



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Quality Account

2023 - 2024



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Part 1: Chief Executive's Statement from the Board

1.1 Introduction to the Trust

We are an acute and community provider delivering a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

Our annual turnover is approaching £0.65bn. We manage eight hospital sites and have a workforce of around 10,000 staff working across our hospitals and in the community.

We are an NHS Foundation Trust, accountable to an elected and appointed Council of Governors.

Our hospitals

- York Hospital
- Scarborough Hospital
- Bridlington Hospital
- Malton Hospital
- The New Selby War Memorial Hospital
- St Monica's Hospital Easingwold
- White Cross Rehabilitation Hospital
- Nelsons Court Inpatients Unit

Our Values

Our colleagues, co-created, challenged and agreed that collectively, above all else we should value being kind, open and excellent. These are the powerful

principles which people said should guide everything we do at the trust, without which we'll be unable to achieve our shared vision. Under each of these values sit three key behaviours which provide clarity and direction about how everyone who work in our Trust should act. Our agreed values and behaviours framework is as follows:

We are **KIND** meaning we:

- Respect and value each other
- Treat each other fairly
- Are helpful and seek help when we need it

We are **OPEN** meaning we:

- Listen, making sure we truly understand the point of view of others
- Work collaboratively, to deliver the best possible outcomes
- Are inclusive, demonstrating that everyone's voice matters

We pursue **EXCELLENCE** meaning we:

- Are professional and take pride in our work, always seeking to do our best
- Demonstrate integrity, always seeking to do the right thing
- Are ambitious, we suggest new ideas and find ways to take them forward, and we support others to do the same.



1.2 Statement on Quality from the Chief Executive

Welcome to the annual Quality Account, where we share with you our achievements, challenges, and successes for the 2023-24 year.



During the last year we have continued to make inroads into the significant backlogs of patients waiting for appointments and procedures that built up during the Covid-19 pandemic. This has proved to be particularly challenging, not only because of the number of patients on the list, but also due to increasing demand, pressures on capacity due to high levels of acute activity, and large numbers of patients who are delayed in hospital and cannot be discharged. This year the pressures have been further compounded by the most protracted period of industrial action the NHS has ever faced. Whilst our staff are to be commended for their handling of the industrial action, with many stepping up to support services and cover their colleagues, the action has inevitably had an impact.

Nonetheless, we made improvements with our performance against the key

operational standards, exceeding our planned trajectories on both referral-to-treatment times and the 62-day cancer standard, and whilst we still have further to go, we have made good progress on the new faster diagnostic standard for cancer.

The emergency care standard remains the most difficult to achieve, reflecting the wider challenges we face in terms of patient flow, discharge, and ambulance handovers. However, in the closing months of the year we have seen improvement, and plans are well developed to drive this further, with a new model of care to be implemented in both of our acute hospitals to speed up assessment and flow, and ultimately improve patient care.

In addition to changes to our processes and how we deliver care, acute care services on both the York and Scarborough sites are benefiting from significant investment in their facilities.

In the summer of 2023, we completed a £19 million extension to the York Emergency Department, vastly improving the environment for patients and increasing the number of assessment and resus cubicles. The £50 million Urgent



and Emergency Care Centre at Scarborough Hospital will open later in 2024, transforming the delivery of care for our most critically ill patients on the East Coast.

As reported in last year's Quality Account, we were subject to inspection by the Care Quality Commission (CQC) between October 2022 and March 2023. The report into these inspections was published in June 2023.

The Care Quality Commission inspected Emergency and Urgent Care, Medicine and Maternity in both York and Scarborough hospitals, and looked at the 'well-led' key question for the Trust overall.

The Trust was given an overall rating of Requires Improvement, which is unchanged from the last overall rating in 2019.

Their feedback also highlighted some significant concerns and areas for improvement, some of which we were asked to respond to quickly. This includes issues relating to the escalation of deteriorating patients, and general observations about the safe management of patients within the ambulance queue or in the 'ready for transfer' corridor in terms of documentation, observation and

checks in the York Emergency Department.

The report described concerns with the impact on labour ward staffing of having midwives supporting theatres, and the temporary closures of the units due to staffing.

They also raised some general concerns regarding the environment, medicines management and some elements of infection prevention and control. Staffing also remains an issue.

In the months since these visits, we have been able to assure the Care Quality Commission that we are making positive progress against all areas highlighted in the report through our Journey to Excellence improvement programme.

Examples of these improvements include:

- Digital documentation system has been rolled out to all adult wards for recording assessments on admission, giving increased visibility and oversight of risk assessments and freeing up nursing time.
- The Badgernet system has been introduced in maternity, moving away from paper records and increasing the quality of documentation and risk assessments.


- Significant international recruitment of nurses, midwives and allied health professionals, with a focus on welcoming staff from overseas into the organisation, including cultural awareness weeks.
- Nursing establishment review completed, with the first stage of investments implemented. The 'safe care' tool with the red flag system is also being used to identify areas most in need, and this has daily oversight.
- The Trust has invested in patient services operatives, a new role supporting nutrition and hydration on wards and release nursing time to care.
- Plans have been developed for the recruitment and training of scrub nurses for maternity theatres, and the new maternity theatre pathways are being designed.
- A comprehensive maternity improvement programme is in place to drive forward the actions identified by the Care Quality Commission.
- Feedback from staff to the CQC is informing the trust-wide culture and leadership programme, Our Voice Our Future, to help develop a more open and inclusive place to work, building on the work with staff to develop the trust's values and behaviours.

We have also continued to roll out our quality improvement methodology, QSIR, with several cohorts of staff undertaking either the five day or one day QSIR training to support staff in all parts of the trust to instigate improvements in their areas of work.

Our focus on improving standards across the fundamentals of care has also continued with the Year of Quality programme, taking a different theme each month and using it as an opportunity to increase awareness of, and compliance with, the basic elements of high-quality care. The programme includes falls, pressure ulcers, end of life care, safeguarding and enhanced supervision, and infection prevention and control.

Although the operating environment we are faced with remains tough, throughout this year we have seen progress in quality and safety improvements. The next step in our improvement journey is to ensure this can be sustained as we continue to work towards providing safe, high quality care for our patients.

To the best of my knowledge, the information contained in this Quality Account is accurate.



Simon Morritt, Chief Executive



1.3 Looking Back on 2023/24

April 2023

[New maternity bereavement suite opens](#)

A new maternity bereavement unit, the Butterfly Suite, opened at York Hospital.

While the hospital did have a designated room for parents to use and stay in with their baby, it was quite small but functional. The new suite offers more space and privacy and is specifically designed to give families somewhere they feel safe and cared for, at an incredibly difficult time.

The unit was made possible through an appeal by York & Scarborough Hospitals Charity to raise £250,000, supported by a generous donation from Sands, a family bereavement charity.

May 2023

[First babies born and registered on BadgerNet](#)

In May, delivery suites at York and Scarborough hospitals welcomed their first births recorded on the new BadgerNet software.

BadgerNet is a new software being used by midwives, healthcare assistants, admin teams, consultants, and sonographers, instead of the handheld notes. It is fully paperless, and means staff no longer need to enter data onto

both handheld notes and an internal system. It comes with a corresponding App for patients, where they can access information recommended by their midwife, view booked appointments, write a personal diary, and add photos.

[Patient and Carer Experience \(PACE\) forum gets underway](#)

In May, the Trust's new Patient and Carer Experience forum for Scarborough and Ryedale launched in partnership with Humber Teaching NHS Foundation Trust.

The forum, which brings together a range of stakeholders including staff, governors, Healthwatch, patients and carers, provides a space to voice opinions and ideas as well as to hear news and updates. We know we need to get better at engaging and involving our patients and their families, so we can listen to their experiences of care and use that feedback when accessing and developing our services.

Hosting a joint forum will enable members of the public who use services across their local area to attend regular meetings with both organisations that deliver it to share their experiences and get involved in Trust activities.



New CT scanner for Scarborough Hospital

A second CT scanner was installed at Scarborough Hospital, which has greatly increased capacity and reduced waits for patients both in and out of hospital. The extra capacity increases the resilience of the service at Scarborough Hospital, which means the hospital can improve access to CT for patients on the East Coast.

June 2023

Milestone in new £47m Urgent and Emergency Care Centre

The Trust marked a significant milestone in the progress of its £47million scheme to build a new Urgent and Emergency Care Centre (UECC) at Scarborough Hospital. The 'watertight' event is a tradition in the building industry and marks the phase where work can begin on the interior of the new development. The new Urgent and Emergency Care Centre, which is the largest capital investment ever by the Trust, will officially open in the summer of 2024 for the benefit of patients right across the East Coast.

Next level in UNICEF UK's Baby Friendly Initiative

The Trust was awarded the next level in the prestigious Baby Friendly Award.

This means that we are developing innovative projects to embed the highest level of care and consistently showing that the Baby Friendly standards are being met.

After starting its accreditation journey with UNICEF UK's Baby Friendly Initiative back in 2016, the maternity team has continued to increase breastfeeding rates and support all mothers in responsive parenting.

July 2023

York Hospital revamped emergency department officially opens

York Hospital's £18 million expanded and redesigned emergency department was officially opened, as part of our NHS75 birthday celebrations.

The two-storey expansion, which took just 20 months to complete, includes a vital new eight-bedded resuscitation area and 12 new assessment and treatment cubicles. There is also a newly remodelled waiting area which includes a separate space for children, along with supporting facilities such as a baby changing area.

Upstairs in the extension, a spacious area for same-day emergency care means patients are treated in the department and then discharged without the need to be admitted as an inpatient.



NJR Quality Data Provider award

In July, Bridlington, Scarborough, and York hospitals were recognised and awarded as National Joint Registry Quality Data Providers for 2022/23.

The 'National Joint Registry Quality Data Provider' scheme offers hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through compliance with the mandatory National Joint Registry (NJR) data submission quality audit process. By awarding certificates, the scheme rewards those hospitals who have met the targets.

To gain Quality Data Provider status, our hospitals were required to meet the targets for best practice, increase engagement and awareness of the importance of quality data collection and embed the ethos that accurate data ultimately improves patient outcomes.

August 2023

Trust has leading liver service

In August, the Trust gained national recognition for its liver service, giving "high quality care" to its patients. The service received the Improving Quality in Liver Services Level 2 accreditation from the Royal College of Physicians.

The team has been working hard to sustain high quality services, patient involvement, and achievable long-term aims. The assessment report highlighted the service's strong leadership and a proactive team which is patient centred.

September 2023

John's Campaign refreshed

In September, as part of ongoing support for patients living with dementia and their carers, the Trust refreshed its approach to implementing John's Campaign.

The campaign centres on the development and implementation of a standard operating procedure to support staff, the introduction of a care partner card and updated information leaflets for carers who are visiting under the campaign. Carers, carrying the visiting card, can also now access free car parking to enable them to visit and continue to support their loved one.

As part of the refresh, the Trust welcomed new specialist admiral nurses, recruited to help support patients living with dementia. They provide support to family carers and people living with dementia throughout the trajectory of dementia, particularly during complex periods of transition. They also provide education, leadership, development and



support to other colleagues and service providers.

October 2023

Infection Prevention Conference: Back to basics

In October over 160 staff from a range of departments and settings attended a 'Back to Basics' Infection Prevention conference in York.

The opening topic for the conference, 'The Good, the Bad and the Ugly' was given by the Trust's Deputy Director of Infection Prevention and Control, who highlighted types of infection and bad practices in the infection chain.

Concentrating on findings from the Care Quality Commission, the priorities for the coming year were outlined, including hand hygiene, unravelling the chain of infection, management and maintenance of hospital mattresses, water quality and safety, waste management and national cleaning standards.

Specialist speakers discussed about awareness of infections including Sepsis and respiratory viruses. Other guest speakers simulated demonstrations and infection control risk exhibits all assisted to refresh staff's knowledge on simply improving hygiene in their daily practice.

Hazmat training a first for new starters

International nurses took part in an emergency planning exercise at Scarborough Hospital's Emergency Department.



It was the first time the recruits had ever undertaken this type of training. The six-hour session helps prepare for unexpected situations and test protocols when dealing with hazardous materials that can have any reasonable risk to health.

The nurses learned about the potential scenarios in a possible chemical, biological, radiological, or nuclear incident and how this could arise from a deliberate attack, not just an accidental one.

New Care Group structure

We also launched our revised care group structure in October, delivering a change from six groups to four. These four groups are Medicine; Surgery; Family

Health; and Cancer, Specialist and Clinical Support Services care groups.

November 2023

Year of Quality gets underway

In November, our interim chief nurse launched a 'Year of Quality', designed to focus on driving continuous improvements against the essential fundamentals of care. This includes nutrition, hydration, reducing falls, and pressure damage - all of which we know are areas of care important to our patients and families.

Throughout 2024, the senior teams continue to focus on driving improvements within the fundamentals of care, on a planned basis. Each topic is the focus for two months, with activities, initiatives, and awareness campaigns promoting the importance to all Trust staff, as we each have a role to play in ensuring patients receive high-quality care.



Staff from Ward 39 at York Hospital, who designed the best nutrition board in a competition that ran as part of the Year of Quality's focus on nutrition and hydration.

The purpose of the board is to communicate specific patient nutrition and hydration needs to the ward team, including any special diets and/or the identification of patients requiring assistance at mealtimes. This information is used to ensure patients receive nutritional care by individual need.

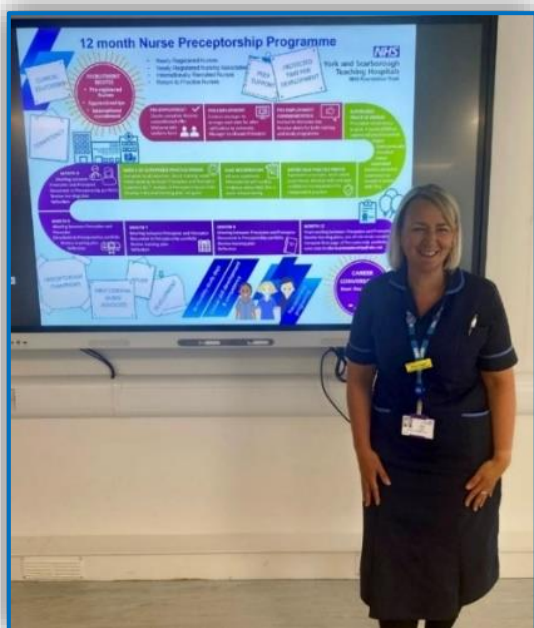
National Preceptorship Interim quality mark award

This month, the Trust's Preceptorship team achieved the coveted National Preceptorship Interim Quality Mark.

The Quality Mark is the national gold standard. It was created in October 2022 when NHS England introduced the new national framework for nursing, which NHS trusts use as a benchmark.

Designed to bridge the gap between university study and working for the Trust, preceptorship helps to develop newly qualified nurses, midwives, and allied health care professionals to refine their skills.

The Preceptorship Programme provides a minimum of 12 months of support for newly qualified staff. During this period, candidates attend study days on a variety of topics, such as patient safety, clinical skills, quality improvement, and healthy lifestyles. In the last year, over 200 recruits at the Trust have developed knowledge and skills to ensure they can work as confident and competent nurses.



Safecare relaunched

In November, the Trust relaunched a revised version of Safecare.

Safecare was originally established in the Trust several years ago, with the primary function to identify shortfalls in staffing, immediately alerting matrons to redistribute staff to wards where additional patient care is needed most.



It allows the Trust to maintain safe and compliant care based on patient numbers, acuity, and dependency. It also provides real-time visibility of staffing levels, redeployments, and use of temporary staff.

New healthcare academy opens at Bridlington Hospital

The aim of the academy, the first of its kind for the Trust, is to ensure newly



recruited healthcare workers have a sound knowledge and understanding of their role.

At the academy, healthcare workers attend a four-week programme to receive training in the fundamentals of care

before working on the wards. Healthcare workers can help patients with social and physical activities such as personal care, mobility, mealtimes and booking appointments. They may also take observations of patients, including temperature, pulse, respiration, and weight, all to support nursing and clinical teams.

December 2023

[Prestigious accreditation for local hospitals](#)

In December, Scarborough, Bridlington and York hospitals achieved the prestigious Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (RCoA) - demonstrating their commitment to patient safety and excellence of care.

Anaesthesia Clinical Services Accreditation is the Royal College of Anaesthetists' peer-reviewed scheme that promotes quality improvement and the highest standards of anaesthetic service. To receive the accreditation, departments are expected to demonstrate high standards in areas such as patient experience, patient safety, and clinical leadership.

In the overall findings, the review team found several areas of good practice and

specifically highlighted how the department successfully overcame the significant geographical challenges. The reviewers also praised the department's strong focus on patients.

January 2024

[New drug offered in the first worldwide clinical study](#)

In January, York doctors achieved a global first by participating in a clinical study helping patients with a rare condition.

Researchers working at the Trust were the first to recruit a patient for the global research study named AvacoStar. Patients are now able to take Avacopan which is given to those with ANCA-associated Vasculitis (AAV). AAV is a type of inflammation of the small blood vessels, most often affecting the kidneys and the lungs.

The international, observational study assess the real-world impact of a newly available tablet treatment for the rare auto-immune condition. The research is supported by the National Institute for Health and Care Research.

[Nucleus II launched](#)



The team behind Nucleus, recipients of the Chief Executive Award at our annual Celebration of Achievement awards, continued to go from strength to strength with the Trust's digital ambition.



The next phase of our in-house Nucleus software was recently launched on two wards in Scarborough, by the Trust's innovative Digital Nursing Team, Core Patient Database development team, and inpatient therapy teams.

Using structured data flows, the project has united nursing and therapy documentation and will enable better collaboration between nurses and Allied Health Professionals (AHPs) to support patient care.

Nucleus is an inhouse developed software that is improving our care of our adult inpatients. Not only does it reduce the need for paperwork, meaning our staff are able to spend more time with patients, but it also keeps clinical documentation up to date and accessible.

February 2024

[£2.1m plan unveiled for a new gold standard Cancer Care Centre](#)

This month, plans for a 'gold standard' centre, designed to provide vital information and support for people living with cancer, were unveiled. The centre will be developed at York Hospital thanks to a new partnership between Macmillan Cancer Support and the Trust.

The estimated £2.1m project will be funded by Macmillan and see the redevelopment of the hospital's current Cancer Care Centre.

Once opened, it will be operated by the existing Cancer Health & Wellbeing Support Service to provide information and support on a range of issues, from coping with treatment and care, to getting financial support. It will be open to people affected by cancer across the region.

March 2024

[Groundbreaking research could change the face of bowel cancer diagnosis](#)

In March, a £3 million trial got underway to lead national research into a device that could improve the clinical pathway for diagnosis of bowel cancer.

The research, which has been funded by the National Institute for Health and Care Research, marked a huge milestone for the Trust and is the biggest project it has ever undertaken to fund a national clinical diagnostic study.

The ColoCap study, will evaluate a new bowel imaging technology for patients

known as colon capsule endoscopy. If the ColoCap study is successful, the colon capsule endoscopy could rapidly increase the capacity for diagnosing bowel cancer and other bowel diseases, helping to reduce waiting times.



1.4 Care Quality Commission – inspection and ratings

York and Scarborough Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'Registered with Conditions'

Since January 2020, the Trust has been working under a Section 31 notice to improve the provision of an effective mental health risk assessment across emergency care. The Trust has introduced an electronic Urgent and Emergency Care screening tool which includes a mental health risk assessment. The process to request to lift the Section 31 restriction has commenced.

In March 2022 the CQC carried out an unannounced focussed inspection of medical care at York Hospital following significant safety concerns they had received. This resulted in the issuing of a Section 29A warning notice in May 2022 regarding standards of care provided on the medical wards. Improvement work was undertaken, and this warning notice was lifted in March 2023.

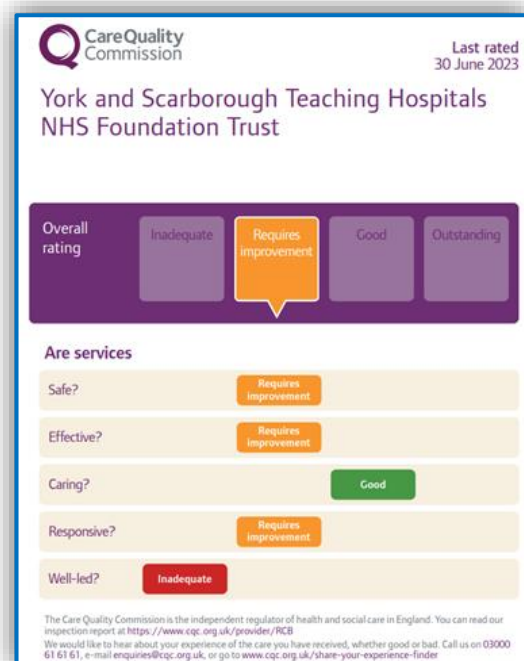
The Trust was further inspected by the CQC between October 2022 and March 2023. The inspection looked at Emergency and Urgent Care, Medical Care and Maternity Services

The CQC also inspected the well led key questions for the Trust as a whole.

The Trust was sent a letter of intent to take urgent enforcement action as a result of serious concerns found in maternity services under Section 31 of the Health and Social Care Act 2008. The Trust submits a monthly report to CQC on progress made against the specific concerns outlined in the Section 31 notification.

The full CQC report included 95 'Must-Do' and 45 'Should-Do' actions to be undertaken across the Trust.

The overall CQC rating for the Trust was Requires Improvement. At the point of inspection, the Trust level CQC rating did not change.



Part 2: Improving our Quality of Service

Progress against our Quality Priorities for 2023/24

2.1 Patient Safety

Patient safety is the avoidance of unintended or unexpected harm to people during the provision of health care.

Patient safety is fundamental to the provision of high-quality services and is defined by NHS England as *'maximising the things that go right and minimising the things that go wrong. It is integral to the NHS definition of quality in healthcare, alongside effectiveness and patient experience'*. The impact of patient harm is felt widely; by patients themselves, families, and the teams delivering care.

Adverse incidents will and do occur but with a strong safety and learning culture the impact in terms of harm and recurrence will reduce. All staff must feel safe to report patient safety issues without fear of retribution and be empowered to act swiftly to address risk. During the engagement exercise with our members, they told us that we need to do more to support staff following the challenges posed by the pandemic, focussing on retention of staff. They also asked us to be better at celebrating the good practice.

Celebrating and learning from good practice is essential within a positive safety culture. Bringing into focus aspects of everyday practice is known as Safety II. The Safety II perspective was developed with the recognition that complexity and variability is inherent in healthcare, failure in systems do not necessarily arise from individual components but rather from the structure of the systems within which we operate. Therefore, to improve safety, we need to understand how people manage and overcome complexity and uncertainty.

The Trust Patient Safety priorities for 2023/24 were identified as:

- Reducing the incidence and harm from inpatient falls
- Responding to a deteriorating patient
- Improve our delivery and monitoring of Sepsis
- Pressure related skin damage
- Discharge and onward referral
- Nutrition and hydration
- Post-Partum Haemorrhage
- Medication

Each of these areas are covered in further detail later in the account.



Complete the transition to the Patient Safety Incident Response Framework (PSIRF)

Background

The Patient Safety Incident Response Framework (PSIRF) is a way of managing patient safety incidents. It aims to:

- Take a proportionate response to incidents, focusing efforts on learning and improvement rather than investigation
- Link with quality improvement projects where there are common themes; thereby reducing local action planning and supporting organisation-wide learning
- Engage compassionately and supportively with staff and patients/families involved in patient safety incidents
- Use systems-based approaches to learning, looking at system error and human factors rather than human error

Patient Safety Incident Response Framework gives us more choice about how we respond to incidents - looking at the opportunity for improvement rather than a focus on review/investigation. We therefore have options for what action we take.

Most incidents can be dealt with by local review and sign-off, as we have been doing for many years:

- Take no further action if the incident can be linked with an existing improvement plan or is a known risk on the risk register
- Use one of the learning responses as below

There are four learning responses used in the Trust each are a 'look back', no-blame learning exercises undertaken by the team directly involved in a patient safety event:

- A hot debrief
- An After Action Review -
- A pathway review
- A patient safety incident investigation

Staff are expected to be open with patients and families when things go wrong and to apply the Duty of Candour following moderate or more harm. Where possible, the views of patients and families should be considered in learning responses.

Key Achievements in 2023/24

- The implementation of Patient Safety Incident Response Framework across all Trust's sites and the phasing out of Serious Incident reporting within the Trust.



- The first cohort of NHS England approved Patient Safety Incident Response Framework (PSIRF) training was completed in October 2023. A second group commenced the online training in April 2024. There has been 52 trained on the systems and engagement modules and 50 on the oversight module.
- Currently, 80% of staff within the organisation have completed Level 1 Essentials for Patient Safety e-learning.
- Datix has transferred from a web based incident management system to Datix Cloud (DCIQ). Although some challenges were faced with connectivity, the Patient Safety Team have worked with the Trust IT Team and Datix representatives to resolve these issues.
- Trust wide After Action Review training has been delivered by the Patient Safety Team.
- Creation of a weekly safety brief informing staff of key alerts /issues and learning across the trust.
- Daily incident update to all care group managers and directors



identifying key incidents in the Trust over the last 24 hours.

Aims for 2024/25

- Increase in the number of near miss incidents reported across the Trust. This is to inform learning with an ambition to reduce incidents with moderate or severe harm.
- Increase in the number of patient safety partners and development of their role within the Trust.
- Continued development of the responses available to staff reporting incidents in line with the Patient Safety Incident Response Framework.

Enhanced Patient Safety Culture

Background

In delivering this priority, the Trust aim for staff to feel more empowered to report incidents, raise concerns and make positive changes to health care systems to improve patient safety across the organisation.

Key Achievements in 2023/24

- Multi-disciplinary Improvement Groups have been established based on the trust key areas of focus as part of the Patient Safety Incident Response Framework. Leads and priorities have been assigned.



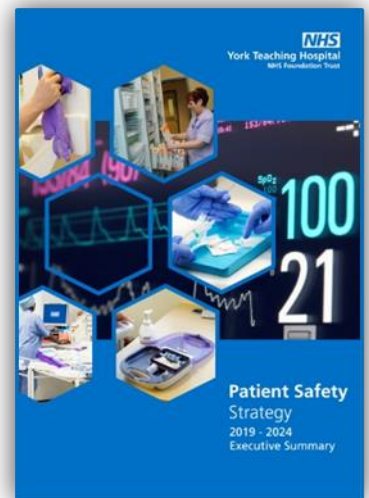
- The Patient Safety Specialist and Patient Safety Lead have attended *'Human Factors: Using the SEIPS Framework for Patient Safety and Investigations'* in view of ensuring this is considered in the new way of managing and responding to incidents.
- The incident investigation section in Datix Cloud IQ (DCIQ) incident management system now represents Systems Engineering Initiative for Patient Safety (SEIPS) model when considering how an incident is reviewed.
- Learning from Patient Safety Events (LFPSE) went live 1st November 2023. This will improve the opportunities for positive practice to be seen and learning which will be incorporated into the improvement groups.

Aims 2024/25

- Continue to promote the Systems Engineering Initiative for Patient Safety (SEIPS) model for patient safety investigation and a culture of safety.

Patient Safety Strategy

The Trust published its Patient Safety Strategy in 2019. Our vision is to support all our staff to deliver safe, effective care, with zero avoidable harm, to all our patients.



Our strategy is aligned to the emergent national patient safety strategy, which describes an aspiration that the NHS is the safest healthcare system in the world.

Our strategy has four driving principles, underpinned by openness and transparency, these are:

- A just culture of safety
- Continuous learning and improvement
- Patient and carer engagement
- Leadership and quality improvement

Our Patient Safety Strategy will be refreshed and updated in 2024/25.

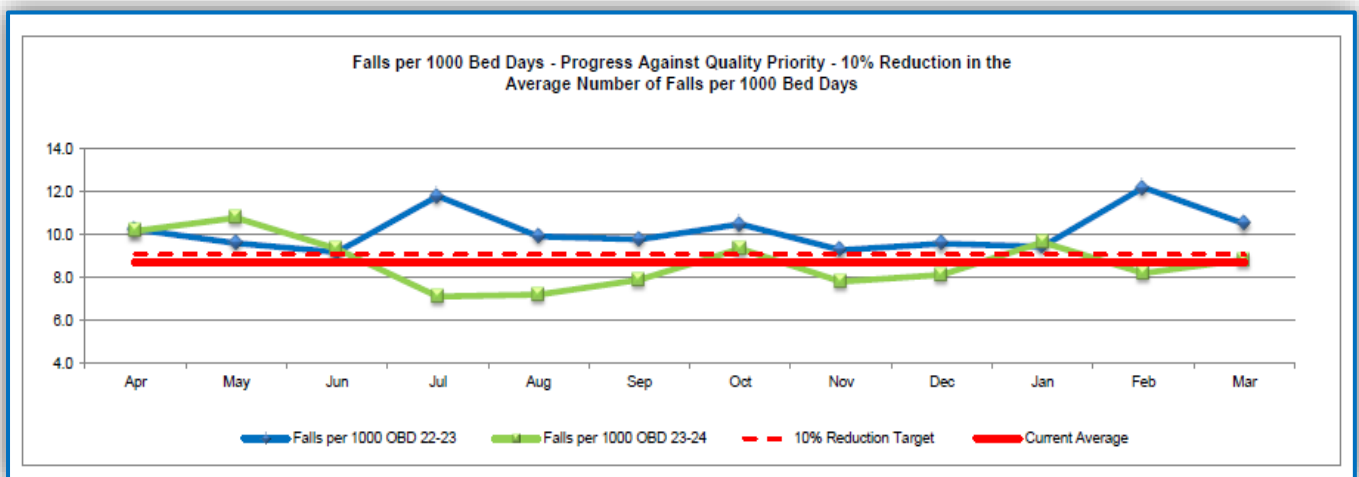
2.2 Falls

Background

The Trust is committed to reducing the rate of avoidable inpatient falls. An objective of achieving a 10% reduction in the average number of falls per 1000 occupied bed days (OBD) for 2023/24 was set. This equates to a target of 9.1 (or less) falls per 1000 OBD. This monthly target was achieved 7 times during the year.

A review of the number of falls by month over a 2-year period commencing January 2022 shows the decrease in the number of reported falls since June 2023, following the previous pattern of above average numbers since January 2022.

The transition to Datix Cloud IQ incident management system and network performance limitations since this transition has seen various issues with staff access to, and ability to submit incident reports, and therefore it is likely that the reduction in numbers of falls is a contributing factor to underreporting of patient fall incidents. The concern of underreporting of falls is being monitored by the Falls Improvement Group alongside the Patient Safety team, and assurance has been gained that these issues are now resolving, and the increase in falls reported in Quarter 3 provides some confidence in this.



Key Achievements in 2023/24

- The Trust has seen improvements in various ward areas in localised quality improvement work, which has been shared across the organisation.



- There has been a positive uptake on the completion of the Falls Prevention and Management eLearning at the Trust. In March 2024, 85% of staff (who are required to do so) have completed the training.

Aims for 2024/25

- Improve lying and standing blood pressure assessments for all patients aged over 65 years (or under 65 years with increased risk of falls).

- Year 1 2023/2024 – 50%
- Year 2 2024/2025 – 75%
- Year 3 2025/2026 – 90%



-
- Launch of updated Neurological Observations and Imaging guidance following an Impatient Fall.
- Delivery of targeted quality improvement work planned with Cherry and Chestnut Ward at Scarborough Hospital and Ward 28 at York Hospital.
- Relaunch of the Enhanced Care Policy.
- Complete the Trust bed rails assessment and develop the training and equipment provision, including the use of ultralow beds.

2.3 Deteriorating Patient

Background

Any patient in our care may become acutely ill. The Trust has a duty to ensure that all patients are assessed and treated appropriately in order to reduce the risk of deterioration and potential cardiac arrest.

National and local evidence supports that recognition of acute illness is often delayed and its subsequent management maybe inappropriate, leading to late referral and avoidable admissions to critical care.

Problems associated with the poor recognition of deteriorating patients significantly increase morbidity and mortality.

Key Achievements in 2023/24

- For CQUIN07, which is the review of care of Unscheduled Admission to Intensive Care Unit (ICU), the target achievement is set at 30%. Trust performance in 2023/24 has been as follows Quarter2 73 %, Quarter3 67% and Quarter4 76%. This was primarily because of speed of review and documentation of Critical Care Outreach Team.
- Healthcare Assistant specific training on Acute Illness Recognition Assessment (AIRA) has been introduced. The has been well

attended with excellent feedback and waiting lists for attendance.

- A Call 4 Concern pilot has been undertaken which was developed by the Critical Care Outreach Team for all patients leaving the Intensive Care Unit to wards. It was recognised that this was a stressful time for patients and relatives. The pilot has received positive informal feedback and is working well for the Critical Care Outreach Team.
- In situ simulation teaching for deteriorating patient management has been delivered and included areas such as in endoscopy – all areas have been keen to rebook this training for 12 months.
- Signal data now includes Medical Emergency Team calls which allows for clearer visibility of numbers/areas/cardiac arrest calls/whether patient has a Decision Not to Attempt CPR (DNACPR) etc.
- A trial of remote monitoring of patients by Critical Care Outreach Team using Sensium monitoring received very positive feedback. However, the team are unable to get financial approval to implement at this time.
- Secondment posts have been developed between the Critical Care



Outreach Team and Intensive Care Unit (ICU) to improve and share knowledge and skills.

- Critical Care Outreach Competencies have been developed and teaching packages to achieve advanced competencies have been delivered.
- Commissioning a Patient Safety Incident Response Framework (PSIRF) response to focus on an investigation into the deteriorating patient pathway.

Aims for 2024/25

- Call 4 Concern is to be rolled out across both York and Scarborough hospital sites.
- Basic Life Support and Sepsis E-learning to the Acute Illness Recognition Assessment (AIRA) training day meaning attendees are signed off as competent in three requirements in one day.
- Increased Medical Emergency Team (MET) call and outreach activity with the aim for staff to recognise and escalate patients earlier to improve patient safety and outcome.
- Improved links with Resuscitation Team – Resuscitation team attending Medical Emergency Team calls and shadowing Critical Care Outreach Team.

- Introduction of run through posts of band 6 to band 7 in the Critical Care Outreach Team to improve senior response.
- Introduction of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms across the organisation.



2.4 Sepsis

Background

Sepsis is a major cause of morbidity and mortality around the world. It is estimated that up to 12% of Sepsis deaths may be preventable. At York and Scarborough Teaching Hospitals foundation NHS Trust we are committed to continually improving patient care and experience through an ongoing Sepsis Care Improvement Program.

Key Achievements in 2023/24

This year has been a significant challenge for all healthcare staff. Operational pressures in the Emergency Department and across wider clinical areas have been substantial. Whilst we have made progress our Sepsis metrics have not seen the improvement we aimed for.

This year we have:

- Promoted Sepsis 6 with use of posters, screen savers and Sepsis cards for ID badges.



- Used a cross site Sepsis educational tea trolley to promote Sepsis signs and symptoms.
- Relunched the Sepsis E-learning training on the Learning Hub.
- Engaged with other trusts to gain an understanding of their approach to Sepsis (Leeds, Hull, Bradford, Cornwall).
- Created a monthly Sepsis Task and Finish Group.
- Further developed the Sepsis audit and screening tool which is based about best practice and National Institute for Health and Care Excellence (NICE) guidelines to include ward areas.
- Identified two wards to work with to commence the Improvement project (Acute Medical Unit & Ward 12).

Aims for 2024/25

- Review of the resource available to support the introduction of a dedicated Sepsis lead nurse at the Trust.
- Continue to review the Sepsis education provision, including maternity and community.
- Review of the electronic Sepsis assessment tool.

2.5 Pressure Related Skin Damage

Background

The Trust is committed to pressure ulcer prevention. To promote this, whilst supporting national targets, quality priorities were agreed by the Pressure Ulcer Improvement Group (PUIG).

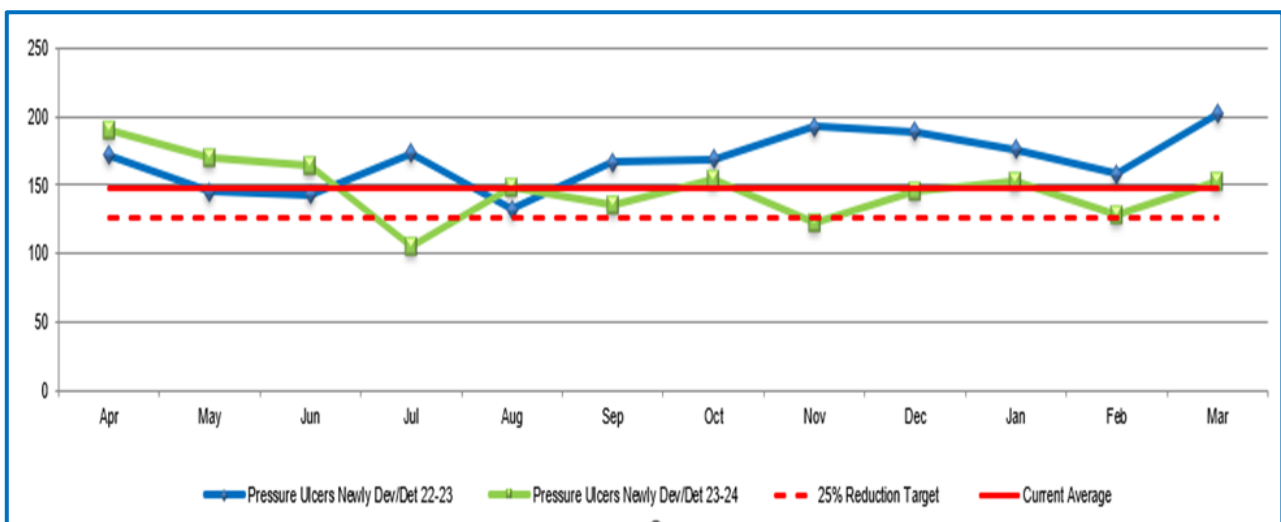
The first key priority was to achieve a 25% reduction in the number of pressure ulcers for 2023/24. This target was determined by the Pressure Ulcer Improvement Group in April 2023.

The aim of the target was based upon more accurate reporting of pressure ulcers on Datix and working on the prevention of duplicated Datix reports. Also, with an updated Pressure Ulcer & Moisture Associated Skin Damage Prevention and Management% policy,

two months of organisational focused work on pressure ulcers and alongside the national 'STOP the Pressure' campaign, an increased focus on the prevention of pressure ulcers has been evident.

The first quarter saw an increase in reporting, with a sharp decline in July following the introduction of Datix DCIQ incident management system. Reporting increased slightly during August then normal variation was seen for the rest of the year. Over the last 7 months, overall reporting figures are under the reported numbers from 2022/23, which suggests a positive improvement. Four months out of twelve, the 25 % target reduction was achieved. .

Reducing pressure ulcer incidence by 25% of all categories of pressure ulcer over a 12-month period



The Second Trust Priority was to achieve CQUIN12: Assessment and documentation of pressure ulcer risk for inpatients in acute and community hospital settings (trajectory 70-85%).

Analysis of the CQUIN pressure ulcer data for Q4 was submitted 22nd April 2024 and suggests the CQUIN has been partially achieved at 84% with the maximum target set at 85%

Key Achievements in 2023/24

- Implementation of continence care domain on Nucleus, to assist with improving overall skin integrity.
- Implementation of continence screening and assessment tool in Inpatient areas.
- Implementation organisationally of new containment pad formulary for home delivery and all inpatient areas.
- Trust wide 1300 hybrid mattress implementation.
- Trust wide mattress clean process launched.
- Updated Tissue Viability referral criteria and process roll out.
- Organisation wide 'Stop the Pressure' campaign 2023.
- New Pressure Ulcer & Moisture Associated Skin Damage Prevention & Management Policy launch.

Reducing pressure ulcer incidence by 25% of all categories of pressure ulcer over a 12-month period

- Development of pressure ulcer educational information for all staff.
- Neo natal Skin Assessment launch.
- Patient Safety Incident Response Framework investigation process roll out for pressure ulcer investigations.
- Two months of education for all staff across the whole organisation focusing on pressure ulcer prevention and management.
- 'Spot the Dot' awareness campaign across whole organisation.

Aims for 2024/25

To ensure all stakeholders are part of the Pressure Ulcer Quality Priorities recommendations, an annual face to face meeting of representatives from all specialities and from across the organisation meet to discuss the priorities at the Pressure Ulcer Improvement Group (PUIG).



.2.6 Discharge Improvement Group

Background

The Discharge Improvement Group is a cross site group with attendance from external partners, prior to this there were site specific groups in place. The purpose of the group is specifically to address the quality improvement aspects and joint working around discharge and chaired by an Associate Chief Nurse. In 2024, the group will be chaired by the Deputy Chief Operating Officer (COO) with the scope of the group expanded to include increased discharges.

Key Achievements in 2023/24

- A quarterly report on discharge incidents and patient experience concerns has been developed. This has helped the trust to highlight areas of focus including discharge documentation, communication as well as medications.
- Specific work has taken place to improve accuracy of discharge medications through a task and finish group. This has led to changes to the electronic discharge notification, development of an updated discharge checklist and the trusted assessor document.

- The introduction of a monthly patient story at the Discharge Improvement Group and inviting external agencies to meet with the group.

Aims for 2024/25

The Discharge Improvement Group has undergone a refresh in April 2024. Its frequency has increased to fortnightly, to ensure pace around transformation work, and will be chaired by the Deputy Chief Operating Officer. The original purpose of the group remains. Tasks to achieve alignment with the national discharge policy are split into three areas :

- 1 relates to internal hospital processes including effective board rounds and criteria-led discharges.
- 2 focuses on the interface between acute and community provision, for example trusted joint assessment.
- 3 reviews local authority and community processes including packages of care.

This work aims improve the timeliness and quality of discharges, which we hope impacts positively on the quality of patient care, patient experience, staff experiences, resource utilisation and Trust performance.



2.7 Nutrition and Hydration

Background

There is a requirement under the Health and Social Care Act (2008) regulations that trusts meet nutrition and hydration needs (Regulation 14). The intention of this regulation is to make sure that people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment. The Trust is committed to delivering all the requirements of this regulation through the provision of good food, nutrition and hydration care for all patients and to the prevention of avoidable patient malnutrition and dehydration and we have an improvement plan to ensure that we are focused on this work.

Patients who are admitted into adult and paediatric services have their nutritional and hydration status assessed and where required a plan of care is developed by the multi-professional team based on this assessment.

Key Achievements in 2023/24

- As part of the Year of Quality, November and December was focused on nutrition and hydration by ensuring that the fundamentals of care for this

area were fully embedded in the clinical areas.

- New online training about nutrition and hydration has been developed and implemented from September 2023 with uptake of 82% in the first six months.
- A review of the policy/procedures that underpins the implementation of good food, nutrition and hydration has been undertaken and all policies are up to date.
- Development of a Nutrition Multi-disciplinary Team underpinned by clear processes to support patients and clinicians when parental feeding is being administered.
- Implemented initiatives to ensure that patients are helped with eating and drinking as required including the recruitment and training of volunteers



and implementation of “Step up to Plate” whereby Directors attend wards at mealtimes to assist patients.

Aims for 2024/25

- Development of a new Food, Nutrition and Hydration Strategy for the next three years underpinned by a robust improvement plan for the next year.
- Work collaboratively with the Digital Information Service to update the digital care plan for food, nutrition and hydration ensuring that the appropriate risk assessments are on the Nucleus system and are monitored to ensure that all patients get food and nutrition that is appropriate for them.
- Further develop our approach to hydration ensuring that all patients

have adequate fluids whilst in hospital and that we have systems in place to fully monitor this.

- Continue our work to ensure the safety of patients who are receiving enteral feeding in hospital through education and training and monitoring of competency.



2.8 Post-Partum Haemorrhage

Background

York and Scarborough Teaching Hospitals NHS Foundation Trust has been a regional outlier in relation to Post-Partum Haemorrhage (PPH) of 1.5 litres and above. A Quality Improvement programme commenced in January 2024, supported by the Trust Quality Improvement team .

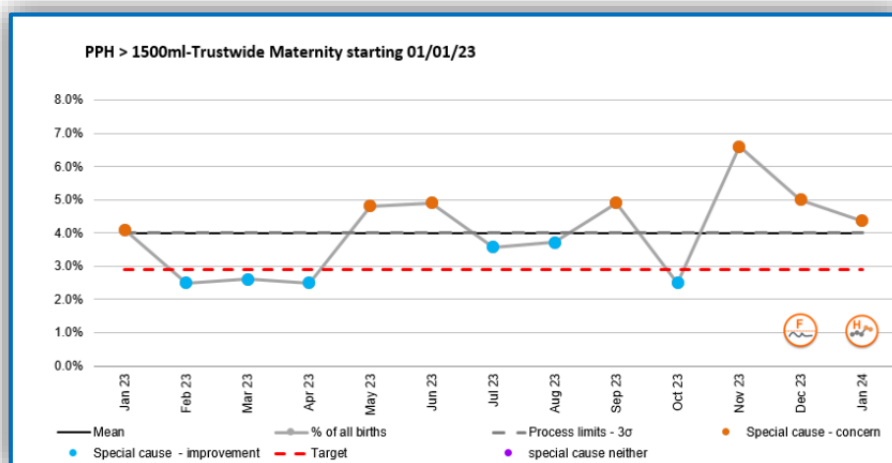
Key Achievements in 2023/24

- Targeted Quality Improvement work has been undertaken to ensure the Trust Post-Partum Haemorrhage (PPH) risk assessment is reflective of PPH risks and completed at recommended times.
- An audit has been completed reviewing PPH risk assessment completion, and PPH proforma completion when PPH has occurred.

- A thematic review of PPH >1.5L occurring in October, November and December 2023 has been conducted.
- An educational plan on measuring blood loss has been developed.
- Delivery of feedback and education explaining the importance of administering uterotonic with birth, irrespective of delayed cord clamping.
- The Trust has started to explore alternative uterotonics such as Carbotocin.

Aims for 2024/25

- To reduce PPH rates of 1.5 litres and above to below the regional average rate within three months of Quality Improvement programme completion. The target is for PPH >1.5L to occur in less than 3.5% of births. 3.5% is roughly the regional average taken from all births in Yorkshire and Humber.



2.9 Medication Safety Group

Background

The Trust Medication Safety Group focuses on improvements in patient safety and ensuring compliance with national standards. Medication incidents are reviewed along with national alerts related to medication safety.

The medication safety group is focusing on four projects:

- Reducing harm due to errors with insulin.
- Getting Parkinson's medication on time.
- Preventing errors with discharge medication.
- Reducing missed doses of critical medicines.

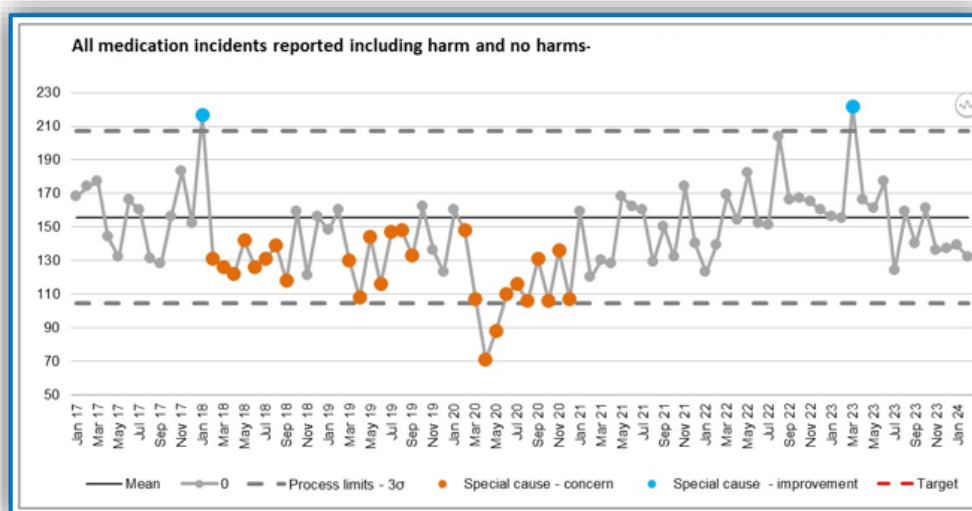
All medication incidents, from January 2017 to January 2024 are shown on the SPC chart below:

Key Achievements in 2023/24

- An Insulin Safety Group has been established and first met in April 2024.
- The Trust Improvement Team have supported the Parkinson's medication project, process map pathways and change ideas developed. However, there have been some challenges in progressing the workstream with staffing changes.
- Updates made to the electronic patient record system to prompt discharge medication checks.

Aims for 2024/25

- The development of a missed doses dashboard allowing better oversight, facilitating improvement work and learning.
- Completion the medication safety strategy



2.10 Quality Improvement

Background

Quality improvement (QI) is the use of a systematic method to involve those closest to the quality issue in discovering solutions to quality issues. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to an improvement.

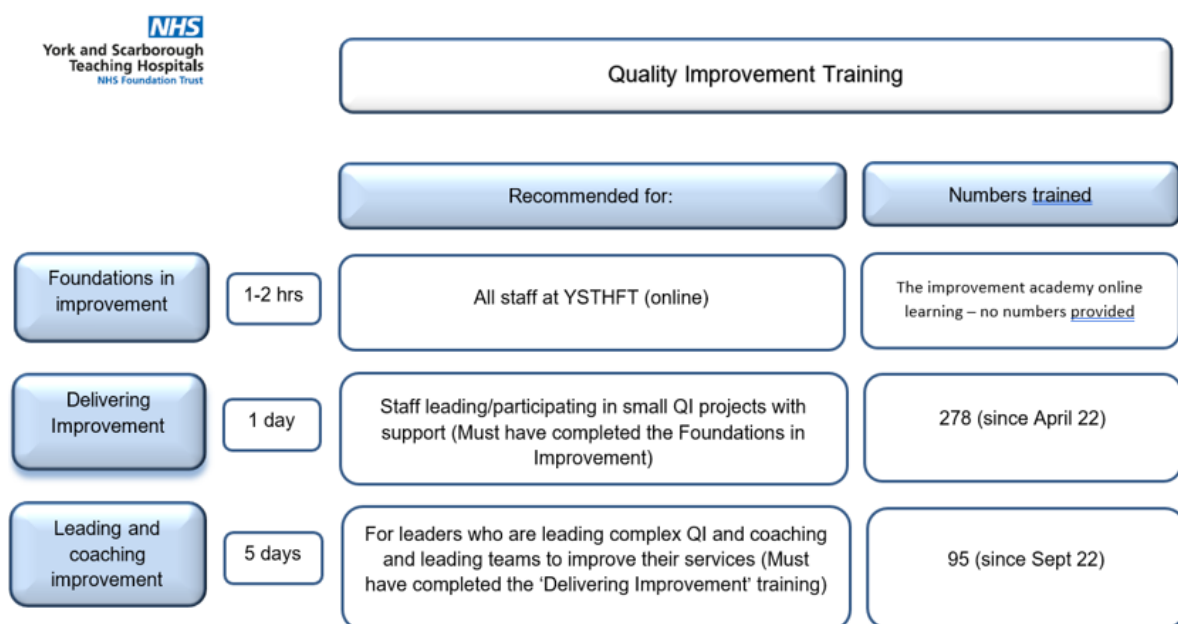
Key Achievements 2023/24

We will develop a quality improvement (QI) training and education structure from beginner to expert

Over the past 18 months we have developed a quality improvement educational structure from beginner to

expert level, please see the diagram below which shows the levels of education. This will increase our capacity and capability for quality improvement in the organisation, having many individuals trained in quality improvement. At the expert level we have delivered four cohorts of the 'Leading and Coaching improvement' (which is part of the Quality, Service Improvement and Redesign (QSIR) programme). The expectation from the Trust for anyone attending this programme is:

- To continue to use their learning to support future Quality improvement projects.
- To encourage other staff to participate in Quality improvement projects.
- Use their knowledge to support



colleagues with Quality improvement ideas to follow the methodology.

- To promote Quality improvement in the organisation.
- To support staff in identifying time to be able to participate in Quality improvement projects.

In order to deliver our expert programme organisations must have Quality, Service Improvement and Redesign (QSIR) associates who have been assessed to deliver the programme. We now have six individuals in the organisation who are accredited to deliver this educational programme. In addition to the educational structure, we have provided the following this last year to increase awareness and understanding of quality improvement:

- Attendance at all the Junior Doctors inductions to share Quality improvement resources and talk to them about their Quality improvement projects.
- Provided a basic Quality improvement education session (3 hrs) for all clinical preceptors (newly qualified) staff coming into the Trust. We have 150 new preceptors trained over the past 12 months.
- Provided ad-hoc Quality improvement education to our internal medicine training doctors.

- Attendance at workforce fairs to promote Quality improvement.
- Quality improvement education session for the newly established 'change makers'.

We will ensure that Quality improvement is accessible to all, part of everyday language and supported by effective leadership.

Members of the Improvement Team are actively working with the Communications Team to develop the new updated intranet space for Quality Improvement resources. This space will contain Quality Improvement educational materials and templates to download and use.

We have established a 'Quality improvement Clinic' model this year, where we have a stand full of educational resources and we are available for staff to come and talk to us about their quality issues. The first Quality improvement clinic at Scarborough was very successful with 40 members of staff coming along to ask for advice, guidance on projects and accessing Quality improvement courses.

We continue to market the idea of the 'Quality Council' model for teams who are working within the organisation. Quality Councils are local quality groups where frontline staff come together to develop



quality improvement initiatives for their wards/teams.

We will develop mechanisms for sharing and celebrating success.

The Improvement Team resource is now aligned to support the Patient Safety Incident Framework (PSIRF) priority themes, which are themes that have been developed by reviewing the most commonly occurring safety incidents. This work is cross-site, encouraging sharing of ideas / developments.

This year has seen an increase in the support to the ward areas, both for infection control, falls and Sepsis management. We have worked with individual chosen wards to engage them in the topics for Quality improvement and to encourage their ideas for improvement, through the use of workshops and huddles.

The Improvement Team continue to identify individuals and teams who they feel they can nominate for the monthly star awards and celebration of achievement awards.

Bi-annually we hold a display of posters of the Quality improvement projects that have been developed through the 'Leading and Coaching Quality improvement – Quality, Service Improvement and Redesign P'

programmes. These events are open for anyone to come and view and are well communicated across the Trust.

Aims for 2024/25

The next phase for Quality improvement development is to identify and address the priority requirements identified through the NHS Impact framework. The NHS released the NHS Impact Framework in April 2023 which articulates the importance of taking an aligned and integrated approach to continuous improvement delivery and capability building. It is a national approach to improvement that supports creating the culture and conditions for continuous improvement within organisations, allowing focus on the priorities that matter to patients and staff, and deliver improvements in experience and outcomes. Any identified developments will inform our Quality improvement strategy moving forward.

Following a pilot of the Quality improvement clinics in March, we will develop a timetable of dates for the



following year to promote quality improvement, increase the number of people attending Quality improvement courses and provide support in the moment.

A digital solution is being realised to ensure that we capture Quality improvement project content to share across the organisation. It will consist of a basic form to add project detail and a reporting function to search for Quality improvement project information as part of sharing ideas. It will provide an idea of the number of projects undertaken across the Trust.

This year we plan to hold our first Quality improvement showcase event online with space for 3 Quality improvement projects to be presented and shared. This will be a regular event for sharing the learning from improvement projects.

We have also been given the opportunity to participate in the 'Learning at work' week in May, providing educational sessions and additional QI clinics for staff to come and visit on both York and Scarborough.



2.11 Patient Experience Priorities

Background

As a Trust we are committed to ensuring that our patients and their carers have the best possible experience of our care. There are times however, when this experience will not be of the standard that we or the patient and their family would expect to have. The Trust has faced considerable challenges over the last year as we try to return to activity levels seen pre-pandemic and recognise the ongoing impact that the pandemic had on both patients and our staff.

It has been a year of significant change for the Patient Experience Team, which has seen new roles developed and recruited to. We have continued to invest in the recruitment and onboarding of volunteers across the Trust, many of whom are supporting patients.

The Trust values and appreciates all those patients, carers and members of the public who have contributed by sharing their lived experiences, discussing service improvements, and being involved in a range of engagement events over the last year.

Good progress has been made towards the priorities agreed with patients and public members a year ago.

We will develop a Patient Experience 5-year plan

Patients and their families are at the heart of everything we do as a Trust. The co-creation of the development of a new Patient Experience and Involvement Plan (2024-2029) will establish how we intend to build on the work we are already undertaking to deliver high quality and compassionate care and will ensure that our activities are aligned to Trust priorities in a planful way recognising that we do not have unlimited resources. Listening to the lived experience of our patients will provide insights in how we can further improve existing services and find new ways to meet the needs of the people we serve.

Key Achievements 2023/24

In Quarter4 we were invited to present to both the Board and the Council of Governors the performance of the organisation against the National Inpatient Survey back to 2019 which allowed us to triangulate the patient feedback we had received from several sources including national patient surveys, internal patient surveys and the Friends and Family Test. This allowed us to highlight areas where we had identified improvement and those areas where



improvements still need to be made which are embedded into improvement plans.

We have further strengthened relationships with external partners including those representing disabled patients and carers alongside the three HealthWatch organisations we work with through the work we have undertaken to engage with patients and carers through their networks and developing new policies and patient and carer information including the new Animals on Trust Premises Policy and the new Carers Leaflet, both which will be launched in the new financial year.

We have launched a new Patient and Carer Experience forum in collaboration with Humber Teaching NHS Foundation Trust for residents of Scarborough and Ryedale and have held three meetings covering topics that have provide opportunities for the senior managers within the Trust to engage and hear about the patient and carer experience and what is of concern to them.

We have supported colleagues in the establishment of a number of specific patient and carer groups including the Autism and Learning Disability discussion group working with the Learning Disability Liaison Service to create an opportunity

for patients, parents, carers, staff, and other local stakeholders from the voluntary and private sector to have their voices heard by the Trust, and the Glaucoma Patient Forum working with the Ophthalmology team in their restart of the forum which paused due to Covid.

These activities alongside work that we are undertaking to evaluate our performance against NHS England's Patient Experience Improvement Framework have provided a foundation for the development of a patient, carer and public involvement framework and identify key improvement activities for the forthcoming years. This will be aligned against the refreshed Trust Strategic Plan.

We will develop a suite of resources, to equip members of staff to feel more confident in facilitating patient involvement/engagement

Authentic inclusive engagement of patients and public is essential to support the embedding of change and influence transformation. Engagement is also essential to support the Trust to review and improve the experience for people with characteristics protected by the Equality Act 2010. Whilst the Patient Experience Team are available to support this, to increase and embed patient



involvement and engagement across the Trust requires increased awareness, skills, and tools to be developed.

Key Achievements 2023/24

We have developed and launched a patient engagement and involvement toolkit, available on the Trust Intranet, to support Trust staff in learning how to engage and involve patients and carers when implementing and enhancing services.

We updated the governance and Terms of Reference for the Patient Experience Steering Group. However, with the introduction of new governance structures in January 2024, we have made a decision to relaunch a new patient and carer forum in the next financial year which will be focused on our patient experience improvement priorities across the Trust.

We have continued to deepen our relationships with HealthWatch for example inviting all three branches to have active representation at the Patient Experience Steering Group, and collaborating with them in the development and implementation of the Patient Experience Survey for review of urgent and emergency care that was commissioned by the Integrated Commissioning Board in Summer 2023.

We have been active contributors to the City of York Carers Strategy meeting and have further nurtured our relationships with York Carers facilitating their presence on site at York Hospital to raise awareness of their services and the support they can provide carers.

We have undertaken a review and implemented changes to the recruitment processes, governance, communications with and training of Volunteers to ensure that our Volunteers are supported to provide a high-quality service to improve patient experience. We have also introduced a number of new volunteer roles to support patient experience including supporting the National Audit of Dementia and the internal patient experience survey.

Develop accessible digital and off-line communications/materials, including a user-friendly patient experience webpage on the Trust website

People who access services in the organisation or wish to be involved with improving the patient experience, should be able to access information in a format that is most preferable for them. The current patient experience pages on the Trust website are an important touchpoint for patients and their loved ones and require review and updating.



It is also essential that the process and data capture of FFT (Friends & Family Test) are clear, and that patients and loved ones understand how to register a compliment, concern, or complaint and how they might expect to receive feedback.

Key Achievements 2023/24

We have worked with the Digital Information Team to improve the way that patients can receive information in larger font through Synertech. This work will continue to be an area of focus in the next financial year as we continue to improve the Trust's compliance with the Accessible Information Standards.

We have undertaken a base line audit against the Accessible Information Standard to identify areas for improvement in the forthcoming year and this work will be supported by the launch of a new policy.

We have refreshed and updated patient experience communications both for print and online materials including translation of information into the Trust's most used international languages.

We have introduced new coloured Friends and family test cards to ensure that they are more accessible. We have developed the cards to include

demographic data. This will be launched in the new financial year.

We have updated the patient information leaflet for our Patient Advice and Liaison Service which will be re-launched in the new financial year.

We have continued to support the provision of translation services for British Sign Language and international languages and have worked closely with the external provider to improve the patient experience and fulfilment of the service, alongside working with patient representatives to help identify where improvements are needed to be made, for example where it was identified that Trust Wi-Fi provision was insufficient to deliver the service.

Evidence learning from patient feedback, and 'closing the loop' including communication of outcomes to patients and carers

The Trust is committed to learning from and improving the patient experience. Such feedback is crucial if we are to learn and continuously improve. The Trust has worked hard to provide opportunities to receive patient feedback, including from those who are easily ignored. It is imperative that we can evidence actions taken in response to feedback, including sharing the learnings to further enhance



services alongside recognising and celebrating success where patients have had a positive experience of our services. It is equally important that we ensure outcomes are feedback to those involved.

Key Achievements 2023/24

We facilitated individual Care Groups to share their improvement plans through the Patient Experience Steering Group. This will be further strengthened in the forthcoming year through the new patient and carer forum.

We have worked with Care Groups, providing support to assist in the management of responses to overdue concerns and complaints, providing support at Care Group meetings, helping improve the quality of communications through reviewing complaint response letters and providing reports for use at Care Group governance meetings.

We have updated the Concerns and Complaints policy to making provision for the appropriate timeline for complex complaints. We transitioned to the new Trust Datix incident management system with the development of dashboards to support oversight of concerns and complaints by care Groups.

We supported the introduction of the new Standard Operating Procedure (SOP) for unplanned spaces providing feedback to the task and finish group in relation to patient, carer and staff feedback from one-to-one interviews and the analysis of Friends and Family Test data. This information was then used by the task and finish group to refine the SOP.

Patient Experience Aims for 2024/25

The draft patient experience priorities for 2024/25 will be discussed with a stakeholder group including patient and carer representatives and will be related to the following areas:

- Undertaking a review of patient and carer experience and involvement activities using the NHSE Patient Experience Toolkit and develop a Trust-wide strategic improvement plan aligned to the refreshed Trust Strategy.
- Implementing a patient, carer and public engagement and involvement framework.
- Codesigning and delivering an improvement plan to improve access to information.
- Triangulating sources of patient feedback to identify key themes to improve the patient and carer experience.

2.12 Friends and Family Test (FFT)

Background

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

We aim to give all patients in our care the opportunity to provide feedback in a short survey, either by giving a card to fill out or sending a text message. There is also an opportunity to add comments. We are introducing cards on yellow backgrounds to improve readability to people with dyslexia, stroke patients and visual impairments and are investigating producing an Easy Read version.

Table 1 shows the percentage of staff who would be happy with the standard of care provided by the organisation.

Trust 2022	Trust 2023	NHS Staff Survey Average Score 2023	NHS Staff Survey Highest 2023	NHS Staff Survey Lowest 2023
44.9%	45.7%	63.3%	88.8%	44.3%

The data in the table below shows the response to the question “Overall, how was your experience of our service?” in

The Trust considers that this data is as described for the following reason:

- The data is published by the National Staff Survey Co-ordination Centre. The results go through a series of rigorous quality checks and are deemed official statistics. The results of the annual staff survey are reported to the Board of Directors

The results of the 2023 survey will be used to update the action plan to improve staff experience and therefore engagement and retention, and ultimately patient care within the organisation.

We will:

Use the improved quarterly NHS Pulse Survey that will enable feedback to be reported at Care Group level. This will give valuable feedback which we will use to improve staff engagement and outcomes for our patients at both Trust and Care Group levels.

the Friends and Family Test (FFT). This has replaced the previously reported



indicator, which reported how many patients would recommend the Trust.

The Trust considers that this data is as described for the following reasons:

- Inpatient, Outpatient and Maternity results continue to be very positive across the Trust.
- Emergency Department (ED) performance remains a challenge.

The Trust has taken the following actions to improve this score, and so the quality of its services by:

- Results and themes of comments are reported each month to senior Care Group representatives for their response and action.
- The key issue with performance across both Emergency Departments is related to capacity and flow issues across the broader Trust. We anticipate that these issues will

improve following a major capital scheme, which is underway to improve the Emergency Department spaces at York and Scarborough.

We will:

- Further enhance our efforts to seek meaningful feedback from patients which we can celebrate and act on through making the Friends and Family Test able to be administered digitally through using QR code rolls and exploring the use of SMS messaging in addition to our traditional cards.
- Explore how to best support Care Groups in understanding and acting on their patient experience performance, to ensure that we identify and share best practice to support quality improvement in the Trust.
- Continue to respond to feedback and use feedback within quality improvement initiatives.

Table 2

Friends and Family test score (patient element)	Trust Feb 2022	Trust Feb 2023	England - Feb 2023	Highest Trust – Feb 2023	Lowest Trust – Feb 2023
Inpatient % positive	99	98	94	100	78
A&E % positive	77	76	77	94	58
Maternity % positive	92	96	93	Data not available	Data not available
Outpatients % positive	95	92	94	100	82



2.13 National Patient Surveys

Maternity Survey

In February 2024, the CQC published the 2023 Maternity Survey. The survey involved 121 NHS Trusts in England, with live births between 1st and 28th February 2023. Almost 19,000 responses were received with a response rate of 43%.

In our Trust, 164 patients responded to the survey, a response rate of 56.16%. The Trust results were better than 2022 results.

Our results were 'much better than most Trusts' for one question;

- At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital? 100 responses, scoring 9.6 (8.4 in 2022).

The Trust scored 'better than most Trusts' for two questions;

- If you raised a concern during labour and birth, did you feel that it was taken seriously? 113 responses, scoring 8.9 (8.2 in 2022).
- Did a midwife or health visitor ask you about your mental health? 148 responses, scoring 9.9 (9.9 in 2022).

The scores were also 'somewhat better than most Trusts' for three questions.

- During labour and birth, were you able to get a member of staff to help you when you needed it? 154 responses, scoring 9.1 (8.5 in 2022).
- Thinking about your care during labour and birth, were you treated with kindness and compassion? 162 responses, scoring 9.4 (new question, no comparison with 2022).
- Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth? 137 responses, scoring 9.0 (8.5 in 2022).

The Trust was 'about the same as other maternity units' for 48 questions.

There were no questions for which the Trust scored 'worse than most Trusts'.

Urgent and Emergency Care (UEC) Survey 2022

The Urgent & Emergency Care (UEC) survey 2022 national results were published in July 2023. Our response rate was 29% (down from 41% in 2020).

Response rates for all Trusts are lower than in 2020. No explanation for this national decline in responses has been provided by CQC.

We performed better than most Trusts for Q43, 'Did hospital staff discuss with you



whether you may need further health or social care services after leaving A&E' with a score of 8.4 (8.5 in 2020).

We performed somewhat better than most Trusts for questions 10, 24, 25, and 33. Three of these are comparable with 2020 scores:

- Q24, 'If you needed attention, were you able to get a member of medical or nursing staff to help you?' scored 7.7 (8.0 in 2020)
- Q25, 'Sometimes, a member of staff will say one thing, and another will say something quite different. Did this happen to you?' scored 9.0 (no change: 9.0 in 2020)
- Q33, 'Were you able to get suitable food or drinks when you were in A&E' scored 7.5 (6.8 in 2020).

The largest drop in score between 2020 (6.3) and 2022 (4.8) is seen for Q8, 'Sometimes, people will first talk to a doctor or nurse and be examined later. From the time you arrived, how long did you wait before being examined by a doctor or nurse?'. The smallest drop in score between 2020 (7.1) and 2022 (6.4) is seen for Q6. 'Were you given enough privacy when discussing your condition with the receptionist?' and Q47 giving a rating of overall experience – 8.2 in 2020 compared with 7.5 in 2022.



Our Patient Experience is best in the following areas:

Further care – Staff discussing with patients whether they need health or social care services after leaving the Emergency Department.

- *Food & drink* – Availability of suitable food or drink.
- *Waiting* – Patients being kept updated on how long wait will be.
- *Waiting* – Patients being informed of how long wait to be examined will be.
- *Information sharing* – Health or social care staff having information about patients' visit to Emergency Department.

In our Trust, improvements in Patient Experience are needed in the following areas:

- *Privacy* – Patients being given enough privacy when discussing their condition with receptionist.
- *Medication* – Staff members explaining purpose of medications in a way patients can understand.
- *Family involvement* – Family members, friends or carers having enough

opportunity to talk to health professionals.

- *Waiting* – Length of wait before patients are examined by a doctor or nurse.

Advice – Staff telling patients who to contact if they are worried about their condition after they leave.

A&E Adult Inpatient Survey 2022

The National Inpatient Survey 2022 national results were published in September 2023. Our response rate was 44% (39% in 2021). National results have changed little since 2021. Our average score was 72.4% (same as 2021).

Compared with 2021 results, two questions are 'somewhat worse than expected'. These are Q27 (*Were you given enough privacy when being examined or treated?*) scoring 9.3 compared with 9.1 in 2021; and Q11 (*Were you offered any food that met any dietary needs or requirements you had?*) scoring 7.9, compared with 8.1 in 2021.

Compared with 2021 results, two questions had scores that had a statistically significant increase. These were: Q47 and Q9. For Q47, (*Overall, how was your experience while you were in hospital?*) we scored 14.3, compared

with 8.9 in 2021. For Q9, (*Did you get enough help from staff to wash and keep yourself clean?*) we scored 8.1, compared with 7.5 in 2021).

Our Patient Experience is best in the following areas:

- Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital.
- Food outside set mealtimes: patients being able to get hospital food outside of set mealtimes, if needed.
- Feedback on care: patients being asked to give their views on the quality of their care.
- After the operation or procedure: patients being given an explanation from staff of how their operation or procedure went.
- Quality of food: patients describing the hospital food as 'good'.

The Patient Experience Team will facilitate a session with Patient Perspective for the Medicine Care Group to deep dive into the National Inpatient Survey data, and work through insights from the report, and update improvement plans in Quarter 4 (January 2024).



2.14 Clinical Effectiveness Priorities

We will develop an accessible, user-friendly patient information webpage on the Trust website

Accessing key clinical documents is imperative for safe and effective care delivery. It means that staff can check for any updates to practice at the time they need to know.

The trust held a number of focus groups across York, Scarborough and online, in collaboration with the Patient Experience

Team. Feedback from the focus groups was incorporated when developing the webpage. The patient information webpage was redesigned and the prototype shared with the focus group members and trust staff.

The webpage is now live on the external Trust website. Ongoing monitoring of the use of the webpage is undertaken and there is a feedback button for ongoing development opportunities to be captured.

The screenshot displays the NHS York and Scarborough Teaching Hospitals website. The header includes the NHS logo, the trust name, and a search bar. The navigation menu features links for Home, About us, Our hospitals, Our services, Your visit (selected), News & media, Work with us, Get involved, and Contact us. The breadcrumb trail reads: You are here: Home > Your visit > Patient information leaflets. The main heading is 'Your visit'. Below it is a search box for leaflets and an A-Z index grid. The 'Patient information leaflets' section contains text explaining that the page is a work in progress and provides a link to contact the patient information leaflets team. A blue call-to-action box on the right says 'For further information, please contact our patient information leaflets team.' At the bottom, there is a note about speech-enabled content via ReachDeck and a link to the accessibility page.

Improve timely and effective review/update of Trust clinical policies

Monthly position reports have been shared with Care Group governance teams and at the Clinical Outcomes and Effectiveness Group (COEG). Escalations from COEG are taken to the Patient Safety and Clinical Effectiveness Sub-Committee.

A Rapid Policy Review process was designed and delivered which has reduced the number of out of date policies. This work will continue during 2024/25.

The procedural document writing policy has been updated to reflect better the need to comply with and reference national and professional body guidance and was approved in September 2024. Alongside this, a procedural document hierarchy has been developed and added to the Intranet to help guide authors in selecting the correct document type required.

The new Trust intranet page went live in February 2024. The new intranet page has an enhanced search function which will help staff to find the necessary Trust policies, guidelines, and standard operating procedures. The PIL/Policy team have attached the appropriate key

words to documents as they are developed and updated.

Increase oversight, review, and implementation of clinical effectiveness recommendations

It was recognised that the governance processes were not sufficiently robust to maintain oversight of the delivery of recommendations arising from National Institute for Health and Care Excellence (NICE) baseline assessments and audit (national and local).

The Clinical Effectiveness and Outcomes Group started in May 2023 with standing agenda items including the nationally mandated audits, NICE compliance and local audit activity.

The Trust ceased using the Inphase system for overseeing the clinical effectiveness portfolio in March 2024. The Clinical Effectiveness Team is utilising Smartsheet to develop dashboards supporting the Clinical Effectiveness agenda, which will be accessible to the Care Group governance teams.

Aims for 2024/25

- Expanding the use of QR codes to access patient information.



- Mapping the patient information opportunities with the development of the Trust electronic patient record.
- Improve the timely and effective review of Trust policies, standard operating procedures and guidelines.
- Triangulate the improvement actions arising from National Institute for Health and Care Excellence (NICE) publications, quality account reports and local audits to Trust improvement workstreams.
- Local audit plans to incorporate learning from incidents and recently published guidance.

Quality Account Participation

The current trajectory for Quality Accounts participation is 94%.

The reports of 44 national clinical audits were reviewed by the provider in 2023/24 and the Trust undertook the following actions to improve the quality of healthcare provided:

- Upon receipt of a national audit report, a Clinical Effectiveness Officer arranges an MDT meeting with the audit lead and relevant stakeholders to discuss the findings, share learning, determine how the results were to be shared, developed an action plan

where required, and benchmarked against the report recommendations.

- The Clinical Effectiveness Team contact and request support from the Quality Improvement Team for audits which had metrics demonstrating reduced compliance when compared nationally. This resulted in key workstreams being initiated, triangulated with incident data.
- National audit reports were added to the weekly Quality & Safety meeting agenda for sharing across the organisation to ensure early stakeholder oversight. Any immediate risks were determined and shared through the weekly Quality & Safety meeting.
- The Clinical Effectiveness Team provided progress reports to Care Groups monthly, highlighting any escalations as appropriate.
- The Clinical Outcomes and Effectiveness Group oversees the delivery of the national clinical audit programme and any improvement actions identified following the publication of results.



Quality Accounts National Audit Topic	Trust Participation in 2023-24
BTS British Thoracic Society – Adult Respiratory Support Audit	Yes
BAUS British Association of Urological Surgeons – Nephrostomy Audit	Yes
British Hernia Society Registry	Yes
CMP Case Mix Programme ICNARC	Yes
NCEPOD Child Health Clinical Outcome Review Programme – Juvenile Idiopathic Arthritis	Yes
NCEPOD Child Health Clinical Outcome Review Programme – Testicular torsion	Yes
Elective Surgery (National PROMs Programme) – Hip	Yes
Elective Surgery (National PROMs Programme) – Knee	Yes
RCEM Royal College of Emergency Medicine QIPs – Care of Older People	Yes
RCEM Royal College of Emergency Medicine QIPs – Mental Health – Self Harm	Yes
Epilepsy12 National Audit of Seizures and Epilepsies in Children and Young People	Yes
FFFAP Falls and Fragility Fracture Audit Programme – National Audit of Inpatient Falls (NAIF)	Yes
FFFAP Falls and Fragility Fracture Audit Programme – National Hip Fracture Database (NHFD)	Yes
IQICC Improving Quality in Crohn’s and Colitis	Yes
LeDeR Learning from lives and deaths of people with a learning disability and autistic people	Yes
MBRRACE Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Confidential Enquiries	Yes
MBRRACE Maternal, Newborn and Infant Clinical Outcome Review Programme – Perinatal Mortality Surveillance	Yes
MBRRACE Maternal, Newborn and Infant Clinical Outcome Review	Yes



Quality Accounts National Audit Topic	Trust Participation in 2023-24
Programme – Maternal Mortality Surveillance and Mortality Confidential Enquiries	
NCEPOD Medical and Surgical Clinical Outcome Review Programme – Community Acquired Pneumonia	Yes
NCEPOD Medical and Surgical Clinical Outcome Review Programme – Crohn’s Disease	Yes
NCEPOD Medical and Surgical Clinical Outcome Review Programme – End of Life Care	Yes
NCEPOD Medical and Surgical Clinical Outcome Review Programme – Endometriosis	Yes
NCEPOD Medical and Surgical Clinical Outcome Review Programme – Rehabilitation following critical illness	Yes
NDA National Diabetes Audit – Adults – National Diabetes Foot Care Audit (NDFA)	Yes
NDA National Diabetes Audit – National Diabetes Inpatient Safety Audit (NDISA)	Yes
NDA National Diabetes Audit – Adults – National Pregnancy in Diabetes Audit (NPID)	Yes
NDA National Diabetes Audit – Adults – National Diabetes Core Audit	Yes
NRAP National Respiratory Audit Programme – COPD Secondary Care – Clinical & Organisational Audit	Yes
NRAP National Respiratory Audit Programme – Pulmonary Rehabilitation – Clinical & Organisational Audit	Yes
NRAP National Respiratory Audit Programme – Adult Asthma Secondary Care – Clinical & Organisational Audit	Yes
NRAP National Respiratory Audit Programme – Paediatric Asthma Secondary Care – Clinical & Organisational Audit	Yes
NACR National Audit of Cardiac Rehabilitation	Yes
NACEL National Audit of Care at the End of Life	Yes

Quality Accounts National Audit Topic	Trust Participation in 2023-24
NAD National Audit of Dementia – Care in General Hospitals	Yes
NBSR National Bariatric Surgery Registry	Yes
NCACC National Cancer Audit Collaborating Centre – National Audit of Metastatic Breast Cancer	Yes
NCACC National Cancer Audit Collaborating Centre – National Audit of Primary Breast Cancer	Yes
NCAA National Cardiac Arrest Audit	Yes
NCAP National Cardiac Audit Programme – National Heart Failure Audit (NHFA)	Yes
NCAP National Cardiac Audit Programme – National Cardiac Rhythm Management (CRM)	Yes
NCAP National Cardiac Audit Programme – Myocardial Ischaemia National Audit Project (MINAP)	Yes
NCAP National Cardiac Audit Programme – National Audit of Percutaneous Coronary Intervention (APCI)	Yes
NCMD National Child Mortality Database	Yes
NCABT National Comparative Audit of Blood Transfusion: 2023 Audit of Blood Transfusion against NICE QS138	Yes
NCABT National Comparative Audit of Blood Transfusion: 2023 Bedside Transfusion Audit	Yes
NEIAA National Early Inflammatory Arthritis Audit	Yes
NELA National Emergency Laparotomy Audit	Yes
GICAP National Gastro-intestinal Cancer Programme – National Bowel Cancer Audit (NboCA)	Yes
GICAP National Gastro-intestinal Cancer Programme – Oesophago-Gastric Cancer (NOGCA)	Yes
NJR National Joint Registry	Yes
NLCA National Lung Cancer Audit	Yes
NMPA National Maternity and Perinatal Audit	Yes
NNAP National Neonatal Audit Programme	Yes
NOA National Obesity Audit	No

Quality Accounts National Audit Topic	Trust Participation in 2023-24
NOD National Ophthalmology Database Audit: National Cataract Audit	Yes
NPDA National Paediatric Diabetes Audit	Yes
NPCA National Prostate Cancer Audit	Yes
NVR National Vascular Registry	Yes
PMRT Perinatal Mortality Review Tool	Yes
PQIP Perioperative Quality Improvement Programme	Yes
SSNAP Sentinel Stroke National Audit Programme	Yes
ShoT Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes
SAMBA Society for Acute Medicine's Benchmarking Audit	Yes
TARN Major Trauma Audit	Yes
CFR UK Cystic Fibrosis Registry (Adult & Paediatric)	Yes
UK Renal Registry Chronic Kidney Disease Audit	Yes
UK Renal Registry National Acute Kidney Injury Audit	Yes

The Trust has annual local audit plans which are managed within individual Care Groups with coordination from Clinical Governance Teams.

Audit activity is now captured on Smartsheet enabling Care Groups and Corporate teams to have oversight of the

activity, with learning captured in one place.

For 2024/2025, clinical effectiveness updates will be provided by the Care Groups through the monthly Performance Meetings (PRIM) and at the Clinical Outcomes and Effectiveness Group meetings.



2.15 Commissioning for Quality and Innovation (CQUIN)

The Trust is, for 2023/24, required to report on all CQUINs for which we are eligible with five Integrated Commissioning Boards and two Specialist Commissioning schemes being agreed with commissioners to include in contracts and attract financial penalties if not fully delivered. There are an additional five ICB schemes that we are required to mobilise and report on but will not attract a financial penalty if they are not delivered.

There is some like for like continuation of schemes from 2022/23 to 2023/24, along with some amendments to existing schemes, and the introduction of two new schemes not previously included in CQUIN.

The CQUIN schemes for 2023/24 are detailed in the tables below. Table 2.1 outlines the seven schemes included in

the contract and therefore attracts a financial penalty if not achieved.

Six of these seven schemes were achieved in Quarter3, the remaining scheme is not applicable until Quarter4. Evidence for all schemes included in contracts has been submitted to commissioners and comments are awaited.

Table 2.2 outlines the additional five schemes on which the Trust are required to report but which will not attract a financial penalty for non-achievement.

One of these five schemes were achieved in Quarter3, two were partially achieved, and two were not achieved. Regular meetings are scheduled with operational leads and improvement plans are underway for Quarter3 where appropriate.

Key Achievements 2023/24

2.15.1 CQUIN Schemes included in 2023/24 contract:

Scheme	Description	Q3 Status
CQUIN02: Supporting patients to drink, eat and mobilise after surgery.	Ensuring 80% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.	Achieved
CQUIN05: Identification and response to frailty in emergency departments.	Achieving 30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up.	Achieved
CQUIN06: Timely	Achieving 1.5% of acute trust inpatients having	Achieved



Scheme	Description	Q3 Status
communication of changes to medicines to community pharmacists via the Discharge Medicines Service.	changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.	
CQUIN07: Recording of and response to NEWS2 score for unplanned critical care admissions.	Achieving 30% of unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes.	Achieved
CQUIN 13 Assessment, diagnosis and treatment of lower leg wounds.	Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.	Achieved
(Spec Comm) CQUIN08: Achievement or revascularisation standards for lower limb ischaemia.	The proportion of patients that have a diagnosis of chronic limb-threatening ischaemia (CLTI) that undergo revascularisation (improve blood supply to prevent leg amputation) either open, endovascular or combined, within 5 days of a non-elective admission to vascular provider units.	Achieved
(Spec Comm) CQUIN11: Achieving high quality Shared Decision (SDM) conversations in specific specialised pathways to support recovery.	The level of patient satisfaction with shared decision making conversations – as measured by patient scores on internationally validated patient questions – at key decision points in specialised pathways.	N/A (Q2 & Q4 only – Achieved in Q2)

2.15.2 CQUIN Schemes not included in 2023/24 contract:

Scheme	Description	Q3 Status
CQUIN01: Flu vaccinations for frontline healthcare workers	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact.	Not Achieved
CQUIN03: Prompt switching of intravenous to oral antibiotic	Achieving 40% (or fewer) patients with receiving IV antibiotics past the point at which they meet switching criteria.	Achieved
CQUIN04: Compliance with timed diagnostic pathways for cancer services	Achieving 55% of referrals for suspected prostate, colorectal, lung, oesophago-gastric, head & neck and gynaecological cancers meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways.	Not Achieved
CQUIN12: Assessment and documentation of pressure ulcer	Achieving 85% of acute and community hospital inpatients.	Partially Achieved
CQUIN14: Malnutrition screening for community hospital inpatients	Achieving 90% of community hospital inpatients having a nutritional screening that meeting NICE Quality Standard QS24 with evidence of actions against identified risks.	Partially Achieved

2.16 Research and Development

Background

The aim of clinical research is to increase knowledge about treatments to ensure we are treating based on the best possible evidence. Research offers participants the opportunity to be involved in clinical studies which may or may not be of benefit to them.

Yorkshire & Humber (Y&H) is one of 15 regions that form part of the Clinical Research Network (CRN). Every CRN is targeted with a figure by the National Institute for Health (NIHR) on the number of patients entered into a clinical trial in a given financial year. Our CRN consists of 22 partner organizations, of which we are one and we are expected to recruit at least 3000 patients a year into clinical trials. The CRN now monitor us on Recruitment to Time and Target for open studies, so our Trust needs to ensure that 80% of its studies are on target to recruit the number of patients is confirmed it would recruit over the length of the study. In 2023/2024 84% of our non-commercial trials were on target.

Currently we have approximately over 100 research studies open to recruitment. The number of patients receiving relevant

health services provided or sub-contracted by York and Scarborough Teaching Hospitals in the period 1 April 2023 to 31 March 2024 that were recruited during that period to participate in research approved by a research ethics committee is 3246.

Key Achievements 2023/24

The research highlight of 2023/24 for our Trust is that we have won our biggest research grant to date via Professor James Turvills NIHR bid, winning just over £3.0Million to evaluate the colon capsule service across England, Scotland and Wales. This study will start in April 2024 and runs for three years and will see our Trust deliver a study of national importance across 30 sites.



2023 to 2024 focuses on our continued success in grant submissions, across many disciplines. A total of 25 grants have been submitted and include 2 Internship applications and 2 Fellowships.

The total value of grants amounts to £7,083,716.37 with £2,673,017 allocated to York and Scarborough Teaching Hospitals NHS Foundation Trust. We await decision outcomes on 8 of the grant submissions with 2 at Stage 2 (final decision) review. This is testament to the Trust staff growth, progress and an inspiration in collaborating with colleagues both internal and external in writing and developing their ideas into formal research grant proposals.

In October we held an away day in Scarborough to talk to all our stakeholders about what we should do with the (currently called) Multiple Long Term Conditions Research Hub based at Scarborough hospital. We had a lively discussion on how we should shape our research hub, discussing its new name, vision, objectives and aims. There will



now be a launch in 2024 of the new Scarborough Coastal Health and Care Research Collaborative (SHARC) based in Scarborough hospital. Our vision is to better address the health and care needs of our coastal populations through high quality collaborative research with community involvement.

We have also been working hard with university colleagues and the community and volunteer sector in Scarborough to develop many research grants. We have funded a joint post (engagement officer) with SeeChange, an organisation linking VCSE organisations in Scarborough and we are working with them and the community to discover what research is important to them.

We continue to grow strong collaborations with the Institute for Health and Care Improvement at York St John University and have again funded joint research posts and PhD studentships to strengthen these research relationships.

We are working closely with all the academic institutions in the local area to provide educational sessions in which research careers and pathways are highlighted and discussed. Engaging with the pre-registered workforce enables us to promote innovative career roles, such

as research nursing or becoming a healthcare researcher and developing research questions and ideas. Our team visit the universities and deliver sessions which are incorporated into relevant modules to support the curriculum whilst showcasing healthcare research as a career option.

We also work closely with the Preceptorship Team and provide research presentations to all Preceptorship students to help those with research interests to know where to direct questions. We also ensure that we speak to the students about any previous research history they may have so we can help to talent scan and provide suitable support to staff who already have a research interest who are looking for how to further their intentions once in post.

We have submitted an application to participate in the NIHR Internship Programme which will enable two of our senior, research engaged managers to mentor students and highlight the varied career pathways available within healthcare research. We await the submission announcements but are hopeful we get an opportunity to showcase the benefits of research careers to both staff and patients.

Last summer we worked with the Trust Nurse Bank Team to continue developing our own Research Bank to incorporate opportunities for more staff. Until last year the bank was mainly staffed by registered nurses, however we have now opened up the bank to registered midwives, Allied Health Professionals and administrative staff. This has allowed us to increase our research delivery output and also provided a practical method for us to offer an insight into what NHS research looks like to staff who otherwise may not have had the opportunity to learn.

In December we opened the long-term Babi (Born and Bred in) York & Scarborough study; this study will see all mothers and babies born in York & Scarborough eligible to participate. Putting it simply this is a study that will capture a routine data from all babies born in our Trust (demographics, health conditions and maternal outcomes); this will later be joined up by wider linked data sources throughout the child's development (e.g., GP, social care,



school records) and a very important study for us to be involved in. We have already recruited over 200 mums and babies into the study and have trained over 30 midwives to consent the mums, so this will make a huge impact into our patient accruals over the coming years, as the study has no end date.



Our commercial research portfolio continues to grow and in 2023/2024 we gained a 1st Global recruit and a first European recruits to studies. Dr Keith McCullough, and our research team recruited the world's first participant to a study looking into a drug used to treat patients with ANCA-associated Vasculitis (AAV). The AvacoStar study aims to further understand the identified and potential risks of Avacopan, a drug sometimes given to those with AAV; a type of inflammation of the small blood vessels, most often affecting the kidneys and the lungs. Dr Andrew Proctor and the Cancer Research Team achieved the first UK and European recruit into the AstraZeneca study CAPITELLO-292! This study is looking at a novel treatment for patients with Advanced or Metastatic

Breast cancer who have progressed beyond the point of surgery, and we hope can make a big difference for patients at our Trust.

A York paediatric registrar Raj Prakash has collaborated on an international neonatal research project looking at the introduction of a low-cost Continuous Positive Airway Pressure (CPAP) system which could be introduced low resource healthcare systems to treat respiratory distress syndrome in premature babies globally. There are many areas of the world where it is not possible to provide ventilation or CPAP and the mortality rate of babies born at moderate prematurity. This work was presented at the World Health Organisation in Geneva and it demonstrates how a trainee can see how links in York can quite quickly lead to research development to much wider international research.

The Research and Development team were a finalist in the Trusts Celebration of Achievement Awards 2023 for the Collaborative team of the year award.

We held a very successful 2nd Celebration of research event on the 15th November 2023 at the Principal Hotel. We have received some amazing feedback and we are already planning next year's event!



We have been successful in securing capital funding and Trust Charity funding to help convert a small space at Scarborough Hospital to see our research patients. This is so important to us if we are to participate in commercial studies as currently, we really struggle to see them as we have no dedicated space clinical space in either York or Scarborough Hospitals.

Yet again 2023-2024 has been a great year for us, we are very proud of our staff and the amazing achievements from this year.

Aims for 2024/25

- To launch the new Scarborough Coastal Health and Care Research Collaborative (SHARC) based in Scarborough hospital and establish a full research programme based at Scarborough hospital, working with our local universities.



- Engage with local primary care to deliver more research for our patients.
- To successfully deliver the Colon Capsule study and meet all agreed targets for year 1.

- To build on recent NIHR grant success to continue to build this income stream for the Trust.
- To secure dedicated clinical space for research in York Hospital so that the Trust can deliver more trials for patients.
- To build on the growing success of our commercial research trials so we can give our patients opportunity to participate in novel treatments & therapies not yet available through standard NHS care.
- To develop even more opportunities for our staff to get involved with delivering research.
- To facilitate data access requests to routinely collected clinical data so we can support our Trust staff with developing research ideas and drive operational and patient care improvements.
- To write our new research strategy to show how we continue to deliver and grow our research agenda for the next five years.



2.17 Freedom to Speak Up

Background

The purpose of creating a speaking up culture is to keep our patients safe, improve the working environment of staff and to promote learning and improvement. It is widely acknowledged that what happened in Mid Staffordshire NHS Foundation Trust was caused by a range of factors, not least allowing a culture of fear and poor style of leadership to take hold. Sir Robert Francis highlighted the dangers of losing sight of human concerns in healthcare, the importance of engaging with patients and staff, and the risks to patients when the delivery of care becomes depersonalised. He insisted on the urgent importance of transforming the culture of NHS organisations away from one that is fearful and defensive and towards one that is open, honest and willing to listen.

Our Trust is committed to the principles of the Freedom to Speak Up (FTSU) review and its vision for raising concerns. The 'raising concerns/whistleblowing' policy is in line with national best practice and details routes of escalation for staff who wish to raise concerns about risk, malpractice, or wrongdoing.

The Trust Board receives a full report from the Freedom to Speak Up Guardian bi-annually which details the numbers, themes and lessons learnt from staff who have raised concerns.



Achievements 2023/24

Over the previous 12 months the Freedom to Speak Up Guardian has been actively working to promote the various ways staff can speak up, the role of the guardian and the Fairness Champions.

In order to reach a wide variety of staff groups, and hard to reach groups (staff from marginalised groups, students, volunteers, shift workers etc) the guardian has utilised many forms of communication.

Examples include:

- Attending New Starter Fairs and presenting at nurse preceptorship inductions and HCA inductions.
- Attending Junior Doctor Fairs.

- Conducting ward and department walkrounds.
- Attending all the Staff Benefit Fairs.
- Working in partnership with the Wellbeing Team, Staff Psychology Services and Staff Side (e.g tea round in maternity, attending wellbeing awareness weeks).
- Collaborating and working in partnership with the Staff Networks (Freedom to Speak Up Guardian attended Carers Marketplace event in June).

2.18 Guardian of Safe Working Hours

The 2016 national contract for junior doctors encouraged stronger safeguards to prevent doctors from working excessive hours. With this came the introduction of a ‘Guardian of Safe Working Hours’ in organisations that employ, or host, NHS doctors and dentists in training. The Guardian’s role is to ensure that issues of compliance with safe working hours are addressed.

The role of Guardian sits independently from the management structure, with a primary aim to represent and resolve issues related to safe working hours for the junior doctors employed by the Trust. The work of the Guardian is subject to external scrutiny of doctors’ working

- Holding drop in sessions (one supported by the Non-Executive Director for Freedom to Speak Up).
- Attending team meetings either in person or virtually.

October saw the Trust raise awareness about speaking up (Speak Up Month) and recruitment of more Fairness Champions. 24 new champions were shortlisted from various roles and sites, supporting the Freedom to Speak Up Guardian and promoting equality, diversity, and human rights.

hours by the Care Quality Commission (CQC) and by NHS England Workforce, Training and Education (formerly Health Education England) who oversee the quality of training.

The junior doctor contract has stipulations on the length and frequency of shifts as well as rest breaks. Rosters and work schedules are designed to these specifications. Doctors have access to an online reporting tool that allows them to highlight variations.

Variations include working extra hours (if essential for patient safety), missed teaching or training sessions, missed breaks and unsafe rest periods between shifts.

Outcomes for each report can be closure with no further action (in terms of



compensation), the allocation of payment for extra hours worked or time owing in lieu (TOIL).

Exception reports can also lead to the host department being fined by the Guardian as well as initiating a review of staffing and rostering to tackle any systemic factors that may be contributing to the breaches. Fines are split between the affected doctor and Guardian funds using nationally established criteria. Junior doctors determine how Guardian funds are utilised via the Junior Doctor Forum.

Reports highlighting problems with teaching or training are shared with the Director of Medical Education.

Reporting is affected by factors pertaining to individual doctors, departmental

attitudes towards exception reporting, staffing levels and rota design to name a few. Junior doctors are regularly move between departments and Trusts contributing to fluctuations, as well as making data analysis more complex.

Key metrics for this reporting period are highlighted in the tables. Values for 2022/23 are contained within [brackets] for comparison:

Exception reports received by site:

Site	Number of exception reports
Scarborough Hospital	150 [40]
York Hospital	137 [214]
Total exception reports received	287 [254]

Reason(s) for the exception report:

Nature	Type	Number of exception reports*	Percentage of total reports*
Hours and rest	Additional hours worked	265 [225]	92
	Missed breaks	35 [41]	12.2
	Difference in work pattern	3 [5]	1.04
	Exceeded the maximum 13 hour shift length	1 [0]	0.34
Education and training	Missed education and training	5 [8]	1.74
	Inadequate clinical exposure	2 [1]	0.7

Nature	Type	Number of exception reports*	Percentage of total reports*
	Inadequate supervision	7 [42]	2.44
	Unable to attend clinic / theatre / session	5 [4]	1.74
	Unable to attend scheduled teaching / training	5 [5]	1.74
	Difficulty completing workplace-based assessments (WPBAs)	2 [0]	0.7
	Lack of feedback	1 [0]	0.34
	Teaching cancelled	1 [4]	0.34

* Total does not add up to 287 and percentage does not add up to 100% as individual reports may encompass more than one type of variance

Hours and rest outcomes

Outcome type	Number of exception reports	Hours claimed	Value of hours claimed
Payment for additional hours worked	155 [114]	187.25 [157]	£3291.09 [£2419.09]
Time off in Lieu	70 [92]	85.75 [119.25]	NA
Other action & pending review	62 [48]	NA	NA

Guardian fines

Guardian fines levied for contractual breaches of safe working hours totalled £1923.43. Of this £721.26 was paid to the affected doctors and £1202.17 retained for use by the Junior Doctor Forum.

Rostering gaps

Recruitment into national training and regional distribution of doctors accepted into the different programs (grades and specialties) is co-ordinated by the Workforce, Training and Education arm of NHS England. Due to challenges with recruitment nationally not all these posts

are filled, and the organisation attempts to recruit Locally Employed Doctors on a fixed-term or permanent contract to cover these vacancies. In addition, the number of trainee posts allocated to the organisation is not sufficient to deliver the level of care and service required. The Trust has created several non-training posts over the years to combat this shortfall.

The number of vacancies in each category is in a constant state of flux for a variety of reasons, including:

- Gaps created by unfilled training posts are 'shared' across the region.
- Trainees rotate between hospitals as well as primary and secondary care at various points throughout the year.
- Non-training posts are often used as a temporary break from the national training pathway. There is no guarantee these doctors will remain in the organisation once they return to training.
- Burn out and dissatisfaction with pay and working conditions amongst junior doctors is linked to long term illness and people leaving the profession.
- National challenges with recruitment and retention of healthcare professionals in general, not just training posts.

The organisation is constantly exploring methods of minimising vacancies.

Notable actions from this year are:

- Increased focus on international recruitment; reviewing and improving the experience International Medical Graduates have of recruitment, induction and support provided to settle into the country, Trust, and specific department.
- The Junior Doctor Forum meets monthly and provides a direct line of communication between doctors and Medical Workforce, Medical Deployment, union representatives, and operational managers amongst others. New starters are told about the Forum at induction and encouraged to sign up as representatives. This approach has contributed to improved attendance and engagement which in turn fuels innovative and collaborative ideas to enhance the experience doctors have.
- The Medical Education Team established a monthly Junior Education Forum; a more confidential setting than the Junior Doctor Forum it is a drop-in session enabling the team to address questions or concerns regarding training in the Trust.



2.19 Information Governance

Background

In the NHS, information is essential for the clinical management of individual patients and the efficient provision of services and resources.

Information Governance provides a framework to ensure that patient information is fairly obtained, securely handled, properly maintained, and readily accessible to staff with a legitimate reason to access it, to facilitate the provision of high-quality healthcare services.

Our commitment to the fundamental principles of data protection, confidentiality and privacy means our patients can be assured that their information will be always handled legally and appropriately.

The Trust uses the Information Commissioners Accountability Framework to monitor progress and

provide assurance on compliance. This is broken down to 10 domains and performance across these areas is detailed below.

Leadership and Oversight

1. Policies and Procedures
2. Training and Awareness
3. Individuals' Rights
4. Transparency
5. Record of Processing Activities (ROPA) and Lawful Basis
6. Contracts & Data Sharing
7. Risks and Data Protection Impact Assessments (DPIA)
8. Records Management
9. Breach Response and Monitor

There has been significant work to identify areas which were previously "unknown" which has seen an increase in "not meeting expectations" and "partially meeting expectations". This will allow the Trust to manage the risk associated with these areas.

	2021	2022	2023	2024
Fully meeting our expectation	30%	37%	47%	47%
Partially meeting our expectation	39%	38%	38%	41%
Not meeting our expectation	20%	15%	6%	8%
Not applicable or unknown	11%	10%	9%	4%



Data Security and Protection Toolkit

The Trust measures its performance against the Data Security and Protection Toolkit which is a set of standards set by the National Data Guardian (NDG) and the Department of Health and Social Care (DHSC). The current toolkit has 34 assertions that the Trust is required to assess itself against and provide 108 pieces of mandatory evidence items. For the baseline submission in February 2024 a total of 59 out of 108 mandatory evidence items had been provided.

The Trust submitted the Toolkit assessment in June 2023 and achieved “*approaching standards*”. Improvements have been made against many standards and work continues around accountable suppliers and process reviews and while significant improvements have been made it is recognised that more work is required before the June 2024 submission.

The training requirement of 95% has changed for the 2023/24 submission and is now that all staff have “an appropriate understanding of information governance and cyber security”. The Information Governance Team have been providing role specific training for some corporate functions. Work will continue to improve compliance rates.

Information Asset Register

The Trust has established a basic Information Asset Register with entries from all Care Groups and Directorates. This allows us to understand how personal data is being processed across the Trust and highlight any risks to the accountable managers.

Data Protection Impact Assessments

Work has continued in relation to Data Protection Impact Assessments; these assessments enable the Trust to review any data protection and privacy risks. The Trust has 170+ assessments in place or open for review.

Freedom of Information

The Trust is committed to a culture of openness and transparency in its operation. We recognise the importance of the public seeing how decisions are made and where money is spent.

In the financial year 2023/2024 the Trust processed a total of 938 requests for information and responded to 67% of these within the required 20-day timeframe.



Part Three – Review of Quality Performance

3.1 Reporting against Core Indicators

Trust performance against the set of core indicators mandated for inclusion in the Quality Account by the Department of Health is shown below.

For each indicator, the number, percentage value, score or rate (as applicable) for the last two reporting

periods is shown. Where this data has been published by NHS Digital (*also some from NHS England and the Staff survey results*), the lowest and highest values and national average for each indicator for the latest reporting period is also shown.

Indicator	Target 2023-24	End of June 2023	End of Sept 2023	End of Dec 2023	End of March 2024
ED – Proportion of Ambulance handovers waiting > 60 mins	10%	12.40%	23.80%	25.40%	23.50%
ED – Proportion of all attendances having an initial assessment within 15 mins	66%	43.20%	47.60%	47.20%	46.60%
ED – Total waiting 12+ hours – Proportion of all Type 1 attendances	7.5%	13.70%	17.70%	18.50%	15.90%
ED – Median Time to Initial Assessment (Minutes)	18	17	15	16	13
ED – Emergency Care Standard (Trust level)	76%	69.20%	66.70%	68.60%	67.40%
Cancer – Faster Diagnosis Standard	66%	60.40%	48.30%	62.60%	70.3%

Indicator	Target 2023-24	End of June 2023	End of Sept 2023	End of Dec 2023	End of March 2024
Cancer – Number of patients waiting 63 or more days after referral from Cancer PTL	143	199	275	314	143
RTT – Total Waiting List	47530	51638	52902	48209	46044
RTT – Waits over 104 weeks for incomplete pathways	0	0	2	0	0
RTT – Waits over 78 weeks for incomplete pathways	0	75	93	10	0
RTT – Waits over 65 weeks for Incomplete pathways	350	957	1107	621	238



3.2 Summary Hospital-level Mortality Indicator

Background

The Summary Hospital-level Mortality Indicator (SHMI) reports on mortality at trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers patients admitted to non-specialist acute trusts in England who died either while in hospital or within 30 days of discharge.

SHMI values for each trust are published along with bandings indicating whether a trust's SHMI is '1 – higher than expected', '2 – as expected' or '3 – lower than expected'. For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust in question is considered to have a higher or lower SHMI than expected.

The Trust considers that this data is as described for the following reasons:

- Information on the SHMI is reported to and scrutinised by the Quality

Committee and Board of Directors when published within the Learning from Deaths report.

- The Trust continues to audit the quality of our clinically coded data for deceased patients as part of our mortality reviews to ensure it is an accurate reflection of the patient's diagnoses and procedures. All clinicians are required to validate the clinical coding of patients who died in hospital to ensure it accurately reflects the main conditions for which the patient was treated and investigated, and that all co-morbidities have been recorded.
- All deaths are subject to review by our Medical Examiners, who escalate any concerns via the Datix incident management system. All Datix concerns are reviewed, and the appropriate level/type of investigation response is taken, in accordance with the governance framework.

The Trust has taken the following actions to improve this score, and so the quality of its services by:



- Ensuring that all in-patient deaths are reviewed by a consultant within four weeks of the death occurring.
- Promoting discussion of learning from mortality review at department governance meetings.
- Providing a quarterly report on learning from mortality reviews.
- The Learning from Deaths and End of Life Group (LFD) to provide an emphasis on identification, review and learning from avoidable mortality.
- Thematic analysis of learning from serious incidents is undertaken on a quarterly basis with Quality Improvement projects aligned to address the themes.

SHMI (score and banding)	Trust (Dec 21 to Nov 22)	Trust (Dec 22 to Nov 23)	NHSE (Dec 22 to Nov 23)
Trust score (lower value is better)	0.97	0.96	1.00
Banding	2 – As expected	2 – As expected	2 – As expected



3.3 Learning from Deaths

The NHS (Quality Accounts) Amendment Regulations 2017 published by the Department of Health and Social Care require mandatory disclosure of information relating to 'Learning from Deaths'. These regulations are detailed below, and relate to Regulation 27:

Item	Requirement	Q1 data	Q2 data	Q3 data	Q4 data
27.1	Total number of in-hospital deaths	568	505	666	669
27.2	No. of deaths resulting in a case record review or SI investigation (requested reviews of patients who died in 22/23 and 23/24)	ME:506 SJCRS:14 SI:13	ME: 440 SJCRs:6 SI:10	ME: 556 SJCRS: 15 SI:11	ME:588 SJCRS:20 PSII: 0
27.3	No. of deaths more likely than not were due to problems in care ¹ (completed investigations of patients who died in 23/24)	0	1	2	0
27.7	No. of death reviews completed in year that were related to deaths in the previous reporting period ² but not previously reported	SJCR:18 SI:1	SJCR: 4 SI: 1	SJCR: 6 SI: 0	SJCR: 6 SI:4
27.8	No. of deaths in item 27.7 judged more likely than not were due to problems in care.	1	0	0	2
27.9	Revised no. of deaths stated in 27.3 of the previous reporting period, taking account of 27.8	6	1	2	2

¹ This is where the degree of harm after investigation / Structure Judgement Case Review is agreed as death based on the opinion of the members of the SI Group and Learning from Deaths Group.

² Reviews completed in 2023/24 after the 2022/23 Quality Account was published.

Items 27.4-6 relate to learning from case record reviews and investigations; a description of actions taken and proposed; and an assessment of the impact of the actions. These items are covered in the next section.

Identified Themes and Actions

End of Life Care

- Examples of Multi-Disciplinary Team decision reversed over the weekend by senior consultant regarding ongoing treatment.
- Family concerns that they were not present when patient palliative care was discussed to support patient at the time.
- Evidence seen of no decision being made for management of patient approaching the end of life- delay in decision making resulted in patients wishes not being able to be followed.
- Paper notes missing and the quality of record keeping was commented on within investigations.
- An End of Life working group has been implemented in addition to the Learning from Deaths meeting. Both meetings will feed necessary information into one another when required.

Operational Pressures

- Theme of the challenges of bank holidays and reduced staffing cover causing delays in reviews. LFD group to use new mortality module to pull out any potential trends over holiday

periods once enough data has been collected to allow for analysis.

- Highlighted risk of moving patients multiple times between wards resulting in poor/in handovers causing suggested treatments to not be carried out. Problems exacerbated when patients became 'outliers'.

Mental Capacity Act (MCA)

- Poor MCA completion. Trend showing a lack of assessments, all of which Actions have prompted further training within the teams. Need for further education trust wide via MCA improvement group – to be added to safety spotlight for organisational communications.

Improvements in 2023 / 24

The process of learning from deaths has evolved in 2023 due to the introduction of Patient Safety Incident Response Framework (PSIRF) and an update to Datix incident management system.

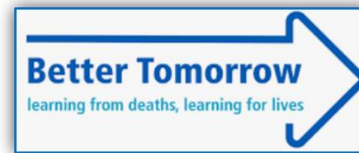
PSIRF has changed how as an organisation we review our incidents, including deaths. PSIRF meant that Patient Safety Incident Investigations (PSIIs) will be carried out automatically when the harm level is 'death'.



In 2023 it was introduced that all deaths are now recorded on the mortality module. The use of the mortality module has meant that going forward information from all inpatient deaths is now available and can be seen via 'live' dashboards.

This has the following benefits to us as an Organisation.

- Up to date monitoring and status of all the Structured Judgement Casenote Review (SJCR) investigations within the organisations can be viewed at any point.
- As deaths continue to be recorded, it will create a database of information which will allow for much more efficient analysis of historical data and themes within not just SJCRs but all inpatient deaths.
- All learning from deaths data now available via Datix DCIQ incident management system, negating the need to pull information from different sources.
- Allows better assurance to be gained by the Learning from Deaths group as will be able to produce reports from the database to further investigate concerns and draw out more accurate thematic reviews.



3.4 Palliative Care Coding

The data shows the percentage of patient deaths in hospital with specialist palliative care coded at either diagnosis or specialty level. This denotes that the patient had clinical input from a specialist palliative care team during the hospital admission that ended in their death. In some mortality measures, this is considered in the standardisation, making the assumption that a patient who has had specialist palliative care input should not be classified as an unexpected death. A proportion of people who die in hospital will receive specialist palliative care input but the recording of this varies widely between hospitals.

The Trust considers that this data is as described for the following reasons:

We monitor the quality of our clinically coded data for deceased patients as part of our mortality reviews to ensure it is an accurate reflection of the patient's diagnoses and procedures. In addition, the Clinical Coding Team receives weekly information on any patients who have had palliative care or contact with the

Palliative Care Team, so that this can be reflected in the clinical coding.

The Trust has taken the following actions to improve this score, and so the quality of its services by:

Identification for need for early palliative care involvement during learning from

deaths meetings and improve education through palliative care team presence in board rounds.

The Trust is part of a regional Palliative and End of Life Group to share best practice, learning and to facilitate system wide improvement.

Trust Dec 21 to Nov 22	Trust Dec 22 to Nov 23	*NHS Average (England) Dec 22 to Nov 23	Highest Trust Dec 22 to Nov 23	Lowest Trust Dec 22 to Nov 23
29	28	42	66	16



3.5 Patient Reported Outcome Measures (PROMs)

PROMs assess the quality of care delivered to NHS patients from the patient perspective. Currently covering two clinical procedures. The scores below indicate the percentage of patients who reported an improvement in their health. As participation is voluntary, patients can choose not to participate in PROMs.

The two procedures are:

- hip replacements
- knee replacements

PROMs have been collected by all providers of NHS-funded care since April 2009.

The Trust considers that this data is as described for the following reasons:

This data is consistent with locally reported data. This performance information is benchmarked against other

Trusts in the Yorkshire and Humber region with Trust performance being within the expected range for all procedures.

The Trust has taken the following actions to improve this score, and so the quality of its services by:

Ensuring that relevant staff attend regional PROMs workshops which facilitates networking with colleagues from other Trusts and allows sharing of best practice.

We will:

Continue to ensure that the Trust Executive Committee and Board of Directors receive PROMs outcome and participation rates so that we can ensure that any areas of performance where the Trust may be an outlier are acted upon.

Percentage of Patients Improving scores	Trust Apr 21 to Mar 22	Trust Apr 22 to Mar 23	England Apr 22 to Mar 23	Highest Trust Apr 22 to Mar 23	Lowest Trust Apr 22 to Mar 23
Hip replacement (Primary)	88.4	100	90.1	100.0	57.1
Knee replacement (Primary)	81.5	-*	82.4	100.0	33.3

* For primary knee replacement the latest score was unavailable from the Healthcare Evaluation Data set, this is being queried with the HED team.



3.6 Emergency Readmissions within 30 days

This data looks at the percentage of all patients who are readmitted to hospital as an emergency within 30 days of being discharged. A low percentage score is good.

The Trust considers that this data is as described for the following reasons:

- The data is consistent with that reported locally on the Trust’s electronic performance monitoring system.

The Trust considers that this data is as described for the following reasons:

- Performance data is monitored through our governance structures.
- The agenda of these meetings includes emergency readmissions and other quality and safety issues.

We will:

- Continue to monitor readmissions through our governance structures.
- Continue to monitor readmission rates as part of our contract monitoring process with our commissioners and take remedial action if the rate is exceeded.

Emergency Readmissions within 30 Days of Discharge	Trust Apr 21 – Mar 22	Trust Apr 22 – Mar 23	NHS Average Apr 22 – Mar 23	Highest Trust Apr 22 – Mar 23	Lowest Trust Apr 22 – Mar 23
Percentage of Readmissions aged 0 to 15	15.8	16.2	11.9	19.0	5.7
Percentage of readmissions aged 16 and Over	12.5	11.8	13.5	21.7	7.3

3.7 Clostridium Difficile Rates

The Trust attributed annual objective for 2023/24 was set by NHS England at 116 cases. This includes community-onset healthcare-associated (COHA) and healthcare-onset healthcare-associated (HOHA) cases in patients aged over 2 years. The Trust ended the year with 150 Trust attributed cases with 89 (59%) attributed to Scarborough and Bridlington, 57 (38%) to York and 4 (3%) to Community In-patient Units.

The Trust considers that this data is as described for the following reasons:

- All *Clostridioides Difficile* infection (CDI) cases are reviewed by the Infection Prevention & Control (IPC) Team and reported to the UK Health Security Agency on the monthly basis, through the Data Capture Server, in line with national reporting requirements.
 - Clostridium Difficile Infection incidence is reviewed and discussed at the Infection Prevention Strategic Assurance Group (IPSAG), Quality and Safety briefing and at Post Infection Reviews (PIR). Incidence of all Healthcare Associated Infection (HCAI) is reported to the Quality and Safety Assurance Committee and the Trust Board
- The Trust has taken the following actions to improve this rate, and so the quality of its services by:**
- The CDI Reduction Strategy was developed in October 2023 and is overseen by *Clostridioides difficile* Improvement Group (CDIG) to progress actions for improvement.
 - The CDI review process has progressed to a Patient Safety Incident Response Framework approach from the end of December 2023. All cases from 2023/24 have either been reviewed using a thematic approach or using the Patient Safety Incident Response Framework approach within Quarter Four. The learning has informed the on-going CDI improvement action plan however we are not yet seeing sustained improvements in practice.
 - A *Clostridioides difficile* summit was held for Cherry and Chestnut ward in November 2023 due to period of increased incidence of CDI on these wards at Scarborough Hospital. A quality improvement programme is ongoing and overseen by the Medical Care Group. Regular updates are provided to the NHSE Regional

Infection Prevention and Control Lead. Since December 2023 there has been a reduction of cases on Chestnut ward, however Cherry ward has not yet seen a reduction of cases. The rates per 100,000 bed days on both wards remains higher than the overall Trust rate. An NHS England led assurance meeting was held on the 27th of March 2023 to review the actions taken to date, including antimicrobial stewardship. The Antimicrobial stewardship section of the action plan has been revised following this meeting.

- High operational pressures place an additional strain on both the workforce and isolation capacity across the Trust which has implications on patient placement, timely and effective environmental decontamination and fundamental infection prevention and control (IPC) practice.
- Limited side room capacity results in delayed isolation of patients with diarrhoea thereby increasing the risk

of environmental contamination.

Competing priorities for side rooms during winter is made worse due to respiratory viruses that also require isolation. A Transmission Based Precautions guidance is available to all the staff on the Trust intranet to aid with prioritisation of side rooms.

- The IPC team continues to carry out clinical visits and CDI audits to re-enforce guidance relating clinical practice. The Trust annual average for compliance with the CDI care bundle was 88%.
- A replacement plan for mattresses continued into 2023/4 following identification of contaminated mattresses; and a business case for a full mattress replacement was approved. Installation of new mattresses was completed within this year.

A Standard Operating Procedure (SOP) for checking and cleaning mattresses was developed and was rolled out at the same time as the new mattresses were put into use.

Clostridium difficile infection (for patients aged 2 and over)	*Trust 2022-23	*Trust 2023-24	*National (England) Rate 2023-24	*Highest Trust 2023-24	*Lowest Trust 2023-24
Trust apportioned cases – rate per 100,000 bed days	20.6	27.4	18.3	73.34	0.0



3.8 Staff experiencing harassment, bullying and abuse

The Trust considers that this data is as described for the following reasons:

The results of the annual staff survey are deemed official national statistics and reported to the Board of Directors. The data is consistent with that reported to the Board of Directors.

The Trust has taken the following actions to improve this score, and so the quality of its services by:

Whilst we have made some improvements since 2022, overall, the headline results of the staff survey reflect the challenging circumstances that we know we are experiencing on a regular basis. Action plans are being developed and more detail will be shared with staff regarding our survey results and the actions we are taking to improve what it feels like to work here. Care Groups, Corporate Directorates, and York Teaching Hospitals Facilities Management (YTHFM) have received their own local results and senior leaders have shared the results widely with all colleagues and encourage everyone to get involved with identifying the improvement actions that will make the biggest impact in each team.

We will:

Continue to focus on our training and support for leaders and line managers, and on delivering our long-term culture change programme Our Voice, Our Future.

Continue to work towards embedding a culture where staff feel able to safely challenge if a colleague is not demonstrating behaviours in line with our values. The Trust's challenging bullying and harassment, and grievance policies have been revised and became a combined Civility, Respect & Resolution policy (following national good practice set by Mersey Care), as part of the continuing work to create a civil and respectful culture.

Work will continue to publicise the Freedom to Speak Up Guardian and the Fairness Champions within the organisation. We will continue to hold regular drop-in 'surgeries' for staff with the Chief Executive, Director of Workforce & OD, and Chief Nurse's team to give increased opportunities to understand the lived experiences of our colleagues.



	Trust 2022	Trust 2023	NHS Staff Survey Average 2023	NHS Staff Survey Highest (Worst) Trust 2023	NHS Staff Survey Lowest (Best) Trust 2023
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months from Managers*	11.1%	12.6%	10.5%	16.9%	5.8%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months from other colleagues*	19.0%	21.5%	19.3%	26.1%	12.3%

* These results are presented in the context of the best, average and worst results for similar organisations taken from the 2023 NHS Staff Survey. Relates to percentage of staff saying they experienced at least one incident of bullying, harassment or abuse

3.9 Staff career progression / promotion, regardless of ethnic background, gender

The Trust considers that this data is as described for the following reasons:

The results of the annual staff survey are deemed national official statistics and reported to the Board of Directors. The data is consistent with that reported to the Board of Directors.

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

The results of the 2023 survey will be used to update the action plan to improve

staff experience, engagement and retention, and ultimately patient care within the organisation.

We will:

Continue to work with and support our staff networks.

Continue to work towards achieving our Equality Action plan by implementing the Head of Equality, Diversity & Inclusion's workforce action plan which will support the Trust in becoming more a more inclusive employer.



	Trust 2022	Trust 2023	NHS Staff Survey average 2023	NHS Staff Survey Highest Trust 2023	NHS Staff Survey Lowest Trust 2023
Percentage of staff believing that the organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?*	54.3 %	52.3%	55.9%	70.1%	46.4%

* These results are presented in the context of the best, average and worst results for similar organisations taken from the 2022 NHS Staff Survey.



Appendix A:

Statement of Directors' Responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 a to prepare Quality Accounts for each financial year.

The Department of Health and Social Care 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. The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017. These added new mandatory disclosure requirements relating to 'Learning from Deaths' to quality accounts from 2017/18 onwards.

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

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

The Directors 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



Martin Barkley

29 June 2024

Chair

Martin Barkley

S Morrill

29 June 2024

Chief Executive

Simon Morrill



Appendix B:

Statements from Local Stakeholders



Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB) for York and Scarborough Teaching Hospitals NHS Foundation Trust Quality Account 2023/24.

NHS Humber and North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review and comment on York and Scarborough Teaching Hospitals NHS Foundation Trust's Quality Report for 2023/2024. This response includes reflections from York, North Yorkshire and the East Riding of Yorkshire Places.

Overview

The ICB would like to congratulate the Trust and staff on the successes that have been achieved during this period, in what has proved to have been another challenging year. The Humber and North Yorkshire ICB would like to thank the Trust for its openness and transparency reflected in this year's Quality Account but also for their welcome partnership working over the last year and inclusion of ICB colleagues into the various internal forums where quality and patient safety are monitored.

Achievements

The ICB recognise the achievements which are detailed within the quality account which includes reference towards joint working with other Acute Hospital Trusts to gain awareness and understanding of the approaches used across different systems.

The ICB acknowledge and value the Trust's engagement in the ReSPECT partner stakeholder group as we transition to adopting it across the North Yorkshire and York area.

The ICB would like to congratulate the Trust for the work which is being undertaken in research also noting the information provided within the report relating to the National Clinical Audit results and looks forward to hearing more specifically about the work in relation to the LeDeR and MBACE programmes.

While the Trust have faced challenges since the introduction of the DATIX IQ, the ICB note the steps taken to reduce the incidence of inpatient falls and the progress made against last year's priorities, including lying and standing blood pressure, early provision of walking aids and staff education. Similarly, the Trust's ambition to reduce the incidence of pressure ulcers, noting the progress made within the "Year of Quality" is an insightful update and we look forward to hearing about continued achievements as the improvement work continues across 2024/25.

As the Trust have transitioned to adopt the new Patient Safety Incident Response Framework, the ICB continues to welcome the partnership working and inclusion in the various groups as described in the Account. We also look forward to seeing the refreshed Patient Safety Strategy as it is reviewed across 2024.

The work in relation to improvements in nutrition and hydration is noted and we are particularly interested to learn about how other wards can benefit from the learning following the Best Nutrition Board implementation on Ward 39 at York.



The update on the Discharge Improvement Group is helpful to include in the Account and we welcome the inclusivity of both ICB and other partner organisations as members in this group whose focus is to improve the patient journey and experience. The refresh of the work of this group is noted and look forward to continued quality improvement in this area whilst being in line with the national policy standards of discharge.

Areas for Further Development

It is noted that the CQC have been assured of some of the positive progress made through the delivery of the Journey to Excellence Programme.

The Clostridium Difficile narrative provides a good overview of the current position and challenges and notes the positive step forwards in relation to how infection, prevention and control will be managed with the introduction of the Patient Safety Incident Response Framework.

We are pleased to read about the further development of the Patient Experience Team across 2023/24 and look forward to hearing about the planned approach in Scarborough to map the patient journey through the urgent and emergency care experience as outlined in last year's Account.

We note the updates against last year's priorities in particular sepsis recognition and the deteriorating patient, and while this work has not progressed as planned it is welcomed as an area of focus for 2024/25.

Future Priorities

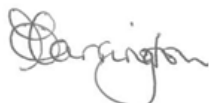
The ICB is supportive of the Trust's Quality Priorities for 2024/2025 and welcome the introduction of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms across the organisation as this will ensure a consistency of approach across NHS Humber and North Yorkshire Integrated Care Board.

We note the Patient experience and involvement plan for 2024-2029 is still under development and set as a priority area for the coming year and acknowledge the Trust's commitment to continuing to listen to the patient voice to improve and shape the patient journey.

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

The ICB remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of the patients served by the Trust in order to improve patient experience and patient outcomes.

Yours Sincerely



Michelle Carrington
Place Nurse Director – York and North Yorkshire Place



Glossary

Board of Directors

Individuals appointed by the Council of Governors and Non-Executive Directors. The Board of Directors assumes legal responsibility for the strategic direction and management of the Trust.

Clostridium Difficile (C Diff)

Clostridium difficile is a species of bacteria of the genus Clostridium that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora are wiped out by antibiotics.

Care Quality Commission (CQC)

The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations. They aim to make sure better care is provided for everyone – in hospitals, care homes and people's own homes. They also seek to protect the interests of people whose rights are restricted under the Mental Health Act.

Commissioning for Quality and Innovation (CQUIN) Payment Framework

The CQUIN scheme was announced in *High Quality Care for All* (2008) and introduced through the new standard NHS contracts and the NHS Operating Framework for 2009-10. It is a key element of the NHS Quality Framework, introducing an approach to incentivising quality improvement. CQUIN schemes were mandated for acute contracts from 2009-10.

Ceiling of Care (CoC)

CoC is the course of treatment considered to be the predetermined highest level of intervention deemed appropriate by a medical team, aligning with patient and family wishes, values and beliefs. These crucial early decisions aim to improve the quality of care for patients in whom they are deemed appropriate.

Council of Governors (CoG)

Every NHS Foundation Trust is required to establish a Council of Governors. The main role of the Council of Governors is threefold:

- **Advisory** – to advise the Board of Directors on decisions about the strategic direction of the organisation and hold the Board to account.
- **Strategic** – to inform the development of the future strategy for the organisation.
- **Guardianship** – to act as guardian of the NHS Foundation Trust for the local community.

The Chair of the Council of Governors is also the Chair of the NHS Foundation Trust. The Council of Governors does not 'run' the Trust or get involved in operational issues.

Department of Health and Social Care (DHSC)

The Department of Health and Social Care is a government department with responsibility for government policy for health and social care matters and for the (NHS) in England. It is led by the Secretary of State for Health.

Deteriorating Patient

Sometimes, the health of a patient in hospital may get worse suddenly. There are certain



times when this is more likely, for example following an emergency admission to hospital, after surgery and after leaving critical care. However, it can happen at any stage of an illness. It increases the patient's risk of needing to stay longer in hospital, not recovering fully or dying. Monitoring patients regularly while they are in hospital and taking action if they show signs of becoming worse can help avoid serious problems.

Family and Friends Test

From April 2013, all patients will be asked a simple question to identify if they would recommend a particular A&E department or ward to their friends and family. The results of this friends and family test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback.

Infection Prevention & Control (IPC)

Infection prevention is a top priority for everyone at the Trust and widespread activity takes place to reduce infections and make the environment in wards and clinics as safe as possible for patients, focusing on prevention, practices and procedures.

Methicillin-resistant Staphylococcus aureus (MRSA)

MRSA is a bacterium responsible for several difficult-to-treat infections in humans. It may also be called multi-drug-resistant Staphylococcus aureus or oxacillin-resistant Staphylococcus aureus (ORSA). MRSA is, by definition, any strain of Staphylococcus aureus that has developed resistance to certain antibiotics.

NHS Improvement

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.

National Clinical Audits

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is a set of centrally funded national projects that provide local Trusts with a common format by which to collect audit data. The projects analyse the data centrally and feedback comparative findings to help participants identify necessary improvements for patients. Most of these projects involve services in England and Wales; some also include services from Scotland and Northern Ireland.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

NCEPOD promote improvements in healthcare and support hospitals and doctors to ensure that the highest possible quality of safe patient care is delivered. NCEPOD use critical senior and appropriately chosen specialists to critically examine what has actually happened to the patients.

National Early Warning System (NEWS)

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. The more the measurements vary from what would have been expected (either higher or lower), the higher the score. The six scores are then aggregated to produce an overall score which, if high, will alert the nursing or medical team of the need to escalate the care of the patient.



National Institute for Clinical Excellence (NICE) quality standards

National Institute for Clinical Excellence (NICE) quality standards are a set of specific, concise statements that act as markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with the NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

National Patient Safety Agency (NPSA) alerts

NHS England routinely process and review patient safety incident reports and, where appropriate, use this information to identify actions that organisations can take to reduce risks. This information is sent to the Trust in the form of a NPSA alert.

Oxygen Saturation

Oxygen saturation is a measure of how much oxygen the blood is carrying as a percentage of the maximum it could carry.

Patient Advice & Liaison Service (PALS)

PALS service offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient Reported Outcome Measures (PROMS)

Patient Reported Outcome Measures are questionnaires that ask patients about their health before and after an operation. This helps to measure the results or outcome of the operation from the patient's point of view. This outcome is known as the 'health gain'. All NHS patients undergoing planned hip replacement, knee replacement, varicose vein or groin hernia surgery procedures are invited to fill in PROMs questionnaires.

Pulse

Measurement of a pulse is the equivalent of measuring the heart rate, or how many times the heart beats per minute. Your heart rate can vary depending on what you're doing. For example, it will be slower if you're sleeping and faster if you're exercising.

Pressure Ulcers

Pressure ulcers or decubitus ulcers, are lesions caused by many factors such as: unrelieved pressure; friction; humidity; shearing forces; temperature; age; continence and medication; to any part of the body, especially portions over bony or cartilaginous areas such as sacrum, elbows, knees, and ankles.

Pressure ulcers are graded from 1 to 4 as follows:

- Grade 1 – no breakdown to the skin surface
- Grade 2 – present as partial thickness wounds with damage to the epidermis and/or dermis. Skin can be cracked, blistered and broken
- Grade 3 – develop to full thickness wounds involving necrosis of the epidermis/dermis and extend into the subcutaneous tissues
- Grade 4 – present as full thickness wounds penetrating through the subcutaneous tissue.



Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) .

The ReSPECT process creates a personalised recommendation for your clinical care in emergency situations, where you are not able to make decisions or express your wishes.

Respiratory Rate

The number of breaths over a set period of time. In practice, the respiratory rate is usually determined by counting the number of times the chest rises or falls per minute. The aim of measuring respiratory rate is to determine whether the respirations are normal, abnormally fast, abnormally slow or non-existent.

Same Day Emergency Care

Same Day Emergency Care is one of the many ways the Trust is working to provide the right care, in the right place, at the right time for patients. It aims to benefit both patients and the healthcare system by reducing waiting times and unnecessary hospital admissions.

Secondary Uses Service (SUS)

The SUS is a service which 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. The service is provided by the Health and Social Care Information Centre.

Systems Engineering Initiative for Patient Safety (SEIPS)

Structured Judgement Case Review (SJCR)

This is a process that reviews the care received by patients who have died. This will in turn allow learning and support the development of quality improvement initiatives when problems in care are identified.

Summary Hospital-level Mortality Indicator (SHMI)

The SHMI is a measure of deaths following hospital treatment based on all conditions, which occur in or out of hospital within 30 days following discharge from a hospital admission. It is reported at Trust level across the NHS in England using standard methodology.

Supported Discharge

Supported Discharge describes pathways of care for people transferred out of a hospital environment to continue a period of rehabilitation and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in hospital.

Venous thromboembolism (VTE)

VTE is a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT). An embolism occurs if all or a part of the clot breaks off from the site where it forms and travels through the venous system. If the clot lodges in the lung a potentially serious and sometimes fatal condition, pulmonary embolism (PE) occurs.

Venous thrombosis can occur in any part of the venous system. However, DVT and PE are the commonest manifestations of venous thrombosis. The term VTE embraces both the acute conditions of DVT and PE, and also the chronic conditions which may arise after acute VTE, such as post thrombotic syndrome and pulmonary hypertension, both problems being associated with significant ill-health and disability.



World Health Organisation (WHO) Surgical Safety Checklist

The aim of the WHO checklist is to ensure that all conditions are optimum for patient safety, that all hospital staff present are identifiable and accountable, and that errors in patient identity, site and type of procedure are avoided. By following a few critical steps, healthcare professionals can minimise the most common and avoidable risks endangering the lives and well-being of surgical patients.

