

2016/17 Quality Account

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Trust Board paper G

Executive Summary

Context

The Quality Account is an annual report from providers of healthcare about the quality of service delivered and this is the eighth year of reporting.

The draft Quality Account was shared with the following stakeholders at the beginning of April 2017:

- The three Clinical Commissioning Groups within Leicester, Leicestershire and Rutland
- Leicester, Leicestershire and Rutland Healthwatch
- Leicester City Council Health and Wellbeing Scrutiny Commission
- Leicestershire County Council Health Overview and Scrutiny Committee

The commentaries have been included (verbatim) from all of these partners.

The final draft of the Quality Account was presented to the Quality Assurance Committee on the 25th May 2017.

Assurance against the Quality Account comes from both internal and external sources and the Trust is required to complete the Statement of Directors' Responsibilities within the Quality Account.

The statement takes the form of bullet points followed by a signature from the Chairman and Chief Executive and is included at page 72 of Appendix A. These statements and supporting evidence were considered by the Audit Committee on the 26th May 2017.

Input Sought

Trust Board is asked to approve the 2016/17 Quality Account.

The Trust Board is asked to note that the final 2016/17 Quality Account will be published on the NHS Choices website.

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]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Yes]

3. Related **Patient and Public Involvement** actions taken, or to be taken: [Insert here]

4. Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]

5. Scheduled date for the **next paper** on this topic: [N/A]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Report to: Trust Board
Report from: Director of Clinical Quality
Date: 1st June 2017
Subject: 2016/17 Quality Account

1.1. Background

- 1.2. The Quality Account is an annual report from providers of healthcare about the quality of service delivered and this is the eighth year of reporting. The final draft of which is attached at Appendix A.
- 1.3. NHS England and NHS Improvement wrote jointly to all Chief Executives in February this year to confirm there is no significant change in the arrangements for producing Quality Accounts.
- 1.4. The final draft of the Quality Account was presented to the Quality Assurance Committee on the 25th May 2017.
- 1.5. The Statement of Directors Responsibilities and supporting evidence was the focus of a paper to the Audit Committee on the 26th May.

2. Structure of the Quality Account

- 2.1. The Quality Account has to be produced in line with the Department of Health Toolkit. This mandates the content, who the Quality Account has to be formally shared with, for an invitation to comment and how the Quality Account has to be published.
- 2.2. The Quality Account is structured in the following way:
 - A review of quality performance for 2016/17
 - Priorities for improvement for 2017/18
 - A series of mandated statements including stakeholder commentary

3. Stakeholders commentary

- 3.1. The draft Quality Account was shared with the following stakeholders at the beginning of April 2017:
 - The three Clinical Commissioning Groups within Leicester, Leicestershire and Rutland
 - Leicester, Leicestershire and Rutland Healthwatch
 - Leicester City Council Health and Wellbeing Scrutiny Commission
 - Leicestershire County Council Health Overview and Scrutiny Committee
- 3.2. The commentaries have been included (verbatim) from all of these partners.

3.3 All feedback has been carefully considered and no changes have been made to the Quality Account for 2016/17, however feedback will be disseminated within UHL as well as being considered when developing the Quality Account for 2017/18

3.4 The Patient Partners have been involved in the development of the Quality Account at an earlier stage again this year and have provided commentary on page 31.

4. The Statement of Directors' responsibilities in respect of the Quality Account

4.1 Assurance against the Quality Account comes from both internal and external sources and the Trust is required to complete the Statement of Directors' Responsibilities within the Quality Account.

4.2 The statement takes the form of bullet points followed by a signature from the Chairman and Chief Executive and is included at page 72 of Appendix A. These statements and supporting evidence were considered by the Audit Committee on the 26th May 2017.

5 External audit assurance of the Quality Account

5.1 External auditors (KPMG) review the Quality Account to determine if national guidance has been followed and test two mandatory indicators. The indicators this year are:

- Rate of clostridium difficile infections
- Percentage of patient safety incidents resulting in severe harm or death

5.2 The scope of the audit opinion is one of limited assurance and has been reproduced verbatim on page 68 of the Quality Account. This was considered at the Audit Committee on the 26th May 2017.

6.0 Recommendation to the Trust Board

6.1 Trust Board is asked to approve the 2016/17 Quality Account.

6.2 The Trust Board is asked to note that the final 2016/17 Quality Account will be published on the NHS Choices website



Draft

Quality Account

2016/2017

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1. Introduction 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 2016/17. Within an exceptionally challenging financial environment, we remain committed to focusing our resources and actions to providing safe services and the very highest of care for our patients and this report is an outline of our achievements and successes against our quality priorities over the past 12 months.

During 2016/17 our quality priorities were:

- To reduce avoidable deaths and reduce avoidable re-admissions
- To reduce harm caused by unwarranted clinical variation
- To use patient feedback to drive improvement to services

In June (20th - 23rd June 2016), the Care Quality Commission carried out a comprehensive inspection of our hospitals services. The aim of this inspection was to check whether our services are safe, caring, effective, well-led and responsive to people's needs.

The inspection team were extremely complementary about the staff they met, saying staff were universally welcoming, open and transparent. They were clearly very impressed by the compassion, professionalism and loyalty of everyone whom they encountered. I am pleased that despite the overall 'Requires Improvement' that the CQC has recognised our caring staff. The reports gave a clear message that we are going in the right direction, but have more to do.

Our focus on quality as the driving force will continue and strengthen through a reworking of our Strategic Objectives and Annual Priorities for 2017/18. An action plan has been being produced to cover the specific compliance actions in the report, but rather than create separate actions most of the improvements we need to make will be within our core improvement programmes.

Overall the CQC report shows that we have progressed or met our targets in the majority of areas however in a few areas we have not and these priorities will continue to be a focus for the coming year as part of our annual priorities and updated Quality Commitment.

During the year we have struggled with continuing operational pressures that have seen our hospitals in and out of critical incident status and bed escalation

for many months. We required a change in the way we delivered services if we were to deliver a safe and quality service that improves the experience of our patients whilst in hospital, at the level of efficiency which our commissioners and the general public demand of us. In December we introduced Red 2 Green which aims to change behaviour and identify where we can work better. We wanted to use this simple methodology to identify patients' needs, identify any problems that are blocking flow and discharge and improve the process of escalation. So far I can advise that this new process has had a positive impact.

This year as part of our Quality Commitment we have launched the country's first dedicated Emergency Department (adult) based Sepsis Team - we are leading the way in this area as no other NHS trust in the UK has a dedicated team for the recognition and management of sepsis for adults in an emergency. We have more to do and the work of this team will be spread across the Trust through 2017/18.

So despite financial challenges, constraints and the increases in patient numbers I have every confidence that during 2017/18 our continued hard work will pay further dividends and our patients, carers and visitors will see concrete improvements as we deliver more of our 5-Year Plan.

I hope 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

Electronic signature to be added prior to submission externally (31st March 2017)

John Adler
Chief Executive

2. Review of quality performance in 2016/17

2.1 Our aims for 2016/17

Last year we set the following priorities for 2016/17:

- To reduce avoidable deaths
- To reduce harm caused by unwarranted clinical variation
- To use patient feedback to drive improvement to services



2.2 Review of last year's Quality Commitment priorities

We said we would:

Reduce avoidable deaths and reduce avoidable re-admissions

In 2016/17 we:

- Have focussed on the early recognition of sepsis and Acute Kidney Injury (AKI) through the implementation of the Sepsis Care Bundle and the AKI Bundle
- Embedded the screening of all in-hospital deaths by medical examiners. Over 800 patient records have been screened by the medical examiners (over 90% of adult deaths at the Royal Infirmary) with 20% of these being referred for further review by our speciality morbidity and mortality groups
- Have been an early adopter with our participation in the National Retrospective Case Review
- Supported daily use of PARR 30 (Patient's Risk of Re-admission within 30 days) incorporating discharge planning

Further improvements we need to make are:

- Extending the medical examiner process to the General Hospital and Glenfield
- Improving the collation of morbidity and mortality review findings
- Increasing the numbers of cases where death classification is confirmed
- Including PARR30 scores in our electronic patient information systems

Results:

- For the period October 2015 to September 2016, Leicester's Hospitals SHMI was 102. This is above the national average of 100, but is still within expected average
- For the period April 2016 to January 2017 our 30 day emergency re-admission rate was 8.5%, a reduction on the 2015/16 rate of 8.9%

We said we would:

Reduce harm caused by unwarranted clinical variation

In 2016/17 we:

- Have improved compliance with the four core 7 day service standards
- Further rollout of Early Warning Scores (EWS) and e-observations
- Implemented the Safe Use of Insulin Strategy

Further improvements we need to make are:

- Ensuring Cardiology & Respiratory emergency admissions are seen and thoroughly assessed as soon as possible but at the latest within 14 hours from the time of arrival at hospital
- Moving away from manual reporting of EWS and pilot daily electronic reporting within one clinical area
- Developing trigger and track 'clinical rules' to improve the identification of sepsis and AKI
- Increasing the number of medical staff who have completed the 'Six Steps' insulin training
- Implementing the Point of Contact system for monitoring blood glucose levels

Results:

- **We met our Quality Commitment target of a 5% reduction in harm in 2016/17**

We said we would:

To use patient feedback to drive improvements to services and care

In 2016/17 we:

- Have improved the use of individualised care plans in keeping with the '5 priorities for care'
- Kept patients informed and involved in their care
- Reduced the 'in clinic' waiting times in Ophthalmology
- Improved clinical correspondence turnaround times

Further improvements we need to make are:

- Evaluating the role of End Of Life Facilitators in providing extra support to wards caring for the dying person
- Showing an improvement in patients feeling involved and informed in their care
- Increasing the number of patients in Ophthalmology seen within 30 minutes of their appointment time by 10% from 35.8% to 45.8%
- Ensuring patients receive correspondence within 14 days of their consultation

Results:

- **We achieved our target of a 6% improvement in patient involvement scores**
- **Met the quarter 3 Quality Commitment target for the 14 day standard for correspondence**
- **Failed to meet the target set for reducing the number of patients wait more than 30 minutes to be seen in Ophthalmology**

2.3 Patient Safety Improvement Plan

'Sign up to Safety' campaign

In September 2014 Leicester's Hospitals signed up to the national 'Sign Up to Safety' campaign. The campaign aims to halve avoidable harm and save an additional 6,000 lives over 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 2015 we were allocated £1,581,587 (one of the largest successful bids in England) from the National Health Service Litigation Authority (NHSLA) to support the delivery of our safety improvement plan.

Our 'Sign up to Safety' safety improvement priorities are aimed at improving the recognition, escalation, response and effective on going management of the deteriorating patient.

In 2016/17, as part of the 'Sign up to Safety' campaign we have:

- Introduced electronic observations for both adults and paediatrics across all three hospitals, through the implementation of Nervecentre
- Provided structured feedback to ward clinicians for all emergency patients admitted to the Royal Infirmary Intensive Care Unit with sepsis. These sessions provide the space for continual learning from peers
- Embedded a sepsis training module into our statutory resuscitation training
- Placed Sepsis Black Boxes in all of our resuscitation trolleys
- Introduced a Red Flag Sepsis Pathway to ensure patients receive the treatment they need within 1 hour

- Developed a Patient Safety Portal to help staff adopt best practice, share information and lessons learnt from incidents and complaints and work with other departments to improve patient safety and reduce avoidable harm
- Developed a partnership with Kettering hospital to implement the Red Flag Sepsis Pathway, Sepsis Black Boxes and training
- Created an obstetric video training package to share best practice and improve patient safety
- Created human factors e-learning modules for staff undertaking investigations and all healthcare staff

Duty of Candour

On 1st April 2015 the statutory Duty of Candour (Regulation 20 Health and Social Care Act 2008) regulated by the Care Quality Commission, came into force for all health care providers.

The intention of the regulation is to ensure that providers are open and transparent in relation to care and treatment provided. It also sets out specific requirements to ensure patients and their families are told about 'notifiable patient safety' incidents that affect them. Patients and their families receive an explanation and apology person to person. This is then followed up in writing and documented in the patient's records. Patients and their carers are kept informed of any further investigations / actions if and as appropriate.

To help staff understand the Duty of Candour requirements we have:

- Developed a short training video available on the hospital's intranet
- Updated our Duty of Candour (Being Open) Policy, with templates and flowcharts
- Held face to face training and briefing sessions for all staff groups
- Created posters and mouse mats displaying key messages for staff
- Adapted our incident management system so that when incidents are reported, a mandatory 'Duty of Candour' prompt encourages staff to record the relevant information and take the appropriate action

2.4 National Patient Safety Alert compliance

The National Patient Safety Alerting System (NPSAS) is a system for highlighting patient safety risks in NHS organisations and monitoring the implementation of actions to reduce these risks.

NHS trusts who fail to comply with the actions contained within patient safety alerts (PSAs) are reported in monthly data produced by NHS Improvement and published on the NHS Improvement website. Compliance rates are monitored by Clinical Commissioning Groups (CCGs). Failure to comply with the actions in a PSA results in a red 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 to manage PSAs. Heads of Nursing take an active role in the local management of alerts and our Executive Quality Board (EQB) and Quality Assurance Committee (QAC) provide oversight of this process. Any alert that fails to complete within the specified deadline is 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 2016/17 we have received 10 alerts and have had no alerts breach their due dates.

Table 1: National Patient Safety Alerts received during 2016/17

Title	Due date	Closed date
NHS/PSA/RE/2016/003 - Patient safety incident reporting and responding to Patient Safety Alerts	3 June 2016	1 June 2016
NHS/PSA/W/2016/004 - Risk of death and serious harm from failure to recognise acute coronary syndromes in Kawasaki disease patients	22 June 2016	22 June 2016
NHS/PSA/RE/2016/005 - Resources to support safer care of the deteriorating patient (adults and children)	31 January 2017	20 January 2017
NHS/PSA/RE/2016/006 - Nasogastric tube misplacement: continuing risk of death and severe harm	21 April 2017	20 April 2017
NHS/PSA/RE/2016/007 - Resources to support the care of patients with acute kidney injury	17 February 2017	3 February 2017
NHS/PSA/D/2016/008 - Restricted use of open systems for injectable medication	7 June 2017	Remains open
NHS/PSA/D/2016/009 - Reducing the risk of oxygen tubing being connected to air flowmeters	4 July 2017	Remains open
NHS/PSA/W/2016/010 - Risk of death and severe harm from error with injectable phenytoin	21 December 2016	21 December 2016
NHS/PSA/W/2016/011 - Risk of severe harm and death due to withdrawing insulin from pen devices	11 January 2017	10 January 2017
NHS/PSA/W/2017/001 – Resources to support safer care for full term babies	23 August 2017	Remains open

2.5 Never Events 2016/17

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

In 2016/17 four incidents were reported which met the definition of a Never Event. Thorough root cause analysis (RCA) is undertaken for Never Events and robust action plans are developed to prevent a similar occurrence.

The following table gives a description of the four Never Events, their primary root cause, the key recommendations to prevent reoccurrence and the level of patient harm. Patients and / or their families were informed of the subsequent investigations and involved throughout the process.

Never Event type	Description of incident and level of harm	Primary root cause	Key recommendations to prevent recurrence
Mis - selection of a strong potassium containing solution July 2016	Patient intravenously received a strong potassium solution rather than an intended different medication Major patient harm	Routine non-compliance with the IV administration policy, due to the absence of a workable local IV administration policy.	Medication Safety Lead to continue to share learning from this investigation nationally, to influence guidance and the appearance of the national supply of concentrated potassium ampoules. Consider moving to pre-filled potassium syringes, by analysing the business plan formulated during this investigation. Consider removing stock of 30mls syringes. Develop a standard operating policy (SOP) for IV administration on ITUs.
Retained Swab November 2016	Unintended swab left in situ following procedure in maternity Minor Patient Harm	Failure to follow Trust policies and procedures	Management of swabs, instruments, needles & accountable items' and 'Perineal or Genital Trauma following Childbirth – Identification and Repair' Policies to be sent out to all clinical staff within Obstetrics Spot check of compliance with current practice Individualised training programme for key individuals. Introduction of teaching sessions for Specialist trainees to include: 1. Counting

Never Event type	Description of incident and level of harm	Primary root cause	Key recommendations to prevent recurrence
			2. Scrubbing and donning gown and gloves correctly 3. Documentation Formation of a 'task and finish group' to: <ul style="list-style-type: none"> Assess feedback regarding change to the use of large gauze swabs Risk assess the re-introduction of tampons Evaluate the use of short training videos on theatre etiquette and safety
Wrong site surgery January 2017	Extraction of incorrect tooth Minor Patient Harm	After the surgeons changed sides a second count back to reconfirm the position of the tooth was not performed. The existing Safer Surgery Policy does not state that the surgical site/position is to be re-checked if there is a change in position (or other pause in the operative procedure)	Immediate action taken to have a paper copy of the orthopantomograph (panoramic x-ray) to be stuck to the wall or whiteboard during surgery. Safer Surgery Policy to be amended to include requirement for checks to be repeated following a change of position of surgeon or other significant change or interruption procedure and revised policy to be circulated to all surgical, theatre and anaesthetic staff Education around the need to pause and repeat safety checks if surgeons change position or there is another significant change/interruption to surgery, linked to the launch of the revised Safer Surgery Policy) Pilot of the writing of repeated checks on the theatre whiteboards Investigate strategies to mark teeth and pilot if appropriate Development of a standard operating procedure (Local Safety Standards for Invasive Procedures – LocSIPP) for tooth extraction
Wrong site surgery February 2017	Extraction of incorrect tooth Minor Patient Harm	RCA still in progress	RCA still in progress

2.6 NHS Outcome Framework Indicators

NHS Outcomes Framework domain	Indicator	2015/16	2016/17	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding	99 Apr15-Mar16 Band 2	102 Oct15-Sep16 Band 2	100 Oct15-Sep16 Band 2	116 Oct15-Sep16 Band 1	69 Oct15-Sep16 Band 3
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator).	21.9% Apr15-Mar16	21.6% Oct15-Sep16	29.2% Oct15-Sep16	56.3% Oct15-Sep16	0.4% Oct15-Sep16
Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery	0.084 (150 records) EQ5D Index Apr15 – Mar16	0.110 (64 records) EQ5D Index Apr16 – Sep16	0.089 EQ5D Index Apr16 – Sep16	0.161 EQ5D Index Apr16 – Sep16	0.016 EQ5D Index Apr16 – Sep16
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	0.435 (492 records) EQ5D Index Apr15 – Mar16	0.466 (89 records) EQ5D Index Apr16 – Sep16	0.449 EQ5D Index Apr16 – Sep16	0.525 EQ5D Index Apr16 – Sep16	0.330 EQ5D Index Apr16 – Sep16
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	0.319 (652 records) EQ5D Index Apr15 – Mar16	0.326 (86 records) EQ5D Index Apr16 – Sep16	0.337 EQ5D Index Apr16 – Sep16	0.430 EQ5D Index Apr16 – Sep16	0.260 EQ5D Index Apr16 – Sep16
	Patient reported outcome scores for varicose vein surgery.	(no records) EQ5D Index Apr15 – Mar16	No Score (7 records) EQ5D Index Apr16 – Sep16	0.099 EQ5D Index Apr16 – Sep16	0.152 EQ5D Index Apr16 – Sep16	0.016 EQ5D Index Apr16 – Sep16
	% of patients <16 years old readmitted to hospital within 28 days of discharge	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below
	% of patients <16 years old readmitted to hospital within 30 days of discharge*	8.3% Apr15-Mar16 Source: CHKS	8.5% Apr16-Feb17 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
Ensuring that people have a positive experience of care	% of patients 16+ years old readmitted to hospital within 28 days of discharge	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below
	% of patients 16+ years old readmitted to hospital within 30 days of discharge*	9.3% Apr15-Mar16 Source: CHKS	8.8% Apr16-Feb17 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Responsiveness to inpatients' personal needs (Patient experience of hospital care)	69.6 Hospital stay: 01/07/2015 to 31/07/2015; Survey collected 01/08/2015 to 31/01/2016 Aug 2016 Publication	Results due Aug 2017	Results due Aug 2017	Results due Aug 2017	Results due Aug 2017

NHS Outcomes Framework domain	Indicator	2015/16	2016/17	National Average	Highest Score Achieved	Lowest Score Achieved
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of staff who would recommend the provider to friends or family needing care	64% Source: National NHS Staff Survey	65% Source: National NHS Staff Survey	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of admitted patients risk-assessed for Venous Thromboembolism	95.9% Apr15-Mar16 Source: UHL	95.9% Q3 2016) Source: NHS England	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Rate of C. difficile per 100,000 bed days	11.7 Apr15-Mar16 Source: UHL data	11.3 Apr16 - Mar17 Source: UHL data	National data not published	National data not published	National data not published
	Rate of patient safety incidents per 1000 admissions (IP, OP and A&E)	41.5 Oct15-Mar16	16.5 Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patient safety incidents reported that resulted in severe harm	0.07% Oct15-Mar16	0.14% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available

*NHS Digital data out of date so alternative national indicator used (30 days readmissions)

Where NHS Digital data as at 05/05/17 is unavailable, alternative data sources (specified) have been used

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. It compares our actual number of deaths with our predicted number of deaths.

For the period October 2015 to September 2016, Leicester's Hospitals SHMI was 102. This is above the national average of 100, but is still within expected average.

The University Hospitals of Leicester NHS Trust considers that this data is as described for the following reason:

Our patient deaths data is submitted to the Secondary Uses Service and is linked to data from the Office for National Statistics death registrations in order to capture deaths which occur outside of hospital.

The University Hospitals of Leicester NHS Trust intends to taken the following action to reduce mortality and so improve the quality of its services, by:

- The continued implementation of our Quality Commitment
- The continued implementation of the Pneumonia Care Bundle
- Earlier recognition of sepsis and acute kidney injury
- Increased cardiology input at the Royal Infirmary
- Improving pathway for patients admitted with gastro-intestinal haemorrhage

As part of our mortality monitoring and investigations, we will continue to make use of our medical examiners. Since July 2016 our medical examiners have reviewed over 800 patient records (over 90% of all adult deaths at the Royal Infirmary). 20% of these records have been referred for a more detailed review by speciality clinical teams to ensure the appropriate learning and actions.

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

Patient reported outcome scores

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 NHS Trust considers 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.

The University Hospitals of Leicester NHS trust intends to take the following actions to improve the quality of its services:

Leicester's Hospitals will continue to collect PROMs data to help inform future service provision.

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

Data for the percentage of patients readmitted to hospital within 28 days of discharge is not available on NHS Digital. Leicester's Hospitals monitors its readmissions within 30 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 NHS Trust considers that this data is as described for the following reasons:

We have seen our emergency readmissions rise for a number of years which is why we decided to include it in our Quality Commitment. We have seen an improvement in performance as a result of close working with our partners in the Leicestershire Partnership Trust, Councils and CCGs and focus from the discharge and our site management teams.

The University Hospitals of Leicester NHS trust intends to take the following actions to improve the quality of its services:

- The introduction of a “stranded patient” dragons’ den; a weekly meeting where wards discuss their three patients with the longest length of stay and highest readmission risks with Red2Green leads. This ensures these patients have appropriate support post-discharge
- Make the PARR30 score visible on the NerveCentre patient information system
- Continue to take a case management approach to patients with a high PARR30 score. This has already provided valuable insight into individual patients by visiting them in their home environment to look at factors that might be impacting on their high readmission rate

Ensuring people have a positive experience of care

Responsiveness to inpatients personal needs

Based on the Care Quality Commission national inpatient survey, this indicator provides a measure of quality. A ‘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 NHS Trust considers that this data is as described for the following reasons:

Data for 2016/17 is due to be published in August 2017.

The University Hospitals of Leicester NHS trust intends to take the following actions to improve the quality of its services:

- Continue to focus on the elements of care that matter most to patients
- Encourage clinical areas to review patient feedback and act upon the findings
- Display any changes that we make in response to patient feedback to improve the services we offer on the “You said we did” boards on our wards
- Continue to offer patients, carers and family members the opportunity to give their feedback on the care that they receive and act upon this feedback

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

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

The NHS Staff Survey is recognised as an important way of ensuring that the views of staff working within the NHS inform local improvements.

The University Hospitals of Leicester NHS Trust considers that this data is as described for the following reasons:

- The survey conducted on behalf of the Care Quality Commission is sent to a random sample of Leicester’s Hospitals staff with the results analysed by an independent contractor and the results published nationally

- Our 2016/17 performance is based on the 2016 staff survey results, This information is presented to Leicester's hospitals Trust Board

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

- The continued implementation of the 'UHL Way'
- Through our Quality Commitment

Venous thromboembolism (VTE)

Risk assessing inpatients for VTE is important to help to reduce hospital acquired VTE. We work 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:

- Matrons and lead nurses undertake a monthly review of VTE occurrence as part of the Safety Thermometer
- VTE risk assessment rates are reviewed by Leicester's Hospitals Thrombosis Prevention Committee. This information is provided twice yearly to our Executive Quality Board

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services:

- Provided VTE risk assessment rate data to clinical areas and presented quarterly to the Thrombosis Prevention Committee and Clinical Quality Review Group to encourage changes to clinical practice where required
- Provided pharmacological and / or mechanical thromboprophylaxis to eligible patients
- Carried out Root Cause Analysis for all inpatients who experience a potentially hospital acquired VTE during their admission or up to 90 days following discharge

Clostridium Difficile (CDiff)

CDiff is a bacterial infection which can be identified in patients who are staying in hospital.

The University Hospitals of Leicester NHS Trust considers that this data is as described for the following reasons:

- Clostridium difficile numbers are collected as part of alert organism surveillance. Numbers are reported to and collated by Public Health England on behalf of the NHS
- A weekly data set of alert organism surveillance is produced by the Infection Prevention Team within Leicester's Hospital and disseminated widely throughout the organisation

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services:

- The weekly data set is used to inform clinical governance and assurance meetings that take place. Clinical teams are then able to direct the focus of actions and interventions to continue to ensure that infection numbers are as low as possible

Patient safety incidents

A patient safety incident is an unintended or unexpected incident which could have or did lead to harm for one or more receiving NHS care.

The University Hospitals of Leicester NHS Trust considers that this data is as described for the following reasons:

- Patient safety incidents are captured on Leicester's Hospitals patient safety incident reporting system, Datix and are also reported to through the National Reporting and Learning System (NRLS)
- Themes and trends are reported quarterly to provide a national picture of patient safety incidents

The University Hospitals of Leicester NHS Trust has taken the following action to improve the percentage of harm incidents, by having a clear focus on the issues that have caused the most harm to patients as a key priority within the safety pillar of the Quality Commitment.

- The number of patient safety incidents reported within Leicester's Hospitals this year shows a slight decrease on the previous year. The percentage of incidents reported as resulting in severe harm or death data can be found within the NHS Outcomes framework data table. Our top three reported incidents are pressure sores, slips / trips / falls and staffing levels
- Leicester's Hospitals actively encourage a culture of open reporting and widespread sharing and learning from incidents to improve patient safety. The safety of our patients is our principal concern and we are relentless in our focus on reducing avoidable harm. We will be open and transparent about our safety work, our incidents and our actions for improvement. We will strive to make the care in our hospitals harm free

2.7 Performance against national standards

Indicators

ED 4 hour wait

Performance Indicator	Target	2016/17	2015/16
A&E - Total Time in A&E (4hr wait)	95%	79.6%	86.9%

Key: Green = Target Achieved Red = Target Failed

There have been significant challenges all year with providing timely care at the Leicester Hospital's emergency department (ED)

Leicester's Hospitals have not met the target to treat and discharge a minimum of 95% of patients within four hours, with attendances increasing by 5% (30 additional attendances a day) and all emergency admissions rising by less than 1%.

The high number of patients in the department at any one time has 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 plan to deliver improvements ahead of the new ED floor opening in 2017/18 is being monitored at the A&E delivery board which is chaired by our chief executive.

The new Emergency Floor due to open in April 2017 will give the Emergency Department the space it needs and enhance patient and staff experience. There is a clear transition plan for Emergency Department services to move into the new space.

During 2016/17 the Urgent Care Centre continued to play a key role in supporting emergency care by utilising GPs to see patients at the start of their care. This coupled with a GP assessment unit which supports patients referred in directly from GPs has helped to reduce the growth in the number of patients requiring admissions to Leicester's Hospitals.

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. Our chief executive is the chair of the A&E delivery board which oversees the plan for improvement and contains all of our health system partners including the Leicestershire Partnership NHS Trust and the local councils.

MRSA

Performance Indicator	Target	2016/17	2015/16
MRSA (All)	0	3	1
MRSA (Avoidable)	0	0	0

Key: Green = Target Achieved Red = Target Failed

For the year 2016/17 we have seen 3 patients with an MRSA bacteraemia against a national target of zero which is a significant achievement for a hospital of this size. Although reported by Leicester's Hospitals they were attributable to a

third party. A formal process to further review these 3 cases is being led by Public Health England.

Referral to treatment (RTT)

Performance Indicator	Target	2016/17	2015/16
RTT - incomplete 92% in 18 weeks	92%	91.8%	92.6%

Key: Green = Target Achieved Red = Target Failed

The RTT incompletes standard measures the percentage of patients actively waiting for treatment.

2016/17 has been a difficult year for the Leicester's Hospitals in terms of maintaining this elective target, the RTT incompletes standard.

Compliance with the standard was maintained from April to August and during November 2016.

The factors that have impacted on our ability to deliver this standard consistently are:

- A continuing rise in referrals (8% increase, this equates to approximately 1,000 more new referrals per month)
- An increase in emergency pressures and admissions resulting in high numbers of operations being cancelled in some specialities

This compound effect has meant that month on month the numbers of patients waiting longer than 18 weeks has increased. The focus for our patients remains treating those most clinically urgent and the longest waiters.

We continue to have capacity constraints within some key services, notably adult and paediatric ear nose and throat and ophthalmology. These are being addressed by additional resource, in particular further investment in clinical staff.

In 2016 the discovery of poor waiting list practices in some areas of ophthalmology has resulted in a thorough review of waiting list management across the Trust, this is being supported by our external auditors KPMG.

The findings and recommendations of this review will result in a comprehensive Trust wide plan. Meanwhile ongoing efforts are being made to raise the profile of the importance of good waiting list management across our hospitals, with the e-learning module for RTT along-side face-to-face training sessions being provided to all relevant staff across all three hospital sites.

Diagnostics

Performance Indicator	Target	2016/17	2015/16
Diagnostic Test Waiting Times	1.0%	0.9%	1.1%

Key: Green = Target Achieved Red = Target Failed

Leicester's Hospitals maintained good performance against the diagnostics tests waiting time standard of no more than 1% of patients waiting for a diagnostic test longer than six weeks, during 2016/17 with the exception of two months.

The two months of failure have been associated with two unforeseen episodes in imaging / radiology, where five machines (CT and MRI) were out of action over a period of three days due to an electrical storm. This was followed the following month by serious disruption to the departments following the implementation of a regional IT system. The service continues to need to run additional sessions and has recruited a significant number of additional consultant radiologists in 2016 to meet the ever rising demand.

Cancer targets

Performance Indicator	Target	2016/17	2015/16
Cancer: 2 week wait from referral to date first seen - all cancers	93%	93.2%	90.5%
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	93.9%	95.1%
All Cancers: 31-day wait from diagnosis to first treatment	96%	93.9%	94.8%
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	99.7%	99.7%
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	86.4%	85.2%
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	93.5%	94.9%
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	78.1%	77.5%
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	88.6%	89.1%

Key: Green = Target Achieved Red = Target Failed

As in the previous year, Leicester's Hospitals have struggled with cancer performance during 2016/17 and this area remains one of our highest priorities.

One of the reasons behind this failure to meet key standards is increasing demand; (approximately 6% in two week wait urgent cancer referrals on top of the previous year's 11%). This in turn has increased the number of patients requiring diagnostics and treatment for cancer.

The hospital has an agreed cancer recovery plan with the local CCGs which has resulted in some clear signs of improvement.

The 'Next steps' for cancer patients (which ensures all patients who are on a suspected cancer pathway know what their next step is and they receive the date for that within an agreed timeframe) is being extended to cover all cancer tumour sites. We are starting to see that this has significant benefits for patients primarily but also for our hospitals.

2.8 The 'UHL Way'

The 'UHL Way' is a way of building better teams, improving the things we really care about in a planned and systematic way.

The 'UHL Way' builds on the success of Listening into Action as a way of building better teams.



Better engagement



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. LiA is part of the 'UHL Way' under the Better Engagement strand.



As part of Better Engagement we launched an informal staff recognition scheme to ensure that staff feel recognised and valued for what they do. In the first two months over 200 cards and pin badges were sent out to members that wanted to recognise their hard work and dedication.

Better Change



Better change has been adopted as the 'UHL Way' of managing change projects across Leicester's hospitals. Teams that have that utilised the Better Change Methodology are:

- The Emergency Floor Transformation Programme
- The Next Steps for Cancer patients
- Vascular Services
- Time: Heart, Pacing and Rhythm Team
- The Safer Bundle of Care
- 7 Day Services

Better Teams



Better team working is important to Leicester's Hospitals, as the relationship staff have with their team can make a real difference to their experience at work and patient experience.

Taking part in the Better Teams Programme, gives our staff the opportunity to develop strong team working.

Pulse Check



In addition to the national staff survey, we undertake a more frequent Pulse Check of how staff are feeling, what behaviours they are displaying and how engaged they are. Every quarter, 25% of staff are surveyed using the Pulse Check.

2.9 Staff survey results

Each year Leicester's Hospitals participate in the National Staff Survey. The results of this survey are used to develop human resource, workforce and organisational development strategies aimed at improving staff experience of working at Leicester's Hospitals.

Every organisation that participated in the 2016 Staff Survey receives a report that provides organisation level results with data covering 32 areas known as 'Key Findings'

In 2016 23% of Leicester's Hospitals staff reported that they had experienced harassment, bullying or abuse from staff in the last 12 months (compared to 24.1% nationally). This compares with a score of 28% in 2015.

In 2016 84% of staff reported that they believed that Leicester's Hospitals provides equal opportunities for career progression or promotion (compared to 85.4% nationally). This compares with a score of 93% in 2015.

2.10 Freedom to Speak Up Guardian

In line with national requirement we have appointed a freedom to speak up guardian who took up post in February 2017.

2.11 How we keep everyone informed

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 YouTube, 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.

2.12 Patient and public perspective

Patient partners

Within Leicester's Hospitals the patient voice is represented through our Patient Partners who are attached to the Clinical Management Groups. There are

currently 13 people fulfilling this role which provides a valuable independent and lay perspective on the work within the hospitals. It is anticipated a further eight people will be appointed by April, 2017.

Patient Partners are members of the public who work closely with patients and staff giving advice and feedback on a wide range of issues from changes to service and advising on new developments to examining performance figures and trends and facilitating patient focus events. Patient Partners also sit on key strategic committees, relating to finance, performance, research, safeguarding and the reconfiguration of services.

“Patient and public involvement now has a higher profile in Leicester’s Hospitals than ever before and Patient Partners have an important part to play. Significant progress has been made in relation to embedding the role although there is still work to be done in ensuring it is fully effective across all Clinical Management Groups”, said Martin Caple, chairman of the Patient Partner Group.

“As individuals we provide feedback and work with staff to address patient matters whilst at the same time sharing our collective thoughts and concerns with senior managers”, Martin added.

“Also, following a Leicester’s Hospital’s Trust Board Thinking Day in August 2016, attended by all local patient groups including Patient Partners, initiatives are commencing which hopefully will mean a greater sharing of information and concerns by those groups in future”.

“From a Patient Partner point of view our main concerns in the past year have been centred around the pressures and well publicised difficulties in the Emergency Department, an issue that is replicated throughout the country. We appreciate there are no easy answers to these problems but are hopeful that the new state of the art building for the Emergency Department, with enhanced facilities and systems, and to be opened shortly, will improve the situation”.

“Our other main concerns relate to cancelled operations, discharge planning, some cancer performance targets not being met, signage and way finding needing improvement and delays in outpatient clinics. The future of the Childrens Heart Hospital is of course of great concern to everyone locally and it is hoped that a successful outcome can be achieved urgently so this vital facility remains at Glenfield.”

“There have been some significant improvements in the past year. The new multi-storey car park at the Royal Infirmary has been a great success, alleviating the

long queues and stress for visitors, also, since the contract for catering, cleaning and portering has returned in-house there are encouraging signs of improvement there”.

“As Patient Partners we see at first hand many positive and encouraging initiatives to address issues of concern and improve services. In particular we see a hard- working and committed workforce, ably led, who are dedicated to providing high quality patient care; a key point highlighted by the Care Quality Commission following their visit in 2016”.

Trust Board engagement

There are a number of ways in which the Trust Board seeks the wider involvement of patients and the public. A quarterly Engagement Forum meeting is chaired by Leicester’s Hospitals chairman and attended by the Chief Executive and other Directors. This is an open public forum which considers matters of both topical interest and strategic importance. Invitations are sent to the Trust’s public membership Patient Partners put forward an agenda item for each meeting and invite senior staff to the forum to address any concerns. Naturally, the Trust Board holds the bulk of its monthly meetings in public and takes questions from public observers at the end of the public session.

Member engagement

Leicester’s Hospitals manages a public membership of over 16,000 people drawn from Leicester, Leicestershire and Rutland. Analysis shows a close demographic match, in terms of ethnicity, to our local population. Members are regularly invited to participate in events, focus groups and surveys. We also ask that our hospital volunteers become members of the hospital. This has helped to attract younger people to our membership and encourages volunteers to feel part of the hospital and to be given opportunities to contribute and participate as members. Members also receive the hospitals bi-monthly magazine “Together”.

Every month, the hospital holds a “Leicester’s Marvellous Medicine” talk. This provides an opportunity for members to meet some of our medical consultants and engage with them about the services we provide. Each talk concludes with a question and answer session.

We also periodically send out surveys to our members. These may relate to membership itself or support services in the trust to gain a public perspective on their work. In addition to surveys generated by Leicester’s Hospitals, we also

send out occasional surveys and invitations on behalf of our partner organisations.

ePartners

In November 2016 the Trust established an ePartner programme in which members of the public sign up to receive surveys online and comment on service developments and patient literature etc. We already have 234 ePartners and hope to increase this number over 2017.

Patient and public involvement (PPI) Strategy

The Trust's Commitment to PPI was strengthened recently through the approval of a new PPI Strategy. The Strategy secured further staff resource to manage the PPI agenda and advocates an expansion of the Patient Partner model and a greater emphasis on community engagement. Progress on the implementation of the strategy is reported to Trust Board on a quarterly basis.

PPI in our Clinical Management Groups (CMGs)

The hospitals services are organised in to Clinical Management Groups (CMGs). As noted above, each of our Patient Partners is attached to a CMG. Most sit on the Boards of their CMGs as well as getting involved in a wide range of activity across the services.

There are also some service specific Patient and Public Involvement groups across the hospitals. For example, some of our Biomedical Research Units have dedicated PPI groups (e.g. Cardiovascular and Respiratory) and two years ago our Cancer Centre established a user group to inform the development of cancer services.

Patient and Public Involvement within the CMGs is monitored through the Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC). The committee meets monthly and is chaired by our deputy chief nurse. It reports quarterly to the Executive Quality Board.

Engagement with Equality Groups

For over ten years the hospital has convened a quarterly meeting to support its engagement with diverse communities. The Equality Advisory Group includes among its members representatives from faith and minority ethnic communities

and from voluntary sector disability groups. The group is managed by the hospital's service equality manager and chaired by the head of chaplaincy

HealthWatch

The hospital has good links with local HealthWatch organisations and a HealthWatch representative sits on all of our Trust Board meetings. Our chief executive meets every three months with HealthWatch representatives to discuss issues that have emerged through their engagement with local communities. These meetings are also attended by the hospital's director of marketing and communications.

A Leicestershire wide review of hospital discharges, commissioned by Healthwatch Leicestershire was published in March 2017. Leicester's Hospitals will be developing an action plan to tackle this important issue.

2.13 What do our patients tell us

Leicester's Hospitals welcomes feedback from patients and/or carers or relatives that have experienced our services. Feedback that is received, both negative and positive is acted upon and 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
- Carers survey
- Patient Stories
- NHS Choices / Patient Opinion
- Compliments and complaints provided to the Patient Information and Liaison Service (PILS)
- Online through the hospital website

Friends and Family Test

The Friends and Family Test question "How likely are you to recommend our ward to friends and family if they needed similar care or treatment?", is a nationally set question that is offered to all patients, carers and relatives in all

NHS hospitals. The question is followed by an opportunity for the person to comment as to why they have given the answer that they have. The feedback that is received allows for improvements to be made and measured regarding the experience of care in our hospitals.

During 2015/16, and 2016/17 (to December 2016) Leicester's Hospitals consistently achieved on a monthly basis, 96% of respondents or above who would recommend our ward to friends and family if they needed similar care or treatment. Less than 1% of respondents would not recommend Leicester's Hospitals.

For the last two years the Friends and Family Test has shown that a majority of our patients would recommend Leicester's Hospitals services.

NHS England guidance is that the Friends and Family Test should be available to every patient, allowing them to give their feedback. At Leicester's Hospitals paper versions of the Friends and Family Test is offered in all inpatient and day case areas in the three most popular non-English languages, Polish, Gujarati and Punjabi, any feedback received is translated into English to allow the area to respond.

In the Outpatient areas and the main receptions of the three hospital sites, electronic surveys are used, these devices also allow patients, carers and relatives whose first language is not English the opportunity to give their feedback in one of the three most popular languages.

For patients, carers or relatives with learning disabilities, language or literacy issues, dementia or who are deaf, blind or partially sighted, there is the option of an easy read version of the survey. For children there is a childrens survey, known as rocket feedback.

The electronic devices include the childrens version of the survey where appropriate and in all areas there is the opportunity for the patient to use the easy read version and to make the font bigger for the partially sighted patients.

Patient Information and Liaison Service (PILS)

Feedback from our patients, their families and carers gives us a valuable opportunity to review our services and make improvements. The Patient Information and Liaison Service is an integral part of the corporate patient safety team. The PILS service acts as a single point of contact for members of the public who wish to raise complaints, concerns and compliments.

The service is responsible for coordinating the process and managing the responses once the investigations and updates are received from relevant services or individuals. They are contactable by a free phone telephone number, email, website, in writing or in person.

PILS activity (formal complaints, verbal complaints, requests for information and concerns) by financial year - April 2010 to March 2017

	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017 (to end Feb 2017)
Formal complaints	1531	1723	1513	2030	2110	1553	1443
Verbal complaints	1289	1152	1054	1391	975	1445	1081
Requests for Information	356	434	292	203	234	433	326
Concern (excludes CCG & GP)	0	66	341	343	472	703	1363
Totals:	3176	3375	3200	3967	3791	4134	4213
Percentage change against previous year		6% increase	5% decrease	24% increase	4% decrease	9% increase	2% increase

Learning from complaints

Complaints are a vital source of information about the views of our patients, families and carers about the quality of our services and standards of our care. Leicester's Hospitals Patient Information and Liaison service (PILS) administer all formal complaints, concerns, and other provider concerns to include General Practitioner (GP) concerns received from the CCGs.

From April 2016 to March 2017 we received 1,443 formal complaints, 1,363 concerns, and 579 CCG / GP complaints/concerns.

Leicester's Hospitals has achieved respectable performance in responding to 10, 25 and 45 day formal complaints. We have achieved 88%, 90% and 74% respectively (these figures are correct to date as 03/05/17). We are keen to listen, learn and improve using feedback from the public, HealthWatch, feedback from our local GPs and also from national reports published by the Local Government and Parliamentary Health Service Ombudsman.

Most frequent complaints themes are waiting times, medical care and appointment issues. We have continued to work jointly with the CCGs on theming the GP concerns and the most frequent themes have been the management of anticoagulation therapy and incorrect discharge information.

Reopened complaints

Number of formal complaints received and number of those reopened by financial quarter - 2016/17

	Formal complaints received	Formal complaints reopened	% resolved at first response
16/17 Q1	316	37	88%
16/17 Q2	373	30	92%
16/17 Q3	384	34	91%
16/17 Q4	370	20	95%
Totals:	1443	121	92%

Data correct to end of March 2017

Examples of learning from complaints and responding to patient feedback

During 2015/16 a theme of complaints regarding outpatients and in particular ophthalmology services emerged. The complaints related to delay in receiving an appointment, cancelled appointments, waiting times and failure to provide follow up appointments. When this information was triangulated with patient safety incident data this highlighted an issue with overbooking of ophthalmology clinics to meet demand and not routinely rebooking patients when cancelled which was impacting on the services ability to provide safe, high quality care.

In response to this, during 2016/17 UHL have undertaken the following actions:

- A thorough review of the outpatient administration and management of the Ophthalmology department by the deputy head of performance
- An academically-led Hierarchical Task Analysis (HTA) of the service
- Wider organisational; a review of all potentially impacted specialties
- External Audit, review of waiting list governance process and information systems and reports

Further patient feedback told us that patients were telling us that they could not easily find the ophthalmology clinic and that there were never enough chairs to be able to sit down as it was a very busy clinic. As a result, there has been a quality improvement project that has resulted in improved signage to signpost to the clinics, improved signage within the clinics and whole refurbishment of the areas to include new chairs. This has had a very positive effect on the clinic environment for patients.

Example of the actions we have taken in response to patient complaints

Reason for complaint	Action taken
Poor staff attitude of staff and failure to be flexible in approach to support a phobia	Patient given single point of contact for every clinic visit. To attend a specific clinic room at one site each time she visits to allow structure and emotional preparation for phobia.
Lack of communication and information regarding forthcoming surgery	Review and revision of patient information booklet related to that procedure.

Improving complaint handling

Throughout 2016/17 Leicester's Hospitals have continued to participate in the Independent Complaints Review Panel process. 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 both within the PILS and to the Clinical Management Groups.

Actions for 2016/17 to further improve complaints engagement and learning were:

- GP engagement event – we have worked collaboratively with the CCGs to review the themes of the GP concerns and use this information to prioritise larger scale safety improvement projects within Leicester’s Hospitals. Improving the discharge of the patient on warfarin therapy is an example of this collective work
- Two community based Patient Information and Liaison (PILS) clinics – we have been working closely with Healthwatch and endeavour to arrange an initial clinic or be part of a public engagement event during 2017
- Collaboration with the University of Leicester with work on the quality of apology in our complaints response letters – this has been completed and involved a review of the existing literature on apologies and analysing a sample of our written and verbal apologies. Results from this will be used to develop training and other supportive material to support staff in providing good quality apologies both written and face to face

We continue to strive to improve our complaints process and handling of cases. Actions for 2017/18 are:-

- To undertake a new complaints satisfaction survey using new approaches
- To coach and further develop the skills of the Patient Information and Liaison Service team to improve the quality of call handling and drafting of responses using plain English
- To develop further training for staff to enable them to manage and resolve concerns locally and earlier

Parliamentary Health Service Ombudsman

This year we have had less upheld cases by the Parliamentary Health Service Ombudsman, further details are provided below.

Parliamentary Health Service Ombudsman complaints - April 2014 to March 2017

	2014/15	2015/16	2016/17	Total
Enquiry only - no investigation	3	3	5	11
Investigated - not upheld	6	10	10	26
Investigated - fully upheld	0	0	0	0
Investigated - partially upheld	7	4	1	12
Complaint withdrawn	0	0	4	4
No decision made yet	0	1	4	5
Total	16	18	24	58

The theme from the upheld case this year was a failure to provide accurate discharge information to a community health care provider.

3. Our Plans for the Future

3.1 Quality Commitment 2017/18

Our draft Quality Commitment for the coming year sets out our quality improvement plan



Through our Quality Commitment we aim to:

- Improve patient outcomes and provide effective care by delivering evidence based care / best practice
- Reduce harm to patients and improve safety by reducing the risk of error and adverse incidents

- Provide care and compassion and improve patient experience by listening to and learning from patient feedback

In developing our plans to improve quality we have taken into account both local and national priorities across the three domains: patient experience, clinical effectiveness and patient safety.

4. Statements of Assurance from the Board

4.1 Review of services

During 2016/17 Leicester's Hospitals provided and / or sub-contracted in excess of 120 NHS services. These include:

- Inpatient - 64 services (specialties)
- Day Case - 62 services (specialties)
- Emergency - 71 services (specialties)
- Outpatient - 88 services (specialties)
- Emergency Department, Eye Casualty and Urgent Care Centre
- 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), [Extra Corporeal Membrane Oxygenation \(ECMO\)](#), Special Care Baby Unit (SCBU) and also Paediatric and Neonatal Transport Services
- A number of national screening programmes including Retinal Screening (Diabetes), Breast Screening including age extension (Cancer), Bowel Screening (Cancer) and Abdominal Aortic Aneurism (AAA), Cervical screening, foetal anomalies, infectious diseases of the newborn, newborn infants physical examination, newborn blood spot and sickle cell thalassaemia
- A number of services provided in collaboration with other providers with include but are not limited to the LLR Alliance which is a service offering elective, diagnostic and outpatient services and EMPATH, which provides pathology services

Leicester's Hospitals comprises of three acute hospitals; the Royal Infirmary, the Leicester General and Glenfield hospital and the midwifery led birthing unit, St Mary's.

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:

- dialysis units in Leicester, Loughborough, Grantham, Corby, Kettering, Northampton and Peterborough
- through the Alliance partnership at Ashby & District Hospital, Coalville Hospital, Fielding Palmer Hospital, Hinckley & District Hospital, Loughborough Hospital, Melton Mowbray Hospital, Rutland Memorial Hospital and St Luke's Hospital

The University Hospitals of Leicester NHS Trust has reviewed all the data available, on the quality of care in these NHS services. The income generated by the NHS services reviewed in 2016/17 represents 100% of the total income generated from the provision of NHS services by Leicester's Hospitals for 2016/17.

Examples of how we reviewed our services in 2016/17

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
- Weekly quality and performance meetings chaired by the chief nurse and medical director with the CMGs
- Service level dashboards (e.g. women's services, children's services and fractured neck of femur)

- 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 clinical audit programmes
- Outcomes from Commissioner quality visits
- Complaints, safety and patient experience data
- Review of risk registers

4.2 Participation in clinical audits

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.

During the 2016/17 period Leicester's Hospitals participated in 95% (40 out of 42) of the national clinical audits and national confidential enquiries 100% (14 out of 14) in which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in and for which data collection was completed during the 2016/17 period are listed in appendices 1.1 and 1.2 alongside the number of cases submitted to each audit or enquiry where possible.

The provider has reviewed the reports of 33 national clinical audits and 311 local clinical audits in 2016/17. University Hospitals of Leicester NHS Trust intends to take the following action to improve the quality of healthcare provided:

- 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 both national and local being undertaken within our hospitals and the improvements to patient care achieved.
- Each year we hold a clinical audit competition for projects that have improved patient care and a summary of the two winners this year are below:-

Management of pain in patients with neck of femur fractures on the integrated care pathway: from the Emergency Department to the Trauma Unit. Reaudit (Orthopaedics #6652)

“Hip fracture is a common injury in the elderly and the commonest cause of accidental death in this age group. In the UK, 1.5 million bed days are used each year to treat patients with hip fractures. 1% of the NHS budget is used for treatment of hip fractures. A Hip fractures service, serves as a marker of health care provision offered to older people.

NICE has provided guidelines for the management of the hip fractures. We performed an audit to evaluate our trust’s compliance with these standards. Our initial audit performed in 2012 showed that the pain was not assessed nor managed satisfactorily in elderly patients with hip fractures. We introduced an aide-memoire in the form of a checklist for junior doctors to manage pain in hip fracture patients.

This simple measure had a significant impact on patient care, the pain assessment increased from 4% -100%. Likewise, there was a significant improvement in the management of pain and 100% of patients received analgesia.

We observed a significant improvement in the acute care of patients with hip fracture. The checklist served as a tool to ensure compliance with NICE guidelines. In addition, this audit has improved the awareness of junior doctors

and nurses about standards of hip fracture care. Through this audit, we were able to effect a positive change in practice”.

Auditing the assessment and management of paediatric burns (Emergency Department (ED) #6639)

“The paediatric burns audit was a joint venture by both the Paediatric ED and burns teams. A trainee in ED with a strong burns interest who recognised that the documentation of burns injuries did not always contain the appropriate information - both from a safeguarding point of view and also from the point of view of what the burns team needed to know. Burns in children are difficult to assess for severity due to the differing sizes of children giving different percentages of burn. An audit was performed that showed that documentation was poor and that antibiotics were still being given to children as a preventable measure.

The team designed a proforma to document all the essential information. It included the necessary body maps and prompts to remember safeguarding and also first aid and analgesia. The form also gives information on follow up and referral pathways.

After implementation our documentation improved markedly and no children were given inappropriate antibiotics. The proformas were recognised by the midlands burn team who externally audit our care, and they are keen to roll them out to other regional hospitals.

The audit findings have been presented locally and internationally.

4.3 Participation in clinical research

The number of patients receiving NHS services provided by or subcontracted by the University Hospitals of Leicester in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 9,914.

The Leicester’s Hospitals were involved in conducting 957 clinical research studies. Of these 748(78%) were adopted and 209 (22%) non-adopted. 223 (23%) of the total were commercially sponsored studies. Leicester’s Hospitals used national systems to manage the studies in proportion to risk. 54% of the studies given approval were established and managed under national model agreements. In 2016/17 the National Institute for Health Research (NIHR)

supported 748 (78%) of the total number of research studies through its research networks. In the calendar year 2016 there were over 250 full papers published in peer reviewed journals.

In September 2016 Leicester's Hospitals and its main academic partner the University of Leicester together with Loughborough University were awarded Biomedical Research Centre status by the NIHR, building on the success of the previous three Biomedical Research Units hosted by Leicester's Hospitals.

Data refers to 01/04/16 to 28/02/17 except where stated.

4.4 Use of the CQUIN Payment Framework

A proportion of Leicester's Hospitals income in 2016/17 was conditional upon achieving quality improvement and innovation goals agreed between the hospital and the CCGs and NHSE Specialised Commissioning services. For 2016/17 the baseline value for national, local commissioning and specialised CQUINS was £16,147,504. This means that when the hospital agreed contracts with commissioners and NHSE it was agreed that a % of contract value would be received upon achieving certain quality indicators.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/>

Leicester's Hospitals did not fully meet the targets set for the Next Steps local commissioning CQUIN; this CQUIN aims to ensure that every patient on a cancer two week wait pathway knows what their next step will be, when it will be and where it will be.

Leicester's Hospitals did not fully meet the specialised CQUIN, Hepatitis C Virus Improving Treatment Pathways through Operational Delivery Networks.

Leicester's Hospitals has opted to pursue an 'in house solution' rather than subscribe to one of the 'NHSE framework companies' software' and therefore we did not meet the CQUIN threshold for Clinical Utilisation Review Tool.

4.5 Data quality

University Hospitals of Leicester NHS Trust will be taking the following actions to improve data quality:

- The Data Quality Forum meets monthly to have oversight of the process and gain assurance of the quality of data reported to the Trust Board and to external agencies to ensure by best endeavours that it is of suitably high quality, is timely and accurate. This process uses a locally agreed Data Quality Framework to provide scrutiny and challenge on the quality of data presented. Where such assessments identify shortfalls in data quality, risks are identified together with recommendations for improvements to ensure that the quality is raised to the required standards
- There are quarterly reports on the quality of commissioning data and Clinical Coding presented to the Executive Quality Board. These review the hospital's position compared to peer organisations within the Data Quality Maturity Index (produced by NHS Digital) and benchmarking of Coding completeness
- There is an Information Quality Improvement Group, to establish and agree priorities for improving the quality of commissioning and administrative data. Activities include audit of quality and review of documentation and training guidance
- There is Corporate Data Quality meeting every week where inaccurate and incomplete data collection is challenged. The Data Quality team action reports on a daily basis to maximise coverage of NHS Number, accurate GP registration, and ensure singularity of patient records

NHS Number and General Medical Practice Code Validity

The University Hospitals of Leicester NHS Trust submitted records during 2016/17 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number was:
 - 99.8% for admitted patient care
 - 99.8% for outpatient care

- 98.0% for accident and emergency care
- which included the patient's valid General Medical Practice Code was:
 - 100% for admitted patient care
 - 100% for outpatient care
 - 100% for accident and emergency care

The patient NHS number is the key identifier for patient records. The National Patient Safety Agency (NPSA) is concerned about the number of patient misidentification incidents reported nationally. Between June 2006 and the end of August 2008, the NPSA received over 1,300 reports of incidents resulting from confusion and errors about patients' identifying numbers. Improving the quality of NHS number data has a direct impact on improving clinical safety. Guidance on the NHS number is available at: www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber

Accurate recording of the patient's General Medical Practice Code (Patient Registration) is essential to enable the transfer of clinical information about the patient from a trust to the patient's GP. Information on the validation of the General Medical Practice Code is available at www.datadictionary.nhs.uk/data_dictionary/data_field_notes/g/general_medical_practice_code_patient_registration_de.asp

The source for the NHS Number and General Medical Practice Code (Patient Registration) validity percentages is the most recent provider view of the SUS Data Quality Dashboard. The dashboard presents the cumulative percentages of valid NHS numbers and GP Practice Codes in admitted patient care (APC), outpatient care (OP) and accident and emergency care (A&E) records for each acute trust. You can register to receive SUS Data Quality Dashboards at www.ic.nhs.uk/services/secondary-usesservice-sus/using-this-service/data-quality-dashboards.

Clinical coding error rate

The University Hospitals of Leicester NHS Trust was not subject to a Payment by Results clinical coding audit during 2016/17.

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of the patient

records. Information about the Payment by Results Data Assurance Framework clinical coding audit is available from the Department of Health.

4.6 Information Governance Toolkit attainment level

University Hospitals of Leicester NHS Trust's Information Governance Assessment Report score overall score for 2016/17 was 80% and was graded green / satisfactory.

We recognise the importance of robust information governance. During 2016/17, 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

We must achieve level 2 level 2 or above on all 45 requirements to be a satisfactory or trusted organisation

Our information governance improvement plan for 2017/18 is overseen by our Information Governance Steering Group, chaired by the senior information risk owner.

4.7 Care Quality Commission (CQC) ratings

University Hospitals of Leicester NHS Trust is required to register with the CQC and its current registration status is 'Requires Improvement'.

On the 20th to the 23rd June 2016, the CQC carried out a comprehensive inspection of Leicester's Hospitals services. The aim of a comprehensive inspection is to check whether the services that we are providing are safe, caring, effective, responsive to people's needs and well-led.

This inspection covered seven of the eight core services:

- Urgent and emergency services (A&E)
- Medical care (including older people's care)
- Surgery
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatient services and diagnostic imaging (such as x-rays and scans)

On Thursday 26 January, the CQC published their final reports along with their ratings of the care provided, a summary of which is:

Overall trust ratings

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

Royal Infirmary

Medical Care	Surgery	Intensive / Critical Care	Maternity & Gynaecology	Services for children & Young People	End of Life Care	Outpatients & diagnostic Imaging	Overall
Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement

General Hospital

Medical Care	Surgery	Intensive / Critical Care	Maternity & Gynaecology	End of Life Care	Outpatients & diagnostic Imaging	Overall
Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement

Glenfield

Medical Care	Surgery	Intensive / Critical Care	Services for children & Young People	End of Life Care	Outpatients & diagnostic Imaging	Overall
Good	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement

Of the 100 ratings in total (for each domain of each main service grouping), 1 is Outstanding (for the effectiveness of our East Midlands Congenital Heart service at Glenfield), 55 are Good, 41 are Requires Improvement and 1 is Inadequate (the Responsive domain of emergency care at the Royal). Two elements were unrated for technical reasons.

When the CQC carried out their inspection of our hospitals we told them that our biggest strength was our staff; your strong motivation, commitment and ambition to improve our services for our patients and for each other.

The CQC saw this for themselves and it was echoed in their feedback. They told us that they found our staff to be “*universally welcoming, open and transparent*” and they were clearly very impressed by the compassion, professionalism and loyalty of everyone they encountered. This is reflected in the fact that “Caring” has been rated “Good” across all three hospital sites.

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

The CQC has taken enforcement action against University Hospitals of Leicester NHS Trust during 2016/17 as follows:

In June 2016 Leicester’s Hospitals had a Section 31 condition in place following the unannounced Care Quality Commission inspection of the Emergency Department in November 2015. This Section 31 required weekly reporting to the

Care Quality Commission against staffing in the Emergency Department, sepsis and time to assessment.

Sufficient evidence of improvement has been provided to the CQC to enable the lifting of this condition on the 15 November 2016.

University Hospitals of Leicester NHS Trust has made the following progress by 31st March 2017 in taking such action: since the inspection in June 2016 a number of improvements have been made and some concluded. These are captured in an improvement action plan which is monitored through our Trust Board.

5. Other Statements

5.1 Statements from our stakeholders



15 May 2017

Healthwatch Leicester, Leicestershire and Rutland joint response to the University Hospitals of Leicester Quality Account 2016 - 2017

This is a response to the UHL Quality Account made by Healthwatch Leicester City, Healthwatch Leicestershire and Healthwatch Rutland.

We welcome this opportunity to comment on the UHL Quality Account for 2016/17. UHL's Director of Clinical Quality has kept Healthwatch apprised of development of the Quality Account which is reflective of a positive and open relationship between Healthwatch and UHL.

We recognise the on-going difficulties that UHL face which include continuing growth in demand for services, the challenges of maintaining performance levels - all against a backdrop of financial constraint. From a previous starting point as part of one of the 11 most financially challenged health economies, UHL continue to work on improvement of their services especially in areas such as increasing demand for emergency services and delayed transfers of care. These areas require system wide responses and are very challenging.

It was disappointing to us that the CQC re inspection report issued in 2017 rated the Trust overall as "requires improvement". More needs to be done but the CQC acknowledged both the quality of Trust leadership and the considerable progress achieved by the Trust's very dedicated staff.

We are pleased that in his introduction, the Trust's Chief Executive emphasises their commitment to quality and would say that in our interactions with the Trust, at many levels, this commitment is reflected through the organisation.

In 2016-17 the Trust set itself the following priorities identified in the Quality Account:

- Improving patient outcomes - to reduce unavoidable deaths
- Reduce harm - to reduce harm caused by unwarranted clinical variation
- Care and compassion - to use patient feedback to drive improvements to services and care

We feel that the Quality Account accurately reflects the progress made in these areas. For 2017-18 the Trust has set itself the very similar targets across the three domains of patient experience, clinical effectiveness and patient safety.

In looking back at the year gone and the year to come we have used the four questions recommended by Healthwatch England to respond to the Quality Account.

1. Does the draft Quality Account reflect people's real experience as told to local Healthwatch by service users and their families and carers over the past year?

People have described to us their many positive experiences. Family and Friends recommendations support this with good results.

In clinical terms, great progress has been made in the management of Sepsis. Initial feedback indicates that the "Red 2 Green" programme is enabling positive change.

People have appreciated the transfer, in house, of hotel services and the new parking improvements. Signposting remains a challenge especially in a site under constant reconstruction at LRI. We were, therefore, encouraged by improvements to signposting to the Ophthalmology Department.

As Healthwatch, we believe the door is genuinely open to patient involvement in the work of the Trust and that patients views are welcomed. The Trusts new PPI strategy is to be recommended. It is a real attempt to listen to public and patient views.

We are pleased that the "Patient Partners" scheme is to be expanded. Our contact with Patient Partners has been positive and we feel that this initiative is an effective way of gaining patient feedback. We suggest a clearer mapping of the work of Patient Partners against the work of the Board, the Quality

Assurance Committee and the development of the Quality Account with the intention of further embedding patient feedback in service improvement.

Many performance measurement systems are described in this QA and these can help reassure the public in the domains of safety and clinical effectiveness which cannot be easily assessed by the individual.

2. From what people have told local Healthwatch is there any evidence that any of the basic things are not being done well by the provider?

Not all experiences have been positive and studies conducted by Healthwatch about discharge have highlighted the need for further integration with community and social services. Additionally long running concerns over A & E waiting times (not only 4 hour waits but also patients having to wait to be offloaded from ambulances), achievement of all cancer targets and ophthalmology appointment times continue to give concern to patients.

We are pleased that the Trust has agreed a cancer recovery plan with CCG's and focussed upon the Ophthalmology Department and we hope that progress of these plans will be a particular focus of attention.

3. Is it clear from the draft Quality Account that there is a learning culture within the provider organisation that allows people's real experiences to be captured and used to enable the provider to get better at what it does year on year?

We feel that it would be useful to make more transparent the links between the Trust's Equality Delivery System (E.D.S.2) and the Quality Assurance Account. Leicester has a particularly diverse collection of communities and Healthwatch has worked closely with the Equalities Manager at UHL but we feel there should be a greater focus on tackling health inequalities in the Quality Account.

4. Are the priorities for improvement as set out in the draft Quality Account challenging enough to drive improvement and is it clear how improvement has been measured in the past and how it will be measured in the future?

Clearly a most important issue for UHL is to raise its overall CQC rating to "good" and its ability to do so will reflect the action plans which have been put in place to get there. We feel that the Quality Account needs to increase its focus on discharge and "traction" of the Red2Green programme.

In conclusion, we feel that the quality account represents a fair picture of the Trust's quality performance and, based on our experience of patient feedback, addresses the issues faced by our patient population.

We have suggested a few areas where we feel that the Quality Account could be further developed but overall, we feel that the Trust has worked hard and generally effectively to improve quality and patient experience.

We thank the Trust's leaders for the positive relationships that have been developed with Healthwatch.

Rick Moore
Chair of Healthwatch
Leicestershire

Karen Chouhan
Chair of Healthwatch
Leicester

Jennifer Fenelon
Chair of Healthwatch
Rutland

healthwatch
Leicestershire

healthwatch
Leicester

healthwatch
Rutland

CCGs Statement

The three Clinical Commissioning Groups within Leicester, Leicestershire and Rutland appreciate the opportunity to comment on University Hospitals of Leicester (UHL) Quality Account for 2016/2017. 2016/2017 has proved to be a busy year for UHL with the comprehensive CQC inspection in June 2016 and increased activity and demand on services in a financially challenging time for all members of the NHS.

The Commissioners would like to echo the CQC comments regarding the openness and professionalism of staff we have worked with throughout the year and those we have met during quality visits and meeting attendances; this has enabled the commissioners to have an effective working relationship and improved assurance processes with the Trust.

We would like to take this opportunity to recognise the work undertaken relating to 2016/2017 Quality Priorities especially with regard to the advancement in identifying and treating sepsis and implementing learning from the medical examiner process. The commissioners continue to remain concerned regarding the identification of the deteriorating patient and use of the Early Warning System throughout the Trust. We are pleased to note that these have been rolled forward into the 2017/2018 quality priorities along with the management of diagnostic results which has been another area of concern for the CCG's in the past year.

In 2016 the commissioners issued three Contract Performance Notices due to lower than expected performance within:

- Ophthalmology waiting times
- Reporting of plain film chest x-rays
- Ensuring patients with a fractured neck of femur receive surgery within 36 hours

We can report that some improvements have been made within these areas and while performance has not fully recovered in all three areas, UHL is making progress to recover to the expected standard of delivery. Commissioners will continue to work with UHL during 2017/18 to ensure recovery is made as soon as possible within the agreed timescales.

Reviewing the quality account the commissioners would like to highlight a number of omitted areas of work undertaken by the Trust which has improved patient care and outcomes; these include the introduction of Urological Robotic Surgery and

becoming the only hospital in the UK to provide both adult and paediatric Extra Corporeal Membrane Oxygenation.

As commissioners of the service we whole heartedly support UHL's ongoing commitment to continue to improve the quality of all their services; with this in mind we would have liked to have seen more detailed information in the Quality Account about how the priorities will be achieved and how UHL will measure quality and safety improvement within the new emergency department.

Please ask for: Kalvaran Sandhu
Email: Kalvaran_sandhu@leicester.gov.uk
Phone: 0116 454 6344

Date: 13th May 2016



Sharron Hotson
Director of Clinical Quality
Leicester's Hospitals
Leicester Royal Infirmary
Infirmary Square
Leicester
LE1 5WW

Dear Sharron,

Re: Submission to University Hospitals Leicester (UHL) Quality Accounts

Following your presentation to the Health and Wellbeing Scrutiny Commission at Leicester City Council, please find some initial comments about matters discussed at that meeting but also about UHL throughout the scrutiny year.

Firstly, we acknowledge that you are restricted to a national template but to have this kind of intensive report format is not easy to read. In future, when presenting the annual account, having a good summary report which better pulls out some of the issues and highlights would be useful. The easier to read summary would also be better for members of the public as the current format is clunky and doesn't read well.

We welcome that the report highlighted that you have been working on the quality of apologies and this is to be praised. This is an important issue in responding to people that have genuine concerns or have been mistreated so to ensure a response is of a decent quality and informative is paramount.

There isn't much in the report around mental health care in the hospitals and yet we know that this is a growing area with more reported cases and greater referrals of treatment. Whilst UHL won't necessarily treat for the mental health condition there are surely a number of people that use UHL services where the mental health condition may not be the presenting factor but will play a part. It is important that this is recognised and that staff are appropriately trained and services are able to support these people.

Another area not mentioned in the report is around winter care which is something our scrutiny commission has considered historically and is an area of concern as winter is a time when people are susceptible to falling ill and there are some particularly vulnerable people such as the old and frail that are even more at risk. We hope that ensuring these vulnerable people are well supported during winter is still a high priority and the need to minimise the risk of them fall ill or at worst falling foul of being an excess winter death.

LEICESTER CITY COUNCIL

Democratic Services, City Hall, 115 Charles Street, Leicester, LE1 1FZ
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We have considered a number of issues relating to UHL throughout the year and one of the areas discussed in great length is about the reconfiguration of the hospitals from 3 to 2 main sites. This is something that we think needs to be looked at in more detail and shouldn't be considered as something that will happen. The ramifications of the move to the two sites needs to be explored further and this is something that we think should be highlighted as an area of potential concern and not just a potential highlight, along with other factors of the Sustainability and Transformation Plan particularly maternity services.

We have also heard about all the issues relating to A&E including waiting times and the impacts of it on the wider health economy. There is no doubt the new site will offer improvement but we don't think that there shouldn't be complacency that it will improve everything straight away. No doubt the processes and procedures need to be correct in order to offer the best support to GPs and other health services to ensure that A&E is still the last resort and also to ensure improvement is made to help people get out of hospital sooner. The new site can only be one part of this necessary improvement albeit an important one.

We have been very active in considering NHS England's proposals around Glenfield's Congenital Heart Services along with the County Council and Rutland. There is no doubt in our minds that this is an important regional service and one that really needs to continue and this has been backed up by the CQC rating of outstanding. We want to applaud the work done in what are uncertain times for that service and its lifesaving procedures are to an exceptional standard for all the users of the service and that's why the absurd proposals to relinquish this service must be fought.

In all, we recognise that the UHL is a large organisation and the work all your staff do on a day to day basis is of a high standard and you provide a great level of care whilst facing austere times and budget cuts. We want to add our congratulations on keeping this work up and hope that the improvements continue.

Yours Sincerely

Councillor Vi Dempster
Chair, Leicester City Council Health and Wellbeing Scrutiny Commission

LEICESTER CITY COUNCIL

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**LEICESTERSHIRE COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**COMMENTS ON THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
QUALITY ACCOUNT FOR 2016/17**

APRIL 2017

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 which were in place for 2016/17 are clearly set out in the Quality Account as reducing avoidable deaths and reducing avoidable readmissions, reducing harm caused by unwarranted clinical variation, and using patient feedback to drive improvements to services and care.

With regard to the first priority – reducing avoidable deaths - the Committee is particularly pleased to see that the Mortality Review process we scrutinised, some time ago, has become embedded into routine practice. We hope that the learning and actions from Mortality Reviews are also being routinely disseminated.

With regard to the latter priority - using patient feedback to drive improvements - the Committee notes that in 2016/17 UHL reduced the 'in clinic' waiting times in Ophthalmology but failed to meet the target for the number of patients waiting more than 30 minutes to be seen. We also note that an issue was highlighted with overbooking of ophthalmology clinics to meet demand. It is noted from the Quality Account that in 2016/17 the Deputy Head of Performance conducted a review of the outpatient administration and management of the Ophthalmology department, though the findings of the review are not specified in the Quality Account. The Committee would be interested to know what specific actions will be taken to increase the number of patients seen within 30 minutes of their appointment time. The Committee is pleased to note that capacity constraints in Ophthalmology are being addressed by additional resource, in particular investment in clinical staff and that there will be a thorough review of waiting list management across the Trust. Committee Members are also aware from constituents, and personal experience, of other problems with the Ophthalmology department many of which accord with the patient feedback referred to on page

39 of the Quality Account such as issues with signage and finding the ophthalmology clinic, and then on arrival finding that there are not enough chairs in the waiting area and those chairs that are available are in poor condition. It is therefore pleasing that a quality improvement project has taken place focusing on signage and refurbishment including chairs, and we will monitor whether the situation has indeed improved.

We are aware that in June 2016 conditions had been placed on the licence of UHL, one of which related to the management of sepsis, but those conditions have now been lifted. We are pleased to note the actions taken to deal with Sepsis particularly the launch of the country's first dedicated Emergency Department (adult) based Sepsis Team. Members welcome the improvement in the management of sepsis at UHL.

The issue of most concern to the Committee over the last year has been Ambulance waiting times at the Emergency Department at Leicester Royal Infirmary and patient flow through the department. It is therefore pleasing that this issue is given due prominence in the Quality Account and some detail is provided on what can be done to improve the situation, though the Committee is of the view that the Quality Account could give further information in this regard. We note that UHL is placing great reliance on the opening of the new Emergency Floor to alleviate the problems however we are of the view that this may not fully resolve the situation particularly with speeding up the flow of patients into other departments or discharging them altogether. It was therefore reassuring that at our most recent Committee meeting UHL acknowledged that the new Emergency Department might not resolve all the problems with regard to flow through the hospital. We were informed at that Committee meeting that some new Emergency Departments at other hospitals had experienced a 10% increase in attendance after opening and we have concerns whether UHL would be able to cope with a similar increase in demand. We are aware that at previous times of exceptionally high demand UHL have been able to halt elective medical treatment for a 10 day period which had a positive impact on the flow through the Emergency Department, however the resulting increase in the backlog for elective treatment is clearly not desirable.

We note from the Quality Account that UHL has good links with Healthwatch and is developing an action plan to tackle issues arising from the Healthwatch Leicestershire review of hospital discharges. Healthwatch Leicestershire presented the findings from their review of hospital discharges to our Committee meeting on 1 March and there were some serious concerns. We noted that just over a third of patients told Healthwatch they had their discharge delayed, with 41% stating this was down to waiting for medication and almost two thirds of

patients said that hospital staff had not discussed their discharge with a family member or carer. We believe that it is important for discharge planning to begin as soon as a patient is admitted to hospital to ensure that all necessary arrangements are in place by the time the patient is ready to leave hospital. We very much hope that the UHL action plan includes incorporating procedures for considering discharge arrangements at an early stage. We intend to scrutinise the issue of discharge further at our next Committee meeting.

We note that the introduction to the Quality Account refers to the 'Red 2 Green initiative' and states that it has had a positive impact, however the document does not provide any further information on what the initiative is or in what ways it has been successful. We were informed by UHL at our Committee meeting that the Red 2 Green initiative aimed to reduce the amount of days patients were in hospital waiting for treatment or other clinical activity to take place so that they could be discharged sooner. It apparently achieved this by making changes such as introducing Consultant-led ward rounds to enable patients to move through the system more quickly. The explanation for what the Red 2 Green initiative entails could be included in the Quality Account document along with some figures showing the impact the initiative has made.

We note that in 2016 23% of Leicester's Hospital staff reported that they had experienced harassment, bullying or abuse from staff in the previous 12 months. It is helpful that the Quality Account states that the score for the previous year was 28% and the Committee welcomes the improvement but is of the view that it is still an unacceptably high number. We would welcome details on what action UHL is taking to eradicate this problem. We hope that the introduction of the Freedom to Speak Up Guardian has a positive effect and would be interested to know more about how this initiative works. At a time of staff shortages and funding scarcities retention of existing staff is crucial and it is paramount that staff view Leicester's Hospitals as a pleasant place to work and they are treated with respect.

The Quality Account clearly sets out the areas for improvement in 2017/18 as patient outcomes and providing effective care by delivering evidence based care/best practice, reducing harm to patients and improving safety by reducing the risk of error and adverse incidents, providing care and compassion and improve patient experience by listening to and learning from patient feedback.

In connection with these priorities we note that in 2016/17 four incidents were reported which met the definition of a Never Event. It would be of benefit if the Quality Account stated how this compared to the previous year. We note from the Quality Account of 2015/16 that 2 Never Events occurred in that year one of

which was wrong site surgery. It is therefore disappointing that not only has the Number of Never Events increased but wrong site surgery continues to be a problem and the key actions to prevent occurrence taken in 2015/16 have not had the desired effect.

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 2016/17, however it believes that improvements are still needed particularly with regards to the Emergency Department and improving patient safety.

5.2 Statement from our External Auditors

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of University Hospitals of Leicester NHS Trust's Quality Account for the year ended 31 March 2017 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following indicators:

- Rate of clostridium difficile infections
- Percentage of patient safety incidents resulting in severe harm or death

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the Directors and the auditor

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the 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 are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the period April 2016 to June 2017;
- papers relating to quality reported to the Board over the period April 2016 to June 2017;
- feedback from the Commissioners dated 12/05/2017;
- feedback from Local Healthwatch dated 15/05/2017;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 25/05/2016;
- the latest national staff survey dated 07/03/2017;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 26/05/2017;
- the annual governance statement dated 04/05/2017;
- the Care Quality Commission's Inspection Report dated 26/01/2017; and
- any other relevant information included in our review.

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

This report, including the conclusion, is made solely to the Board of Directors of University Hospitals of Leicester NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and University Hospitals of Leicester NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

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

Limitations

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

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

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by University Hospitals of Leicester NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

KPMG LLP
Chartered Accountants
One Snow Hill
Snowhill Queensway
Birmingham
B4 6GH

5.3 Statements of Director Responsibilities in respect to 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
- 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

Karamjit Singh, Chairman
John Adler, Chief Executive

6. Appendices

6.1 Appendix 1.1 The national clinical audits that Leicester's Hospitals were eligible to participate in during 2016/17

No	Name of Audit	Did UHL participate?	Stage	UHL Ref number
1	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Awaiting report	7923
2	Adult Asthma (BTS)	Yes	Awaiting report	7441
3	Adult Cardiac Surgery	Yes	Action Planning	7939
4	Asthma (paediatric and adult) care in emergency departments (CEM)	Yes	Awaiting report	7930
5	Bowel Cancer (NBOCAP)	Yes	Action Planning	8093
6	Cardiac Rhythm Management (CRM)	Yes	Awaiting report	7940
7	Intensive Care National Audit and Research Centre (ICNARC)	Yes	Continuous Data collection	7941
8	Child Health Clinical Outcome Review Programme	N/A	Both studies not applicable to UHL	NA
9	Chronic Kidney Disease in primary care	N/A	Not applicable to UHL	NA
10	Congenital Heart Disease (CHD)	Yes	Action Planning	7943
11	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Awaiting report	7944
12	Diabetes (Paediatric) (NPDA)	Yes	Continuous Data collection	7945
13	Elective Surgery (National PROMs Programme)	Yes	Continuous Data collection	NA
14	Endocrine and Thyroid National Audit	Yes	Awaiting report	8656
15	Falls and Fragility Fractures Audit programme (FFFAP)	Yes	Participated in both relevant	7768, 7473, 8152

No	Name of Audit	Did UHL participate?	Stage	UHL Ref number
16	Head and Neck Cancer Audit	Yes	Continuous Data collection	8659
17	Inflammatory Bowel Disease (IBD) programme	No	No data submitted in 2016/17	8208
18	Learning Disability Mortality Review Programme (LeDeR Programme)	Yes	Continuous Data collection	M&M programme
19	Major Trauma Audit (TARN)	Yes	Action Planning	7949
20	National Audit of Dementia	Yes	Awaiting report	6846
21	National Audit of Pulmonary Hypertension	N/A	Not applicable to UHL	
22	National Cardiac Arrest Audit (NCAA)	Yes	Action Planning	7964
23	National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Yes	Continuous Data collection	8339 and 8338
24	National Comparative Audit of Blood Transfusion - Audit of Patient Blood Management in Scheduled Surgery	Yes	Data collection yet to start	7965
25	National Diabetes Audit – Adults	Yes	Action Planning	8183, 7950, 7751
26	National Emergency Laparotomy Audit (NELA)	Yes	Continuous Data collection	7342
27	National Heart Failure Audit	Yes	Awaiting report	7951
28	National Joint Registry (NJR)	Yes	Continuous Data collection	8557
29	National Lung Cancer Audit (NLCA)	Yes	Action Planning	7952
30	National Neurosurgery Audit Programme	N/A	Not applicable to UHL	
31	National Ophthalmology Audit	No	Did not participate	7771
32	National Prostate Cancer Audit	Yes	Continuous Data collection	8655

No	Name of Audit	Did UHL participate?	Stage	UHL Ref number
33	National Vascular Registry	Yes	Continuous Data collection	8657
34	Neonatal Intensive and Special Care (NNAP)	Yes	Continuous Data collection	7999
35	Nephrectomy audit (BAUS)	Yes	Continuous Data collection	6580b
36	Oesophago-gastric Cancer (NAOGC)	Yes	Continuous Data collection	8658
37	Paediatric Intensive Care (PICANet)	Yes	Action Planning	6864
38	Paediatric Pneumonia	Yes	Continuous Data collection	6865
39	Percutaneous Nephrolithotomy (PCNL)	Yes	Continuous Data collection	8562b
40	Prescribing Observatory for Mental Health (POMH-UK)	N/A	Not applicable to UHL	
41	Radical Prostatectomy Audit (BAUS)	Yes	Continuous Data collection	8559b
42	Renal Replacement Therapy (Renal Registry)	Yes	Action Planning	7954
43	Rheumatoid and Early Inflammatory Arthritis	Yes	Completed	6739
44	Sentinel Stroke National Audit programme (SSNAP)	Yes	Continuous Data collection	7953
45	Severe Sepsis and Septic Shock – care in emergency departments	Yes	Awaiting report	7931
46	Specialist rehabilitation for patients with complex needs	Yes	Continuous Data collection	8662
47	Stress Urinary Incontinence Audit (BAUS)	N/A	Not applicable to UHL	
48	UK Cystic Fibrosis Registry	Yes	Awaiting report	7962b and 7962c

6.2 Appendix 1.2 The national confidential enquires that Leicester's Hospitals were eligible to participate in during 2016/17

Enquiry workstream	Enquiry Project Title	Did UHL participate?
Maternal, New-born and Infant Clinical Outcome Review Programme	Confidential enquiry into stillbirths, neonatal deaths and serious neonatal morbidity	Yes
	National surveillance of perinatal deaths	Yes
	Confidential enquiry into serious maternal morbidity	Yes
	National surveillance and confidential enquiries into maternal deaths	Yes
	Perinatal Mortality Surveillance	Yes
	Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Yes
	Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia)	Yes
	Maternal mortality surveillance	Yes
Medical and Surgical Clinical Outcome Review Programme	Perioperative diabetes	Yes
	Cancer in Children, Teens and Young Adults	Yes
	Heart Failure	Yes
	Acute Pancreatitis	Yes
	Physical and mental health care of mental health patients in acute hospitals	Yes
	Non-invasive ventilation	Yes
Mental Health Clinical Outcome Review Programme	Suicide by children and young people in England (CYP)	N/A

6.3 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 Leicester Royal Infirmary
Infirmary Square
Leicester
LE1 5WW

Email: sharron.hotson@uhl-tr.nhs.uk

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

4. Is the presentation of data clearly labelled?
Yes, completely
Yes, to some extent
No

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

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

If you would like this information in another language or format, please contact the service equality manager on 0116 250 2959

إذا كنت ترغب في الحصول على هذه المعلومات في شكل أو لغة أخرى، يرجى الاتصال مع مدير الخدمة للمساواة في 0116 250 2959.

আপনি যদি এই লিফলেটের অনুবাদ - লিখিত বা অডিও টেপ'এ চান, তাহলে অনুগ্রহ করে সার্ভিস ইকুয়ালিটি ম্যানেজার ডেভ বেকার'এর সাথে 0116 250 2959 নাম্বারে যোগাযোগ করুন।

如果您想用另一种语言或格式来显示本资讯，请致电 0116 250 2959 联系“服务平等化经理” (Service Equality Manager)。

જો તમને આ પત્રકાનું લેખિત અથવા ટેપ ઉપર ભાષાંતર જોઈતું હોય તો મહેરબાની કરી સર્વિસ ઈક્વાલિટી મેનેજરનો 0116 250 2959 ઉપર સંપર્ક કરો.

यदि आप को इस लीफलेट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डेव बेकर, सर्विस ईक्वालिटी मैनेजर से 0116 250 2959 पर सम्पर्क कीजिए।

Jeżeli chcieliby Państwo otrzymać niniejsze informacje w tłumaczeniu na inny język lub w innym formacie, prosimy skontaktować się z Menedżerem ds. równości w dostępie do usług (Service Equality Manager) pod numerem telefonu 0116 250 2959.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲਿਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੇਵ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਅਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116 250 2959 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

Ak by ste chceli dostať túto informáciu v inom jazyku, alebo formáte, kontaktujte prosím manažéra rovnosti služieb na tel. číslo 0116 250 2959.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriir, Maamulaha Adeegga Sinaanta 0116 250 2959.