

It is encouraging to see that during 2023/2024 the Trust collected 120,000 responses to the friends and family test from patients, fewer negative elements of feedback than during 2022/2023 have been received however the Trust acknowledges the need to drive forward and improve experience for patients. It is great to see direct quotes from patients and families included in the report.

It is disappointing to see the Trust has not met the national target to see and admit or discharge patients in the Emergency Department. The target was set nationally at 76% for March 2024 and the trust achieved this target 61% of the time. The opening of the Urgent Treatment Centre on the Hull Royal Infirmary site in February 2024, and increased hours of opening since April 2024, is encouraging in seeing patients in a timely and safe manner in the Emergency Department.

The report highlighted progress against the Priorities 23/24, in all areas: Safer Care: medication errors and sepsis. Focused: Mental Health Triage. Patient Safety: Learning from Incidents. Effective and Learning: Learning from deaths.

The report states that currently the Trust is non-compliant with LFPSE due to delays with upgrades to the Datix system in house, which was a national issue. Datix was upgraded in April 2024 which has removed the system barrier to going live and the Trust's transition is planned for late May 2024. Concerns around non-compliance with LFPSE and Datix were escalated to the Quality Committee in Common in 2023 and included as a risk on the corporate risk register.

In relation to medication incidents the report states that in 22/23, there were 17 medication related incidents reported as moderate or above. There has been an increase of 24% (21) medication related incidents reported as moderate above during 23/24. Whilst this reflects an increase during 2023/24, the report highlights that this has coincided with efforts to increase reporting to ensure all incidents are captured and where necessary taken action to learn from them.

It is encouraging to see the NHS staff survey results show that a higher proportion of staff have responded to the survey than in the previous year and that HUTH has improved on all elements of the People Promise.

Healthwatch Hull and Healthwatch East Riding of Yorkshire feel a summary document and/or easy read version of the accounts, without the large number of acronyms, would be beneficial to ensure the document is accessible to as many members of the public and patients as possible.

Trust response to Stakeholder Statement

The Trust is grateful for the comments from stakeholders and can confirm it will take these actions going forward. In response to the Healthwatch commentary in respect of the transition to LFPSE the Trust can confirm it was able to successfully go live with the new system on 17 June 2024. This was ahead of NHSE's plans to shut down the previous national reporting and learning system utilised by providers.

Annex 2: Statement of Directors' Responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England has issued guidance to NHS trust boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS Trust boards should put in place to support the data quality for the preparation of the quality report.

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

- The content of the Quality Account meets the requirements set out in the supporting guidance published by NHS England for 2023/24
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2023 to March 2024
 - Papers relating to quality reported to the board over the period April 2023 to March 2024
 - Feedback from commissioners
 - Feedback from Local Healthwatch organisations
 - Feedback from Overview and Scrutiny Committees
 - Latest national inpatient survey 2022
 - Latest national staff survey 2024
 - CQC inspection report published March 2023 and August 2023
- The Quality Account presents a balanced picture of the NHS Trust's performance over the period covered;
- The performance information reported in the quality account is routinely quality checked to ensure it 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 routinely quality checked to ensure it is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with NHS England's supporting guidance and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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


By order of the Board

Chair:



Date: 28 June 2024

Group Chief Executive:



Date: 28 June 2024

Annex 3

This section includes:

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

Abbreviations and Definitions

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

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

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

Abbreviation	Definition
NEWS2	National Early Warning Score (NEWS) is based on a simple scoring system in which a score is allocated to six physiological measurements already taken in hospitals – respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate and level of consciousness. NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness.
NHS	National Health Service
NHS England	NHS England acts as a direct commissioner for healthcare services, and as the leader, partner and enabler of the NHS commissioning system.
NHSI	NHS Improvement (NHSI) is a non-departmental body in England, responsible for overseeing the National Health Service's foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to ensure the service provided is safe, effective and efficient.
NIHR	The National Institute for Health Research commissions and funds research in the NHS and in social care.
NLAG	Northern Lincolnshire and Goole NHS Foundation Trust is a Group member alongside Hull University Teaching Hospitals NHS Trust in the new NHS Humber Health Partnership.
NMC	The Nursing and Midwifery Council (NMC) are the professional regulator for nurses and midwives in the UK, and nursing associates in England.
NRLS	National Reporting and Learning Service is a central database of patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.
PSIRF	Patient Safety and Incident Reporting Framework
PPE	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment.
QIP	Quality Improvement Plan (QIP) - The purpose of this plan is to define, at a high level; the overall continuing quality improvement journey the Trust is making and the improvement goals that the trust will work towards over the next 12 months. The plan includes all of the MUST DO and SHOULD DO recommendations in the CQC Quality Reports and detailed plans are being developed for each project/work area. However, the plan is broader than those actions and includes longer-term pieces of work that the trust is pursuing to improve overall quality and responsiveness across the organisation, for example in relation to Quality Accounts.
RCEM	The Royal College of Emergency Medicine (RCEM) is an independent professional association of emergency physicians in the United Kingdom which sets standards of training and administers examinations for emergency medicine in the United Kingdom and Ireland.
RECOVERY	Randomised Evaluation of COVID-19 Therapy is an international clinical trial aiming to identify beneficial treatments for people hospitalised with suspected or confirmed COVID-19

Abbreviation	Definition
ReSPECT	A Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) provides a summary for a person's clinical care and treatment in a future emergency in which they do not have capacity to make or express choices
Root Cause Analysis (RCA)	RCA is a method of problem solving that tries to identify the root causes of faults or problems.
Sepsis	Sepsis is a medical condition that is characterised by a whole body inflammatory state and the presence of a known infection.
Serious Incident (SI)	An SI is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.
SHMI	Standardised Hospital Mortality Indicator - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
SIREN	SARS-CoV-2 Immunity and Reinfection EvaluationN – national study to better understand whether individuals who have recovered from COVID-19 are protected from future SARS-CoV-2 infection
Stakeholders	A group of people who have a vested interest in the way Hull University Teaching Hospitals NHS Trust operates in all aspects. For example, the deliverance of safe and effective patient care.
SystmOne	An electronic patient record system
Task and Finish Group	A Task and Finish group is a group set up as a sub group as part of larger project group and looks at specific items that needs to be delivered.
Tissue viability	Tissue viability is a speciality that primarily considers all aspects of skin and soft tissue wounds including acute surgical wounds, pressure ulcers and all forms of leg ulceration.
Trust Board	The Trust's Board of Directors, made up of Executive and Non-Executive Directors.
Virginia Mason Institute	Virginia Mason Institute works with organisations worldwide to continuously innovate and solve healthcare's largest challenges.
VTE	Venous thromboembolism (VTE) is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm (known as deep vein thrombosis, DVT) and travels in the circulation, lodging in the lungs (known as pulmonary embolism, PE).

How to provide feedback

We would like to hear your views on our Quality Account

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

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

hyp-tr.quality.accounts@nhs.net

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

The Compliance Team

Quality Governance and Assurance Department

Medical Education Centre

Hull Royal Infirmary

Anlaby Road

Hull

HU3 2JZ

Other formats

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

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