

Trust Board - Quality Account 2015/16

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Trust Board paper G

Context

The Quality Account is an annual report from providers of healthcare about the quality of service delivered. The final draft is attached at Appendix A.

The Trust Board is asked to endorse the Quality Account.

Questions

1. Does the Trust Board endorse the Quality Account?

Input Sought

1. The Trust Board are asked to note the progress against the Trust's quality objectives and note the quality objectives for next year which reflect where improvement is required.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Yes
Consistently meeting national access standards	Yes
Integrated care in partnership with others	Yes
Enhanced delivery in research, innovation & ed'	Yes
A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Yes
Financially sustainable NHS organisation	Yes
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following **governance** initiatives: (verbal update at the meeting)

a. Organisational Risk Register [Yes /No /Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Yes /No /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken:

Patient Partners have commented on the draft Quality Account. External stakeholders (CCG's, Healthwatch and the Health Overview and Scrutiny Committees) have provided commentary on the draft and these included verbatim. The Quality Account will be loaded on to the NHS choices website by 30th June 2016 in addition to the University Hospitals of Leicester Website.

4. Results of any **Equality Impact Assessment**, relating to this matter:

Copies of the Quality Account will be made available on request in different languages and formats.

5. Scheduled date for the **next paper** on this topic: June 20176. Executive Summaries should not exceed **1 page**. My paper does comply7. Papers should not exceed **7 pages**. My paper does comply

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Quality Account 2015 / 2016



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1 Statement on Quality from The Chief Executive



I am delighted to introduce to you our Quality Account and Quality Report for the University Hospitals of Leicester NHS Trust (Leicester's Hospitals) for 2015/16. Despite the difficult environment which the NHS faces, both financially and operationally in terms of the demands being placed on it, we remain committed, from Ward to Board, to providing safe services and high quality care for our patients.

Our quality priorities last year were to reduce preventable mortality, to reduce the risk of error and adverse incidents and to improve patients' and their carers' experience of care.

This report is a snapshot of our achievements and successes against these priorities over the past twelve months. Whilst it shows areas we have progressed well - we achieved everything we set out to improve in terms of the experience of our patients and our mortality rate is the lowest in our history - disappointingly there are some areas where we did not achieve what we set out to and clearly areas where further improvement is still needed. These will be our focus for the coming year as part of our annual priorities and updated Quality Commitment.

'Caring at its Best' is what we aspire to do, and 'Delivering Caring at its Best' describes how we will meet that aspiration. From our Quality Commitment to our reconfiguration plans, from our IM&T Strategy to Listening into Action, there is a huge amount of work going on. Quality and safety underpins all of that work.

Throughout the year we have been up-front about our challenges against the national performance standards. The 4-hour emergency care access standard has remained a challenge. Over the past twelve months we have seen A&E attendances and admissions increase, which has affected our ambulance handover times and meant that on occasion we have regrettably had to cancel planned operations. We are seeing more patients than ever before and the complexity and frailty of patients we are treating is also much higher than it has ever been. We have been working closely with other health and social care colleagues to reduce the numbers of patients accessing our services, use alternatives to admissions where appropriate, reduce the length of time for ambulance handovers, reduce the occupancy in the Emergency Department and Clinical Decisions Unit at the Glenfield, improve access to medical beds and reduce the disruption to planned operations.

Caring at its best

1 Statement on Quality from The Chief Executive

We received an unannounced, but not unexpected visit, from the Care Quality Commission to our emergency department on 30 November 2015. During their visit the CQC identified a number of areas which needed improving. At the time of writing this Quality Account, we have actioned most of them and identified plans to ensure all the CQC's recommendations are carried out. Full details of the enforcement action taken, and the actions taken by the Trust are available on our hospitals website.

The cancer standards have also presented their own challenges and a considerable amount of work has been done recently to get those back on track so we can see and treat cancer patients quickly and appropriately.

Despite financial challenges and constraints, I am pleased that we have maintained the improvements we made last year and managed to meet our planned deficit and cost improvement plan. We have also continued to invest in improving our buildings and services. Work began in earnest on our new Emergency Department this year. It is due to be completed in winter 2016/17. We have begun work on relocating our vascular services and consolidating our intensive care units and completed work on our theatres and theatre arrivals areas. I have every confidence that during 2016/17 our continued hard work will pay further dividends and performance will improve still further and our patients and visitors will see tangible improvements as we deliver more of our 5-Year Plan.

I hope that this Quality Account provides you with a clear picture of how important quality improvement and patient safety are to us at Leicester's Hospitals.

To the best of my knowledge and belief the Trust has properly discharged its responsibilities for the quality and safety of care, and that the information presented in this Quality Account is accurate.

John Adler

Chief Executive

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Caring at its best

2 Review of Quality Performance in 2015 / 16

Last year our Quality Commitment priorities were:

- ♦ To reduce preventable mortality (deaths) and to have a SHMI (Hospital Level Mortality Indicator) ≤ 100 ACHIEVED
- ♦ To reduce the risk of error and adverse incidents by 5% ACHIEVED
- ♦ To improve patients' and their carer's experience of care achieving FFT (Friends and Family Test) score of 97% ACHIEVED

Quality Commitment 2015/16



2 Provide Effective Care - Improve Patient Outcomes

Further details of our performance are as follows:

Clinical Effectiveness – Improve Outcomes				
Aim: To reduce preventable mortality				
Overarching Key Performance Indicator:	Leicester's Hospitals SHMI ≤ 100 by March 2016		Achieved SHMI = 96 (Oct14 - Sep15), Band 2	
Work-stream	Actions	Key Performance Indicator	Overall	Commentary
Review of all in-hospital deaths	Establish and implement process for mortality screening / reviews	All in hospital deaths reviewed within 3 months (from September 2015)	Achieved	Proposal of having consultants with fixed 'Medical Examiner' sessions where they would act as Screeners have been approved. The Medical Examiners will screen all in-hospital deaths within 48 hours of the death. The process is due to commence in June 16.
	Collate and review screening/review findings and ensure appropriate action being taken where applicable	All speciality mortality review actions on track	Partially achieved	188 of the 1 257 cases screened and/or reviewed, identified problems in care. Assurance sought from the relevant M&M Leads that actions have been completed or are on track.
	Theming of collated M&M* Findings to inform implementation of cross cutting learning or actions	Learning from cross cutting themes shared and actions on track	Achieved	Preliminary findings suggest end of life care is the main area for improvement. A full thematic review report of 15/16 cases will be completed in May 16.
Use of Clinical Benchmarking Tools	Monitoring and review of DFI** alerts	Mortality alerts reviewed within 3 months and investigated further where applicable.	Partially achieved	Reduced number of alerts and backlog of reviews completed. Further reviews to be reported in May within 3 months.

*M&M = morbidity and mortality

**DFI = Dr Foster Intelligence

2 Provide Effective Care - Improve Patient Outcomes

Clinical Effectiveness – Improve Outcomes - continued				
Aim: To reduce preventable mortality				
Overarching Key Performance Indicator:	Leicester's Hospitals SHMI ≤100 by March 2016		Achieved SHMI = 96 (Oct14 - Sep15), Band 2	
Work-stream	Actions	Key Performance Indicator	Overall	Commentary
	Embedding of Clinical Benchmarking data as part of Speciality Morbidity & Mortality	Quarterly reports presented at Speciality Morbidity & Mortality (From Dec15)	Partially achieved	Alternative approaches considered and diagnosis groups considered within specialities.
	Pilot use of CRAB** mortality and morbidity triggers and correlate with M&M reviews	Correlation between CRAB** triggers and Leicester's Hospitals Morbidity & Mortality Review findings completed (March 2016)	Partially achieved	Pilot undertaken and agreed that medical examiner screening process will negate the need to further develop this work and therefore contract with CRAB terminated.
	Review effectiveness of the 3 tools (Healthcare Evaluation Data (HED), Dr Foster Intelligence (DFI) & CRAB**) to inform on-going subscription	Evaluation submitted to Medical Research Council (MRC) (January 2016)	Achieved	No plans to renew CRAB** tool contract in light of proposed use of Medical Examiners to screen all in hospital deaths and lack of 'intuitiveness' of the CRAB** tool.
Acute Myocardial Infarction (AMI)	Increase cardiology input to support management of patients admitted to the Leicester Royal Infirmary with Acute Coronary Syndrome	Reduction in SHMI for AMI (Quarter four 2015/16)	Achieved	AMI SHMI for Dec 14 to Nov 15 is 105.2 which is a reduction on the 14/15 SHMI for AMI of 119. Leicester Royal Infirmary cardiology service continues with part time input from cardiovascular consultant and cardiac nurses. Case note review of all deaths with AMI undertaken.
Acute Kidney Injury (AKI)	Establish process for review and implementation of AKI care bundle for patients with Stage I and Stage II AKI	Care bundle implemented for all patients with AKI (March 2016)	Partially achieved	AKI Guidelines and Care Bundle revised and launched. AKI nurse visiting wards to raise awareness and monitor implementation.

* CMG's = Clinical Management Groups

** CRAB = Copeland's Risk Adjusted Barometer system tool

2 Provide Effective Care - Improve Patient Outcomes

Clinical Effectiveness – Improve Outcomes - continued

Aim: To reduce preventable mortality

Overarching Key Performance Indicator:		Leicester's Hospitals SHMI ≤100 by March 2016		Achieved SHMI = 96 (Oct14 - Sep15), Band 2
Work-stream	Actions	Key Performance Indicator	Overall	Commentary
7 Day Services	Establish work streams to make progress against 5 of the 10 Standards (list of clinical standards available from: https://www.england.nhs.uk/)	Progress made against Standards 1 (Patient Experience) 4 (Handover) 6 (Interventions) 9 (Transfer) and 10 (Quality Improvement)	Achieved	Dashboards have been developed to look at length of stay in collaboration with East Midlands Collaborative. Further work on Speciality level dashboards also complete.
	Prepare business plans to support achieving all 10 standards in 2016/17	Plans developed and considered as part of the 2016/17 business planning process.	Partially achieved	Work commenced on the other 5 standards. Leicester' Hospitals is early implementer site and 7 Day Services is part of Urgent Care vanguard. National survey and surgical audit undertaken. Business plan completed last year (CS05) and rejected - to be resubmitted.
Learning and Development	Implement Mortality Database for shared learning across all areas	Database developed which is accessible to both Corporate and Speciality Morbidity & Mortality Leads and provides reports on learning and actions (November 2015)	Achieved	Database completed - further modifications required to incorporate Medical Examiner process.



2 Improve Safety - Reduce Harm

Patient Safety – Reduce Harm

Aim: To reduce the risk of error and adverse incidents.

Overarching Key Performance Indicator:		Reduction in Harm Events by 5%		Achieved
Work-stream	Actions	Key Performance Indicator	Overall	Commentary
Earlier Recognition and Rescue of the Deteriorating Patient	Sepsis	Improved compliance with the Sepsis 6 Care Bundle for patients presenting to Emergency Department with severe sepsis	Partially achieved	Key Performance Indicator achieved for 3 out of sepsis 6 in quarter four.
		Screening of all patients admitted to Leicester's Hospitals (either via Emergency Department or Assessment Unit) with signs of infection are screened for sepsis (90% by quarter four)	Not achieved	Focus on emergency department performance after unannounced CQC inspection in November 2015. Focus also required in admission units.
		Patients admitted to Leicester's Hospitals (either via Emergency Department or Assessment Units) who have severe sepsis receive antibiotics within 1 hour of arrival (90% by quarter four)	Not achieved	Focus on emergency department performance after unannounced CQC inspection in November 2015. Focus also required in admission units.
	Handover	e-Handover implemented across all Specialities for Medical Handover (March 16)	Achieved	Training completed and will be included in local inductions going forward.
	Early Warning Score (EWS)	Validated Leicester's Hospitals Early Warning Score Process Implemented (March 2016)	Achieved	Roll out of revised Leicester's Hospitals Adult Early Warning Score completed.
	Acting on Results	Development of 'Alerting and Acknowledgement of Results' process	Partially achieved	Policy amendments required to following submission to Policy and Guidelines Committee.

2 Improve Safety - Reduce Harm

Patient Safety – Reduce Harm - continued				
Aim: To reduce the risk of error and adverse incidents.				
Overarching Key Performance Indicator:		Reduction in Harm Events by 5%		Achieved
Work-stream	Actions	Key Performance Indicator	Overall	Commentary
Consistencies in Core Practices	Medication Safety	<p>Reduction in omissions for all medicines in quarter four 2016/17 is 32.4%.</p> <p>Reduction in omissions of critical medicines in quarter four 2016/17 is 6.1%</p>	Achieved	Anticoagulation and insulin now have specific working groups aimed at reducing harms.
Learning and Development	Implementation of Safety Briefings in Wards and Departments	Evaluation of embedding Safety Briefings ¹ in four clinical settings to inform 2016/17 programme	Achieved	Huddles have been rolled out and embedded in maternity, Childrens and Adults ED and PICU.



Care and Compassion - Improve Patient Experience

Patient Experience – Care and Compassion				
Aim: To improve patients' and their carers' experience of care.				
Overarching Key Performance Indicator (KPI):		Leicester's Hospitals level Friends & Family Test score to 97% by March 2016		Achieved
Work-stream	Actions	Key Performance Indicator	Overall	Commentary
Further expand end of life care processes	Early identification of patients requiring supportive and palliative care	The AMBER care bundle will be sustained across established areas. The use and benefits / pitfalls associated with the SPICT (Supportive and Palliative Care Indicators Tool)	Achieved	Amber sustained across all areas implemented. One area no longer using AMBER due to change in it's Patient Population making it no longer appropriate. SPICT has been evaluated and the focus for 2016/17 will be on recognition of the dying patient/ last days of life.
	Training and education	Planned training for AMBER and The Priorities of the Dying Patient will be delivered	Achieved	Ongoing training for all staff groups in relation to End of Life, AMBER Care and Priorities of the Dying Patient.
	Strengthen bereavement support for families and carers	The bereavement support service will be developed	Achieved	Service launched in December and is now fully operational supporting the needs of bereaved families.
	Priorities for care of the dying person	Actions from the national Dying in Hospital Audit will be identified Implementation of documentation to support the delivery for priorities of care of the dying person will be sustained	Achieved	In May 2015 Leicester's Hospitals participated in the pilot audit phase of the national Dying in Hospital Audit. An action plan has been developed in response to the audit findings.
Improve the experience of care for older people across the Trust	Support the older peoples ward to achieve a friends and family test score of 97%	Trust level Friends & Family Test score for people over 65 years will be 97% at the end of quarter four	Achieved	Quarter four performance is 97%
	Implement Fixing the Fundamentals quick win actions across the older peoples wards	Patient experience will be enhanced as the fixing the fundamentals action plans are developed and implemented across the older peoples wards	Achieved	The Quick win action plan has been completed and all actions implemented.

Care and Compassion - Improve Patient Experience

Patient Experience – Care and Compassion - continued				
Aim: To improve patients' and their carers' experience of care.				
Overarching Key Performance Indicator (KPI):	KPI Trust level Friends & Family Test score to 97% by March 2016		Achieved	
Work-stream	Actions	Key Performance Indicator	Overall	Commentary
Improve the experience of care for older people across the Trust	Implement Fixing the Fundamentals short term actions across the older peoples wards	Patient experience will be enhanced as the Fixing the Fundamentals action plans are implemented across the older peoples wards	Achieved	The short term actions plan has been completed and all actions implemented.
	Complete planning and commence implementation of the Fixing the Fundamentals long term actions across the older peoples wards	Develop the longer term actions of Fixing the Fundamentals to enhance patient experience and align to the strategic direction for frail and Older People	Achieved	300 patients surveyed by volunteers to establish themes to continue working on 2016/17. Older People Champions completed an electronic survey on what they would like improved for patients in 2016/17.
	Improve the environment for Older People	To enhance the ward environment for older people	Achieved	Older People's wards taking part in the 15 steps challenge. Ward 29 and 30 refurbished using the Leicester's Hospitals Guide to Dementia friendly design. Leicester Hospital Charity starting a Silver Appeal to raise £3 million to improve older people environments and services in the Leicester's Hospitals.
Learning and development	Triangulation and review feedback from all sources and all key characteristic groups	Triangulation is undertaken including key characteristic groups.	Achieved	Triangulation commenced and results fed back to Clinical Management Groups (CMGs) and CMGs tasked with providing evidence of actions.
		Results feedback to Clinical Management Groups and Clinical Management Groups improvement plans are in line with triangulated feedback.	Achieved	Triangulation results from second quarter 2015-16 fed back to Clinical Management Groups and presented at the Executive Quality Board and Outpatient Board. Clinical Management Groups tasked with providing evidence of actions
		Improving patient satisfaction levels and therefore the friends and family test results to 97% across services by March 2016	Partially Achieved	97% Friends and Family Test score was achieved for inpatient areas and day case areas. Maternity and outpatients continue to strive to meet 97%.

2 Patient Safety Improvement Plan

Sign Up to Safety Campaign

At Leicester's Hospitals our commitment to safety and quality is unwavering. The safety of our patients is our principal concern and we are relentless in our focus on reducing avoidable harm. As healthcare becomes more complex, so the threats to patient safety increase which is why we are now seeking to tackle safety improvement in many ways. Our safety work includes seeking to better collect, understand and use data, to focus on the crucial activities which will reduce avoidable death and harm, and to implement actions and learning from previous safety incidents. But much more than this, our safety work is also about board leadership, safety culture and human factors at work, all of which we are stepping up year on year.

As part of our commitment to improving patient safety Leicester's Hospitals signed up as a member of the national 'Sign Up to Safety' campaign in September 2014. Leicester's Hospitals are now one of more than 300+ organisations that have signed up to the campaign taking part in every care setting in the NHS in England. The 'Sign Up to Safety' campaign aims to halve avoidable harm and save an additional 6000 lives over the next three years.

As part of the 'Sign Up to Safety' campaign, we have pledged to:

- *Put patient safety first*
- *Focus on continuous learning*
- *Be honest and transparent*
- *Collaborate with others to share learning and good practice*
- *Be supportive and help people understand why things go wrong*

In support of the campaign in 2015 Leicester's Hospitals submitted a successful bid and were allocated the full 10% incentive payment of £1,581,587 (which was one of the largest successful bids in England) from the National Health Service Litigation Authority (NHSLA). The funding helps support the delivery of our safety improvement plan.

The priorities of our 'Sign up to Safety' safety improvement plan are aimed at transforming the care of the deteriorating patient by improving recognition, escalation, response and effective on going management. Our Safety Improvement Plan priority focused on 'The deteriorating patient – womb to end of life' is considered integral to our existing and future priorities in our Quality Commitment for 2016/17.

2 Patient Safety Improvement Plan

Human Factors

Leicester's Hospitals recognize the importance of the role of Human Factors (HF) in improving patient safety and quality of care. The National Human Factors Concordat: published by the National Quality Board (NQB) outlines a wider understanding of HF principles and practices will contribute significantly to improving the quality of care for patients. The Concordat describes HF in Healthcare as: *"Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organization on human behaviour and abilities and application of that knowledge in clinical settings"*.

In order to priorities Human Factors at Leicester's Hospitals, a Patient Safety Improvement Specialist with a background in Human Factors and has been appointed to support a number of projects linking in with academics at the University of Leicester including:

- The roll out of safety briefings or 'huddles' across our hospitals to improve communication and Situational Awareness (the ability to understand what is going on with each patient and to be able to anticipate and plan for future risks)
- In-depth reviews of wards to understand factors affecting patient safety using HF framework
- Patient safety culture improvement interventions to improve speaking up in Theatres
- The development of e-learning and face to face training to develop staff understanding of Human Factors and its application in healthcare.

Duty of Candour

The statutory duty of candour (Regulation 20 Health and Social Care Act 2008) came into force on 27th November 2014 for NHS bodies and 1st April 2015 for all other health care providers regulated by the Care Quality Commission. The intention of the regulation is to ensure that providers are open and transparent with relevant persons in relation to care and treatment provided which mirrors our own desire to be entirely open and transparent to the patient and public we serve. It also sets out specific requirements to ensure patients and their families are told about 'notifiable patient safety' incidents that affect them. They receive appropriate explanations and apologies and are kept informed of any further investigations/actions if appropriate.

To ensure staff are conversant with the duty of candour requirements the following actions have been taken this year:

- Development of Leicester's Hospitals Duty of Candour policy containing templates and flowcharts for use
- Face to face training / briefing sessions for all staff groups
- Staff Roadshow events
- Monitoring of progress against Duty of Candour requirements

2 The National Patient Safety Alerting System (NPSA) Alert Compliance

The National Patient Safety Alerting System (NPSAS) is a system for highlighting patient safety risks in NHS organisations, and monitoring the implementation actions to reduce these risks. The NPSAS is part of the government's response to the Francis report.

NHS trusts who fail to comply with the actions contained within alerts are included in monthly data produced by NHS England and published on the NHS England website. Compliance rates are also monitored nationally by the NHS Trust Development Authority (NTDA) and locally by Clinical Commissioning Groups (CCGs). Failure to comply results in a red RAG rating (Red, Amber, Green status report) on the NHS Choices website and the overdue alerts remain open. The publication of this data is designed to provide patients and their carers with greater confidence that the NHS is able to react quickly to identified risks.

Within Leicester's Hospitals there is a robust accountability structure, with Head of Nursing taking an active role in the local management of alerts and our Executive Quality Board (EQB) and Quality Assurance Committee (QAC) providing oversight of this process. Any alert that fails to complete within the specified deadline will be reported to the EQB and QAC with an explanation as to why the deadline was missed and a revised timescale for completion.

The Risk and Assurance Manager for the Leicester's Hospitals ensures the recommended actions from these alerts are locally monitored, working closely with clinicians and managers to ensure these actions are implemented within prescribed timescales wherever possible. During 2015/16 (data up to and including 31/1/2016) we have received eight alerts and no breaches of due dates.



2 The National Patient Safety Alerting System (NPSA) Alert Compliance

Table 1 below lists the National Patient Safety Alerts received during 2015/16

Title	Due Date	Closed Date	Status
Risk of death or severe harm due to inadvertent injection of skin preparation solution	7/7/15	6/7/15	Closed
Harm from delayed updates to ambulance dispatch and satellite navigation systems	20/8/15	17/7/15	Closed
Addressing antimicrobial resistance through implementation of an antimicrobial stewardship programme	31/3/16	21/10/15	Closed
Risk of death and serious harm by falling from hoists	9/12/15	8/12/15	Closed
The importance of vital signs during and after restrictive interventions/manual restraint	21/1/16	20/1/16	Closed
Risk of using different airway humidification devices simultaneously	2/2/16	2/2/16	Closed
Supporting the introduction of the National Safety Standards for Invasive Procedures	14/9/16	-	Open
Support to minimise the risk of distress and death from inappropriate doses of Naloxone	26/4/16	26/4/16	Closed

2 Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

During the period 2015/16 two incidents were reported which met the definition of a Never Event. Thorough root cause analysis was undertaken to develop a robust action plan to prevent similar occurrence.

The following table shows a description of the Never Events together with the primary root cause and key recommendations to prevent reoccurrence. One of these incidents did result in long term harm to the patient and both patients were informed of the subsequent investigations.

Never Event 2014/2015	Description	Key Findings following occurrence	Key Actions to Prevent Recurrence
Fall from poorly restricted window September 2015	Patient was able to exit a first floor window	<p>Failure to manage post-operative delirium</p> <p>The window the patient exited from was restricted to 160 mm and not restricted to the maximum opening of 100 mm as recommended in the Department of Health (Estates and Facilities) Alert (issued January 2013) for high risk areas</p>	<p>Dissemination and Education for the revised 'Management of Agitated Patient Guidelines' and further roll out of the Delirium Support Tools.</p> <p>Window restrictors to be fitted to ward windows and neighbouring ward.</p> <p>Trust wide window survey to be undertaken.</p> <p>Review of the 'Glazing – Fall from height from window' risk assessment and processes to revisit risk assessments where changes in clinical activity may impact on the surrounding environment.</p>
Wrong site surgery - March 2016	Patient underwent skin excision procedure to the incorrect ear	Inadequate checking procedures in place to ensure that correct site surgery is carried out.	Implementation of a two stage consent process that starts at clinic rather than on the day of surgery. Review of processes involved in clinics at peripheral hospitals. Review of areas across the CMG's in the Trust that may also be undertaking minor procedures to ensure their process are robust. To establish a robust safer site check list procedure to be used in outpatient areas where minor surgical procedures are undertaken

2 NHS Outcomes Framework Indicators

The NHS Outcomes Framework for 2015/16 sets out high level national outcomes which the NHS should be aiming to improve. The Framework provides indicators which have been chosen to measure these outcomes and all Trusts should be reporting against these.

An overview of the indicators is provided in the table below.

NHS Outcomes Framework domain	Indicator	2014/15	2015/16	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding (Dr Fosters)	98 Apr14-Mar15 Band 2	96 (Oct14-Sep15) Band 2	100 Oct14-Sep15	117 Oct14-Sep15	65 Oct14-Sep15
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator).	22.4% Apr14-Mar15	22.2% Oct14-Sep15	26.5% Oct14-Sep15	53.5% Oct14-Sep15	11.7% Oct14-Sep15
Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery	0.073 (EQ5D Index)	0.048 Apr15 - Sep15 Provisional data from HSCIC	0.088 Apr15 - Sep15 Provisional data from HSCIC	0.135 Apr15 - Sep15 Provisional data from HSCIC	0 Apr15 - Sep15 Provisional data from HSCIC
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	0.429 (EQ5D Index)	0.468 Apr15 - Sep15 Provisional data from HSCIC	0.454 Apr15 - Sep15 Provisional data from HSCIC	0.520 Apr15 - Sep15 Provisional data from HSCIC	0 Apr15 - Sep15 Provisional data from HSCIC
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	0.328 (EQ5D Index)	0.357 Apr15 - Sep15 Provisional data from HSCIC	0.334 Apr15 - Sep15 Provisional data from HSCIC	0.412 Apr15 - Sep15 Provisional data from HSCIC	0 Apr15 - Sep15 Provisional data from HSCIC
	Patient reported outcome scores for varicose vein surgery.	0.091 (EQ5D Index)	- Apr15 - Sep15 Provisional data from HSCIC	0.104 Apr15 - Sep15 Provisional data from HSCIC	0.130 Apr15 - Sep15 Provisional data from HSCIC	0.037 Apr15 - Sep15 Provisional data from HSCIC
	% of patients <16 years old readmitted to hospital within 30 days of discharge	8.6% Source: CHKS	8.3% Apr15-Jan16) Source: CHKS	9.5% Apr15-Jan16 Source: CHKS	18.7% Apr15-Jan16 Source: CHKS	0.2% Apr15-Jan16 Source: CHKS
	% of patients 16+ years old readmitted to hospital within 28 days of discharge	9.0% Source: CHKS	9.3% Apr15-Jan16 Source: CHKS	6.9% Apr15-Jan16 Source: CHKS	10.0% Apr15-Jan16 Source: CHKS	3.4% Apr15-Jan16 Source: CHKS
Ensuring that people have a positive experience of care	Responsiveness to in-patients' personal needs (Patient experience of hospital care)	6.9 (CQC 2014 Report – Picker Institute Europe)	Data will be available on 26 th May 2016	National Results due May 16	National Results due May 16	National Results due May 16
	% of staff who would recommend the provider to friends or family needing care	56%**	64%**	National Results not yet available	National Results not yet available	National Results not yet available
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism	95.8%	95.9%* Apr15-March16	National Data not published	National Data not published	National Data not published
	Rate of C. difficile per 100,000 bed days	14.1 (73 Cases)	11.3* (60 Cases) Apr15-Mar16	National Data not published	National Data not published	National Data not published
	Rate of patient safety incidents per 100 admissions	46.9% (11,844) (Apr14–Sep14)	National Data not published	National Data not published	National Data not published	National Data not published
	% of patient safety incidents reported that resulted in severe harm or death	0.3% (31) (Apr14–Sep14)	0.13%* (Apr15 – Jan16)	National Data not published	National Data not published	National Data not published

*Local data (Leicester's Hospitals). Data as of 12/04/2016.

**Staff sourced from Staff Survey Coordination Centre website

Data sourced from NSCIC Indicator Portal where available. Where data is not available through NSCIC local information has been sourced.

2 NHS Outcomes Framework Indicators

Preventing people from dying prematurely

Summary Hospital Level Mortality Indicator (SHMI)

The Summary Hospital Level Mortality Indicator (SHMI) is a measure of mortality developed by the Department of Health, which compares our actual number of deaths with our predicted number of deaths.

Leicester Hospitals SHMI is 98 for the period July 2014 to June 2015 which is below the national average.

The University Hospitals of Leicester considers that this data is as described for the following reason; several of the Quality Commitment work streams were as a direct response to our aim to improve our SHMI and have had a positive impact on our mortality.

The University Hospitals of Leicester intends to take the following actions to improve this and so the quality of its services, by continuing to focus on pneumonia and other areas of work which have included standardisation of the Sepsis Care Bundle across all areas of our hospitals and implementation of an Acute Kidney Injury care bundle, both of which have implications for patients across all specialities. We have also introduced a Cardiology Review Service at the Leicester Royal Infirmary site to ensure appropriate review of patients who develop cardiac symptoms after admission or were admitted to the LRI due to their other co-morbidities.

Helping people to recover from episodes of ill health or following injury

Patient reported outcome scores

A patient reported outcome measure (PROM) is a series of questions that patients are asked in order to gauge their views on their own health. In the examples of groin hernia, knee replacement, hip replacement and varicose vein surgery patients are asked to score their health before and after surgery. We are then able to understand whether patients see a 'health gain' following surgery.

The University Hospitals of Leicester consider that this data is as described for the following reasons; hip and knee replacement surgery; groin hernia repair surgery and varicose vein surgery PROMS outcomes are in line with the national average.

2 NHS Outcomes Framework Indicators

Helping people to recover from episodes of ill health or following injury

The percentage of patients readmitted to hospital within 28 days of discharge

The data describing the percentage of patients readmitted to hospital within 30 days of discharge are split into two categories: percentage of patients under 16 years old and percentage of patients 16 years and older. This data is collected so that the University Hospitals of Leicester can understand how many patients that are discharged from hospital return within one month. This can highlight areas where discharge planning needs to be improved and also where Leicester's Hospitals need to work more closely with community providers to ensure patients do not need to return to hospital.

The University Hospitals of Leicester considers that this data is as described for the following reasons; we have seen an increase in our readmission rate which appears to correlate with the increase in emergency admissions. A "readmissions review through the Commissioning of the Quality and Innovation Payment Framework (CQUIN)" was agreed with Commissioners for 2015/16 and the review has now been completed which highlighted a need for

- Better identification of patients at risk of readmission, in order to inform discharge planning and community follow up and support
- Joint care planning for patients with Long Term Conditions and End of Life Care Needs.
- Review of the pathway for patients with a long term urinary catheter in the community

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services; by implementing a 'Readmission Risk tool' which identifies patients at a higher risk of readmission prior to discharge. These patients are then reviewed by one of the Specialist Discharge Sisters, who look at their discharge plans and provide patient education around readmission prevention strategies. We are also working with the City Integrated Crisis Response Team who are piloting 'post discharge checks' to confirm that discharge plans have been implemented and are being effective. Actions being taken include investigating the most effective IT solution for sharing care planning between organisations in Leicester, Leicestershire and Rutland. We are also working with the District Nursing Service to confirm what services are accessed by patients with urinary catheter problems in order to inform future service delivery plans. Further review of internal data has identified some 'hot spots' amongst speciality departments, some of whom have plans in place to reduce their rates – e.g. 'Hot Gall Bladder Service' in general surgery and 'ambulatory care clinic' in the Clinical Decision Unit (CDU).

Reducing readmissions to below 8.5% is a Quality Commitment priority for 2016/17.

2 NHS Outcomes Framework Indicators

Ensuring that people have a positive experience of care

Responsiveness to inpatients' personal needs

This indicator provides a measure of quality, based on the Care Quality Commission national inpatient survey.

The composite score is based on five questions:

- ◆ Were you involved as much as you wanted to be in decisions about your care and treatment?
- ◆ Did you find someone on the hospital staff to talk to about your worries and fears?
- ◆ Were you given enough privacy when discussing your condition or treatment?
- ◆ Did a member of staff tell you about medication side effects to watch for when you went home?
- ◆ Did hospital staff tell you who to contact if you were worried about your condition after you left hospital?

The University Hospitals of Leicester considers that this data is as described for the following reasons; the composite score for 2013/14 following the 2013 survey was 6.6, there has been an improvement of 0.3 for 2014/15 following the 2014 survey as the score is 6.9. Leicester's Hospitals consider that this data is as described for the following reasons; these questions are included in the Patient Experience Surveys alongside the nationally set Friends and Family Test (FFT) question. Clinical areas are encouraged to review the results and act upon the findings. Changes that are made to improve the service offered are displayed on the "You said we did" boards on the wards.

The University Hospitals of Leicester intends to take the following actions to improve this and so the quality of its services by:

- Considering the feedback received from our patients about their experience in our hospitals
- Acting on the feedback received to improve the overall experience our patients receive
- Continue to offer our patients/carers and family members the opportunity to give feedback on the care that they have received.

2 NHS Outcomes Framework Indicators

Percentage of staff who would recommend the provider to friends or family needing care

The NHS Staff Survey is conducted on behalf of the Care Quality Commission (CQC) and is recognised as an important way of ensuring that the views of staff working within the NHS inform local improvements. Analysis of the survey results are undertaken through a self-completed questionnaire by a random sample of staff selected from across our hospitals.

The University Hospitals of Leicester considers that this data is as described for the following reasons; our performance is based on the 2015 staff survey results, reported by the staff survey coordination centre and is administered and supplied by an independent contractor. This information is presented to the Trust Board.

The University Hospitals of Leicester intends to take the following actions to improve this and so the quality of its services, by continuation of demonstration of our Quality and Commitment and associated actions to improve team working including the programme of accountability into action.

Treating and caring for people in a safe environment and protecting them from avoidable harm

Venous Thromboembolism (VTE)

Risk assessing inpatients for venous thromboembolism (VTE) is important in reducing hospital acquired VTE. We have worked hard to ensure that not only are our patients risk assessed promptly but that any prophylaxis is given reliably.

The University Hospitals of Leicester considers that this data is as described for the following reasons; data is presented quarterly to the Clinical Quality Review Group and matrons and lead nurses undertake a monthly review of VTE occurrence as part of the Safety Thermometer and closely associated Venous Thromboembolism Risk Assessment process.

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services; by increasing VTE assessments to a sustained 95% of eligible patients; we provide pharmacological and/or mechanical thromboprophylaxis to all eligible patients and aim to carry out root cause analysis for all inpatients who experience a potentially hospital acquired VTE during their admission or up to 90 days following discharge . During the period 2015/16 an average of 95.91% of eligible patients were risk assessed for VTE.

2 NHS Outcomes Framework Indicators

Rate of clostridium difficile (CDI)

Clostridium difficile (CDI) is a bacterial infection which can be identified in patients who are staying in hospital. For the year 2015/16 we have recorded 60 cases of CDI against a trajectory of 61. In 2014/15 there were 73 against a trajectory of 81 cases recorded.

The University Hospitals of Leicester considers that this data is as described for the following reasons; it is reported as part of the Quality and Performance Report presented to the Quality Assurance Committee.

The University Hospitals of Leicester has taken the following actions to improve this number, and so the quality of its services, by presenting the Post Infection Reviews (PIR) and any identified action plans that have resulted from the investigation to the Clinical Management Group (CMG) Infection Prevention Groups and CMG Quality and Safety Boards, we are ensuring that lessons learnt are disseminated within the CMG.

Patient Safety Incidents

Patient Safety Incidents (PSI) are reported to the National Reporting and Learning System (NRLS). Themes and trends are reported quarterly to provide a national picture of patient safety incidents. National bodies (such as the Care Quality Commission, Trust Development Authority, and the National Audit Office) use these data sets to build up trend analyses in order to timetable their audit and inspection functions and prioritise resources.

The University Hospitals of Leicester considers that the data is as described for the following reasons; staff are encouraged and supported with the reporting of incidents in the organisation. The number of patient safety incidents reported within Leicester's Hospitals this year has reduced compared with the previous year, with the total number of incidents reported being 21,965. The percentage of incidents reported as resulting in severe harm or death accounts for 0.0013% of patient safety incidents reported, this is down by two thirds on last year. The top three reported incidents are inpatient falls and pressure ulcers.

The University Hospitals of Leicester has taken the following action to improve this, and so the quality of its services, by actively encouraging a culture of open reporting and widespread sharing and learning from incidents to improve patient safety. Additionally we have clear set of safety priorities in the Quality Commitment and Sign up to Safety plans to support our aim to reduce harmful incidents.

2 Performance against National Standards

	Performance Indicator	Target	2015/16	2014/15	2013/14	2012/13
Access to A&E	A&E - Total Time in A&E (4hr wait)	95%	86.9%	89.1%	88.4%	91.9%
Infection Control	MRSA (All)	0	1	6	3	2
	MRSA (Avoidable)	0	0	1	1	2
	Clostridium Difficile	61	60	73	66	94
Access - 18 week wait	RTT - incomplete < 18 weeks	92%	92.6%	96.7%	92.1%	92.6%
	6 Week - Diagnostic Test Waiting Times	<1%	1.1%	0.9%	1.9%	0.5%
Access - Cancer	2 week wait from referral to date first seen - all cancers	93%	90.5%	92.2%	94.8%	93.4%
	2 week wait from referral to date first seen, for symptomatic breast patients	93%	95.1%	94.1%	94.0%	94.5%
All Cancers	31-day wait from diagnosis to first treatment	96%	94.8%	94.6%	98.1%	97.4%
	31-day wait from diagnosis to first treatment – anti cancer drug treatments	98%	99.7%	99.4%	100%	100%
	31-day wait for second or subsequent treatment - surgery	94%	85.3%	89.0%	96.0%	95.8%
	31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	94.9%	96.1%	98.2%	98.5%
	62-day wait for first treatment from urgent GP referral	85%	77.5%	81.4%	86.7%	83.5%
	62-day wait for first treatment from consultant screening service referral	90%	89.1%	84.5%	95.6%	94.5%

Green = Target Achieved

Red = Target Failed

2 Performance against National Standards

Performance indicator: Emergency Department (ED) 4 hour wait performance

While 2015/16 has been a challenging year for Leicester's Hospitals Emergency Department, there have also been some positives with progress on the new Emergency Floor and the return of the Urgent Care Centre to Leicester's Hospitals' management.

Leicester's Hospitals have not met the target to treat and discharge a minimum of 95% of patients within four hours, with attendances and admissions rising by 5% and 6.5% respectively. The high attendances and admissions have inevitably had an effect on the quality of care provided for patients and in particular this has impacted on ambulance handover times. This has been recognised as a very serious concern by both Leicester's Hospitals and East Midlands Ambulance Service NHS Trust; the handover delays are the subject of a joint action plan, which is being monitored closely by the Executive Team.

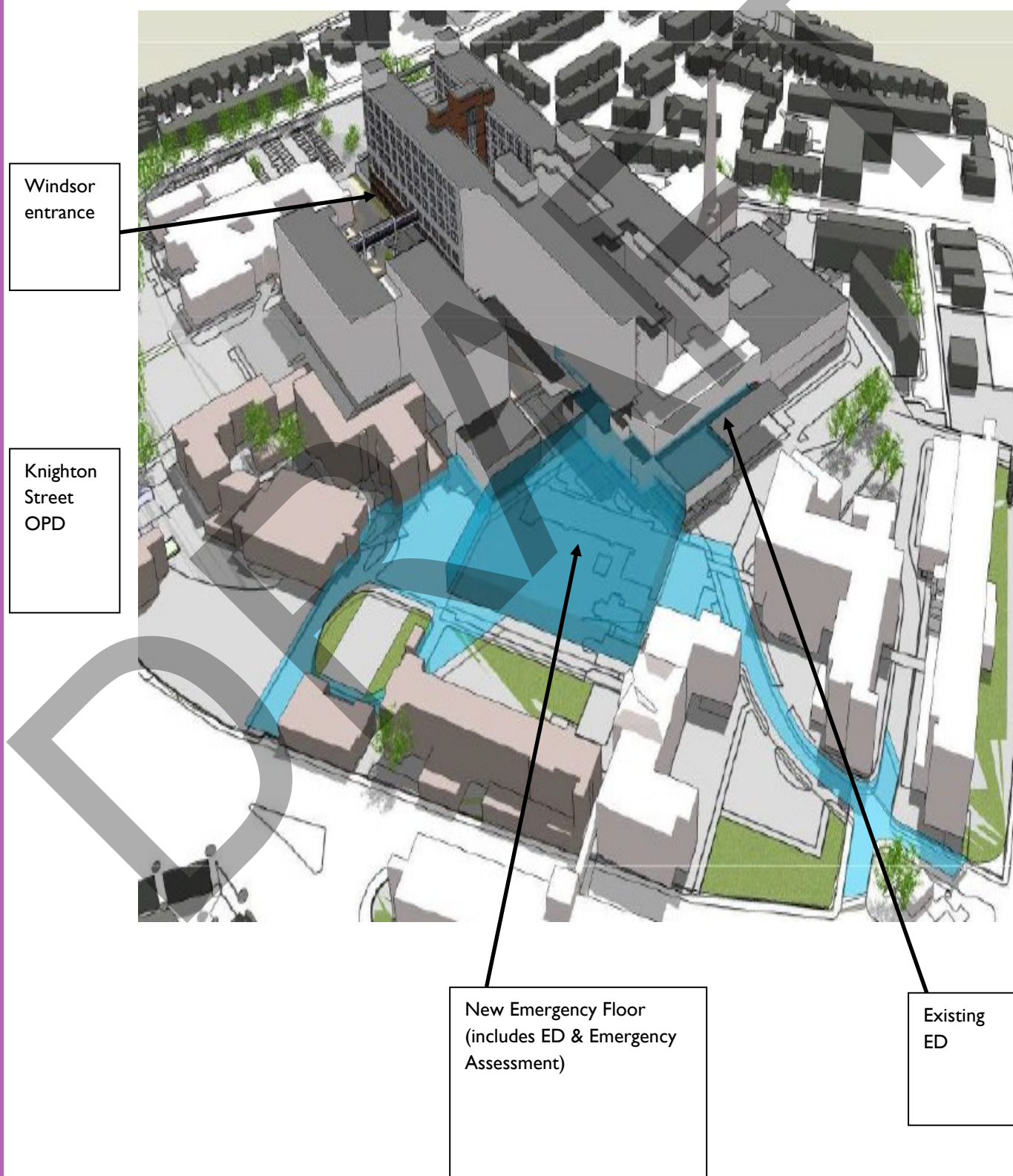
On Monday 30th November CQC inspectors visited the Emergency Department (during a major internal incident). It was a very challenging day and the inspectors witnessed over 100 patients in the department. Inspectors noted a number of concerns which they subsequently followed up by applying conditions to Leicester's Hospitals registration with the CQC. Since then, progress has been made against these conditions, which has been recognised by our external partners. The new Emergency Floor, which is due to open in February 2017, will give the Emergency Department the space it needs and enhance patient and staff experience considerably.

During 2015-16 the Urgent Care Centre transferred back to Leicester's Hospitals management from George Eliot Hospital NHS Trust; since then the service has been delivered in partnership with Lakeside Plus, an innovative GP partnership. This gives us more flexibility in terms of its delivery, and in better supporting the main emergency department; plans are developing to this effect, including the introduction of a GP based at reception to assess all admissions from the Urgent Care Centre in January 2016.

We continue to work with partners across Leicester, Leicestershire and Rutland to improve our emergency performance and the quality of care provided on the emergency care pathway. Next year will be the first full year of the Vanguard plans and we are optimistic that this coupled with our pre-existing plans will result in further improvements. Ensuring that we deliver capacity in line with our activity plans for next year is a key focus both for our hospitals and the wider health system.

2 Performance against National Standards

Artist Impression of New Emergency Department Floor



2 Performance against National Standards

Performance indicator: MRSA

For the year 2015/16 we have seen 1 patient with an MRSA bacteraemia against a national target of zero. We did however go for over a year without a case of MRSA bacteraemia, which is a significant achievement for a trust of this size.

Performance indicator: CDI

For the year 2015/16 we have recorded 60 cases of CDI against a trajectory of 61. We are the most successful trust within the Midlands and East in terms of delivery of the CDI objective and one of the most successful trusts of comparable size in England.

Post Infection Reviews (PIR) are carried out by the CMGs with support from the Infection Prevention Team in accordance with the NHS Commissioning Board 'Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infection from April 2013'.

The PIR reviews and any identified action plans that have resulted from the investigation have been presented to the CMG Infection Prevention Groups and CMG Quality and Safety Boards to ensure that lessons learnt can be disseminated within the CMG.

Performance indicator: Referral to Treatment (RTT) – 18 week performance

During 2015/16, the national rules around referral to treatment changed to focus wholly on patients with an incomplete pathway (i.e. those actively waiting for treatment). The Trust was compliant with the incomplete standard for every month of 2015/16, meaning that at least 92% of patients had to be waiting fewer than 18 weeks for treatment. This is an important achievement in light of rising referrals, increasing emergency pressures over the winter period, and capacity constraints in key services. However, we recognise the need for continuing improvements to waiting times in a small number of key specialties, such as gastroenterology, adult and paediatric ear nose and throat and orthopaedics.

Significant efforts were also made to raise the profile of the importance of good waiting list management across our hospitals. Leicester's Hospitals are the first to design and host its own e-learning module for RTT, which has so far been accessed by over 600 members of staff. Alongside this, the central RTT team provide face-to-face training sessions across all three hospital sites every six weeks. While a lot has been achieved this year, there is always more to do and this work will continue into 2016/17.

2 Performance against National Standards

Diagnostics

Diagnostics performance at Leicester's Hospitals has been a challenge in 2015/16. A large number of patients were found to be overdue their diagnostic endoscopy test. This led to a breach of the diagnostic standard at our hospital level. This has required a fundamental restructuring of the endoscopy process with input from the national Intensive Support Team. A significant amount of additional endoscopy activity has been carried out at weekends to ensure that patients care is not compromised. By the end of April 2016 Leicester's Hospitals will have recovered this waiting time standard. Demand and capacity modelling has indicated that the service is short of 8-10 lists per week. Plans will be in place for the coming year to maintain adequate capacity.

The Imaging department has also experienced rising referrals, which continually stretch the service's capacity. In order to meet demand during this year, the department has been running an extended service into the evenings and at weekends.



2 Performance against National Standards

Performance indicator: Cancer targets

As in the previous year, Leicester's Hospitals have struggled with cancer performance during 2015-16 and this area remains one of our highest priorities. One of the reasons behind this is increasing demand; this growth is in the order of 11% in 2 week wait urgent cancer referrals and a growth of 9% in patients requiring treatment for cancer. Therefore, Leicester's Hospitals continue to work closely with GPs to ensure the suitability of cancer referrals and is planning for continued growth in the coming year.

In the past year we have invested in more staff to help support cancer patients, including a new cancer surgeon in urology and clinical nurse specialists in a number of services. Additionally, we have invested in administrative and management resources to help pull cancer patients through the hospital systems as quickly as possible, including expanding the number of cancer navigators who track patients on a cancer day pathway, as well as appointing three cancer service managers to support the most pressured tumour sites: urology, lung and gastrointestinal (GI).

In November we held a Listening into Action event focused on improvements to cancer services. This was well attended by both staff and patient representatives and the outcome of this is a programme of work which aims to ensure that patients leave every appointment knowing what is going to happen next and with that appointment booked. This will be implemented by three pilot tumour sites in late 2015/16 with the intent to roll this out across our hospitals.

A sustainable recovery of the 2 week waiting time standard of 14 days from GP referral will be in place in 2015/16. Recovery of the more complex 62 day standard, from referral to treatment for cancer patients is anticipated by June 2016 and is the subject of a detailed hospital wide plan.



2 Listening into Action

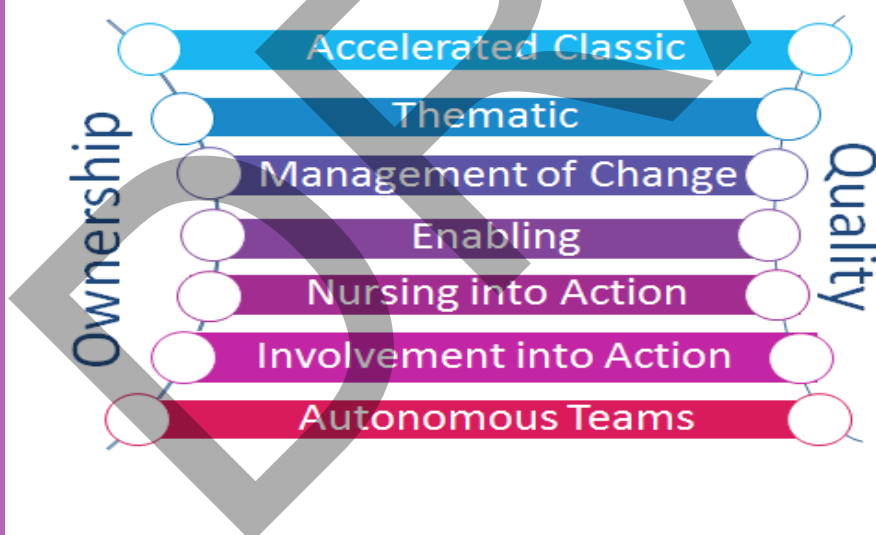
Listening into Action



Since its launch in 2013, Listening into Action (LiA) has been used by teams across Leicester's Hospitals to engage and empower staff to help transform our hospitals and deliver Caring at its Best.

The Year 3 Plan was designed to reach further, faster into Leicester's Hospitals to broaden participation in Listening into Action. Classic LiA has seen the launch of two more waves of pioneering teams along with over 90 nurse led teams that have used Nursing into Action to improve the quality of care and experience that patients receive.

Thematic LiA has been used to tackle some of the issues across our hospitals such as making improvements to the apprenticeship programme, improving care for patients on cancer pathways and dealing with the frustrations that staff have around Information Management & Technology (IM&T).



Building on the successes of Year 2, two more work streams were added: Involvement into Action and Autonomous Teams.

The LiA Team are working collaboratively with the Patient and Public Involvement Team to provide a process for engaging and involving patients in changes that are planned in our hospitals. Using a co-design approach with staff and Patient

Partners, resources are being developed that will guide and support the process of involving patients in change from the very beginning.

In July 2014, Leicester's Hospitals were announced as a successful participant for the Mutuals into Health (MIH) Pathfinder Programme which was launched by the Cabinet Office and Department of Health to explore the potential benefits of mutualisation in NHS Trusts and Foundation Trust for all or part of their services.

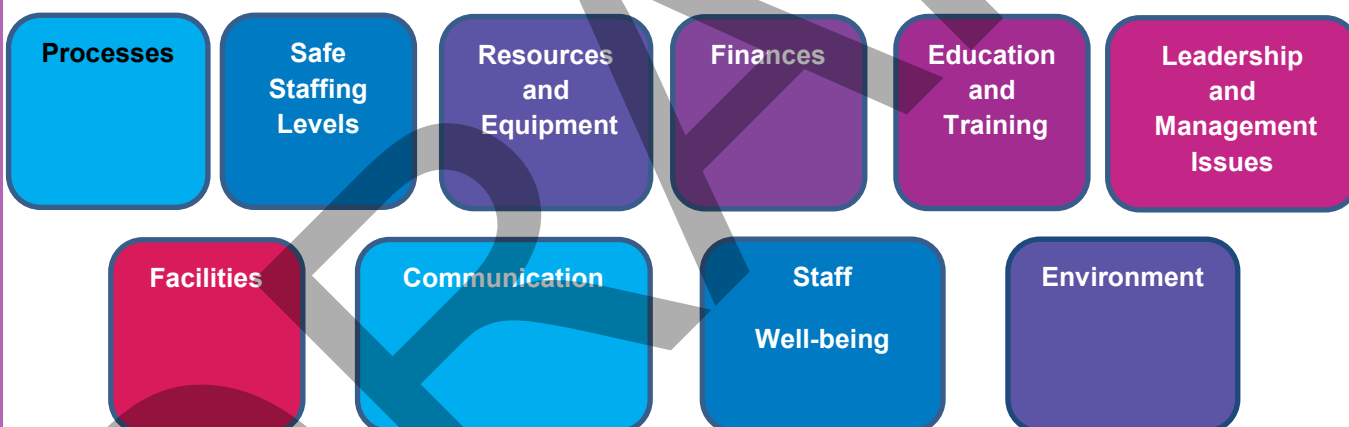
2 Listening into Action

As one of the Pathfinders, we were chosen to provide support to build on the Autonomous Teams (AT) Programme; a subsection of MIH. The Programme has been developed to explore whether allowing a team to operate in an autonomous, incentivised environment with a 'mutualised' ethos would allow the team to increase staff engagement and patient experiences and outcomes.

Trauma, Orthopaedics and Theatres are the first team to pilot the Autonomous Teams Programme at Leicester's Hospitals with the exciting opportunity to pave the way for future teams. The Leadership Board attended an LiA style launch event in February 2016.

In July 2015 five trust-wide events were held to launch Delivering Caring at its Best – our hospitals' five year plan. During the events members of staff were asked what gets in the way of them doing their job. All of the answers given were themed and through his briefings our Chief Executive is sharing 'what we are doing about it', 'what we will do about it' and 'what we can't do about it and why'.

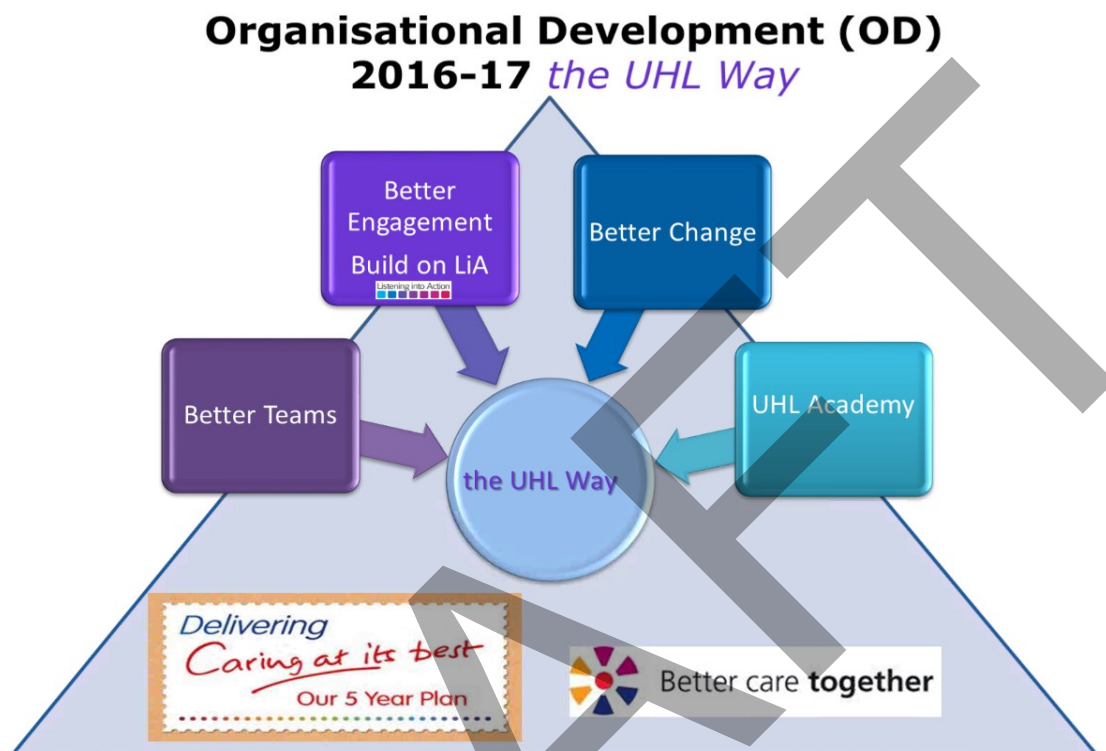
Themes



In February 2016 the Leicester's Hospitals introduced a new and improved pulse check. The information collected will help inform whether staff feel engaged in their work, their teams and within our hospitals. It's important to understand what works well and what could be improved, to deliver the best outcomes for patients and make Leicester's Hospitals a place where everyone is happy and proud to work. 25% of all staff will be surveyed every quarter. Also included in the new pulse check are the Staff Friend and Family Test questions.



2 Culture, Leadership and Workforce Capability



The Better Care Together programme and the Leicester's Hospitals Five Year Strategy articulate a vision for services in Leicester, Leicestershire and Rutland in which far more care is provided out of the hospital in primary, community and home care settings, allowing Leicester's Hospitals to concentrate on delivering care to complex patients.

This year has seen the coming together, engagement and discussions with the BCT Workforce and OD Leads to begin to develop a shared culture as part of the OD work stream led by the Director of Workforce and Organisational Development at our hospitals.

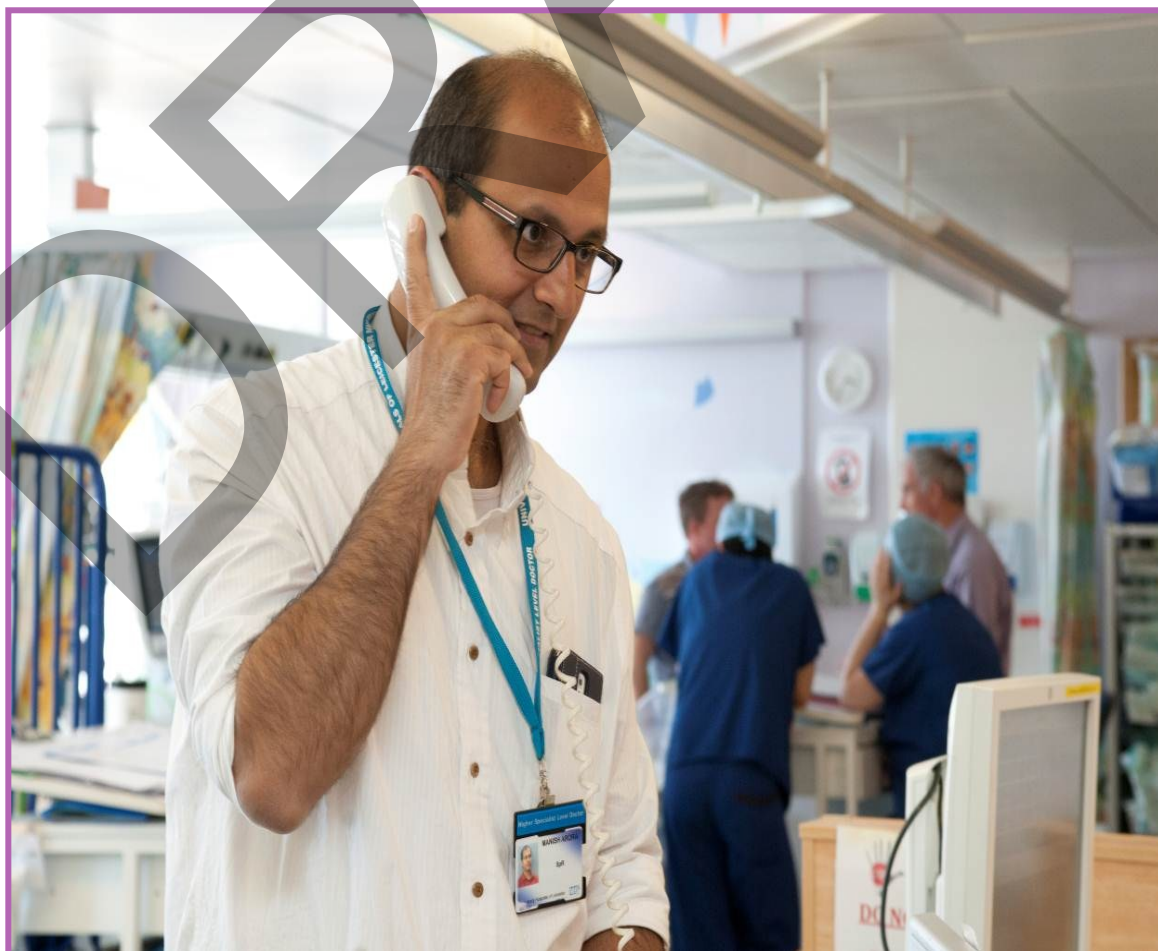
The Organisational Development Plan (2016) has been refreshed to align with our reconfiguration requirements towards achieving our hospitals Five Year Plan (2015-2020). The refresh focuses on building workforce capacity and capability to embrace new ways of working, engagement, collaboration and system wide change.

2 Culture, Leadership and Workforce Capability

A key component of the plan has been the adoption of the Leicester's Hospitals Way (January 2016). This incorporates three core elements:

- ♦ *Better Engagement*, which builds on our comprehensive Listening into Action (LiA) approach
- ♦ *Better Teams*, which has been adapted from the successful engagement and improvement work from Wrightington Wigan and Leigh, NHS Foundation Trust (The WWL Way), which includes a robust measurement tool of culture and a range of tools, which when used together in combination have demonstrated improved levels of engagement at WWL
- ♦ *Better Change*, which takes a 'five step' approach to change and improvement

Presented as a shared framework, these three components are supported by staff across our hospitals experienced within the fields of engagement, organisational development, quality improvement, safety and large scale change. This creates a 'virtual network or Academy' of support, knowledge and resource which will support and enable our hospitals to deliver Caring at its Best.



2 How We Keep Everyone Informed

Leicester's Hospitals have a wide range of communication tools to inform and engage our staff, patients and the wider public about our quality initiatives and service improvements.

We are transparent with the media when responding to complaints and negative issues and provide good news stories which are regularly featured in local newspapers, radio and television.

Information for staff, public and patients

We produce a bi-monthly magazine called 'Together' for staff, members and the public, in which we share good news, innovations, schemes and initiatives from across our hospitals.

The Communications team manages several social media accounts such as Twitter, Facebook, Vimeo, Instagram and Pinterest, which are used to quickly and effectively share information, images and advice. The team respond quickly to issues/ concerns raised by members of the public through these forums. They also respond to comments posted on NHS Choices and Patient Opinion about our services.

Our public website (www.leicestershospitals.nhs.uk) provides patients and visitors with information about our hospitals and services. We regularly issue press releases about good news and interesting developments within our hospitals, along with 'news alerts' for those who have signed up to receive notifications.



2 Patient and Public Perspective

Patient Partners

The patient and public voice is represented within Leicester's Hospitals through our Patient Partners. Previously known as Patient Advisors the name changed in April 2015, although the role is largely the same. There have been around 12 people undertaking this role for a number of years but during 2016 the intention is to increase the number to 20, with further gradual additions in the ensuing years.

Patient Partners are members of the public who provide a lay perspective on the work of all our hospitals. They are involved in a wide range of issues, from changes to services and advising on new developments to reviewing patient literature and sitting on committees. They comment and advise managers, doctors and nurses on key issues affecting patients.

"Patient Partners come from all different backgrounds so we can give an independent viewpoint and utilise our work and life experiences in our contact with staff and patients", said Martin Capple, Chairman of the Patient Partner Group.

"During the past year we feel our profile has risen within Leicester's Hospitals and we are now regularly asked to be involved and comment on, not only day to day issues, but also strategic matters and new projects, such as the expansion of the Emergency Department (ED) and future planning priorities", he added.

"Our main areas of concern in 2015/16 have been related to concerns about the cleaning and catering across Leicester's Hospitals, waiting times in clinics, cancer performance targets, (specifically the 62 day commencement to treatment measure), signage and way finding in all three hospitals, discharge planning and the delay in prescribing medication to patients after being transferred from ED to a ward."

"On a positive note we are pleased to see the long awaited improvements that are being made to the building infrastructure, particularly at the Leicester Royal Infirmary with the expansion of the ED and the building of the multi-storey car park. It is hoped that this latter facility will resolve the parking queues and problems for patients and staff alike and the early signs are encouraging."

"We understand that the well-publicised difficulties in the Emergency Department, largely attributable to capacity issues, are difficult to resolve and need support from primary care groups and the East Ambulance Service. Also we feel there is a need for an ongoing campaign of education to the general public about when to use ED. What we do see in that department and many other areas of Leicester's Hospitals is a professional, committed workforce striving to provide the best care."

2 Patient and Public Perspective

Response to Patient Partners feedback

A number of the areas of concern raised by the Patient Partners are covered earlier in the Quality Account. Some will be used to inform future Quality Accounts, e.g. waiting times in clinic is included in Quality Commitment priorities for 2016/17. With respect to signage, please see the section below.

Signage

Whilst there are a range of construction projects in progress and planned across the Leicester Royal Infirmary signage and wayfinding presents a challenge. Volunteers and reception staff are on hand to assist, however we recognise the need to ensure that patients and visitors can find their way to their destination on our sites. Maps are currently being amended and updated. Signage is taken into account in the planning and execution of any construction works. A site survey is also due to commence imminently to identify signage issues that need immediate rectification.

Public Membership

Across Leicester, Leicestershire and Rutland more than 16,000 people have now signed up as public members of our hospitals. Recent analysis shows a very close demographic match to our local population and over the last couple of years we have been attracting an increasing number of younger members. We engage with our members in a variety of ways.

Our bi-monthly 'Together' magazine promotes opportunities for our members to get more involved in the work we do with initiatives from teams such as volunteering and fundraising. We send out opinion surveys giving everyone the opportunity to comment on our services as well as invitations to join specific engagement groups. We also run a quarterly "Engagement Forum" meeting where our members can meet with our Chairman, Chief Executive and directors to discuss issues affecting Leicester's Hospitals, reflect on our services and comment on our strategic direction. Our monthly public "Leicester's Marvellous Medicine" talks have continued throughout the year. The talks provide a great opportunity for senior clinicians to explain how their services are developing.

Healthwatch

We continue to enjoy strong links with our local Healthwatch organisations and a Healthwatch representative sits regularly on our Trust Board. Our Chief Executive also meets every three months with Healthwatch representatives to discuss issues that have emerged through their engagement with local communities. Our patient and public involvement manager is also in regular contact with Healthwatch representatives and acts as a point of contact for our hospitals.

2 What Do Our Patients Tell Us?

Feedback from patients and/or carers or relatives that attend Leicester's Hospitals is welcomed. Both positive and negative feedback is acted upon; this is then displayed in the ward areas on 'You said, we did' boards.

Feedback is collected in numerous ways including:

- ◆ Patient Experience Surveys
- ◆ Friends and Family Test
- ◆ Message to Matron
- ◆ Message through a Volunteer
- ◆ Patient Stories
- ◆ NHS Choices/Patient Opinion
- ◆ Compliments and complaints provided to the Patient Information and Liaison Service (PILS)
- ◆ Online through the Trust website

Friends and Family Test

This is a nationally set question that is offered to patients, carers and relatives in all NHS hospitals. The Friends and Family Test question is "How likely are you to recommend our ward to friends and family if they needed similar care or treatment." There is also an opportunity to comment on why they have given the answer that they have. This high level metric measures improvements in the experience of care in our hospitals.

Since November 2014 the Friends and Family Test is calculated in percentages of recommenders and non-recommenders. The charts below detail the recommended and Non-recommended scores for 2014/15 and 2015/16.

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
% Recommended	96%	97%	97%	97%	96%	97%	96%	96%	96%	96%	96%	97%
% Not Recommended	0.9%	0.7%	0.6%	0.9%	1%	1%	1.2%	1%	1.2%	1%	1%	1%

	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
% Recommended	96%	96%	97%	96%	97%	97%	97%	96%	97%	97%	96%	97%
% Not Recommended	0.9%	0.7%	0.8%	0.8%	0.8%	0.8%	0.6%	0.9%	0.8%	0.8%	0.8%	0.9%

2 What Do Our Patients Tell Us?

The Friends and Family Test shows that for the last two years a majority of our patients would recommend the services provided at Leicester's Hospitals.

Offering the Friends and Family Test in different languages adheres to guidance from NHS England that each and every patient has the opportunity to provide feedback regarding their experience. With a large Black and Minority Ethnic patient population within Leicestershire it is appropriate to devise a means for non-English speaking patients to complete a survey.

The Friends and Family Test question is available as a paper survey in the three most popular non-English languages for patients, their families and carers; Polish, Gujarati and Punjabi. The paper survey is used across all inpatient and day case areas and there is also an option for patients to write their comments which will be translated back to English to provide further feedback for areas.





Electronic surveys are offered in Polish, Gujarati and Punjabi in all outpatients' facilities and at the main entrances to our three hospital sites.


Since October 2015, we have also provided an easy read version of the survey. Patients with learning disabilities, language or literacy issues, dementia or who are deaf or blind benefit from an easy read version. Other barriers of communication such as: side effects of illness or medication are also considered.


University Hospitals of Leicester NHS
Caring at its best

Office use only: Ward code: R 1 9

Would you want your friends and family to come here if they were ill?


 Yes ☐
 Maybe ☐
 No ☐
 Don't know ☐

What was good?


What was bad?



Date of discharge: / /

Please cross this box if you are a family member / carer completing this form on behalf of a patient: ☐

■  ■

2 What Do Our Patients Tell Us?

The trust has also added a Childrens easy read version called 'Rocket Feedback'.



Rocket Feedback
Ref 7780a

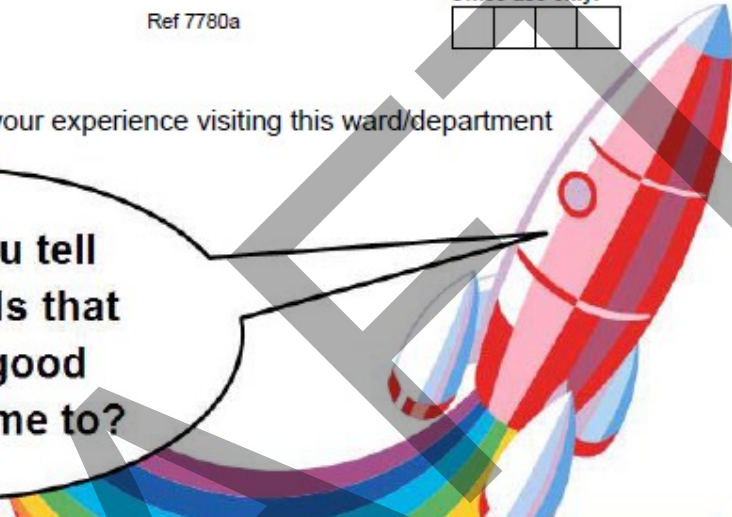
Ward code:

R	1	2		
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Office use only:

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We would like to know about your experience visiting this ward/department




Would you tell
your friends that
this is a good
ward to come to?

Please cross your answer in the box


Yes

☐



Maybe

☐



No

☐



Don't know


☐


What was good?



What was bad?





2 What Do Our Patients Tell Us?

Learning from complaints

Complaints are a very important source of information about patients, relative and carers' views regarding the quality of the services provided within our hospitals. At Leicester's Hospitals the Patient Information and Liaison service (PILS) administer all formal and verbal complaints, concerns, and Clinical Commissioning Group (CCG) and General Practitioner (GP) concerns. This year we have received 1555 formal complaints and 480 CCG concerns, this is a decrease on last year. However we have seen an increase in verbal concerns which is as a result of improved triaging and prioritisation by the patient safety team. The top 3 themes from the CCG concerns this year were medical care, waiting times and discharge.

Leicester's Hospitals have achieved excellent performance in responding to 10, 25 and 45 day formal complaints. We have achieved 96% for both 10 and 25 day complaints. For the 45 days we have achieved 92%. We are keen to listen, learn and improve using feedback from complainants, HealthWatch, local GPs and also from reports published by the Health and Parliamentary Ombudsman. Based on issues from these sources, we have set out further improvements for this coming year.

We recognise that there are delays in obtaining appointments in a timely manner. The average waiting time in some key specialities remains too high. We have reduced waits in some specialities, an example being gastroenterology but there is work on going to reduce waits further and make sure that patients are seen in order of clinical priority.

Parliamentary Health Service Ombudsman

This year from Leicester's Hospitals there have been 19 cases referred to the Parliamentary Health Service Ombudsman of which 16 have been taken on for investigation. Out of these there were 3 not taken on for investigation, 6 were not upheld, 3 were partially upheld and none were fully upheld. The other 7 are still open and subject to either decision on intent to investigate or investigation outcome. Themes from the upheld cases were about discharge and care of the patient with delirium.

Independent Complaints Review Panel

In 2014 Leicester's Hospitals, in partnership with Healthwatch and POHWER (Advice & Advocacy), held a complaints engagement event to invite patients and the public to comment on complaints handling within our hospitals. One of the actions arising from this event was to establish an Independent Complaints Review Panel. The purpose of the panel is to review a sample of complaints from the patient perspective and to report back to the PILS team on what was handled well and what could have been done better. The feedback provided by the Independent Complaints Review Panel is used for reflection, learning and improvement. The focus is on up-scale and spread of the good work and understanding and improving complaint handling where it has been identified that things could have been done better. Agreed actions for 2016/17 to further improve complaints engagement and learning are: GP engagement event, two community based Patient Information and Liaison (PILS) clinics.

2 New Models of Care

The Alliance

The Alliance was formed on 1st April 2014 and is a partnership of the main health organisations in Leicester, Leicestershire and Rutland (LLR), who have come together to deliver elective care services in community and primary care settings. The Alliance is a unique and innovative approach to delivering care through a multi-agency partnership, and is a new approach to contracting for care within the NHS. The Alliance contract is now in its second year. The Alliance was formed as a collaborative vehicle to innovate to deliver better value care and redesign elective care services in line with CCG's commissioning intentions. The Alliance's objectives include delivering on the Planned Care aspects of Better Care Together and actively rebalancing elective care towards a less acute model. The Alliance's focus is on service redesign and implementing plans to move appropriate activity from Leicester's Hospitals acute sites into community and primary care settings, and developing integrated, effective care pathways. The Alliance objectives are to innovate and improve elective services, offering a high quality of outcome and experience for patients while at the same time improving productivity, to offer better value for money to the local health system.

The Alliance agreement is based on the principles of collaboration across the health system and collective risk and reward from across the commissioners and providers. The first year of the Alliance contract was heavily focused on the transfer and stabilisation of services. The focus for year two is on service redesign and implementing plans to move appropriate activity from Leicester's Hospitals acute sites into community and primary care settings, and developing integrated, effective care pathways. The Alliance is committed to building a flexible and adaptable workforce to ensure that services are fit for the future.

The Alliance agreement sets out the strategic objectives. The Alliance's aim is to deliver high quality, effective and sustainable elective care services, and to continually improve the range and quality of services provided outside acute hospital settings. The Alliance delivers the following elective care services:

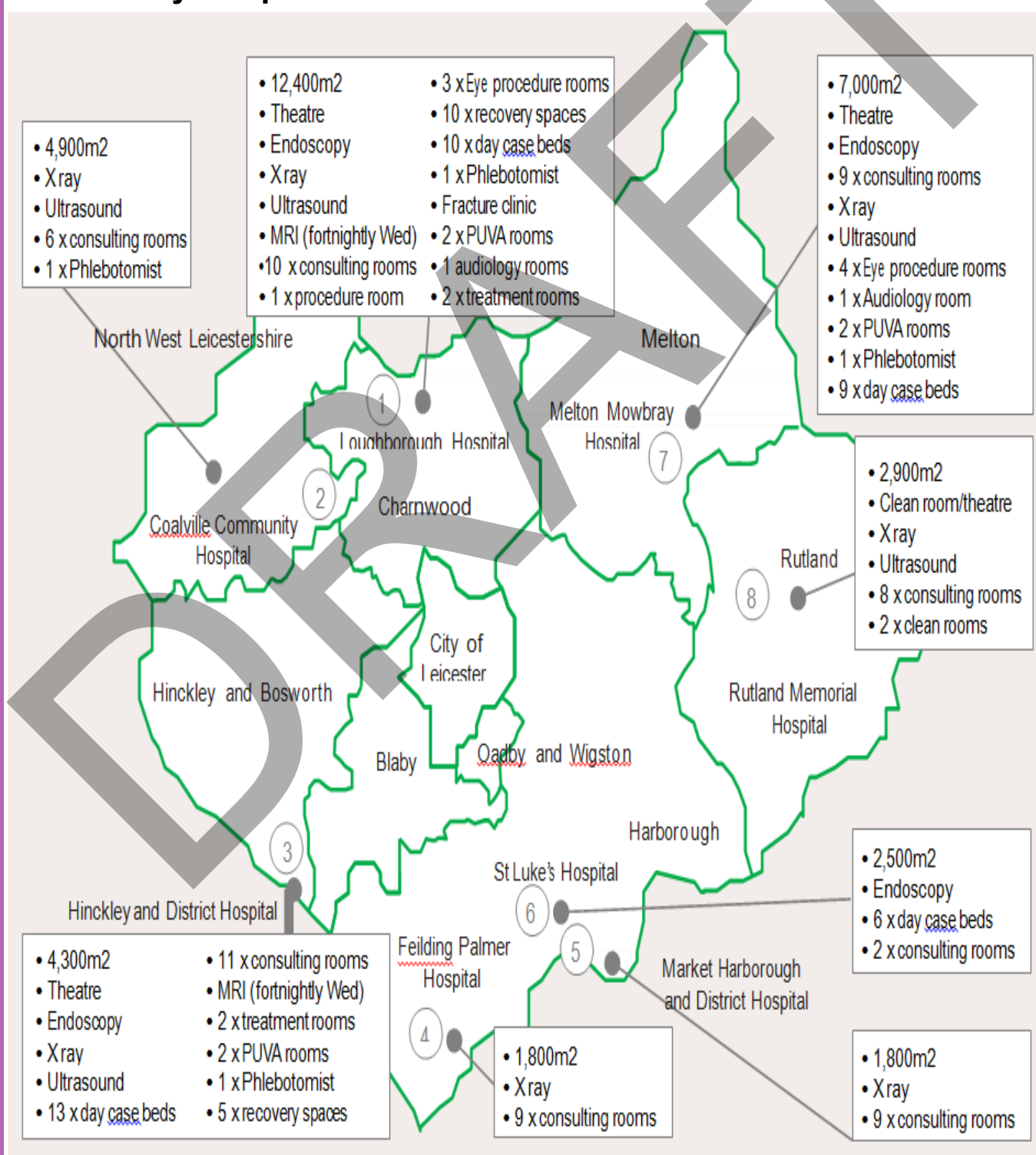
- ♦ Diagnostics: X-ray, Ultrasound & MRI
- ♦ Outpatient and day cases in: Endoscopy; General Surgery; Orthopaedics; Ophthalmology; ENT; General Medicine; Elderly care; Diabetes; Dermatology; Rheumatology; Cardiology; Gynaecology; Gastroenterology; Urology; Plastics; Neurology; Nephrology; Max Fax; Pain; Community paediatrics; Paediatric Surgery; Podiatric Surgery and Respiratory Medicine.

The Alliance has achieved consistently high levels of patient satisfaction as measured by the Friends and Family test (FFT). The FFT score 97% of patients who stated that they were either extremely likely or likely to recommend our services to their friends and family.

2 New Models of Care

The Alliance has consistently achieved 100% compliance with all complaint deadlines, receiving only 1 re-opened complaint between April 2015 and March 2016. There have been no Duty of Candour breaches and the organisation has promoted a culture of openness and honesty amongst all staff groups. Two moderate incidents have been investigated in the year using root cause analysis methodology. There have been no never events.

Community Hospitals in Leicestershire and Rutland



2 Better Care Together



Better Care Together is an ambitious five-year programme to change the way that health and social care – from cradle to grave – is delivered across Leicester, Leicestershire and Rutland. It is a partnership of health organisations and local authorities in the region, who are committed to making changes to meet the needs of the diverse communities.

Better Care Together is aiming to:

- Support children and parents for the very best start in life
- Help people to stay well in mind and body throughout their life
- Know your history and plan for your health needs
- Care for the most vulnerable and the most frail
- Have services available when it matters and especially in a crisis
- Help to support patients and their loved one when life comes to an end
- Provide faster access, shorter waits and more services out of hospital



The programme aims to significantly change the way some services are delivered – and these will require public consultation. However a large number of improvements to services are already being realised and more are planned for the coming months and years – funding permitting. Some of these achievements are described below.

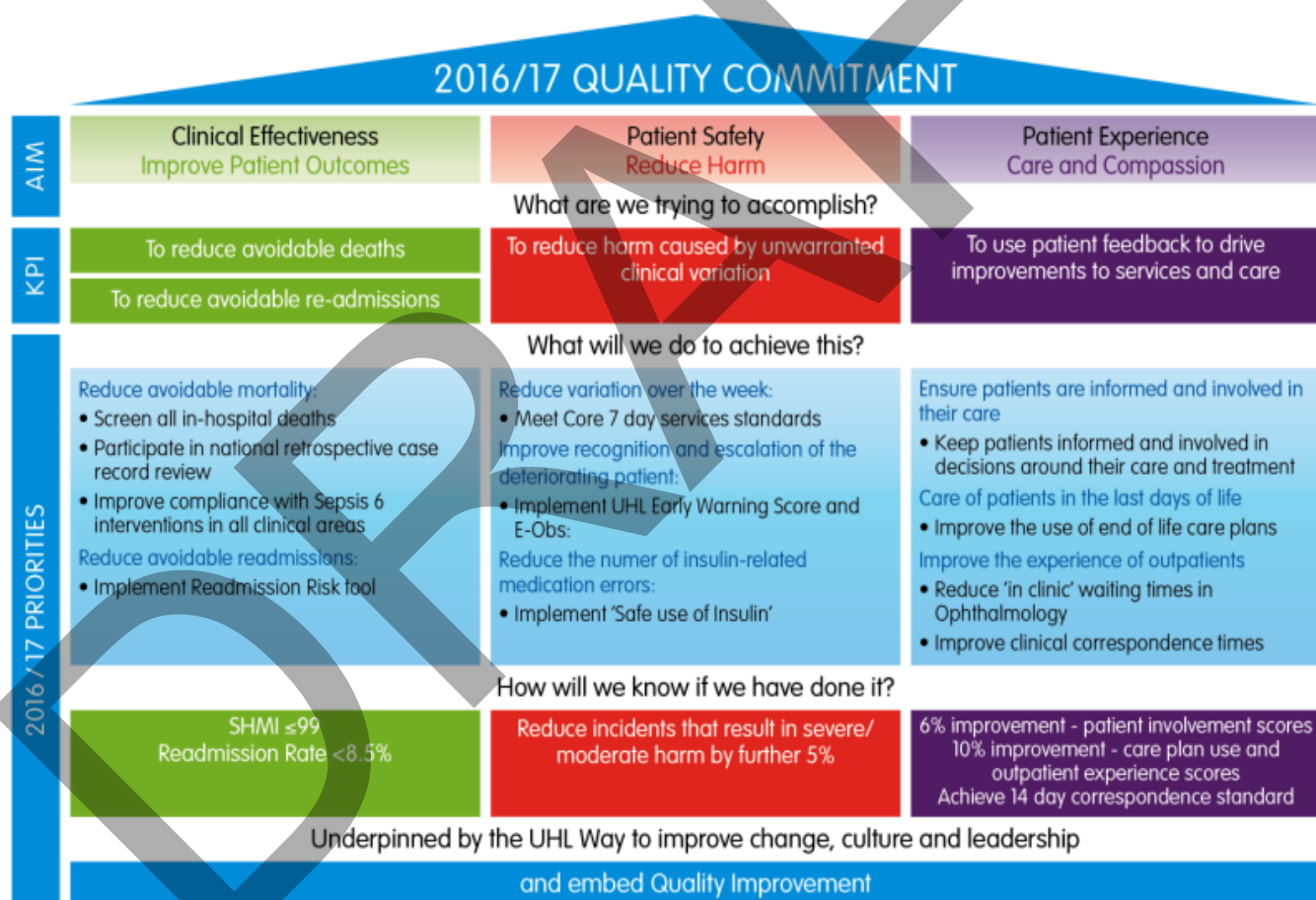
Better Care Together - Achievements

Work-stream	Success
Children's, Maternity & Neonatal	<ul style="list-style-type: none"> • Transformational plan for children and young people's mental health and wellbeing agreed by NHS England, securing £1.89 m recurrent funding • Introduction of Care Navigators, working with families, young people and children to coordinate care based on individual requirements
End of Life	<ul style="list-style-type: none"> • Embedding Learning Lessons to Improve Care within the End of Life work-stream and therefore in the overall Better Care Together implementation plans
Frail Older People & Dementia	<ul style="list-style-type: none"> • A new model of access to Accident and Emergency at the Leicester Royal Infirmary • Completed one of the most extensive pieces of engagement nationally work on the topic "What needs to happen to ensure that frail and older people live well in Leicester, Leicestershire and Rutland?"
Learning Disabilities	<ul style="list-style-type: none"> • New 'step through facility' has opened; first patients from the Agnes Unit moving in during January 2016 • Recruitment of Outreach Team underway and the enhanced service will be fully operational by in April 2016
Long Term Conditions	<ul style="list-style-type: none"> • Expanded access to the Rapid Access Heart Failure Clinic from Emergency Department & Clinical Decisions Unit (CDU) began in December 2015 • Breathlessness pathway pilot started in November 2015
Mental Health	<ul style="list-style-type: none"> • A new crisis house for people experiencing mental health distress opened its doors • New mental health urgent care clinic established
Planned Care	<ul style="list-style-type: none"> • Orthopaedic triage pilot service operational • Increased the amount of care provided in community hospitals and added new services, so that more patients are able to be treated closer to where they live
Urgent Care	<ul style="list-style-type: none"> • Work began at Leicester Royal Infirmary on new £43.3 m Emergency Department, the UK's first frailty friendly emergency department, with a fully integrated mental health unit • Awarded Vanguard status to transform urgent and emergency care
Service Reconfiguration	<ul style="list-style-type: none"> • 40 additional Intensive Community Support beds have opened in the community; a further 40 to open in February, and another 50 in March • Length of stay in target cohorts at Leicester's Hospitals is decreasing
Primary care	<ul style="list-style-type: none"> • All CCGs are supporting the development of legally constituted federations / hubs • Activities in certain CCG areas: <ul style="list-style-type: none"> ⇒ development and approval of Community Services Plan supporting integrated models of care ⇒ extended the hours of operation of Acute Visiting Service ⇒ increased prevalence and targeted interventions of key long term conditions supported by a general practice upskilling programme
Adult social care	<ul style="list-style-type: none"> • Development of the first Adult Social Care strategy to cover the Leicester, Leicestershire and Rutland geographical area • The work of the three Local Authorities with health partners has made a significant contribution to: <ul style="list-style-type: none"> ⇒ Reduction in delayed transfers of care and in particular those attributable to Adult Social Care ⇒ Good performance in keeping people at home 91 days after discharge ⇒ 7 day access to social care services

3 Our Plans for the Future - Caring at its Best

Delivering Caring at its Best includes a whole range of programmes, from the Quality Commitment to our reconfiguration plans, from our Information Management & Technology (IM&T) Strategy to Listening into Action.

The Quality Commitment has been updated for 2016/17 and the following priorities have been agreed.



4 Statement of Assurance from the Board

Review of services

During 2015/16 Leicester's Hospitals provided and/or sub-contracted in excess of 120 NHS services. These include:

- ♦ Inpatient - 64 services
- ♦ Day Case - 64 services
- ♦ Emergency - 72 services
- ♦ Outpatient - 88 services
- ♦ Emergency Department and Eye Casualty
- ♦ Diagnostic Services – including Hearing Services, Imaging, Endoscopy, Sleep Studies and Urodynamics
- ♦ Direct access – including Imaging, Pathology, Physiotherapy and Occupational Therapy
- ♦ Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), Coronary Care Unit (CCU), Paediatric Intensive Care Unit (PICU), Obstetrics HDU, Neonatal Intensive Care Unit (NICU) and Special Care Baby Unit (SCBU)
- ♦ Four national screening programmes including Retinal Screening (Diabetes), Breast Screening including age extension (Cancer), Bowel Screening (Cancer) and Abdominal Aortic Aneurism (AAA)

Leicester's Hospitals comprises of three acute hospitals; the Royal Infirmary having 976 beds, the General having 390 beds and Glenfield having 412 beds. St Mary's Birthing Unit has 8 beds.

The Royal Infirmary has the only Accident and Emergency Department (A&E), which covers the area of Leicester, Leicestershire and Rutland. The General provides medical services which include a centre for renal and urology patients, and Glenfield provides a range of services which include medical care services for lung cancer, cardiology, cardiac surgery and breast care.

Services are also provided at St Marys Birthing Centre in Melton Mowbray and dialysis units in Leicester, Loughborough, Grantham, Corby, Kettering, Northampton, Peterborough, Boston and Skegness. Services are also provided through the Alliance partnership at Ashby & District Hospital, Coalville Hospital, Feilding Palmer Hospital, Hinckley & District Hospital, Loughborough Hospital, Market Harborough & District Hospital, Melton Mowbray Hospital, Rutland Memorial Hospital and St Luke's Hospital.

The income generated by the NHS services reviewed in 2015/16 represents 100% of the total income generated from the provision of NHS services by Leicester's Hospitals for 2015/16.

4 Statement of Assurance from the Board

Examples of how we reviewed our services in 2015/16

A variety of performance information is considered when reviewing our services. A few examples include:

- A Quality and Performance report (available at <http://www.leicestershospitals.nhs.uk/>) is presented at the Quality Assurance Committee and Investment Finance and Performance Committee.
- Service level dashboards (e.g. Women and Children).
- Ward performance data at the Nursing Executive Team and Executive Quality Board.
- Results from peer reviews and other external accreditations.
- Outcome data including mortality is reviewed at the Mortality Review Committee.
- Participation in training and clinical audit programmes.
- Outcomes from Commissioner quality visits.
- Complaints, safety and patient experience data.



4 Statement of Assurance from the Board

Participation in clinical audits and confidential enquiries

Leicester's Hospitals are committed to undertaking effective clinical audit within all the clinical services provided and this is a key element for developing and maintaining high quality patient-centred services.

National clinical audits are largely funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP), which manages the National Clinical Audit and Patients Outcome Programme (NCAPOP).

Most other national audits are funded from subscriptions paid by NHS provider organisations. Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).

During the 2015/16 period Leicester's Hospitals participated in 98% (n=40/41) of the national clinical audits and 100% (n=4/4) national confidential enquiries in which it was eligible to participate. The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in, and for which data collection was completed during the 2015/16 period are listed in appendices 1.1 and 1.2 alongside the number of cases submitted to each audit or enquiry.

The provider has reviewed the reports of 44 national clinical audits and 446 local clinical audits in 2015/16. All completed audits have an audit summary form which includes details of compliance levels with the audit standards and actions required for improvement including the names of the clinical leads responsible for implementing these actions. The summary forms of every audit undertaken are available to all staff on the intranet. There are various examples within this Quality Account of the different types of clinical audits being undertaken within our hospitals and the improvements to patient care achieved.

Examples of some of the actions taken to improve patient care following national and local audits during 2015/16 are listed on the next two pages:-



4 Statement of Assurance from the Board

Audit Title	Key actions taken to improve patient care
National Care of the Dying Audit - Hospitals	Trust-wide education programme implemented around 5 Priorities of Care / Individualised care plan at the end of life
Asthma in Children	Written discharge advice now given to children presenting with wheeze. Peak flow meter now easily available in the Paediatric ED department.
Severe Sepsis and Septic Shock	We have implemented sepsis boxes in paediatrics and we are also making the giving of antibiotics in adult resus and majors easier by making sure equipment is readily available to staff.
Sentinel Stroke National Audit Programme	In order to get patients scanned more quickly - more of our Stroke specialist nurses can now request CTs to improve flow. We have also improved time to thrombolysis which reflects a drive to start thrombolysis in the scanner as part of our new policies.
Community Acquired Pneumonia in Adults Audit	Additional pneumonia nurses have been recruited and this has resulted in significant improvements of several care aspects. Key interventions accepted as linked to outcome are delivered in a very high proportion of patients without delay.
National Paediatric Diabetes Audit	A local diabetes database has been set up to capture all key data locally to help drive further improvements.
Myocardial ischaemia	The monthly meetings held to review all re-perfused patients who present with STEMI (ST segment elevation myocardial infarction). If there are any identifiable delays or deviations from hospital pathways these are discussed and action plans made if possible.
Chronic Obstructive Pulmonary Disease (COPD)	Plans to introduce spirometry by the team delivering the COPD care bundle.
Survey Of Central Venous Catheter (CVC) Insertion And Perioperative Use In Thoracic Surgery Patients	Requirement for a CVC should be reviewed daily on thoracic surgical ward round and CVCs that are no longer specifically indicated should be removed.
Pre-operative fasting in adult patients undergoing elective surgery at LRI	Once patients assessed pre-operatively and order of patients on list established, the latter patients should be offered a drink of clear fluid.

4 Statement of Assurance from the Board

Audit Title	Key actions taken to improve patient care
Operational Noise Re-Audit on Leicester Royal Infirmary A&CU	The importance of muting alarms prior to taking blood samples from indwelling lines reaffirmed. Plans to reinforce the appropriate setting of alarm limits at the start of each clinical shift to decrease ambient noise and reduce the number of false alarms, increasing patient safety.
Venous thromboembolism risk assessment and prophylactic treatment for patients undergoing hand surgery	Further development of Junior doctors education around the role of VTE assessment and prophylaxis after upper limb trauma surgery.
Trust-wide do not attempt cardiopulmonary resuscitation form documentation audit	DNACPR e-learning module developed
Appropriateness of General Surgery pre-operative assessment investigations – Re-audit	The introduction of a 'Pre-op investigation calculator' has been successful in improving the level of investigation for the pre-operative assessment clinic. This calculator complies with NICE standards and is a quick and effective way of determining which investigations are required for which patients, depending on ASA grade, proposed surgery and co-morbidities.
Recording of the clinical evaluation of x-ray images	Reinforce (to clinical areas that do not obtain reports from Imaging) the agreement and requirement for them to record an evaluation.
Prostate cancer diagnosis in needle biopsies	Standardised immunohistochemistry practice among reporting Histopathologists following a review of the audit results.
Audit of the Antenatal Infectious diseases screening programme	Continue the vaccination training programme so that more midwives are available to administer MMR when women who are non-immune leave the hospital postnatally and also to stress the importance of women being given MMR prior to discharge from hospital postnatally.
Compliance with Controlled Drug Regulations	Poster on medicines management distributed to clinical areas containing information on controlled drugs
The safe and effective use of Azathioprine in Paediatric Dermatology patients	Introduction of stickers in the clinic rooms: baseline stickers with a checklist of pre-treatment investigations; monitoring stickers to be completed at each follow-up clinic review.

4 Statement of Assurance from the Board

Participation in clinical research

The number of patients receiving NHS services provided by or sub-contracted by the University Hospitals of Leicester in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 12,524.

The University Hospitals of Leicester were involved in conducting 905 clinical research studies. Of these 651 (72%) were adopted and 254 (28%) non-adopted. 204 (23%) of the total were commercially sponsored studies. The University Hospitals of Leicester used national systems to manage the studies in proportion to risk. 59% of the studies given approval were established and managed under national model agreements. In 2015/16 the National Institute for Health Research (NIHR) supported 651 (72%) of the total number of research studies through its research networks. In 2015 there were 350 full papers published in peer reviewed journals. In February 2016 the Trust together with its main academic partner the University of Leicester, and Loughborough University submitted the Pre-Qualifying Questionnaire in response to the call for Bio-medical Research Centres – invitations from the NIHR for full submission are expected in May 2016.

Use of the CQUIN payment framework

A proportion of Leicester's Hospitals income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Leicester's Hospitals and Specialised Commissioners, through the Commissioning for Quality and Innovation payment framework (CQUIN). For 2015/16 the baseline value of the CQUINs was £4.5 m for Specialised Services (i.e. 2.4% of Specialised Service contract value). This means that when Leicester's Hospitals agreed contracts with commissioners it was agreed that 2.5% of contract value would be received upon achieving certain quality indicators. If these quality indicators were not met or the outturn contract value was lower than the baseline contract, then the monies would be withheld. A separate arrangement was made for the contract with our Clinical Commissioning Groups, where by it was agreed that Leicester's Hospitals would deliver on both the national and locally agreed CQUINs within the agreed contract value.

For 2015/16 Leicester's Hospitals received sign off by Specialised Services for 87.5% achieved (payment rate of 2.5%) of CQUIN monies. The Quarter 4 threshold was not achieved in respect of the Clinical Utilisation Review tool CQUIN due to the trust not being in a position to sign a contract with one of the NHS England approved software companies for the CUR tool.

Almost all thresholds have been achieved for the national and local CQUIN schemes agreed with the Clinical Commissioning Groups. The 90% thresholds were missed for Quarter 4 in respect of both the Sepsis and Acute Kidney Injury national schemes and both of these are to continue as CQUINs for 16/17.

Further details of the agreed goals for 2015/16 and for the following 12 month period are available electronically at <http://www.leicestershospitals.nhs.uk/>

4 Statement of Assurance from the Board

Data Quality: NHS number and General Practice code validity

Good quality information underpins the effective delivery of patient care and is essential to improvements in the quality of care and for patient safety. Data that is accurate, timely and relevant supports efficient patient care and reduces clinical risk. Reliable information on all aspects of performance means planning of future services can be carried out with confidence.

Data quality is managed via an established set of routine daily checks, management reporting and audit. Daily checks include:

- Researching the identity of all new patients and ensuring new registrations are not duplications of patient records that already exist. This includes checks on records with significant changes to information such as patient name, date of birth and address which are essential to assignment and verification of the NHS number for each patient. Patients with no number are typically overseas visitors or patients who were unable to provide reliable information during their hospital visit.
- Validation of General Medical Practice (GP) is undertaken, by comparing local data against national GP databases. Anomalies are amended to support good communication from our hospitals and ensure accurate commissioning of activity. Guidelines are in place to ensure that patient demographic information (address, GP etc.) is frequently checked with the patient. Outpatient appointment notification letters feed-back to patients the details of their GP practice address we currently hold. This drives an additional layer of validation by the patient themselves.

Management reports are regularly collated to feedback on data quality to frontline services using local and external sources. Data Quality standards are reported to the Executive Performance Board.

A regular programme of audit is undertaken covering both outpatient and admitted patient data. This compares information held in the paper case notes to the electronic data collected. Validity checks on data show high compliance of national NHS code sets being accurately applied with local information systems.

4 Statement of Assurance from the Board

Leicester's Hospitals submit records to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data. Data published by the Secondary Uses Service for year 2015/16 shows validity of data as follows:

NHS Number	Leicester's Hospitals	
	Admitted Patient Care	99.8%
	Outpatient Care	99.8%
	Accident and Emergency Care	99.3%

The hospital's local coverage of NHS number is higher than these figures indicate as we do not submit any identifiable information such as NHS number for patients whose attendance data contains sensitive information to the Secondary Uses Services.

General Medical Practice	Leicester's Hospitals	
	Admitted Patient Care	100%
	Outpatient Care	100%
	Accident and Emergency Care	100%

Ethnicity Code	Leicester's Hospitals	
	Admitted Patient Care	100%
	Outpatient Care	97.3%
	Accident and Emergency Care	89.3%

Ethnicity data coverage in our Emergency Department is 100%. The Urgent Care Centre data included in the total is collected on a separate GP computer system, as it was managed by a different NHS Trust for most of the year.

4 Statement of Assurance from the Board

Clinical coding error rate

Clinical coding is the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into coded format. This is undertaken by trained clinical coders after every hospital stay and the resulting data is used for many different purposes, for example: appropriately funding for hospitals, effectively planning and clinical governance.

Leicester's Hospitals currently employ two accredited clinical coding auditors and a regular audit programme has been established. Randomised samples indicate that the trust coding function performs at a good Level 2 as measured by the Information Governance (IG) Toolkit. Error rates for the formal IG Audit in March 2015 were: Primary Diagnosis: 10%, Secondary Diagnosis: 8.8%, Primary Procedure: 7.5%, Secondary Procedure 8.2%.

Information governance attainment tool kit level 2015/16

Leicester's Hospitals Information Governance Assessment Report score for 2015/16 was 65% and was graded as unsatisfactory (red).

We recognise the importance of robust information governance. During 2015/16, the Director of Corporate and Legal Affairs retained the role of Senior Information Risk Owner and the Medical Director continued as our Caldicott Guardian.

All NHS Trusts are required annually to carry out an information governance self-assessment using the NHS Information Governance Toolkit. This contains 45 standards of good practice, spread across the domains of:

- information governance management
- confidentiality and data protection assurance
- information security assurance
- clinical information assurance
- secondary use assurance
- corporate information assurance

The Trust achieved (at least) a minimum level 2 standard across all of the 45 standards, except in the case of:

- training : 89% of staff were trained in information governance in 2015/16 against the toolkit requirement that all staff be trained;
- data quality : the Trust needs to document and implement procedures for using both local and national benchmarking to identify and investigate possible data quality issues;
- corporate information assurance : the Trust needs to undertake an audit of corporate records in at least four corporate areas of the organisation.

An information governance improvement plan for 2016/17 has been prepared for approval by the Executive Team. Implementation will be overseen by the Information Governance Steering Group, chaired by the Senior Information Risk Owner.

During the year we reported to the Information Commissioner's Office one serious untoward incident involving a lapse of data security. Patient care was not put at risk and the data was retrieved.

4 Statement of Assurance from the Board

In respect of other personal data related incidents experienced during 2015/16, we have carried out investigations to ensure that the root causes are properly understood and addressed; in addition, patients have been contacted to inform them of the lapses and to provide them with assurance about the actions we have taken to prevent recurrence.

What others say about Leicester's Hospitals: Statements from the Care Quality Commission (CQC):

Leicester's Hospitals were subject to a comprehensive inspection in January 2014 resulting in following ratings (please see the current registration status below).

An action plan was implemented to address the compliance actions and was completed in 2015. A further comprehensive inspection is planned for June 2016.

Leicester's Hospitals



In November 2015 the Emergency Department at the Leicester Royal Infirmary was subject to an unannounced inspection and this resulted in the CQC issuing Leicester's Hospitals with a notice of decision to impose conditions on Leicester's Hospitals registration as a service provider under Section 31 of the Health and Social Care Act 2008. The conditions covered included time to triage assessment, sepsis management, staffing levels and skill mix. Workstreams were established and weekly reports to the Executive Team and the Care Quality Commission have demonstrated an improvement.

4 Statement of Director's Responsibilities in Respect of the Quality Account

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

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

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

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

By order of the Board

xx /06/16 Karamjit Singh, Chairman

xx /06/16 John Adler, Chief Executive

5 Statement from our Stakeholders and External Auditors



May 2015

Healthwatch Leicester, Leicestershire and Rutland joint response to the UHL Quality Account

2015 - 2016

This is a joint response prepared on behalf of Healthwatch Leicester City, Healthwatch Leicestershire and Healthwatch Rutland (HWLLR). Healthwatch acknowledges and welcomes the opportunity to comment.

We recognise the difficulties experienced by UHL during 2015/16, particularly with the unprecedented demand for Emergency Services, the impact on bed management, the challenges faced in maintaining performance levels, all against a backdrop of financial constraints. However, we consider the Quality Account for 2015/16 as a whole and the opening statement from the Chief Executive acknowledges the demands both operationally and financially, yet recognises the commitment to providing safe services and high quality care for our patients. We believe the Quality Account presents a balanced picture, explaining exactly what a Quality Account is whilst acknowledging and describing progress and achievements, balanced with the challenges where progress has fallen short of expectations.

UHL talks highly of its quality commitments, citing 'Caring at its Best', aspirations and 'Delivering Care at its Best' –meeting aspirations. We recognise the huge amount of work that is going on and are assured that the quality of care and safety of patients, carers and staff remains at the heart of what they do.

We note particularly from last year the effort and focus the Trust has made to improve its mortality rates, the levels of which are now the lowest in the Trust's history. It has achieved its SHMI (Hospital Level Mortality Indicator). We also acknowledge from last year the Trust's achievement in reducing the risk of error and adverse incidents by 5%.

We particularly note the improvement in patients' and their carers experience of care, achieving a Friends and Family's test score of 97%. It is encouraging to note that through the Trust's 'Listening into Action Programme', there is an incentivised environment which allows staff and staff teams an opportunity to increase their engagement with the Programme.

5 Statement from our Stakeholders and External Auditors

Patient Partners have been introduced, which underpins UHL's continued commitment to patient and public engagement. We particularly support the involvement of patients in shaping services, which we acknowledge is underpinned by UHL's Patient and Public Involvement Strategy. We value too, the involvement of Healthwatch in a range of activities across the Trust, including informal visits to the Emergency Department for example and membership of the UHL Board and key committees.

Through 2015/16 an established, Independent Complaints Panel has been in operation, involving UHL and POHWER. There has been a marked improvement in the cases reviewed, their handling and communication with complainants. Also, the quality of case files has improved which allows for increased scrutiny. It is hoped that this important work contributes to better engagement with the public and improves public awareness of the complaints process.

The Trust has acknowledged its challenges in that the 4 hour Emergency Care Access Standard (95%) was not achieved and the added impact this has had on ambulance handover times and cancellation rates. We do, however, acknowledge and welcome the continued priority the Trust and Health and Social Care colleagues are affording to this situation and recognise the work that is ongoing to reduce the numbers of patients accessing the service and the appropriate alternatives to admissions.

The 'Better Care Together Programme' enables the voices of patients and the public to be heard and again we acknowledge the work UHL has been undertaking to this ambitious programme and the achievements made to date against the key workstreams. The cancer targets, particularly the 62 day target (for first treatment from urgent GP referral), remains a challenge and we hope that the detailed plans in place will realise a sustainable achievement of this target during 2016/17. We will continue to closely monitor performance.

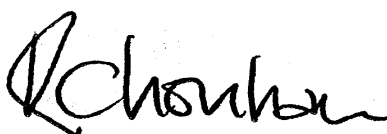
We noted the Care Quality Commission unannounced visit to the Emergency Department in November 2015 and have had the opportunity to share, support and monitor the implementation of the key recommendations. We note a follow up CQC visit to the Trust in 2016.

HWLLR therefore supports the Quality Account for 2015/16, the achievements and the challenges facing UHL for the future.



Rick Moore

Chair of Healthwatch
Leicestershire



Karen Chouhan

Chair of Healthwatch
Leicester



Jennifer Fenelon

Chair of Healthwatch
Rutland

healthwatch
Leicestershire

healthwatch
Leicester

healthwatch
Rutland

5 Statement from our Stakeholders and External Auditors

RESPONSE TO UHL QUALITY ACCOUNT – LLR CCGs

Dawn Leese, Director of Nursing and Quality

Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCGs) welcome the opportunity to comment on the Quality Account for University Hospitals of Leicester NHS Trust (UHL). The Quality account for 2015/16 provides a summary of the successes and challenges over the last year and includes an honest and balanced introductory statement by the Chief Executive.

The CCGs are pleased to see the progress with aspects of the 2014/15 quality priorities and, specifically, the reduction in the SHMI (hospital level mortality indicator) and work to improve care at the end of life, including bereavement support. There is also recognition of areas within the quality priorities that were not fully achieved and the further actions to be taken to make improvements in areas such as sepsis and acting on results. The Quality priorities 2016/17 include relevant areas of focus for improvement, such as improved Trust-wide compliance with sepsis pathways, safer insulin usage and improved recognition and escalation of the deteriorating patient. Commissioners would have also liked to see the inclusion of improvements related to acting on results, as this is an ongoing issue and was only partially achieved in 2014/15. It would also be helpful to be more specific about current performance related to the improvement ambitions and how these will be measured to demonstrate success.

The good performance around C difficile is very positive and demonstrates a focus on infection prevention and control within UHL. There is an acknowledgment of the ongoing challenges to meet performance targets across a range of other areas such as access to emergency care (including handover delays between EMAS and UHL), cancer and diagnostics. Whilst the work required with external partners to enable improvements is highlighted, there is also significant work to be undertaken within UHL to ensure safe, effective and consistent systems and processes are in place for patients. This was recognised by the CQC inspection of Emergency Services Department in November 2015 and needs to be a key area of focus for 2016/17.

The section on culture, leadership and workforce has some very valuable information about organisational development, culture and the work around staff engagement which builds on 'Listening into Actions'. The Trust does have challenges around recruiting and maintaining the right numbers of staff in some staff groups, for example nursing. This is not considered within the document and is an essential consideration in delivering high quality care to patients.

Finally, the Trust has done some excellent work in engaging with patients and carers and analysing that feedback to get a good understanding of what is going well and not so well. It would have been really beneficial to see the key areas of action as a result of that feedback and what action the Trust plans to take as a result of this. A priority area reported by people who use UHL services relates to waiting times across a range of specialties and this is not apparent within this quality account.

5 Statement from our Stakeholders and External Auditors

LEICESTERSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST QUALITY ACCOUNT FOR 2015-16

May 2016

The Leicestershire Health Overview and Scrutiny Committee welcomes the opportunity to comment on the Quality Account for the University Hospitals of Leicester NHS Trust (UHL). The Committee is of the view that the Quality Account presented by UHL offers a balanced picture of the trust's performance and is not aware of any major omissions. Areas of concern or of particular interest to the Committee are discussed below.

The Committee notes that the priorities for 2015-16 are clearly set out as reducing preventable mortality, reducing the risk of error and adverse incidents and to improve patients' and their carers' experience of care. The Committee is pleased to note that all overarching Key Performance Indicator's for 2015/16 have been achieved, but feels concern that some of the targets for the individual work streams have not been achieved. In particular the Committee is disappointed that the three targets for Sepsis are recorded as not achieved and notes that this was an issue highlighted by the Care Quality Commission when it carried out an unannounced inspection of the Emergency Department in November. The Committee was advised in January 2016 that a new pathway had been implemented and is of the view that, whilst this has resulted in some improvements, further work is needed to ensure that these targets are achieved in future. The Committee is of the view that the management of Sepsis needs to be a greater priority for UHL in the future. The Committee is pleased to note the intention to standardise the Sepsis Care Bundle across all areas of hospitals.

The Committee notes that Leicester's Hospitals have not met the Emergency Department 4 hour wait target and the ambulance handover times are a serious concern. Members have been monitoring this situation and have welcomed the initiatives put in place to reduce demand and improve processes. The Committee will continue to monitor performance in this area and looks forward to the Vanguard plans being fully implemented and the new Emergency Floor opening in February 2017.

The Committee notes with concern that there has been an increase in the readmission rate which appears to correlate with the increase in emergency admissions. The Committee welcomes the completion of the readmissions review and that reducing readmissions to below 8.5% is a Quality Commitment priority for 2016/17. The Committee will be keen to hear what actions are being taken to achieve this during 2016/17.

5 Statement from our Stakeholders and External Auditors

LEICESTERSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

- continue

The Committee notes that for 2015/16 there was 1 patient with an MRSA bacteraemia against the national target of 0, which was an improvement on the 5 patients contracting MRSA in 2014/15. However, not meeting the performance indicator for MRSA is still not acceptable.

The Committee welcomes the improvements to services that have arisen from the Better Care Together programme as referred to on page 43 of the Quality Account. However, the Committee wishes to highlight the importance of monitoring the changes to ensure that they do not destabilise the local health and care economy, and that services continued to be safe for patients.

The Committee endorses the focus on feedback from patients and/or carers and relatives and is pleased that both positive and negative feedback is acted on as stated at page 37 of the Quality Account. The Committee hopes that patient surveys can encompass as broad a spectrum of patients as possible and all are encouraged to respond.

In conclusion, the Committee would like to thank UHL for presenting a clear Quality Account and, based on the Committee's knowledge of the provider, is of the view that the Quality Account is accurate and provides a just reflection of the healthcare services provided. The Committee notes the improvement made over the period 2015-16, however it believes that improvements are still needed particularly with regards to transfer of patients to UHL from EMAS and the need to assess every patient within 15 minutes of arrival at the Emergency Department. The Committee would also wish to emphasise the importance of reducing the rate of readmissions. The Committee is looking forward to the improvements to be made in the year 2016-17 to the UHL's healthcare provision in line with the priorities set out in the Quality Account for 2015-16.

5 Statement from our Stakeholders and External Auditors

LEICESTER HEALTH AND WELLBEING SCRUTINY COMMISSION

Extract from notes of meeting on 21st April 2016

The University Hospitals of Leicester NHS Trust's submitted a draft Quality Accounts for 2015/16. Sharon Hotson, Director of Clinical Quality and Julie Smith, Chief Nurse attended the meeting to present the draft Quality Accounts and invited the Commission to review the Quality Accounts and provide feedback by Tuesday 10th May which would be included in the final draft of the Quality Accounts to be presented to the Trust Board in June.

The Quality Accounts were produced annually to a prescribed format and they were subject to a statutory requirement to be shared with a number of stakeholders including the Commission.

The successes for 2015/16 included:-

- a) Achieving the three Quality Commitment priorities from the 2014/15 Quality Accounts:-
 - Reducing preventable mortality and having a Hospital Level Mortality Indicator ≤ 100 .
 - Reducing the risk of error and adverse incidents by 5%.
 - Improve patients' and their carers' experience of care achieving a Friends and Family Score of 97%.
- b) Having only 1 case of MRSA in the last 14 months.

Particular challenges during the year remained the emergency pathway and in particular meeting the 4 hour emergency care access standard. Although internal and external reporting was showing an improving picture in relation to compliance with SEPSIS 6 Care Bundle there was still more challenges to achieve all three performance indicators for SEPSIS.

Following questions from Members, it was noted that:-

- a) The nationally defined pathway for the early identification of SEPSIS had been implemented within the clinical teams. Additional training had been put in place for identifying SEPSIS and meeting the national standards. The process involved identifying patients with SEPSIS and carrying out 6 interventions within 60 minutes of arrival at hospital. Each case was reviewed the following day to assess whether the process had been followed and whether the patient had suffered if the 60 minute target was exceeded. The Trust was working closely with EMAS to determine if they could be involved in the process and help to improve performance.

5 Statement from our Stakeholders and External Auditors

LEICESTER HEALTH AND WELLBEING SCRUTINY COMMISSION - continue

- b) The hospital was in the middle of the table of NHS Trusts for the performance in relation to the 4 hour emergency care access standard. UHL performance was 87.8% against the national target of 95%. The number of patients attending the emergency department was still increasing and approximately 750-850 patients were attending daily. The opening of the new emergency floor would have a significant impact upon performance but other factors such as bed capacity, discharges and patient flows through the hospital could still be limiting factors. There were ongoing discussions with GPs to reduce the number of patients attending emergency department where their condition could be safely treated through other healthcare services. Patients were 'triaged' on arrival at the emergency department to ensure that those patients requiring urgent treatment were seen first. Patients waiting for treatment were monitored regularly and their priority would change should their condition deteriorate.
- c) The CRAB system was an alternative system to one that was already in use and following a pilot trial it had been decided not to proceed with implementing CRAB and to retain the existing system.
- d) The Acute Kidney Injury (AKI) performance target had not been met as the national advice had changed during the year. The 90% threshold was not achieved and the AKI would continue within the Commissioning and Innovation payment framework (CQUIN) for 2016/17.

Members made the following observations on the draft Quality Accounts:-

- a) The rigid format of the Quality Accounts template can be unhelpful at times as it statements can appear more alarming than they are in reality to non-medical persons. Parts of the Accounts could be less dense with less narrative.
- b) More could be made of what the Trust did with feedback received through complaints to improve services.
- c) There should be a more detailed explanation of CRAB to add clarity as to why it was not being continued.

5 Statement from our Stakeholders and External Auditors

KPMG – Independent auditors report on annual quality account

DRAFT

6 Appendix 1.1

Appendix 1.1 The national clinical audits that Leicester's Hospitals were eligible to participate in during 2015-16

Category	Project Title	Did the Trust participate?	Audit Stage	Ref. No
Heart	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Data collection ongoing	7439
Acute	Adult Cardiac Surgery	Yes	Data submitted	7497
Cancer	Bowel cancer (NBOCAP)	Yes	Data submitted	6819
Heart	Cardiac Rhythm Management (CRM)	Yes	Data collection ongoing	7442
Acute	Case Mix Programme (CMP)	Yes	Data collection ongoing	7941
Acute	Intensive Care National Audit and Research Centre ICNARC	Yes	Data collection ongoing	6358
Women's & Children's Health	Child Health Clinical Outcome Review Programme	Yes	100% completed	6430
Heart	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Yes	Completed	6826
Heart	Coronary Angioplasty / National Audit of PCI	Yes	Data submitted	7443
Long term conditions	Diabetes (Adult)	Yes	Data submitted	7493
Long term conditions	Diabetes (Paediatric) NPDA	Yes	Data collection ongoing	6838
Other	Elective surgery (National PROMs Programme)	Yes	Data collection ongoing	8013
Older People	Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	Data submitted	7473
Cancer	Head and Neck Cancer Audit	Yes	Data submitted	7765
Long term conditions	Inflammatory Bowel Disease (IBD) programme	Yes	Data submitted	7791

6 Appendix 1.1

Appendix 1.1 The national clinical audits that Leicester's Hospitals were eligible to participate in during 2015-16 - continued

Category	Project Title	Did the Trust participate?	Audit Stage	Ref. No
Acute	Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	Data collection ongoing	7502
Women's & Children's Health	Maternal, Newborn and Infant Clinical Outcome Review	Yes	Data submitted	6862
Acute	Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Data collection ongoing	6965e 7370e 7706e 7980e
Other	National Audit of Intermediate Care	N/A		
Heart	National Cardiac Arrest Audit (NCAA)	Yes	Data submitted	6833
Long term conditions	National Chronic Obstructive Pulmonary Disease (COPD)	Yes	Data submitted	6841
Blood and Transplant	National Comparative Audit of Blood Transfusion programme	Yes	Data collection ongoing	6818
Acute	National Emergency Laparotomy Audit (NELA)	Yes	Data submitted	7342
Heart	National Heart Failure Audit	Yes	Data collection ongoing	7503
Acute	National Joint Registry (NJR)	Yes	Data collection ongoing	7733
Heart	National Vascular Registry	Yes	Data collection ongoing	7817
Women's & Children's Health	Neonatal Intensive and Special Care (NNAP)	Yes	Data collection ongoing	7999
Acute	Non-Invasive Ventilation - adults	Yes	Did not take place in 2015/16	6815
Cancer	Oesophago-gastric cancer (NAOGC)	Yes	Data collection ongoing	7994

6 Appendix 1.1

Appendix 1.1 The national clinical audits that Leicester's Hospitals were eligible to participate in during 2015-16 - continued

Category	Project Title	Did the Trust participate?	Audit Stage	Ref. No
Women's & Children's Health	Paediatric Intensive Care Audit Network (PICANet)	Yes	Data submitted	6864
Long term conditions	Renal replacement therapy (Renal Registry)	Yes	Data submitted	7504
Long term conditions	Rheumatoid and Early Inflammatory Arthritis	Yes	Data submitted	6739
Older People	Sentinel Stroke National Audit Programme (Organisational Audit) (SSNAP)	Yes	Not happening in 2015/16	7458a
Older People	Sentinel Stroke National Audit Programme (SSNAP)	Yes	Data submitted	7458
Long term conditions	UK Cystic Fibrosis Registry (Adult & Paediatrics)	Yes	Data submitted (Paediatrics)	7962a
Long term conditions	National Complicated Diverticulitis Audit (CAD)	No	Not participated in 2015/16	
Acute	Procedural Sedation in Adults (care in emergency departments)	Yes	Data submitted	7496
Acute	Pulmonary Hypertension Audit	N/A	N/A for our Trust	6311
Older People	UK Parkinson's Audit	Yes	Data submitted	6847
Acute	Vital signs in children (care in emergency departments)	Yes	Data submitted	7495
Acute	VTE risk in lower limb immobilisation (care in emergency departments)	Yes	Data submitted	7494
Mental Health	Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	N/A	-	
Mental Health	Prescribing Observatory for Mental Health (POMH)	N/A		

6 Appendix 1.2

Appendix 1.2 National Confidential Enquiries that Leicester's Hospitals participated in during 2015/16

During 2015/16 hospitals were eligible to enter data into 4 NCEPOD studies. Please find below a summary for those studies in which Leicester's Hospitals participated:

NCEPOD – Quality Accounts summary 2015/2016



During 2015/16 hospitals were eligible to enter data into 4 NCEPOD studies. Please find below a summary for those studies in which you participated. If you were exempt from any particular study it will not be listed.

Excluded totals shown below can be added to your included cases should it help improve return rates.

Mental Health	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	15	0	6	0	10	0	3	0
(Please note this study is still open and the figures have not been finalised)								

Acute Pancreatitis	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	10	2	6	0	10	0	3	3

Sepsis	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	10	3	7	1	10	3	3	3

Gastrointestinal Haemorrhage	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	11	4	6	1	10	3	3	3

* number of questionnaires/case notes returned including blank returns with a valid reason, questionnaires marked "not applicable", and case notes missing with a valid reason.

Ref: Bennett404772

6 Appendix 1.3

Appendix 1.3: Glossary of terms

Admission the point at which a person begins an episode of care, e.g. arriving at an inpatient ward.

Acute Care is specific care for diseases or illnesses that progress quickly, feature severe symptoms and have a brief duration.

Acuity The measurement of the intensity of care required for a patient accomplished by a registered nurse. There are six categories ranging from minimal care to intensive care.

Amber Care Bundle (AMBER=Assessment, Management, Best Practice, Engagement, Recovery uncertain) supports best practice when caring for patients whose recovery is uncertain.

Cannulation intravenous cannulation involves putting a “tube” into a patient’s vein so that infusions can be inserted directly into the patient’s bloodstream.

Care Plan a plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy.

Care Quality Commission the organisation that make sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and we encourage them to make improvements.

CCG (Clinical Commissioning Group) Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

CIP (Cost Improvement Programme) a Cost Improvement Programme (CIP) is the identification of schemes to increase efficiency/ or reduce expenditure. CIPs can include both recurrent (year on year) and non-recurrent (one-off) savings. A CIP is not simply a scheme that saves money. The most successful CIPs are often those based on long-term plans to transform clinical and non-clinical services that not only result in a permanent cost savings, but also improve patient care, satisfaction and safety.

Clinical Governance is a framework that ensures that NHS organisations monitor and improve the quality of services provided and that they are accountable for the care they provide.

Clinical Negligence Scheme for Trust (CNST) is a scheme for assessing a Trust's arrangements to minimise clinical risk for service users and staff. Trusts need to pay 'insurance' which can offset the costs of legal claims against the Trust. Achieving CNST Levels (1, 2 or 3) shows the Trust's success in minimising clinical risk and reduces the premium that the Trust must pay.

Clinician is a person who provides direct care to a patient such as a doctor, nurse, therapist, pharmacist, psychologist etc.)

Commissioning is the process of identifying a community's social and/or health care needs and finding services to meet them.

Community Care aims to provide health and social care services in the community to enable people live as independently as possible in their own homes or in other accommodation in the community.

Co-morbidity is the presence of two or more disorders at the same time. For example, a person with depression may also have diabetes.

CRAB (Copeland's Risk Adjusted Barometer) system which is a unique tool to predict the clinical risk for every patient as an individual, rather than making blunt assumptions based on national statistics. This will help to identify which in-hospital deaths would be most appropriate to review.

6 Appendix 1.3

Appendix 1.3: Glossary of terms

Diagnosis is identifying an illness or problem by its symptoms and signs.

Discharge is the point at which a person formally leaves services. On discharge from hospital the multi-disciplinary team and the service user will develop a care plan (see Care plan).

Emergency Admission when a patient admitted to hospital at short notice because of clinical need or because alternative care is not available.

Emergency Department is a hospital department that assesses and treats people with serious and life-threatening injuries and those in need of emergency treatment. Also sometimes called A&E (Accident & Emergency)

Foundation Trusts are a type of NHS hospital run by local managers, staff and members of the public, which are tailored to the needs of the local population.

Friends and Family Test (FFT) launched in April 2013, the FFT question asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience

General Practitioner (GP) is a family doctor, usually patient's first point of contact with the health service.

Health Care Assistants (can also be referred to as Health Care Support Workers) are non-qualified nursing staff who carry out assigned tasks involving direct care in support of a registered/qualified nurse. There are two grades of Health Care Assistants, A and B grade. A grades would expect to be more closely supervised, while B grades may regularly work without supervision for all or most of their shift, or lead on A grade.

Human Resources is a department found in most organisations that works to recruit staff, assist in their development (e.g. providing training) and ensure that staff work in good conditions.

Information Management and Technology (IM&T) refers to the use of information held by the Trust, in particular computerised information and the department that manages those services.

Intermediate Care Services are services that promote independence, prevent hospital admission and/or enable early discharge. Intermediate care typically provides community-based alternatives to traditional hospital care.

Keogh 10 Clinical Standards have been set by Sir Bruce Keogh to describe the care all patients should be able to expect, any day of the week. The standards include a process for handovers between clinical teams, which diagnostic services should always be available and how quickly hospital patients should be assessed by a consultant.

Multidisciplinary denotes an approach to care that involves more than one discipline. Typically this will mean that doctors, nurses, psychologists and occupational therapists are involved.

NICE is the National Institute for Health and Clinical Excellence, an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

6 Appendix 1.3

Appendix 1.3: Glossary of terms

Non-Executive Director is a member of the Trust Board. They act a two way representative. They bring the experiences, views and wishes of the community and patients to the Trust Board. They also represent the interests of the NHS organisation to the Community.

Out of Hours (OOH) is the provision of GP services when your local surgery is closed, usually during the night, at weekends and Bank Holidays.

Palliative care is an area of healthcare that focuses on relieving and preventing the suffering of patients.

Peri-natal mortality is the number of stillbirths and deaths in the first week of life per 1,000 live births, after 24 weeks gestation.

Primary Care is the care will receive when you first come into contact with health services about a problem. These include family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers.

QIPP (Quality Innovation Productivity and Prevention) In July 2010, the White Paper 'Equity and excellence: Liberating the NHS' set out the government's vision for the future of the NHS. The White Paper outlined the government's commitment to ensuring that QIPP supports the NHS to make efficiency savings, which can be reinvested back into the service to continually improve quality of care.

Risk assessment identifies aspects of a service which could lead to injury to a patient or staff member and/or to financial loss for an individual or Trust.

Secondary care is specialist care, usually provided in hospital, after a referral from a GP or health professional. Mental Health Services are included in secondary care (see also tertiary care).

Serious Untoward Incidents (SUI) is to describe a serious incident or event which led, or may have led, to the harm of patients or staff. Members of staff who were not involved in the incident investigate these and the lessons learned from each incident are used to improve care in the future.

Supportive Palliative Care Indicators Tool (SPICT) is used to identify people at risk of deteriorating and dying with one or more advanced conditions for palliative care needs assessment and care planning.

Stakeholders are a range of people and organisations that are affected by or have an interest in, the services offered by an organisation.

Tertiary Care is when a hospital consultant decides that more specialist care is needed. Mental Health Services are included in this (see also Secondary care).

TTO (To-take-out) are medicines supplied by the hospital pharmacy for patients to take with them when they are discharged (see discharge) from hospital.

Triage a system which sorts medical cases in order of urgency to determine how quickly patients receive treatment.

UCC/ Urgent Care Centre is an NHS medical centre patients can attend without an appointment

Walk-in-Centre (WiC) very much like an Urgent Care Centre; may not be able to do some of the tests (such as x-rays etc) that an Urgent Care Centre may have access to. Is often a different way of referring to the same type of service.

Wayfinding is information systems that guide people through a physical environment.

Feedback Form

We hope you have found this Quality Account useful.

In order to make improvements to our Quality Account we would be grateful if you would take the time to complete this feedback form and return it to:

Director of Clinical Quality
Leicester's Hospitals
The Firs
Glenfield Hospital
Grobby Road
Leicester
LE3 9QP

Email: qualityaccount@Leicester's Hospitals-tr.nhs.uk

Alternatively please use our online survey [LINK](#) where you will be able to respond to the following questions below. You can also scan the code at the bottom of this page with your smart phone.

1. How useful did you find this report?

Very useful ☐

Quite useful ☐

Not very useful ☐

Not useful at all ☐

2. Did you find the contents?

Too simplistic ☐

About right ☐

Too complicated ☐

3. Is the presentation of data clearly labelled?

Yes, completely ☐

Yes, to some extent ☐

No ☐

4. Is there anything in this report you found particularly useful?

5. Is there anything you would like to see in next year's Quality Account?