

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST QUALITY ACCOUNT 2020/2021



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Part 1: Introducing Our Quality Account

This section includes:

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1.1 Statement on Quality from the Chief Executive

I am pleased to present Hull University Teaching Hospitals NHS Trust's Quality Account. The Quality Account is an annual report, which reviews our performance and progress against the quality of services we provide and sets out our key quality and safety improvement priorities for 2020/21. It demonstrates our commitment to continue improving our services and provide high quality, safe and effective care to our patients, their carers and their families. This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year.



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

Safer Care (Patient Safety)

1. Increase "stop the line" reporting and improve staff knowledge regarding 'Near Miss' incidents and reporting
2. Reduction of inpatient falls of patients who have a diagnosis of Dementia and have an inpatient fall within the Department of Elderly Medicine

Better Outcomes (Clinical Effectiveness)

3. Implementation of the Trust COVID-19 Recovery Plan
4. Improve mental health triage in the Emergency Department

Improved Experience (Patient and Staff Experience)

5. Improved learning from complaints and patient experience

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

I can confirm that the Board of Directors has reviewed the 2020/21 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate and fair account of our performance.

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

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

Chris Long
Chief Executive

1.2 What is a Quality Account?

What is a Quality Account?

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

What should a Quality Account look like?

Some parts of the Quality Account are mandatory and are set out in regulations (NHS Quality Account Regulations 2010 and Department of Health – Quality Accounts Toolkit 2010/2011).

The toolkit can be accessed via:
<https://www.gov.uk/government/news/quality-accounts-toolkit>.

The Quality Account must include:

Part 1: Introduction

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

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

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



Part 3: Priorities for the coming financial year

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

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

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

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

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

How will the Quality Account be published?

In line with legal requirements all NHS Healthcare providers are required to publish their Quality Accounts electronically on the NHS Choices website by 30 June 2021. Hull University Teaching Hospitals NHS Trust also makes its Quality Account available on the website: <http://www.hey.nhs.uk/about-us/corporate-documents/>.

1.3 About Us

We employ just over **7935.1 whole time equivalent staff** and are supported by **509 volunteers**



We saw over **106,552** patients in our **Emergency Department** last year



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



We admitted over **63,205** patients into our **wards** last year

We have an **annual income** of circa **£726 million**



Over **631,692** patients attended an **Outpatient Department** last year

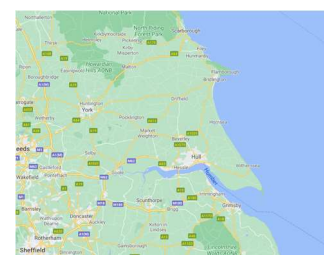


We delivered over **4,894** babies in our **Women's and Children's Hospital** last year



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 **1.05 million and 1.25 million** extending from **Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire** respectively




The **vision** of the Trust is:



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

1.4 What Our Patients Said in 2020/21

<p><i>'Everyone was caring and kind and looked after me very well'</i></p>	<p>“Every single member of staff was knowledgeable, if they didn't know the answer, they found someone that did. They were helpful and very friendly. Could not have done anything better. I also had my own room which was amazing, freshly decorated and clean. I was made to feel like royalty.’</p>
<p>‘Excellent service from ambulance crew and A&E staff. Staff on ward very friendly, decisions on care made very quickly and plans put in place. Support given as I felt low in mood due to the situation. Follow-up well explained’</p>	<p><i>‘Couldn't have been more informative and supportive. Eased my anxieties.’</i></p>
<p><i>‘Staff were extremely pleasant and caring. They explained everything well and frequently checked on my comfort and wellbeing.’</i></p>	<p>‘Staff were extremely pleasant and caring. They explained everything well and frequently checked on my comfort and wellbeing.’</p>
<p>‘The midwives I have met throughout my labour induction and the ones on Rowan Ward afterwards have been amazing. Have made a worried first-time mum feel at ease through the whole process. And a special thank you to all the student midwives, Lily and Sam, who helped me deliver.’</p>	<p><i>‘Really well organised. Extremely friendly, helpful and professional staff. Midwives were beyond amazing! We are so grateful’</i></p>
<p><i>‘Everyone was friendly and put me at ease. The doctors and nurses were all very nice and it was a very good ward to be in.’</i></p>	<p>‘Staff very dedicated and kind. Nothing too much trouble. The staff were very good at explaining medication and care. Always cheerful, made our days happier.’</p>
	
<p>‘Everyone looked after me from the minute I arrived until I went home. Everything was explained to me in detail and everyone made me feel very special. All the staff on Ward 31 are wonderful people, thank you very much.’</p>	<p><i>‘All the staff were very friendly, helpful and nothing was too much trouble when you asked for anything. Food was good.’</i></p>
<p><i>‘The staff are second to none - nothing too much trouble Food was excellent and medical treatment first class’</i></p>	<p>‘The staff as usual were doing their best in difficult circumstances they are always friendly and polite and do their best of course there is always room for improvement’</p>

1.5 Celebrating Success

Like many NHS providers across the country, 20/21 has been a challenging year for the Hull University Teaching Hospitals NHS Trust following the outbreak of the COVID-19 pandemic. Despite the difficulties posed by the pandemic, staff across the Trust have risen to the challenge and there are many examples of amazing successes and accomplishments that have been achieved throughout the year. Some of this year's successes are highlighted below.



COVID-19



COVID-19 Vaccination Programme:

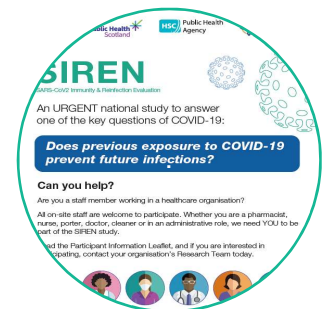
The vaccination team have been vaccinating staff and vulnerable patients since 9th December 2020. In the first six weeks of the vaccine rollout, the team had administered over 8,000 does of the vaccine. Thanks to the incredible planning, preparation and hard work by the team, not to mention a really positive and enthusiastic response from staff across the Trust stepping forward to join the team of vaccinators or help out in the vaccination centre in other ways, the vaccination programmed has been a huge success and positive praise has been shared by those

accessing the service:

"I've just been for the COVID-19 vaccine at the Daisy Building at Castle Hill and I just want to say thank you to all the staff. The clinic was well run and all the staff were friendly but thorough even though the clinic was very busy and had a lot of throughput. The staff also made a point of checking throughout the process that all appropriate precautions were in place. Thank you."

Study into COVID-19 immunity after contracting the virus

Hundreds of staff across the Trust played a crucial role in a scientific study which discovered people are protected from catching COVID-19 again for at least five months after contracting the virus. Staff at the Trust took part in the SIREN (SARS-CoV-2 Immunity and Reinfection EvaluationN) study, undertaken by Public Health England to see if health care workers who had already contracted the virus had any immunity to future infection and contributing to the wider understanding of the virus.



COVID-19 clinical trials



The Trust has undertaken 27 COVID-19 studies since the start of the pandemic involving 2,500 participants. Trials have include potentially life-saving treatments, ways to ease the severity of symptoms, rehabilitation after infection and vaccination. The Trust played a major role in the global trial of the Oxford/AstraZeneca vaccine, with one in every 45 participants recruited by the Hull team. James Illingworth, the trust's Research and Development Manager, said:

“...healthcare organisations across the world have turned to research for answers in the fight against the COVID-19 pandemic. Our trust is no exception. We want to acknowledge the immense efforts of our research and non-research colleagues who have worked hand-in-hand in often challenging environments to ensure patients get access to new treatments and the best possible care... Our ability to deliver the COVID-19 research agenda at pace and scale has been testament to the dedication of our staff.”

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 **1168** ‘moments of magic’ that were recognised within the last year:



- *“I was redeployed to a COVID-19 ward during the pandemic with **Nicole Render** from our department. I wanted to say a massive thank you for all your help and support. Not only are you a kind and caring nurse to your patients, you are an amazing support to your colleagues. Thank you for looking after me on our redeployment and listening to all my worries and concern, I truly appreciate everything you have done.”*
- *“I would like for **Leanne** and **Amy** to be recognised for the incredible commitment they have shown to caring for the people of Hull during the COVID-19 pandemic. They have worked in ED for the majority of the past year; having been redeployed twice from their normal roles in pre-assessment. During the past year they have faced many challenges working in A&E; a department they didn't chose to work in but have continued to do so for the benefit of our patients. They have both shown great dedication to their work in A&E - never having refused a shift despite the personal sacrifices they have to make due to having young children at home. They continue to be the only two members of their team to still be redeployed and with no date for a return to their normal jobs. I feel immensely proud to work with two such hardworking, strong, selfless women and really hope that they receive the acknowledgement that they deserve.”*

Internal staff awards



Each year the Trust holds the Golden Hearts Awards which recognises staff for their amazing and outstanding contributions towards patients and colleagues. During 2020, it was the tenth anniversary of the Golden Hearts Awards however, due to the pandemic, the awards ceremony was to be held virtually to ensure everyone was safe and minimise the spread of the infection. Following further pressures of COVID-19 on the Trust, the announcement of the winners had sadly been postponed further. The announcement of the Golden Hearts awards will be held later in 2021 and the winners will be published on the website

<https://www.hey.nhs.uk/awards/>.

External staff awards

The staff of Hull Hospitals were presented with a special contribution award at the Hull Live Business Awards tonight in recognition of our contribution and support to the local community throughout the COVID-19 pandemic. John Rooney, Managing Director of KCOM, who sponsored the award, said that the dedication and selflessness of our staff made them "truly deserving of this award" and that they "have done an incredible job during the past year to keep the rest of us safe." On receiving the award, trust Chief Executive Chris Long said this was fantastic recognition not only for our directly employed staff, but those who are an essential part of our extended team such as cleaners and security staff too. He went on to say that it will undoubtedly mean a lot to staff to know that the local community is proud of them.



Innovation



Young people are now offered a virtual tour of Hull Royal Infirmary and Hull Women and Children's Hospital to reduce any fears they may have about coming to hospital for treatment by using 'Little Journey', a smartphone app featuring games, animation and virtual reality, to tackle anxiety among young people coming to hospital for surgery or procedures. The app allows young people to explore both hospitals from the comfort and safety of their own homes, interacting with animated characters of hospital staff and learning about the different equipment they might see during their visit.

1.6 Performance against Priorities 20/21 – Summary

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



The below table provides an overview of the progress of the QIPs set out in the 2019/20 Quality Account:

Key:						
Achieved	✓	Did not achieve	✘	Progress made	↗	Discontinued

	Project	Progress
Safer Care	Reduction of inpatient falls of patients who have a diagnosis of Dementia within the Department of Elderly Medicine (DEM)	↗
	Reduction in line infections	↗
	Increased stop the line reporting and improved staff reporting and satisfaction with the new reporting process and increase measurable actions	↗
	Development of a standardised safety brief framework	↗
Better Outcomes	Improve mental health triage in the Emergency Department	↗
	Empowerment of the non-registered workforce to improve the delivery of the SSKIN care bundle	↗
Improved Experience	Improved preceptorship	↗
	Improved patient and staff experience	↗

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

This section includes:

- [2.1 Performance against priorities 2020/21](#)
- [2.2 Performance against other quality and safety indicators](#)
- [2.3 Statements of assurance from the Board](#)

2.1 Performance Against Priorities 20/21

This section covers

- [Safe Care](#)
- [Better Outcomes](#)
- [Improvement Experience](#)

Safer Care: Performance against priorities 20/21

✓ Safer Care ► Better Outcomes ► Improved Experience

Priority: Reduction of inpatient falls of patients who have a diagnosis of Dementia within the Department of Elderly Medicine (DEM)

Why this was important

The Trust has a Falls Prevention Committee in place and that reviews incidents where falls have occurred and put forward recommendations to support with the reduction of harm to those patients who had experienced a fall.

Following completion of the Falls Prevention Annual report it was identified that there had been an increase in moderate and above harms for Medical Elderly and Oncology patients.

A reduction of inpatient falls for patients who have a diagnosis of Dementia within DEM was identified as an area requiring improvement and designated as a priority for 20/21 as part of the Trusts Quality Improvement Plan.

What did we aim to achieve?

To develop a Multi-Disciplinary Task and Finish group to complete an in-depth review of patients who have a diagnosis of Dementia and have an inpatient fall within the Department of Elderly Medicine.



Objectives of the project

The objectives of the project included:

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

Benefits of the project

The identified benefits from implementation of the project included:

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

How did we perform?

Following the outbreak of COVID-19 and the significant impact the pandemic had right across the Trust, the full delivery of the QIP could not be delivered. However, a number of milestones were achieved and these included:

- A Task and Finish Group was established with key members of staff involved to scope the requirements and priorities of the project.
- Data was collected for those patients who had fallen and had a diagnosis of dementia was undertaken. The data showed

that patients mostly experienced a fall during the night when trying to go to the bathroom. Members of the Falls Committee review incidents relating to all falls Trust wide to ensure the harm levels are recorded appropriately.

- The development of an education programme is ongoing including merging of the Falls Assessment education programme with the Dementia education programme.
- The Mobility and Falls Prevention Care Bundle is in the final stages of becoming available digitally as part of the patient electronic care record.
- Attendance at the Safety Huddle has been paused due to the COVID-19 pandemic and will recommence as part of the COVID-19 recovery plan.
- Dashboard data is provided on a monthly basis for Elderly Medicine.

Going forward

The QIP was due to be delivered between July 2020 and June 2021. Due to the impact of COVID-19, full delivery of the QIP could not be achieved. This priority will be carried forward for further action, monitoring and evaluation.

Safer Care: Performance against priorities 20/21

✓ Safer Care ► Better Outcomes ► Improved Experience

Priority: Reduction in line infections

Why this was important

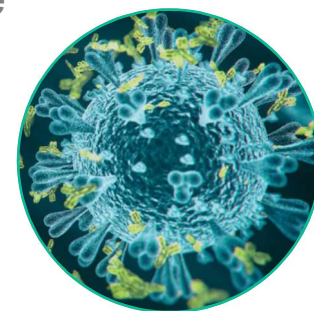
A central line (also known as a Hickmann Line or Central Venous Catheters) is a long thin hollow tube made of silicone and inserted under the skin of the chest into a large vein just above the heart with the other end situated outside the chest. The lines can be left in place for many months and enables the delivery of medication and fluids and for taking blood samples. Infections can occur in patients that have central lines.

Following a review of infection prevention control indicators in 18/19 and 19/20, an increase in Methicillin-Sensitive Staphylococcus Aureus (MSSA - an infection caused by a type of bacteria commonly found on the skin) had been identified and a repeat theme of line infections was established as the source of the increase. A reduction in the number of MSSA line infections was identified as an area requiring improvement and designated as a priority for 20/21 as part of the Trusts Quality Improvement Plan.

What did we aim to achieve?

To reduce the number of MSSA line infections. The focus for 2020-21 QIP has

therefore been the identification of themes and trends within the Root Cause Analysis (RCA's). This was to determine which areas have a significant high incidence rate and develop strategies to address these issues in order to reduce the number of MSSA line infections.



Objectives of the project

The objectives of the project included:

- To review the range of cases linked to line infections
- To identify one area to be used as a pilot
- To develop specialised training for the pilot area
- To learn lessons from the pilot and shared for upscaling

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience:** Improved length of stay
- **Quality Experience:** Timely interventions / treatment will be implemented by appropriate staff member
- **Staff Benefits:** Peer support, enhanced training and clinical supervision
- **Organisational Benefits:** Supports the patient safety strategy and reduces patient harm. Supports Ward to Board communication.

How did we perform?

Following the outbreak of COVID-19 and the significant impact the pandemic had right across the Trust, the full delivery of the QIP could be delivered. However, a number of milestones were achieved and these included:

- A task and finish group was established with key members of staff to represent the clinical areas and infection control team and a pilot area was identified.
- The initial pilot area identified had already shown improved infection rates, therefore the pilot area for the QIP was changed in recognition of the improvements already made.
- Care of Central Venous Access Devices for use with Parenteral Nutrition (PN) information booklet was developed by the Clinical Nurse Educator team.

- Competency checklists were developed for:
 - Blood sampling from a central venous access device competency
 - Removal of acute central venous device competency
 - Acute central venous access device management competency
 - Peripheral inserted central catheter management competency
 - Tunnelled central venous access device competency
- A 'good cannula' poster was amended and shared.
- Key staff members were identified as ward champions and completed their 'Train the Trainer' education.
- Infection Control audit results were circulated and reviewed

Going forward

The QIP was due to be delivered between July 2020 and June 2021. Due to the impact of COVID-19, full delivery of the QIP could not be achieved. This priority will be carried forward for further action, monitoring and evaluation.

Safer Care: Performance against priorities 20/21

✓ Safer Care ► Better Outcomes ► Improved Experience

Priority: Increased 'Stop the Line' reporting and improved staff reporting and satisfaction with the new reporting process and increase measurable actions

Why this was important

The Trust implemented the 'Stop the Line' policy in response to a series of Never Events occurring in surgery. A Never Event is a type of serious incident and are defined as *'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'*. Upon investigation, most of the contributing factors in the Never Events reported were avoidable and harm/potential harm to the patient could have been avoided in each case had the due checks, balances and behaviours been in line with corporate/professional requirements and patient safety evidence. "Stop the Line" was introduced as a mechanism to empower staff members to speak up when they see behaviour or actions that could lead to potential harm.

'Stop the Line' was intended to be used at any point in an operating theatre, interventional procedure room

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



On review of the implemented policy, it was felt further guidance was required including:

- Guidance for staff on what to do once a stop had been called
- Reporting procedures for when 'Stop the Line' had been called taking account of how these events are followed up, identifying any lessons learnt and ensuring learning is disseminated throughout the organisation

Stopping the line to prevent avoidable harm can also be seen as a 'near miss'. A near miss is an event that has the potential to cause harm but does not result in actual harm being caused. Updating the 'Stop the Line' policy to be more in line with the Trust's Incident and Reporting policy which details how near misses are reported, investigated and acted upon would also help the understanding of near misses and the learning from them. Using the Virginia Mason Institute example of how a similar patient safety process had been implemented, a key component was for staff to feel supported and knowing that the issues identified would be addressed.

The aim of this QIP was to test the changes to the process within a single team unit, adapt them where needed and gather feedback on the process before finalising any changes to the policy. The suggested key components of the policy changes are:

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

investigation and actions based on the likely severity outcome prevented.

What did we aim to achieve?

By providing clear guidance on actions and process when a 'Stop the Line' is called, reporting and investigating procedures and learning from the events we will see:

- An increase in 'Stop the Line' being reported
- An increase in staff engagement and satisfaction with the process
- An increase in measurable actions from 'Stop the Line' incidents

Objectives of the project

The objectives of the project included:

- Increase 'Stop the Line' by **50%** in a 6-month period
- Increase documented actions from 'Stop the Line'
- Investigations to a minimum of two per month

Benefits of the project

The identified benefits from implementation of the project include:

- **Patient Experience:** By promoting an environment where staff can take steps to limit preventable harm and learn from near

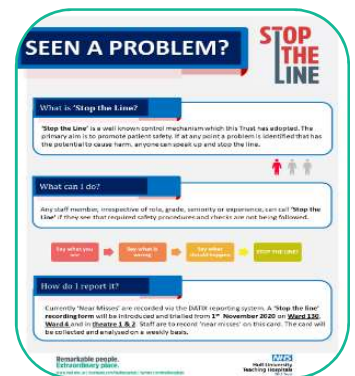
misses and see a reduction in avoidable harm

- **Quality Experience:** Staff should feel more engaged with the policy and procedures around incident reporting and 'Stop the Line'
- **Staff Benefits:** Improved moral and satisfaction with 'Stop the Line' reporting and action feedback
- **Organisational Benefits:** Reduction in avoidable harm

How did we perform?

Following the outbreak of COVID-19 and the significant impact the pandemic had right across the Trust, the full delivery of the QIP could not be achieved. However, a number of milestones were completed and these included:

- A poster was developed to educate staff on what near misses were and promoting 'Stop the Line'.
- A Stop the Line Reporting Form was developed to use as part of the pilot and staff were encouraged to use this form to record 'near misses' and save the forms for a member of the project



- This visit to the ward also allowed for staff in the ward areas to discuss incident reporting, what is classified as a 'Near Miss' is and what 'Stop the Line' is about. As of December 2020 only three reporting forms had been completed. Further education and implementation of other strategies to encourage staff to report 'Near Miss' events were identified.
- The data for all 'Stop the Line' reporting forms submitted and incidents reported via Datix with an outcome of 'Near Miss' or 'no injury or adverse outcome' that had been reported between September and October 2020 for the pilot areas was reviewed. There were no 'Stop the Line' events reported and a total of **38** incidents reported Datix for the pilot areas during the specified period, **5** reported a near miss and the remaining **33** reported 'no adverse injury or adverse outcome'. Following analysis of the **38** incidents reported to determine if these were appropriately reported as near misses, the results indicated that staff awareness regarding what a 'Near Miss' is required improvement. This area for improvement is included as part of this QIP which aims to educate staff on what near misses are, promote better reporting and celebrate staff when an event that could have caused harm is stopped.

Going forward

This study currently shows that there is a need for the ongoing education of staff on what 'near misses' are. There is also a need to regularly remind staff to celebrate their successes at stopping the line by reporting near misses.

The project achieved the agreed deliverables for the first two quarters of 20/21, however, due to the clinical pressures of COVID-19, full progress with the pilot could not be achieved and as a result of this, this project will continue in the pilot areas until October 2021.

This priority will be carried forward for further action, monitoring and evaluation.

Safer Care: Performance against priorities 20/21

✓ Safer Care ► Better Outcomes ► Improved Experience

Priority: Development of a standardised safety brief framework

Why this was important

Safety Brief/Huddles are short Multi-Disciplinary Team (MDT) briefing designed to improve patient safety and care through regular communication. Staff should feel safe to raise concerns about patient safety. MDT's are structured to optimise engagement and exchange only the essential information. It allows staff to anticipate how the knowledge obtained might adversely affect the current situation both immediately and in the near future. A common theme identified from Incidents and Serious Incidents reported is a breakdown or lack of communication within the team. Developing a standardised safety brief framework will allow the safety brief/huddles to be used across the organisation in all clinical settings.

What did we aim to achieve?

To develop a standardised safety brief framework to be used by ward areas and departments.



Objectives of the project

The objectives of the project included:

- To develop a common language for the escalation of patients
- To develop a structured mechanism for effective communication
- To enhance teamwork through communication and co-operative problem-solving
- To share understanding of the focus and priorities of the day by all team member
- To improve situational awareness of safety concerns

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience:** Identification of high risk patients in a timely manner
- **Quality Experience:** Timely interventions/treatment implemented by the appropriate member of staff
- **Staff Benefits:** Mechanism for escalation, peer support and clinical supervision
- **Organisational Benefits:** Support the patient safety strategy, reduce patient harm and support Ward to Board communication.

How did we perform?

Following the outbreak of COVID-19 and the significant impact the pandemic had right across the Trust, the full delivery of the QIP could be delivered. However, a number of objectives were achieved and these included:

- Scoping of existing Local & National Safety Brief Frameworks was undertaken and completed
- Task & Finish Groups were established and the scope of the project had been determined
- The Safety Brief Templates currently in use were gathered for review of consistency and learning

- A checklist was developed for project team to use during inspection of ward safety briefs

Going forward

The QIP was due to be delivered between July 2020 and June 2021. Due to the impact of COVID-19, full delivery of the QIP could not be achieved. This priority will be carried forward for further action, monitoring and evaluation.

Better Outcomes: Performance against priorities 20/21

► Safer Care ✓ Better Outcomes ► Improved Experience

Priority: Improve mental health triage in the Emergency Department

Why was this important

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

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

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

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

What did we aim to achieve?

This priority to improve mental health triage in ED was developed into a project as part of the organisations QIP. The aims of this project were for all adult patients attending ED to have a mental health

triage by an ED nurse on arrival.

Objectives of the project

The objectives of the project included:

- To develop a comprehensive triage assessment
- To ensure all staff are educated in the use of the assessment with the relevant underpinning knowledge (Mental Health)
- To ensure the triage assessment is on a digital platform



Benefits of the project

The identified benefits from implementation of the project included:

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

How did we perform?

Following the outbreak of COVID-19 and the significant impact the pandemic had had on ED and right across the Trust, the full delivery of the QIP could be delivered. However, a number of milestones were achieved and these included:

- A multi-agency task and finish group was established to:
 - scope existing and national mental health triage assessments
 - scope the requirements of a pilot scheme and roll-out
- A Mental Health Triage Assessment tool was completed and approved as part of the roll out
- Discussions held regarding the digital capability of uploading the tool to be used electronically by staff
- Training on the assessment tool was provided to senior staff within ED
- An education package for training delivery by senior staff was developed. The pilot scheme commenced in January 2021

- The mental health triage assessment tool required auditing to ensure the tool has been embedded and consistently being used

Going forward

The QIP was due to be delivered between July 2020 and June 2021. Due to the impact of COVID-19, full delivery of the QIP could not be achieved. This priority will be carried forward for further action, monitoring and evaluation.

Better Outcomes: Performance against priorities 20/21

► Safer Care ✓ Better Outcomes ► Improved Experience

Priority: Empowerment of the non-registered workforce to improve the delivery of the SSKIN care bundle

Why was this important

SSKIN care bundles are used to help prevent and treat pressure ulcers. SSKIN is a five step approach to help prevent and manage pressure ulcers:

- Surface
- Skin inspection
- Keep moving
- Incontinence
- Nutrition and hydration

All pressure ulcer related damage is required to be reported as an incident via Datix. Hospital acquired pressure ulcer incidents have remained static and lessons learned continue to highlight missed opportunities for preventing or deteriorating pressure damage.

Themes following completion of pressure ulcer related incidents included issues with leadership, team culture and team communication resulting in the sub-optimal delivery the SSKIN care bundle and empowerment of the non-registered workforce to improve the delivery of the SSKIN care bundle was identified as an area requiring improvement and designated

as a priority for 20/21 as part of the Trusts Quality Improvement Plan.

What did we aim to achieve?

The aim of this project is to focus improvement in the delivery of the SSKIN care bundle.

Objectives of the project

The objectives of the project included:

- This project aims to empower the non-registered workforce to lead on the implementation, decision-making and communication to improve the quality of care and the safety of the patient.

Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience:** Identification of high risk patients in a timely manner
- **Quality Experience:** Timely interventions/treatments will be implemented by the appropriate member of staff
- **Staff Benefits:** Improved staff knowledge and competence
- **Organisational Benefits:** Supports the patient safety strategy and reduces patient harm.

How did we perform?

Following the outbreak of COVID-19 and the significant impact the pandemic had right across the Trust, the full delivery of the QIP could not be delivered. However, a number of milestones were achieved and these included:

- A task and finish group was established to determine the scope and delivery of the project along with the identification of key stakeholders and agreed responsibilities and governance arrangements. Expressions of interest were sought from non-registered staff across the Trust and student nurses if they wished to participate as part of the project.
- Two dates (one at HRI and one at CHH) were organised for the staff identified above to attend a 'Big Conversation' type session. At these sessions the project team had a number of key questions which they asked staff to see how best to deliver the QIP.



- A scoping exercise was undertaken to identify any other NHS Trusts with similar areas of project improvement. There were no other NHS Trusts identified that had comparable improvement projects.

Not all of the tasks planned for the first quarter of 20/21 were completed due to the impact of the pandemic across the trust. This in turn impacted on the commencement of the second phase of the project by the movement of wards as per the COVID-19 contingency and surge plans. The project team reviewed alternative actions that could be implemented as part of the second and third phase of the project and the following actions were initiated:

- Successfully negotiated and enabled surge wards to open in a timely manner
- Onsite availability of equipment to safely nurse COVID-19 patients living with obesity and provide immersion therapy to patients nursed in the critical care setting who require to be nursed in the prone position (face down).
- Pressure ulcer prevention for patients with COVID-19 was recorded using the SPACES (Support, Product, Acquisition, Contribution, Engagement, and Success) framework, therefore education focused on supporting staff with the correct use of this tool rather than the SSKIN bundle.
- Recognised safety risk on the corporate risk register related to the aged dynamic mattress stock was successfully removed through secured funding to replace **215** dynamic mattresses.

Going forward

The QIP was due to be delivered between July 2020 and June 2021. Due to the impact of COVID-19, full delivery of the QIP could not be achieved. This priority will be carried forward for further action, monitoring and evaluation.

Improved Experience: Performance against priorities 20/21

► Safer Care ► Better Outcomes ✓ Improved Experience

Priority: Improved preceptorship

Why was this important

The Nursing and Midwifery Council (NMC) defines a preceptorship as '*a period to guide and support all newly qualified practitioners to make the transition from student to develop their practice further*'.

The NMC strongly recommends that all new registrants have a period of preceptorship when commencing employment.

A recent survey of the Trust's new registrants highlighted that the preceptorship they had received was not consistently delivered across the organisation. This led to some staff receiving excellent preceptorship and some staff experiencing very limited preceptorship. It was clear from the results of this survey that there was a lack of clear understanding about what preceptorship is, and how this should be provided.

There is evidence to suggest newly registered nurses leave the profession and our organisation in the first 4 years of their career, and we want to maintain our registered nurses in the profession and Trust in line with the Trust's Retention strategy

What did we aim to achieve?

To provide a consistent framework of preceptorship for all of our new registrants, where they feel supported and are enabled to develop into confident and competent practitioners.



Objectives of the project

The objectives of the project included:

- To define preceptorship as an organisation
- To share the definition through an updated policy for preceptorship
- Work with key stakeholders to provide an educational package to support preceptors and to develop a more robust approach to preceptorship
- To reduce staff turnover rates
- To reduce clinical incidents/ SI's involving new registrants
- To improve the quality of care patients receive.
- Improved staff experience/satisfaction which is shown with improved staff survey results for RNs and newly qualified RNs
- Progression to consider well-being study and improved well-being for staff in this group for newly qualified

Benefits of the project

The identified benefits from implementation of the project included:

- **Staff satisfaction:** Improved preceptorship, improved support and staff knowledge linking to improved retention
- **Patient Experience:** Improved staff knowledge and morale directly impacts on the patient experience.
- **Staff Benefits:** Improved skills, knowledge and experience of staff providing the care leading to improved care provision
- **Organisational Benefits:** Seamless progression from preceptorship to clinical supervision

How did we perform?

Following the outbreak of COVID-19 and the significant impact the pandemic had right across the Trust, the full delivery of the QIP

could be delivered. However, a number of milestones were achieved and these included:

- A review of the Trust's position on preceptorship was undertaken in order to develop the project plan.
- The Preceptorship Task and Finish Group was developed and included key stakeholders with expertise, knowledge and experience to support the group. The terms of reference were agreed and roles and responsibilities were agreed and assigned to members of the Task and Finish group.

Going forward

The QIP was due to be delivered between July 2020 and June 2021. Due to the impact of COVID-19, full delivery of the QIP could not be achieved. This priority will be carried forward for further action, monitoring and evaluation.

Improved Experience: Performance against priorities 20/21

► Safer Care ► Better Outcomes ✓ Improved Experience

Priority: Improved patient and staff experience

Why was this important

Patient and Public Involvement (PPI) empowers people to have a say on the services provided, improves the quality of care delivered, enables services to understand what matters to patients and the public and enables continual improvements to improve patient safety and patient experience.

Following a review of the current provision of tools for PPI within the Trust, it had been identified that improvements could be made.

The focus of the QIP will be to undertake a review of the current arrangements for PPI, development of clear, robust and engaging PPI strategy and corresponding action plan with the intention to enhance PPI across the Trust in all patient age groups and fundamental consultation processes.

What did we aim to achieve?

To develop and implement a PPI Strategy

Objectives of the project

The objectives of the project included:

- To scope existing PPI structures and processes internally and externally presenting a report on this with recommendations in line with National and Regulatory requirements and standards
- To develop a PPI strategy and action plan to deliver the strategy utilising the Trust Patient Experience and Engagement Committee



Benefits of the project

The identified benefits from implementation of the project included:

- **Patient Experience:** Using PPI to improve services and patient experience
- **Quality Experience:** Improve Trust services by having a robust strategy and action for PPI
- **Staff Benefits:** Improved knowledge of PPI and how to utilise for patient/service developments/assessments.
- **Organisational Benefits:** Compliance with CQC and national standards and improved reputation with external stakeholders and the public.

How did we perform?

Following the outbreak of COVID-19 and the significant impact the pandemic had right across the Trust, the full delivery of the QIP could not be delivered. However, a number of milestones were achieved and these included:

- Meetings with the Trusts Improvement Team concerning the Optimise2 project (Outpatient Department patient engagement project) and Hull and East Riding Healthwatch were held.

- A Task and Finish Group was developed to review and complete the self-assessment section of the NHSE Patient Experience Framework which is an evidence-based framework centred on Care Quality Commission key themes to enable NHS providers to continuously improve the experience of patients. The self-assessment was facilitated by the Senior Improvement Manager Patient Experience, NHS Improvement and NHS England. The task and finish group included a wide range of participants and bringing their knowledge and experience to the group. The domains in the self-assessment consisted of the following and supports the key elements of the PPI project:
 - Leadership (patient focused)
 - Organisational Culture
 - Capacity and capability to effectively collect feedback
 - Analysis and triangulation
 - Using patient feedback to drive quality improvement and learning
 - Reporting and publication
- Development of the standards for Trust aspiration for excellence for the project were completed.
- Active patient council recruitment is in progress

Going forward

The QIP was due to be delivered between July 2020 and June 2021. Due to the impact of COVID-19, full delivery of the QIP could not be achieved. This priority will be carried forward for further action, monitoring and evaluation.

2.2 Performance Against Other Quality and Safety Indicators

This section covers:

- [Seven day services within the NHS](#)
- [Patient Safety Incidents](#)
- [Serious Incidents and Never Events](#)
- [Patient Safety Alert compliance](#)
- [NHS staff survey results](#)
- [Whistleblowing and freedom to speak up](#)
- [Duty of Candour](#)

2.2.1 Seven day services within the NHS

What does it mean to provide seven-day services?

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

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

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

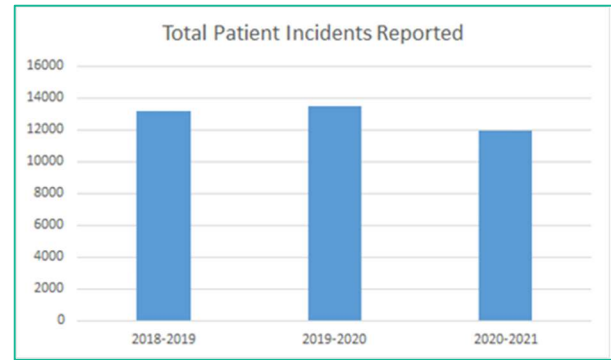
Progress and monitoring of the clinical standards for seven-day services has been temporarily suspended following direction from NHS Improvement to release NHS services to manage the impact of the COVID-19 pandemic. Work on seven-day services will resume following the easing of COVID-19 restrictions and return to normal activities.

2.2.2 Patient Safety Incidents

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

A total number of **11980** patient safety incidents were reported in 2020/21, a slight decrease on previous years, however, this was as expected as during 2020 the Trust was responding to the COVID-19 pandemic and many normal in-patient activity was paused.

The table to the right shows our incident reporting rates during 2020/21 with comparison against previous years:

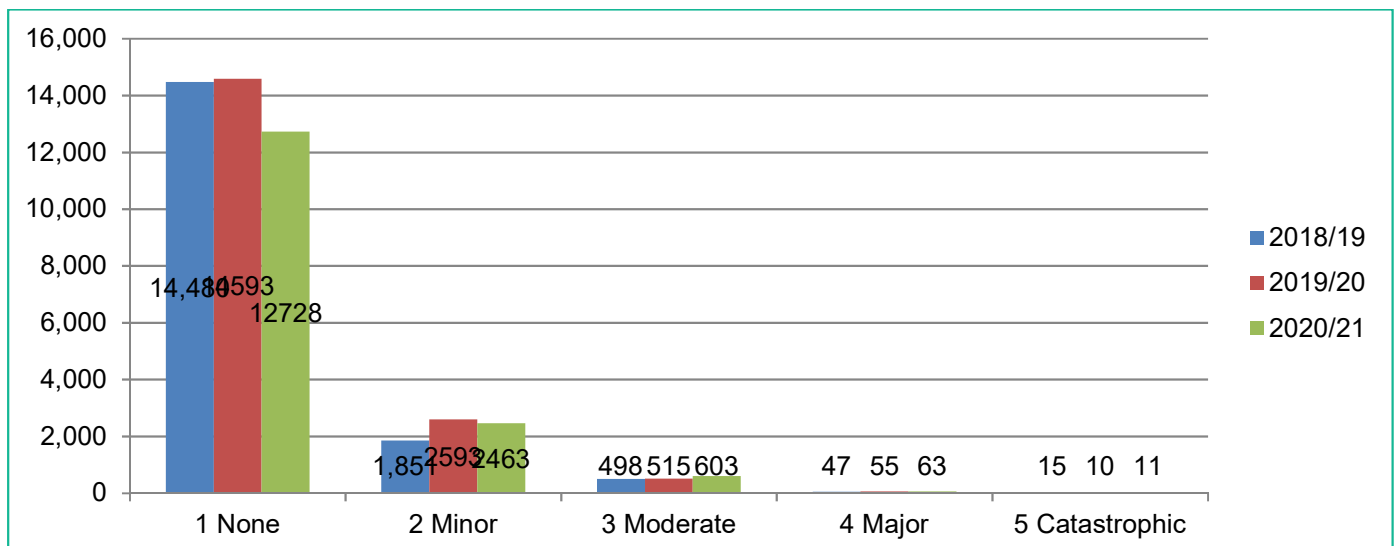


The patient safety incidents when reviewed against bed occupancy is shown below:

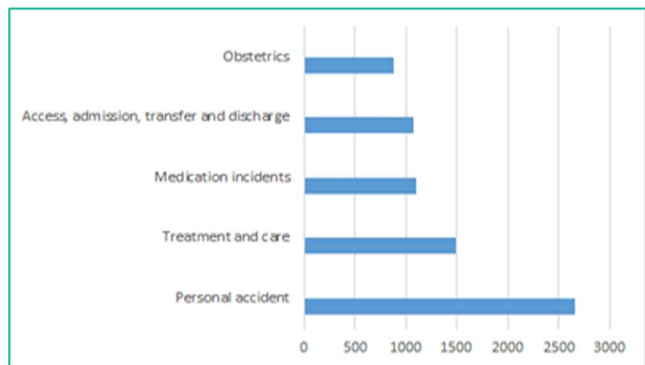
Number of incidents reported	Bed occupancy	Incidents per 1000 bed days	Incidents reporting an Injury	Incidents reporting a Near Miss	Incidents reporting No Injury
11980	285630	41.94	2434	1275	8271
As a percentage			20%	11%	69%

The Trust encourages incident reporting, and recognises that a good incident reporting rate is a sign of a healthy patient safety culture. The Trust monitors its levels of harm within the Health

Groups and the Quality Governance and Assurance Directorate, and levels of harm may be adjusted, either increased or decreased, according to information known about the event.



The table below demonstrates the most reported types of incident during 2020/21:



The Trust is committed to reducing harm from these types of incidents reported, and the themes within the highest reported incidents are reflected into the Trust Quality Improvement projects.

Incident reporting patterns should be interpreted alongside other information such as our NHS Staff Survey results on reporting culture and practice.

The Trust's 2020 NHS Staff Survey results published in March 2021, shows an improvement around how our staff feel about our patient safety culture, in reference to errors and near misses.

The results show that:

- ✓ We treat staff involved in an error, near miss or incident fairly
- ✓ When errors, near misses or incidents are reported, we take action to ensure that they do not happen again
- ✓ Staff are given feedback about changes made in response to reported errors, near misses and incidents

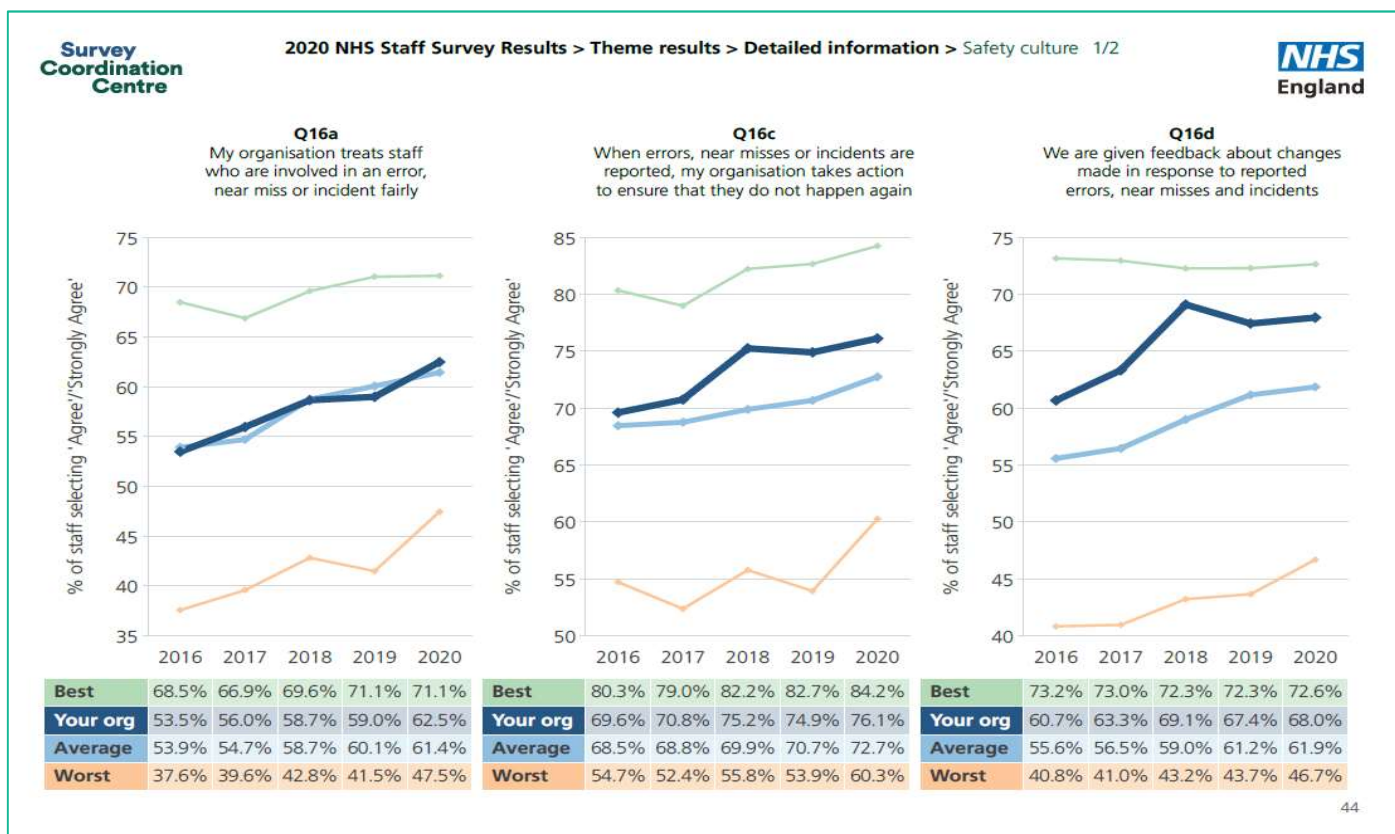


Figure 1; extract from 2020 Staff Survey Results

During 2020/21 the impact of COVID-19 meant that communication methods for sharing learning from incidents had to be revised.

The Quality Governance and Assurance Directorate continued to publish newsletters and bulletins on incidents, but on a less regular basis, to allow for key COVID-19 specific communications to be the focus for staff. Face to face sharing of learning, via patient safety roadshows (launched in 2019/20) were also paused.

Items shared via the Trust Lessons Shared newsletter during 2020/21 were PPE harms to staff, themes from COVID-19 incidents and specific learning from investigations.

As per the whole NHS family, the Quality Governance and Assurance Directorate quickly moved to a virtual world for their meetings, and were able to continue sharing learning to the Health Groups remotely.

2.2.3 Serious Incidents and Never Events

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

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

Total number of Never Events (NE) and Serious Incidents (SIs) declared:

The below table demonstrates the total number of Never Events and Serious Incidents (SIs) declared during 2018/19, 2019/20 and 2020/21:

	2018/19	2019/20	2020/21
Total NE Declared	0	7	1
Total SIs Declared	71	59	95
Total*	71	66	96

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

The Trust declared **1** Never Event in 2020/21; a reduction of **86%** from the **7** Never Events reported in 2019/20 which was the highest number in any reporting period.

The Trust undertook a timely investigation into the Never Event which was a Wrong Site Surgery through a simulation event.

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

COVID-19 impacted on the way the Trust investigated Serious Incidents in 2020/21. This included the relaxation of timescales for the completion of Serious Incident investigations. In agreement with the local CCG's, the 60-day timescale for the completion of investigations were removed and will continue into 2021-22. For each newly declared Serious Incident a 72-hour report is produced within 5 days. This has enabled early identification of immediate actions and learning from the incidents to be at the forefront to ensure that proportionate investigations have been undertaken. In addition, due to restrictions such as social distancing and staff availability to input and provide information for the investigations, the methods of investigations have moved away from traditional panel meeting investigations to other methods such as table top reviews and use of virtual meeting platforms.

The Trust continues to evolve the way in how Serious Incidents are investigated to ensure they are investigated proportionally and with the involvement of patients and their families. Patients and their representatives are regularly invited to ask questions to the investigation panel and to agree the terms of reference of the investigation to ensure that a full holistic picture of the consequences of the incident are considered during the investigation, not just how the incident has impacted on the Trust.

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

The Serious Incident Committee continues to oversee the completion of Investigations providing additional scrutiny and assurance that key factors identified are addressed by the actions. The committee is also responsible for reviewing themes and trends arising from investigations.

Types of SIs and Never Events declared:

The below table demonstrates the types of SIs and Never Events declared during 2018/19, 2019/20 and 2020/21:

Serious Incident Type	2018/19	2019/20	2020/21	
Treatment Delay	14	2	16	▲
Patient Fall	3	3	16	▲
Delayed Diagnosis (diagnostic incident)	7	16	22	▲
Pressure Ulcer	7	7	9	▲
Surgical/Invasive Procedure incident	3	4	5	▲
Sub-optimal care of the deteriorating patient	6	2	2	▶◀
12 hour ED trolley breaches	0	0	1	▲
Drug Incident	4	3	4	▲
HCAI/Infection Control Incident	0	0	1	▲
Never Event – Retained Foreign Object	0	1	0	▼
Never Event – Wrong Site Surgery	0	5	1	▼
Never Event – Misplaced Naso-gastric Tube	0	1	0	▼
Never Event – Unintentional Connection to Air Flowmeter	0	1	0	▼
Retained dressing (not a Never Event)	0	1	0	▼
Retained foreign object (not a Never Event)	1	0	2	▲
Wrong Site Surgery (not a Never Event)	1	0	0	▶◀
Unplanned NICU admission	1	0	1	▲
Maternity/Obstetric Incident	8	5	8	▲
Others	7	15	8	▼
Totals	71	66	96	▲

2.2.4 Patient Safety Alerts Compliance



Patient safety alerts are used to inform the healthcare system of recognised safety risks and offer appropriate guidance for the prevention of incidents that may result in severe harm or death to patients. These alerts are

issued by NHS Improvement through the Central Alerting System (CAS) which is a web-based cascade tool utilised for issuing alerts, public health messages and useful safety information to the NHS and other healthcare organisations.

Patient safety alerts are developed with input, advice and guidance from the National Patient Safety Response Advisory Panel, which assembles frontline healthcare staff, patients and their families, safety experts, royal colleges and other professional and national bodies. The panel discuss and advise on approaches to respond to patient safety issues through the publication of alerts which are identified through the clinical review of incidents reported to the NRLS and Strategic Executive Information System by NHS Trust and other health care providers and also from concerns raised by members of the public.

Alerts can also be issued where there is a common problem occurring throughout the NHS and can be an important part of a wider programme of work. Systems and equipment are commonly subject to patient safety alerts where there are recognised errors or faults and would therefore require action to be taken to reduce the risk to patient safety.

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

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

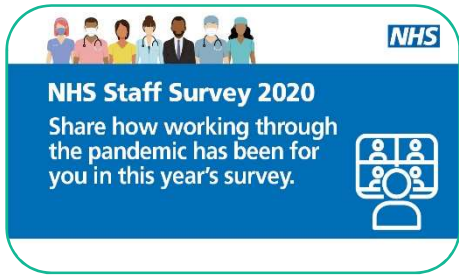
The below table demonstrates the alerts received during 20/21 and the Trust response:

NHS England NPSAS alerts issued 2020/21 and the Trust's progress:

Reference	Alert Title	Issue Date	Deadline	Trust Response
NatPSA/2021/001/MHRA	Supply disruptions of sterile infusion sets and connectors manufactured by Becton Dickinson (BD)	11-Mar-21	31-Mar-21	Action ongoing
NatPSA/2020/008/NHSPS	Deterioration due to rapid offload of pleural effusion fluid from chest drains	01-Dec-20	01-Jun-21	Action ongoing
NatPSA/2020/007/MHRA	Philips Respironics V60 ventilator actions to be taken to avoid potential unexpected shutdown leading to complete loss of ventilation.	23-Sep-20	07-Oct-20	Action resolved
NatPSA/2020/006/NHSPS	Foreign body aspiration during intubation, advanced airway management or ventilation	01-Sep-20	01-Jun-21	Action ongoing
NatPSA/2020/005/NHSPS	Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults	13-Aug-20	13-May-21	Action ongoing

Reference	Alert Title	Issue Date	Deadline	Trust Response
NatPSA/2020/004/NHSPS	Risk of death from unintended administration of sodium nitrite	06-Aug-20	06-Nov-20	Action resolved
NatPSA/2020/003/NHSPS	Blood control safety cannula and needle thoracostomy for tension pneumothorax	02-Apr-20	09-Apr-20	Action resolved
NatPSA/2020/002/NHSPS	Interruption of high flow nasal oxygen during transfer	01-Apr-20	08-Apr-20	Action resolved

2.2.5 NHS Staff Survey Results



The 2020 NHS National Staff Survey ran from 21 September to 27 November 2020. This was a full census survey in which **3,387** staff returned a survey, equating to **38%** of the workforce. The response rate nationally for acute trusts was **45%**.

The Trust has received a full survey report, which is available online at www.nhsstaffsurveys.com.

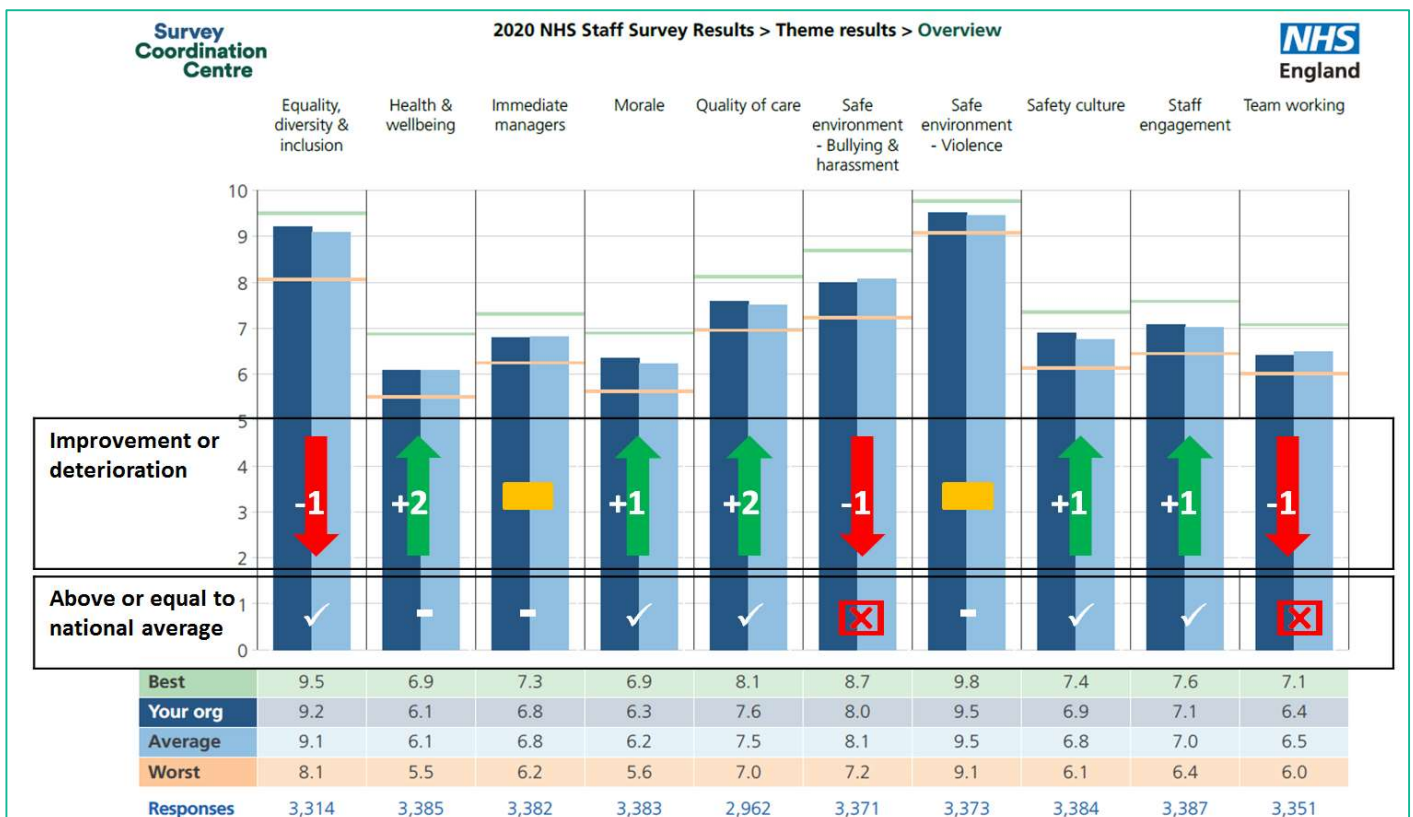
Key Themes

In the previous national staff survey, **11** key themes were identified. In the 2020 survey the key theme of Quality of Appraisals has been removed in acknowledgement of the issues most organisations faced during 2020 with running a normal appraisal process.

The key themes are as follows:

1. Equality, Diversity and Inclusion
2. Health and Wellbeing
3. Immediate Managers
4. Morale
5. Quality of Care
6. Safe Environment: Bullying
7. Safe Environment: Violence
8. Safety Culture
9. Staff engagement
10. Team working

For each of the key themes organisations receive a score out of ten. Overall the Trust has seen an improving performance in the National Staff Survey each year for five years. We perform better than or equal to the national average for **8** of the **10** key themes in the National Staff Survey. Five themes showed an improvement and three showed a deterioration since 2019. The following image shows the Trust's performance compared with the national average, best score in the NHS and worst score in the NHS for each of the ten key themes:



Staff Engagement

Staff engagement has been a key measure for our Trust for over five years with performance measured quarterly. Good staff engagement is linked to better performance, better patient outcomes and is associated with high performing organisations.

The engagement score is based on nine questions in the survey and makes up one of the key themes above. Nationally the Trust performs better than the average for Trusts with a score of **7.1** out of **10**.

From May 2021, it will be a mandatory requirement for all NHS trusts to run a quarterly staff engagement survey. As the Trust has been monitoring engagement quarterly for over five years, we have a comprehensive set of data down to ward and department level where ten or more staff complete a survey. This enables managers to understand how their teams are feeling and take action to address any issues they identify.

Our scores against the national average, best score in England and worst score in

England over five years show a consistent and improving picture:



Action to take

Discussions are being held now with Health Groups to understand what their approach will be to delivering improvements both in the most challenged areas but also with their most engaged and motivated teams. People Plans are being developed by each Health Group and Directorate which will form a key element in the quarterly performance reviews for those areas. These action plans will be closely monitored and measured by performance in the quarterly staff engagement surveys which will run from May 2021.

To complement this work, the Trust is developing a set of key principles for the Executive team and our managers to sign up to, which will set out our approach to delivering our recovery plans with the full engagement of our teams, acknowledging their need to pause and reflect on the year that has gone before us as well as work on their ideas and innovations that will help the organisation to achieve its goals. It is vital that we continue to put our staff first and acknowledge that their health and wellbeing is critical to the delivery of our activity and the care of our patients.

As set out by the Chief Executive we know that the health and wellbeing of our staff is of paramount importance as we strive to recover our patient activity. We will be constantly reviewing other indicators including staff sickness absence during the year to ensure our teams are well supported and engaged in our priorities for 2021/2022.

2.2.6 Whistleblowing and Freedom to Speak Up

Whistleblowing

In line with the NHS Constitution and Trust values, the Trust is committed to achieving the highest possible standards of quality, honesty, openness and accountability in all of our practices.

An important aspect of accountability and openness is a mechanism to enable employees, workers and volunteers to voice their concerns in a responsible and effective manner and for them to feel valued for doing so. 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.

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 that their disclosure is in the public interest.

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

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

In addition to the legal framework, in 2010 the NHS Staff Council agreed that 'Employees in the NHS have a contractual right and duty to raise genuine concerns they have with their employer about malpractice, patient safety, financial

impropriety or any other serious risk they consider to be in the public interest'. This change has been incorporated into the Terms and Conditions of Service Handbook for staff employees.



The Francis Report 'Freedom to Speak Up – A review of whistleblowing in the NHS' published in February 2015, clearly indicated that NHS staff did not feel safe raising their concerns about patient care that was being delivered. A key theme of the report was the requirement for openness, transparency and candour about matters of concern; the need for a 'just culture' as opposed to a 'no blame culture'.

Following on from the Francis Report, in April 2016 NHS England introduced 'The Freedom to speak up: raising concerns (whistleblowing) policy.' This policy was one of the recommendations from the Francis review and it aimed at improving the whistleblowing experience in the NHS.

The Trust's Raising Concerns policy incorporates the recommendations from the Francis Review stating that all staff are able to raise concerns at an any level, in the right way, and with the assurance that they will be dealt with properly. The Trust's Raising Concerns policy and governance arrangements are reviewed periodically by the Trust's Audit Committee to ensure the Trust continues to meet national requirements and expectations on supporting staff to speak up. Likewise, the Trust's policy has been subject to an internal audit review, which gave positive assurance that the Trust has effective arrangements in place to support staff to speak up.

Concerns may be raised via internal reporting processes, for example:

- DATIX (Incident Reporting tool)

- Line Manager
- Lead Clinician
- Matron
- Staff Side Representative
- Human Resources
- Occupational Health
- Chaplains
- Freedom to Speak Up Guardian
- Staff Advice Liaison Service (SALS)
- Safeguarding Team

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

- A member of a Health Group Triumvirate
- A Deputy/Assistant Director
- A Divisional General Manager/Divisional Nurse/Clinical Director
- Heads of Service
- Wellbeing Champions

Concerns may be raised to the most senior level of management; for example:

- A Chief/Director
- The Chief Executive
- A Non-Executive Director (NED) – the Senior Independent Director in particular has a role to support staff who need to blow the whistle
- Freedom to Speak Up Guardian

If the member of staff feels unable to report at any of these levels for any reason, or feels their concerns have not been addressed adequately at an earlier level, they may choose to report their concerns externally.

Concerns may be raised with an external regulatory body (which includes prescribed bodies or persons). The Trust would urge staff to allow the Trust the opportunity to investigate and resolve the concerns prior to reporting externally if at all possible. If the investigation finds the allegation is unsubstantiated and all internal procedures have been exhausted, but the member of staff is not satisfied with the outcome, the Trust recognises the lawful rights of employees to make disclosures to prescribed persons. In order to maintain the protection afforded by the Act, disclosure other than to the Trust must be made to prescribed bodies or

persons and the Trust encourages staff to notify the Chief Executive of their intention to disclose their concerns externally. The Trust also encourages staff considering this course of action to seek advice from the Trust's Freedom to Speak up Guardian.

Freedom to Speak Up

In May 2021, the Trust appointed Fran Moverley as the Freedom to Speak up Guardian and is the Director of Quality Governance. Fran in her role as the Freedom to Speak up Guardian is available to support any colleague who is concerned about an issue that affects patient care, and if they are not sure about how to raise this issue in the organisation.

Speaking up about colleagues' behaviours can be very difficult. Likewise, raising questions about patient safety can also be intimidating, as staff may be worried about the reaction from colleagues. If staff notice themselves in this position, they are encouraged to contact the guardian, or the Staff Advice and Liaison Service (SALS), in confidence to talk through the issue and to receive support.

The Freedom to Speak up Guardian reports directly to the Trust Board on their work on a quarterly basis. This includes the types of concerns being raised through this role and through SALS, so that the Trust Board is sighted on the issues being raised up in the organisation. This information is published with the Trust's public Board papers and a full-year review is included in the Trust's Annual Report.

Freedom to Speak up Guardians is supported by the National Guardian's Office (NGO). The NGO's office undertakes Trust reviews of the culture of speaking up in individual Trusts and publishes these reviews as case studies for cross-NHS learning. These are reviewed by the Trust's Freedom to Speak up Guardian and included in the updates to the Trust Board. In addition, the NGO publishes a '[speaking up index](#)', which measures positive speaking up cultures in each NHS organisation. Hull University Teaching Hospital NHS Trust's current index shows a positive speaking up culture and that staff know how to, and feel able to raise 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 and Assurance Department, who ensures that response to patients and their representatives, is sent in a timely manner, and to check the quality and content of letters, to ensure that information sent to patient and their representatives is open and honest. Compliance is monitored and reported to the Health Groups and Operational Quality Committee for assurance and action.

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. This compliance is monitored to a target of **90%** compliance, allowing for those incidents which require more time to provide an open and honest apology and response.

Duty of Candour compliance rates

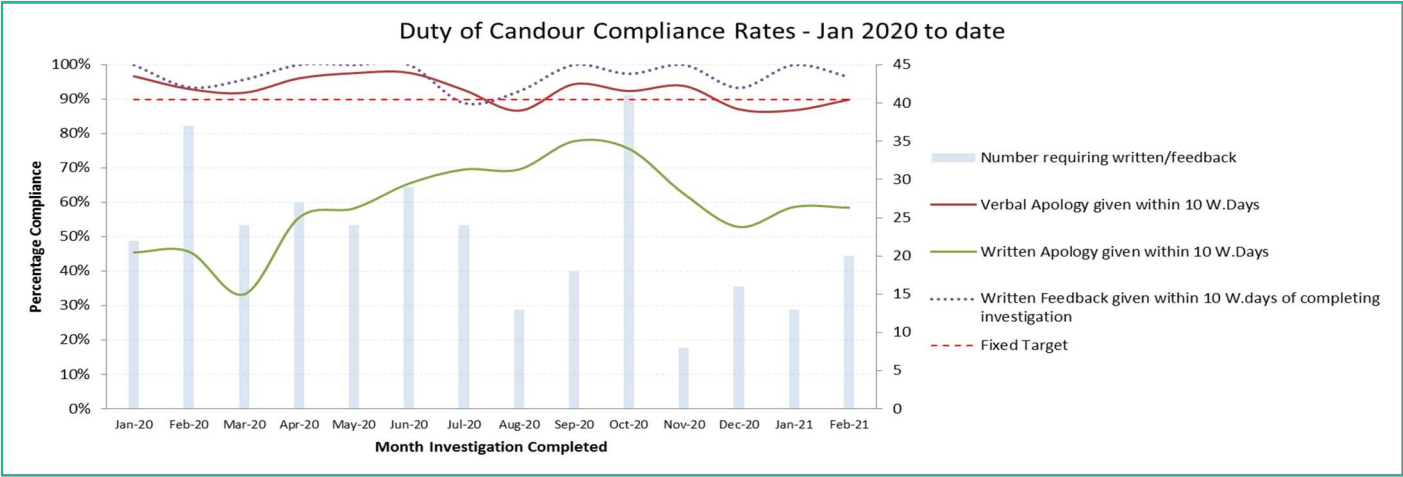
Each element of the duty of candour compliance is monitored against the **90%** target (fixed target) for verbal and written apologies followed by written feedback provided following completion of investigations.

It is recognised that further assurances are necessary to ensure compliance rates are met for incidents that have met the threshold where the application of Duty of Candour is required.

Work is underway to address the issues around non-compliance with the fixed targets including:

- Review of the current process in place for monitoring Duty of Candour
- Identify the issues where delays may occur
- Identify changes to the process to ensure improvements and fixed targets are met

This graph below demonstrates compliance against the fixed targets from January 2020 to February 2021;



2.3 Statements of Assurance from the Board

This section covers:

- [Review of services](#)
- [Participation in clinical audits](#)
- [Participation in clinical research](#)
- [Goals agreed with our commissioners: use of the CQUIN payment framework](#)
- [What others say about the Trust: CQC](#)
- [Secondary Uses Service: NHS number and general practice code validity](#)
- [Information Governance](#)
- [Payment by Results Clinical Coding Audit](#)
- [Learning from Deaths Update](#)
- [Reporting against core indicators - NHS Digital](#)

2.3.1 Review of services



During 2020/21 the Hull University Teaching Hospitals NHS Trust provided and /or sub-contracted **40** NHS services within **5** Health Groups and **14** Divisions.

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

The income generated by the NHS services reviewed in 2020/21 represents **100%** of the total income generated from the provision of NHS services by the Hull University Teaching Hospitals NHS Trust for 2020/21.

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 2020/21, **44** national clinical audits and **1** national confidential enquiry 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 participate in during 2020/21 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 2020/21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry is listed in the last column:

Audit:	Participated	% of Cases Submitted
Peri- and Neonatal		
National Neonatal Audit Programme (NNAP)	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	100%
Children		
Pain in Children in Emergency Departments - College of Emergency Medicine	✓	Data entry closes 3 October 2021
National Paediatric Diabetes Audit (NPDA)	✓	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	✓	100%
Acute care		
Fractured Neck of Femur in the Emergency Department (RCEM)	✓	100%
Infection Prevention and Control in the Emergency Department (RCEM)	✓	100%
National Emergency Laparotomy Audit (NELA)	✓	HRI 100% CHH 89%
Adult Critical Care (Case Mix Programme – ICNARC)	✓	100%
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	✓	100%
National Audit of Seizure Management in Hospitals (NASH3)	✓	100%
Long term conditions		
Diabetes (National Adult Diabetes Audit)	✓	Data entry closes 30 June 2021
Diabetes in Pregnancy Audit	✓	Data entry closes 30 April 2021
Diabetes Footcare Audit	✓	60%
NaDIA-Harms (Diabetic Inpatient Harms in England)	✓	25%

Audit:	Participated	% of Cases Submitted
Inflammatory Bowel Disease Programme / IBD Registry	X	The Trust's Capital Resource Allocation Committee has approved the purchase of the system which is expected to be included in the Trust's Capital Programme for 2021/22
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	✓	Data entry closes 30 April 2021
British Association of Urological Surgeons (BAUS) Urology Audit – Female Stress Urinary Incontinence	✓	100%
UK Cystic Fibrosis Registry	✓	100%
Neurosurgical National Audit Programme	✓	100%
National Ophthalmology Database Audit	X	The hardware is currently being installed in theatres after delays due to Covid-19. It is expected that the audit will be rolled out later this year.
Elective procedures		
National Joint Registry (NJR)	✓	100%
National Audit of Percutaneous Coronary Interventions (PCI)	✓	100%
National Vascular Registry	✓	100%
BAUS Urology Audits	✓	100%
British Spine Registry	✓	100%
UK Registry of Endocrine and Thyroid Surgery	✓	Data entry closes 31 July 2021
Perioperative Quality Improvement Programme (PQIP)	X	Data collection has been put on hold due to Covid-19
Adult Cardiac Surgery Audit (ACS)	✓	100%
National Bariatric Surgery Registry (NBSR)	✓	100%
Heart		
Acute Myocardial Infarction and other Acute Coronary Syndrome (Myocardial Ischaemia National Audit Project - MINAP)	✓	100%
National Heart Failure Audit	✓	48%
Cardiac Rhythm Management (CRM)	✓	Data entry closes 30 April 2021
National Cardiac Arrest Audit (NCCA)	✓	100%
Cancer		
Lung Cancer (National Lung Cancer Audit)	✓	100%
Bowel Cancer (National Bowel Cancer Audit Programme)	✓	100%
Oesophago-gastric Cancer (National O-G Cancer Audit)	✓	100%
National Prostate Cancer Audit	✓	100%
Head and Neck Audit (HANA)	✓	100%
Trauma		
Major Trauma (Trauma and Audit Research Network)	✓	93%
Older People		
Falls and Fragility Fractures Audit Programme (FFFAP)	✓	100%

Audit:	Participated	% of Cases Submitted
National Audit of Breast Cancer in Older People (NABCOP)	✓	100%
Acute Stroke (Sentinel Stroke National Audit Programme - SSNAP)	✓	94%
Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBBRACE – UK)		
Maternal Infant and Perinatal Programme (MBBRACE-UK)	✓	100%

Actions

The reports of **22** national clinical audits were reviewed by Hull University Teaching Hospitals NHS Trust in 2020/21 and Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Audit	Proposed Actions
National audit	
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	<ul style="list-style-type: none"> To develop a proforma to complete in clinic which will ensure patients are screened for coeliac disease and carb counting To contribute to a Quality Improvement project with Royal College of Paediatrics. This is developing a web based platform for patients to improve diabetes control in children To implement a home testing kit for HbA1C. This will ensure that results are available at the time of the clinic appointment
National Cardiac Arrest Audit (NCAA)	<ul style="list-style-type: none"> To encourage the use of ReSPECT to set appropriate goals of care by adding to the COVID-19 clerking documentation
National Epilepsy 12 Audit	<ul style="list-style-type: none"> To liaise with other services to develop a pathway for children and young people who are transitioning to adult services and who have additional needs To work with the Psychology team to develop a Mental Health Screening questionnaire to deliver in clinics. Also to commence monthly meetings involving the Specialist Nurses and the Clinical Psychologist
National Bowel Cancer Audit (NBOCA)	<ul style="list-style-type: none"> To increase the number of patients seen by a clinical nurse specialist To work with the MDT team to improve data submission for recording ASA grade
National Vascular Registry	<ul style="list-style-type: none"> To introduce a carotid referral pathway To appoint an additional vascular physician
Sentinel Stroke National Audit Programme (SSNAP)	<ul style="list-style-type: none"> To develop and run a trial of a communications screen for all new patients, to improve the timeliness of referrals to the Speech and Language Therapy team To remind staff to always use the DISC assessment sticker (for mood and cognition screening) even where no issues are identified, to ensure accurate identification of those patients that have had the appropriate assessments carried out
National Prostate Cancer Audit (NPCA)	<ul style="list-style-type: none"> To carry out a snapshot audit on men who receive docetaxel To continue to work at improving the data completeness, specifically 'Performance status' and 'Multiparametric MRI'
National Audit of Breast Cancer in Older People (NABCOP)	<ul style="list-style-type: none"> No further action required
National Audit of Care at the End of	<ul style="list-style-type: none"> To ensure e-learning for end of life care is available to all staff via

Audit	Proposed Actions
Life	<p>hey247</p> <ul style="list-style-type: none"> To implement EPaCCS with community partners across HCV which will increase the number of advance care plans documented and available to see in HUTH To update end of life guidance to ensure clear indications are written for anticipatory medications and amend prescribing on ePMA where able. To ensure education provided to prescribers regarding anticipatory medications
Neonatal Intensive and Special Care (National Neonatal Audit Programme - NNAP)	<ul style="list-style-type: none"> To develop a Neonatal Service Nurse Staffing strategy and action plan using Neonatal CRG recognised toolkit to ensure correct staffing levels and structure are identified To recruit a neonatal feeding support lead to encourage and support breastfeeding mothers of preterm babies
National Chronic Obstructive Pulmonary Disease Audit (COPD)	<ul style="list-style-type: none"> Outcome form to be presented at the July CEPPD committee
Lung Cancer (National Lung Cancer Audit)	<ul style="list-style-type: none"> To review data in relation to the collection of FEV1 in patients undergoing surgery or radiotherapy. To increase the rates of pathological diagnosis through increased use of Navigational Bronchoscopy. To increase the resection rate for patients with localised lung cancer – enabled by the transition to specialist Thoracic Surgery within HUTH (implemented during the 2019 audit year).
Heart Failure (Heart Failure Audit)	<ul style="list-style-type: none"> To develop a business plan to expand the Heart Failure team to include a Cardiologist, Heart Failure Nurses and Pharmacists
National Diabetes Audit	<ul style="list-style-type: none"> To continue to improve the quality of the data collected by continuing to raise issues with the provider of SystemOne (e.g. features available in primary care that are missing from the secondary care version; to avoid the duplication of workload through ensuring that data pulled from the system is visible to all (not just the submitting organisation)). These discussions are now being carried out in conjunction with numerous other NHS providers across the country, as well as representatives from GIRFT
Myocardial Ischaemia National Audit Project (MINAP)	<ul style="list-style-type: none"> No further action required
National Audit of Percutaneous Coronary Interventions (PCI)	<ul style="list-style-type: none"> The results related to 2018/19 data and showed that a low proportion of patients were discharged on the same day when PCI has been carried out electively, compared with the national figure. The team has been working to improve this and recent data shows a significant improvement.
National Oesophago-Gastric Cancer Audit	<ul style="list-style-type: none"> To complete a Mortality Review Audit to investigate the 90 day mortality rate
National Emergency Laparotomy Audit (NELA)	<ul style="list-style-type: none"> To hold a meeting with surgeons and anaesthetists to discuss the referral to treatment pathway and enhanced recovery after surgery (ERAS)
National Joint Registry (NJR)	<ul style="list-style-type: none"> To develop a business plan to ensure pre-assessments for elderly patients are part of the job plan for Elderly Care Specialists
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study	
NCEPOD Acute Bowel Obstruction	<ul style="list-style-type: none"> Gap analysis currently underway
NCEPOD Long Term Ventilation	<ul style="list-style-type: none"> Gap analysis currently underway

Audit	Proposed Actions
Other Enquiries / Reviews	
MBRRACE-UK Perinatal Mortality Surveillance	<ul style="list-style-type: none"> Outcome form to be presented at the July CEPPD committee

Action Progress

An update regarding the implementation of the actions identified as a result of a national clinical audit report published in 2019/20 has been provided below. Actions taken in response to reports published in 2020/21 will be included in the Quality Accounts for 2021/22.

Proposed actions	Progress
Neonatal Intensive and Special Care (National Neonatal Audit Programme - NNAP)	
To undertake a local audit on Bronchopulmonary Dysplasia	An audit of local patient characteristics and practice in managing persistent oxygen requirement in very preterm babies has resulted in the revision of guidelines for management of chronic oxygen dependence ('BPD') in this group of patients with recent ratification of the revised guideline. Local NICU rates of BPD or death in babies <32 weeks' gestation at birth have decreased from 45.0% (2016-2018) to 42.9% (2017-2019). However, when correction for case mix is applied ('treatment effect') local rates are not significantly above national average rates for this measure in either of the two audit periods above
Monthly breastfeeding statistics, including any learning points to be emailed out to all NICU staff	Monthly updates on breastfeeding statistics are now routinely emailed out to all neonatal staff by the neonatal breastfeeding co-ordinator with information on any initiatives being undertaken to improve rates of breastfeeding. Also included are reminders of topical issues and good practice tips to support breastfeeding on the NICU. Reported unit rate for babies <33 weeks at birth still receiving breast milk at discharge increased from 51.4% in 2018 to 54.9% in 2019
Lung Cancer (National Lung Cancer Audit)	
To contact the Multi-Disciplinary Team (MDT) Co-ordinators to establish how Forced Expiratory Volume (FEV) is collected and recorded, in order to establish how data submission rates for this indicator can be improved.	Action complete. The recording of lung function results in the Somerset database has commenced. It was previously undertaken reliably, but not captured in the database.
National Diabetes Footcare Audit (NDFA)	
To share the results of the audit with Vascular Surgery, particularly in relation to the amputation rate	The audit findings were shared. The amputation rates are discussed on an ongoing basis. The monthly vascular mortality and morbidity meeting is where this is usually discussed.
National Diabetes Inpatient Audit (NaDIA)	
Implement a NaDIA Harms section on Datix (Incident Reporting Software) to ensure a more robust collection of diabetes-related harms data	Action complete

Proposed actions	Progress
To implement the foot risk assessment tool	This is ongoing
To continue with the development of a business case in order to provide 7-day cover by Diabetes Inpatient Specialist Nurses	The Trust has been successful with a bid to obtain £250k from regional transformation funding to expand the inpatient diabetes team to provide a 7-day service. Job descriptions are being drafted and a business case is being submitted to continue the funding of a 7-day service long-term.
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	
To implement a proforma to be completed by ward staff to ensure patients are screened for coeliac disease and carb counting on admission	Carb counting is now done for every new patient at the time of diagnosis. The first clinic visit sheet covers all baseline tests results review
To put together a business case to employ a dedicated paediatric diabetic dietician	Already in post
To continue to work closely with patients with high HbA1c levels. Continuing one to one sessions in clinic and drop in sessions in schools. To review the high HbA1c policy with the MDT	The team has completed a QI project with RCPCH focussing on improving outcomes (HbA1c).
To continue to do microalbumin tests at the time of the clinic appointment in paediatrics. This action was first implemented in 2018 and has already proven to be successful seeing figures rise from 49.1% in 2017/18 to 61.8% in 18/19	Currently ongoing
National Audit of Dementia – Spotlight Audit on Delirium Assessment	
To introduce the '4AT' test as part of the Trust wide delirium assessment	The Trust has commenced a QIP on the Early Assessment Unit introducing the 4AT test as part of delirium screening. This is for the medical staff to do in the first instance. Nursing staff will also have training in due course The 4AT test has also been introduced to the Major Trauma team who are using it as a delirium screen. This will subsequently be rolled out Trust wide.
To include the '4AT' test in the medical clerking booklet alongside the 'SQiD' (Single Question in Delirium)	This will be implemented as part of the digital work. The SQiD will be replaced by the 4AT test
To introduce new dementia training across the Trust, for all staff members (including externally contracted staff)	Training for all staff has been reviewed and staff have been assigned to different tiers from 1-3 based on their role and banding
To develop and distribute a dementia and delirium information leaflet for patients and carers	Action complete
To raise awareness that finger food is available for dementia patients across the Trust	Action complete
To establish a formalised network of Dementia Champions within the Trust	Action complete
VTE Risk in Lower Limb Immobilisation (RCEM)	
To implement the VTE and Bleeding Risk Assessments	The Emergency Department has implemented the VTE and Bleeding Risk Assessments for patients being discharged with lower limb immobilisation
Feverish Children (RCEM)	

Proposed actions	Progress
To include various aspects of the sepsis tool and completion of observations within the mandatory sections of the new Electronic Patient Record through Lorenzo, to improve documentation	Triggered alerts are now on NerveCentre and a new Lorenzo Sepsis Screening form will be implemented in the next few weeks
To raise awareness of the need to document wherever patients are provided with Patient Information Leaflets	Staff are being reminded at induction, plus the leaflet is on Lorenzo as a "treatment". The range of Patient Information Leaflets has been expanded. Shortly, there will be downloadable QR codes for patient information on a poster in the waiting room.
To carry out an audit focused on paediatric patients that definitively require blood pressure monitoring, to establish compliance with the standards for these patients	Audit underway
To review the escalation processes in place for triage nurses, to provide quicker senior reviews where required	Triggered alerts for escalations are now on Nerve Centre. The Paediatric Observation Priority Score is now in place
Sentinel Stroke National Audit Programme (SSNAP)	
To explore potential opportunities for raising stroke awareness within the local GPs (e.g. through recorded lectures and posters to guide GP referrals) and communities	Due to COVID-19, this has been postponed but virtual lectures have been delivered to GPs
To ensure the attendance of the audit co-ordinator at the Multi-Disciplinary Team meetings, to ensure that rehabilitation goals are recorded for all patients	Meetings have been attended virtually
To carry out a patient survey seeking patient / carer views on stroke services	Not undertaken
To gain agreement from MRI to provide a number of slots for use by Stroke Medicine, so that clinic attenders are able to access these tests in a timely fashion	Action complete
National Prostate Cancer Audit (NPCA)	
To ensure all theatre notes are typed up onto Lorenzo. Each of the 6 key data items are to be recorded on typed operation notes or clinic letters for all new patients	Action complete.
To discuss with colleagues the potential over treatment of men with low-risk localised disease at the Urology Performance Meeting, however treatment received is down to patient choice	Action complete. Subsequent NPCA reports from 2019 and 2020 show that the Trust are now treating less men with low risk disease (in the 2019 report it was less than the national average)
National Hip Fracture Database	
To establish a multidisciplinary group (including representatives from Orthopaedics, Orthogeriatrics, Elderly Medicine, Anaesthetics, Emergency Department, Nursing and Therapies), to ensure service improvements across all aspects of care for patients with hip fractures	This has been established. The Trust has a Hip Fracture Governance meeting every 4 weeks where representatives from Orthopaedics, Care of the Elderly, Anaesthetics, Theatres, Pharmacy, a Hip fracture liaison nurse, Senior Management, data entry clerk, etc. discuss various issues pertaining to the delivery of this service.
To increase theatre capacity in order to improve the time to theatre for patients with hip fractures	Theatre capacity was increased with an additional 7 sessions per week, until the COVID-19 pandemic.

Proposed actions	Progress
	Once “normality” resumes, this additional capacity will be reinstated
To recruit and allocate increased resource to the collection of data for the National Hip Fracture Database, to improve overall data quality	There is now a dedicated data collection officer for hip fractures
To investigate the use of Sliding Hip Screw (SHS) in patients with intertrochanteric hip fractures	The department’s use of SHS does not seem to be inappropriately high. Consultants treat the unstable EC proximal femoral fractures with an intramedullary nail
To investigate potential alternatives for reviewing patients 120 days post-surgery (e.g. telephone clinics)	The hip fracture liaison nurse now regularly conducts telephone follow-ups at 120 days
To recruit further Orthogeriatric specialists	The Trust now has 3 substantive Care of the Elderly consultants. However, their DCC for orthogeriatrics still falls below comparative units such as Leeds and Sheffield. A business case has been submitted to initial committees (jointly submitted between surgery and medicine) for an expanded orthogeriatric and silver trauma service
To ensure that physiotherapists record data on patient mobilisation in both physical and digital copies of the patient record	This is being undertaken
National Oesophago-Gastric Cancer Audit	
To increase the proportion of patients that are managed endoscopically	Action complete. All patients now go straight for an endoscopy (if fit enough) rather than attending clinic first
To implement the guidance set out by NHS England in the ‘Implementing a timed oesophago-gastric cancer diagnostic pathway’ handbook	Work has been undertaken with the commissioning groups which has led to radio frequency ablations being done in the Trust, now that a new gastroenterologist has been appointed. Also, EMRs have commenced.
MBRRACE-UK Perinatal Mortality Surveillance	
To introduce delayed cord clamping as standard practice	Action complete
To increase compliance with antenatal steroids given before birth	Practice has recently been audited and the department is working on improving the compliance for steroids within 7 days of birth.
To introduce the MBRRACE Perinatal Review Tool	Action complete

The reports of local clinical audits were reviewed by the provider in 2020/21 and Hull University Teaching Hospitals NHS Trust. For a full list of the proposed actions Hull University Teaching Hospitals NHS Trust intends to take following local audits reviewed during 2020/21, please see the Clinical Audit Annual Report. This can be requested via the Quality Accounts email address: quality.accounts@hey.nhs.uk or online via <https://www.hey.nhs.uk/about-us/corporate-documents/#quality-account>.

2.3.3 Clinical research



What is clinical research?

Clinical research is an arm of medical science that establishes the safety and effectiveness of:

- Medication,
- Diagnostics products,
- Medical devices
- Treatment regimes

Which may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.

The number of patients receiving NHS services provided or sub-contracted by Hull University Teaching Hospitals NHS Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee or Health Research Authority was **3,325**.

Focus on COVID-19 Urgent Public Health Research

Over the last 12 months, healthcare organisations across the world have continued to turn to research for answers in the fight against the COVID-19 pandemic. Our Trust is no exception.

Our focus has centred on the delivery of the National Institute for Health Research (NIHR) Urgent Public Health research portfolio in response to the Government's co-ordinated COVID-19 action plan:

- Contain
- Delay
- Research
- Mitigate

The NIHR 'Urgent Public Health Research' agenda was rapidly established to address numerous pressing questions such as: "Who is

susceptible, and why?", "What are the mechanisms of severe / critical disease?", "What are the sites and dynamics of virus replication?", "How can early cases be identified and triaged?", "Use and validation of innovative diagnostic tests?" and "What treatments work?"

The UK is a leading nation for the delivery of clinical trials.

The response to the COVID-19 pandemic has demonstrated our capabilities to deliver clinical research at pace and scale and we enrolled over **2,500** participants across **27** COVID-19 studies since April 2020.

Research infrastructure developments

Strategically, all NHS Research and Development Offices were asked to prioritise NIHR Urgent Public Health research and the national priority COVID-19 trials (including vaccine work) as well as longer-term research in areas such as rehabilitation post-hospitalisation and recovery strategies for patients.

In parallel with the delivery arm of our research teams, the Trust Research and Development Office continuously sought external investment in infrastructure to support the rapid uptake of research in the event of multiple COVID-19 'waves' or similar pandemic situations in the future.

Research portfolio and activity; COVID-19 impact and achievements

The Trust has successfully managed an intensive portfolio of COVID-19 research as well as ensuring studies that provide access to potentially life preserving or life-extending treatment, not otherwise available to the patient, could continue with appropriate safeguards.

The deployment of a strategy supporting interventional Urgent Public Health research that offered therapeutic options for all pathways and severity of COVID-19 disease ensured the following achievements:

- ✓ Recruiting over **2,500** participants to COVID-19 research in 2020-21.
- ✓ Opening **27** COVID-19 studies.
- ✓ Assisting projects to help manage misinformation on COVID-19 research, specifically the COVID-19 vaccine, within local communities ensuring that those of Black Asian and Minority Ethnic groups are able to make informed decisions in a safe environment.
- ✓ The significant contribution to the collection of large cohort data to better understand the nature and impact of the disease (PRIEST and ISARIC studies).
- ✓ One of the top recruiters nationally to the SIREN study investigating the nature of antibody protection against COVID-19
- ✓ **494** participants enrolled into the Oxford/AstraZeneca COVID-19 vaccine Trial (accounting for **1** in every **45** participants globally in the initial trial).
- ✓ Nearly **200** recruits to the RECOVERY study (NIHR Platform study) rapidly identifying therapeutic treatments for hospitalised patients (including the use of Dexamethasone).
- ✓ Being one of the first trial sites in the UK to be able to offer the drug Remdesivir to those admitted to hospital with both severe and moderate COVID-19 disease.
- ✓ Recruiting **25%** of the global recruits to the Synairgen commercial COVID-19 study offering another therapy for our severely ill patients.
- ✓ Recruiting the first global participant to the sister Synairgen commercial COVID-19 study.
- ✓ Top recruiter nationally in the CLARITY-IBD study looking at the development of antibodies to SARS-CoV-2 in UK patients with Crohn's and Colitis.
- ✓ Leading work focussed on the management of acute diseases in shielding groups (i.e. IBD: PREPARE-IBD, PROTECT ASUC) and surgical outcomes studies for impacts (i.e. Vascular: COVER study).
- ✓ Undertaking studies looking at the post-hospital rehabilitation of COVID-19 patients (PHOSP-COVID-19 and COVID-19 Tele-Rehab studies).
- ✓ **83%** of non-COVID-19 activity issued continuing Capability and Capacity as part of the NIHR 'Restart' initiative allowing recruitment to studies where the research protocol includes an urgent treatment or intervention without which patients could come to harm.
- ✓ Achieving the NIHR Clinical Research Target of at least **80%** of COVID-19 commercial research recruiting on time and to target (RTT).
- ✓ Third highest open and recruiting portfolio studies (**86**) in Yorkshire & Humber (Behind Leeds and Sheffield) as part of recovery of non-COVID-19 research.
- ✓ Using opportunities for collaborative working with local stakeholders within Humber Coast and Vale ICS (Humber Foundation Trust support for vaccine study delivery, CHCP for PHOSP-COVID-19 study).

2.3.4 Goals agreed with commissioners



The Commissioning for Quality and Innovation (CQUIN) framework is about improving the quality of healthcare. Commissioners reward excellence by linking a proportion of income to the achievement of locally

set and agreed improvement goals.

These goals are embedded into contracts and are essential for the implementation of National Institute for Health and Care Excellence (NICE) Quality Standards, resulting in improved patient care, experience and improvements against outcomes.

Following the publication of letter to NHS bodies from Sir Simon Stevens and Amanda Pritchard on 17 March 2020, publication No: 001559 was shared on the 26th March 2020. This publication outlined the contractual arrangements for 20/21 with NHS Trusts and NHS Foundation Trusts.

NHS Commissioners and NHS Trusts / NHS Foundation Trusts were not required to have signed contracts in place for 20/21, but the mandated terms of the contract would apply.

Payments were to be made on a block arrangement, and to include the element identified for CQUIN. However, the operation of CQUIN was suspended. Trusts were not required to implement or report upon CQUIN performance.

As the pandemic continued for longer than initially expected, the block payment has continued for the full financial year and CQUINs continue to be suspended.

2.3.5 What others say about the Trust: CQC



About the Care Quality Commission

The Care Quality Commission (CQC) regulates and inspects health and social care services in England. They check that services meet the Health and Social Care Act 2008 ('the Act') and the CQC Fundamental Standards. If they feel that an organisation provides good, safe care the CQC registers it without conditions. The CQC provides assurance to the public and commissioners about the quality of care through a continuous monitoring of a Trust's performance across a whole range of core services. The CQC Operating Model was revised and in June 2017 the CQC confirmed they will focus on eight core services and four additional services. The additional services may be inspected depending on the level of activity and risk.

The eight core services are:

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

The four additional services are:

- Gynaecology
- Diagnostic Imaging
- Rehabilitation
- Spinal Injuries

When inspecting these eight core services, the CQC will focus on the following five key questions:

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

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

- Outstanding,
- Good
- Requires improvement
- Inadequate.

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

Statement of compliance with the Care Quality Commission

Hull University Teaching Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Hull University Teaching Hospitals NHS Trust during 2020/21. Hull University Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Trust Comprehensive Inspection; Current CQC Ratings

The CQC have not inspected Hull University Teaching Hospitals NHS Trust during 2020/21. The comprehensive inspection was undertaken in March 2020 and therefore, the Trust ratings remain the same.

The March 2020 inspection covered the Emergency Department, Medical Care, Surgery and Critical Care. Due to the COVID-19 pandemic, the CQC was unable to complete the well-led element of the inspection.

Following the inspection, the Trust received a Section 31 Initial Letter of Intent from the CQC in relation to nurse and medical staffing within the Trust. The inspection report and evidence appendix were published on 23 June 2020. The full inspection reports can be accessed via <https://www.cqc.org.uk/provider/RWA>. These remain the latest inspection reports.

The Trust's overall rating remains as 'Requires Improvement' due to the non-completion of the Trust well-led inspection. Although the overall rating for the Trust did not change, there were a number of improved ratings for the core services and domains across HRI and CHH. These are detailed in the following rating tables:

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Jun 2018	Jun 2018	Jun 2018	Jun 2018	Jun 2018	Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

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

Ratings for Castle Hill Hospital

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

Ratings for Hull Royal Infirmary

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

The CQC found areas of improvement including **11** areas of legal requirements. This translated into **8** must do actions in urgent and emergency services, **1** must do in medical care and **2** in critical care. The Trust was also issued with a number of minor breaches which resulted in should do actions for medical care, surgery and critical care. The Trust developed an action plan in response to the 'Must' and 'Should' do actions, which was shared with the CQC.

A review against the action plan was undertaken in April 2021 and although some actions have been delayed due to COVID-19, good progress has been made with a number of 'Must' and 'Should' do actions delivered. A full updated was shared with the CQC in April 2021. Progress against the action plan is monitored through the Governance Structure and via the Trust and CQC routine Engagement Meetings.

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 2020/21 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:
 - **99.85%** for admitted patient care;
 - **99.93%** for outpatient care; and
 - **99.31%** 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 care 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 2020/21 DSP Toolkit Assessment is 30th June 2021 and updates can be accessed via the NHS Digital website:

<https://www.dsptoolkit.nhs.uk/OrganisationSearch/RWA>.

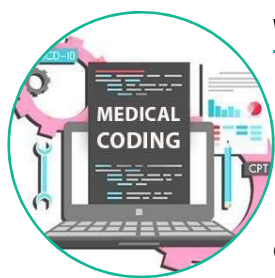
The current status for Hull University Teaching Hospitals NHS Trust following submission of the 19/20 DSP toolkit is 'Standards Not Met'. An action plan has been devised and agreed upon and the below table details where the DSP Toolkit standards were not met and the actions identified to ensure compliance moving forward:

19/20 DSP ref	19/20 DSP Toolkit Evidence item text	COVID-1919 response prevented completion?	Actions	Completion date for evidence	Current status
3.2.1	Have at least 95% of all staff, completed their annual Data Security awareness training in the period 1 April to 31 March?	Yes, staff unable to be released until COVID-1919 back to Business as Usual (BAU). Social distancing prevents the team from doing face to face training.	IG Training delivery plan to be approved at the Oct 2020 IG Committee. 27/10/2020. This will include the addition of WebEx (video conferencing facilities) classroom training and frequent reminders to staff to complete their training. This training can then be rolled out once the plan is agreed. Regular training already in place to continue for online training and then face to face training to resume after return to BAU. Weekly emails are sent to staff who have not	Four months after return to BAU.	Work on-going

19/20 DSP ref	19/20 DSP Toolkit Evidence item text	COVID-1919 response prevented completion?	Actions	Completion date for evidence	Current status
			completed training. 1 month after BAU return. Face to Face training session planned monthly for three months after return to BAU.		
7.1.1	Organisations understand the health and care services they provide.	No	To develop a trust-wide Business Continuity Plan	Completed	Met
7.2.3	Scanned copy of data security Business Continuity (BC) exercise registration sheet with attendee signatures and roles held.	Yes, staff unable to be released until COVID-19 back to BAU.	Date for IT BC exercise to be set for January 2021. Once the exercise has taken place, registration sheet to be sent for evidence for Action Plan.	Due to COVID-19Response this has been pushed back to January 2021	Work on-going
7.2.4	From the business continuity exercise, which issues and actions were documented, with names of staff members with actions listed against each item.	Yes, staff unable to be released until COVID-19 back to BAU.	Once IT BC Exercise has taken place, Post-exercise report and action plan to be developed and approved copy to be sent to TM for evidence for Action Plan	Due to COVID-19Response the exercise has been pushed back to January 2021 and the report will be completed after the exercise.	Work on-going
8.1.1	Provide evidence of how the organisation tracks and records all software assets and their configuration?	Yes, staff unable to be released until COVID-19 back to BAU.	We have an asset management tool, but have been delayed in deployment this year. Deployment date for the asset management tool to be set.	Aiming for March 2021 to have a date set.	Work on-going
8.2.1	List of unsupported software prioritised according to business risk, with remediation plan against each item.	Yes, staff unable to be released until COVID-19 back to BAU.	This is in progress as part of the Windows 10 upgrade project. List to be developed according to business risk with a remediation plan against each item.	Four months after return to BAU.	Work on-going
8.2.2	The Senior Information Risk Owner (SIRO) confirms that the risks of using unsupported systems are being treated or tolerated.	Yes, staff unable to be released until COVID-19 back to BAU.	Once the list in 8.2.1 has been developed, this is to be sent to the SIRO for confirmation. This could be done through the Non Clinical Quality Committee chaired by the SIRO and the papers from that committee	Four months after return to BAU.	Work on-going

19/20 DSP ref	19/20 DSP Toolkit Evidence item text	COVID-1919 response prevented completion?	Actions	Completion date for evidence	Current status
			meeting could be used as evidence of the approval.		
9.2.2	The date the penetration test and vulnerability scan was undertaken.	Yes, staff unable to be released until COVID-19 back to BAU.	Set a date for the penetration test and vulnerability scan to take place.	Four months after return to BAU.	Work on-going
9.2.3	Where critical and high-risk vulnerabilities have been detected, and have not been resolved within 14 days, the risk is understood, documented, and has been agreed by the SIRO.	No	Post-penetration test report and action plan to be developed with timescales. This is to be signed off by the SIRO. This could be done through the Non Clinical Quality Committee chaired by the SIRO and the papers from that committee meeting could be used as evidence of the approval.	Four months after return to BAU.	Work on-going
9.3.1	All web applications are protected and not susceptible to common security vulnerabilities, such as described in the top ten Open Web Application Security Project (OWASP) vulnerabilities.	No	OWASP Vulnerabilities document to be developed outlining web applications and their vulnerability/protection.	31st March 2021	Work on-going
9.3.6	The organisation is protecting data in transit (including email) using well-configured TLS v1.2 or better.	Yes staff unable to be released until COVID-19 back to Business as Usual.	IT to provide details of when and how this will be delivered	Four months after return to BAU.	Work on-going
10.2.4	Where services are outsourced, the organisation understands and accurately records which security related responsibilities remain with the organisation and which are the supplier's responsibility.	No	Check with contracting to see if all supplier contracts & Information Sharing Agreements and Data Sharing Agreement contain clearly defined responsibilities section.	31 March 2021	Work on-going
		Yes, staff unable to be released until COVID-19 back to BAU.	When the asset management tool has been implemented in the trust, the asset register should link to the contract/ISA and clearly defines the responsibilities.	Four months after return to BAU	

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 2020/21.

The below table details the recommendations that were drawn from individual spot checks and audits performed internally throughout 2020/21:

Recommendation	Priority	Progress Update	Status
2019_20 R2 – Achieve mandatory level in all internal speciality audits	High	Speciality audit programme paused due to COVID-19 response. Temporarily replaced by an extension to the regular individual spot check programme.	On-going. Regular programme to resume when the majority of elective specialities return.
2019_20 R4 – Ensure documentation is consistent and adequate for coding purposes	Medium	Reviewed through audit and spot checks. Coding depth continues to improve. Continuously monitored.	On-going
2019_20 R5 – Streamline coding processes to allow more time to review documentation.	Medium	COVID-19 response forced all case notes to be sent to the coding offices. Team has reported having more time to read through documentation and coding depth has improved. Need to continue to investigate electronic documentation solutions to improve further.	Complete – case notes to be sent to offices. On-going review of electronic documentation.
2020_21 R1 Validate COVID-19 coding and ensure accurate	High	Coders trained in new COVID-19 related standards. All COVID-19 FCEs validated.	On going
2020_21 R2 Ensure new starters have a varied case mix	High	Non-elective and Medical patients to be coded by new starters as part of training programme.	To commence February 2021

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

Percentage Correct			
Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
91.39	92.95	91.61	91.45

2.3.9 Learning from deaths



This section provides an update against the NHS England and NHS Improvement prescribed information for learning from deaths, as well as an update on other key areas of work that have taken place to identify

quality improvement both within the Trust and across the wider, more complex system of health care providers.

During 2020/21, **2628** 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:

- **631** in the first quarter
- **489** in the second quarter
- **747** in the third quarter
- **761** in the fourth quarter

During 2020/21 there were a total of **101** Structured Judgement Reviews completed. In one case, a death was subjected to both a case record review and an investigation. At the time of publishing, this investigation is ongoing.

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 undertaken in 2020/21:

1. Phase of care	Average Score	Very poor					Excellent	Problems Identified	Problems with Harm	Performance
		1	2	3	4	5				
Admission & initial care (1st 24hrs)	4.0	2.1%	5.2%	17.7%	43.8%	31.3%				
Ongoing care	3.9	1.0%	8.3%	20.8%	42.7%	27.1%				
Care during a procedure	4.3	0.0%	0.0%	7.7%	53.8%	38.5%				
Perioperative care	4.0	2.1%	4.3%	8.5%	63.8%	21.3%				
End of life care	4.1	1.0%	4.2%	16.7%	40.6%	37.5%				

The Structured Judgement Reviews that were completed reflect very good care delivered to patients, with an average score of **4** out of **5**. The following themes and learning outcomes were identified from case reviews and investigations:

- Issues with record keeping within patient case-notes
- To reflect and assess potential hospital harm versus risk of outpatient care

The Trust has taken a number of actions to contribute to the resolution of the themes identified, these include:

- Further development of training packages
- Multi-agency reviews with healthcare providers to further increase learning

Structured Judgement Review also allows for reviewers to highlight good practice and excellent care delivered to patients. During 2020/21, some of the good practice highlighted includes:

- Excellent ongoing communication with the patient's family/next of kin
- Thorough Multidisciplinary approaches to patient care
- Early recognition of end of life patients with all appropriate end of life care plans initiated in good time.

There were **0** case record reviews and **0** investigations completed after 1 April 2020 which related to deaths which took place before the start of 2020/21.

2.3.10 Reporting against core indicators: NHS Digital



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	2019/20	2020/21	National Average	Best performer	Worst performer
The value of the SHMI for the Trust for the reporting period*	1.0430	1.1245	1.0019	0.6951	1.1869
The banding of the SHMI for the Trust for the reporting period*	2	2	2	1	3
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period*	35%	2.5%	1.98%	0.5%	4%

*Most recent data on NHS Digital for period December 2019 – November 2020

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

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

Prescribed Information	2019/20	2020/21	National Average	Best performer	Worst performer
Hip replacement surgery EQ-5D Average health gain (Primary)*	0.42	0.42	0.468	0.535624	0.330335
Hip replacement surgery EQ-5D Average health gain (Revision)*	Insufficient records	Insufficient records	0.305	0.373619	0.316685
Hip replacement surgery Oxford Hip score Average health gain (Primary)*	23.195	23.195	22.833	25.7892	18.2523
Hip replacement surgery Oxford Hip score Average health gain(Revision)*	9.667	Insufficient records	14.258	15.8851	10.1713
Knee replacement surgery EQ-5D Average health gain (Primary)*	0.324	0.324	0.342	0.421412	0.242783
Knee replacement surgery Oxford Knee score Average health gain (Primary)*	17.172	17.2	17.4	20.6456	13.1207
Knee replacement surgery EQ-5D Average health gain (Revision)*	0.324	Insufficient records	0.314	0.234546	0.324801
Knee replacement surgery Oxford Knee Score Average health gain (Revision)*	Insufficient records	Insufficient records	14.4	14.7786	13.5004

*Most recent data on NHS Digital for period April 2019 - March 2020 Published August 2020

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

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

Prescribed Information	2019/20	2020/21	National Average	Best performer	Worst performer
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period*	9.2%	9.0%	10.7%	0.5%	17.3%
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period*	7.7%	7.8%	10.1%	6.7%	12.3%

*Most recent data on NHS Digital for period tbc to tbc

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

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

Prescribed Information	2019/20	2020/21	National Average	Best performer	Worst performer
The Trust's responsiveness to the personal needs of its patients during the reporting period*	64.4%	64.4	67.1	84.2	59.5

*Most recent data on NHS Digital - publication August 2020

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

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

Prescribed Information	2019/20	2020/21	National Average	Best performer	Worst performer
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends*	70.6%	74%	74%	96%	31%

*Most recent data on NHS Digital for period Hospital stay: tbc to tbc; Survey collected tbc to tbc

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

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

Prescribed Information	2019/20	2020/21	National Average	Best performer	Worst performer
The percentage of patients who were admitted to hospital and who were risk assessed for VTE during the reporting period*	92.12%	83.83%	Data not available**	Data not available**	Data not available**

*Most recent data on NHS Digital for period tbc to tbc

**National VTE submission has been suspended following the outbreak of the COVID-19 pandemic

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

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

Prescribed Information	2019/20	2020/21	National Average	Best performer	Worst performer
The rate per 100,000 bed days of cases of C Difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period*	Data not available	13	15.5	0	95.589

*Most recent data on NHS Digital - December 2020

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

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

Prescribed Information	2019/20	2020/21	National Average	Best performer	Worst performer
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period,*	50.7	53.9	54.3	15.7	177
The number and percentage of such patient safety incidents that resulted in severe harm or death*	0.12	0.1	0.30	0	1.95

*Most recent data on NHS Digital for period 2019-20 published February 20201

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

Part 3: Plans for the Future and Priorities for Improvement

This sections includes:

- [3.1 Plans for the future – consultation](#)
- [3.2 Quality and Safety Improvement Priorities 2021/2022](#)

3.1 Plans for the future – consultation

Quality and Safety Improvement Priorities 2021/22 Consultation

For 2021/22 the Trust put together a list of potential quality improvement priorities by:

- Evaluating performance against the quality and safety priorities for 2020/21
- Evaluating our performance against the quality improvement projects which are on the Trust's overall Quality Improvement Plan for 2020/21
- Looking at national priorities and local priorities that have been agreed with our commissioners (Clinical Commissioning Groups) as part of Commissioning for Quality and Innovation (CQUIN)
- Looking at what our regulators have identified as priorities, such as compliance with the CQC Fundamental Standards
- Areas we have identified as requiring improvement from incidents and patient feedback

In order to seek the views of our staff, Trust patient members, stakeholders and our local community on what they thought the priorities should be for 2021/22, the following actions were undertaken:



- An online survey was developed and circulated to all Trust staff, patient members and stakeholders to consult on the 2021/22 priorities in March 2021. The survey had 188 respondents, 13 of which were patients and public members of the Trust.
- Relevant committees were also asked for their comments and ideas:
 - Operational Quality Committee for consultation on all priorities and approval of the 2021/22 priorities
 - Trust Board for ratification of the 2021/22 priorities
 - Quality Committee for approval of the 2021/22 priorities
- It was very clear from the results that all staff, stakeholders and patient members agreed on what areas the Trust should focus on, with the top five priorities scoring the highest responses. The top five priorities identified have been included as the Trust's priorities for 2021/22, as follows:

Our chosen priorities

The Trust has identified these quality improvement priorities for 2021/22 because they are important to our staff, patients and stakeholders:

Safer Care (Patient Safety)

1. Increase "stop the line" reporting and improve staff knowledge regarding 'Near Miss' incidents and reporting
2. Reduction of inpatient falls of patients who have a diagnosis of Dementia and have an inpatient fall within the Department of Elderly Medicine

Better Outcomes (Clinical Effectiveness)

3. Implementation of the Trust COVID-19 Recovery Plan
4. Improve mental health triage in the Emergency Department

Improved Experience (Patient and Staff Experience)

5. Improved learning from complaints and patient experience

3.2 Quality & Safety Improvement Priorities 21/22

This section covers

- [Safe Care](#)
- [Better Outcomes](#)
- [Improvement Experience](#)

Safer Care: Quality & Safety Improvement Priorities

21/22

✓ Safer Care ► Better Outcomes ► Improved Experience

Priority one:

Increase “Stop the Line” reporting and improve staff knowledge regarding ‘Near Miss’ incidents and reporting.

Why is this important:

The COVID-19 pandemic impacted greatly on the delivery of the Quality Improvement Priorities for 20/21.

Following on from the 20/21 Quality Improvement Priority to increase and improve reporting for ‘Stop the Line’ incidents, it was identified that further improvements were required to increase:

- Staff understanding and knowledge of what should be considered as a near miss incident
- Increase reporting of near miss incidents
- Celebrate successes where ‘Stop the Line’ calls prevented potential patient harm

Therefore, this priority has been selected as part of the Quality Improvement Priorities for 21/22.

Aim:

Through continued promotion and education around ‘Near Miss’ incidents and improved guidance on the actions and process required when a ‘Stop the Line’ is called, we will see an increase in:

- Correct reporting of ‘Near Miss and ‘Stop the Line’ incidents
- Staff engagement and satisfaction with the process
- Measurable actions from stop the lines

Objectives:

- Increase in the number of ‘stop the lines’ being reported
- Increase documented actions from stop the line investigations to a minimum of **2** a month

Planned outcomes:

- **Patient Experience:** Identification of high risk patients in a timely manner
- **Quality Experience:** Timely interventions/treatment will be implemented by the appropriate member of staff
- **Staff Benefits:** Mechanism for escalation, peer support and clinical supervision
- **Organisational Benefits:** Supports the patient safety strategy and reduces patient harm. Supports Ward to Board communication

Monitoring arrangements:

- The project will be led by a Consultant Neurosurgeon, supported by the Quality Governance Team.
- Delivery of the project will be monitored by the Operational Quality Committee with reporting and escalation to the Trust Quality Committee for assurance.



Safer Care: Quality & Safety Improvement Priorities

21/22

✓ Safer Care ► Better Outcomes ► Improved Experience

Priority two:

Reduction of inpatient falls of patients who have a diagnosis of dementia and have an inpatient fall within the Department of Elderly Medicine (DEM).

Why is this important:

The COVID-19 pandemic impacted greatly on the delivery of the Quality Improvement Priorities for 20/21.

Due to the requirements of the Trust to cope with the impact of COVID-19, not all of the objectives from the 20/21 Quality Improvement Priority to reduce the number of inpatient falls for patients who have a diagnosis of Dementia within the Department of Elderly Medicine (DEM) could be achieved.

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

Aim:

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

Objectives:

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

Planned outcomes:

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

Monitoring arrangements:

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

Better Outcomes: Quality & Safety Improvement

Priorities 21/22

► Safer Care ✓ Better Outcomes ► Improved Experience

Priority: Implementation of the Trust COVID-19 Recovery Plan

Why is this important:

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

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

Aim:

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

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

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

Objectives:

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

Planned outcomes:

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

Monitoring arrangements:

- The project will be led by the Director of Strategy and Planning, supported by the Quality Governance Team.
- Delivery of the project will be monitored by the Operational Quality Committee with reporting and escalation to the Trust Quality Committee for assurance.

Better Outcomes: Quality & Safety Improvement

Priorities 21/22

► Safer Care ✓ Better Outcomes ► Improved Experience

Priority: Improve mental health triage in the Emergency Department

Why is this important

The COVID-19 pandemic impacted greatly on the delivery of the Quality Improvement Priorities for 20/21.

Due to the requirements of the Trust to cope with the impact of COVID-19, not all of the objectives from the 20/21 Quality Improvement Priority to improve mental health triage in the Emergency Department could be achieved.

The original aim to improve mental health triage within the Emergency Department had been selected as a continued priority following consultation with the trust and the public, therefore, this priority has been selected as part of the Quality Improvement Priority Plan for 21/22.

Aim:

The aim is for all adult patients attending the Emergency Department to have a mental health triage by an ED nurse on arrival.

Objectives:

The objectives of the project include:

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

Planned outcomes:

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

Monitoring arrangements:

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

Improved Experience: Quality & Safety Improvement Priorities 2022/21

► Safer Care ► Better Outcomes ✓ Improved Experience

Priority: Improved learning from complaints and patient experience

Why is this important

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

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

Aim:

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

- Reduce the number of complaints being reopened by getting responses right first time
- Reduce the number of complaints being escalated to the Parliamentary Health Ombudsman
- Increase the number of positive responses received via the Friends and Family test
- Share learning across the Trust to enable continual improvement

Objectives:

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

Planned outcomes:

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

Monitoring arrangements:

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

ANNEXES

This section includes:

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

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

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

Annex 1

This section includes:

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

Statements from Key Stakeholders

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

Firstly, NHS Hull and East Riding of Yorkshire Clinical Commissioning Groups would like to take this opportunity to thank all the staff at Hull University Teaching Hospitals for their hard work and dedication during the COVID19 pandemic that has been ongoing for a significant period of time. The efforts taken in responding to this global health crisis have been truly impressive across the health system. We would like to extend our gratitude and appreciation to you all, for your part in the local NHS response and the wider system response.

NHS Hull and NHS East Riding of Yorkshire Clinical Commissioning Groups welcome the opportunity to review and comment on the Hull University Teaching Hospitals NHS Trust Quality Accounts for 2020-21. The report illustrates a focus and commitment to continuous improvement in the quality of patient care in 2020-21, with a particular focus on the work undertaken in research in relation to the management of Covid infections and participation in clinical trials for the vaccine.

Commissioners would like to congratulate the Trust and staff on being recognised in the Hull Live Business Awards 2020-21 for a special contribution for the care that the staff at the Trust gave and continue to give during the Covid pandemic. We also note the Golden Hearts awards and the Moments of Magic scheme, which identify and publicise examples of good practice and high-quality care within the Trust. Commissioners recognise the need to applaud success and to share good practice within an organisation. This has been especially important in this difficult year. It was really important to read the positive messages from patients and their families about the care that they have received whilst at the Trust.

Commissioners recognise that the Trust set out to achieve key priorities in three domain areas within the QIP of which there were eight improvement project areas for 2020-21. We note that varying levels of progress have been made.

Commissioners note that the Trust saw an increase in falls during 2020-21. This was also identified by Commissioners and concerns raised at the Quality Delivery Group. Commissioners note the work that has been achieved through 2020-21 including a better understanding of when patients fall, the ongoing development of an education programme and the development of the electronic care record that includes the mobility and falls prevention care bundle. Commissioners acknowledge the need for further improvements and would like to see this programme of improvement work extended Trust-wide. We acknowledge the QIP is to be carried forward into the quality priorities for 2021-22 as part of the safer care priority.

We were pleased to read about the infection prevention and control improvements that the Trust has worked towards this year to try and reduce the number of infections within treatment lines. That work has been undertaken within the Trust including the development of a Stop the Line reporting form and training of staff in a pilot area. We also note that alternative work that was undertaken by the Trust in relation to pressure ulcer prevention for patients with Covid. Whilst we recognise the QIP is to be carried forward we note this is not a QIP for 2021-22

Commissioners note the tool now being piloted in ED for mental health triage and further work in digitalising the tool. Commissioners acknowledge this will be a QIP programme for 2021-22 where the tool will be audited, further embedded and the tool made available digitally.

Commissioners note some progress was made in 2020-21 towards the use of the self-assessment sections of the NHSE Patient Experience Framework to help the Trust move towards developing a Patient and Public strategy and action plan. We understand the Trust intends to carry this priority forward but not as a QIP for 2021-22.

There are seven other quality and safety indicators identified by the Trust that have been reported on in the quality accounts. Commissioners note the slight decrease that the Trust has seen in 2020-21 on the number of reported patient safety incidents and recognises that this is a reflection on the decrease in planned activity

in the Trust due to the Covid pandemic. We were pleased to see that staff feel that the Trust has shown an improvement in their patient safety culture as shown through the staff survey.

Commissioners positively note the reduction in the number of Never Events that have occurred in 2020-21 compared to those in 2019-20 and acknowledge the actions that the Trust has implemented to achieve this reduction. We note the increase in the number of Serious Incidents (SIs) reported during 2020-21 compared to the previous two years and acknowledge that this demonstrates an open and positive reporting culture within the Trust.

We acknowledge the positive achievement in regards to Duty of Candour against the Trusts fixed target of 90% compliance in the majority of indicators however; we look forward to seeing the required level of improvement in respect of the written apology within ten days over the next year.

Commissioners noted the details of the 2020 Staff Survey at the Trust. It is reassuring that the staff at the Trust reported higher scores in 5 areas than in the previous year, including a two-point increase in staff health and wellbeing and quality of care. This brings this score above the national average, as are the scores in a number of other areas. Commissioners are pleased to see that the Trust recognises the need to keep staff well supported and engaged in these priorities for 2021-22, as the Trust starts to build towards recovery post pandemic.

The trust has highlighted in the Quality Accounts the work that it undertakes to ensure that there are processes in place to ensure that staff have opportunity to voice any serious concerns they may have without fear of reprisal and also appointment of the Freedom to Speak Up Guardian.

We acknowledge the challenges experienced by HUTH with regards to delivery of some NHS Constitution Targets. We also recognise that the COVID-19 pandemic has further exacerbated these challenges. Commissioners continue to monitor the delivery of these closely and look forward to working with you over the next year in achieving these.

The Trust has made some improvements in some of their Quality Improvement Programme Plans that were identified in 2020-21. Commissioners recognise the significant impact that the Covid Pandemic has had on the progress of the Quality Improvement Programme Plans, and we acknowledge that the Trust intends to continue to work on these taking the plans forward for 2021-22, including the ones where the impact has been limited. Commissioners are pleased to note that several of the new improvement areas identified reflect discussions and output of Serious Incident investigations and discussion at the Quality Delivery Group.

Commissioners acknowledge the impact that the Covid Pandemic has had on the NHS and the Trust in particular and are pleased to see that the implementation of the Trust Covid-19 recovery plan is a priority for the Quality and Safety Improvement Priorities for 2021-22 as part of Better Outcomes.

In rounding up this review of the 2020-21 Quality Account, Commissioners note that the expected Well Led inspection by the CQC has not taken place due to the Covid Pandemic. Commissioners note the progress that was made in 2020-21 against the regulatory issues that were raised by the CQC in 2019-20.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for our population and look forward to working with the Trust to continue to deliver better outcomes for all of our patients.

The Commissioners confirm to the best of their knowledge, that the information contained in the report is accurate and consistent with that which has been shared with Commissioners.



Emma Latimer

Chief Officer

NHS Hull Clinical Commissioning Group & East Riding of Yorkshire Clinical Commissioning Group

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

Healthwatch East Riding of Yorkshire and Healthwatch Kingston upon Hull welcome the opportunity to make a statement on the Quality Accounts for 2020/21 Hull University Teaching Hospitals NHS Trust.

The report is well presented in a 'magazine style' easy to read format. Within the document it is easy to identify the key sections, and it is well ordered, bringing key issue to the front to give instant impact.

Healthwatch was pleased to see how feedback and experiences, across the Trust, have made changes to services and practice, it is encouraging to see lots of positive patient feedback in 'what patients said' It was good to see that successes were highlighted in what has been a very challenging year and encouraging to see so many performances against priorities have been achieved.

It is a long and complex report with large volumes of information. There is good use of graphics and tables and for the most part colour is well used.

However, the headings became blurred and difficult to read as the font used is too blocky and in bold mode the letters are too close together making them look blurred onscreen. The black letters look grey and should be made darker. The green colour text and headers is similarly looking smudged due to the font. Green text should be avoided for disability reasons. We would recommend a review of the document to ensure that it meets the needs of disability readers such as colour blindness and dyslexia be undertaken. The document formatting needs reviewing to avoid the frequent blank spaces where a paragraph overruns the page size limits¹.

Healthwatch recognise the effort to continue to improve the quality and safety of services within the trust and we look forward in continuing to work more closely with Hull University Teaching Hospitals Trust in the future and seeing how their new priorities are developed

Hull City Council Overview and Scrutiny Committee

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission considered the Hull University Teaching Hospitals Trust Quality Account 2020-21, at their meeting on the 18th of June 2021.

The Commission endorsed the Quality Account while making the following recommendations:

- That more detail be included within section 3.1 of the report, in order to better demonstrate the breadth of the consultation process, including key findings, and how those findings informed the development of the Quality Account priorities.*
- Future Quality Accounts include examples of where things may have gone wrong, with a view to highlighting lessons learnt and how those lessons have informed the quality and safety improvement priorities for the year ahead.*

The Commission also wished to thank all the Trust's staff for the way they had responded to the unique challenges posed by the pandemic.

East Riding of Yorkshire Overview and Scrutiny Committee

East Riding of Yorkshire Overview and Scrutiny Committee confirmed that they would not be providing a statement for the Quality Accounts 2020/21.

¹ **NB:** The font was amended following feedback received from Healthwatch Kingston upon Health and the report formatted to ensure the contents and the visuals are accessible to all readers.

Trust response to Stakeholder Statement

The Trust would like to thank all stakeholders for their comments on the 2020/21 Quality Account. All statements received from our Stakeholders have been included in the Quality Account as provided.

We are pleased that the statements from our stakeholders acknowledge the progress made during a very difficult and testing year for the NHS and that stakeholders agree that the quality and safety improvement priorities for 2021/22 are the correct ones.

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

The Trust has taken on board some of the comments regarding additional information stakeholders would like to see in the Quality Accounts and adjustments required to the formatting of the report. The comments and feedback received will be taken forward and included in the 2021/22 accounts including more information on:

Stakeholder	Trust Response
Joint statement from Hull and East Riding Clinical Commission Groups (CCGs)	
<i>We also note that alternative work that was undertaken by the Trust in relation to pressure ulcer prevention for patients with Covid. Whilst we recognise the QIP is to be carried forward we note this is not a QIP for 2021-22</i>	The Tissue Viability project will not be included in the Quality Accounts as a priority for 2021/22; however, this does remain as a QIP for the Trust and improvement is still ongoing and reported quarterly to the Trust's Quality Committee. The Tissue Viability QIP Working Group meets monthly to keep the project on track to ensure this is picked up following some of the delays experienced during COVID-19.
Joint statement from Kingston Upon Hull and East Riding of Yorkshire Healthwatch	
<i>However, the headings became blurred and difficult to read as the font used is too blocky and in bold mode the letters are too close together making them look blurred onscreen. The black letters look grey and should be made darker. The green colour text and headers is similarly looking smudged due to the font. Green text should be avoided for disability reasons. We would recommend a review of the document to ensure that it meets the needs of disability readers such as colour blindness and dyslexia be undertaken. The document formatting needs reviewing to avoid the frequent blank spaces where a paragraph overruns the page size limits.</i>	The font was amended following feedback received from Healthwatch Kingston upon Health and the report formatted to ensure the contents and the visuals are accessible to all readers.
Hull City Council Overview and Scrutiny Committee	
<i>That more detail be included within section 3.1 of the report, in order to better demonstrate the breadth of the consultation process, including key findings, and how those findings informed the development of the Quality Account priorities.</i>	More information has been included in Section 3.1 regarding the consultation responses from patients and Trust members. This will be improved during the next consultation.
<i>Future Quality Accounts include examples of where things may have gone wrong, with a view to highlighting lessons learnt and how those lessons have informed the quality and safety improvement priorities for the year ahead.</i>	This will form part of the Improved Learning from Complaints and Patient Experience project and the Trust will present some examples of learning in the next Quality Account.

Annex 2

This section includes

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

Statement of Directors' Responsibility

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

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

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

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

By order of the Board



28.06.21

Chair: Date:



28.06.21

Chief Executive: Date:

Independent Auditor's Report

Due to the National COVID-19 Pandemic Response, the Quality Accounts has been unable to undergo an independent review and NHS providers are not expected to obtain assurance from their external auditor on their quality account / quality report for 2020/21.

The account will still be shared with key Stakeholders for external scrutiny and comment.

Annex 3

This section includes:

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

Abbreviations and Definitions

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

Abbreviation	Definition
AoRMC	Academy of Royal Medical Colleges speaks on standards of care and medical education across the UK.
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.
C.Difficile	Clostridium difficile infection is a type of bacteria which may live in the bowel and can produce a toxin that can affect the digestive system.
Care Bundle	Care bundles help us to deliver safe and reliable care. They are research based actions for delivering care to certain patients. They are designed to ensure we deliver safe and reliable care to our patients at a certain point in their care e.g. on discharging, prescribing antibiotics, and preventing certain infections.
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
CHH	Castle Hill Hospital
Chronic Obstructive Pulmonary Disease (COPD)	COPD is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the COPD diagnosis. COPD is not simply a "smoker's cough" but an under-diagnosed, life-threatening lung disease.
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.

Abbreviation	Definition
ED	The Emergency Department (ED) assesses and treats people with serious injuries and those in need of emergency treatment. It's open 24 hours a day, 365 days of the year.
Engagement	This is the use of all resources available to us to work with staff, patients and visitors to gain knowledge and understanding to help develop patient pathways and raise staff morale. It also means involving all key stakeholders in every step of the process to help us provide high quality care.
EPaCCS	Electronic Palliative Care Co-ordination System enable information to be documented and transferred electronically across providers to support the co-ordination of end of life care.
ePMA	Electronic Prescribing and Medicines Administration
FEV1	Forced Expiratory Volume (FEV1) is the amount of air that can be forced from the lungs in one second.
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.
HbA1C	HbA1c refers to glycated haemoglobin. It develops when haemoglobin, a protein within red blood cells that carries oxygen throughout the body, joins with glucose in the blood, becoming 'glycated'.
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
ISARIC	International Severe Acute Respiratory and Emerging Infection Consortium
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
MBRRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MDT	A Multidisciplinary Team (MDT) is a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.
MSSA	Methicillin-sensitive Staphylococcus Aureus (MSSA) is a type of bacteria (germ) which lives harmlessly on the skin and in the noses, in about one third of people. People who have MSSA on their bodies or in their noses are said to be colonised.
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.

Abbreviation	Definition
Near Miss	A Near Miss is an incident that had the potential to cause harm, loss or injury but was prevented. These include cyber, clinical and non-clinical incidents that did not lead to harm, loss or injury, disclosure or misuse of confidential data but had the potential to do so.
Nervecentre	An electronic patient record system which provides the electronic capture of patient information, via hand held devices, at the bedside, enabling timely and accurate data collection.
Never Event	A Never Event is a type of serious incident (SI). These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'.
NEWS2	National Early Warning Score (NEWS) is based on a simple scoring system in which a score is allocated to six physiological measurements already taken in hospitals – respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate and level of consciousness. NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness.
NHS	National Health Service
NHS England	NHS England acts as a direct commissioner for healthcare services, and as the leader, partner and enabler of the NHS commissioning system.
NHSI	NHS Improvement (NHSI) is a non-departmental body in England, responsible for overseeing the National Health Service's foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to ensure the service provided is safe, effective and efficient.
NIHR	The National Institute for Health Research commissions and funds research in the NHS and in social care.
NMC	The Nursing and Midwifery Council (NMC) are the professional regulator for nurses and midwives in the UK, and nursing associates in England.
NRLS	National Reporting and Learning Service is a central database of patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.
PPE	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment.
Pressure Ulcer	Open wounds that form when prolonged pressure is applied to the skin. Patients who spend prolonged periods of time in a bed are prone to such ulcers. A pressure ulcer can be avoided if the appropriate preventative actions are taken.
PRIEST	Pandemic Respiratory Infection Emergency System Triage (PRIEST) uses patient data from the early phases of the pandemic to test how well existing triage methods in A&E departments and ambulance services predict which patients with the virus are likely to develop serious illness or complications.
QIP	Quality Improvement Plan (QIP) - The purpose of this plan is to define, at a high level; the overall continuing quality improvement journey HEY is making and the improvement goals that the trust will work towards over the next 12 months. The plan includes all of the MUST DO and SHOULD DO recommendations in the CQC Quality Reports and detailed plans are being developed for each project/work area. However, the plan is broader than those actions and includes longer-term pieces of work that the trust is pursuing to improve overall quality and responsiveness across the organisation, for example in relation to Quality Accounts.
RCEM	The Royal College of Emergency Medicine (RCEM) is an independent professional association of emergency physicians in the United Kingdom which sets standards of training and administers examinations for emergency medicine in the United Kingdom and Ireland.

Abbreviation	Definition
RECOVERY	Randomised Evaluation of COVID-19 Therapy is an international clinical trial aiming to identify beneficial treatments for people hospitalised with suspected or confirmed COVID-19
ReSPECT	A Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) provides a summary for a person's clinical care and treatment in a future emergency in which they do not have capacity to make or express choices
Root Cause Analysis (RCA)	RCA is a method of problem solving that tries to identify the root causes of faults or problems.
SALS	Staff Advice Liaison Service (SALS) is a confidential advice line for staff experiencing workplace issues that may be impacting on working relationships and to speak out safely.
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
SPACES	Support, Product, Acquisition, Contribution, Engagement and Success framework is a tool/model used for defining community business value.
SSKIN	SSKIN is a five step approach to preventing and treating pressure ulcers. The five steps are: 1) S urface: make sure your patients have the right support, 2) S kin inspection: early inspection means early detection - show patients and carers what to look for, 3) K ee your patients moving, 4) I ncontinence/moisture: your patients need to be clean and dry and, 5) N utrition/hydration: help patients have the right diet and plenty of fluids
Stakeholders	A group of people who have a vested interest in the way Hull University Teaching Hospitals NHS Trust operates in all aspects. For example, the deliverance of safe and effective patient care.
SystemOne	An electronic patient record system
Task and Finish Group	A Task and Finish group is a group set up as a sub group as part of larger project group and looks at specific items that needs to be delivered.
Tissue viability	Tissue viability is a growing speciality that primarily considers all aspects of skin and soft tissue wounds including acute surgical wounds, pressure ulcers and all forms of leg ulceration.
Transfer of Care Around Medicines Scheme	The scheme focuses on patients in hospital who have been identified as requiring additional support with their essential medication. These patients are then referred through a secure digital system, to their local community pharmacy at the point of discharge.
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 2020/21 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

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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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