

# Quality Report



2013-14

York Teaching Hospital NHS Foundation Trust

## **Part 1 – Overview**

### **Letter from the Chief Executive**

The Government's response to the issues raised in the Francis Inquiry into Mid Staffordshire NHS Foundation Trust focused on how NHS organisations must ensure that the quality of care must be as important as the quality of treatment. As an organisation our response to the Francis Report places the patient at the centre of all that we do, with an emphasis on the quality and safety of the care delivered within our organisation.

That you feel both safe and cared for is important to us and it is fundamentally part of everyone's job working throughout our growing organisation to ensure that you are cared for with dignity, respect and compassion and that you receive the best possible healthcare from all our staff wherever you are receiving care – from your home to our hospitals. This is demonstrated in the Trust's Nursing and Midwifery Strategy 2013-16 which sets out our priorities for achieving high quality, patient focused care for all of our patients. It provides a vision and direction for nurses and midwives, and emphasises that we are accountable for the care that we deliver.

We treat and hear from thousands of people every year who are pleased with the great care we are able to deliver yet there are occasions when we don't get it completely right and your views are important to us on this. The implementation of the Friends and Family Test has been important to us as it provides direct feedback on our patients views of the care that they receive. Looking forward, we will be considering how we provide feedback to patients on the views that they have expressed. We will also continue our work with our governors to ensure that we are asking for feedback on our services and making changes where you and our staff have ideas for improving.

This year has been a challenging one for the Trust in a number of areas. We have worked closely with our commissioning partners to resolve issues of long waits in the 18 week pathways of some specialties, and the experience of some patients waiting over 52 weeks for treatment. This approach has seen good progress being made and reinforces the importance of partners working towards the common goal of improved health outcomes for the population we serve.

Whilst the Trust had relatively few incidences of Clostridium Difficile, (C Diff) we had more than was expected. A significant amount of work has been undertaken to identify the cause of this and the actions required to improve our performance, As a result, we are now seeing reductions in C Diff infection rates. The Trust has also experienced outbreaks of Norovirus, which put pressure on our bed capacity and impacted on patient flow. Control measures continue to be reviewed and monitored at each outbreak so that we are able to minimise the spread of infection where possible to ensure the safety of our patients, visitors and staff.

Performance against the four hour target in the Emergency Department (ED) has also been difficult. Increasing numbers of attenders have resulted in the need for the Trust to revisit its emergency care pathway. This work has been overseen by our Acute Care Board and has involved the appointment of Advanced Clinical Practitioners, who will enhance early clinical decision making and timely access to treatment. This approach has

already seen an improvement in Emergency Department waiting times in the period January – March 2014.

Our approach to tackling difficult issues demonstrates our commitment to continuously driving up standards. Almost two years after the acquisition of the former Scarborough and North East Yorkshire Healthcare NHS Trust the organisation can demonstrate the development, growth and stability of services provided to the population it serves. As demand for emergency care increases, we continue to work on improving patient flow across the Trust. This has seen planned orthopaedic surgery move from Scarborough to Bridlington Hospital, in a change which will improve capacity at both sites and improve services for local patients.

This is further enhanced by the continuation of Clinical Alliances with Harrogate NHS Foundation Trust and the development of Clinical Alliances with Hull and East Yorkshire Hospitals NHS Trust. This aims to see patients treated for their individual needs in the right place at the right time, with access to expert services.

Moving forward into this next year we will continue to roll out the overall safety priorities that are identified in our recently approved Patient Safety Strategy. This aims to ensure that patient safety is at the core of all we do, with its principles embedded throughout the organisation. We will also continue to provide better, more coordinated care, closer to home. This will mean

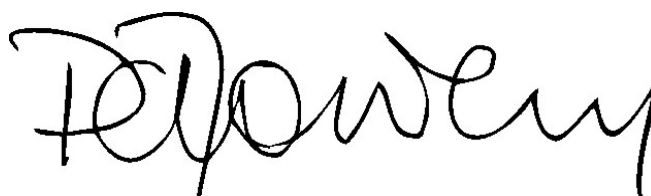
- That there will be more accessible and flexible services, via a single point of entry ('the Hub')
- There will be seamless and holistic health and social care in the right place at the right time and promotion of self care of long term conditions; maximising people's independence.

This will lead to supporting lively healthy and 'full' lives by reducing the need for intensive and costly interventions and support people to retain or improve levels of independence via short term re-ablement. In summary, together with our local partners and Commissioners we aim to ensure that the local priorities and expectations of patients and families are recognised, supported and met.

None of this care would be possible without every member of staff here having the right training to support them to do their jobs properly. As an organisation we have placed a focus through the 'Its My Ward' Programme of empowering nurse leaders through equipping them with the necessary skills to manage wards effectively and efficiently. Our Corporate Learning and Development and Information Technology Training teams are continuing to implement a 'learning hub', the organisations new online learning platform.

At times of great change for healthcare it continues to be my job to ensure that we have the strategies, culture and will to change for the better – keeping your safe care at the heart of all that we do.

**Patrick Crowley**  
Chief Executive  
28 May 2014

A handwritten signature in black ink, appearing to read 'P. Crowley', written in a cursive style.

## **Statement of Directors' Responsibilities in Respect of the Quality Report**

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of Annual Quality Reports and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

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

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Report Manual 2013-14
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2013 to May 2014
  - Papers relating to the Quality Report to the Board over the period April 2013 to May 2014
  - Feedback from commissioners dated 2014
  - Feedback from governors dated May 2014
  - Feedback from Healthwatch East Riding of Yorkshire dated May 2014
  - Feedback from Healthwatch York dated 16 May 2014
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30 April 2014
  - The national patient survey dated 26 March 2014
  - The national staff survey dated 30 April 2014
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 28 May 2014
  - CQC Intelligent Monitoring Report dated 26 March 2014.
- The Quality Report presents a balanced picture of the York Teaching Hospital NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has

been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations published at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275](http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275))/

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

By order of the Board

28 May 2014

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Chairman

28 May 2014

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Chief Executive

## Quality and Safety

The Patient Safety Strategy has been developed following consultation with our staff. In addition, we have compared our systems and practices with other hospitals and considered national and international guidance on improving safety.

Our guiding principle is to provide safe, patient-centered care to a consistent, high standard. To achieve this we have established six key streams of work:

- Ensuring consistency of care, 24 hours a day, seven days a week
- Reduction of harm by early detection of the patient at risk of deteriorating
- Reducing mortality and improving mortality indicators
- Excellence in end of life care
- Infection prevention and control
- Action on areas of frequent harm

Many of us focus on improvement for our patients, every day. This strategy does not seek to exclude any of this work; rather it helps us collectively to focus on those things we know can have the most impact, for the greatest number of our patients.

Clinical leaders continually review our systems of work to ensure that patients who are admitted to our hospitals do not experience undue delay in assessment, diagnostics, treatment or review by a senior clinician. We are working towards delivering a seven day service with no variation in timeliness or safety and quality of experience.

We are striving to improve the safety of those who are vulnerable to unexpected deterioration by enhanced training and the implementation of systems to support early recognition of the risk of deterioration. This is being supported by policies and clinical guidelines for initiation of early responses, interventions and, where necessary, escalation. This includes recent guidance around urgent and effective response to sepsis.

We have developed and are refining systems for mortality review which will be consistently applied in all clinical areas including our community hospitals.

We will ensure that recognised strategies for reduction of mortality, such as multidisciplinary ward rounds and care bundles, are implemented in all clinical areas. Many are currently in place and their implementation will be audited by review of compliance.

For our patients approaching the end of life and for their families and carers, our focus will be on the safety *and* experience of care. This includes patients who die suddenly or after a very brief illness. Our aim is to ensure that people approaching the end of life receive care which is aligned to their needs and preferences, is compassionate and delivered in accordance with agreed principles.

We have begun work on the implementation of electronic prescribing and medicines administration (EPMA), recognised to improve aspects of patient safety and helping to address one of our most frequent causes of avoidable harm. We will audit compliance with administration of medicines focusing specifically on critical medicines and on antimicrobial stewardship.

We will use every opportunity to learn from incidents, complaints and litigation by reflecting on our practice and where necessary changing systems of work to ensure that patients are safe in our care and that repetition of avoidable harm is prevented.

The Serious Incident (SI) and Critical Incident (CI) procedures continue to evolve to ensure appropriate dissemination of change and learning, and work is now focusing on learning from litigation and complaints. In responding to these events we recognise the implication and responsibilities on our duty of candour.

We also take every opportunity to learn from national benchmarking including national audit publications such as the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and inspections from our regulators. We have developed along with our local commissioners, several patient safety initiatives which are being managed through the Commissioning for Quality and Innovation (CQUIN) aspect of the contract.

Patient Safety Walkrounds have provided valuable opportunities for senior leaders to discuss safety issues with frontline staff. As a commitment to developing our culture of safety, we aim to undertake four walkrounds each month and to provide a monthly summary report to the Trust Board.

Fundamental to building on the successes of the Trust's current work on patient safety, (as evidenced by a sequential fall in our mortality indicators), is placing it firmly and foremost on the agenda of all. At Trust Board, assurance of safe effective and compassionate care will continue to lead proceedings. The Board's subcommittees will develop, informed by an evolving Safety Booklet of data and similar scrutiny will prevail at Executive Board but with a focus on actions required by Directorates. Use of Clinical Governance sessions will be reviewed to ensure consistency and individual clinicians will be expected to demonstrate their commitment to improvement. We will work with our Governors and seek their help with this strategy. Mindful of our growing and dispersed organisation, we will examine ways of better sharing learning, consistently throughout the Trust, for example by Joint Performance Improvement Meetings. More and more do we recognize the importance of designing safe systems that reduce harm arising from human factors and behaviors.

We aim to make good use of peer review to support analysis and to facilitate learning, both within and outside of formal systems. CHKS provides us with healthcare intelligence to support the delivery of safe and effective care.

We are one of 13 Foundation Trusts who are members of NHS QUEST; a network for Foundation Trusts who wish to focus relentlessly on improving quality and safety.

The Trust has also developed working relationships with other organisations such as Hull Hospital on the clinical pathway alliance, The Improvement Academy on mortality reviews, York University on patient incident reporting and the Global Sepsis Alliance.

We want our patients to:

- Be involved as much as they want be in decisions about their care and treatment
- Let us know if anything of concern is noticed
- Be sure that we identify them correctly
- Ensure that they understand what we are planning to do before consenting to treatment
- Know what medicines they are taking and why
- Inform us of allergies
- To alert us to non compliance, for example with hand hygiene.

## **Quality of Care**

The Trust's Nursing and Midwifery Strategy 2013-16 sets out our priorities for achieving high quality, patient focused care for all of our patients. It provides a vision and direction for Nurses and Midwives, and emphasises that we are accountable for the care that we deliver. By delivering key workstreams the strategy will provide measurable outcomes that give patients the best care, which is centred on their individual needs, using evidence-based practice and patient feedback.

The strategy is based around the Chief Nursing Officers for England's "Six Cs", which are compassion, courage, communication, competence, commitment and care. It links with our organisational values and strategic aims of patient safety, patient satisfaction, teamwork, honesty and open communication.

The strategy also incorporates recommendations from the Francis Report and will also address later recommendations from Hard Truths (The Journey to Putting People First), the National Quality Board (Ensuring the Right Staff are in the Right Place at the Right Time) and other national initiatives that are relevant to nursing and midwifery.

We continue to focus on the four key areas:

- Patient experience
- Delivering high quality safe patient care
- Measuring the impact of care delivery
- Staff experience.

In order to deliver the Nursing and Midwifery Strategy an annual work plan was developed to deliver the specific objectives aimed at improving the quality of patient care across the organisation. These are agreed at Board level with updates and assurance provided via the new Nursing Board and the Quality and Safety Committee.



## **Year 1 Review**

During 2013/14, significant progress has been made towards achieving the objectives set for Year 1.

We have improved the scores of the national in-patient survey in specific target areas. The Trust is pleased to report that the number of patients asked to give their views on the quality of care has significantly improved. This reflects the work going on throughout the Trust which ensures that we seek the views of our patients and relatives, which are essential to improving the quality of care we provide.

The national Friends and Family Test has been rolled out across our Adult Inpatient Wards, Emergency Departments and our Maternity Departments. Feedback from the Friends and Family Test is monitored by the Trust's Friends and Family Steering Group, which is responsible for ensuring that feedback is used for improving services. In future, the group will also be considering how we keep patients informed of how we are acting on their feedback. Plans are in development for the further roll out of the Friends and Family Test across Outpatients, Day Cases and Community Services, and a staff questionnaire is also in development.

We continue to deliver the It's My Ward Programme, which strengthens nurse leadership and empowers ward sisters and charge nurses to ensure that all care is of a high standard and meets the values of the organisation.

We are continuing to review our nursing documentation to ensure we have a consistent approach and that record keeping adheres to both Trust and Nursing and Midwifery Council standards. Three workstreams have been developed which focus on pathways, single record of care and discharge.

Work continues on further developing the use of electronic staff rostering (e-rostering) to help ensure we are making the most efficient use of resources.

The Safety Thermometer, which provides a simple and quick method for surveying harm free care, has been rolled out across the Trust and is in use in our acute hospitals and community settings. Results are closely monitored to allow any remedial action to be taken promptly.

We have introduced Advanced Clinical Practitioner (ACP) roles in specific areas, to facilitate early decision making and timely access to treatment. The first cohort of ACPs have completed their training and will be working in our Acute Medical Units, Emergency Departments and Trauma and Orthopaedic wards at our acute sites in Scarborough and York.

The Trust has redefined the matron role, to ensure there is a renewed focus on quality, clinical standards and nursing leadership. A new Matron Group has been formed and a development programme began in April 2014.

## **Year 2 Priorities**

In 2014/15, we will be focussing on year two of the work plan, with the following priorities identified:

- Development of a Patient and Public Involvement (PPI) strategy
- Introduction of 'Hello My Name Is' – a project which encourages all staff to introduce themselves to their patients and to tell them their name
- Greater inclusion of Matrons in the delivery of the Infection Prevention and Control agenda
- Introduce an on-going Dependency and Acuity Audit to inform safe staffing levels
- Replacement of Nursing Care Indicators with an Early Warning Trigger Tool and Nursing Quality Dashboard
- Review all Statutory and Mandatory training for Nurses and Midwives.

A Safer Staffing Project has been established to assess compliance against recommendations, implement any required changes, ensure six monthly acuity audits are undertaken and to review any systems and processes that are currently in place to ensure clinical areas have safe staffing levels.

In order to improve patient experience a full review of the Patient Experience Team(PET)has been commissioned. This aims to examine the current function of the team, establish the focus given to patient involvement, the processes around complaints management and the provision of training in all aspects of PPI. In addition, a PPI strategy will be developed with an implementation plan.

In addition, the safeguarding agenda will be reviewed in order to provide assurance that we are maintaining safety and responding to local and national obligations. The Safeguarding Adults team will receive further investment and examine the care of patients with Mental Health problems in acute settings

Significant focus will be placed upon the development of a falls reduction plan. This will include setting up an organisational steering group and gaining external expertise to minimise the risk of falls and reduce the incidence across all sites.

## **Recognising Excellence**

The Trust's Star Award is a monthly award presented to staff that go above and beyond the call of duty in the development or delivery of their services to improve patient care. It is awarded to teams or individuals and teams have made a real difference by:

- Improving patients' experience and/or safety
- Living the values and beliefs of the organisation
- Going the extra mile within or outside of the everyday workload







- Demonstrating efficiency and value for money

The Trust also holds an annual awards ceremony to recognise and reward individual and team key achievements and innovative ways of delivering great care. The award categories and winners for 2013 are detailed below:



## Celebration of Achievement Awards

Award Category	Winners
<b>Excellence in Patient Experience</b>	Awarded to the Special Care Baby Unit Outreach Nurses at York Hospital, who provide a high quality clinical service, but also provide emotional support, including bereavement support, to families and difficult times.
<b>Living Our Values</b>	Awarded to a Personal Assistant at Bridlington Hospital who assisted in organising the Trust's Open Health Road show and helped to make it a success.
<b>Unsung Hero</b>	Awarded to the Emergency Department Housekeeper at Scarborough Hospital, who ensures staff are supported in making sure they have everything they need to help their patients.
<b>Volunteer of the Year</b>	Awarded to the Breast Friends of Scarborough, a team of young mums who have attended a peer support course and now give their own time to help and support new mums to breast feed.
<b>Enhancing Services</b>	Awarded to the Cytology Department at York Hospital who worked through a number of practical and technical challenges with determination and a will to succeed during a tender process for a new service.
<b>Efficiency Award</b>	Awarded to the "Lean and Clean" project team working at Scarborough and York Hospitals to release cash savings whilst improving the quality and safety of patient care.
<b>Patient Safety Award</b>	Awarded to a Lead Sister and Consultant Anaesthetist who have been instrumental in rolling out and putting in place a number of mechanisms to ensure staff are able to recognise deteriorating patients.
<b>The Patient's Award</b>	Awarded to a Physiotherapist at York Hospital, for his constant caring and professional attitude and kindness to a patient and his family.
<b>The Florence Nightingale Award</b>	Awarded to a Staff Nurse at Scarborough Hospital, in recognition of demonstrating the personal and professional attitudes and behaviours that the Trust expects in a role model.
<b>The Governor's Award</b>	Awarded to a Programme Director and Secretary in the Directorate of Estates and Facilities, in recognition of the support provided to the Trust Governors during the recent integration of York and Scarborough.
<b>The Chairman's Award</b>	Awarded to an Arts Officer at York Hospital, in recognition of their partnership working with other organisations for the mutual benefit of the wider community.
<b>The Chief Executive's Award</b>	Awarded to the Head of Nursing, Organisation Development and Improvement Learning Team, York Renal Services and the Full Sutton Healthcare Team, in recognition of their significant individual or team contributions to enhancing patient services.
<b>Lifetime Achievement Award</b>	Awarded to the Chaplain, York Hospital and one of the Bed Managers/Royal College of Nursing Representative, York Hospital, who have given a long term commitment to the Trust through their continued contribution and excellent service.

## National Awards

Awarding Body	Winners
	The award recognises 40 of the best performing CHKS client trusts across the UK. The 40Top Awards are based on the evaluation of 22 indicators of clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.
<b>NHS Apprenticeship Awards</b>	Healthcare Assistant Apprentice of the Year awarded to a cadet nurse at Bridlington Hospital for displaying compassion in care and being a valued team member.
	Midwifery team at Scarborough hospital, who were joint winners of the Excellence in Supervision award for demonstrating leadership skills and the ability to encourage potential leaders while also maintaining high service standards.
	Award for Leadership awarded to the e-Rostering Manager for the ability to lead by example during the delivery of a key project in improving patient care.
	Lung cancer specialist nurse team at York Hospital awarded the forum's first prize for highlighting the importance of the role of the lung cancer care co-ordinator at the Trust.
	Best Energy Manager awarded to the Trust's Energy Manager for leading a project to reduce carbon emissions and cut energy costs.
	Don Greenslade Award for Emerging Talent, awarded to a Specialist Procurement Officer for commitment to health care, purchasing and supply, and demonstrating significant achievement.

## Local Awards

Awarding Body	Winners
<b>Volunteering York Partnership</b>	Special award in the young adult category awarded to a volunteer dining companion.
	Best Finance Director of a Public Sector Organisation awarded to the Trust's Director of Finance.
<b>University of York Annual Education Conference</b>	Midwifery Mentors of the Year awarded to the York Midwifery Mentors Team.
	York Community Pride Press Health Hero Award, won by a chemotherapy nurse at York Hospital for going "above and beyond the call of duty" in their kindness and capability in helping patients cope with their conditions.

## Part 2 – In More Detail

### Performance for the last 12 months

Our performance against the quality and safety priorities from York Teaching Hospital NHS Foundation Trust's 2011-12 quality report is shown below. Although these targets were set prior to acquisition, the performance in 2013-14 reflects the performance of the enlarged Trust against the 2011-12 targets.

Key	Green	Target achieved	Amber	Reaching target	Red	Target not achieved
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Green = The target specified has been achieved

Amber = More than 50% progress towards meeting the target has been made

Red = Less than 50% progress has been made towards achieving the target

Patient Safety		
Improving care of acutely ill and deteriorating patients	By the End of March 2014, we said we would ensure that:	Achieved
	<ul style="list-style-type: none"> <li>80% of all acute medical, elderly medical and orthogeriatric patients admitted through the Acute Medical Unit (AMU) would be seen by a senior clinician within 4 hours of admission.</li> </ul>	Green
	<ul style="list-style-type: none"> <li>80% of all acute medical, elderly medical and orthogeriatric patients would be reviewed by a consultant within 12 hours of admission. Whilst we have significant improvements towards achieving this standard, we have been unable to consistently reach 80% at Scarborough Hospital. We will continue with our work to improve performance against this indicator.</li> </ul>	Green (Y) Red (S)
	<ul style="list-style-type: none"> <li>The National Early Warning System (NEWS) for early identification and escalation of the deteriorating patient would be implemented on all general adult acute wards. The development and implementation of a suitable process for community hospitals will be undertaken in 2014/15.</li> </ul>	Green
Reduction in mortality rates	By the End of March 2014, we said we would ensure that:	Achieved
	<ul style="list-style-type: none"> <li>We have established a system for review of all in-patient deaths in the acute and community hospitals.</li> </ul>	Green
	<ul style="list-style-type: none"> <li>We would continue to work towards achieving an overall Summary Hospital Mortality Indicator (SHMI) of 100 with an achievement of a reduction in the SHMI to no more than 105 by March 2014. The last reported SHMI for July 2012 to June 2013 was 101, an improvement on the previously reported SHMI of 102. (April 2012 to March 2013).</li> </ul>	Green
Improving care for patients with dementia	By the End of March 2014, we said we would ensure that:	Achieved
	<ul style="list-style-type: none"> <li>Over 90% of patients acutely admitted with delirium or dementia aged 75 years or over have a dementia specific assessment and be referred for further diagnostic advice and specialist treatments.</li> </ul>	Green

Improving the use of the WHO surgical safety checklist	By the End of March 2014, we said we would ensure that:	Achieved
	<ul style="list-style-type: none"> <li>We would achieve 100% compliance with the use of the World Health Organisation (WHO) surgical safety checklist. We continue to mandate the use of the WHO surgical safety checklist. The checklist is being used in all surgical specialities. We are achieving 99.1% compliance with the theatre safety briefing aspect of the surgical safety checklist. Monitoring of compliance with other aspects of the checklist is planned for 2014/15.</li> </ul>	Amber
<b>Clinical Effectiveness and Outcomes</b>		
Reduction in the development of pressure ulcers	By the End of March 2014, we said we would ensure that:	Achieved
	<ul style="list-style-type: none"> <li>The number of patients having a category 2-4 pressure ulcer (old or new) for York and Scarborough Hospitals and Community Services would reduce by 50% compared with the 2012/13 incidence. The Trust achieved a 30% reduction over the full year and a 34% reduction between October 2013 and March 2014 at York and Scarborough Hospitals. After discussion with our commissioners, the CQUIN target for Community Services was amended to a 15% reduction, which was achieved.</li> </ul>	Amber (Y&S) Green (Com. S)
Improving management of patients presenting to the Emergency Department with asthma	By the End of March 2014, we said we would ensure that:	Achieved
	<ul style="list-style-type: none"> <li>75% of patients receive care in accordance with The College of Emergency Medicine bundle of care recommendations. We have improved our patient pathway for patients with asthma in the Emergency Department., which has resulted in significantly improved compliance for the individual elements of the care bundle. We have not been able to consistently achieve the 75% target for compliance with the full care bundle, but overall performance has increased from 20% (Quarter 2 baseline) to 49% (Quarter 4). We will continue with our work to improve performance against this indicator.</li> </ul>	Red
<b>Patient Experience</b>		
Expanding systems for patients to provide feedback on care and treatment received (using the Family and Friends Test	By the End of March 2014, we said we would ensure that:	Achieved
	<ul style="list-style-type: none"> <li>Systems for delivery of the family and friends test in nationally designated areas have been established throughout the Trust (excluding paediatrics).</li> </ul>	Green
	<ul style="list-style-type: none"> <li>Response rates for the family and friends test (being launched nationally in April 2013) have increased to at least 20% from a baseline response rate established between April and June 2013.</li> </ul>	Green
	<ul style="list-style-type: none"> <li>We would have maintained the position of being in the upper quartile for the family and friends test in the National Staff Survey.</li> <li>Although the percentage of staff who would recommend the Trust showed a slight increase from 60.0% (2012 survey) to 61.1% (2013 survey), this performance was not in the upper quartile. We will be encouraging all of our staff to complete the Staff Friends and Family Test which is being launched across the Trust in May 2014. This will give valuable feedback which we will use to improve outcomes for our patients.</li> </ul>	Red
Enhancing supported discharge for patients following a stroke	By the End of March 2014, we said we would ensure that:	Achieved
	<ul style="list-style-type: none"> <li>90% of eligible patients discharged from our hospitals following a stroke have a newly developed enhanced supported discharge pathway. Since the new pathway was implemented at York Hospital in mid March 2014, 100% of eligible patients have received early supported discharge. This service is currently available to City of York Council Residents. In 2013, Scarborough Hospital achieved Provisional Level 2 Stroke Accreditation, which includes a pathway for early supported discharge.</li> </ul>	Amber

<b>Integrating nursing risk assessments for patients with chronic conditions</b>	<b>By the End of March 2014, we said we would ensure that:</b>	<b>Achieved</b>
	<ul style="list-style-type: none"> <li>90% of patients with specified long term conditions have their discharge plans/risk assessment integrated with community services to ensure they experience a seamless care pathway.</li> </ul>	<b>Green</b>

## Additional Information

Although the monitoring of missed doses of medication and falls were not specified as specific priorities for 2013/14, we have continued with our patient safety improvements in these areas.

<b>Missed doses of medication</b>	<ul style="list-style-type: none"> <li>In 2013/14 we undertook a monthly audit of all patients to determine how many experienced missed doses of medications and how many of those were critical medicines. We seek to better understand this issue and in particular the barriers staff face which prevent medications being administered and put in place safer systems to prevent reoccurrence. To this effect we have worked with commissioners to include a CQUIN for 2014/15 on missed doses of critical medications.</li> </ul>
<b>Falls</b>	<ul style="list-style-type: none"> <li>We have continued to work on reducing the incidence of patients falling in hospital. To ensure we reduce the number of patients who experience severe injury after a fall, we now declare all incidents as Serious Incidents, which are investigated and reported to Trust Board and to local commissioners. The learning from the extensive Root Cause Analysis has been incorporated in to the Falls Action Plan.</li> </ul>

## Priorities for the Trust's Quality and Safety for 2014/15

The rationale for the selection of the priorities is from a number of different sources including:

- Informal and formal discussions with service users when the Trust has received complaints
- The results of the National Patient Survey
- based on the Trust's Patient Safety Strategy
- The Patient Forum discussions
- The agreement with the commissioners on the priorities included in Commissioning for Quality and Innovation.

Patient Safety	
Improving care of acutely ill and deteriorating patients	By the End of March 2015, we will ensure that:
	<ul style="list-style-type: none"> <li>• 80% of all acute medical, elderly medical and orthogeriatric patients will be reviewed by a consultant within 12 hours of admission, with a view to continuous improvement aligned with the Royal College of Physician' guidance.</li> </ul>
	<ul style="list-style-type: none"> <li>• The National Early Warning System (NEWS) for early identification and escalation of deteriorating patient is being used effectively on all general adult acute hospital wards and a modified version has been designed and introduced in community hospitals.</li> </ul>
	<ul style="list-style-type: none"> <li>• We have re-designed and tested the modified clinical pathway of care for patients with severe sepsis at both acute hospital sites.</li> </ul>
Reducing harm to patients	By the End of March 2015, we will ensure that:
	<ul style="list-style-type: none"> <li>• Over 90% of patients acutely admitted with delirium or dementia aged 75 years or over have a dementia specific assessment and are referred for further diagnostic advice and specialist treatments on all our hospital sites.</li> </ul>
	<ul style="list-style-type: none"> <li>• We consistently achieve 100% compliance with the use of the WHO surgical safety checklist.</li> </ul>
Infection prevention and control	<ul style="list-style-type: none"> <li>• The Trust has established a standardised approach to assessment and interventions for patients at risk of falling in hospital and we will aim to achieve a 30% reduction in the number of patients who suffer serious injury following a fall in hospital.</li> </ul>
	<ul style="list-style-type: none"> <li>• We continue to monitor and benchmark rates of infection to ensure that we have the lowest possible incidence of infection. Specifically for C. diff, we will have less than 60 cases.</li> </ul>
Clinical Effectiveness and Outcomes	
Monitoring the prevalence of pressure ulcers	By the End of March 2015, we will ensure that:
	<ul style="list-style-type: none"> <li>• We report the prevalence of patients in our care who have a category 2-4 pressure ulcer (old or new) as measured using the Safety Thermometer tool and aim to reduce the development of pressure ulcers by 20%.</li> </ul>
	<ul style="list-style-type: none"> <li>• We learn from pressure ulcer development by reporting all category 3 and 4 pressure ulcers as Serious Incidents.</li> </ul>



<b>Monitoring critical medicines and antimicrobials</b>	<b>By the End of March 2015, we will ensure that:</b>
	<ul style="list-style-type: none"> <li>We refine our systems for monitoring incidents associated with critical medicines; specifically to reduce the degree of harm from such incidents and to reduce the frequency of missed doses and/or incorrect prescribing and administration.</li> </ul>
	<ul style="list-style-type: none"> <li>We will monitor the prescription of antimicrobials; specifically the indications for the prescription and the review dates and achieve 100% compliance with the antimicrobial prescribing policy.</li> </ul>
<b>Reduction in mortality rates</b>	<b>By the End of March 2015, we will ensure that:</b>
	<ul style="list-style-type: none"> <li>We continue the consultant led, systematic review of all in-patient deaths in the acute and community hospitals.</li> </ul>
	<ul style="list-style-type: none"> <li>We continue to reduce the SHMI, aiming to achieve 95 on both acute hospital sites.</li> </ul>
<b>Patient Experience</b>	
<b>Expanding systems for patients to provide feedback on care and treatment received (using the Family and Friends Test)</b>	<b>By the End of March 2015, we will ensure that:</b>
	<ul style="list-style-type: none"> <li>Systems for delivery of the Family and Friends Test in nationally designated areas have been established throughout the acute Trust sites (excluding Paediatrics).</li> <li>The Trust net promoter score has achieved a rate of 65.</li> </ul>
	<ul style="list-style-type: none"> <li>We will increase the overall participation rates for acute in-patients to 50%.</li> </ul>
<b>Responding to patient feedback</b>	<ul style="list-style-type: none"> <li>We will implement systems for collection of feedback in Outpatients, Day Case Services and Community Hospitals and Community Services.</li> </ul>
	<ul style="list-style-type: none"> <li>We will implement systems across the Trust which are responsive to patient feedback. We will also create environments which enable patients and relatives to raise concerns without fear of repercussion or that care will be compromised.</li> </ul>
<b>Enhancing supported discharge for patients following a stroke</b>	<b>By the End of March 2015, we will ensure that:</b>
	<ul style="list-style-type: none"> <li>90% of patients discharged from our hospitals following a stroke will have a newly developed enhanced supported discharge pathway.</li> </ul>
<b>Excellence in end of life care</b>	<b>By the End of March 2015, we will ensure that:</b>
	<ul style="list-style-type: none"> <li>All patients have appropriate, inclusive and well documented Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision making.</li> </ul>
	<ul style="list-style-type: none"> <li>All patients have appropriate and agreed ceiling of care decision making, detailing treatment options as appropriate to the patient including whether or not to transfer to a higher level of care or the application of a "Do Not Attempt Cardiopulmonary Resuscitation" (DNA CPR) Order.</li> </ul>

## **Part 3 – Regulatory Requirements and Assurance from the Board**

### **The Regulations**

The Government introduced a specific set of regulations that Foundation Trusts are required to address as part of the Quality Report. These requirements are included in the assurance statements made by the Board of Directors.

### **Assurance from the Board**

During 2013/14 the York Teaching Hospital NHS Foundation Trust provided and/or sub-contracted 36 relevant health services.

The Board of Directors and Council of Governors have during the year reviewed data related to the quality of care. The Board of Directors at every meeting receives details from the Medical Director and/or Chief Nurse on the quality of care in the organisation. The Council of Governors have access to that information and receive regular presentations on quality at their meetings held in public. The York Teaching Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in 36 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 100 percent of the total income generated from the provision of NHS services by York Teaching Hospital NHS Foundation Trust. The income generated has been received from services commissioned by Clinical Commissioning Groups, NHS England, and the Local Authorities.

### **Commissioning for Quality and Innovation Payment Framework (CQUIN)**

A proportion of York Teaching Hospital NHS Foundation Trust income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between York Teaching Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

The financial value of the scheme is set at 2.5% of the contract (0.5% national and 2.0% local indicators). The value locally is £9,000,000.

The CQUIN goals are managed through our internal processes and cover a significant number of areas. They fall into two areas:

National - Friends and Family Test, NHS Safety Thermometer – 50% reduction in pressure sores, Dementia, VTE

Local – Care of the deteriorating patient – acute admissions, Care of the deteriorating patient – identification, response and management, Care of the deteriorating patient – implementation of NEWS system, Reduction in average length of stay in elderly bed base, Effective Discharge – sharing nursing assessments with NCTs, Effective Discharge – self management plans included in EDN and shared with patient, Asthma in ED – completion

of care bundle, asthma – completion of care bundle, Stroke – Level 2 accreditation to be achieved by Scarborough site by Quarter 2.

At the time of writing this report the Trust had agreed payment with the Commissioners for CQUINS. Further details of the agreed goals for 2013/14 and for the following 12 month period are available electronically at [www.yorkhospitals.nhs.uk](http://www.yorkhospitals.nhs.uk). The CQUIN is reported to the Board of Directors on a monthly basis and can be found as part of the Board papers.

## Care Quality Commission

York Teaching Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Registered without conditions'.

York Teaching Hospital is subject to periodic review by the Care Quality Commission. The Trust is fully registered with the Care Quality Commission and has no conditions attached to its registration.

The Care Quality Commission has not taken enforcement action against York Teaching Hospital NHS Foundation Trust during 2013/14.

York Teaching Hospital NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

## Data Quality

Reliable information is fundamental in supporting the Trust to achieve its goals. The Trust recognises that all the decisions, whether clinical, managerial, operational or financial need to be based on information which is reliable and of the highest quality. Robust data quality is critical to the delivery of better healthcare.

York Teaching Hospital NHS Foundation Trust submitted records during 2013/14 to secondary User service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Trust continually strives to improve its data quality by constantly reviewing the data in conjunction with clinical and operational teams and its main commissioners. This may result in changes to systems and processes.

The percentage of records in the published data which included a valid NHS number or a General Medicine Practice Code (data for April 2013 to February 2014) were:

Valid NHS Number	
Admitted patient care	99.6%
Outpatient care	99.7%
Accident and emergency	95.1%
Valid General Medical Practice	
Admitted patient care	100.0%
Outpatient care	100.0%
Accident and emergency	100.0%

York Teaching Hospital NHS Foundation Trust Information Governance Assessment Report overall score for 2013/14 was 82% and was graded green from IGT grading scheme.

York Teaching Hospital NHS Foundation Trust was subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission. The following areas were selected for audit:

- National area – 100 Finished Consultant Episodes (FCEs) from the Healthcare Resource Group (HRG) subchapter HG – Musculoskeletal Disorder
- Local area (selected by the CCG) – 100 FCEs from the HRG subchapter AA – Nervous System Procedures and Disorders for non-elective (unplanned) admissions.

The error rates reported in the latest audit for that period for diagnoses and treatment coding (clinical coding) were 3.0% for primary diagnosis (main condition treated) and 3.3% for primary procedures (main treatment). These results should not be extrapolated further than the actual sample audited.

## **Monitor Quality Governance Framework**

Monitor introduced a 'Quality Governance Framework' in 2010-11. The Trust has undertaken an analysis against this framework and has assured itself that it is compliant with the framework. The Trust has developed an action plan that will ensure the organisation is fully integrated.

## **Part 4 – National Clinical Audits and National Confidential Enquiries**

York Teaching Hospital NHS Foundation Trust is committed to the delivery of best practice and to ensure continuous quality improvement through clinical audit.

The Trusts Clinical Standards Group continually reviews the quality of:

- National clinical audit
- Local clinical audit
- Local service evaluations
- National confidential enquiries

Including the monitoring of action plans; this enables a systematic process to address risks and to provide assurance to the Trust, Commissioners and Monitoring Bodies.

The Clinical Audit systems and processes that are operational in York are being embedded at Scarborough. This will support the participation in national and local audit, and will improve future compliance.

### **Financial Year 2013/14 – York Hospital Site**

- During 2013/14, 43 national clinical audits and five national confidential enquiries covered relevant health services that York Teaching Hospital NHS Foundation Trust (York site) provides. Four national audits did not start in 2013/14, giving a total of 39 national audits. The Trust did not have enough patients to participate in one relevant audit, so the actual number of national clinical audits which the Trust could participate in was 38
- During that period York Teaching Hospital NHS Foundation Trust (York site) participated in 95% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in
- The national clinical audits and national confidential enquiries that York Teaching Hospital NHS Foundation Trust (York site) was eligible to participate in during 2013/14 are shown in Table 1
- The national clinical audits and national confidential enquiries that York Teaching Hospital NHS Foundation Trust (York site) participated in during 2013/14 are also shown in Table 1
- The national clinical audits and national confidential enquiries that York Teaching Hospital NHS Foundation Trust (York site) participated in, and for which data collection was completed during 2013/14, are listed in Table 1 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.
- Thereportsof0national clinical audits were reviewed by the provider in 2013/14. The

reports of national audits will be reviewed at the May 2014 meeting of the Clinical Standards Group

- All National Confidential Enquiries were reviewed by York Teaching Hospital NHS Foundation Trust
- Thereportsof54local clinical audits were reviewed by the provider in 2013/14andYork Teaching Hospital NHS Foundation Trust (York site) intends to take the actions detailed in Table 2 improve the quality of healthcare provided.

## **Financial Year 2013/14 – Scarborough Hospital Site**

- During2013/14, 40 national clinical audits and five national confidential enquiries covered relevant health services that York Teaching Hospital NHS Foundation Trust (Scarborough site) provides. Four national audits did not start in 2013/14, giving a total of 36 national audits. The Trust did not have enough patients to participate in one relevant audit, so the actual number of national clinical audits which the Trust could participate in was 35
- During that period York Teaching Hospital NHS Foundation Trust (Scarborough site) participated in 80% of national clinical audits and 100% of national confidential which it was eligible to participate in
- The national clinical audits and national confidential enquiries that York Teaching Hospital NHS Foundation Trust (Scarborough site) was eligible to participate in during 2013/14 are shown in Table 1
- The national clinical audits and national confidential enquiries that York Teaching Hospital NHS Foundation Trust (Scarborough site) participated in during 2013/14 are also shown in Table 1
- The national clinical audits and national confidential enquires that York Teaching Hospital NHS Foundation Trust (Scarborough site) participated in, and for which data collection was completed during 2013/14, are listed I Table 1 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry
- Thereportsof0national clinical audits were reviewed by the provider in 2013/14. The reports of national audits are due to be reviewed at the May 2014 meeting of the Clinical Standards Group
- All National Confidential Enquiries were reviewed by York Teaching Hospital NHS Foundation Trust
- Thereportsof24local clinical audits were reviewed by the provider in 2013/14 and York Teaching Hospital NHS Foundation Trust (Scarborough site) intends to take the actions detailed in Table 2 to improve the quality of healthcare provided

## Table One - National Audits and National Confidential Enquiries

The table below shows the percentage of audit cases submitted against required number of cases if a report for the audit was received in 2013/14. Where participation exceeds 100%, the Trust submitted more cases than required for the audit.

Where the comment states “data collection not completed”, this means that the audit was still ongoing at the end of March 2014 and data collection was not due to be completed within the 2013/14 time period covered by the Quality Report. Where the table indicates “DNP”, the Trust did not participate in the audit during 2013/14. The Clinical Standards Group continues to monitor participation in national audits, and plans are in place to ensure full participation in all audits for which the Trust is eligible in 2014/15.

Audit Title	York	Scarborough	Comments
<b>1. Peri-and Neo-natal</b>			
NNAP National Neonatal Care	100%	100%	
<b>2. Children</b>			
CEM Moderate or severe asthma in children	70%	48%	
Paracetamol Overdose	100%	100%	
CHR-UK Child health programme	Participating	DNP	Data collection not completed
BTS Bronchiectasis	Not eligible	Not eligible	Not enough eligible patients
BTS Paediatric asthma	100%	100%	
National Childhood Epilepsy Audit	Participating	Participating	Data collection not completed
PICANet Paediatric intensive care	Not eligible	Not eligible	Service not applicable to Trust
National Paediatric Diabetes Audit	100%	100%	
Congenital heart disease (Paed. cardiac surgery)	Not eligible	Not eligible	Service not applicable to Trust
<b>3. Acute care</b>			
BTS Emergency Use Of Oxygen	100%	100%	
NCAA National Cardiac Arrest Audit	DNP	DNP	Registered to start May 2014
ICNARC Adult Critical Care	100%	100%	
CEM Severe sepsis & septic shock	100%	100%	
NELA National Emergency Laparotomy Audit	Participating	Participating	Data collection not completed
<b>4. Long term conditions</b>			
NDA - Pregnancy in Diabetes Audit	100%	100%	
NDA - Diabetes Foot care	Not started	Not started	Audit starting Summer 2014
NDA - Inpatient Audit (includes outpatients)	100%	100%	
NDA - Patient Experience of Diabetes Care	Not eligible	Not eligible	Primary Care audit
Rheumatoid and early inflammatory arthritis	Participating	Participating	Data collection not completed
NASH National Audit of Seizure Management	100%	DNP	
Pulmonary hypertension	Not eligible	Not eligible	Primary Care audit
Chronic Obstructive Pulmonary Disease	Participating	Participating	Data collection not completed
Chronic kidney disease in primary care	Not eligible	Not eligible	Primary Care audit

Audit Title	York	Scarborough	Comments
NAS National audit of schizophrenia	Not eligible	Not eligible	Mental Health audit
Inflammatory Bowel Disease Audit ** - Biologics	DNP	DNP	
Inflammatory Bowel Disease Audit - In-patient	100%	DNP	
<b>5. Elective procedures</b>			
NJR National Joint Registry	97%	106%	
PROMS - Hernia	59%		
PROMS - Hip	97%		
PROMS - Knee	107%		
PROMS - Varicose Veins	35%		
NICOR Coronary Angioplasty	100%	Not eligible	Not applicable to Scarborough
NVR National Vascular Registry	100%	Not eligible	Not applicable to Scarborough
<b>6. Cardiovascular disease</b>			
Myocardial Infarction National Audit Programme	100%	DNP (eligible)	Scarborough to start in 2015
ACS Adult cardiac surgery audit	Not eligible	Not eligible	Do not undertake Cardiac
NICOR National Audit of Heart Failure	22%	DNP	Scarborough to start in 2015
SSNAP Stroke National Audit Programme	Participating	Participating	Data collection not completed
NICOR Cardiac Rhythm Management	111%	133%	
<b>7. Renal disease</b>			
Renal Registry	100%	Not eligible	Not applicable to Scarborough
<b>8. Cancer</b>			
LUCADA National Lung Cancer Audit	100%	100%	
NBOCAP National Bowel Cancer Audit	94%	97%	
DAHNO National Head & Neck Cancer Audit	100%	100%	
National Oesophago-Gastric Cancer Audit	100%	100%	
NPCA National Prostate Cancer Audit	Not started	Not started	Commencing April 2014
<b>9. Trauma</b>			
FFAP Falls and Fragility Fractures Audit Programme	92%	110%	
TARN Trauma Audit and Research Network	100%	36%	Data collection not completed
<b>10. Blood transfusion</b>			
National Comparative Audit of BT Programme	Participating	Participating	Data collection not completed
<b>11. Other</b>			
Specialist rehab for patients with complex needs	Not started	Not started	Start date to be confirmed
National Ophthalmology Database	Not started	Not started	Start date to be confirmed
Prescribing Observatory for Mental Health	Not eligible	Not eligible	Not applicable, Mental Health
<b>National Confidential Enquiries</b>			
NCEPOD Alcoholic Liver Disease	100%	100%	
NCEPOD Subarachnoid Haemorrhage	100%	100%	
NCEPOD Tracheostomy	100%	100%	
NCEPOD Lower Limb Amputation	100%	100%	



Audit Title	York	Scarborough	Comments
MBRRACE Maternal Infant and Perinatal	100%	71%	Data collection not completed
National Confidential Inquiry - Suicide / Homicide	Not eligible	Not eligible	Not applicable, Mental Health.

Key to acronyms not already expanded:

BTS – British Thoracic Society	NNAP – National Neonatal Audit
CEM – College of Emergency Medicine	Programme
CHR-UK – Child Health Reviews UK	NICOR – National Institute for
ICNARC – Intensive Care National Audit & Research Centre	Cardiovascular Outcomes Research
NDA – National Diabetes Audit	PROMS – Patient Reported Outcome Measures
	PICANet – Paediatric Intensive Care Audit Network

**Table 2 – Actions from Local Clinical Audits to Improve the Quality of Healthcare Provided**

Actions to be Taken	No. of Audits - York	No. of Audits - Scarborough
Improve documentation	9	6
Change process	9	5
Re-audit	28	10
Additional training	16	11
Improve communication	5	4
Other e.g. additional equipment	12	0

## Research and Development

The number of patients receiving relevant health services provided or sub-contracted by York Teaching Hospital NHS Foundation Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 3541.

## Part 5 – New initiatives, targets and trajectories

### Trust Performance against National Quality Indicators

Indicator	2012/13 achieved	2013/14 target	2013/14 actual	Target achieved	Target & trajectories 2014/15
<b>Infection Prevention and Control</b>					
Clostridium difficile – meeting the C Diff objective	54	43	67	X	59
MRSA – maintaining the annual number of. MRSA bloodstream infections at less than half the 2003	1	6	2	✓	6
<b>Cancer Waiting Times ( Maximum Waits)</b>					
31 days from decision to 1 <sup>st</sup> treatment	99.4%	96.0%	98.6%	✓	96.0%
31 days for 2 <sup>nd</sup> or subsequent treatment for all cancers – anti cancer drugs	99.6%	98.0%	99.7	✓	98.0%
31 days for 2 <sup>nd</sup> or subsequent treatment for all cancers – surgery	96.5%	94.0%	96.3%	✓	94.0%
62 days from all referrals to treatment for all cancers – urgent GP referral	89.8%	85.0%	89.6%	✓	85.0%
62 days from urgent referral to treatment for all cancers – cervical screening	92.8%	90.0%	92.8	✓	90.0%
14 days from referral to 1 <sup>st</sup> seen for all urgent cancers	95.0%	93.0%	94.7%	✓	93.0%
14 days from referral to 1 <sup>st</sup> seen for symptomatic breast patients	95.6%	93.0%	88.2%	X	93.0%
<b>18 Week Pathway</b>					
Admitted patients -18week maximum wait from point of referral to treatment -	91.3%	90.0%	89.0%	X	90.0%
Non-admitted patients -18week maximum wait from point of referral to treatment	96.6%	95.0%	96.0%	✓	95.0%
Maximum time of 18 weeks from point of referral to treatment – patients on an incomplete pathway	92.0%	92.0%	95.0%	✓	92.0%
<b>Accident and Emergency Waiting Times</b>					
Maximum waiting time of four hours in A & E from arrival to admission, transfer or discharge	94.7%	95.0%	94.9%	X	95.0%
Referral to treatment	100.0%	50%	100.0%	✓	50%
Referral Information	73.2%	50%	72.8%	✓	50%
Treatment activity information	99.7%	50%	99.7%	✓	50%
<b>Learning Disabilities</b>					
Certification against compliance with requirements regarding access to healthcare for people with learning disabilities**	Met	**Meet the six criteria detailed below	Met	✓	** Meet the six criteria detailed below
1. Does the Trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that pathways of care are reasonably adjusted to meet the health needs of these patients?					
2. Does the Trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria? <ul style="list-style-type: none"> <li>treatment options</li> <li>complaints procedures</li> <li>appointments</li> </ul>					

3. Does the Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?
4. Does the Trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?
5. Does the Trust have protocols in place to encourage representation of people with learning disabilities and their family carers?
6. Does the Trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

Trust performance against the set of core indicators mandated for inclusion in the quality report 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 the Health and Social Care Information Centre (HSCIC), the lowest and highest values and national average for each indicator for the latest reporting period are also shown.

Summary Hospital-level Mortality Indicator (SHMI) and Banding	Trust Apr 12 – Mar 13	Trust Jul 12 – Jun 13	NHS Average Jul 12 – Jun 13	Highest Trust Jul 12 - Jun 13	Lowest Trust Jul 12 – Jun 13
Trust Score (lower score is better)	102	101	100	116	63
Banding (higher score is better)	2	2	2	1	3
<p><b>The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:</b></p> <ul style="list-style-type: none"> <li>Information on both the Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) are reported to and scrutinised by the Quality and Safety Committee and Board of Directors when published. The above data is consistent with locally reported data</li> <li>Information on both the SHMI and HSMR is also reported by the Care Quality Commission (CQC) in their Intelligent Monitoring Report. A summary of the Trust's Intelligent Monitoring Report is also reported to the Quality and Safety Committee and Board of Directors</li> <li>We continue 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.</li> </ul> <p><b>The York Teaching Hospital NHS Foundation Trust intends has taken the following actions to improve this score , and so the quality of its services by:</b></p> <ul style="list-style-type: none"> <li>Rolling out a mortality review programme across the Trust. By reviewing the care and events prior to death, the hospital gains valuable insight in to potential improvements for safer delivery of healthcare. Quality improvement is a major driver of mortality reviews and is required of all clinicians. Results of mortality reviews are discussed as part of each directorate's clinical governance programme, with learning being fed back to ensure that we continually improve the quality of our care. The results of mortality reviews are also discussed at the Quality and Safety Committee</li> <li>Continuing to hold weekly Quality and Safety briefings and ensuring that appropriate action is taken in response to any issues raised. These meetings between the Medical Director, Director of Nursing, Deputy Director of Patient Safety, Deputy Director of Healthcare Governance and the Head of Risk and Legal Services are held to discuss a range of quality and safety issues, which includes mortality.</li> </ul> <p><b>We will:</b></p> <ul style="list-style-type: none"> <li>Continue with our mortality review programme and ensure we act on the findings to improve the quality of our care as part of our Patient Safety Strategy. Going forward, results will be summarised in a quarterly report for the Trust's Executive Board and Board of Directors</li> <li>Continue to hold weekly Quality and Safety Briefings.</li> </ul>					

Palliative Care Coding	Trust Apr 12 – Mar 13	Trust Jul 12 – Jun 13	NHS Average Jul 12 – Jun 13	Highest Trust Jul 12 – Jun 13	Lowest Trust Jul 12 – Jun 13
% Deceased patients with palliative care coded	19.2%	19.5%	20.6%	44.1%	0.0%

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- This data is consistent with the data reported on the monthly Patient Safety and Quality report presented to the Board of Directors.

**The York Teaching Hospital NHS Foundation Trust intends has taken the following actions to improve this percentage, and so the quality of its services by:**

- We continue 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. In addition, the Clinical Coding team receive weekly information on any patients who have had a palliative care or contact with the palliative care team, so that this can be reflected in the clinical coding
- Quality of clinical coding in relation to deceased patients is also discussed at weekly Quality and Safety briefings, with action being taken to address any queries
- We continue to develop improved methods for recording information on chronic conditions. Our electronic patient data system is now being used at Scarborough Hospital, which means that data collection is more consistent across the Trust
- Rolling out mortality review programme, which includes validation of the clinical coding for the patient's spell of care
- We have included a presentation on the importance of clinical coding in the induction programme for new Consultants.

**We will:**

- Continue with our mortality review programme and ensure we continue to validate the clinical coding of deceased patients as part of our Patient Safety Strategy.

Patient Reported Outcome Measures (EQ-5D Index, Percentage of Patients Improving scores)	Trust Apr 12 – Mar 13	Trust Apr-Sep 13	England Apr-Sep 13	Highest Trust Apr-Sep 13	Lowest Trust Apr-Sep 13
Groin Hernia	40.2%	44.8%	50.3%	Not published	
Hip Replacement	87.4%	88.2%	89.9%	Not published	
Knee Replacement	81.7%	100.0%	82.9%	Not published	
Varicose Vein	51.1%	44.4%	52.2%	Not published	

Note: Patients undergoing elective inpatient surgery for the above elective procedures funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. As participation is voluntary, patients can choose not to participate. The percentage of patients reporting improvement after a procedure is only available at individual Trust level and at national level, therefore it is not possible to determine the highest and lowest score for Trusts.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- Performance in relation to Patient Reported Outcome Measures (PROMs) is discussed at the Trust's Quality and Safety Committee, and is also reported to the Board of Directors in the monthly Patient Safety and Quality Report. 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.
- Information on PROMs performance is also included in the Care Quality Commission Intelligent Monitoring Report, which is analysed when published and reported to the Board of Directors via the quarterly Healthcare Governance Report.

**The York Teaching Hospital NHS Foundation Trust intends to take/has taken the following actions to improve these scores, 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 Board and Board of Directors received 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.

Readmissions within 30 Days of Discharge	Trust 2010-11	Trust 2011-12	NHS Average 2011-12	Highest Trust 2011-12	Lowest Trust 2011-12
Percentage of Readmissions aged 0 to 15	8.6% (10.7%)	9.7% (10.0%)	13.6%	5.1%	9.5%
Percentage of readmissions aged 16 and Over	10.8% (10.3%)	10.6% (9.8%)	13.5%	9.0%	11.2%

Note: This data is based readmissions for hospitals categorised as medium acute hospitals only. The lower the percentage the better the performance.

**The York Teaching Hospital NHS Foundation 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 York Teaching Hospital NHS Foundation Trust intends to take/has taken the following actions to improve this percentage, and so the quality of its services by:**

- Holding weekly Quality and Safety briefings and ensuring that appropriate action is taken in response to any issues raised. These meetings between the Medical Director, Director of Nursing, Deputy Director of Patient Safety, Deputy Director of Healthcare Governance and the Head of Risk and Legal Services are held to discuss a range of quality and safety issues. This includes emergency readmissions and other pertinent quality and safety issues.

**We will:**

- Continue to hold our weekly quality and safety briefings and take action to address any issues raised
- From 1<sup>st</sup> April 2014, monitor readmission rates as part of our contract monitoring process with our commissioners and undertake any remedial work necessary of if the agreed rate is exceeded.

Responsiveness to Personal Needs of Patients	Trust 2011-12	Trust 2012-13	NHS Average 2012-13	Highest Trust 2012-13	Lowest Trust 2012-13
Ensuring that people have a positive experience	70.9% (63.5%)	70.4%	68.1%	84.4%	57.4%

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- All feedback from patient surveys is reported to and scrutinised by the Trust's Quality and Safety Committee, and by Board of Directors in the Chief Nurse Quality of Care Report
- Feedback from the Friends and Family test is also reported to the Friends and Family Test Steering Group, Quality and Safety Committee and Board of Directors
- Information on patient surveys is also reported by the Care Quality Commission (CQC) in their Intelligent Monitoring Report. This report is analysed when published, with a summary of the report and any areas of risk that are identified by the CQC being reported to the Board of Directors in the quarterly Healthcare Governance Report.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:**

- Continuing to respond to feedback provided from Inpatient, Outpatient, Maternity, Emergency Department and Cancer Care surveys, and the Friends and Family Test, and develop action plans to address areas for improvement as part of our Patient and Public Involvement work
- Continuing with local patient surveys, patient forums and other initiatives as part of our patient and public involvement work to enhance our services and improve patient care.

**We will:**

- Continue to roll out the Friends and Family Test in to Outpatients, Day Cases and Community and will continue to act on the feedback received to ensure patients have a positive experience
- Continue to develop our Patient Experience Steering Group as part of the Patient and Public Involvement Strategy.

Staff Recommending the Trust to Family and Friends	Trust 2012	Trust 2013	NHS Average 2013	Highest Trust 2013	Lowest Trust 2013
Percentage of staff who would recommend the Trust *	60.0%	61.1%	64.5%	88.5%	39.6%

\* note – data represents acute Trusts only

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- The data published by the Information Centre is consistent with the staff survey results received by the Directorate of Human Resources for the 2012 and 2013 staff surveys. The results of the annual staff survey are reported to the Board of Directors.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services by:**

- Providing each directorate with a breakdown of the report for their area and highlighting recommended areas for action. Each Directorate Manager will develop and agree an action plan with support from the Trust's Human Resources Department. Trust themes from the staff survey are reported to the appropriate forum. For example, health and wellbeing outcomes have been reported to the Health and Wellbeing Steering Group to discuss and agree appropriate corporate actions. These will then feed in to an organisational action plan which will be centrally coordinated with progress being reported to the relevant meetings.

**We will:**

- Encourage all of our staff to complete the Staff Friends and Family Test which is being launched across the Trust in May 2014. This will give valuable feedback which we will use to improve outcomes for our patients
- Continue to develop and monitor the Trust's action plan in response to the findings of the Staff Survey.

Patients Admitted & Risk Assessed for Venous Thromboembolism	Trust Oct-Dec 2013	Trust Jan 2014	NHS Average Jan 2014	Highest Trust Jan 2014	Lowest Trust Jan 2014
Percentage of patients risk assessed	97.8%	98.0%	96.0%	100.0%	75.0%

Note- data is for acute Trusts only.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- Compliance with VTE assessments is reported monthly to the Board of Directors as part of the Patient Safety and Quality Report. Compliance is also reported on Signal, the Trust's electronic activity and performance monitoring dashboard, as part of compliance monitoring against CQUIN targets. The above data is consistent with locally reported data.

**The York Teaching Hospital NHS Foundation Trust intends to take/has taken the following actions to improve this indicator/percentage/score/data/rate/number, and so the quality of its services by:**

- Continuing to measure and report compliance with VTE risk assessments as described above.

**We will:**

- Continue to monitor and report compliance with VTE assessments as described above to ensure that performance continues to meet and exceed the required standards.

<b>Clostridium difficile Infection (for patients aged 2 and over)</b>	<b>Trust 2011-12</b>	<b>Trust 2012-13</b>	<b>NHS Average 2012-13</b>	<b>Highest Trust 2012-13</b>	<b>Lowest Trust 2012-13</b>
Rate per 100,000 bed days	21.1%	15.2%	16.1%	30.8%	0.0%

Note –The Trust rate for 2013/14 is 17.5%, the national rate for this time period has not yet been published. For the first three quarters of the year the national rates were – Q1 15.6%, Q2 15.1%, and Q3 14.4%.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- Incidence of all healthcare acquired infections is reported weekly to the Director of Infection Prevention and Control (Medical Director), and other senior staff in the Trust. The Director of Infection Prevention and Control provides a quarterly report to the Board of Directors. This report includes an infection prevention performance dashboard, compliance against the Hygiene Code 2009, performance against the Trust Clostridium Difficile Infection (CDI) Policy key indicators and provides an update on progress with the Infection Prevention Annual Plan. The data quality of this indicator has been validated by the Trust's Internal Audit Department.

**The York Teaching Hospital NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services by:**

- Continuing with our comprehensive CDI reduction strategy for 2012-2014. A number of enhanced initiatives from the strategy were implemented between October and December 2013, which have led to a reduction in the cases of C Diff. The initiatives included improving compliance with isolation and testing procedures, enhanced deployment of hydrogen peroxide vapour (HPV) disinfection where needed, improved antimicrobial stewardship, and re-emphasising the importance of hand hygiene and hand washing.
- Continuing to monitor progress against the C Diff strategy, which is the remit of CDI Operational Group and the Hospital Infection Prevention and Control Steering Group. We continue to report performance against key indicators quarterly to the Board of Directors in the Director of Infection Prevention and Control Report. Feedback on healthcare associated infection performance is also reported at Directorate level. Assurance and accountability for action is managed through each directorate's Performance Improvement Meetings and the Corporate Performance Management Framework.
- Continually and critically monitoring our infection prevention practices to ensure they reflect best practice and enhance patient safety. This includes conducting a root cause analysis for every case of hospital-acquired C difficile infection, the results of which are presented to the Trust's Executive Board by the relevant clinical director. Close monitoring of antibiotic prescribing remains a key priority for the Trust's Antimicrobial Stewardship Team. Compliance with antibiotic prescribing is reported to the Quality and Safety Committee and to the Board of Directors. Audit results are disseminated to consultants, clinical directors and matrons for action for action
- Holding weekly safety Quality and Safety briefings and ensuring that appropriate action is taken in response to any issues raised. These meetings between the Medical Director, Director of Nursing, Deputy Director of Patient Safety, Assistant Director of Healthcare Governance and the Head of Risk and Legal Services are held to discuss a range of quality and safety issues which includes healthcare acquired infections.

**We will:**

- Continue with our CDI reduction strategy, monitoring of infection prevention practices, and continuing with our antimicrobial stewardship programme
- Continue to report progress to the Board of Directors in the Director of Infection Prevention and Control quarterly report which as previously described, provides assurance to the Board of Directors that sustainable reductions in the incidence of avoidable healthcare are both in place and effective
- Continue to hold our weekly quality and safety briefings and take action to address any issues raised.

<b>Patient Safety Incidents and the number of incidents resulting in Severe Harm or Death</b>	<b>Trust Apr-Sep 12</b>	<b>Trust Oct 12-Mar 13</b>	<b>NHS Average Oct12 – Mar13</b>	<b>Highest Trust Oct 12 – Mar 13</b>	<b>Lowest Trust Oct 12 – Mar 13</b>
Rate of patient safety incidents	2.8% (Published) 9.0% ( Actual)*	9.5%	7.7%	13.7%	3.2%
Number of incidents resulting in harm or death	21	35	23	74	2
% of incidents resulting in severe harm or death	1.2%	0.6%	0.4%	1.4%	0.1%

\*Note – data represents acute teaching hospitals only. The rate of patientsafety incidents published nationally for April to September 2012 is inaccurate, due to the fact that the Trust had separate incident management reporting systems in place prior to acquisition with Scarborough and there were some local system issues with reporting. As a result, the number of incidents stated as the numerator for this rate was too low. The actual rate of patient safety incidents for April to September 2012, calculated from local data, was 9.0%. This figure is shown above to allow a true comparison to be made with the rate for the next reported period (Oct 12 to Mar 13). Rates of incident

reporting within NHS Trusts are known to be extremely variable. In addition, benchmarking is further complicated by different contractual reporting requirements between commissioners and providers.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- All incidents of severe harm or death are validated by the Deputy Director of Patient Safety, Deputy Director of Healthcare Governance and the Head of Risk and Legal Services prior to being reported to the National Patient Safety Agency.

**The York Teaching Hospital NHS Foundation Trust intends to take/has taken the following actions to improve this rate, number and percentage, and so the quality of its services by:**

- Holding weekly safety Quality and Safety briefings and ensuring that appropriate action is taken in response to any issues raised. These meetings between the Medical Director, Director of Nursing, Deputy Director of Patient Safety, Deputy Director of Healthcare Governance and the Head of Risk and Legal Services are held to discuss quality and safety issues which includes deaths, serious incidents, critical incidents, adverse incidents, and safety alerts.

**We will:**

- Continue to hold our weekly quality and safety briefings and take action to address any issues raised, and continue to validate all incidents of severe harm and death.

Family & Friends Test Score (Patient Element)	Trust Jan 14	Trust Feb 14	NHS Average Feb 14	Highest Trust Feb 14	Lowest Trust Feb 14
Inpatient Score	73	73	72	94	18
Accident and Emergency Score	43	54	57	90	-5

\*Note – data for acute hospitals only.

**The York Teaching Hospital NHS Foundation Trust considers that this data is as described for the following reasons:**

- The data on the Family and Friends Test (FFT) cards completed by patients is independently collated by our commissioned service provider, the Picker Institute. The Trust receives the collated data which is then uploaded in to Unify, the national system used for reporting. This data is therefore accurate.

**The York Teaching Hospital NHS Foundation Trust intends has taken the following actions to improve this score, and so the quality of its services by:**

- Monitoring the FFT score on a monthly basis, and highlighting any deterioration in performance directly to the relevant wards and departments for action. As part of the Chief Nurse Quality of Care report, the Trust Board receives monthly performance information on the FFT. This information is also included in the monthly Quality and Safety Dashboard, which is also reported to the Board of Directors. The FFT Steering Group also receives regular updates on performance, and this also forms part of all Directorate's Performance Improvement Meetings
- Significant work is currently underway in the York Emergency Department (A&E) to improve patient flow. These improvements are aimed at improving patient experience in the department, which should in turn improve the Trust's Accident and Emergency FFT score. We will continue to closely monitor this performance

**We will:**

- Recruit a project manager who will lead on developing the management of the FFT test across the Trust. This will involve working closely with Directorates to ensure that patient feedback is shared with both staff and patients, and that we use this feedback to continually improve the quality of our patient care
- Continue with the further roll out of the FFT across Outpatients, Day Cases and Community Services. The Staff Friends and Family Test is also being rolled out, which we will use to gain feedback from staff about how we can improve the quality of our service delivery for patients.

To ensure that systems and processes are in place to ensure that the Trust accurately records and reports clinical indicators, the Trust's Council of Governors are required to select an indicator for external audit. The Governors selected performance against the National Early Warning System (NEWS), where patients who have observations recorded producing a NEWS score within one hour of prescribed time. The NEWS is based on a



simple scoring system in which a score is allocated to physiological measurements undertaken when patients present to, or are being monitored in hospital. The audit provided significant assurance that performance against this target is accurately reported. At the end of March 2014, the Trust's performance with this indicator was 82%.

## **Part 6 – Statements from Key Stakeholders**

### **Statement on behalf of the Council of Governors (CoG)**

Three members of the Council of Governors have, on behalf of the whole Council of Governors, met with representatives of the Trust to review, comment on and have input into the draft Quality Report 2013/2014 before the document is finalised and published. This report reflects the work by staff across the Trust to highlight and address issues in relation to the quality and safety of the patient care delivered. It identifies how far the agreed targets have been met and where work still needs to be undertaken to reach the targets agreed across the whole organisation. The information is presented in a clear and understandable format.

It is good to read within the document that recognition has been made by the Trust of staff who it is felt have gone above and beyond the call of duty to ensure patients receive the best possible, up to date care. Staff, as individuals and teams, have been recognised both locally and nationally for the work they have undertaken.

Last year the Council of Governors chose the World Health Organisations (WHO) Surgeons Checklist usage as the metric to continue to be reviewed and reported on by the external auditors. The target was to achieve 100% compliance with 80% compliance found to be achieved in the acute theatres. There continues to be a need to focus on this target and work towards meeting the goal of 100% compliance in all theatres across the organisation by March 2015.

The metric that the Council of Governors has identified as the one to be measured this next year is the usage of the national early warning score (NEWS) chart implemented across the adult acute wards. A modified version of this tool is also to be rolled out to community hospitals. The use of a similar chart in Maternity Services is reviewed when the Clinical Negligence Scheme for Trusts (CNST) assessment takes place and the Paediatric tool is used as part of the departments escalation plan.

The care of patients with dementia continues to be an issue that Governors feel is of significant importance and are pleased to note the work that continues to be undertaken to diagnose patients with dementia aged 75 years or over and to address the particular needs of this group of patients. It was felt by the Governors that this tool might also be used for patients who are younger than 75 years of age where dementia is a concern. It is however acknowledged that the use of the tool in those patients 75 years and over is one of the national CQUIN targets.

The Council of Governors are very pleased to be working with the Trust in relation to the quality of the patient care being delivered by staff working within the organisation and the safety of patients being cared for. They are very appreciative of the request for them to identify a metric to be audited in this next year. The Council of Governors looks forward to learning about the progress being made to achieve all the targets agreed and will continue to work with the Trust on behalf of patients and their families in any way that is helpful to work towards this.

### **Statement on behalf of Healthwatch York**

Thank you for giving Healthwatch York the opportunity to comment on your Quality Report

for 2013-14. We feel that the report has been designed with the public in mind and the way the data is laid out is clear and easy to read. The glossary of terms with full explanations is very helpful.

It is particularly pleasing to see that patient care is at the centre of the report and feedback from both staff and patients is highly valued.

The planned introduction of a seven day service to ensure consistency of care is welcomed, as is the further investment for the Safeguarding Adults Team.

We very much welcome the Trust's commitment to improving patient experience and the development of a Patient and Public Involvement (PPI) strategy.

Healthwatch York looks forward to continuing the productive working relationship we have established with the Trust during the coming year.

### **Statement from Healthwatch East Riding of Yorkshire**

Accident & Emergency - We recognise the improvements made to Accident & Emergency waiting times. We do however have grave concerns at the Trust's failure to reach the 75% target for asthma patients to receive care in accordance with The College of Emergency Medicine bundle of care recommendations.

Bridlington Hospital - We are disappointed that despite some significant issues and concerns raised by both Healthwatch and by members of the public about service quality and provision at Bridlington Hospital the site is not mentioned in this report.

### **Statement from Healthwatch North Yorkshire**

Healthwatch North Yorkshire was invited to provide a statement to include in the report, but the Trust did not receive a statement from them.

### **Statement from Vale of York Clinical Commissioning Group in conjunction with the Commissioners from NHS Scarborough and Ryedale Clinical Commissioning Group and NHS East Riding of Yorkshire Clinical Commissioning Group**

#### **YORK TEACHING HOSPITAL NHS FOUNDATION TRUST** **QUALITY ACCOUNT STATEMENT 2013/14**

As lead commissioner the NHS Vale of York Clinical Commissioning Group (CCG) is pleased to have been given the opportunity to comment on York Teaching Hospital NHS Foundation Trust's Quality Account for 2012/13 in conjunction with our Associate Commissioners, NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG.

Over the past 12 months we have worked in partnership with the Trust to improve the quality and safety of patient services. The CCGs remain assured that the quality of services provided by the Trust is good and continuously improving. We are especially pleased to note the following achievements:-

- An improvement in the Inpatient survey results on quality of care
- Roll out of the Friends and Family Test in Emergency Department, Inpatient and Maternity Services
- Roll out of the NEWS reporting system and improvements in the care of deteriorating patients
- Achievement of Level 2 Accreditation for Stroke at York and Scarborough
- Patient safety leadership walk rounds by senior managers, directors and non-executives to wards and departments.

York Teaching Hospital NHS Foundation Trust has also demonstrated significant improvements across the majority of CQUIN indicators for 2013/14.

The 2014/15 CQUIN schemes (National and Local) will focus on care of the deteriorating patient, in particular identifying sepsis, and ensuring that every patient is seen by a Consultant within 12 hours of admission. The Trust will also be focusing on quality improvement in areas such as medication errors, falls and the care of patients with pressure ulcers in both acute and community settings. The national and local indicators for the 2014/15 CQUIN scheme have a real synergy with what the CCGs, in partnership with providers are trying to achieve to ensure high quality, safe patient care across the Economy in line with 5 Year Strategic Commissioning Plans.

The Trust have faced a number of challenges over the past 12 months including Accident and Emergency Performance, Ambulance Turnaround and Handover Times, Referral to Treatment and Cancer waiting times and issues related to infection control rates (Norovirus, C Difficile). We would like to commend the Trust for working closely with the three CCGs to improve the quality of care related to these areas.

The priorities identified in the Quality Account for 2014/15 clearly identify with the three main elements of quality assurance: patient safety, clinical effectiveness and patient experience. The priorities also incorporate the recommendations from the Francis Report that are relevant to nursing.

As lead commissioner for York Teaching Hospital NHS Foundation Trust the Vale for York CCG would like to commend the work of the trust in 2013/14.

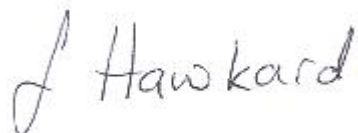
We can confirm that with NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG, the Vale of York CCG is satisfied with the accuracy of this Quality Account. We recognise that York Teaching Hospital NHS Foundation Trust delivers good quality patient care, and we look forward to working with the Trust to address areas of quality improvement during 2014.



Lucy Botting  
Chief Nurse  
NHS Vale of York Clinical Commissioning Group



Carrie Wollerton  
Executive Nurse  
Scarborough & Ryedale Clinical Commissioning Group



Jane Hawcard  
Chief Officer  
East Riding of Yorkshire Clinical Commissioning Group

# **Independent Auditor's Limited Assurance Report to the Council of Governors of York Teaching Hospital NHS Foundation Trust on the Quality Report**

We have been engaged by the Council of Governors of York Teaching Hospital NHS Foundation Trust to perform an independent limited assurance engagement in respect of York Teaching Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and certain performance indicators contained therein.

## **Scope and subject matter**

The indicators for the year ended 31 March 2014 subject to limited assurance consist of those national priority indicators mandated by Monitor:

- C. difficile
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the "indicators".

## **Respective responsibilities of the Directors and Auditors**

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

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

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 2013/14 Detailed Guidance for External Assurance on Quality Reports; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the period April 2013 to April 2014
- Papers relating to quality reported to the Board over the period April 2013 to April 2014

- Feedback from the Commissioners dated May 2014;
- Feedback from local Healthwatch organisations dated May 2014;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2014
- The latest national patient survey dated March 2014;
- The latest national staff survey dated April 2014;
- Care Quality Commission intelligent monitoring report dated March 2014; and
- The Head of Internal Audit's annual opinion over the trust's control environment dated May 2014.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of York Teaching Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting York Teaching Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Trust's Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and York Teaching Hospital NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Testing key management controls
- Analytical procedures
- Limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report
- Reading the documents.

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

## **Limitations**

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

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

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by York Teaching Hospital NHS Foundation Trust.

## **Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified above, and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.



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28 May 2014



## Glossary

Term	Description
<b>Advanced Clinical Practitioners</b>	Advanced clinical practitioners are highly experienced and educated members of the care team who are able to diagnose and treat health care needs or make a referral to an appropriate specialist if needed. They can take a comprehensive patient history, carry out detailed assessments and use their expert knowledge and clinical judgement to identify potential appropriate plans of treatment and care. They have knowledge of clinical practice that allows them to carry out treatment, including the prescribing of medicines, use their extensive practice experience to plan and provide skilled and competent care and evaluate the effectiveness of interventions.
<b>Antimicrobial Stewardship</b>	Antimicrobial stewardship refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobials. Its aim is to achieve optimal clinical outcomes related to antimicrobial use, minimize toxicity and other adverse events, reduce the costs of health care for infections, and limit the selection for antimicrobial resistant strains.
<b>Audit Commission</b>	The Audit Commission is a statutory corporation in the United Kingdom whose role is to protect the public purse. The Commission's primary objective is to appoint auditors to a range of local public bodies in England, set the standards for auditors and oversee their work.
<b>Board of Directors</b>	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.
<b>CHKS</b>	CHKS is a provider of healthcare intelligence information and quality improvement services.
<b>Care Bundles</b>	A care bundle is a structured way of improving the processes of care and patient outcomes, based on a small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes.
<b>Clinical Commissioning Groups (CCGs)</b>	CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients.
<b>Clinical Standards Group</b>	The Clinical Standards Group is the Trust body which has responsibility for demonstrating evidence of degree of compliance for all nationally agreed best practice as defined by the National Institute for Health and Clinical Excellence (NICE), National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and other nationally agreed clinical guidance. It is also responsible for assessing and monitoring progress with national and local clinical audits, and challenging the actions required to implement changes in practice.

Term	Description
<b>Clostridium Difficile (C Diff)</b>	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.
<b>College of Emergency Medicine</b>	The College of Emergency Medicine advances education and research in Emergency Medicine. It is responsible for setting standards of training and administering examinations in Emergency Medicine, and also works to ensure high quality care by setting and monitoring standards of care, and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.
<b>Commissioning for Quality and Innovation Payment Framework (CQUIN)</b>	The Commissioning for Quality and Innovation (CQUIN) scheme was announced in <i>High Quality Care for All</i> (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.
<b>Comfort Rounds</b>	Comfort rounding is the process where healthcare professionals (usually nurses) carrying out regular and documented checks with their patients with the aim of increasing patient comfort and ensuring they feel supported. Checks will include addressing pain issues, ensuring patients are positioned comfortable, ensuring the environment is safe for the patient, addressing personal hygiene needs and any other issues which may be of concern to the patient.
<b>Department of Health (DH)</b>	The Department of Health 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.
<b>Deteriorating Patient</b>	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.
<b>Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR)</b>	If someone's heart or breathing stops suddenly, the brain can only live for about three to four minutes before death could result. When this happens it may be possible to try to restart the heart and breathing with emergency treatment called CPR or cardiopulmonary resuscitation. All healthcare organisations will routinely attempt Cardiopulmonary resuscitation (CPR) on any individual where cardiac or respiratory function ceases, unless there is direct and written order not to attempt CPR, a "DNACPR" decision.

Term	Description
<b>Early Warning Trigger Tool</b>	The Early Warning Trigger Tool is a tool based on the principles of other early warning scoring systems which is used to provide information on the quality of care.
<b>Family and Friends Test</b>	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.
<b>Financial Risk Rating (FRR)</b>	Financial Risk Ratings are allocated using a scorecard which compares key financial information across all foundation trusts. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the greatest.
<b>Finished Consultant Episode (FCE)</b>	A finished consultant episode is the period of care which a patient spends under a specific consultant. If care is transferred to a new consultant, a new episode is started.
<b>Francis Report</b>	The Francis Report is the published findings of the investigation carried out by Sir Robert Francis QC, in to concerns of poor care and high mortality rates at Mid Staffordshire NHS Foundation Trust.
<b>Hard Truths</b>	Hard Truths (The Journey to Putting People First) is the Government's response to the public enquiry in to the events at Mid Staffordshire NHS Foundation Trust.
<b>Healthcare Resource Groups (HRGs)</b>	Healthcare Resource Groups (HRGs) are standard groupings of clinically similar treatments which use common levels of healthcare resource. HRGs help organisations to understand their activity in terms of the types of patients they care for and the treatments they undertake. They enable the comparison of activity within and between different organisations and provide an opportunity to benchmark treatments and services to support trend analysis over time. They are also used as a means of determining fair and equitable reimbursement for care services delivered by providers.
<b>Healthwatch</b>	Healthwatch England is the national consumer champion in health and care. It has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Each local Healthwatch is part of its local community and works in partnership with other local organisations.
<b>Hospital Episode Statistics (HES)</b>	HES is a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. This data is collected during a patient's time at hospital and is submitted to allow hospitals to be paid for the care they deliver. HES data is designed to enable secondary use (for non-clinical purposes) of administrative data.

Term	Description
<b>Hospital Standardised Mortality Ratio (HSMR)</b>	The Hospital Standardised Mortality Ratio (HSMR) is a measure of deaths while in hospital care based on 56 conditions which represent 80% of deaths, where death occurs in hospital. It also shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant. It covers all English acute non-specialist providers.
<b>Information Governance Toolkit</b>	The Information Governance Toolkit is a performance tool produced by the Department of Health (DH). It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements. The organisations are required to carry out self-assessments of their compliance against the Information Governance requirements.
<b>Intelligent Monitoring Report</b>	The Intelligent Monitoring Report reflects the Care Quality Commission's newly developed model for monitoring a range of key indicators about NHS acute and specialist hospitals. The indicators are used to raise questions about the quality of care. Together with local information from other agencies partners and the public, it helps the CQC to decide when, where and what to inspect. The results of the CQC's intelligent monitoring work is used to group NHS trusts into six bands based on the risk that people may not be receiving safe, effective, high quality care - with band 1 being the highest risk and band 6 the lowest.
<b>Multidisciplinary Ward Rounds</b>	The delivery of high-quality, patient-centred care involves many health care professionals such as doctors, nurses and therapy staff. There is growing evidence that effective multidisciplinary team working improves patient care and outcomes, and this includes the use multidisciplinary ward rounds involving a range of staff.
<b>Monitor</b>	<p>Monitor was established in January 2004 to authorise and regulate NHS Foundation Trusts. Monitor is independent of central government and directly accountable to Parliament. There are three main strands to Monitor's work:</p> <ul style="list-style-type: none"> <li>• Determining whether NHS Trusts are ready to become NHS foundation Trusts</li> <li>• Ensuring that NHS foundations Trusts comply with the conditions they signed up to – that they are well-led and financially robust</li> <li>• Supporting NHS foundation Trusts development</li> </ul>
<b>Methicillin-resistant Staphylococcus aureus (MRSA)</b>	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It may also be called multidrug-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.

Term	Description
<b>National Clinical Audits</b>	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.
<b>National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</b>	NCEPOD promote improvements in health care 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.
<b>National Early Warning System (NEWS)</b>	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.
<b>NHS Quest</b>	NHS QUEST is a member-convened network for Foundation Trusts who wish to focus relentlessly on improving quality and safety. It is currently made up of 13 Foundation Trusts from across England.
<b>National Institute for Clinical Excellence (NICE) quality standards</b>	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.
<b>National Confidential Enquiry into Patient Outcome and Death (NCEPOD)</b>	NCEPOD is an independent charitable organisation that reviews medical and surgical clinical practice and makes recommendations to improve the quality of the delivery of care for the benefit of the public. They do this by undertaking confidential surveys and research covering many different aspects of care and making recommendations for clinicians and management to implement.
<b>Patient and Public Involvement Strategy (PPI)</b>	The involvement of patients and the public is core to healthcare reform and to a “patient led NHS”. As a healthcare organisation the Trust needs to listen, understand and respond to patient and public needs, perceptions and expectations ensuring patients’ experiences and preferences inform continuing improvement. Evidence demonstrates that effective patient and public involvement leads to increased patient satisfaction, more positive

Term	Description
	outcomes and improved professional/patient relationships. Creating such partnership encourages patients to take more responsibility for their personal healthcare and supports the most effective use of resources.
<b>Patient Reported Outcome Measures (PROMS)</b>	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.
<b>Pressure Ulcers</b>	<p>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:</p> <ul style="list-style-type: none"> <li>▪ Grade 1 - no breakdown to the skin surface</li> <li>▪ Grade 2 - present as partial thickness wounds with damage to the epidermis and / or dermis. Skin can be cracked, blistered and broken.</li> <li>▪ Grade 3 - develop to full thickness wounds involving necrosis of the epidermis/dermis and extend into the subcutaneous tissues.</li> <li>▪ Grade 4 - present as full thickness wounds penetrating through the subcutaneous tissue</li> </ul>
<b>Quality Governance Framework</b>	Quality Governance refers to the Board's leadership on quality and their ability to understand the relative quality of services their Trust provides; identify and manage risks to quality, act against poor performance, and implement plans to drive continuous improvement.
<b>Root Cause Analysis</b>	Root cause analysis is a method of solving which tries to identify the root causes of faults or problems. A root cause is a cause that once removed from the problem fault sequence, prevents the final undesirable event from recurring.
<b>Safety Thermometer</b>	The NHS safety thermometer is an electronic data collection system to collect evidence of 4 particular patient harms. These harms are VTE, pressure ulcers, falls and catheter related urinary tract infections. Data is collected at the point of care by healthcare professionals one day per month and entered into the instrument. The system allows assessment of 'harm free care'.
<b>Secondary Uses Service (SUS)</b>	The Secondary Uses Service 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.

Term	Description
<b>Sepsis</b>	Sepsis is a common and potentially life-threatening condition triggered by an infection. In sepsis, the body's immune system goes into overdrive, setting off a series of reactions including widespread inflammation, swelling and blood clotting. This can lead to a significant decrease in blood pressure, which can mean the blood supply to vital organs such as the brain, heart and kidneys is reduced. If not treated quickly, sepsis can eventually lead to multiple organ failure and death
<b>Summary Hospital-level Mortality Indicator (SHMI)</b>	The Summary Hospital-level Mortality Indicator (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.
<b>Supported Discharge</b>	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.
<b>Upper Quartile</b>	Quartiles are a set of values that divide data set into four equal groups, each representing a fourth of the population being sampled. In survey terms, performance in the upper quartile is the best that could be achieved, being in the top 25% of organisations.
<b>Venous thromboembolism (VTE)</b>	<p>Venous thromboembolism (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.</p> <p>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.</p>
<b>World Health Organisation (WHO) Surgical Safety Checklist</b>	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, health care professionals can minimise the most common and avoidable risks endangering the lives and well-being of surgical patients.