

# Quality Account 2020/21

Becky O'Brien Director of Quality Governance Sponsor: Carolyn Fox OBE Chief Nurse

Trust Board paper H

## Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	x
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

## Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	June 2021	EQB for review and approval
Trust Board Committee	June 2021	QOC for review and approval
Trust Board		

## Executive Summary

### Context

The Quality Account is an annual report from providers of healthcare about the quality of service delivered.

This is the final draft Quality Account 2020/21, previous versions were reviewed by EQB and Quality Outcomes Committee before being presented to Trust Board for final sign off.

### Questions

1. What is the Quality Account?
2. Who will approve it?
3. What are the next steps?

### Conclusion

- 1.1. The Quality Account must 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.
- 1.2. The Quality Account is structured in the following way:

- A review of quality performance for 2020/21
  - Priorities for improvement for 2021/22
  - A series of mandated statements
2. The Quality Account has been shared with Quality Outcomes Committee and awaiting final sign off by the Trust Board.
3. The report has been shared with stakeholders concurrent to the sign off process.

***For Reference:***

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

**2. Supporting priorities:**

People strategy implementation	[Yes /No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]
More embedded research	[Yes /No /Not applicable]
Better corporate services	[Yes /No /Not applicable]
Quality strategy development	[Yes /No /Not applicable]

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required
- How did the outcome of the EIA influence your Patient and Public Involvement ?
- If an EIA was not carried out, what was the rationale for this decision?

#### 4. Risk and Assurance

##### Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?		
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register		
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: TBC
6. Executive Summaries should not exceed **5 sides** My paper does comply

## **UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**Report to:** Trust Board  
**Report from:** Director of Quality Governance  
**Date:** 1 July 2021  
**Subject:** Quality Account 2020/21

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### **1.1. Background**

- 1.2. The Quality Account is an annual report from providers of healthcare about the quality of service delivered.
- 1.3. This is final draft Quality Account 2020/21, subject to additional feedback being received, final formatting checks and application of signatures.

### **2. Structure of the Quality Account**

- 2.1. The Quality Account must 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 2020/21
  - Priorities for improvement for 2021/22
  - A series of mandated statements

### **3. Stakeholders commentary**

- 3.1. The draft Quality Account will be concurrently shared with the following stakeholders during the sign off process:
  - The Clinical Commissioning Group within Leicester, Leicestershire and Rutland
  - Healthwatch Leicester City
  - The Leicester City Council Health and Wellbeing Scrutiny Commission
  - The Leicestershire County Council Health Overview and Scrutiny Committee
- 3.2. Where commentaries are received, they will be included (verbatim).
- 3.2. All feedback will be carefully considered.

3.3 Due to the pandemic this year the involvement of our Patient Partners in the development of the Quality Account has been reduced, we have included comments from the Head of Patient and Community Engagement to this effect.

#### **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 in the Quality Account.

4.1. The statement takes the form of bullet points followed by a signature from the Chairman and Chief Executive and is included at page 57 of Appendix A.

4.2. The text below in bold represents the extract from the statement followed by supporting information.

**The Quality Account presents a balanced picture of the Trust's performance**

**over the period covered:** The 2020/2021 Quality Account reports back on performance in relation to the priorities set out in the 2019/20 Quality Account as well as a variety of other quality indicators. These quality indicators include those from the NHS outcomes framework (pages 14 & 15) and performance against other national standards (pages 23 – 27).

**The performance information reported in the Quality Account is reliable and**

**accurate:** The collection of performance information for the Quality Account has been subject to a number of checks and balances including:

- Triangulation with other data sources / reports
- Review by the Assistant Director of Information and his team.
- Review by individual contributors to ensure the most up to date validated information has been included

**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:**

Data in the Quality Account has been taken from NHS Digital unless otherwise specified. Trust data sets have been sourced via the information team. Trust reporting is subject to a series of control measures referred to in section 5 of this paper.

**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, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance:**

There are close working arrangements with the information department. Performance data is considered, confirmed and challenged at various groups including:

- Trust Board
- NHSi Progress Review Meetings
- People Process and Performance Committee

- Quality and Outcomes Committee
- Executive Performance Board
- Executive Quality Board
- Clinical Management Groups Performance Review meetings
- 'Specialist' committees such as Clinical Audit and the Research and Development Committees
- Contracting meetings with LLR/Specialised commissioner

Data included in the Quality Account is subject to national reporting and therefore associated checks and balances.

**The Quality Account has been prepared in accordance with Department of Health guidance:**

The Department of Health toolkit has been reviewed and all mandatory statements have been included. The toolkit is accessible via [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122540.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122540.pdf).

**5. General assurance of data quality**

5.1. As a general point of assurance the content of the quality report is consistent with internal and external sources of information, in that it reflects information presented in Board minutes and papers, papers relating to quality reported to the Board (and quality committees).

5.2. The Trust takes a number of actions to improve data quality:

- A Data Quality Forum, chaired by the Director of Corporate and Legal Affairs provides assurance on the quality of data reported to the Trust Board. The forum is a multi-disciplinary panel from the departments of information, safety and risk, clinical quality, nursing, medicine, finance, clinical outcomes, workforce development, performance and privacy. The panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The NHS Digital endorsed Data Quality Framework provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness
- Where such assessments identify shortfalls in data quality, the panel make recommendation for improvements to raise quality to the required standards. They offer advice and direction to clinical management and corporate teams on how to improve the quality of their data
- For the management of patient activity data, we have a dedicated corporate data quality team. They respond to any identified issues and undertake daily processes to ensure singularity of patient records and accurate GP and commissioner attribution. We have been actively working to reduce GP inaccuracy by implementing automated checking against the Summary Care Record. Our weekly corporate data quality meeting challenges inaccurate and incomplete data

collection. The data quality team action reports on a daily basis to maximise coverage of NHS number, accurate GP registration and ensures singularity of patient records

- The NHS Digital Data Quality Maturity Index is used for benchmarking against 17 peer Trusts. Data quality and clinical coding audit is undertaken in line with Data Protection and Security Toolkit and mandatory standards are achieved. For clinical coding we have several assurance processes in place to ensure that patient complexity is accurately captured. In 2019 we have improved the information supply chain for clinical coding which has resulted in more documentation being available for the Clinical Coding process. Leicester's Hospitals has a Clinical Coding Steering Group, which aims to develop wider clinical engagement as part of quality improvement
- The Executive Board receive quarterly reports on the Data Quality and Clinical Coding

## **6. External audit assurance of the Quality Account**

- 6.1 At the end of April 2020, the Chief Operating Officer, NHS England & NHS Improvement wrote to all NHS trusts setting out requirements for this year's Quality Account. The letter advised that the deadline for the preparation and publishing of accounts, with assurances in 2020/21 will still stand as the 30<sup>th</sup> June.
- 6.2 The Quality Account attached as Appendix A has therefore not been subject to review by our external auditors (Grant Thornton).

## **7.0 Recommendation to the Quality and Outcomes Committee**

- 7.1 Trust Board is asked to:
- Agree publication of the Quality Account





University Hospitals  
of Leicester  
NHS Trust

*Caring at its best*



Becoming  
*the best*

Quality  
Account  
2020/2021



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## 1. Introduction from the Chief Executive

The last year has been a challenging one for the NHS and UHL is no exception. The pandemic has given us in our work and personal lives, our patients and their families, challenges and for many great sadness and loss. We have seen many Covid related deaths amongst our patients, including from within our own hospital community. We have a diverse community served by staff that are reflective of it and with individuals and their families belonging to many faiths and to none.

The Trust has done a fantastic job in responding to the pandemic but we have a legacy as we face the future.

Our staff are our most valuable asset, the pandemic has demonstrated their resilience and also their desire to flourish and develop. Our staff have worked very hard and shown great resilience but many are understandably tired. Many patients have waited and will wait longer for treatment than either we or they feel is right. And we know that sections of the population we serve have been adversely affected with resulting increases in inequalities and restricted opportunities in the future.

The impact of the pandemic during the past twelve months has exposed the fragility of our society and we all know that this has had an uneven impact upon our own local communities and staff. Looking ahead it raises the question of how do we ensure that a new geography of disadvantage does not emerge in the areas and communities served by our Trust as services are restored to pre pandemic levels and we respond appropriately to the challenges posed by different facets of vulnerability and inequality.

There have also been some real positives from the experience over the last 18 months. We are working differently and more collaboratively. We have delivered major change in a very short time as we responded to the pandemic and we have supported each other through very challenging times.

The move towards working collaboratively as a health and care system and to develop integrated care is a direction that many have felt was right.

There are also opportunities to work with our partners to support the wider socio economic strategies across Leicestershire, Leicester and Rutland in addressing the wider determinants of ill health. In doing this we need to engage with our communities, to listen to them and to work with them in more meaningful and different ways.

Our reconfiguration and transformation programme is a once in a generation opportunity to secure much needed investment in our buildings and equipment. It also gives us the opportunity to recognise how providing integrated care will change the way in which we

use our assets. We must take full advantage of the opportunities technology offers us and to learn the lessons from the pandemic to design facilities which can be used flexibly.



# Our Trust Board



**John MacDonald**  
Interim Chairman



**Rebecca Brown**  
Acting Chief Executive



**Karamjit Singh**  
CBE  
Trust Chairman



**John Adler**  
Chief Executive  
retired 18 September 2020



**Vicky Bailey**  
Non-Executive Director



**Carolyn Fox**  
Chief Nurse



**Andy Carruthers**  
Acting Chief  
Information Officer



**Prof. Philip Baker**  
Non-Executive Director



**Andrew Furlong**  
Medical Director



**Darryn Kerr**  
Director of Estates  
& Facilities



**Colonel (Ret'd)  
Ian Crowe**  
Non-Executive Director



**Simon Lazarus**  
Finance Director  
Interim Chief Financial Officer  
12 Dec 2019–30 Nov 2020.  
Chief Financial Officer from  
1 Dec 2020



**Stephen Ward**  
Director of Corporate  
and Legal Affairs



**Kiran Jenkins**  
Non-Executive Director  
until 27 July 2020



**Debra Mitchell**  
Acting Operating Officer  
from 1 April 2020



**Mark Wightman**  
Director of Strategy  
and Communications



**Andrew Johnson**  
Non-Executive Director



**Hazel Wyton**  
Director of People  
and OD



**Ballu Patel**  
Non-Executive Director



**Martin Traynor OBE**  
Non-Executive Director  
until 5 February 2021



**Mike Williams**  
Non-Executive Director  
from 2 September 2020

## Our Values



### We treat people how we would like to be treated

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued



### We do what we say we are going to do

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected.
- We make the time to care
- If we cannot do something, we will explain why



### We focus on what matters most

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best.
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly



### We are passionate and creative in our work

- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success



### We are one team and we are best when we work together

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively



## 3. Review of quality performance in 2020/21

### 3.1 Our aims for 2021/22

Leicester's Hospitals have many strengths. Some of our clinical services are genuinely class leading in terms of their clinical outcomes. Many of our specialist services are underpinned by strong research portfolios and perhaps most of all, we recognise, as do others, (the Care Quality Commission for example) that our teams are overwhelmingly caring and compassionate.

And yet, despite these inherent strengths we have struggled to achieve and particularly maintain consistently high standards of quality and performance. Some of this arises out of the historic lack of investment in Leicester's Hospitals. So, for example it is interesting to contrast how cutting edge technology and equipment has been designed into our new Emergency Department and at the same time our outpatient clinics are reliant on an army of people pushing around patient notes in trolleys. In the same vein, the fact that our staff are recognised as being caring and compassionate is creditable but if we don't have enough staff, it makes creating the time to care more difficult.

Whilst we have rightly been transparent about the financial challenges that we face as an organisation, it is important to highlight our many clinical, service and other achievements over the past few years. Our continual focus on patients and the quality of care they receive has led to the award of a Good rating from the Care Quality Commission and the opportunity presented by capital funding in order to transform our estate and services should be focus on the future needs of our communities living in a diverse geographical and demographic landscape.

Our immediate focus must be on recovering and restoring services which have been affected by the pandemic. This will not be easy given the impact of Covid-19 on our patients, the services we provide and our staff. We also face considerable financial challenges and we need to be clear how, over the next few years we will move to a more financially sustainable position. But the measures we have already put in place leave us stronger and more able to meet these challenges. Underpinning this work is the importance and absolute requirement to continue to provide high quality services and to recognise where we need to improve.

Whilst it is recognised that some of the issues we want to address require significant investment, or in the case of staffing, simply more new nurses out of

training, there are many other improvements we can make that don't necessarily carry a huge price tag.

We have spent a great deal of time lately looking at the characteristics of successful and high quality hospitals; in doing so, some themes emerge, most notably that the best hospitals have two things in common. First, a clearly understood and universally practised approach to quality improvement that starts with the Trust Board. And second, a determined focus on a relatively small number of key quality priorities. That being the case, and reflecting on our approach to date, we have not got this right, yet. Specifically, we have not had a universally understood approach to quality improvement and we have tried to do too much at once.

In response to this analysis, in 2019/20, we launched our 3 year quality strategy. Our quality strategy sets out:

- **how** we will move towards 'becoming the best' through the implementation of an evidence based Quality Improvement methodology (shown out in the blue cog in the diagram overleaf) and
- **what** we will be focussing on as we continue on our journey to become the best (shown in the pink and green cogs in the diagram below)



In summary, our quality priorities focus on:

- Ward accreditation
- Safe surgery and procedures
- Improved cancer pathways
- Streamlined emergency care
- Better care pathways

Our quality priorities are enabled by our supporting priorities:

- Quality strategy implementation
- People strategy implementation
- Estates investment and reconfiguration
- E-hospital programme
- More embedded research
- Embed innovation in recovery and renewal

### **3.2 Review of last year's quality priorities**

This section outlines the detail behind each of our quality priorities and provides a summary of what we have achieved through the year.

Our priorities were designed to be 3 year priorities and we recognise that there is much work still to be done to achieve our goal of 'Becoming the Best' for every patient, every time.

## Ward accreditation

We said we would:

“Embed safe and effective care in every ward by introducing a Trust wide assessment and accreditation framework”

The Assessment and Accreditation Framework was launched in University Hospitals Leicester in August 2019. It is a mechanism to ensure that patients are receiving safe, high quality nursing and midwifery care. It provides nursing and midwifery teams with a set of standards and indicators to strive towards with the end goal of achieving ‘Caring at its best’ blue ward status. It has created a great sense of pride and ownership amongst our nurses and midwives and the colleagues they work with.

Our Assessment and Accreditation framework is designed around 15 standards that align to the Care Quality Commission’s essential standards

Each standard is sub-divided into elements of care, environment and leadership and also incorporate national performance indicators as well as local indicators developed from lessons learnt arising from complaints, concerns, adverse events and quality improvement work.

The assessment process is undertaken by the lead nurse for assessment and accreditation. Each ward is assessed against the 15 standards with each standard being red, amber green (RAG) rated individually and when combined an overall ward RAG rating is produced. The reassessment of the wards is dependent on the overall RAG rating

The Ward Sister / Charge Nurse, Matron and Head of Nursing are responsible for formulating a ward improvement plan, ensuring that it is tracked and disseminated to all members of the ward team. The results and action plans from the assessment contribute to individual service reviews, and the data collated as a whole is presented to our Executive Quality Board and Quality Outcomes Committee.

For a ward to be recommended for consideration to a panel for ‘Caring at its Best’ they must have achieved green status on three consecutive occasions thus demonstrating sustainability in delivering high standards of care.

## Achievements in 2020/2021:

Assessment and Accreditation was paused in March 2020 due to the impact of Covid-19 on our wards and our staff. Following consultation with staff we relaunched in July 2020

### Results

28 adult wards were assessed resulting in 4 green, 20 amber and 4 red

In March 2021 the Assessment and Accreditation Maternity Framework was launched. All 3 Maternity in-patient wards have been assessed resulting in 1 red and 2 amber

In September 2020 our first ward achieve 'Caring at its best' blue ward status.

In December 2020 Assessment and Accreditation was stepped down due to the second wave of the pandemic. Following discussions with staff we plan to recommence assessments during May 2021.

## Safe surgery and procedures

We said we would:

“Consistently implement the safest practice for invasive procedures, with a focus on consent, NatSSIPS and the Five Steps to Safer Surgery; and we will improve our learning when things go wrong”

## Achievements in 2020/21:

- Embedded our electronic care pathway for nasogastric tube insertion using NerveCentre technology for use on all our wards
- Made training for nasogastric tube insertion mandatory for all clinicians

- Got the go ahead to start looking for an electronic system to record consent decisions
- Updated our patient letters for people coming to our hospitals for appointments to make them more easily understandable and readable
- Undertaken focused work with specific clinical teams to improve the safety culture in their departments to become Outstanding

### **Improved cancer pathways**

We said we would:

“Provide high quality and timely diagnosis & treatment for patients on cancer pathways by redesigning those pathways in conjunction with our partners”

Achievements in 2020/21:

- On the 4.9.20 we had a Getting it right first time (GIRFT) external review. This highlighted many examples of good practice including: the exceptional results from the lung cancer National Cancer Patient Experience Survey, the reduction in emergency admissions by 25%, the straight to CT scan pathway for abnormal x-ray with reporting turnaround of 24 hours, the robust same day reporting for the PET Scanning Pathway allowing results in two days, the teams excellent clinical trial portfolio and the well-established patient support group. They also identified further areas for improvement which the team have been working on.
- In September 2020 UHL attended the NHSE&I Regional Cancer Board to System Cancer Board escalation meeting to discuss the urgent attention and action required to ensure cancer services are fully restored to business as usual following COVID. The team highlighted some good practice examples such as: our progress on maintaining 2week wait access, progress on screening recovery, surgery being well-



managed during Covid and the use of the independent sector to provide cancer services where possible.

- National Cancer Quality of Life Survey Launch launched on 7.9.20 with patients being invited to take part in the survey. The 'soft launch' aimed to survey 10% of eligible adults who were diagnosed with breast, prostate and bowel cancer eighteen months ago. This has been expanded further from the beginning of 2021. The intention and ambition is to measure quality of life at scale for all cancer patients. This will increase our understanding of the impact of cancer and its treatment, and how well people are living after treatment. It will also provide us with the opportunity to make improvements to cancer services.
- Patient Experience National Award for remote monitoring in prostate 2020 February 2020
- During the year we have ensured all pathways were in line with national, regional or specialist guidelines for use during the covid pandemic
- We ensured that patients waiting for treatment were reviewed and prioritised in line with national guidelines to enable resources and capacity to be focused on those with the highest clinical need.
- We continued to deliver compliant access to radiotherapy when many centres were unable to offer a full service
- An online Cancer Health and Wellbeing event took place on the 12<sup>th</sup> March 2021. The event had multiple speakers covering topics such as exercise, emotions, the role of GP in cancer care, diet and nutrition. The event was well attended by people living with and beyond cancer, families and carers.
- We have been developing a cancer app in conjunction with Primary Care which will provide information and support to patients.
- We have provided virtual Information and Support Clinics
- Personalised Care and Support Plan (PCSP) based on a Holistic Needs Assessment (HNA). In 2020 /21 4028 HNA's were offered with 511 Personalised Care and Support Plans created
- Support Worker Role with some funding from Macmillan we recruited seven Cancer Support Workers to provide care plans, signposting to other services ,health and well-being advice and help to facilitate patient support groups.

### **Streamlined emergency care**

We said we would:

“Work as a system to create safe, efficient and timely urgent and emergency care, with a focus on embedding acute frailty and Same Day Emergency Care”

## Achievements in 2020/21

### Inflow

#### 111 First

- This was implemented in October 2020 – Benefits of this is seeing patients in the right place at the right and first time to avoid unnecessary clinical presentations across the LLR system aiming that the Emergency Department (ED) is for emergency patients only and so minimise overcrowding in the ED.
- Changes were also made to the Directory of services that supports 111 and enables patients to be referred to other pathways

#### Same Day Emergency Care (SDEC)

- A range of new pathways have been implemented within surgical specialties to ensure that only those patients that remain overnight need to

#### Surgery

- In-reach from Emergency Surgery Ambulatory Care (ESAC) surgeons for the ED (to prevent overnight diagnostic admissions)
- ESAC emergency clinics (taking referrals from Bed Bureau/ED) for the following day (preventing admissions)
- Direct streaming from ED triage to surgical triage (preventing overnight stays)
- Surgical ANP's are now trained for LA abscess drainage (to prevent overnight admissions)
- Open access system for ambulatory patient (to prevent overnight admission)
- Irritable Bowel Disease hotline and hot clinics (preventing admissions)
- A new Hepatology ascetic drain process introduced (to prevent overnight stays)
- Nurse based nutrition services implemented to enable nurse based nutrition intervention across hospitals, in the ED and at home (to prevent admission and longer stays)

- A hot phone to Oncology has been established (to prevent emergency admission)
- An ambulatory Leukaemia pathway has been launched (to prevent emergency admissions)

#### Pre-Transfer Clinical Decision & Assessment (PCTDA)

- The East Midlands Ambulance (EMAS) and care home pilot was launched; this is a consultant led telephone call and advice and assessment service which runs 7 days a week and between 8am-8pm. It has enabled EMAS to contact the ED consultant pre conveyance to the UHL with a view of ensuring only those that need admission are converted. This has had a positive impact for those patients who have been selected as clinically suitable. Of 280 calls to PTCDA from April – June 2020, in approximately half of the cases, it was possible for the resident to remain in the care home with primary care support; 20% were transferred to hospital; and a further 30% received a visit from the PTCDA service. Only 1 patient was admitted following a visit.

UHL was awarded £2,000,000 of Capital to invest in immediate and necessary changes to Urgent and Emergency Care

#### LRI Site

- Work has predominantly focused on the opportunity within the Balmoral Level 1 to refurbish and create a multi-specialty same day / ambulatory centre which will take direct, ambulance and Emergency Department referrals for a range of specialties supporting the provision of Same Day Emergency Care for those patients that need it, and allowing direct access into specialist assessment units in line with the NHS 111 First national initiative. This supports the decongestion of the Emergency Department footprint, reducing the constraints of overcrowding, including patients waiting on the back of ambulances for long periods.

#### GH Site

- Work has focused on the refurbishment of a previously utilised administration corridor for the creation of a 'fit for purpose' cardio – respiratory specialty Same Day Emergency Care facility. The project has

been funded mostly from charitable funds with some monies from the UEC capital project enabling works. This has enabled de-bulking and improved social distancing of the existing Clinical Decisions Unit (CDU) where the current limited ambulatory service operates from at present. Reducing length of stay for those who can be seen treated and discharged on the same day, thereby avoid unnecessary long stays and/or admission improved patient flow through CDU with the ability to better manage peaks in demand.

## Outflow

- QlikSense dashboard established – running metrics for: Medically Fit for Discharge (MFFD) patients who have had a Home First Form (HFF), % MFFD discharged within 24hrs (which can be broken down into analysis for simple and complex discharges).
- Re-established discharge pathways to home (with health +/- social care support) directly accessible to emergency floor.
- Re-established discharge pathway for simple discharges (pathway 0 – restarting existing care packages, returning to existing care homes) from wards – can be initiated directly from the ward, avoiding the Discharge Hub.
- End-of-Life care patient pathway has been taken from the Hub team and re-allocated to the Discharge Specialist Sisters, freeing up the Discharge Hub time.
- Discharge phones have been distributed and are in use – communication escalation process has been developed and circulated to Discharge Hub and Adult and Social Care offices.
- Developing a simple ward-based tool to select patients at an early stage that would benefit from proactive MDT case management to reduce delays in establishing post-acute discharge aims, risks of becoming 'stranded' patients, and also to reduce last minute discharge delays due to mismatched expectations.
- Developing a pathway for earlier supported discharges that involves use of the Home First service for any required medical, nursing and therapy aftercare

- Observed board round processes and delivering supportive clinical challenge
- Clothing bank established to ensure patients have clothes on discharge
- Refinement of the medicines on discharge processes with aim of reducing delays in waiting

### **Better care pathways**

We said we would:

“Provide high quality, efficient integrated care by redesigning pathways in key clinical services to manage demand, improve use of resources and deliver financial improvement”

Achievements in 2020/21:

- Identified 24 clinical pathways that have systems wide leadership to improve pathways from prevention through to end of life care
- Outline business case drafted for new treatment centre at Glenfield Hospital
- Successfully implemented transforming transcription in many areas

### ○ **Patient Safety Strategy**

Leicester’s Hospitals continue to have a focused drive on reducing harm and improving patient safety. We are working towards meeting the requirements of the NHS Patient Safety Strategy and the Patient Safety Incident Response Framework (PSIRF) and we continue to focus on our quality priorities described within our Becoming the Best strategy.

Nationally several of the original NHS Patient Safety Strategy timelines have been revised to reflect the disruption and uncertainty arising from the pandemic.

In line with the national strategy, we will work with our local system to review current resource (in terms of skills, experience, knowledge and personnel), to ensure we are equipped to respond to patient safety incidents as described in the PSIRF.

We have identified our Patient Safety Specialists who will oversee the strategic implementation of the PSIRF, we continue to promote a just culture with a focus on learning and improvement and there is continuing work to better support our patients and our staff that are involved in a patient safety incident.

### Duty of Candour

On 1<sup>st</sup> 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.

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

- Produced and added a short training video and letter guidance to our hospital intranet
- Included duty of candour training in all of our patient safety training

To monitor compliance we have:

- Improved our level of compliance and ability to monitor this, by adding a mandatory duty of candour prompt on our incident management system so that when incidents are finally approved as moderate harm or above staff are directed to record the relevant information and take the appropriate action
- Ensured that Clinical Management Groups are provided with any gaps in compliance for them to address in weekly reports and at their monthly Performance Review Meetings



### 3.3 National Patient Safety Alert compliance

National patient safety alerts are issued via the Central Alerting System, a web-based cascading system for issuing patient safety risks, alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations.

NHS trusts who fail to comply with the actions contained within patient safety alerts are reported in monthly data produced by NHS Improvement and published on the NHS Improvement website. Compliance rates are monitored by Clinical Commissioning Groups and the Care Quality Commission. Failure to comply with the actions in a patient safety alert may compromise patient safety and leads to a red performance status on the NHS Choices website.

The publication of this data is designed to provide patients and their carers with greater confidence that the NHS is proactive in managing patient safety and risks.

Within Leicester's Hospitals there is a robust accountability structure to manage national patient safety alerts. The Medical Director and Chief Nurse oversee the management of all national patient safety alerts and the Heads of Nursing take an active role in the way our Clinical Management Groups manage alerts at operational and service level. Our Executive Quality Board and Quality and Outcomes Committee monitor this process and internal assurance meetings also scrutinise Clinical Management Group performance. Any alert that fails to close within the specified deadline is reported to the Executive Quality Board and Quality and Outcomes Committee with an explanation as to why the deadline was missed and a revised timescale for completion.

During 2020/21 we received eight national patient safety alerts. None breached their due date during the reporting period.

**Table 1: National patient safety alerts received during 2020/21**

Title	Issue date	Due date	Current Status
NatPSA/2020/002/NHSPS Interruption of high flow nasal oxygen during transfer	01/04/2020	08/04/2020	Closed
NatPSA/2020/003/NHSPS Blood control safety cannula & needle thoracostomy for tension pneumothorax	02/04/2020	09/04/2020	Closed
NatPSA/2020/004/NHSPS Risk of death from unintended administration of sodium nitrite	06/08/2020	06/11/2020	Closed
NatPSA/2020/005/NHSPS Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults	13/08/2020	13/05/2021	Open
NatPSA/2020/006/NHSPS Foreign body aspiration during intubation, advanced airway management or ventilation	01/09/2020	01/06/2021	Open
NatPSA/2020/007/MHRA Philips Respironics V60 ventilator – actions to be taken to avoid potential unexpected shutdown leading to complete loss of ventilation	23/09/2020	07/10/2020	Closed
NatPSA/2020/008/NHSPS Deterioration due to rapid offload of pleural effusion fluid from chest drains	01/12/2020	01/06/2021	Open
NatPSA/2021/001/MHRA Supply disruption of sterile infusion sets and connectors manufactured by Becton Dickinson	11/03/2021	31/03/2021	Closed

### 3.4 Never Events 2020/21

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

In 2020/21, seven incidents occurred which met the definition of a Never Event. Thorough analysis is undertaken for Never Events and robust action plans are developed to prevent a similar occurrence.

The following table gives a description of the seven Never Events, their primary root cause/s, 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 and supported throughout the process.

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
<b>Misplaced naso-oro-gastric tube</b>  (April 2020)	A patient on AICU required a Nasogastric tube (NGT) to be inserted for administration of medication and enhanced nutritional support. It was later identified that the patient had been fed and medication had been administered via a misplaced NGT that was in the lungs instead of the stomach.  <b>Moderate Patient Harm</b>	Local Safety Standard for Invasive Procedure (LocSSIP) not followed, NGT four point placement check not completed,  External tubes and wires not moved out of the chest x-ray field,  Verbal orders taken which is not normal practice	During Covid 19 practices a phone system to request an image review in the 'cold area' on a viewing monitor to them be communicated to the COVID 'hot zone' medical team to ensure time is taken for a thorough review.  Increase quantity of viewing monitors in the AICU  External tubes to be moved out of imaging target area  Verbal orders not to be taken or given even in these unprecedented times  NG tube LocSSIP and safety checklist to be used for tube placement confirmation without exception.  All medical staff above CT2 level to undertake the NGT training on HELM as essential to role.  Safe practice re: NGTs to be included in induction for AICU staff:
<b>Wrong implant/prosthesis</b>	A patient was referred as an emergency to the Glenfield Hospital	There was a mismatch between what was requested	To review the consent process for emergency PCI's to ensure that this is standardised in line with

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
(June 2020)	<p>Coronary Care Unit (CCU). On arrival at the patient was directly transferred to the Cardiac Catheter Suite (Cath lab) for a Percutaneous Coronary Intervention (PCI).</p> <p>The intended procedure was for a NC balloon Size 3.5 x 12 to be inserted. A stent size 3.5x 12 and was inserted and deployed in error.</p> <p><b>No Patient Harm</b></p>	<p>and what was supplied potentially due to increased PPE requirements impeding clear communication.</p> <p>There was a change in personnel during the procedure which interrupted the flow of communication between staff and the team did not recognise that there should have been a pause moment and revisiting of the intended plan before continuing.</p> <p>The operator was not involved in the checking of the chosen device and did not notice the device was incorrect prior to insertion.</p>	<p>Trust policy.</p> <p>Mandate that there is a handover if there is a personnel change in line with the Safer Procedures policy / LocSSIP</p> <p>To review catheter lab LocSSIP to include operator confirmation of equipment</p> <p>To reinforce need for Sign In even in emergency cases to ensure that the patient is identified correctly</p> <p>To review how the existing nurses work in cath labs to meet the LocSSIPS</p> <p>To put forward a business case of need for hoods through the CMG in preparation for a possible second wave of Covid-19.</p> <p>To ensure mask fit testing programs in place for staff receiving emergency patients from community settings</p>
<p><b>Administration of medication by the wrong route</b></p> <p>(August 2020)</p>	<p>A patient in ED had been prescribed Oramorph (an oral analgesia) for pain and Ondansetron (prescribed to be given intravenously) for nausea. The Oramorph (intended for oral use) was thought to be the Ondansetron and administered intravenously in error.</p> <p><b>No Patient Harm</b></p>	<p>Failure to follow UHL Trust Policy (Administration of medications for inpatients) Trust reference E5/2016 Section 6.5</p> <p>Failure to fully mitigate risk of wrong route medication administration</p>	<p>Purple syringes to be at eye level and visible in the treatment rooms</p> <p>Keys for the CD cupboard to be singular and a large object attached to ensure that staff will be able to visibly see who has the keys.</p> <p>All oral liquid/ suspension medication in the trust to have stoppers in place which will only allow withdrawal with a purple syringe. These will be ordered by all clinical areas.</p> <p>Location of Oramorph in ED to be kept in a single cupboard/ Mediwell (Finger print access cupboard).</p> <p>To seek clarification as to whether Oramorph could be prescribed as oral Morphine to provide a further prompt to nursing staff</p>

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
			<p>Regular audits (frequency to be determined) to be carried out by the head of nursing and Medicine management team ensure that purple, oral syringes are being used in departments.</p> <p>Medicines Management Safety team to undertake regular safety / quality walkabouts on ED and on all assessment units to identify learning / training needs in light of the issues raised in this report linked to medication storage and safety</p> <p>Clinical Skills Team (corporate medical) to review the communication that is given to newly qualified nurses midwives and nursing associates and preceptors to ensure they are fully aware of the support plan following the attendance at the IV study day within the trust.</p> <p>Audit to be undertaken around use of Labels in practice as well as reinforcing the use of labels at medicines management team.</p> <p>Discussion with Nurse one with HoN to re-set professional standards in line with UHL policies, expectations and procedures.</p>
<p><b>Wrong implant/prosthesis (October 2020)</b></p>	<p>A patient underwent elective surgery for a revision (second) hip replacement at the Leicester General Hospital. Following the surgery it became apparent all four screws implanted into the acetabular cup were Trident Torx screws and not Tritanium restorative gap screws that should be used with this type of</p>	<p>Staff did not to follow UHL Trust Safer Surgery Policy B40/2010 Version 2.0</p> <p>Individuals did not speak up when uncertain.</p> <p>The Surgeon did not to specify ALL elements of the chosen implant system.</p> <p>The booking /scheduling process</p>	<p>As a matter of priority, and in line with National recommendations identify an electronic stock control system which allows accurate just in time stock management, real time identification of implant incompatibility at point of use that aligns to both safety and efficiency.</p> <p>Agree universal/trust wide labelling system for storage and how stock rooms are organised to ensure clear identification of prosthetics and associated implants.</p> <p>Provide an education programme that develops leadership within the</p>

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
	<p>prosthesis.</p> <p><b>No Patient Harm</b></p>	<p>to alert theatres to complexity so as to allow for appropriate staffing arrangements, including support from the company rep was not in place.</p> <p>Establishment of a flat hierarchy within the team at team brief did not happen effectively which meant not all team members felt safe to speak up.</p> <p>Surgeon and scrub practitioner did not check ALL elements of non-standard prosthesis.</p>	<p>theatre team and gives staff the skills to speak up and reinforces the "Stop the Line" programme.</p> <p>Include prosthetics compatibility training in local training packs for those staff working in elective orthopaedic theatres.</p> <p>Revisit the 5 steps to Safer Surgery and identify previous audits for learning.</p> <p>Ensure a clear Standard operating procedure is in place to ensure the presence of manufacturer representatives at specialist surgical procedures.</p> <p>Utilise the expertise developed in interventional radiology following their never events to share learning and improve engagement and practice.</p> <p>Personal reflection and development for surgeon and scrub practitioner involved in the case.</p>
<p><b>Wrong site surgery</b></p> <p><b>(December 2020)</b></p>	<p>A child patient attended the Children's Outpatient's Department with her mother for a planned Botox injection into her right calf. The child's position was changed just prior to the procedure and following the procedure it was realised that the left (wrong) calf had been injected.</p> <p><b>Minor Patient Harm</b></p>	<p>The lack of a robust Local Safety Standards Procedure for Invasive Procedures (LocSSIP) to follow when undertaking Botox injection in the Outpatient clinic setting.</p>	<p>All invasive procedures undertaken outside of an Operating Theatre should have a robust LocSSIP</p> <p>Consideration should be given to limiting procedures that are carried out infrequently to a select number of consultants only with trainees having appropriate supervision</p> <p>A nurse should be present for all invasive procedures carried out in clinic to support the Clinician in the safe completion of the procedure and to provide support to the child and their parents</p> <p>Medical records should be available for the reference of the</p>



Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
			<p>clinician at all patient attendances.</p> <p>A Patient Information leaflet should be developed to provide information to the parents on the procedure and their role in supporting the child.</p> <p>A review of procedures carried out in the Children's Outpatients Department should be carried out to identify any that require LocSSIPs to improve patient safety</p>
<b>Wrong implant/prosthesis (December 2020)</b>	<p>A patient presented to the Glenfield Hospital Coronary Care Unit (CCU) with an acute myocardial infarction having already suffered an out of hospital cardiac arrest. The patient underwent emergency percutaneous cardiac catheterisation intervention (PCI) in the Cardiac Catheter Suite (cath lab). A 2.5 x 23 mm stent was deployed in error rather than the intended 3.5 x 23mm stent.</p> <p><b>Moderate Patient Harm</b></p>	Root Cause Analysis investigation still in progress (delayed due to Covid-19 pandemic)	Root Cause Analysis investigation still in progress (delayed due to Covid-19 pandemic)
<b>Wrong implant/prosthesis (March 2021)</b>	<p>A patient had an urgent elective cardiac surgery (Coronary Artery Bypass Graft) carried out. At the end of the surgical procedure the patient suffered a</p>	Root Cause Analysis investigation still in progress (delayed due to Covid-19 pandemic)	Root Cause Analysis investigation still in progress (delayed due to Covid-19 pandemic)

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
	<p>cardiac arrest. An emergency procedure was undertaken to insert a vein graft to re-vascularise the myocardium. It was identified after this procedure that the vein from another patient was used instead of the patient's own vein graft.</p> <p><b>Moderate Patient Harm</b></p>		

### 3.5 NHS Outcome Framework Indicators

**Table 3: NHS Outcome Framework Indicators**

NHS Outcomes Framework domain	Indicator	2019/20	2020/21	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding	96 Dec18-Nov19 Band 2	101 Dec19-Nov20 Band 2	100 Dec19-Nov20 Band 2	119 Dec19-Nov20 Band 1	70 Dec19-Nov20 Band 3
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator)	31% Dec18-Nov19	27% Dec19-Nov20	36% Dec19-Nov20	59% Dec19-Nov20	8% Dec19-Nov20
Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available

NHS Outcomes Framework domain	Indicator	2019/20	2020/21	National Average	Highest Score Achieved	Lowest Score Achieved
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Patient reported outcome scores for varicose vein surgery	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017
	% 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*	9.0% Apr19-Mar20 Source: CHKS	8.1% Apr20-Mar21 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% 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*	9.1% Apr19-Mar20 Source: CHKS	9.4% Apr20-Mar21 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	Responsiveness to inpatients' personal needs (Patient experience of hospital care)	68.1 (Jul18)	68.1 (Jul18)	67.2 (Jul18)	85.0 (Jul 18)	58.9 (Jul18)
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	67.0% Source: National NHS Staff Survey 2019	71.4% Source: National NHS Staff Survey 2020	74.3% Source: National NHS Staff Survey 2020	91.7% Source: National NHS Staff Survey 2020	49.7% Source: National NHS Staff Survey 2020
	% of admitted patients risk-assessed for Venous Thromboembolism	98.2% Apr19 – Mar20 Source: UHL	98.6% Apr20 – Mar21 Source: UHL	95.5% Q2 2019-20 (Jul19 – Sep19) Source: NHS England	100% Q2 2019-20 (Jul19 – Sep19) Source: NHS England	71.2% Q2 2019-20 (Jul19 – Sep19) Source: NHS England
	Rate of C. difficile per 100,000 bed days	20.21 Apr19 – Mar20 Source: NHS Digital	NHS digital data not available	35.6 Apr18 – Mar19 Source: NHS Digital	168 Apr18 - Mar19 Source: NHS Digital	0.0 Apr18 - Mar19 Source: NHS Digital
	Rate of patient safety incidents per 1000 admissions (IP, OP and A&E)	16.6 Apr19 – Mar20 Source: UHL data	16.9 Apr20 – Mar21 Source: UHL data	21.4 Oct17 - Mar18 Source: NHS Digital	124 Oct17 - Mar18 Source: NHS Digital	0.0 Oct17 - Mar18 Source: NHS Digital
	% of patient safety incidents reported that resulted in severe harm and death	0.1% Oct18 – Mar19 Source: NHS Digital	0.0% Oct19 – Mar20 Source: NHS Digital	0.0% Oct19 – Mar20 Source: NHS Digital	0.2% Oct19 – Mar20 Source: NHS Digital	0.0% Oct18 - Mar19 Source: NHS Digital

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

Where NHS Digital data 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 January to December 2020, Leicester's Hospitals SHMI was 103. This is within the expected range.

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.

National changes have been made to the SHMI methodology by NHS Digital during the COVID pandemic. Any inpatient activity coded with the 'COVID ICD code' has been excluded from the SHMI dataset. Similarly where COVID is on the Death Certificate, this activity has also been removed.

COVID activity (and deaths) was excluded from the SHMI as the statistical modelling was not designed to take into account the impact of a pandemic. However, this exclusion appears to have skewed the risk adjustment modelling for all Trusts.

UHL's SHMI has also been affected due to changes in our coding practice. Coders have been coding 'remotely' using electronic records rather than paper case notes since April 2020. Initially this change in practice impacted on the availability of clinical information (specifically primary diagnosis on admission). Work has been undertaken during 2020 and into 2021 to ensure that relevant clinical information is now documented in our electronic patient record.

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

- Continued implementation of our Quality Strategy priorities, specifically :
  - our eHospital programme –[eMeds](#) - the roll-out of NerveCentre electronic prescribing across all wards at UHL ('live' across all inpatient adult wards from June 21). This replaces the existing electronic prescribing system and offers greater functionality as well as prescribing becoming and integral part of our Electronic Patient Record solution.
  - streamlined emergency care with a focus on cross site transfers
  - further development and implementation of assessments, inter-specialty referrals and clinical rules in Nervecentre (our electronic patient record solution) to support clinical assessments, timely reviews and decision making
  - Improving our transfer and discharge processes and communication
  - implementing the ReSPECT process for patients in collaboration with our partners, linked to the LLR system-wide 'frailty work' (ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in the event that they are unable to make or express choices)

As part of our mortality monitoring and investigations, we continue to make use of our Medical Examiners. At the end of March 2020 our Medical Examiners had screened over 3,000 adult patient records (99% of all adult deaths between April 19 and March 20). 8% of these records were referred for a Structured Judgement Review as part of the Specialty Mortality and Morbidity process and 7% were referred for clinical review by the patient's clinical team for learning and actions.

The number/% of deaths referred for SJR was lower in 2020/21 because of elective activity being 'taken down' due to the COVID pandemic (death post elective surgery would automatically be referred for SJR as defined by national guidance). The lower number/% of cases referred for clinical review is because the Medical Examiners and Bereavement Nurses have tried to answer bereaved relatives queries on behalf of the clinical team in order to keep the number of further reviews to a minimum during the COVID pandemic.

Our Medical Examiners have also been working with our local hospice LOROS and also 2 GP Practices to pilot the expansion of our Medical Examiner service across all deaths within the Health Economy as per national plans during 2020/21.

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

### Patient reported outcome scores

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. Currently covering two clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

The two procedures are:

- hip replacements
- knee replacements

PROMs, which have been collected by all providers of NHS-funded care since April 2009 consists of a series of questions that patients are asked in order to gauge their views on their own health.

For example, 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. Participation rates and outcome data is published by NHS Digital.

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

Patients undergoing elective inpatient surgery for hip and knee replacement, funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. The data provided below is for Finalised Patient Reported Outcome Measures (PROMs) comparing



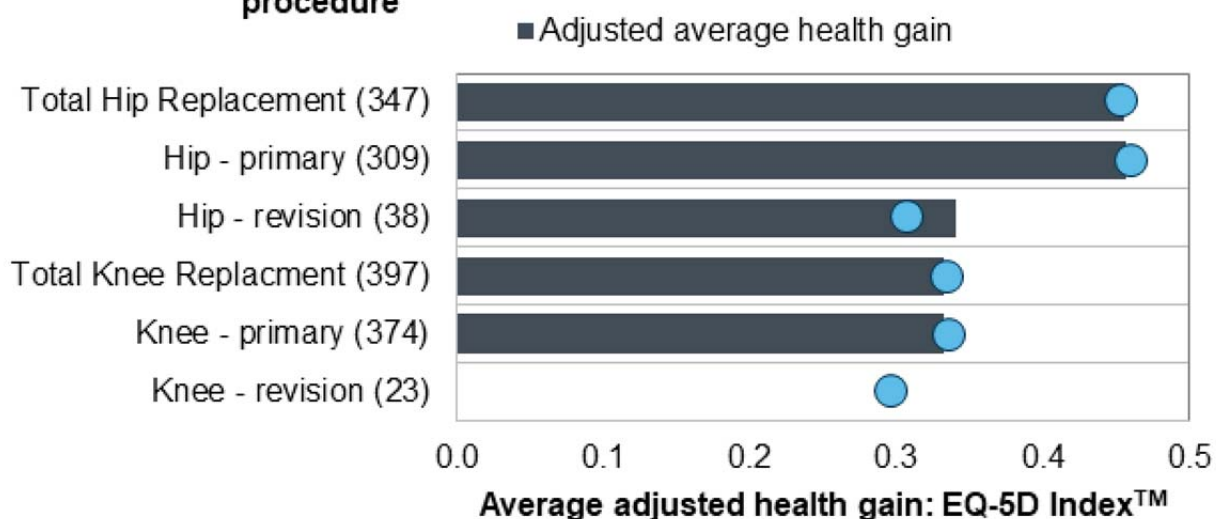
UHL performance to the England average- April 2019 to March 2020. The data used within this report is found within the NHS Digital website

There were 1,414 eligible hospital episodes and 1,281 pre-operative questionnaires returned - a headline participation rate of 90.6% for UHL compared to 88.4% in England.

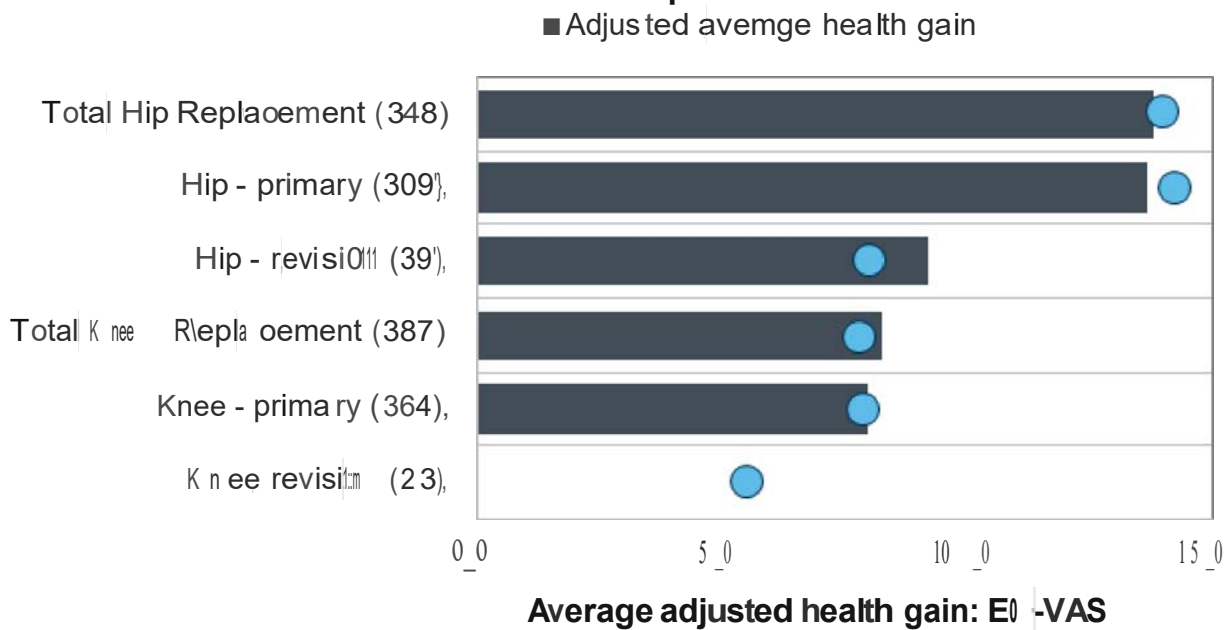
Of the 1,177 post-operative questionnaires sent out, 824 have been returned - a response rate of 70.0% for UHL compared to 68.5% in England.

Figure one, two and three below show a visualisation of the average adjusted health gain for UHL compared to the English average. The three figures are based upon the - EQ-5D index, EQ-VAS and the Oxford hip score/ Oxford knee score;

**Figure 1: Adjusted average health gain on the EQ-5D™ Index by procedure**



**Figure 2: Adjusted average health gain on the EQ-VAS by procedure**



**Figure 3: Adjusted average health gain on the Oxford Hip Score / Oxford Knee Score by procedure**

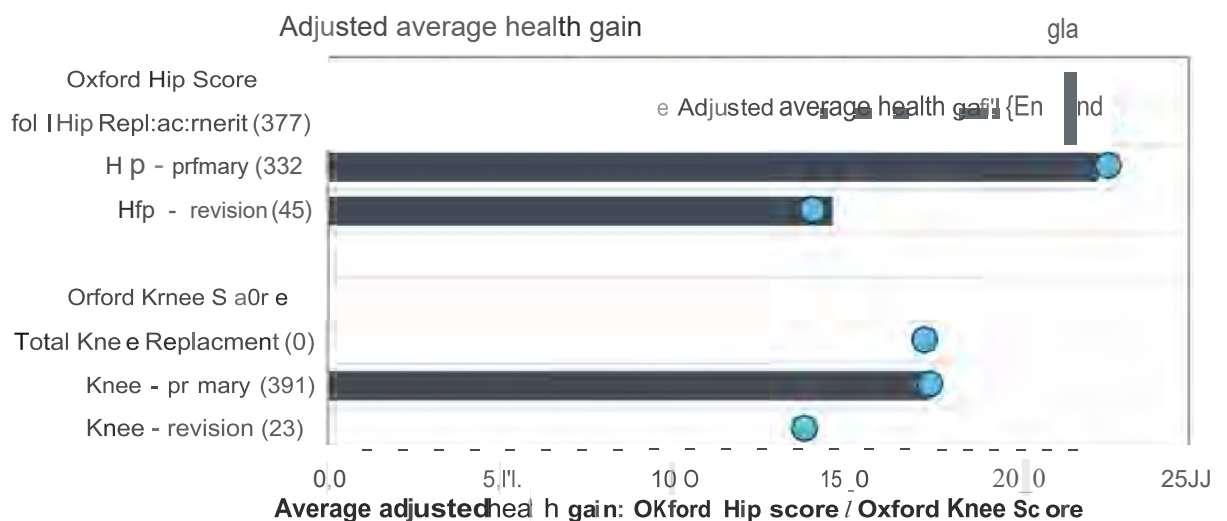
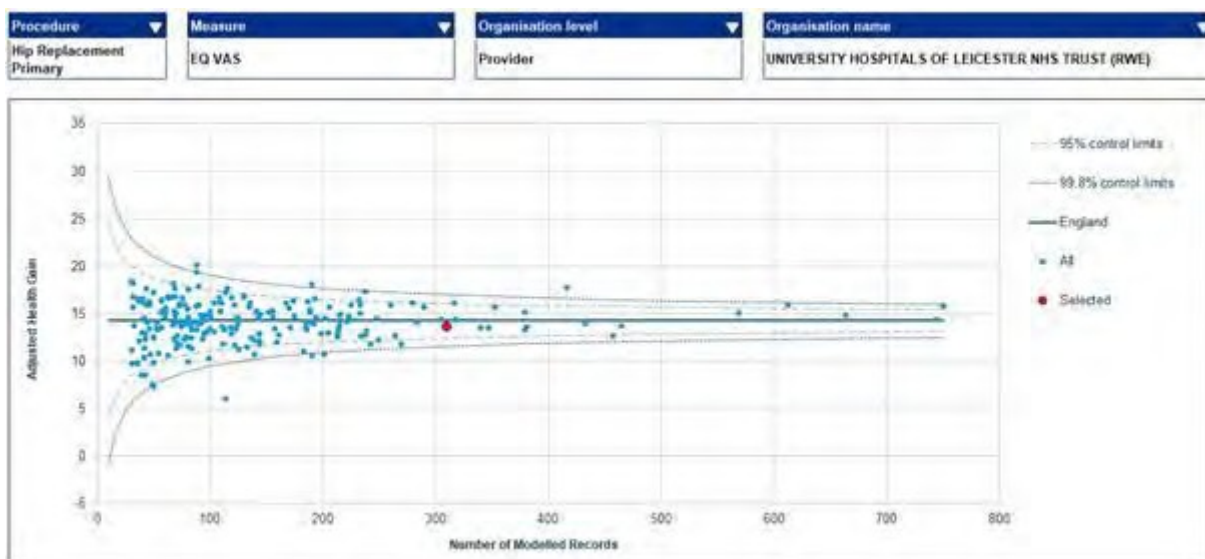
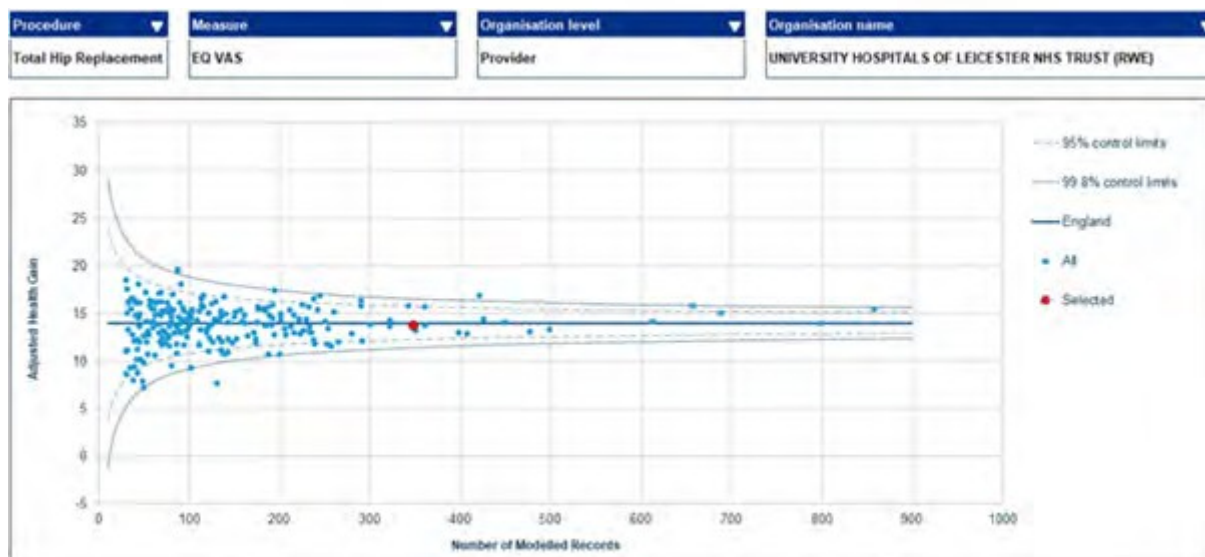


Figure 4 is a visualisation of UHL's and other providers performance for Hip – Primary and Total hip replacement within the EQ VAS measure. Both of which were reported as being slightly below the national average for UHL.





### 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 is 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 Leicester's Hospitals 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 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:

Data shows that the overall level readmission rate has reduced in patients aged under 16 years in age, but increased in patients aged over 16 years in age.

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

- Targeting key areas, including respiratory, to ensure patients with multiple readmissions are flagged for community review by specialist teams
- Readmission/discharge lead identified to work on pilot on Clinical Decisions Unit to prevent multiple admissions/readmissions by frequent attenders
- Making better use of Nervecentre, our electronic clinical information system, to record patients reasons for readmission
- Actively using the developed Standard Operating Procedure for managing patients at high risk of readmission within 30 days (using the PARR30 model)

## Ensuring people have a positive experience of care

Leicester's Hospital's actively seek feedback from patients, family members and carers. The feedback received is reviewed by the clinical and senior management teams, this then helps to shape services for the future. The overall aim of the collection of feedback is to improve the experience of our patients and visitors.

### **Friends and Family Test**

Revised Friends and Family Test guidance was published in September 2019 for implementation from 1 April 2020, replacing all FFT implementation guidance previously published.

Due to the COVID-19 pandemic, FFT data submission was suspended from March 2020. Data submission resumed from December 2020 for acute and community providers (including independent sector providers) in line with the new guidance. The first data submitted was from December 2020.

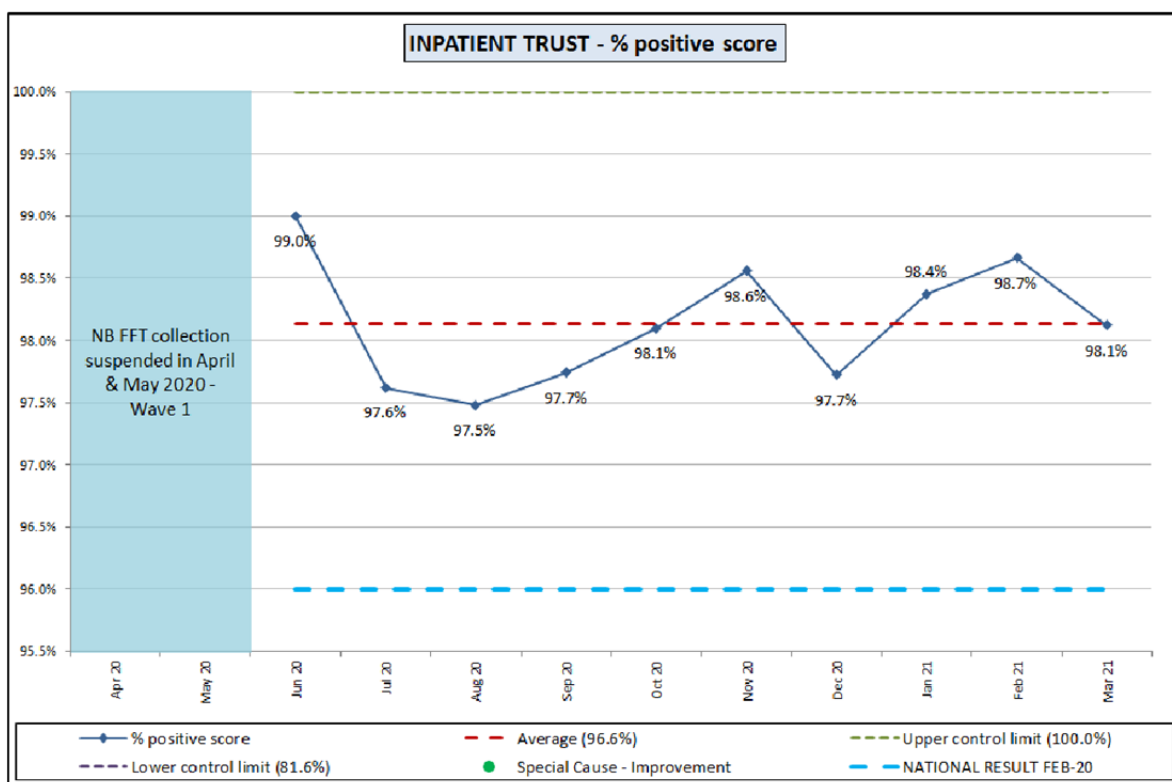
The Friends and Family Test is a nationally set question which is asked in all NHS hospitals and in all clinical areas of Leicester's Hospitals.

*"Thinking about our ward... Overall how was your experience of our service"*

The responses received are monitored at ward/department level in real time, which helps to shape and plan improvements.

To ensure the collection of the Friends and Family Test is inclusive, it is also available in the top three languages in Leicester, Leicestershire and Rutland; Gujarati, Punjabi and Polish, There is also an easy read version for those with a learning disability, visual impairment, literacy issues or whose first language is not English.

The Trust monitors the Friends and Family Test to see how services are view from a patient’s perspective. The Friends and Family Test score can be viewed at ward or clinic level but also at Trust level. Looking at the Friends and Family Test score for all inpatient wards across the Trust the graph below illustrates that despite the challenges associated with COVID-19 patients and their families show high levels of satisfaction:





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

The NHS staff survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. It asks NHS staff in England about their experiences of working for their respective NHS organisations.

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

- The NHS staff survey asks respondents whether they strongly agree, agree, disagree or strongly disagree with the following statement: “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation”
- The results for this element of the NHS staff survey (67% of respondents said they would be happy with the standard of care) remains unchanged from the previous (2017) NHS staff survey

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

- To make more progress Leicester’s Hospitals need to do something different. One of the most important aspects of this is having the right culture which is powered by the right leadership behaviours. This will be at the heart of our quality strategy

### Venous thromboembolism (VTE)

Assessing inpatients to identify those at increased risk of venous thromboembolism (VTE) is important to help to reduce hospital associated VTE. We work hard to ensure that not only are our patients risk assessed promptly but that any indicated thromboprophylaxis is given reliably.

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

- VTE risk assessment rates are reviewed by Leicester's Hospitals Trust Thrombosis Committee and presented to the Executive Quality Board on a regular basis
- We carry out root cause analysis from case notes and electronic patient information systems for all inpatients who experience a potentially hospital associated VTE during their admission or up to 90 days following discharge

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

- Created an overarching Trust Thrombosis Committee bringing together the previous separate VTE Prevention and Anticoagulation groups
- Provided VTE risk assessment rate data to clinical areas and presented to the Trust Thrombosis Committee to highlight where changes to clinical practice where required
- Rapidly developed thromboprophylaxis guidelines specific to Covid-19 infection
- Planned a Trust wide VTE Prevention audit to re-establish our performance against NICE Quality Standard 3 ( <https://www.nice.org.uk/guidance/gs3> ) and to ensure UHL has maintained our usual high standards despite disruption due to the Covid-19 pandemic
- Expanded VTE related electronic assessments in our electronic patient record, beyond medical and surgical VTE risk assessment, to include a bespoke Maternity VTE risk assessment, mechanical thromboprophylaxis prevention measures and the monitoring of these along with developing patient safety alerts in our electronic prescribing software
- Extended our electronic VTE risk assessment and thromboprophylaxis surveillance, creating dashboards within existing electronic clinical information systems which will allow us to monitor our performance against NICE quality indicators in real time and effect changes in a timely fashion as needed
- Created a regular Trust VTE Prevention Newsletter to highlight areas of best practice and share learning across the trust

Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism	98.1% Apr19 – Feb20 Source: UHL	98.6% Apr20 – Mar21 Source: UHL	95.3% Q3 2019-20 (Oct19 – Dec19) Source: NHS England	100% Q3 2019-20 (Oct19 – Dec19) Source: NHS England	71.6% Q3 2019-20 (Oct19 – Dec19) Source: NHS England
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### 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

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 uploaded to the National Reporting and Learning System (NRLS)
- Moderate, major and death harm incidents are validated by the corporate patient safety team and this process is subject to external audit every other year
- Themes and trends are reported monthly and quarterly to provide a local and 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 preventable harm to patients as a key focus within our quality priorities
- Actively encouraging a culture of open reporting and widespread sharing of learning from incidents to improve patient safety
- Being open and transparent about our safety work, our incidents and our actions for improvement
- Undertaking a structured programme of work to ensure that we learn and improve and we will continue to work with NHS Improvement, the Healthcare Safety Investigation Branch and other groups to maximise our efforts
- Focusing on culture and leadership as well as supporting national, system-wide barriers to reducing harm events

An annual patient safety report is produced each summer and is available on Leicester's Hospitals website.

## Learning from deaths

During Quarters 1 to 4 in 2020/21, 4,006 patients were part of the Learning from Deaths process within Leicester's Hospitals (this includes deaths within UHL, deaths in ED and some community deaths that went through the medical examiner process). Details are as follows:

**Table x: Number of deaths included in the Learning from Deaths process in 2020/21**

Time period	Number of deaths
April 2020 to March 2021	4006
Q1	1023
Q2	672
Q3	1029
Q4	1282

By the end of May 2021, 310 case record reviews (Structured Judgement Reviews) and 15 investigations by the patient safety team have been completed in relation to the 4,006 deaths. In addition six cases were subject to both a case record review and an investigation. There are 140 cases where the structured judgement reviews are yet to be completed.

**Table x: Number of case record reviews during 2020/21**

Time period of death	Deaths Reviewed or Investigated (as at end of May 2021)
April 20 to March 21	331
Q1	107
Q2	103

Q3	75 to date
Q4	46 to date

8 (0.20% of 4,006) deaths reviewed or investigated (as at the end of May 2021) were judged 'to be more likely than not to have been due to problems in care provided to the patient'.

All deaths reviewed and considered to be more likely than not to have been due to problems in care have been investigated or are still undergoing investigation by the patient safety team.

This consisted of:

**Table x: Number of deaths reviewed or investigated during 2020/21 (to date) and judged to be more likely than not to have been due to problems in the care provided to the patient**

Time Period	Deaths reviewed or investigated and judged to be more likely than not to have been due to problems in the care provided to the patient (% of all deaths in that period)
Q1	1 (0.10%)
Q2	3 (0.45%) Data not yet complete
Q3	1 (0.10%) Data not yet complete
Q4	3 (0.23%) Data not yet complete

These numbers have been arrived at following correlation of conclusions of the 331 cases described above.

Learning identified through our case record reviews, has included:

- Better understanding of COVID presenting signs and symptoms, treatment options and complications of the disease



- Recognition and management of Hyponatraemia
- Timeliness of Chest Drain insertion outside of Respiratory/Thoracics specialties
- Risk of deterioration during transfer
- Recognition of Aortic Dissection
- Challenges of patient flow exacerbated by COVID
- Preparing patients for investigations
- Impact of Visiting Restrictions
- Difficulties with keeping relatives informed
- Distress around viewing of deceased where positive for COVID

In most of the cases reviewed, actions were around raising awareness and disseminating the lessons learnt to clinical teams. Other actions taken or in progress are:

- Review and revision of treatment guidelines for COVID 19, including the Virtual COVID ward
- Development and implementation of Hyponatraemia Guidelines
- Review of the Pleural Procedures pathway and policy
- Setting up of 'task and finish group' to review the literature and agree a pathway and guidelines for aortic dissection patients
- Use of retired clinical staff to support communication, particularly in the intensive care units and respiratory wards
- Use of iPads to support communication between patients and relatives
- Close working with the Clinical Teams and Mortuary Staff and Funeral Directors to look at how to support families where visiting or viewing not possible due to COVID restrictions
- Increased input by the Bereavement Nurses to provide follow up contacts in order to signpost bereaved relatives to support agencies in collaboration with external partners

Our Mortality Review Committee reviews the themes from our case record reviews and ensures that we have the appropriate work streams in place to take forward lessons learned. The Mortality Review Committee will assess the impact of actions taken to in response to lessons learnt from case record reviews.

In 2019/20 there were 428 deaths subject to case record review as part of specialty mortality and morbidity review.

172 case record reviews and investigations, which related to deaths during 2019/20, were completed after submission of our 2019/20 Quality Accounts.

Following the completion of these additional 172 case record reviews, there were in total, 14 out of 3,332 deaths in 2019/20 (0.42%) which were considered to be more likely than not, to have been due to problems in care. (9 of these cases were reported in the 19/20 Quality Account) All 14 cases have been investigated by the patient safety team.

## 3.6 Performance against national standards

### Indicators

#### ED 4 hour wait and ambulance handovers

**Table 7: Performance against the ED targets**

Performance Indicator	Target	2020/21*	2019/20*
ED 4 Hour Waits UHL	95%	73.1%	69.2%
ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	81.1%	78.8%

**Key: Green = Target Achieved    Red = Target Failed**

The emergency department provides an integrated front door approach for all patients whether as an acute emergency arriving by ambulance, self-referrals or by NHS111. There are separate facilities for adults and paediatrics (children).

The adult emergency department is comprised of a 12 bedded emergency room, 32 individual major bays, 4 of which have been designed for those with mental health needs or living with dementia. In addition, there are 10 cubicles in the ambulance assessment area which are used flexibly to support flow across the department. Eight triage rooms are used for initial assessment of walk-in patients. There is also a Blue Zone area of 16 cubicles and 10 rooms for injuries and ambulatory patients.

At the outset of the Covid pandemic, significant changes were required across both the adult and children's emergency departments. Both departments were split into Red (high risk Covid suspected patients) and blue (low risk Covid not suspected patients) departments meaning that there were separate walk-in, ambulatory, majors, and emergency room areas. The children's department has reverted back to 'normal' working with strict infection prevention measures in place. The adult department remains split, and is likely to remain so for the coming months.

The paediatric ED comprises of 10 major areas (including three high dependency areas), four primary care rooms, five streaming rooms and six minor injury rooms.

The Covid pandemic has led to significant challenges this year with providing timely care at the Leicester Hospital's emergency department. Leicester's Hospitals have not met the target to treat and discharge a minimum of 95% of patients within four hours.

Despite the daily high number of patients in the department and the impact of the Covid pandemic we have strived to meet the urgent care standards but the increased demand for emergency care has inevitably put additional pressure on the ability to deliver a consistently high standard of care for patients.

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.

## Referral to treatment (RTT)

**Table 8: Performance against the referral to treatment**

Performance Indicator	Target	2020/21	2019/20
RTT - incomplete 92% in 18 weeks	92%	51.1%	76.5%
RTT - waiting list size	19/20 – 64404 20/21 - 66397	87,968	64,559

**Key: Green = Target Achieved Red = Target Failed**

The RTT incompletes standard measures the percentage of patients actively waiting for treatment. The RTT target was not achieved in 2020/21.

Following national planning guidance for 21/22 the key focus for the first 3 months will be to ensure we recover our cancer and urgent positions. Our trajectory is to recover to February 2020 levels of urgent cases by June 2022. This will be achieved in all services with the exception of General surgery and Urology who will have achieved this by the end of the summer.

Each service will then be able to focus on recovering their position for patients waiting over 52 weeks.

It will be critical to ensure we fully utilise the capacity with the independent sector, increase throughput in theatres to ensure we achieve our activity plans. With focus on the admitted pathways ensuring we are utilising all theatre capacity, the best case scenario will see a significant reduction of patients waiting for surgery.

### Winter care

In the Winter of 2020/21, in common with many other acute trusts during the Covid-19 Pandemic, Leicester's Hospitals experienced compromised emergency department performance, increased numbers of patients in hospital for over seven days and high levels of occupancy (the number of beds filled). Despite the high demand on our hospital beds we ensured that over the winter months our patients were safe and received treatment as quickly as possible.

### Cancelled operations and patients rebooked within 28 days

**Table 9: Performance against the cancelled operations targets**

Performance Indicator	Target	2020/21	2019/20
Cancelled operations	1.0%	0.9%	1.3%
Patients cancelled and not offered another date within 28 days	0	265	350

**Key: Green = Target Achieved Red = Target Failed**

The increase in cancellations also regrettably lead to an increase in the number of patients not offered a date within 28 days of a cancellation. Available capacity was prioritised with, clinically urgent, cancer and longest waiting patients and this sometimes means we are unable to re-book a patient within 28 days of their cancellation.

Increased competing pressures on available theatre capacity with clinically urgent patients, patients on a cancer pathway and long waiters means Leicester's Hospitals will continue to struggle to meet this target of zero.

Our Surgical Care Program will continue to work on reducing short notice cancellations for patients. This will also have a positive impact on our 28 day performance indicator.

## Diagnostics

**Table 10: Performance against the diagnostic waiting times target**

Performance Indicator	Target	2020/21	2019/20
Diagnostic Test Waiting Times	1.0%	35.9%	4.6%

**Key: Green = Target Achieved    Red = Target Failed**

Performance Indicator	Target	2020/21	2019/20
Cancer: 2 week wait from referral to date first seen - all cancers	93%	<b>92.3%</b>	<b>93.0%</b>
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	<b>95.4%</b>	<b>95.9%</b>
All Cancers: 31-day wait from diagnosis to first treatment	96%	<b>91.1%</b>	<b>92.8%</b>
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	<b>99.6%</b>	<b>99.6%</b>
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	<b>71.7%</b>	<b>81.1%</b>
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	<b>93.4%</b>	<b>87.1%</b>
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	<b>68.5%</b>	<b>73.6%</b>
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	<b>63.9%</b>	<b>84.0%</b>

**Key: Green = Target Achieved    Red = Target Failed**

- During the year we have ensured all pathways were in line with national, regional or specialist guidelines for use during the covid pandemic
- We ensured that patients waiting for treatment were reviewed and prioritised in line with national guidelines to enable resources and capacity to be focused on those with the highest clinical need.



## MRSA

**Table 12: Performance against the MRSA targets**

Performance Indicator	Target	20/21	2019/20
MRSA (All)	0	1	5

**Key: Green = Target Achieved Red = Target Failed**

In 20/21 there was 1 Meticillin Resistant Staphylococcus aureus (MRSA) blood stream infection reported, against a trajectory of zero avoidable cases. This case was deemed un-avoidable following investigation.

A Post-Infection Review (PIR) of all patients who have a Trust or non-Trust apportioned MRSA identified is undertaken. This is in accordance with the standard national process and involves a multiagency review of the patients care to determine if there have been any lapses of care which would have contributed to the infection and where lessons maybe learned to prevent further occurrence.

## Pressure ulcers

**Table 13: Performance against the pressure ulcer targets**

Performance Indicator	Target	2020/21	2019/20
Hospital Acquired Pressure Ulcers – Total Validated	TBC	696	N/A*

\*In 2020/21 we started reporting the total number of validated hospital acquired pressure ulcers instead of other KPIs.

**Key: Green = Target Achieved Red = Target Failed**

Following the work that has been undertaken in 2020/21 to ensure that all hospital acquired pressure ulcers are reported, validated and reviewed in line with NHSE guidance UHL will be introducing an improvement trajectory to reduce all HAPUs and eliminate all category 4 pressure ulcers. UHL will implement a package of change via a Trust wide 'break through series' quality improvement collaborative. One of the priorities in 2021/22 will be undertaken via a sub-group of the pressure ulcer steering group to raise awareness and reduce the number of moisture associated skins damage and a targeted reduction trajectory for medical device related pressure ulcers. The updated review processes will be evaluated by quarter 2 through a shared leadership approach and peer review care, review and learn meetings will be introduced.

During 2020/21 University Hospitals Leicester introduced a number of initiatives to improve care, capture accurate incidence data, and change the culture away from reviewing pressure damage as 'avoidable' or 'unavoidable'. Initiatives included:

- Reviewed and updated our approach to pressure ulcer validation, to ensure that all reported hospital acquired pressure ulcers are formally reviewed and the learning shared via the CMGs
- Introduced a pressure ulcer steering group chaired by the Chief Nurse, launch of an improvement action plan and extended awareness and training via an eLearning package
- Undertook a 90 day pressure ulcer collaborative, with Quality Improvement support, 7 wards took part undertaking PDSA pilot projects the culmination of this collaborative will be shared May 2021 prior to the commencement of a Trust wide 'break through series' collaborative for 2021/22.
- The celebration of national pressure ulcer day to raise awareness of strategies to prevent pressure ulcers, using a twitter campaign and local ward events

The Chief Nurse via the Pressure Ulcer Steering Group will be setting an ambitious percentage target reduction for total hospital acquired pressure ulcers 2021/22.

### 3.7 Mental Health

We are seeing an increasing number of patients both children and adults, attending our hospitals with either a primary or secondary mental health problem. We have a responsibility for ensuring that all patients seen at Leicester's Hospitals have access to the right treatment at the right time with the right healthcare professionals.

The number of referrals for a mental health assessment in the emergency department has continued to increase.

Patients who present to the Emergency Department with mental health problems are assessed for this and referred on to the Mental Health Liaison Service for further specialist assessment. A new service mode, jointly developed with Leicester Partnership Trust to deliver the Core 24 service standard, commenced in November 2020.

Funding for the service, which is based at the Leicester Royal Infirmary site enabled the recruitment of additional Consultant Psychiatrist posts (providing clinical leadership for the service, strengthening the interface with the acute hospital, supporting the training and education function and providing dedicated medical cover for the ED) and well as additional mental health practitioners. Mental health support in the Emergency Department will be modelled on three staff per shift over a 24 hour period, to ensure sufficient capacity to provide a one hour response time.

**Patient experience** benefits of the Core 24 liaison mental health service for include:

- Swift and compassionate assessment of mental health needs for patients presenting with mental health problems (in the Emergency Department or hospital wards)
- A reduction in inappropriate general hospital inpatient admissions
- Improved discharge planning and coordination
- Shorter lengths of stay and reduced general hospital re-admissions

- The ability to assess patients quickly, establish their needs and develop appropriate intervention plans
- Improvements in physical healthcare outcomes through the provision of NICE recommended psychosocial brief interventions and where needed, outpatient follow up appointments
- Increased capacity to work with the Emergency Department Integrated Discharge Team Frequent Attender Nurse to address mental health comorbidities and socio-economic problems
- Improvements are being made to our electronic systems used to collect data and monitor outcomes, with a focus on shared access to patient records across the system with our partner organisations and the ability to make e-referrals
- We have developed a training pack to support the roll-out of our recently reviewed ligature risk assessment policy and procedures.
- The delivery of mental health care within Leicester's Hospitals is monitored by our mental health steering group, which reports to our Quality and Outcomes Committee.
- In addition UHL links closely with the Mental Health Co-design group is an active member of the system wide group

### 3.8 Equality & diversity

#### Equality, Diversity and Inclusion (EDI)

This year, we have seen significant changes and challenges affecting our Trust, which have highlighted the need and importance of our commitment to equality. The publication of the NHS Long Term Plan in December 2019 and the NHS

People Plan in 2020 highlighted the disproportionate impacts of COVID-19 on particular groups has highlighted the need to address workforce and health inequalities at local, regional and national levels.

The EDI work we have undertaken over the past year acknowledges that COVID-19 has had a significant impact on our patients and staff. The long term impact will be felt by many and may take years for services to return to pre-COVID levels. Over the past 12 months the Trust has laid the foundation to build back fairer and address longstanding inequities, and demonstrated its ability to effectively respond to the EDI aspects of the COVID-19 response as well as focusing on the longer-term strategic priorities for the agenda.

#### Equality, Diversity and Inclusion (EDI) Strategic Plan 2020-2025

In 2020 the Trust reviewed its approach to EDI and developed an Equality Diversity and Inclusion Strategic Plan. The EDI Strategic Plan was approved by our Trust Board in December 2020 and set out a holistic approach to the agenda and incorporates three pillars.

Outstanding health outcomes and experiences for all our patients

A diverse, talented, and high performing workforce

An inclusive, accessible and civil culture

Our EDI strategic plan will improve equality, diversity and inclusion across the Trust and LLR and aligns to the principles set out within our legal duties, NHS Long Term Plan, NHS People Plan and the Model Employer Strategy, which addresses racial inequalities and discrimination within the NHS, including Leadership Diversity. The patient and workforce aspects of the Equality Delivery System have also been incorporated in to our plan.

Work carried out as part of the development of the EDI Strategic Plan involved undertaking an rigorous evaluation of our equality performance to date, and carrying out in-depth analysis of equality data, patient feedback and the outputs from staff engagement. This work was also informed by a series of workshops with staff from different teams within the Trust, all of which have helped to inform our revised equality objectives for the next 5 years.

In addition UHL developed 12 month delivery plans for the Workforce Race and Disability Equality Standards which are aligned to our EDI Strategic Plan objectives.

## Key Achievements 2020/21

### Inclusive Decision-Making Framework

In May 2020 the Trust developed an innovative new framework to drive improvement through existing decision-making processes and fulfil its legal duties under the Equality Act 2010.

The Inclusive Decision-Making Framework (IDMF) aims to enhance our decision-making processes and ensure they facilitate the thorough consideration of the diverse needs of our workforce, our patients and the wider community. Inclusive decision-making involves thorough consideration of equality, diversity, and inclusion (EDI) when we are developing and implementing strategy, plans, programmes, projects and commissioning and procuring services. In the Autumn of 2020 the IDMF was adopted as a Leicester, Leicestershire and Rutland programme

### Staff Networks

In 2020/21 will have worked in close collaboration with our staff networks, particularly during the pandemic. In addition to the work we have done with our BAME Voice and Differently Abled staff networks, we have also undertaken work to develop new staff networks i.e. LGBT+ and Genders networks.

### Active Bystander Programme

In 2020/21 UHL designed the Active Bystander Programme, which was developed following a Trust wide Leadership and Culture assessment. The ABP seeks to establish a pro-active organisational culture approach to address harmful behaviours, promote an inclusive culture and role model our values. The programme adopts an early intervention approach which can prevent negative behaviours from escalating, and facilitate learning. The programme contributes to the health and wellbeing our staff and patients, as active bystanders will be able to intervene whether a patient or a member of staff is not being treated in a civil and respectful manner. The programme will establish a network of staff who will participate in a modular training course which will enable them to safely and constructively challenge poor behaviour using intervention strategies.

In February 2021 the ABP programme was identified by NSHE&I as an example as good practice and entered into a national collaboration with our health and social care system to scale up and develop the programme across all 15 health and social care organisations within the Leicester, Leicestershire, and Rutland Integrated Care System. The roll-out of the LLR System pilot will inform implementation of the ABP across all NHS organisations.

### Unity Over Division Charter

In August 2020 the Trust signed-up to the Unity Over Division Charter. This key step led to UHL becoming the first NHS Trust to become a member of the Charter leading the way for other NHS organisations. The Unity over Division Charter principles are aimed at building a more inclusive and harmonious



workplace and are set out below:

Unite and the employer will each appoint an inclusion champion who will be the lead person for the Unity over Division agenda. With the support of Unite and the employer their roles will be to collaboratively monitor, facilitate and promote workplace inclusion wherever possible.

The employer will ensure that all staff members are given training on how to adhere to the company's equality and diversity policy and will ensure that this document is reviewed annually.

Unite and the employer will provide informative and up to date materials aimed at helping to promote equality and harmony within the workplace.

Where there are local and national examples of hate crime and discrimination Unite and the employer will stand together to condemn such incidents

Where appropriate Unite and the employer will work with other agencies and organisations to promote cohesion both inside and outside the workplace.

#### COVID-19

On 1st May 2020 NHS England announced that it was putting in place a 5 point plan to address the disproportionate impact of COVID-19 on BAME communities. The five key areas set out were:

Protection of staff (including returning staff), including improved risk assessments

Engagement with staff and staff networks

Representation in decision making of BAME and Disabled staff

Rehabilitation and recovery tailored and ongoing health and wellbeing support

Communications and media.

The Trust developed a comprehensive 5 point plan to implement the NHS COVID 19 priorities for BAME staff. The plan included the following actions:

Delivered a series of HWB webinars reaching out to all BAME staff at UHL - data will be used to tailor and improve the current offer

Reviewed workplace health needs data by ethnicity

Letter from Acting Chief Executive to all BAME staff at UHL highlighting the disproportionate impact of COVID 19 on BAME communities and identifying key sources of health and wellbeing support

Equality Impact Assessment of the COVID-19 Vaccination Hospital Hub approach with key actions identified to address the 3Cs and increase uptake with in priority cohorts

Carried out an analysis of impact of COVID\_19 on BAME staff and patients:

Patients

Analysis of admissions, deaths and discharges by ethnicity

Collaborative work with system partners focused on comms and engagement for diverse communities

Workforce

Analysis of sickness absence, COVID-19 testing rates, and risk assessment completion rates by ethnicity

BAME Voice Network Event held on 28th May with Acting CEO Rebecca Brown and NED Ballu Patel- which set out the commitment to address key issues arising from the BAME Voice Network event including differentiated support for International BAME staff.

BAME network members co-facilitated a HWB webinar sessions alongside Senior Staff Engagement Manager

Updates from staff network Chair to the EDI Board took place every 2 months

Extension of WRES and WDES data collections to include data on the make-up of COVID-19 response structures

WRES implementation (including data submission and publication, and implementation of the Model Employer strategy) will continue in 2020, and include our LLR System Aspirational Targets collaboration

Enhanced risk assessment process was launched in summer of 2020

Support package for UHL leaders was launched to support compassionate and inclusive conversations and highlighting vulnerable and at risk groups

EDI team and the FTSU Guardian designed and delivered a series of FTSU virtual listening events which took place in w/c 6th July 2020

BAME steering Group set up by the FTSU Guardian

Proactive EDI COVID-19 daily communications during the first wave of the pandemic

Key actions for 2021/22

1. Further development and embedding of our IDMF and ABP across the Trust and Wider System
2. Development of a Staff Networks Framework to build capacity and capability of existing and new networks
3. Design and roll-out of a development session for all of our staff networks
4. Development and implementation of a Talent and Diversity Toolkit to support the diversification of our workforce
5. Development and implementation of IDMF training sessions and establish best practice online repository of case studies
6. Development of online modular programme for the ABP
7. Design and publication of integrated EDI action plan to operationalise high-level strategic plan
8. Completion and implementation of the end-end review of the Accessible Information Standard
9. Roll-out of the Report and Support Tool and communications campaign which

## 3.9 Patient and public perspective

### Information for public and patients

We produce a quarterly magazine called 'Together' for staff, our members and the general public. In this, we share news, research, innovations, information and opportunities to get involved, from across our hospitals.

Our communications team manages several social media accounts such as Twitter, Facebook, Vimeo, Instagram and YouTube, which we use to share information, images and advice. We respond to issues / concerns raised by members of the public through these forums as well as responding to comments posted on NHS Choices and Patient Opinion about our services.

Our public website ([www.leicestershospitals.nhs.uk](http://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.

### Patient and public involvement

The pandemic has had a significant impact on the Trust's Patient and Public Involvement agenda. From March 2020, all face to face engagement was suspended. As a result, our usual programme of community engagement, public events and the involvement of patients in Trust meetings and projects was unable to proceed. However, over the last year we have been exploring other ways in which to listen to our patients and engage with the wider public.

Early on in the pandemic, we surveyed patients and members of the public about their experience of having a family member in hospital whilst not being able to visit. This feedback helped to inform the measures we were putting in place to improve communication between patients and their families at such a difficult time.

Over the last year, many of our hospital appointments have been conducted over the telephone or via video call. As such, we have been running a programme of

online engagement events to listen to patients' experience of this new way of working. Overall, the feedback was positive, with many patients appreciating the convenience of not having to travel in to the hospital for their appointment. There have been a number of excellent suggestions for how we could improve the service. This feedback will support the ongoing work the Trust is doing to ensure our remote appointments are working for patients.

Individual services have also taken up the opportunity to engage with their patients online during the pandemic. For example, our Allergy service organised an engagement event for its patients, a number of our cancer patient groups have continued to meet online and our Renal service has now established an online patient group which meets on a monthly basis to help shape how the service develops.

The Trust has continued to communicate with its public membership and has recently re-launched its popular "Leicester's Marvellous Medicine" talks as online events. The first of these new-format talks was given by our Deputy Medical Director, Collette Marshall on the topical subject of COVID vaccinations. Further talks are planned for 2021.

Towards the end of 2020 the Trust worked with its colleagues in the Clinical Commissioning Group (CCG) to run a large public consultation on plans to reconfigure Leicester's Hospitals. The consultation gathered the views of thousands of people across Leicester, Leicestershire and Rutland and was conducted almost entirely online. The support of colleagues in the voluntary and community sector helped to ensure the consultation was inclusive, and representative of our diverse population. The outcomes of the consultation are due to be published soon.

Throughout the last year, the Trust has continued to work with its Patient Partner group. Patient Partners are members of the public who have experience of the Trust's services. They sit on several boards and committees and are available to provide a patient perspective to staff working on projects and service developments. Although the Patient Partners were not able to provide face to face support, they have continued their involvement with the Trust this year via online platforms. Patient Partners have been involved in a number of serious incident reviews recently as well as providing a patient perspective on the following committees;

- Patient Involvement and Patient Experience Assurance Committee (PIPEAC)
- Quality Outcomes Committee (QOC)

- End of Life Care Committee
- Nutrition and Hydration Committee
- Patient Information Committee
- Travel Plan Steering Group
- Outpatients Transformation Programme
- Adverse Events Committee
- Safeguarding Committee

The Trust will continue to involve and listen to patients via online platforms until it is able to safely resume face to face engagement. At which point, we very much look forward to meeting with our patients and the wider public again.

## Patient feedback

Leicester's Hospital's actively seek feedback from patients, family members and carers. The feedback received is reviewed by the clinical and senior management teams, this then helps to shape services for the future. The overall aim of the collection of feedback is to improve the experience of our patients and visitors.

"Patient Feedback Driving Excellence" boards are used in the clinical areas to display the changes or actions staff have taken in response to feedback received. This can be when there are suggestions for improvement or when the feedback is positive, and this outstanding practice needs to be shared and reinforced.

Over the last 12 months there have been some disruptions in the collection of feedback from patients, families and carers due to COVID-19. Despite these disruptions the Trust is delighted to say that during 2020-21 circa **142,000 feedback forms / surveys** were received from patients. These surveys included the Friends and Family Test question and of the 142,000 responses approximately 135,000 contained a positive response, 3,000 included suggestions for improvement and 4,000 that were neither positive nor negative, this is a tremendous achievement.

Due to the COVID-19 pandemic, the Trust has expanded patients and families facility to provide feedback electronically as well as continuing with the well-established feedback mechanisms. Feedback is collected from patients, families and carers using the following methods:

- Patient Experience Feedback forms, both paper and electronic
- SMS/texts, sent to patients who attend outpatient appointments either virtually or in person
- SMS/texts sent to patients who attend our Emergency Department
- Message to Matron Cards
- NHS Choices / Patient Opinion
- Compliments and complaints provided to the Patient Information and Liaison Service (PILS)
- Trust website
- Patient stories
- Community Engagement – completed virtually
- Family, Carers and Friends feedback, postal and electronic

### **Feedback from Families and Carers**

During 2020-21 with the COVID-19 pandemic, the hospitals have had to restricted visiting; this is to protect patients, visitors and staff. The Trust was still very keen to hear the views of families and carers and needed to be innovative in connecting with families and carers during this time. The Trust implemented a new postal survey that was sent out with patients on discharge allowing families to provide feedback using a prepaid envelope. Also this survey for families and carers was available on the public website and using an iPad in areas where family members were present.

During 2020-21 there have been 1,814 completed Family, Carers and Friends feedback forms received within the Trust and this feedback has been shared with the clinical teams who have responded and changed practice and over the last six months there have been measurable improvements in a number of the key themes.

### **Patient Recognition Awards**

This award was launched in April 2018 and recognises staff who patients, family, and carers have mentioned by name in the Friends and Family Test feedback comments. These comments detail what positive impact the staff member has had on their experience while they have been in hospital. During 2020-21 there have been seven winners, two nurses, four doctors and one specialist nurse.



## Childrens Drawing Completion

In line with government advice to protect patients, visitors and staff visiting to Leicester's Hospital's was restricted during 2020-21. In the Childrens Hospital visiting was adapted slightly with, as a minimum, one parent/guardian being welcomed to remain with every child. Prior to COVID-19 the children would have had extensive visitors including parents/guardian, grandparents and siblings. Feedback collected during this time highlighted that the children missed their other parent, relatives and siblings.

It was decided to launch a competition for the children, led by the Paly Specialists, to design a postcard with two categories, under eight years and eight years and over, which was well received by the children.

The winners and runners up postcards are now available on the hospital web page for siblings of children in hospital to send in and this is managed daily by Volunteer Services. There is also a selection of postcards that have been designed by Graphics for the children in hospital, to colour in and send home to their siblings, other parent, grandparents or any other family member. The winners and runner up designs are:



## **Supporting Families and Carers to Connect with Patients during Restricted Visiting**

During 2020-21 visiting for patients has been restricted due to COVID-19 and also many families and carers themselves have been shielding or in self-isolation. Therefore Leicester's Hospitals have identified a number of initiatives to support families and carers enabling them to stay connected with patients while they are in hospital.

These initiatives were implemented at pace from early April 2020 and have been ongoing since this time. Patient Experience has taken every opportunity to link in with patients and families to 'hear' directly if these initiatives are considered helpful or if changes/ improvements are needed.

The vast majority of families only require information over the telephone and where possible the patient themselves is encouraged to update family members using their own phone. To support this or where this was not possible then the clinical teams ensure patients' next of kin have regular updates.

To support good communication and in particular circumstances clinical staff can offer families the opportunity to FaceTime or Skype. This is particularly important for patients who have received bad news, are distressed or perhaps are at end of life (if the joint decision with the family is that a visit to the hospital is not feasible).

The Trust has therefore distributed over 90 iPads with enabled Skype/FaceTime facility which are linked to premium Wi-Fi for improved connectivity courtesy of Wi-Fi Sparks and with no charge to the patient or their family.

To ascertain if using iPads for communicating with families has been beneficial Patient Experience have gathered feedback from patients and families which has all been positive and below are some of the examples:

### **Feedback from a patient who had used the iPad - 30th April 2020**

*"My daughter contacted me on the iPad when I was in hospital and she was in her garden, she was with my grandson on a lovely sunny evening. I was able to see and talk to them and they were laughing and sending me their love, it made me feel like I was there. I hadn't seen them for about five days and it was lovely to be able to talk to them. If I had to come into hospital again I would use this again"*

#### **Feedback from wife who received a call using the iPad - 21st May 2020**

*“The two ladies who arranged for me to talk to my husband over Skype were wonderful, I am 92 and unable to get to hospital due to the virus and we have been married for 67 years. The first time they contacted me, I was able to have a conversation with my husband, which was wonderful. The second time he was not so well and was not able to talk to me, I don’t know if he heard me or understood, but I was able to talk to him and see him. He sadly died about two hours after that call. I really appreciated the call and the time with him.”*

#### **Feedback from a family who had received a call using the iPad - 11th May 2020**

*“The FaceTime communication has been invaluable, I live in Cheshire and therefore have not been able to come and visit my father. Being able to see him has had a brilliant effect, obviously there have been times when he has not been so well, but to see him get better and talk to him.*

*Telephone conversations are not the same as being able to see him. Being able to talk on FaceTime, rather than over the telephone has been better for him, he has also been able to see his grandchildren and they see him. I have been very impressed with the communication that I have received while he has been in hospital”*

#### **Feedback from patient - 1st May 2020**

*“I can’t even begin to describe how much this means to me to be able to see my family. Thank you so much I have no words to tell you how wonderful that was”*

### **E-Greeting Service And Messages To Loved Ones**

The e-greeting service offers relatives and friends of patients the ability to send a short message to their loved ones via the Trust website and the sender chooses a picture to attach to the card.

During this period the e-greetings service has been enhanced and further publicised through social media and the website.

E-greetings are processed by Volunteer Services at least twice a day and printed and either delivered by staff, a volunteer or through the post room at each site.

During 2020/21 Volunteer Services have delivered 2432 e-greetings to patients. Patient Experience visited wards and departments to speak with patients who had received an e-greeting to gather feedback on this service and received very positive feedback.



#### **Feedback from a patient who had received an e-greeting - 13th May 2020**

This lady had gave birth to a premature baby who was being cared for on the Neonatal Unit.

*"I think this is so lovely; my partner will really like this as well. To have this when you look back after this is all over and he is growing up"*

#### **Feedback from a patient who received an e-greeting - 22nd May 2020**

*"This is wonderful, it is from my sister who lives in Turkey, it is amazing I am so happy, this has made a huge difference. I have been having a really bad day and this has really helped. Please tell the people who do this that this is a wonderful service"*

#### **Feedback from a patient who received an e-greeting - 28th May 2020**

*"This is such a surprise, my sister is in India, in quarantine, she has been talking to me on the telephone, but this is really nice, because she has put thought into this. It would be nice for any patient to receive something like this"*

This year as COVID-19 has brought additional challenges, we have focussed on maximising the support the Admiral Nurses and the Meaningful Activity Facilitators provide for people living with dementia when they are admitted to hospital. We recognised early in the pandemic that staff wearing face masks and goggles, would make it harder for people with dementia to recognise and become familiar with staff and that visual cues we use to reassure people such as smiles and eye contact would not be visible to them. A simple poster was developed for staff with some simple tips to improve communication when wearing a mask, for example:

- Introductions, Hello My Name is... and writing your name on your apron/gown
- Ensuring visual and hearing aids were worn if required by patients
- Facing the patient when speaking.
- Writing things down if needed

The Admiral Nurses are specialist nurses that provide expert dementia skills and knowledge to support people living with dementia, and their families, many of whom have complex care and social needs, have a more positive experience. The Admiral Nurses have been able to support the person with dementia during their inpatient stay and keep families updated and informed. They have supported 47% more patients and families in 2020-21, compared to the previous year.

The Admiral Nurses supported patients to keep in touch with their families and friends, helping them to use facetime to call families, although some people living with dementia have found this communication difficult and upsetting. The Admiral Nurse's care provided for families shifted from face to face to more telephone, virtual based at the start of the pandemic, and this has remained in place throughout the year.

The Admiral Nurse's continued to collect feedback from families they have supported, through sending an email link to the family or postal surveys. 100% of the 58 people that responded said they would recommend the service.

Below is a selection of comments taken from the free text on the completed surveys:

- *"They have been an absolute lifeline to me at this very sad, difficult and emotional time"*



The Meaningful Activity Facilitators (MAF's) engage people living with dementia in activities such as reminiscence, arts and crafts, music, eating and drinking and develop activities based on what the person they are supporting likes and enjoys. Working with the multidisciplinary team, activities are used to distract, calm and reassure.

Each year just over 3,000 people living with dementia admitted to the Trust have support through the Meaningful Activity Team across the Emergency Floor and on the older people's wards.

This year they have worked with people living with dementia and families ensuring they can keep in touch with people during their stay. This may have been through helping with video calls, messages home post cards and e greetings or phoning the families to let them know how they have supported the person that day.

To understand the impact of the activities the patients have been involved the facilitators have been collecting stories called 'Small Change, Big Impact' two examples of this are:

### **Ward 33 – Helping a gentleman to feel connected and listened to**

The gentleman was quiet, tearful and withdrawn and spent the majority of his time sleeping as he didn't want to be in hospital. The Meaningful Activity Facilitator (MAF) contacted the patient's daughter to find out a little more about him and what his interests were. This really helped the MAF to start a conversation with the patient and speak to him about his life and his time in National Service which had been important to him. By spending time with the patient chatting to him about his life in Egypt during his National Service and about his family and working life the MAF noticed a change in the patient. The patient went from being uninterested and withdrawn to being very chatty. The patient was given a newspaper and a pack of cards. The patient was able to show the MAF a card trick with the pack of cards. The patient said "Thank you for all you've done, I am really grateful for everything."





Together the Admiral Nurses and the Meaningful Activity Service have refreshed the Older People and Dementia Champions' network. All of our Champions voluntarily take on this role and additional training to 'champion' the needs of these patient groups in all areas of the hospital. This year we have introduced Champion Link roles into the clinical area, a Champion who works with the other champions and staff in their area to engage the team and share their passion and commitment to improve the inpatient experience for older people and people living with dementia.

### Patient Information and Liaison Service (PILS)

Feedback from our patients, their families and carers gives us a valuable opportunity to listen and examine 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, compliments or have a request for information.

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 (although during this year due to Covid-19 restrictions this option has been suspended).

#### **PILS activity (formal complaints, verbal complaints, requests for information and concerns) by financial year - April 2015 to March 2021**

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Formal complaints	1574	1467	1886	2260	2534	1480
Verbal complaints	1449	1152	856	492	192	218
Requests for information	439	321	143	118	175	113
Concern (excludes CCG & GP)	756	1288	1146	1170	1488	1003
Total	9% increase	0.2% increase	4.7% decrease	0.2% increase	8.6% increase	35.9% decrease

### Learning from complaints

During 2020/21 due to the Covid-19 pandemic unprecedented action was taken by NHS England during the first wave to put a national 'pause' on the NHS Complaints process from March 2020 to 1<sup>st</sup> July 2020. In UHL we restarted our process from 1<sup>st</sup> June 2020. During the second wave of Covid-19 there was no ability for a national 'pause' so an executive decision was made in UHL to manage complaints differently, based on 'urgency' between 11<sup>th</sup> January 2021 and 6<sup>th</sup> April 2021. These periods of inactivity and reduced activity have significantly affected performance for response times for this year.

Leicester's Hospitals Patient Information and Liaison Service (PILS) administer all formal complaints and concerns. Between April 2020 and March 2021 we received 1,480 formal complaints and 1,003 concerns.

Leicester's Hospitals achieved 82%, 72% and 66% for the 10, 25 and 45 day formal complaints performance respectively.

The most frequent primary complaints themes are Medical care, Appointment issues and Communication.

Complaints are an essential source of information about the views of our patients, families and carers about the quality of our services and standards of our care. 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.

Learning from complaints takes place at a number of levels. The service, department or specialty identifies any immediate learning and actions that can be taken locally.

A bi-annual report identifies themes, trends and suggestions for improvement based on a variety of feedback (complaints, friends and family test, social media, Patient Choices etc). This report is discussed at our Patient Involvement and Patient Experience Assurance Committee, Executive Quality Board and Quality Outcomes Committee.

Complaint data is triangulated with other information such as incidents, serious incidents, freedom to speak up data, inquest conclusions and claims information to ensure a full picture of emerging and persistent issues is recognised and described. Many of the themes and actions identified from complaints form part of wider programmes of work such as in our Becoming the Best quality priorities.

An annual complaints report is produced each summer and is available on Leicester's Hospitals website.

	Formal complaints received	Formal complaints reopened	% resolved at first response
2018/19 Q1	533	43	92%
2018/19 Q2	587	52	91%
2018/19 Q3	551	49	91%
2018/19 Q4	589	80	86%
2019/20 Q1	620	62	90%
2019/20 Q2	645	85	87%
2019/20 Q3	660	82	88%
2019/20 Q4	609	81	87%
2020/21 Q1	235	39	83%
2020/21 Q2	418	77	82%
2020/21 Q3	473	62	87%
2020/21 Q4	354	36	90%
<b>Total</b>	<b>6,274</b>	<b>748</b>	<b>88%</b>

### Improving complaint handling

Throughout 2020/21, Leicester's Hospitals suspended its participation in the Independent Complaints Review Panel process due to the Covid-19 pandemic.

Usually this panel reviews a sample of complaints and reports back on what was handled well and what could have been done better. This feedback which is used for reflection and learning with the PILS team and also with the CMGs.

This year to improve our complaints process and handling of cases we have:

Continued to collaborate on the Early Dispute Resolution pilot programme with the Parliamentary Health Service Ombudsman, this pilot has now ended.

We have added an additional capture of information about reasons for reopened complaints to our system which will enable us to focus on the learning from these themes.

In 2021/22, we will:

- Improve the efficiency of our process for logging of verbal concerns and compliments
- Implement our Complaints Intermediate training programme

### Parliamentary Health Service Ombudsman

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

#### Parliamentary Health Service Ombudsman complaints - April 2016 to March 2021

	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Awaiting outcome validation	0	0	0	1	2	3
Enquiry only - no investigation	1	1	0	1	2	6
Investigated - not upheld	12	6	4	0	0	22
Investigated - partially upheld	3	3	3	3	1	13
Investigated - upheld	1	0	0	0	0	1
<b>Total</b>	<b>17</b>	<b>10</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>44</b>

### Transferring Care Safely (GP Concerns)

The GP concerns process continues to be an important tool in engaging with commissioners and primary care to improve safety and experience in the transfer of patients between secondary and primary care. The team have been seconded out on two occasions to support the wider trust in the Covid effort and due to that there was a hiatus

The most frequent GP concern theme is “integrated care and discharge” with over half of concerns falling into this category. The main issues is UHL staff making inappropriate requests of GPs under the Consultant to Consultant Policy and Transferring Care Safely Guidelines. The most common examples are asking GPs to make referrals or requests for GPs to complete urgent tests (defined in the Transferring Care Safely Guidelines as <3 weeks post discharge).

Service closure and Covid restrictions have limited the engagement opportunities for the team, The Consultant to Consultant policy was communicated to all Consultants in August 2020 which showed some decrease in inappropriate request for referrals. The main focus of 2021/22 work is to engage with services seeing the highest numbers of inappropriate requests to GPs to understand and improve the prevalence of these reports.

The GP Services team have also re-launched the UHL outgoing GP concerns process allowing UHL clinicians to report transfers of care that could be improved from primary care. Numbers of reported concerns have steadily increased since the launch evidencing engagement and appetite.

**Number of GP concerns by financial year**

Year	Number of GP Concerns
2017/18	592
2018/19	1,275
2019/20	1,107
2019/20	775

### 3.10 Staff perspective

#### National NHS Staff Survey 2020

The NHS Staff Survey was carried out in October and November 2020, on behalf of NHS England and the results form a key part of the Care Quality Commission's assessment of NHS Trusts in respect of its regulatory activities such as registration, the monitoring of on-going compliance and reviews.

This year we carried out a full census survey – which means every member of staff (15,400) that was eligible to take part and would have received a survey to complete. 5130 responses were returned, giving a response rate of 33 per cent. This was a decrease of 2.1 per cent from the previous year; the national average (median) for Acute Trusts stands at 45 per cent.

The results of the NHS Staff Survey showed predominantly, a static picture for the ten themes; however, in the 2019 survey the trust saw significant improvement in eight of the then eleven themes, meaning that the improvement seen last year has not deteriorated. There was a significant decline for questions relating to Team Work, which mirrored the National picture. With the backdrop of COVID-19 it was encouraging that staff recognised the response to health and wellbeing

More of our staff would recommend the Trust both as a place to work and for the standard of care compared to last year; with results being the highest in five years.

#### Freedom to Speak Up Guardian

The Freedom to Speak up role at Leicester's Hospitals has been in place since February 2017, providing a confidential service to support staff in 'speaking up' and raising patient safety concerns. There are different avenues that staff can access to raise confidential concerns. Listening to staff is a priority of the service which ultimately leads to an improved patient safety culture and better staff engagement.

Avenues for reporting staff concerns are as follows:



- Junior Doctor Gripe tool
- Anti-bullying and Harassment Service
- Counter Fraud Management Services
- Care Quality Commission

There are three main ways that staff at Leicester's Hospitals can raise concerns:

#### Freedom to Speak Up concerns



The Freedom to Speak up Guardian responds to emailed concerns and telephone calls directly from staff members.

The Guardian will:

- Arrange to meet with the staff member and explain the Guardian's role
- Escalate to most appropriate senior manager/executive, Head of Operations, Head of Nursing or Clinical Director
- Identify those concerns raised that are felt belong with Human Resources or Staff Side Trust Representative and signpost staff to them.
- Log concerns and these are reviewed weekly and contact is made to the staff member (if they have shared their details) for updates
- Updates are also requested from the senior colleagues involved in resolving the concern.

3636



3636 is a confidential telephone line and/or online form that enables a staff member to report safety concerns 24 hours a day, 7 days a week. Their concern is escalated to the Director on Call to follow up appropriately. This ensures an immediate, senior and impartial response to serious safety concerns.

The Guardian will:

- Escalate to The Director on Call for that day for investigation
- Identify those concerns raised that are felt belong with Human Resources or Staff Side Trust Representative and signpost staff to them.
- Log concerns and these are reviewed weekly and contact is made to the staff member (if they have shared their details) for updates
- Updates are also requested from the senior colleagues involved in resolving the concern

Junior Doctor Gripe Tool



The Junior Doctor Gripe tool enables Doctors to report confidentially any concerns they have in relation to patient safety, staffing issues and indeed anything that is impacting on them to deliver quality patient care. They can access the tool through Leicester's Hospitals intranet.

The Gripe is:

- Escalated to appropriate Clinical Director of a Clinical Management Group
- The Junior Doctor is thanked for their concern being raised (if name has been left)
- Feedback to the Junior Doctor that raised the concern to keep up to date with progress

- Updates are also requested from the senior colleagues involved in resolving the concern

The number of concerns raised in 2020/21 was a total of 250. The table below shows the past three years numbers of staff concerns:

	2017/18	2018/19	2019/20	2020/21	Total
Freedom to Speak Up	77	93	88	161	<b>419</b>
Junior Doctor Gripe	Numbers not available	100	156	64	<b>320</b>
Staff (3636 Staff Concerns)	58	38	39	23	<b>158</b>
Your Voice	N/A	N/A	N/A	2	<b>2</b>
<b>Total</b>	<b>135</b>	<b>231</b>	<b>283</b>	<b>250</b>	<b>899</b>

We have seen almost double the amount of staff concerns this year when compared to 2019/20, most notably we have seen the largest increase in direct concerns raised with the Guardian. The Covid-19 pandemic has had a large part to play in this increase.

Reading across all the themes, the notable issues from 2020/21 are:

- Covid-19 related issues – social distancing, vaccines and PPE
- Bullying and harassment
- Staffing levels
- Staff mental wellbeing

This year the Guardian has been undertaken the following work:

- The Freedom to Speak up Policy has been re-written and has been approved.
- Development of the Your Voice Reporting Tool on the back of focus group feedback which is an avenue specifically for BAME staff to raise concerns.
- Development of a Shielding Charter for staff working with shielding staff, Health and Wellbeing, HR and Organisational Development.
- Developed and implementation of an e-learning module for all staff about speaking up, this sits on our HELM training system.
- Reflection sessions in clinical areas with support from AMICA during and post Covid-19.

Our Executive People and Culture Board and People, Process and Performance Committee receive a quarterly report covering the themes and trends of concerns raised, together with actions taken or proposals for the Board. The Freedom to Speak Up Guardian will continue to attend the Trust Board when invited to present data, share staff stories and outcomes of actions, and continue to have governance support by meeting bi-monthly with the Chief Executive and monthly with the Head of Patient Safety.

In line with the requirements of Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, a quarterly guardian of safe working report on Exception Reporting is submitted to the Trust Board.

As at March 2021, 6% of the junior medical posts at UHL were unfilled. Vacancies are pro-actively managed with a rolling programme of trust grade recruitment to fill junior medical staff vacancies, by filling substantive posts where possible to avoid locum backfill and premium pay. In order to improve fill rates and training experience for Trust Grade doctors, the Trust is seeking opportunities to create Trust rotations (similar to trainee rotations).

The number of junior medical staff vacancies at Leicester's Hospitals will be included in the Guardian Trust Board report.

## 4. Our Plans for the Future

### 4.1 Quality improvement at Leicester's Hospitals

Despite considerable challenges this past year, Leicester's Hospitals have strengthened our journey of improvement, building capability, improving performance and collaborating with system partners. We have refreshed the annual priorities within our Quality Strategy to ensure we focus on the things which will lead to the best outcomes for our patients and assist us in our journey to 'Becoming the Best.'

We continue to model ourselves on 'best in class' organisations, both in the UK and worldwide, and to adopt proven improvement behaviours. Our approach is to enable staff to engage in improvement activity and to use improvement methodology in their day to day work. We have ambition to be an exemplar in

A new Transformation Team was established in the Trust in August 2020 following a review by the Executive Team and their desire to align quality, improvement and efficiency functions. This alignment sought to improve quality outcomes as well as efficiency delivery.

Moreover, by drawing in existing improvement functions into this team, real transformation work can be delivered, both internally and across the system.

It is fully expected that the team will increasingly work as an integral part of the new Integrated Care System (ICS) structure.

Through this restructure we are aiming to create a high performing Transformation Programme team, which works collaboratively across the Trust to continually improve processes and performance, whilst at the same time progressively embedding improvement skills across the organisation.

Through effective governance, quality assurance and delivery we will, over time, help enable a financially sustainable organisation which delivers caring at its best.

Throughout the pandemic, staff at all levels across the Trust have demonstrated innovative and creative approaches to solving complex problems and we have implemented rapid cycles of improvement in such areas as agile working, the workforce hub, the staff vaccination rollout, rapid Covid testing, Covid patient flow pathways through the system and Covid discharge. The Transformation Team will continue to support teams, departments and services to develop an improvement mind-set and improvement techniques.

This past year our quality improvement work has included:-

- Capability and capacity building through QI fundamentals, MSc, Advanced practitioner and medical school teaching / training
- Developing the Outpatient Efficiency Programme
- Evaluation of the virtual (OP) consultation project
- Designing and developing the Covid-19 swab transport process

- Designing and implementing the Virtual Ward initiative
- Endoscopy improvement Workstream
- Pressure Ulcer Collaborative project\*
- Safe and Timely Discharge collaborative
- Lumira development and roll-out
- Progress with Safer Surgery implementation
- Covid patient flow development and implementation
- Collaboration and development of the LLR Academy

This coming year we seek to build on the learning and successes we have made, continue to learn from others and grow our improvement capability. Our work plan includes:-

- The launch of our new Improvement Collaborative
- Strengthen the LLR Academy QI offer across the system
- An enhanced care collaborative
- QI support to the new Chief Nurse Fellows' programme
- Supporting the new Medicine Board Round Process
- Improving quality outcomes across the efficiency work-streams
- Up-scale and spreading the Virtual Ward concept
- Making better use of data to inform and improve
- Implementing the deconditioning programme\*

As well as offering virtual and face to face improvement training, the team will launch in June 2021 QI coffee catch-ups, QI clinics and will publish a regular QI blog featuring improvement work across our system and opportunities for all staff to join our improvement journey.

Our improvement approach is, wherever possible, to engage and involve partners and patients. This remains our goal but has been hampered in part this past year due to Covid restrictions. Using benchmark data and national networks, and using improvement methodology, we will continue to support teams across the Trust to identify opportunities for improvement and implement agreed improvement plans.

- Pressure Ulcer Collaborative

University Hospitals of Leicester (UHL) launched a 'Pressure Ulcer Collaborative' in September 2020, which brought together seven wards across our three hospital

sites (Glenfield Hospital, Leicester General and Leicester Royal Infirmary) to stop our patients developing pressure ulcers and to improve pressure ulcer care. Pressure ulcers arise from damage to the skin and the deeper layer of tissue under the skin when patients are sitting or lying in the same position for long periods of time. Pressure ulcers can be debilitating and painful and affect health outcomes and patient wellbeing.

Our initiative focussed on new ways of working, testing out new techniques and equipment, and training teams to improve pressure ulcer prevention. We plan to use the learning from our collaborative wards to prevent pressure ulcers, reduce morbidity, length of stay and associated infections that may arise from pressure ulcers while improving patient experience and quality of care.

- Stand Up Shimmy & Shine - Deconditioning Campaign

Stand Up Shimmy & Shine is an initiative launched in 2019 here at UHL to focus on patient deconditioning in line with a global initiative called #EndPJParalysis.

#EndPJparalysis which has been embraced by nurses, therapists and medical colleagues aims to put a value on patients' time and help more people to live the richest, fullest lives possible by reducing immobility, muscle deconditioning and dependency at the same time as protecting cognitive function, social interaction and dignity.

Many of the people we care for are in their last 1000 days and they are the very people who do not have time to waste. Yet they are the people who are most likely to get stuck in our hospital systems due to their complex health and social needs. There is plenty of evidence that immobility in hospital leads to deconditioning, loss of functional ability and cognitive impairment, all of which have the potential to increase a patient's length of stay, using up their valuable time.

One of the major impacts of the #EndPJparalysis campaign has been the focus on both the individual and the organisational impact of 'staying in bed'.



This year, our therapy teams have designed a 'shimmy' movement which our Therapy Teams and Nursing Teams will be practising with our patients throughout the week. The idea will be to get as many patients and staff as possible practicing the shimmy ready for our "Shimmy Day" on Friday as they show their commitment and support to preventing deconditioning in UHL.

## 4.2 Quality plans for 2021/22

The five quality priorities set out in section three of this Quality Account remain the key areas for improvement across Leicester's Hospitals.

Transformation programmes to improve cancer & emergency care pathways and implement sustainable transformation of care pathways are embedded within the priorities of our partners across the wider Leicester, Leicestershire and Rutland health and care system as part of the local response to the requirements within the NHS Long Term Plan.

These five quality priorities continue to align with feedback from both our staff and patients in terms of areas they would like to see improved.

We have reviewed our supporting priorities in light of the release of the NHS Long Term Plan and the ICS White Paper and have added some areas that were not reflected within our original supporting priorities:

1. 'Better Care System Pathways replaces 'Better care Pathways' to reflect the need for corporate and clinical services to work collaboratively both within the Trust and the wider health and social care system
2. 'Streamline System Emergency Care' replaces 'Streamline Emergency Care' to reflect the collective system approach to improving Emergency Care
3. 'Tackling Inequity' is added to the orange cog alongside Patient and Public involvement.
4. 'Understanding and Improving our Performance' replaces 'Understanding what is happening'.

## 5. Statements of Assurance from the Board

### 5.1 Review of services

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

The Royal Infirmary has the only Emergency Department 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.

During 2020/21 Leicester's Hospitals and the Alliance provided and / or sub-contracted in excess of 120 NHS services. These include:

- Inpatient - 64 services (specialties)
- Day Case - 61 services (specialties)
- Emergency - 68 services (specialties)
- Outpatient - 86 services (specialties)
- Emergency Department and Eye Casualty
- Diagnostic Services - including Hearing Services, Imaging, Endoscopy, Sleep Studies and Urodynamics
- Direct access - including Imaging, Pathology, Physiotherapy and Occupational Therapy
- Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), Coronary Care Unit (CCU), Paediatric Intensive Care Unit (PICU), Obstetrics HDU, Neonatal Intensive Care Unit (NICU), [Extra Corporeal Membrane Oxygenation \(ECMO\)](#), Special Care Baby Unit (SCBU) and also Paediatric and Neonatal Transport Services

- Covid-19 Vaccination Hospital Hubs

Services are also provided at:

- Dialysis units in Leicester, Loughborough, Grantham, Corby, Kettering, Northampton and Peterborough
- 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 national Centre for Sports and Exercise Medicine at Loughborough University

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 2018/19 represents 100% of the total income generated from the provision of NHS services by Leicester's Hospitals for 2019/20.

#### Examples of how we reviewed our services in 2020/21

A variety of performance and quality 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 Executive Quality Board, Executive Performance board and in a joint session between the Quality and Outcomes Committee and the People, Processes and Performance Committee
- Monthly Clinical Management Group Assurance and Performance Review Meetings chaired by the chief operating officer

- The assessment and accreditation process
- 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
- Annual reports from services including the screening programmes

## 5.2 Participation in clinical audits

Leicester's Hospitals are committed to undertaking effective clinical audit across all clinical services and recognises that 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 2020/21 period Leicester's Hospitals participated in 90% (55 out of 61) of the national clinical audits which it was eligible to participate in. Of the nine national confidential enquiries, Leicester's Hospitals has participated in 100% of the studies which it is eligible to participate in.

## National Clinical Audits

Name of Audit (Programme – Project name (Providers))	Did Leicester's Hospitals participate?	Stage / % of cases submitted
British Spine Registry (British Spine Registry)	NA	UHL not a spinal surgery site
Case Mix Programme (CMP) (Intensive Care National Audit & Research Centre (ICNARC))	Yes	Data collection ongoing
Chronic Kidney Disease Registry (The Renal Association)	Yes	Continuous data collection
Cleft Registry and Audit NETwork (CRANE) (Clinical Effectiveness Unit, The Royal College of Surgeons of England)	Yes	Continuous data collection
Elective Surgery (National PROMs Programme) (NHS digital)	Yes	Continuous data collection
Emergency Medicine QIPs - Fractured Neck of Femur (Care In Emergency Departments) (Royal College of Emergency Medicine)	Yes	Data submitted
Emergency Medicine QIPs - Infection Control (Care In Emergency Departments) (Royal College of Emergency Medicine)	Yes	Data submitted
Emergency Medicine QIPs - Pain in Children (Royal College of Emergency Medicine)	Yes	Data collection ongoing
Falls and Fragility Fracture Audit Programme (FFFAP) - Fracture Liaison Service Database (Royal College of Physicians (RCP))	NA	UHL do not have a FLS
Falls and Fragility Fracture Audit Programme (FFFAP) - National Audit of Inpatient Falls (Royal College of Physicians(RCP))	Yes	Continuous data collection
Falls and Fragility Fracture Audit Programme (FFFAP) - National Hip Fracture Database (NHFD) (Royal College of Physicians (RCP))	Yes	Continuous data collection
Falls and Fragility Fracture Audit Programme (FFFAP) - Vertebral Fracture Sprint Audit (Royal College of Physicians (RCP))	NA	UHL don't have a FLS

Name of Audit (Programme – Project name (Providers))	Did Leicester's Hospitals participate?	Stage / % of cases submitted
Inflammatory Bowel Disease (IBD) Audit - IBD Biological Therapies Audit (IBD Registry)	No	Insufficient capacity
Inflammatory Bowel Disease (IBD) Audit – IBD Service Standards (IBD UK)	No	Insufficient capacity
LeDeR - Learning Disabilities Mortality Review - (NHS England and NHS Improvement)	Yes	Data collection ongoing
Mandatory Surveillance of HCAI (Public Health England)	Yes	Continuous data collection
National Adult Diabetes Audit (NDA) - National Core Diabetes Audit (NHS Digital)	Yes	Continuous data collection
National Adult Diabetes Audit (NDA) - National Diabetes in Pregnancy Audit (NHS Digital)	Yes	Continuous data collection
National Adult Diabetes Audit (NDA) - National Diabetes Transition (linkage with NPDA) (NHS Digital)	Yes	Continuous data collection
National Adult Diabetes Audit (NDA) - National Diabetes Foot Care Audit (NHS Digital)	Yes	Data collection ongoing
National Adult Diabetes Audit (NDA) - National Diabetes Inpatient Audit Harms (NaDIA-Harms) (NHS Digital)	Yes	Data collection ongoing
National Adult Diabetes Audit (NDA) - NDA Integrated Specialist Survey (NHS Digital)	No	UHL failed to submit
National Asthma and COPD Audit Programme (NACAP) - Adult asthma secondary care (Royal College of Physicians (RCP) )	Yes	Continuous data collection
National Asthma and COPD Audit Programme (NACAP) - Chronic Obstructive Pulmonary Disease (COPD) (Royal College of Physicians (RCP))	No	No resources to take part ? Insufficient capacity
National Asthma and COPD Audit Programme (NACAP) - Paediatric - Children and young people asthma secondary care (Royal College of Physicians (RCP))	Yes	Continuous data collection
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation (Royal College of Physicians (RCP))	Yes	Continuous data collection
National Audit of Breast Cancer in Older People (NABCOP) - (Clinical Effectiveness Unit, The Royal College of Surgeons of England)	Yes	Continuous data collection
National Audit of Cardiac Rehabilitation - (University of York)	Yes	Data collection ongoing
National Audit of Care at the End of Life (NACEL) - (NHS Benchmarking Network)	Yes	NACEL data collection was postponed to 2021 nationally due to pandemic



Name of Audit (Programme – Project name (Providers))	Did Leicester's Hospitals participate?	Stage / % of cases submitted
National Audit of Dementia (NAD) - Care in general hospitals (Royal College of Psychiatrists)	Yes	Yes in 2018 we took part - audit did not collect data in 2019 or 2020
National Audit of Dementia (NAD) - Spotlight audit in memory services (Royal College of Psychiatrists)	NA	We don't have a memory service
National Audit of Pulmonary Hypertension (NAPH) - (NHS Digital)	NA	N/A as are not a specialist centre
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) - Epilepsy12 has separate workstreams/data collection for: Clinical Audit, Organisational Audit (Royal College of Paediatrics and Child Health (RCPCH))	Yes	Data collection ongoing
National Bariatric Surgery Register - (British Obesity and Metabolic Surgery Society)	NA	The tier 2 system is managed by Leicestershire County council (city service still within LPT Dietetic service but is expected to go to Leicester City Council from March/April 2020).
National Cardiac Arrest Audit (NCAA) - (Intensive Care National Audit & Research Centre (ICNARC)/Resuscitation Council UK (RCUK))	Yes	Continuous data collection
National Cardiac Audit Programme (NCAP) - Myocardial Ischaemia National Audit Project (MINAP) (Barts Health NHS Trust)	Yes	Continuous data collection
National Cardiac Audit Programme (NCAP) - National Adult Cardiac Surgery Audit (Barts Health NHS Trust)	Yes	Continuous data collection
National Cardiac Audit Programme (NCAP) - National Audit of Cardiac Rhythm Management Devices and Ablation (Barts Health NHS Trust)	Yes	Data collection ongoing
National Cardiac Audit Programme (NCAP) - National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) (Barts Health NHS Trust)	Yes	Data collection ongoing
National Cardiac Audit Programme (NCAP) - National Congenital Heart Disease Audit (NCHDA) (Barts Health NHS Trust)	Yes	Data collection ongoing
National Cardiac Audit Programme (NCAP) - National Heart Failure Audit (Barts Health NHS)	Yes	Continuous data collection

Name of Audit (Programme – Project name (Providers Trust))	Did Leicester's Hospitals participate?	Stage / % of cases submitted
National Clinical Audit of Anxiety & Depression (NCAAD) - Core audit (Royal College of Psychiatrists)	NA	UHL don't provide this care
National Clinical Audit of Anxiety & Depression (NCAAD) - Psychological Therapies Spotlight (Royal College of Psychiatrists)	NA	UHL don't provide this care
National Clinical Audit of Psychosis - 2020/21 Spotlight Audit (Royal College of Psychiatrists)	NA	UHL don't provide this care
National Clinical Audit of Psychosis - EIP audit 2019/2020 (Royal College of Psychiatrists)	NA	UHL don't provide this care
National Clinical Audit of Psychosis - EIP audit 2020/2021 (Royal College of Psychiatrists)	NA	UHL don't provide this care
National Comparative Audit of Blood Transfusion - 2021 Audit of Blood Transfusion against NICE Guidelines (NHS Blood and Transplant)	NA	2020 Audit postponed due to pandemic
National Comparative Audit of Blood Transfusion - 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery (NHS Blood and Transplant)	NA	2020 Audit postponed due to pandemic
National Early Inflammatory Arthritis Audit - (British Society for Rheumatology)	Yes	Continuous data collection
National Emergency Laparotomy Audit (NELA) - (Royal College of Anaesthetists)	Yes	Continuous data collection
National Gastro-intestinal Cancer Audit Programme (GICAP) - National Bowel Cancer Audit (NBOCA) (Royal College of Surgeons (with project management subcontracted to NHS Digital))	Yes	Continuous data collection
National Gastro-intestinal Cancer Audit Programme (GICAP) - National Oesophago-Gastric Cancer Audit (NOGCA) (Royal College of Surgeons (with project management subcontracted to NHS Digital))	Yes	Continuous data collection
National Joint Registry - 8 workstreams that all report within Annual report - see inclusion and exclusion criteria (Column L) for further information (Healthcare Quality Improvement Partnership (HQIP))	Yes	Continuous data collection
National Lung Cancer Audit Programme - (Royal College of Physicians (RCP))	Yes	Continuous data collection

Name of Audit (Programme – Project name (Providers))	Did Leicester's Hospitals participate?	Stage / % of cases submitted
National Maternity and Perinatal Audit (NMPA) - (Royal College of Obstetricians and Gynaecologists)	Yes	Continuous data collection
National Neonatal Audit Programme (NNAP) - (Royal College of Paediatrics and Child Health (RCPCH))	Yes	Continuous data collection
National Ophthalmology Audit (NOD) - Adult Cataract surgery (The Royal College of Ophthalmologists )	No	No due to new IT system & configuration issues. Local audits have been done for assurance.
National Paediatric Diabetes Audit (NPDA) - (Royal College of Paediatrics and Child Health (RCPCH))	Yes	Continuous data collection
National Prostate Cancer Audit (NPCA) - (Royal College of Surgeons of England)	Yes	Continuous data collection
National Vascular Registry - (Royal College of Surgeons of England)	Yes	Continuous data collection
Neurosurgical National Audit Programme - (Society of British Neurological Surgeons)	NA	We aren't a neuro surgery centre
NHS provider interventions with suspected/confirmed carbapenemase producing Gram negative colonisations / infections On QA List 2020/21 but project closed in March 2020 due to capacity redirection to Covid-19. - (Public Health England)	Yes	Data collection ongoing
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry - (University of Warwick)	NA	UHL don't provide this care
Paediatric Intensive Care Audit Network (PICANet) - (Universities of Leeds and Leicester)	Yes	Continuous data collection
Perioperative Quality Improvement Programme (PQIP) - (Royal College of Anaesthetists )	Yes	Data collection ongoing
Prescribing Observatory for Mental Health - Prescribing for depression in adult mental health services (Royal College of Psychiatrists)	NA	UHL don't provide this care
Prescribing Observatory for Mental Health - Prescribing for substance misuse: alcohol detoxification (Royal College of Psychiatrists)	NA	UHL don't provide this care
Prescribing Observatory for Mental Health - Prescribing high-dose and combined antipsychotics on adult psychiatric wards (Royal College of Psychiatrists)	NA	UHL don't provide this care
Sentinel Stroke National Audit Programme (SSNAP) - (King's College London)	Yes	Continuous data collection

Name of Audit (Programme – Project name (Providers))	Did Leicester's Hospitals participate?	Stage / % of cases submitted
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme - (Serious Hazards of Transfusion (SHOT))	Yes	Data collection ongoing
Society for Acute Medicine Benchmarking Audit - (Society for Acute Medicine)	Yes	Data collection starts in Summer 2021
Surgical Site Infection Surveillance - (Public Health England)	Yes	Data collection ongoing
The Prescribing Observatory for Mental Health - Antipsychotic prescribing in people with a learning disability under the care of mental health services (Royal College of Psychiatrists)	NA	UHL don't provide this care
The Prescribing Observatory for Mental Health - The quality of valproate prescribing in adult mental health services (Royal College of Psychiatrists)	NA	UHL don't provide this care
The Prescribing Observatory for Mental Health - The use of depot/long-acting injectable antipsychotic medication for relapse prevention (Royal College of Psychiatrists)	NA	UHL don't provide this care
The Prescribing Observatory for Mental Health - Use of clozapine (Royal College of Psychiatrists)	NA	UHL don't provide this care
Trauma Audit & Research Network - (The Trauma Audit & Research Network)	Yes	Continuous data collection
UK Cystic Fibrosis Registry - (Cystic Fibrosis Trust)	Yes	Continuous data collection
UK Registry of Endocrine and Thyroid Surgery - (British Association of Endocrine and Thyroid Surgeons)	No	Insufficient resources to undertake audit at present
Urology Audits - Cytoreductive Radical Nephrectomy Audit (The British Association of Urological Surgeons (BAUS))	Yes	Data collected for 2019. Data collection now closed and awaiting national report..
Urology Audits - Female Stress Urinary Incontinence Audit (The British Association of Urological Surgeons (BAUS))	Yes	Data collected up to and including 2020. Data collection now closed and awaiting national report.
Urology Audits - Renal Colic Audit (The British Association of Urological Surgeons (BAUS))	Yes	Data collection ongoing

## National Confidential Enquiries

Name of Enquiry	Did Leicester's Hospitals participate?	Stage / % of cases submitted
Child Health Clinical Outcome Review Programme - Transition from child to adult health services (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))	Yes	Data collection not started yet
Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal mortality surveillance and confidential enquiry (MBRRACE-UK led from the University of Oxford)	Yes	Data collection ongoing
Maternal, Newborn and Infant Clinical Outcome Review Programme - Perinatal confidential enquiries (MBRRACE-UK led from the University of Oxford)	Yes	Data collection ongoing
Maternal, Newborn and Infant Clinical Outcome Review Programme - Perinatal mortality surveillance (MBRRACE-UK led from the University of Oxford)	Yes	Data collection ongoing
Medical and Surgical Clinical Outcome Review Programme - Community acquired pneumonia (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))	Yes	Data collection not started yet
Medical and Surgical Clinical Outcome Review Programme - Crohns disease (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))	Yes	Data collection not started yet
Medical and Surgical Clinical Outcome Review Programme - Dysphagia in Parkinson's Disease (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))	Yes	8 / 12 questionnaires completed
Medical and Surgical Clinical Outcome Review Programme - Epilepsy study (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))	Yes	Arrangements in place - data collection starts June)

Name of Enquiry	Did Leicester's Hospitals participate?	Stage / % of cases submitted
Medical and Surgical Clinical Outcome Review Programme - Physical Health in Mental Health Hospitals (National Confidential Enquiry into Patient Outcome and Death (NCEPOD))	NA	UHL don't provide this care
Mental Health Clinical Outcome Review Programme - Suicide and Homicide (National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester)	NA	UHL don't provide this care
Mental Health Clinical Outcome Review Programme - Suicide by middle-aged men (National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) - University of Manchester)	NA	UHL don't provide this care
National Perinatal Mortality Review Tool - (MBRRACE-UK led from the University of Oxford)	Yes	Data collection ongoing

Leicester's Hospitals have reviewed the reports of 54 national clinical audits and 443 local clinical audits in 2020/21.

University Hospitals of Leicester NHS Trust intends to take the following action to improve the quality of healthcare provided:

- A summary form is completed for all clinical audits (and other QI / Service Evaluation projects) and includes details of compliance levels with the clinical audit standards and actions required for improvement including the names of the clinical leads responsible for implementing these actions. These summary forms are available to all staff on our 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 improvement competition for projects that have improved patient care. This year's winner was the Frailty in Myeloma - Older person's fellowship QI project.



## Participation in clinical research

The number of patients receiving NHS services provided by or subcontracted by the University Hospitals of Leicester in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 31,224.

The University Hospitals of Leicester were involved in conducting 955 clinical research studies. Of these 783 (82%) were adopted onto the National Institute for Health Research portfolio, and 230 (24%) of the total were commercially sponsored studies. Leicester's Hospitals used national systems to manage the studies in proportion to risk and 94% of the studies given approval in 2020/21 were established and managed under national model agreements.

In 2020/21 there were over 500 full papers published in peer reviewed journals.

Leicester's Hospitals has been among the top recruiting sites for all UPH studies it has opened, recruiting over 1,300 patients to the flagship RECOVERY trial – more than double the next-highest recruiting trust. Leicester's 'seek and search' model for identifying and consenting patients was featured in the 'Getting It Right First Time' report on best practice in managing COVID-19 in acute NHS settings published in December 2020.

The NIHR Patient Recruitment Centre (PRC): Leicester opened in late 2020 to facilitate late phase commercial trials. It has successfully delivered on the ENSEMBLE2 COVID vaccine trial, exceeding its recruitment targets to become one of the highest recruiting sites in the world with nearly 600 participants recruited two months ahead of schedule.

Leicester researchers have been successful in obtaining a combined £10.5million to lead two national UPH COVID-19 studies: PHOSP-COVID (Chief Investigator Professor Chris Brightling) is investigating outcomes in patients after discharge from hospital following Covid-19 infection; and UK REACH (Chief Investigator Dr Manish Pareek) is looking into ethnicity and COVID-19 outcomes in health and care workers.

Professor Sally Singh has been the expert lead on the development of Your COVID Recovery, which forms part of NHSE&I plans to deliver online and in-person rehabilitation

support for COVID-19 for those who have survived the virus but still have problems with breathing, mental health problems or other complications.

The Hope Cancer Trials Centre re-opened in December 2020, thanks to a £1.4million donation from local charity, Hope Against Cancer. The refurbishment doubles the capacity of this unit, which will provide more opportunities for patients to take part in early phase cancer trials.

### 5.3 Use of the CQUIN Payment Framework

As per National guidance on finance and contracting arrangements block payments to the Trust during the pandemic included CQUIN. The CQUIN scheme was therefore suspended for 20/21.

The Trust has however continued to support those CQUINS that were part way through a contracted arrangement. Notably these were:

The Hepatitis C Network

The Cirrhosis Care Bundle

Severe Asthma

Treatment of Community acquired pneumonia

The Hepatitis C Network, in addition to continuing to strive to meet the treatment run rate through a pandemic has been shortlisted for the Royal College of Physicians 'Excellence in Patient Care Awards' within the Patient Centred Category.

The ambition of the Cirrhosis Care Bundle CQUIN is to deliver improved patient care and reduce care costs through a network model, with the adoption of nationally developed clinical guidelines and policies regarding management of patients with decompensated liver cirrhosis. To further develop and support this guidance, throughout 2020/21 UHL

Since being commissioned, the Severe Asthma service has continued to grow. The service now provides 3 biologic clinics (with another due to start in the next 12 months), coordinates self-administration of biologic medication, completes outpatient assessments for new and follow-up patients to aid diagnosis and monitor disease progression/response to therapy, provides in-reach for severe asthma patients admitted to hospital to help support discharge and reduce re-admissions, and has developed an adherence clinic that supports patients to manage their disease.

All of these activities are in line with the service specification for severe asthma and are not related solely to the severe asthma CQUIN, however continued support of the service throughout 2020/21 has enabled the service to continue to grow.

Continued support of the pneumonia team has enabled and embedded a systematic review of patients admitted with a primary diagnosis of community acquired pneumonia (CAP) within the admission units across UHL with the overall aim to improve and accelerate adherence to the British Thoracic Society pneumonia guidelines.

The service is also allowing a reduction of inappropriate consultant clinic follow ups, which are even more valuable in light of the COVID pandemic. The service have also recently been reviewed by 'getting it right first time' (GIRFT) an independent group of experts set up by NHS England, whom the service have been involved in with regards to pneumonia management in other areas; the review felt that the service was of a high standard and a service to be replicated.

## Data quality

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

- The Data Quality Forum is chaired by the Director of Corporate and Legal Affairs to provide assurance on the quality of data reported to the Trust Board. The forum is a multi-disciplinary panel from the departments of information,

safety and risk, clinical quality, nursing, medicine, finance, clinical outcomes, workforce development, performance and privacy. The panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The NHS Digital endorsed Data Quality Framework provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness

- Where such assessments identify shortfalls in data quality, the panel make recommendation for improvements to raise quality to the required standards. They offer advice and direction to clinical management and corporate teams on how to improve the quality of their data
- For the management of patient activity data, we have a dedicated corporate data quality team. They respond to any identified issues and undertake daily processes to ensure singularity of patient records and accurate GP and commissioner attribution. We have been actively working to reduce GP inaccuracy by implementing automated checking against the Summary Care Record. Our weekly corporate data quality meeting challenges inaccurate and incomplete data collection. The data quality team action reports on a daily basis to maximise coverage of NHS number, accurate GP registration and ensures singularity of patient records
- The NHS Digital Data Quality Maturity Index is used for benchmarking against 17 peer Trusts. Data quality and clinical coding audit is undertaken in line with Data Protection and Security Toolkit and mandatory standards are achieved. For clinical coding we have several assurance processes in place to ensure that patient complexity is accurately captured. Since 2019 we have improved the information supply chain for clinical coding which has resulted in more documentation being available for the Clinical Coding process. We are making full use of electronic systems as source documentation for Clinical Coding.
- The Executive Board receive quarterly reports on the Data Quality and Clinical Coding

The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - 99.9% for admitted patient care
  - 100% for outpatient care
  - 99.4% for emergency department care
- which included the patient's valid General Medical Practice Code was:
  - 100% for admitted patient care
  - 100% for outpatient care
  - 100% for emergency department care

## Clinical coding error rate

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.

The University Hospitals of Leicester NHS Trust was not subject to a Payment by Results clinical coding audit during 2020/21.

## 5.8 Data Security and Protection Toolkit Score

University Hospitals of Leicester NHS Trust's Data Security and Protection Toolkit score was 100% for both 2018/19 and 2019/20 – it is also envisaged that the

2020/21 submission will also follow suit as the baseline indicates this. The final submission for 2020/21 will be 30<sup>th</sup> June 2021.

We recognise the importance of robust information governance. During 2019/20, the chief information officer 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 Data Security & Protection Toolkit.

This contains 10 standards of good practice, spread across the domains of:

1. Robust Patient Confidential Data processes
2. Staff training around Patient Confidential Data
3. Staff training for General Data Protection Regulation (GDPR)
4. PCD is accessed by appropriate personnel
5. Policy and Process Review Strategy in place
6. Cyber Attack Prevention
7. Continuity Plan in place for Data
8. Unsupported Software Strategy
9. Cyber Attack Strategy
10. Contract Management

As with the previous year of the toolkit, Leicester's Hospitals are not required to meet a specified target to be considered a trusted organisation. Leicester's Hospitals were compliant with all mandatory assertions. Any non-mandatory assertions would require an action plan to achieve within a specific time frame set by Leicester's Hospitals. We also work with our audit partners to ensure that our assertions are suitably evidenced to provide assurance to the board.

Our information governance improvement plan for 2020/2021 was overseen by our information governance steering group chaired by the data protection officer and Executive IM&T board chaired by our Acting Chief Executive.

Our information governance improvement plan for 2019/20 was overseen by our information governance steering group, chaired by the data protection officer.

## 5.9 Care Quality Commission (CQC) ratings

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

In September and October 2019, the Care Quality Commission (CQC) carried out unannounced inspections of our services. This was followed by an announced well-led review in November 2019. The aim of these inspections was to check whether the services that we are providing are safe, caring, effective and responsive to people's needs and are well-led.

During 2020/21, due to the global Covid-19 pandemic the CQC revised their processes to ensure a risk based approach to regulation through an Emergency Support Framework and did not inspect our services.

As part of this process our Infection Prevention and Control procedures were subject to review in August and September 2020. The following summary record was issued to University Hospitals of Leicester following this review.

*"We had a meeting with the trust on 17/08/2020, a follow up call on 19/08/2020 and further information was received by email on 01/09/2020. During these meetings, different areas of the board assurance framework were discussed in relation to infection prevention and control. The board assurance framework was presented to the trust board who felt assured. The trust has undertaken a thorough assessment of infection prevention and control, across all services, since the pandemic of Covid 19 was declared. Appropriate systems in place include having prompt identification of people within the organisation who have or are at risk of developing an infection. Appropriate isolation facilities and cohorting areas have been established for patients across the trust. Staff have received, and continue to receive necessary training, in line with national guidance and are updated accordingly. The trust has reported no problems with sourcing PPE. The trust continues to provide information for carers and the wider public through their website and social media. The trust continues to ensure that the health needs of staff are met. This is a supportive and holistic approach which considers both the physical and psychological needs of staff. All care workers, to include volunteers and external contractors, are given sufficient information to ensure that they are aware of and discharge their responsibilities in preventing and controlling infection. "*

As the Trust has not been inspected by the CQC during 20/21 the previous CQC ratings remain in place. The reports from this 19/20 inspection have been published are available on the CQC's website along with their ratings of the care



provided, a summary of which is:

### Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
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### Overall trust ratings

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

### Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency services	Good	Good	Good	Good	Good	Good
Medical Care (including older people's care)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Requires Improvement	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Maternity	Good	Good	Good	Good	Good	Good
Services for children & Young People	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
End of Life Care	Good	Requires improvement	Good	Good	Good	Good
Outpatients	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Diagnostic imaging	Requires improvement	N/A	Good	Good	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

## Glenfield

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical Care (including older people's care)	Requires improvement	Requires Improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Services for children & Young People	Good	Outstanding	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Requires Improvement	Good	Good	Requires improvement	Requires improvement

## General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical Care (including older people's care)	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Requires improvement
Critical Care	Requires improvement	Good	Good	Good	Good	Good
Maternity	Requires improvement	Good	Good	Good	Good	Good
End of Life Care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients	Good	N/A	Good	Good	Good	Good
Diagnostic imaging	Requires improvement	N/A	Good	Good	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

**St Mary's Birth centre**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Of the 115 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)
- 80 are 'good'
- 29 are 'requires improvement'
- None are 'inadequate'
- Five are unrated for technical reasons

The CQC took enforcement action against University Hospitals of Leicester NHS Trust during 2020 as follows:

In February 2020 the CQC issued a Section 29A Warning Notice in relation to urgent and emergency services provided at the Leicester Royal Infirmary (A&E).

Following an in-depth review the CQC have confirmed the following:

*"The CQC are now assured that you are compliant with the Warning Notices following our review. However, we are unable to formally lift the Warning Notices as to do this we would need to carry out an inspection and we have been unable to do that due to the current situation.*

*We will of course review this at our next inspection with a view to being able to lift them once we have seen the processes working."*

## 6. Other Statements

### 6.1 Statements from our stakeholders

Statement from Healthwatch Leicester and Leicestershire

No statement received at time of submission to Trust Board

## Statement from the Leicestershire County Council Health Overview Scrutiny Committee

### LEICESTERSHIRE COUNTY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE

#### COMMENTS ON THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST QUALITY ACCOUNT FOR 2020/21

JUNE 2021

The Leicestershire Health Overview and Scrutiny Committee thanks UHL for the opportunity to comment on the Quality Account for 2019/20. The Committee recognises that due to the Covid-19 pandemic it has been an exceptionally difficult year for the NHS and particularly UHL, and thanks all UHL staff for their commitment and dedication during this difficult period.

The Committee is of the view that the Quality Account gives a detailed and thorough assessment of the quality of services offered by UHL and the improvements that have been made during the year. The Committee welcomes the candour of the Account where it recognises that UHL has struggled to maintain consistently high standards of quality and performance. The Committee has particular concerns about the ongoing issue with ambulance 4 hour waiting targets being failed during 20/21, the growth in waiting lists for non-urgent treatment and also the growth in diagnostic waiting times.

In some areas, however, the Quality Account could go further and provide more detail. For example, whilst the Quality Account acknowledges the impact of Covid-19 on the performance of the Trust, insufficient emphasis is given to the large number of elected medical procedures which had to be postponed due to the pandemic. The Trust's performance against the cancer metrics has been a concern of the Committee for some time now but the Quality Account does not mention that some elective cancer treatment has been provided by private providers during the pandemic. Nevertheless, it is reassuring to learn from the Quality Account the actions that are being taken to ensure cancer and urgent care positions are recovered.

The Quality Account refers to the daily high number of patients in the Leicester Royal Infirmary Emergency Department but the Committee's understanding is that at the beginning of the pandemic there were less attendances at the Emergency Department for non-Covid related reasons. Therefore, the Quality Account would benefit from greater clarification on how the public's adherence to requests not to attend hospital unless it was urgent, impacted on footfall and the challenges of patient flow which the Quality Account states were exacerbated by Covid. It is reassuring that UHL continues to work with

partners across Leicester, Leicestershire and Rutland to improve the quality of care provided on the emergency care pathway

At the beginning of the pandemic Committee members became aware of concerns raised by patients and families regarding the impact Covid-19 was having on the accuracy of some performance data, for example it was noted that some families of deceased persons had complained that Covid19 was recorded as the cause of death on the death certificate when they believed it was not the true cause. The Committee would be interested to know whether these issues have been resolved.

The Committee is aware that visiting for patients has been restricted due to Covid-19 and commends UHL for the initiatives detailed in the Account which help maintain communications between patients and their families.

The Quality Account states that UHL has been transparent about the financial challenges it faces but the Account makes no mention of the UHL Trust Board's decision not to agree the 2019/20 annual accounts as 'true and fair'. The Committee is of the view that the issues with UHL's accounts could have a significant impact on public confidence in UHL's performance overall and therefore deserves acknowledgement in the Account.

The Quality Account refers to the work of the Mental Health Liaison Team located at the Emergency Department and this initiative is welcomed by the Committee. The Committee considered this topic in detail at our meeting in January 2021 and learnt that the Team has a target to see patients within 1 hour of referral. The Committee would be interested to find out how well the Team is performing against this target.

The Committee has been concerned about the wellbeing of UHL staff during the pandemic and welcomes the variety of methods outlined in the Account which enable staff to raise issues of concern. Further updates on work ongoing to ensure the welfare of staff would be welcomed.

The Committee notes that UHL has not been inspected by the Care Quality Commission since the autumn of 2019, and given the events that have taken place since that time, limited weight can be placed on the overall rating of "Good" which UHL has as a result of that inspection. However, it is pleasing that UHL's Infection Prevention and Control procedures were reviewed by the CQC in August and September 2020 and found to be appropriate. The Committee also notes that UHL is now deemed to be compliant with the Section 29A warning notice issued by CQC in February 2020 in relation to Emergency Services but the Quality Account does not explain how it became compliant and what measures have been put in place to prevent further warning notices being issued. This information would be useful.

Going forward the Committee notes that UHL will increasingly work as an integral part of the new Integrated Care System structure and the Committee looks forward to scrutinising this partnership working over the coming years.

The Committee is aware of UHL's acute and maternity reconfiguration plans which have been consulted on over the last year and will be interested to see the impact the plans have on quality and performance but recognises that it will be some years before the plans come to fruition.

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 subject to the comments made above.



Therefore it has been agreed that a statement will be provided by the 23<sup>rd</sup> July 2021 and the published account updated accordingly.

#### **Statement from the Clinical Commissioning Groups**

No statement received at time of submission to Trust Board

## 6.2 Statement of Directors' 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

, Chairman

, Chief Executive

## 7. Appendices

### 7.1 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:

CQC Project Manager  
Leicester's Hospitals  
The Leicester Royal Infirmary  
Infirmary Square  
Leicester  
LE1 5WW

Email: [Becky.obrien@uhl-tr.nhs.uk](mailto:Becky.obrien@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
  
1. Is the presentation of data clearly labelled?  
Yes, completely   
Yes, to some extent   
No
  
2. Is there anything in this report you found particularly useful?
  
3. 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.

आपनि यदि এই लिफलेटर अनावद - लिखित वा अडिओ टैप'ए चान, ताहले अनुग्रह करे सर्बिस  
इक्युअलिटी म्यानेजर डेभ बेकार'एर साथे 0116 250 2959 नास्यारे योगायोग करुन।

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 ટેઈપ 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, सर्बिस ईक्वालिटी मेनेजर 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  
dostępności 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 xirii, Maamulaha Adeegga Sinaanta 0116 250 2959.



If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)



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