University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Trust Board **Public Trust Board paper E**					
Date of the meeting:	8 June 2023					
Title:	UHL Quality Account 2022-23					
Report presented by:	Julie Hogg, Chief Nurse					
Report written by:	Jenny Kay Head of Quality Assurance					
Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	Leicester Leicestershire and Rutland Integrated Care Board System Quality Group UHL Quality Committee					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Impact assessment
•

Acronyms used: QA – Quality Account

Purpose of the Report

This report provides information on the University Hospitals of Leicester NHS Trust Quality Account for 2022-23

Recommendation

Trust Board is asked to:

Approve the Quality Account 2022-23

Summary

The aim of the Quality Account is to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. Quality Accounts are for the public and report on the quality of services provided by services looking at three domains:

- Safety
- Effectiveness
- Patient Experience.

Quality Accounts (QA) are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. There is a legal requirement under the NHS (Quality Accounts) Regulations 2010 for all bodies who provide or arrange to provide (sub-contract) NHS services to produce a Quality Account.

Main report detail

1.0 Background

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

1.2. The Quality Account 2021/22 once signed off by Trust Board will be published on the 30th June on the Trust's external website and uploaded to NHSE/I.

1.3 There is one outstanding data source to be included, prior to publishing, the CQC rating for Maternity Services that was Inspected at the end of February. The report has not been received but is expected prior to the publication deadline.

2.0 Structure of the Quality Account

2.1 The content of the Quality Account is informed by Department of Health guidance (toolkit) and regulations. The toolkit has not been updated therefore the content remains largely unchanged however there is a requirement for integrated care boards to assume responsibility for the review and scrutiny of the Quality Account.

2.2 The Quality Account is structured in the following way:

- A review of quality performance for 2022/23
- Priorities for improvement for 2023/24
- A series of mandated statements

3.0 Assurance of Data Quality

3.1 The content of the Quality Account 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).

3.2 The Quality Account presents a balanced picture of the Trusts performance for 2022-23 and reports back on the Quality Priorities set in the Quality Account for 2021 -22 as well as other quality indicators, including those from the NHS outcomes framework.

3.3 Data in the Quality Account has been taken from NHS Digital unless otherwise specified. The Trust data has been sourced via the business intelligence team.

3.4 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. The Department of health toolkit has been reviewed and all mandatory statements have been included.

3.5 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 internal checks and balances including:

- Triangulation with other data sources / reports
- Review by individual contributors to ensure the most up to date validated information has been included
- Data included in the Quality Account is subject to national reporting

4.0. External audit assurance of the Quality Account

4.1 NHS England & NHS Improvement published guidance on the NHS Website, setting out requirements for this year's Quality Account. The deadline for the preparation and publishing of accounts, with assurances in 2022/23 remains the 30th June.

4.2 There was no requirement for Quality Accounts in 2022-23 to be externally audited.

5.0 Recommendation to Trust Bard

5.1 Trust Board is asked to:

Approve the Quality Account 2022-23

Supporting documentation

Quality Account. Guidance for 2022-23 is available on the NHS England and NHS Improvement website https://www.england.nhs.uk/financial-accounting-and-reporting/quality-accounts-requirements/

NHS

University Hospitals of Leicester

NHS Trust

Quality Account

2022-23

Table of Contents

1.0 An Introduction from UHL Chief Executive, Richard Mitchell

I am proud to present our quality account for 2022/23. The report explains how we performed against our key quality priorities last year and sets out our priorities for the year 2023/24. We also provide an overview of other key performance indicators including the perspectives of patients, public and UHL colleagues.

We believe how colleagues are treated significantly influences the quality and safety of provision and organisational performance. Our aims are to provide the best care possible to all patients and for all colleagues at Leicester to feel they are supported, included and listened to.

The last few years have been exceptionally challenging for the wider NHS and this is also true at Leicester. I believe whilst we have more to do, we are making progress. We continue to improve all our access standards. Exiting the pandemic, the waiting list in Leicester had increased by over 87% from pre-pandemic levels. Pre-pandemic it was already too high. The scale of our elective challenge was significant and remains so as we continue to have patients waiting far too long for care in our hospitals.

We can however be proud of the progress we are making. In the 12 months to March 2023, we have seen a continual reduction in our longest waiters and have treated over 18,000 patients who would have otherwise been waiting 104 weeks by now, and over 50,000 patients who would have been waiting 78 weeks.

The three key aspects to our improvement are; improving our processes and productivity, increasing capacity in the right areas and having the support of partners to help us improve. The improvements we are seeing are due to the hard work of colleagues and partners across our hospitals, our system and beyond. It has felt difficult, it has felt relentless and there will continue to be ups and downs. But we are seeing continued progress. We are excited about what we can achieve. And most importantly we are making a difference for patients.

I am pleased to see the National NHS Staff Survey findings and Freedom to Speak Up Guardian report included in this report. We need to improve the experience of working at UHL for all colleagues. The staff survey and F2SU, as well as being visible in the Trust and listening to colleagues' experiences are essential to help us understand in detail where we can improve.

The quality account has been prepared by our clinical teams and the people who are closest to the service being reported on. Reporting on quality and performance necessarily involves judgment and interpretation. To ensure the report provides an objective review, it has been scrutinised by all stakeholders and by the Board, including our Non-Executive Directors.

Thank you to the colleagues and volunteers who individually and collectively played a key role in providing safe patient care over the last year. To the best of my knowledge and taking into account the processes that I know to be in place for internal scrutiny, I believe that this report gives an accurate account of quality at the Trust. I hope it will be read widely by colleagues, volunteers, patients, the public and our partners.

Whilst the next 12 months will be tough, we have a great opportunity build on the success we have had so far and we have set ourselves the challenge of being the fastest improving NHS Integrated Care Provider in 2023/24.

Our Trust Values

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 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 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

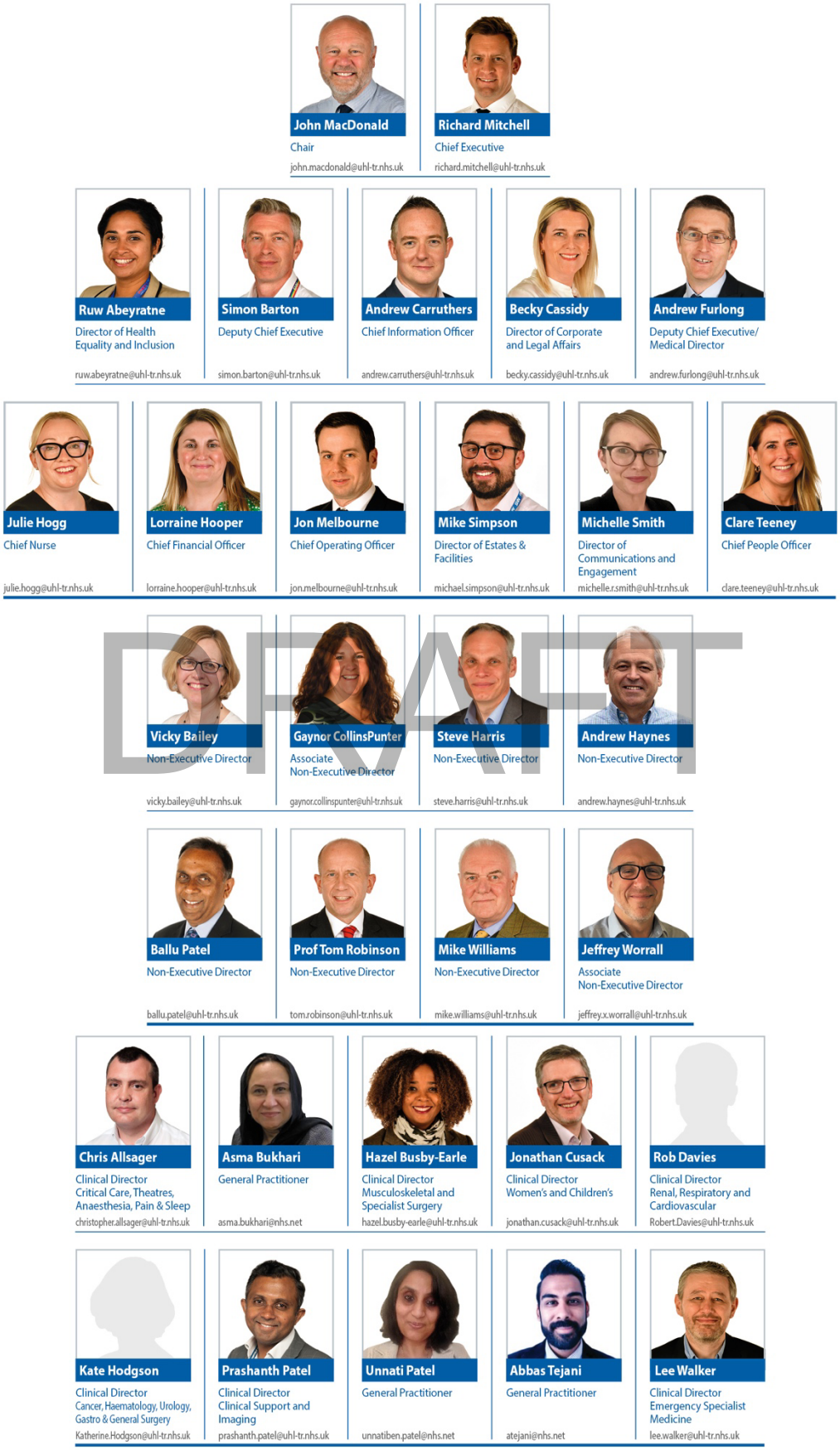
We do what we say we are going to do

- 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 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

Our Senior Directors



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2.0 Review of quality performance in 2022/23

2.1 Our aims for 2023/24

Quality Priorities

- Improve timely access to emergency care across the system including reducing (or eliminating) ambulance handover delays
- Improving timely access to a cancer diagnosis and treatment
- Ensuring all waits for elective care are less than 65 weeks by March 2024
- Learning from the national maternity reviews to ensure our service are safe, responsive and provide the highest quality care
- Adopting the new patient safety incident review framework to ensure we truly learn from when things go wrong.

2.2 Review of last year's quality priorities

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

In 2019/20 we launched our quality strategy. Our strategy set out:

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

Linking the cogs together is the chain of patient and public involvement which reminds us that our patients and the wider public are the people we are trying to get this right for. The final cog in the diagram outlines our values as these underpin all that we do. This year is the final year of this strategy.

Our quality priorities focussed on:

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

Our quality priorities are enabled by:

- Estates investment and reconfiguration
- People strategy implementation
- Quality strategy Implementation
- E- hospital programme
- Embedded research, training and education
- Embed innovation in recovery and renewal

Ward Accreditation

We said we would:

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

Nursing & Midwifery Assessment and Accreditation System was launched at UHL in August 2019. It is designed to foster a culture of safety by helping nurses & midwives monitor the quality of care. It is designed to support communication, accountability, team-working and leadership, attention to safety and quality improvement, to ensure that patients are placed at the centre of the nursing & midwifery care provided.

The framework provides nursing and midwifery teams with a set of standards and indicators to strive towards with the end goal of achieving 'Caring at it's Best – Blue Ward' status. The 15 standards align to the Care Quality Commissions essential standards.

Developing a set of standards against which to measure quality of care is central to demonstrating improvement. 'Accreditation brings together key measures of nursing and midwifery care into one overarching framework to enable a comprehensive assessment of the quality of care at ward, unit or team level. When used effectively, it can drive continuous improvement in patient outcomes, and increase patient satisfaction and staff experience at ward and unit level. With a clear direction and a structured approach, it creates the collective sense of purpose necessary to help communication, encourage ownership and achieve a robust programme to measure and influence care delivery.' (NHS Improvement 2019)

The assessment process is undertaken by the Matrons for assessment and accreditation. Each ward is assessed against the 15 standards with each standard being Red, Amber or Green (RAG) rated individually, and when combined an overall ward RAG rating is produced. The timing of re-assessment 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 is presented to our Trust Leadership Team and Quality Committee.

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

Assessment and Accreditation Achievements in 2022/2023:

Results:

- 110 assessments completed.
- 67 wards (inclusive of our Maternity wards) have undergone assessments.
- 5 Blue Wards
- 23 Green Wards
- 29 Amber Wards
- 10 Red Wards

What our Ward Leaders/Matrons say about Assessment and Accreditation:

"It has made me feel proud but also more determined to focus on the one thing that our patients need and deserve, and that is quality nursing care."

"Assessment & Accreditation is an immense way of benchmarking practice. It is vital in evaluating performance and engages the nursing team during the process. It benefits not only

nursing care but also the clinical environment. I am a great advocate for the process and have always felt very supported by the Assessment and Accreditation Matrons."

"It highlights the areas of care and management that require more attention and at the same time emphasises good practice and effective leadership."

"I believe Assessment & Accreditation is an excellent tool to correctly assess the standards of care we provide, not only for the nursing team but the wider multi-professional teams. As a ward leader it allowed me to personally re-shape my management style and I believe the change it has created has had a positive effect on team engagement."

"Assessment & Accreditation encourages ward leaders to look outside of their own specialities and network with their peers to share best practice which harnesses greater creativity in the delivery of care."

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.

Safe Surgery and Procedures Achievements in 2022/23:

- Implementation and roll out of electronic consent after initial pilot – 2300 digital consent forms completed, and trust wide roll out ongoing into 2024.
- Re-established trust wide Quality and Safety Half Days and development of new Clinical Quality and Safety framework to align with internal trust strategy and external assessor.
- Recruited into vacant Quality Improvement Nurse role – April 2022. Awaiting recruitment of new Associate Medical Director to bring oversight to the program May 2023.
- 13 clinical areas have received Safe Surgery Quality Assurance visits, with 3 pending.
- 37 LocSSIPs formalised through the Safe Surgery Team – 9 under review.
- Development work on electronic LocSSIPs has started.
- Safe Surgery Team have acknowledged the changes published in NatSSIPS 2 guidance and will start to align Safe Surgery strategy to new guidance.

Improved cancer pathways

We said we would:

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

Improved Cancer Pathways Achievements in 2022/23:

- 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 exited the year having halved our backlog of patients waiting longer than 62 days for treatment from the highest point, and at a point lower than we started 2022/23
- We delivered 73.7% against our target of 75% for our new Faster Diagnosis Standard for 22/23 as a Trust
- We implemented a Non Site-Specific Symptoms Pathway across LLR. Although within secondary care, the clinical lead is a General Practitioner.
- Within our Skin tumour site we implemented a tele dermatology solution combined with Artificial Intelligence to help identify skin cancers quicker & effectively. This was based out of our UHL community sites within LLR.
- Through joint working with our Primary Care colleagues, we expanded the Lower Gastrointestinal (LOGI) Pathway to include a FIT test whatever the age, previously reserved for ages 50 and over. This was combined with a nurse triage service to ensure patients were directed to the right appointment type, first time
- The utilisation of our Alliance sites to provide 2 week wait suspected cancer appointments for Urology
- A continuation of the Breast Pain pathway (launched in January 2022) to support our 2 Week-wait (2WW) pathway. This is a community and Primary Care led service and will redirect patients with Breast pain to experienced clinicians outside of the hospital. An under 35's Breast pathway has also been introduced, again to support the 2WW pathway.
- Significant investment has been made into Oncology and Radiotherapy workforce, across clinical and administrative functions.
- We have moved our new case talks for Chemotherapy into a web enabled virtual format in response to the needs of our patients.
- In response to Public Health highlighting very low 1-year survival rates in colorectal cancer in LLR, within 2022/23 we established a focused multi-stakeholder team to analyse the inequalities and advise actions to support the improvement of outcomes of this population.
- The new Brachytherapy Bunker and Linac replacement programme is underway to improve radiotherapy provision.

- Our legacy DaVinci Robotic Surgery unit has been replaced, with charitable funds acquired to support a second surgical robot, this time for the Leicester Royal Infirmary. This will be installed in 2024.
- We continue to provide virtual Information and Support Clinics via our Cancer Nurse Specialist teams and Macmillan information and Support team.
- We have delivered Macmillan H.O.P.E support courses for patients interactively via a virtual platform.
- We have delivered cancer health and wellbeing virtual sessions during the month of September.
- We have improved our tracking of cancer patients within 7 days achieving 92% in March 23
- We currently remotely monitor 1570 patients on active on personalised stratified follow up pathways in breast, colorectal, gynaecology, thyroid and prostate cancer.
- Our Personalised Care and Support Plan (PCSP) based on a Holistic Needs Assessment (HNA) had an improved uptake in 2022/23 with 4084 HNAs offered, and 3129 Personalised Care and Support Plans created. This is 12% increase from 2021/22.
- As we exit the Covid pandemic, the Trust's performance within Cancer Care has not been at the level we aspire to. 2022/23 saw unprecedented levels of referrals into cancer services with the trust failing to deliver on both the 31 day and 62-day cancer targets. UHL continued a strong performance in the Faster Diagnosis Standard, achieving the 75% standard in numerous months in the year

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.

Delivery

In 2022/23 the system has successfully delivered improvements including:

- A reduction in lost hours due to delayed ambulance handovers from 4478 hours in December 2022 to 1308 hours in January 2023, through a range of interventions, including the implementation of cohorting facilities outside of ED
- Opened an additional 40 beds (Ashton & Ward 22) in August & September 2022
- Opened community bed surge capacity
- Provided additional capacity for Urgent Treatment Centre (UTC) capacity across the system and on the acute sites
- Extended hours of the Unscheduled Care Hub to reduce Category 3 & 4 patients waiting for ambulances

- Implementation of Rapid Flow and boarding processes to balance risk across the acute sites wider system
- Created additional capacity in the form of a pre-transit hub on the acute sites to reduce over-crowding in ED (January 2023)

Whilst the system remains particularly challenged, the pace at which we have delivered improvement in 22/23 will carry on into 23/24. Our focus in 2023 will be on:

- Improving our processes and productivity
- Continuing to improve our partnership working, across health and social care
- Increasing capacity, that represents high quality care, good value for money and appropriately responds to our demand

Vision
The vision for Urgent & Emergency Care (UEC) both within and beyond Leicester, Leicestershire, and Rutland (LLR) is to provide, timely, high-quality care, in the right place for our patients and communities.

A strategy is in development which over the next 3 – 5 years will see a reduction in ambulance handover delays, more patients being seen and treated in the most appropriate setting for their condition and additional capacity that will meet the needs of the local population. It is built on the delivery of key interventions linked to improving Process & Productivity, building stronger Partnerships, and investing in additional Capacity that represents high quality care and good value for money

2.3 NHS Patient Safety Strategy and Patient Safety Incident Response Framework (PSIRF)

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 all 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 and restorative culture with a focus on learning and improvement and there is continuing work to better support our patients, families and our staff that are involved in a patient safety incident.

Duty of Candour

On 1st April 2015 the statutory Duty of Candour (Regulation 20 Health and Social Care Act 2008) regulated by the Care Quality Commission, came into force for all health care providers. The intention of the regulation is to ensure that providers are open and transparent in relation to care, and treatment provided. It also sets out specific requirements to ensure patients and their families are told about 'notifiable patient safety' incidents that affect them.

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 patient safety training internally and externally with academic institutions.

To monitor compliance, we:

- Added 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.
- Revised our Duty of Candour (Being Open) policy to ensure it reflected best practice around candour following occurrence of recognised complications.
- Ensured that Clinical Management Groups are provided with any gaps in compliance for them to address in weekly reports and at their monthly Quality and Safety Meetings.
- Report any gaps in compliance in our monthly Patient Safety report to the Trust Leadership Team.

2.4 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 England and published on their website. Compliance rates are monitored externally by Clinical Commissioning Groups and the Care Quality Commission. The publication of this data is designed to provide patients and their carer's 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 Clinical Management Groups manage alerts at operational and service level. UHL Trust Leadership Team and the Quality Committee monitor performance and assurance. Any alert that fails to close within the specified deadline is reported to the Executive Team and Quality Committee with an explanation as to why the deadline was missed and a revised timescale for completion.

During 2022/23 the Trust received ten national patient safety alerts. None breached their due date during the reporting period.

Table 1: National Patient Safety Alerts received in 2022-23

Reference	Title	Issue date	Due date	Current Status
NatPSA/2022/003/NHSPS	Inadvertent oral administration of potassium permanganate	05/04/2022	04/10/2022	Action Completed
NatPSA/2022/004/MHRA	NovoRapid PumpCart in the Roche Accu-Chek Insight insulin pump: risk of insulin leakage causing hyperglycaemia and diabetic ketoacidosis	26/05/2022	25/11/2022	Action Completed

Reference	Title	Issue date	Due date	Current Status
NatPSA/2022/005/UKHSA	Contamination of hygiene products with Pseudomonas aeruginosa	24/06/2022	03/07/2022	Action Not Required
NatPSA/2022/006/DHSC	Shortage of alteplase and tenecteplase injections	03/08/2022	10/08/2022	Action Completed
NatPSA/2022/007/MHRA	Recall of Mexiletine hydrochloride 50mg, 100mg and 200 mg Hard Capsules, Clinigen Healthcare Ltd due to a potential for underdosing and/or overdosing	04/08/2022	12/08/2022	Action Completed
NatPSA/2022/008/MHRA	Recall of Targocid 200mg powder for solution for injection/infusion or oral solution, Aventis Pharma Limited t/a Sanofi, due to the presence of bacterial endotoxins	21/10/2022	26/10/2022	Action Completed
NatPSA/2022/009/MHRA	Prenoxad 1mg/ml Solution for Injection in a pre-filled syringe, Macarthys Laboratories, (Aurum Pharmaceuticals Ltd), caution due to potential missing needles in sealed kits	10/11/2022	17/11/2022	Action Not Required
NatPSA/2023/001/NHSPS	Use of oxygen cylinders where patients do not have access to medical gas pipeline systems	10/01/2023	20/01/2023	Action Completed
NatPSA/2023/002/CMU	Supply of Licensed and Unlicensed Epidural Infusion Bags	23/01/2023	27/01/2023	Action Completed
NatPSA/2023/003/MHRA	Nidek - Eyecee Preloaded And Eyecee One Crystal Preloaded Intraocular Lenses: Risk Of Increased Intraocular Pressure	01/02/2023	16/02/2023	Action Not Required

2.5 Never Events 2022/23

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

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a

national level and should have been implemented by all healthcare providers. Strong systemic protective barriers are defined as barriers that must be successful, reliable and comprehensive safeguards or remedies – for example, a nationally uniquely designed connector that stops a medicine being given by the wrong route. The importance, rationale and good practice use of relevant barriers should be fully understood by and robustly sustained throughout the system

Each Never Event has the potential to cause serious patient harm or death. However, Never Events often cause no or minor harm to patients and the priority becomes around reviewing and strengthening the protective barriers in place to prevent similar incidences occurring in the future and sharing learning with staff.

In 2022/23, eight incidents were reported which met the definition of a Never Event. Thorough analysis is undertaken for Never Events and robust action plans are developed strengthen the protective barriers to prevent a similar occurrence. Incidents were reported under the following categories: wrong site surgery; transfusion of ABO incompatible blood product; retained foreign object post procedure and misplaced nasogastric tube. Patients and/or their families were informed of the subsequent investigations and involved and supported throughout the process.

A thematic review of Never Events reported 2020-2022 has been undertaken this year and the themes from this include positive patient identity checks; in some cases staff had doubts about the procedure being the correct one but did not speak up; staff had not undertaken the correct training; the importance of a fully visible theatre count board; familiarity with national guidance; getting help in terms of using an assistant to support the checks; lack of designated leader; lack of site marking; lack of good team brief; positive patient identity checks; use of interpretation services; proper use of pause moments; accountable items being modified and then not counted; checking for integrity of accountable items; handover; Covid -19 and use of PPE: correct equipment for the procedure.

Themes from the learning from our Never Events continues to feed into the improvement work of the Safe Surgery programme commenced in 2019 and incorporated within the trust's strategic priorities to improve practices around invasive procedures. This programme has 5 key work-streams:

- Embedding the Five Steps to Safer Surgery and NatSSIPs (National Safety Standards for Invasive Procedures)
- Embedding LocSSIPs (Local Safety Standards for Invasive Procedures) and safety checklists in all procedural areas, and for all invasive procedures.
- Electronic Consent Project
- Patient Information
- Education and Training

2.6 NHS Outcome Framework Indicators

Where NHS Digital data is unavailable, alternative data sources (specified) have been used.

Table 2: NHS Outcome Framework Indicators

NHS Outcomes Framework domain	Indicator	2021/22	2022/23	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely		104	103	100	122	71
	SHMI value and banding	Dec20-Nov21	Dec21-Nov22	Dec21-Nov22	Dec21-Nov22	Dec21-Nov22
		Band 2	Band 2	Band 2	Band 1	Band 3
	% of admitted patients whose	38% Dec20-Nov21	40% Dec21-Nov22	40% Dec21-Nov22	66% Dec21-Nov22	13% Dec21-Nov22

NHS Outcomes Framework domain	Indicator	2021/22	2022/23	National Average	Highest Score Achieved	Lowest Score Achieved
	deaths were included in the SHMI and whose treatment included palliative care (contextual indicator)					
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	11.6 (2020/21 EQ VAS Measure)	NHS digital data not available	14.4 (2020/21 EQ VAS Measure)	20.3 (2020/21 EQ VAS Measure	7.7 (2020/21 EQ VAS Measure
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	7.9 (2020/21 EQ VAS Measure)	NHS digital data not available	7.4 (2020/21 EQ VAS Measure)	11.5 (2020/21 EQ VAS Measure)	1.7 (2020/21 EQ VAS Measure)
	% of patients <16 years old readmitted to hospital within 28 days of discharge	6.5% Apr21-Feb22 Source: CHKS	6.0% Apr22-Feb23 Source: CHKS	9.5% Apr22-Feb23 Source: CHKS (HES Acute Peers)	0.3% Apr22-Feb23 Source: CHKS (HES Acute Peers)	18.0% Apr22-Feb23 Source: CHKS (HES Acute Peers)
	% of patients <16 years old readmitted to hospital within 30 days of discharge	6.7% Apr21-Feb 22 Source: CHKS	6.1% Apr22-Feb23 Source: CHKS	9.7% Apr22-Feb23 Source: CHKS (HES Acute Peers)	0.3% Apr22-Feb23 Source: CHKS (HES Acute Peers)	18.4% Apr22-Feb23 Source: CHKS (HES Acute Peers)
	% of patients 16+ years old readmitted to hospital within 28 days of discharge	8.7% Apr21-Feb22 Source: CHKS	8.6% Apr22-F23 Source: CHKS	7.7% Apr22-Feb23 Source: CHKS (HES Acute Peers)	2.6% Apr22-Feb23 Source: CHKS (HES Acute Peers)	13.4% Apr22-Feb23 Source: CHKS (HES Acute Peers)
	% of patients 16+ years old readmitted to hospital within 30 days of discharge	8.9% Apr21-Feb22 Source: CHKS	9.0% Apr22-Feb23 Source: CHKS	7.9% Apr22-Feb23 Source: CHKS (HES Acute Peers)	2.7% Apr22-Feb23 Source: CHKS (HES Acute Peers)	13.7% Apr22-Feb23 Source: CHKS (HES Acute Peers)
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs (Patient experience of hospital care)	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
	% of staff who would recommend the provider to friends or family needing care	62.8% Source: National NHS Staff Survey 2021	58.0% Source: National NHS Staff Survey 2021	62.6% Source: National NHS Staff Survey 2022	NHS digital data not available	NHS digital data not available
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism	98.4% Apr21 – Mar22 Source: UHL	97.8% Apr22 – Mar23 Source: UHL	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Rate of C. difficile per 100,000 bed days	15.03 (UHL average) Apr21–Mar 22 Source: UKHSA HCAI DCS	15.02 (UHL average) Apr22-Mar 23 23 Source: UKHSA HCAI DCS	22.19 Apr22 – Mar 23 Source: UKHSA HCAI DCS	240.54 Apr22 – Mar 23 Source: UKHSA HCAI DCS	0.0 Apr22 – Mar 23 Source: UKHSA HCAI DCS

NHS Outcomes Framework domain	Indicator	2021/22	2022/23	National Average	Highest Score Achieved	Lowest Score Achieved
	Rate of patient safety incidents per 1000 admissions (IP, OP and A&E)	15.9 Apr21 – Mar22 Source: UHL data	16.4 Apr22 – Mar 23 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	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

2.7 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 November 2021 to October 2022, Leicester's Hospitals SHMI was 104. This is within the expected range.

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

Our patient deaths data are 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.

COVID activity (and deaths) has 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 and is thought to be particularly contributing to the increase in our SHMI due to having a higher proportion of COVID cases excluded from our dataset than the national average.

The University Hospitals of Leicester NHS continues to take action to reduce mortality and so improve the quality of its services, by ongoing implementation of our Quality Strategy priorities and specifically as part of our mortality monitoring and review process, including our Medical Examiner and Bereavement Support Services.

At the end of March 2023 our Medical Examiners had screened over 3,000 UHL patient records (99% of all adult deaths between April 2021 and March 2022). 11% of these records were referred for a Structured Judgement Review as part of the Specialty Mortality and Morbidity process and 6% of adult deaths were referred for clinical review by the patient's clinical team for learning and actions.

We have continued with the planned expansion of our Medical Examiner service to include both deaths in primary care and community hospitals within the Health Economy in line with national requirements. We have also been able to open a second office at the Glenfield Hospital to improve our support to the clinical teams on that site

Our Bereavement Nurses have spoken to over 2,200 families of patients who died in our care during 2022/23 and provided either further bereavement support or facilitated answers to questions for over 600 families.
We are now also able to provide Bereavement Support to families of children who die in our care and are working with the Bereavement Midwives.
We have been fortunate to receive funding from the Organ Donation Charitable Funds to refurbish our Bereavement Room

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

Patient reported outcome measures scores (PROMS)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from a patient perspective. Currently PROMs cover 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 have been collected by all NHS providers of NHS funded care since April 2009 through a series of questions patients are asked to gauge their view on their own health.

For example, patients are asked to score their health before and after surgery. We are then able to see if there is a 'health gain' following surgery. Participation rates and outcome data is published by NHS Digital.

In order to respond to the challenges posed by the coronavirus pandemic NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of the 2020/21 reporting period. This has directly impacted upon reported volumes of activity pertaining to Hip & Knee replacements reported in PROMS.

The University Hospitals of Leicester NHS Trust (UHL) considers that the data are as described for the following reasons:

Patients undergoing elective inpatient surgery for a hip or knee replacement, funded by the English NHS are asked to complete a voluntary questionnaire before and after their operations to assess improvement in health as perceived by the patient themselves. The data provided below is for the final Patient Reported Outcome Measures (PROMs) comparing UHL performance to the England average April 2022-March 2023.

There were 1248 eligible hospital episodes and 1101 pre-operative questionnaires returned - a participation rate of 88% for UHL.

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

The National measure for emergency readmissions is the percentage of patients readmitted to hospital within 28 days of discharge. Leicester's Hospitals monitors its emergency readmission within 30 days of discharge. Data for both measures is obtained from CHKS

The data splits this metric for those patients aged under 16 years old and for those aged 16 and older. The data allows us to focus on where we need to review and improve our discharge planning or consider any other required interventions.

The data for 22/23 shows an improvement in UHL readmissions within 28 days of discharge when compared to 21/22 levels – with a smaller proportion of both adults and children and young people being readmitted to hospital within 28 days.

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

UHL will continue to work to further improve this metric, including:

- Targeting key areas of focus at a speciality level to understand reasons for readmissions and to agree key actions to put into place
- Working with our partners across the health and social care system to improve our discharge processes
- Developing our use of digital systems to support information gathering
- Ensuring use of our standard operating procedures for managing discharge and patients of high risk of readmission.

2.10 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

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 patient, family member or carer then are given the opportunity to explain why they have given their answer.

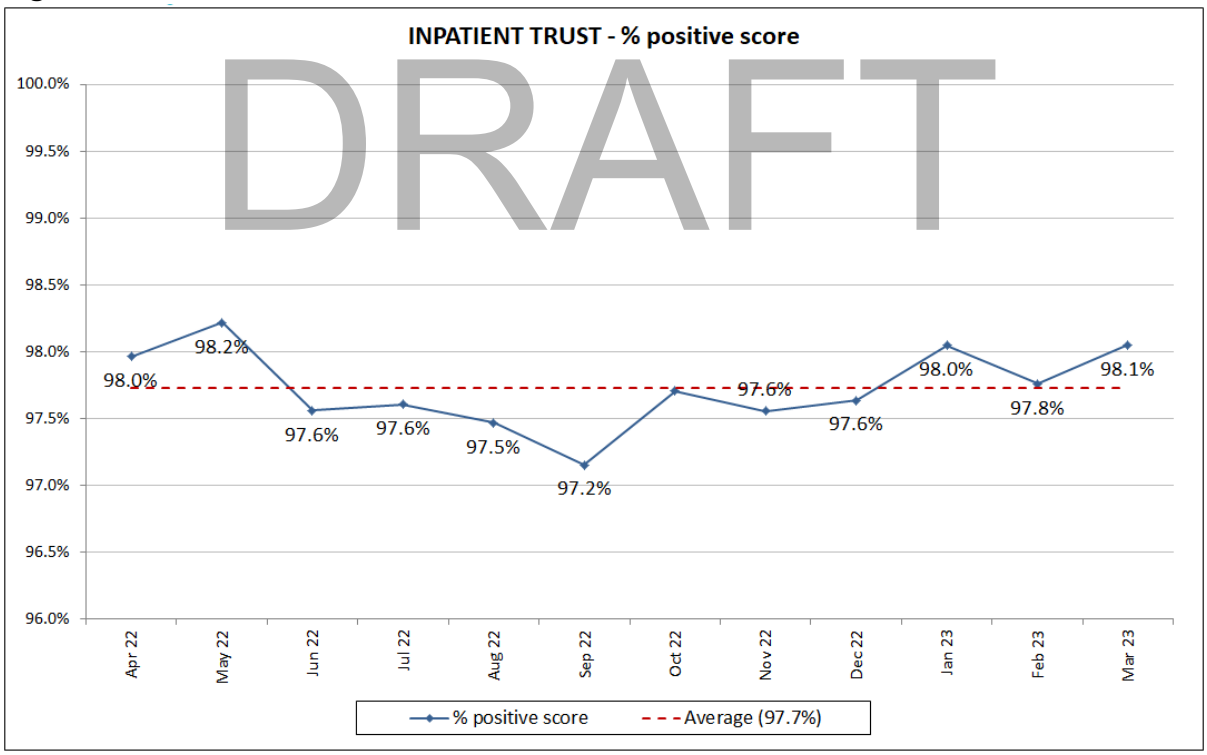
"Please tell us why you gave this answer and anything we could have done better"

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; Guajarati, 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 viewed 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 the high levels of satisfaction with care:

Figure 1



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.

Table 3: venous thromboembolism 2022-23

Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism **Target 95%**	**97.89%** Q1 2022/23 (Apr 22 – Jun 22) Source: UHL	**98.45%** Q2 2022/23 (Jul 22 – Sept 22) Source: UHL	**97.51%** Q3 2022/23 (Oct 22 – Dec 22) Source: UHL	**97.21%** Q4 2022/23 (Jan 23 – Mar 23) Source: UHL	**97.76%** Full year 2022/23 (Apr 2022 – Mar 2023 inclusive) Source: UHL

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

- VTE risk assessment rates are reviewed by Leicester's Hospitals Trust Thrombosis Committee and presented to the Trust Leadership Team 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 further improve this and so the quality of its services:

- Created a new electronic VTE training module on the Trust wide training platform which is mandatory for medical staff.
- Continue to provide VTE risk assessment rate data to clinical areas and presented to the Trust Thrombosis Committee to highlight where changes to clinical practice are required.
- Completed the annual Trust wide VTE Prevention audit to confirm our performance against NICE Quality Standard 201 (previously NICE Quality Standard 3) and to ensure UHL maintained our usual high standards despite continuing disruption due to the Covid-19 pandemic.
- Refined VTE related electronic assessments in our electronic patient record, which will soon include paediatric assessment (not a national requirement) and continued development of patient safety alerts.
- Maintained a regular Trust VTE Prevention Newsletter to highlight areas of best practice and share learning across the trust.

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 the data are as described for the following reasons:

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

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

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

Patient Safety Incidents

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

The University Hospitals of Leicester NHS Trust considers that the data are 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 biannually to provide a local 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 and quality improvement work streams
- Having a dedicated Safe Surgery work programme
- 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
- Continuing to work with NHS England/Improvement, the Healthcare Safety Investigation Branch (HSIB) and other organisations to maximise our efforts to reduce preventable harm and Never Events.
- Focusing on culture and leadership as well as supporting national system- wide barriers to reducing harm events.
- Starting work on our Just and Restorative Culture 'FAIR' approach.

2.11 Learning from Deaths

During Quarters 1 to 4 in 2022/23, 3,439 patients were part of the Learning from Deaths process within Leicester's Hospitals (this includes deaths within our Emergency Department and also Inpatient deaths).

Details are as follows:

Table 4: Number of deaths included in the UHL Learning from Deaths process in 2022/23

Time period	Number of deaths
April 22 to March 23	3439
Q1	748
Q2	781
Q3	959
Q4	951

By the end of March 2023, 155 case record reviews (Structured Judgement Reviews) and 5 investigations by the patient safety team have been completed in relation to the 3,439 deaths. In addition, 13 cases were subject to both a case record review and an investigation. There are 224 cases where the structured judgement reviews are yet to be completed

Table5: Number of case record reviews during 2022/23

Time period of death	Deaths Reviewed or Investigated (as at end of March 2023)
April 22 to March 23	173 (to date)
Q1	66 to date
Q2	52 to date
Q3	50 to date
Q4	5 to date

Seven (0.20% of 3,439) deaths reviewed or investigated (as at the end of March 2023) 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 6: Number of deaths reviewed or investigated during 2022/23 (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	4 (0.53%) data not yet completed
Q2	3 (0.38%) Data not yet complete

Q3	0 Data not yet complete
Q4	0 Data not yet complete

These numbers have been arrived at following correlation of conclusions of the 173 cases described above.

Learning identified through our case record reviews, has included:

- Importance of reviewing all results at time of discharge to ensure appropriate actions taken / need following up post discharge
- Consideration of Proton Pump Inhibitor (PPI) medication when adding another anti clotting agent
- Importance of reviewing previous admission discharge letters as part of the assessment process
- Need to improve our InterSpecialty Referral process
- Earlier ReSPECT discussions with patient/NoK where no more treatment options and involvement of a second opinion
- Ensuring placement and securing of drains and lines when changing patients position or mobilising
- Importance of documenting discussions held with patient/NoK re risks and benefits of treatment/procedures

In most of the cases reviewed, actions were around raising awareness and disseminating the lessons learnt to clinical teams.

Learning identified through mortality reviews have also been fed into existing workstreams such as our eRecords programme

Other actions taken or in progress are:

- Amendments made to eMeds to prompt review of other related medication where changes made
- Production of an ‘information sheet’ relating to diabetes screening and when to obtain a HbA1c or refer patient for a Glucose Tolerance Test
- Strengthen training to further emphasise the risks of not following standard safety procedures during emergency situations such as massive haemorrhages
- Integrate ECG data onto nerve centre in order to automatically generate a task to the clinician
- Development of a structure communication tool between UHL maternity staff and the Ambulance Service
- Increased input by the Bereavement Nurses and refurbishment of the Bereavement Room

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 2021/22 there were 432 deaths subject to case record review as part of specialty mortality and morbidity review.

156 case record reviews and investigations, which related to deaths during 2021/22, were completed after submission of our 2020/21 Quality Accounts.

Following the completion of these additional 156 case record reviews, there were in total, 6 out of 3313 Inpatient/ED deaths in 2021/22 (0.21%) which were considered to be more likely than not, to have been due to problems in care. All have been investigated by the Patient Safety Team.

2.12 Performance against national standards

Indicators:

ED 4 hour wait and ambulance handovers

Table 7: Performance against the ED targets

Performance Indicator	Target	2021/22	2022/23
ED 4 Hour Waits UHL	95%	59.4%	54.6%
ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	70.3%	68.9%

Key: Green = Target Achieved Red = Target Failed

There are separate facilities for adults and paediatrics (children).

The adult emergency department is comprised of a 12 bedded emergency room, 48 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 for 15-minute assessment of patients on arrival via ambulance. Eight triage rooms are used for initial assessment of walk-in patients. There is also an ambulatory and separate area for patients with injuries. A team of frailty experts (Consultants, Nurses and therapists) provide frailty in-reach within the ED.

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

Table 8: Performance against the referral to treatment

Performance Indicator	Target	2021/22	2022/23
RTT - incomplete 92% in 18 weeks	92%	48.0%	50.0%

RTT - waiting list size	103,403	**117,857**	**116195**

Key: Green = Target Achieved Red = Target Failed

The referral to treatment (RTT) incomplete standard measures the percentage of patients actively waiting for treatment. The RTT target was not achieved in 2022/23. There was focus in 22/23 on reducing the overall numbers on the waiting list; ensuring no patients are waiting more than 2 years (104 weeks) for their treatment and achieving a significant reduction in the numbers of patients waiting for 18 months or more (78 weeks) for treatment.

The overall picture remains significantly challenged, UHL being a national and regional outlier for elective performance with one of the largest elective backlogs in the country. However, whilst the challenge remains significant there has been good progress on the reduction of those patients waiting longest for definitive treatment. Our final reported position for 104 week waiters was 2 patients for March 2023, with treatment dates booked in April. In 2022/23 we have treated over 50,000 people who would have otherwise been waiting over 78 weeks for their care.

The national 'Delivery Plan for tackling the COVID-19 backlog of elective care' (February 2021) focuses on four area of priority.

- Increasing health service capacity
- Prioritising diagnosis and treatment
- Transforming the way, we provide elective care
- Providing better information and support to patients

UHL will be working on all these priorities to reduce the length of time patients are waiting for their diagnosis and treatment. This includes utilising existing capacity fully with one of the main objectives to drive theatre utilisation to 85%. Several projects support the elective recovery programme, with the aims being:

- Improve overall theatre utilisation to 85%,
- Focusing on High Volume Low Complexity specialities and associated GIRFT best practice targets
- Increasing Day surgery rates to 85%
- Reducing On the Day Cancellations (OTDC)
- Pre-operative Assessment (POA)
- Improving the average number of cases per list (ACPL)

Cancelled Operations and patients booked within 28 days

Table 9: Performance against the cancelled operations targets

Performance Indicator	Target	2021/22	2022/23
Cancelled operations	1.0%	**1.7%**	**1.4%**
Patients cancelled and not offered another date within 28 days	0	**577**	**629**

Key: Green = Target Achieved Red = Target Failed

- Cancelled operations remain above target in 2022/23. This is due to a range of factors, including challenges presented by COVID-19 recovery and pressures of emergency flow into our organisation.

- There has been an increase in the number of patients not offered a date within 28 days of a cancellation. Available capacity was prioritised based on clinical priority and length of wait, and this sometimes meant that we were unable to re-book a patient within 28 days of their cancellation.

- UHL is working on various initiatives to improve this position, focussing on improvement in emergency flow, increasing elective capacity and improving our productivity.

- Recruitment into the Pre-Operative Assessment (POA) Lead Quality Nurse role has been successful and the role will commence in April 2023. The POA lead will aim to deliver a standardised approach to pre-operative assessment across UHL and help drive down clinical cancellations through a strengthened governance programme and reporting structure to escalate and address common themes.

Diagnostics

Table10: Performance against the diagnostic waiting times target

Performance Indicator	Target	2021/22	2022/23
Diagnostic Test Waiting Times	1.0%	42.6%	44.0%

Key: Green = Target Achieved Red = Target Failed

Cancer Targets

Table11: Performance against the cancer targets

Performance Indicator	Target	2021/22	2022/23
Cancer: 2 week wait from referral to date first seen - all cancers	93%	75.9%	84.1%
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	48.7%	93.0%
All Cancers: 31-day wait from diagnosis to first treatment	96%	83.0%	81.8%
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	98.3%	93.3%
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	64.7%	64.9%

Performance Indicator	Target	2021/22	2022/23
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	**88.6%**	**56.5%**
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	**51.3%**	**42.7%**
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	**55.6%**	**60.3%**

Key: Green = Target Achieved Red = Target Failed

MRSA

Table12: Performance against MRSA Targets

Performance Indicator	Target	2021/22	2022/23
MRSA (All)	0	**1**	**4**

Key: Green = Target Achieved Red = Target Failed

In 2022/23 there were 4 Methicillin Resistant Staphylococcus aureus (MRSA) blood stream infection reported, against a trajectory of zero cases.

A Post-Infection Review (PIR) of all patients who have a Trust or non-Trust apportioned MRSA BSI 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. A review was undertaken and no lapses in care were identified that would have contributed to the acquisition of these cases.

2.13 Mental Health

The Trust works closely with Leicestershire Partnership Trust to support people attending the Trust with mental health conditions. This includes an onsite presence of specialist mental health specialist practitioners at the Leicester Royal Infirmary site. In the past year there has been an increasing pattern of complexity associated with people attending the Trust which often included associated mental health illness which requires a joint approach to care and treatment.

In 2022 in recognition of the increasing complexity of children presenting with mental health issues, dedicated sessions were secured to appoint a consultant with a special interest with Child and Adolescent mental health for dedicated sessions. This is to strengthen links between acute paediatric and child and adolescent mental health services, the appointment has helped strengthen existing partnership working and to develop clinical pathways. It mirrors a similar model that exists for adult mental health patients. These appointments help to ensure that at an operational level there is a person centred and clinically driven response to ensure that individuals receive a tailored and rapid response. Furthermore, the appointment of a Mental Health Matron for the Emergency Department in late 2022 will be instrumental in bringing further expertise into the service.

As the Trust starts to recover and re-establish services affected as a result of COVID 19, work has begun to review and establish a work programme for mental health services in 2023. This work will include combining the Trusts Mental Health and Learning Disability steering groups to create a learning disability, autism and mental health steering group which will have wider representation from all areas of the Trust. Immediate priorities for this group will be to look at the workforce requirements and facilities available to support patients, it will build upon the work already undertaken to improve services for those people with mental health conditions accessing services in the Trust.

2.14 Equality, Diversity, and Inclusion (EDI)

The Trust continues to work hard to embed and mainstream the EDI agenda. Our changes across the Trust, including the Executive Team, has brought about new ways of working, specifically with a focus on transforming services that improve staff experiences.

We have seen changes in 2022/23, commencing a journey of increased engagement and interaction with staff, and more importantly demonstrate commitment to improving experiences that support them in the workplace.

We will be refreshing our strategy and plans and taking a step towards getting the key fundamental basics right. For example, improving staff progression, recruitment experiences and development. Our refresh aims to ensure it is in line with the our future organisational strategies and plans.

During 2022/23, we have undertaken a gap analysis to understand whether the fundamental principles are in place. These include:

- Meeting the key requirements of the Equality Act and the Public Sector Equality Duty (PSED).
- A culture that is inclusive of all.
- Awareness of EDI principles within the organisation and its application.
- Policies and practices take account of meeting individual needs.

The analysis has provided an opportunity to refresh and provide greater support and understanding across the organisation. This has included:

Equality Analysis Process

Equality Analysis Process has been introduced within the Trust to ensure staff consider the key basic elements of policies, practices and functions being fair and equitable for diverse groups of people listed under the Equality Act 2010.

Our aim is to provide guidance to avoid burdensome processes that are onerous for staff.

Training modules

The EDI Team have delivered several bespoke training modules to enhance staff understanding, responsibility and accountability in relation to EDI requirements. The session has been delivered to teams (clinical and non-clinical across the Trust. The sessions have entailed:

- General EDI awareness - includes details on the legislation, micro-aggressions, bias, and discrimination.
- Professional behaviour awareness - includes details on appropriate behaviour, language, attitudes, bullying and harassment, references regarding racial, sexual and gender bias attitudes.

We have further sessions due to be delivered during 2022/23 in areas such as Pharmacy, Research, etc. Additionally, our organisational development team have also been delivering leadership modules that enhance staff skills and knowledge.

The Trust is also working across the LLR system to help the development and progression of our BAME staff and develop an organisational culture that addresses behaviours and promote inclusivity; living and breathing our values.

The modules include:

- Developing Diverse Leadership Programme.
- Cultural Competency programme.
- Active Bystander Programme; and
- Reverse Mentoring programme.

Staff Networks

Our Staff Networks have continued to grow in membership. We now also have a newly established network in the Trust. The staff networks continue to support staff in addressing issues/concerns, attitudes, behaviour, and development that enhance their careers.

We continue to collaborate with our staff networks and chairs by holding quarterly meetings that direct staff to accessing the support they need. Our networks entail:

- BAME Staff Network.
- LGBTQ+ Network.
- Women's Network.
- Differently Abled Voices (DAV).
- ED BAME Staff Network.

We also have launched the Non-visible Disability Staff Network. The network has driven the agenda to support staff for with non-visible disabilities. The group have also pulled together a WhatsApp group, which now entails over 100 members.

The Trust has also been part of the LLR Staff Network programme to help staff network chairs and vice chairs to build on their initiatives, enhance skills and progress the actions. The EDI Team will continue to support the staff network.

People Promise

A funded People Promise Manager post to support the People Promise programme at UHL was appointed in June 2022, alongside a LLR system wide Retention Lead appointed in August 2022. Funding for these posts has since been extended for a further 12 month period until 2024. The initial stage of the programme was to carry out a self-assessment process to identify areas of focus. These were explored further in the context of UHLs priorities arising from the 2021 and 2022 staff survey.

Areas of focus have been enhancing UHL awards and recognition including the expansions of our Long Service Recognition awards, enhancing our welcome including corporate induction and on-boarding, support for colleagues later in their career.

Particular focus has been on enhancing the voice of colleagues. This has been through specific work such as improving our Staff Bank workforce communication and engagement, implementing stay conversations and improving exit interview processes all to enhance colleagues' voices, with a focus on improving colleagues' feelings of safety in providing feedback. Giving colleagues a voice has also been through how work is carried out and ensuring colleagues are engaged and consulted to input into work undertaken, such as through involving EDI colleagues, Freedom to speak up and staff networks in the improvement work taking place.

Transgender inclusion

During 2022/23, we have delivered Trans Inclusion initiatives to improve staff understanding such as articles, resources, and tools. The aim is to raise awareness, educate and share good practice. We will continue to develop and enhance the work in this area.

Accessible Information Standard

The Trust has commenced the work to improve patients experience for people with sensory impairments and learning difficulties and disabilities when accessing Trust services. We hold monthly meetings with key community stakeholders to support the work in this area through projects that enhance service user experiences.

Equality Reporting

The WRES and WDES implementation (including data submission and publication) has been reported on in 2022/23, including our action plan to improve BAME and Disabled staff experiences and progression.

The Gender Pay Gap report outline data on gender and was published in March 2023. We will be developing a programme of work that will help us drive forward initiatives to address gaps that demonstrate positive outcomes for staff.

Learning and Development

We designed and delivered a series of learning and development sessions for colleagues. The sessions will take account of EDI requirements to enhance management understanding of their responsibility and considerations as leaders within the Trust.

3.0 Patient and Public Perspective

3.1 Information for Public and Patients

During the last financial year, the Trust has been able to relax its former pandemic precautions and we are now recommencing face to face engagement with patients and local communities. In the earlier part of the year, we conducted most of our engagement with patients and the wider public remotely. This included a series of listening events with local carer groups. These were predominantly virtual events and one face to face session with a carers group hosted by Age UK. The engagement included telephone interviews and contributions via email from carers. The outcomes from this engagement have been reflected in a new Carers' strategy which is being developed by our Patient Experience team.

Since December 2022, the Trust's Patient and Community Engagement (PACE) team have been managing community engagement for a project in Cardiology services. Cardiology Outpatient data has shown that patients from South Asian backgrounds are more likely to be recorded as "Did Not Attend" (DNA). As such, these patients miss out on clinical monitoring and follow up. It has been identified that the South Asian population is under-prescribed NICE approved cardiovascular drugs. The project aims to reduce this health inequality. In order to extend our reach into local South Asian communities, the team have been working in partnership with six

local community organisations to conduct focus groups which explore the reasons why patients may be discouraged from attending clinic appointments. Participants will then be invited to meet with managers and clinicians to “co-design” solutions which will improve patients experience and encourage better attendance at clinics. As part of our work on the Cardiology project, we have also been working with UHL volunteers who speak one or more South Asian languages. Our volunteers have been conducting telephone interviews with patients to explore potential barriers to attending clinic and ways in which the Trust might better support them.

We are also renewing our attendance at community events. These events provide a great opportunity to listen to people’s experience of hospital care and allow us to reach people that may not come along to the more formal engagement events. We have recently attended events at the Peepul Centre, the Bilal Masjid and a Vaisakhi family fun day. We will continue to support events across our diverse communities throughout the year. We are also sharing these engagement opportunities with colleagues at UHL. For example, our Bowel Screening team have joined us at some of the events to undertake outreach work.

The Trust continues to communicate regularly with its public membership, which reaches over 6,000 people across Leicester, Leicestershire, and Rutland. Members are provided with news from the Trust, invited to participate in research projects and attend online events.

As part of our membership engagement, we have maintained a programme of online monthly medical talks (Leicester’s Marvellous Medicine) which have been very well attended. The talks are delivered by our consultants on a range of medical topics. They provide an opportunity to showcase the Trust’s expertise in various fields as well as sharing our latest research projects and promoting services. The talks are interactive and provide opportunities for people to ask questions and give their views on UHL services, with feedback going directly to the responsible consultant. Topics covered over the last year include; Spotting childhood illness, Fibromyalgia, Keyhole Hip Replacement Surgery, Preconception Care and Head and Neck Cancers.

We have recently held two public engagement events to share plans for our new East Midlands Planned Care Centre. The events provided an opportunity for members of the public to ask questions and give their opinion on the development. The sessions were fronted by our Reconfiguration Programme Director, Senior Capital Project Manager and Associate Director of Operations Projects. Participants were broadly supportive and interested in the plans which will help us to reduce waiting times for patients.

Earlier this year the PACE team worked with our Patient Information Lead to recruit to and establish a dedicated patient readers’ panel. 10 patients were recruited to the first cohort and are now actively engaged in reviewing patient facing literature to ensure it meets readability standards and is clear and understandable. The Readers’ Panel operates remotely and we are already exploring an expansion of the group.

The PACE team have also been involved in the Trust’s response to the National COVID enquiry. We managed a range of engagement sessions to explore our patients’ experience of hospital services during the pandemic. The outcomes from this engagement will form part of our overall response to the enquiry.

Staff across our Trust support a number of patient groups which meet to inform our services, provide peer support or provide education for patients about their conditions. For example, our Renal services have a well-established patient group which meets regularly to steer the delivery of Renal services. A number of cancer specialties have active patient groups, for example, our Breast Care and Head and Neck cancer groups. Our Children’s hospital also regularly engage with their Youth Forum to evaluate children’s services and steer future service development.

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. Although the group is smaller than it was before the Pandemic, Patient Partners continue to sit on several boards and committees within the Trust and are available to provide a patient perspective to staff working on projects and service developments.

Our communications team manages several social media accounts including Twitter, Facebook, and Instagram which are used 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 about our services.

Our public website (www.leicestershospitals.nhs.uk) provides patients and visitors with information about our hospitals and services. We regularly issue press releases about good news and interesting developments within our hospitals.

3.2 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.

The Trust is delighted to say that during 2022-23 circa 213,251 feedback forms / surveys were received from patients. These surveys included the Friends and Family Test question and of the 213,251 responses, 197,045 contained a positive response, 9,443 included suggestions for improvement and 6,763 were neither positive nor negative. This is a tremendous achievement.

Feedback is collected from patients, families and carers using the following well established methods:

- Patient Experience Feedback forms, both paper and electronic.
- SMS/texts, sent to patients who attend outpatient appointments either virtually or in person. This system expanded to include Therapy departments during 2022-23
- 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, paper and electronic.

Feedback from Families and Carers

During 2022-23 there have been 913 completed Family, Carers and Friends feedback forms received within the Trust and this feedback has been shared with the clinical teams. Patient Experience is currently in the process of revising the Carers Charter.

Patient Recognition Awards

This award recognises staff who patients, family, and carers have mentioned by name in the Friends and Family Test feedback comments. These comments detail the positive impact the staff member has had on their experience while they have been in hospital. During 2022-23 there have been thirteen winners: four nurses, one therapist, one dietician, three health care assistants, two housekeepers, one consultant and a midwife

STAR Award

The STAR Award celebrates clinical areas achieving positive results and continued improvement in their local patient experience surveys. To be eligible for the awards, wards need to have a response rate of 30%+. The STAR award, which will be given twice a year, will be given to the clinical area with the most improvement in six months.

Congratulations to ward 16, Glenfield Hospital and the Stroke Unit, Leicester Royal Infirmary for winning the STAR Award in 2022-23.

Volunteers

During the Pandemic many of our volunteers made the decision not to continue in their role and chose not to return during the recovery stage and beyond. The Volunteers team has been working hard to support our existing volunteers and to recruit new members. We now have more than 220 volunteers in 44 roles across UHL and continue to explore innovative ways of supporting volunteers in new roles.

Volunteers have become much more flexible and adaptable in their roles and are able to be responsive to need at short notice.

An innovative new project in partnership with Maternity Services and the infant feeding team saw the introduction of ward based breastfeeding peer support volunteers. This group of volunteers offered direct support to new mothers prior to discharge using their own experiences and specific skill such as languages. This group of volunteers were awarded the Volunteer of the Year Award for 2022 and the success of this pilot project has secured ongoing commitment to continue this work.

In 2022 UHL Volunteers Services were honoured with the Queens Award for Volunteering recognising the commitment and dedication of many volunteers past and present who have made such a difference to the patients within our Trust. The Award was presented by The Lord Lieutenant for Leicestershire Mr Mike Kapur on behalf of the palace at a ceremony attended by volunteers, the Volunteer Services team and senior members of Trust staff. The volunteers were very proud of their achievement and two will attend the Royal Garden party in June, the first one hosted by his Majesty King Charles III at Buckingham Palace.

Adult Continence Care

Taste the Difference Challenge

The Adult Continence Team led an organisational change in 2022 which resulted in the trust switching to serving decaffeinated tea and coffee as the default option. This service improvement project aims to improving bladder health, and reduce the patients' risk of having a fall, through rushing to the toilet.

The project was called the 'Taste the Difference Challenge' and has led to national success with Sarah Coombes (CNS), having won a National Patient Experience Award, PENNA, as 'Professional of the Year' for the project, as well as being a Finalist at the Nursing Times Awards. Sarah had her work published in several journals, and inspired other CNS's nationally, when she presented at the Association for Continence Advice national conference

Boys Need Bins Project

The Adult Continence Team are committed to ensuring that UHL provide continence care that is equitable and dignified for all patients, visitors and staff, and are working with the Estates Team to introduce sanitary bins in male toilets for the safe disposal of continence products

Visit to the House of Commons

The Adult Continence Team attended the House of Commons to present at the All Parliamentary Group for Bladder, Bowel and Continence Care. Sarah Coombes and Lynne Hill spoke about the Taste the Difference Challenge and Boys Need Bins Project. UHL is the first NHS Trust in the country to install bins and serve decaffeinated drinks at the default option and is leading the way in innovative continence care.

Dementia Care

For people living with dementia, an admission to hospital can create additional challenges, risks and anxieties not just for them but also their families. This is due to hospital being an unfamiliar environment: the noise, the busy pace and the general disruption to routine can be quite frightening and disorientating.

Admiral Nurses are specialist dementia nurses that provide expert advice, therapeutic skills and knowledge to support people living with dementia, and their families. The Admiral Nurses support some of the most vulnerable patients in our hospital many of whom have complex care and social needs.

The Admiral Nurses aim is to create a more positive experience for them and their families. This is undertaken by using a relationship centred approach to care, working with the person living with dementia, their family and the professionals involved in their care. Supporting the clinical teams to keep families updated, informed and involved in their loved one's care. This can range from people being admitted that are very unwell, and whose dementia may have a direct impact on their treatment and recovery to those that are potentially in the advanced stages of dementia and may be approaching the end of their life.

The Admiral Nurse has continued to support 210 patients and families/carers providing a total of 1517 interventions. Most of the support is being provided directly to the families – as both emotional support, practical advice, advocacy, and education.

The Admiral Nurse Service has continued to collect feedback from surveys, 95% would recommend the Admiral Nurse Service.

Feedback:

"I wanted to feedback how wonderful, caring, kind & efficient the admiral nurse was to my mother & I. My mum was diagnosed with vascular dementia 8 weeks ago. My mum also had other conditions and passed away. The admiral nurse treated me as a patient too. She helped me make major decisions, when I was in doubt, based on my mums wishes. I will be forever grateful for the care the admiral nurse provided - it is invaluable

The Meaningful Activity Facilitators (MAF's) are a team of dementia support workers, covering the emergency floor and the older people's medical wards. Each year they

support approximately 1,500 people living with dementia and approximately 650 patients with delirium.

The facilitators use therapeutic activity such as meaningful conversation, reminiscence, music, arts and crafts. This supports not just the person living with dementia but also the clinical teams to promote oral intake, mobilisation, toileting needs and communication with family. They work alongside the multidisciplinary team, using activity and reassurance to aid procedures such as blood tests and scans.

Part of their role includes working with people living with dementia and families to ensure they can keep in touch with people during their stay. For example, 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.

The highlight for this year is the Meaningful Activities Team received a letter from the queen as they supported a patient living with dementia make a handmade card to celebrate her Majesty's The queen's Platinum Jubilee. The team also completed an autumn fayre on Memory Lane on the emergency floor to celebrate Older People's month in September.

Feedback:

"The Meaningful Activities Team are such a valuable part of the hospital, thank you for taking the time to *find out what my mum likes"*

"Thank you MAF Team! You are such a huge asset to our nursing team. Your care and support is truly exceptional."

Joint working:

Together, the Admiral Nurses and the Meaningful Activity Service have worked collaboratively to support people living with dementia and their families. A weekly dementia MDT has been ongoing, including the Mental Health Liaison Service, Occupational therapy and the Dementia Clinical Lead. This enables complex cases to be discussed where multiple agencies may be involved, ultimately to achieve better outcomes for patients.

Feedback for joint working

"Your Meaningful Activities Team Leader, the Admiral Nurse and MAF Facilitator have gone beyond the call of duty to aid Mums recovery. You should be proud of them. My family wanted to put on record our heartfelt thanks. We will never forget their professional and caring approach."

Education and Training:

The Older People and Dementia Champions' network continues to group with approximately 1,500 members of staff being champions within UHL. 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.

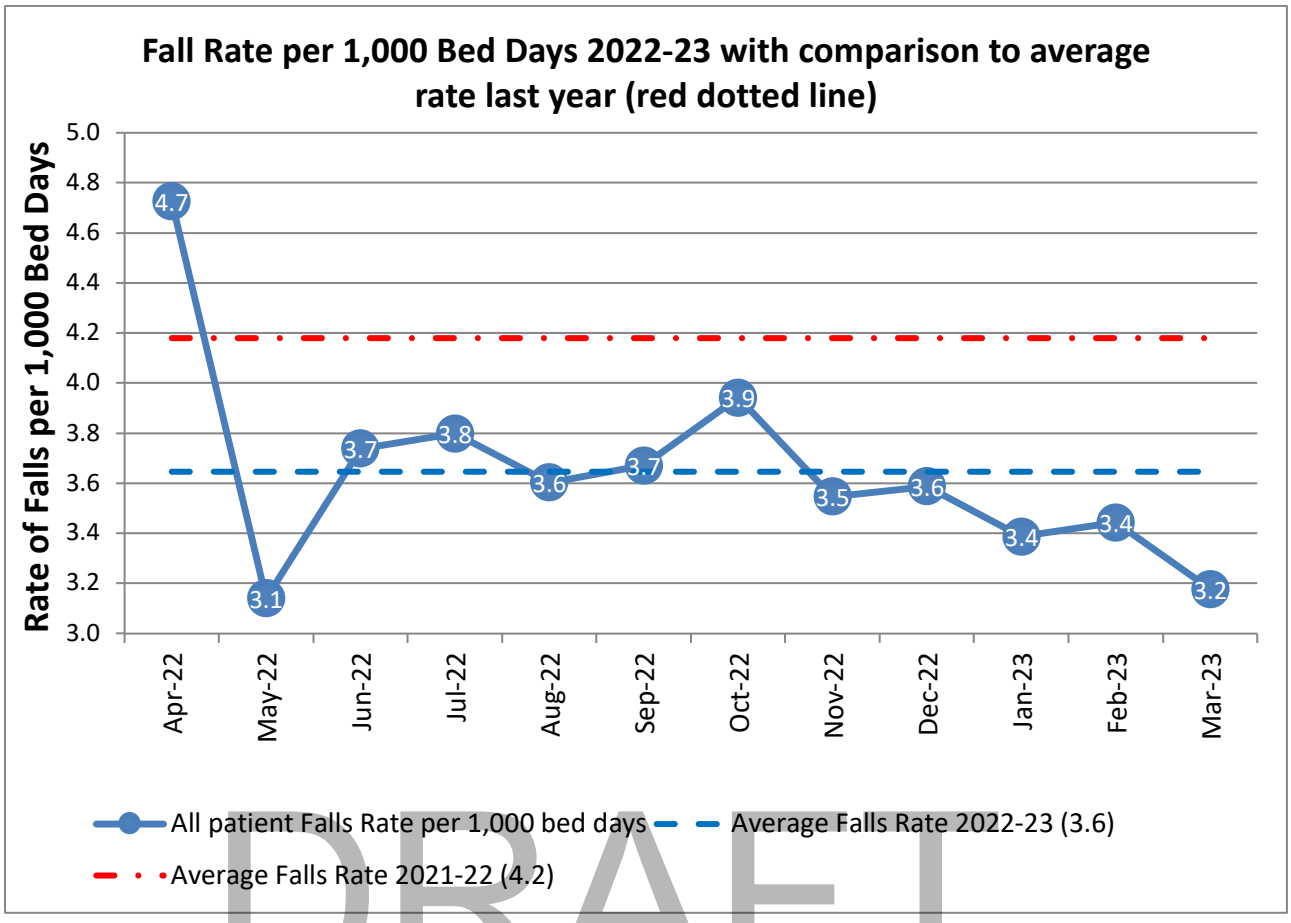
Following the introduction of the Champion Link roles, quarterly sessions have been held to network, support and update champions in older people's and dementia care. The idea of the link Champion is to work with other champions and staff in their area to engage the team and share their passion and commitment to improve the inpatient experience for older people and people living with dementia.
Essential to role - 'Enhanced Dementia training' has been completely refreshed this year and with the support of the Education and Practice Development team, over 2,000 members of staff have been trained to date this year.
The team produce a quarterly Older People and Dementia Champions Bulletin. This includes news, upcoming training, and items of Interest in Older People and Dementia care and staff recognition. This is sent to all champions- around 10% of employees in the Trust.

Falls safety

The Falls Safety Team comprises of specialist nurses providing support and guidance to staff working in adult inpatient areas. The Falls Safety Nurses are responsible for reviewing all adult inpatient falls that result in a moderate harm or above and identifying opportunities for learning. They are dedicated to reducing falls across the trust and advise how to safely manage patients when falls do occur. The team have taken varying approaches to the delivery of education to capture all learning styles.

The Figure 2 below shows the rate of falls per 1000 bed days in 2022-23 and the improvements made over the year.

Figure 2

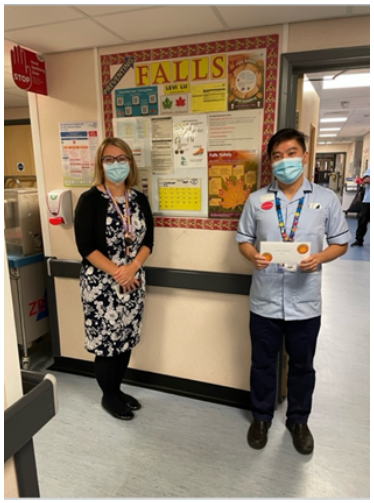


UHL initiatives for National Falls Week 2022

Falls Prevention Awareness Week is a national health campaign with the goal of increasing awareness around falls health and injury prevention.

To acknowledge this week the falls team promoted a variety of safety sessions to help reduce in-patient falls. The following topics were covered:

- The Lying & Standing Blood Pressure Roadshow
- Falls Related Head Injury and Neurological Observations
- Falls Safety Information Stand displayed in the staff restaurant
- Launch of a competition for wards to design a ward/clinical area based 'Falls Safety' display.
- Falls Link Nurse Training sessions
- The Falls team created several short videos for staff to use as a training resource.



Quality Improvement Projects

- UHL has trialled the use of **'Sensor Mats'** on a General Medical ward – The results of the trial was positive, staff feedback was that is alerted them to potential falls and prompted

intervention in preventing actual falls. Funding for the purchase of the 'selected' mat is currently under discussion within Speciality Medicine.
- Introduction of **'Nurse Inpatient Fall Stickers'** on the Medical Assessment Unit – the aim of this was to ensure registered nurses were able to identify if patients had sustained a harm following an inpatient fall.
- Participation in the wider 'Harm Free Care' agenda across UHL delivering training spanning all clinical specialities.

National Audit of In-patient Falls (NAIF)

(NAIF) is part of the falls and frailty Fracture Audit programme (FFAP) and is commissioned by NHS England and Wales.

The UHL Fall Safety team, collaborate with the Lead Medical Clinician for falls to collate information for the audit following a confirmed femoral fracture within the hospital. This information is then entered onto NAIF electronic database which generates local reports showing UHL's statistics and enables comparison with national performance. This then guides the falls team on where to target their information, education and training.

3.3 National Learning Disability Improvements Standards

The Trust has a specialist Learning Disability team, this is a small team with a Specialist Lead Nurse and two Acute Liaison Nurses who are commissioned to provide support in relation to adults with Learning Disabilities across the Trust.

Each year UHL submits a response to NHSi in relation to the National Learning Disability (LD) improvement standards. The return is submitted each January providing data from the previous financial year April 21-March 22

In January 2023 in addition to providing quantitative data we were able to report that:-

- The Trust has an LD action plan, which includes the actions identified following previous rounds of benchmarking against the Improvement Standards. Any outstanding actions identified from the annual benchmarking exercise are included in the UHL LD Action Plan.
- We are readily able to identify adults with a learning disability who are on waiting lists for assessment and/or treatment
- The LD team regularly monitors the waiting lists for adults with LD awaiting planned intervention to identify those who may require reasonable adjustments and will escalate concerns if waits are outside of the expected timescales
- The LD team has oversight of the LD adult outpatient waiting list and will make enquiries if waits are outside of expected timescales.
- The Trust can monitor the readmission rates for LD patients as opposed to the general patient population (LD patients in UHL 18% re-admission rates as opposed to 8% for those without LD)
- We are able to isolate/disaggregate specific outcome data regarding LD patients
- UHL have BILD accredited trainers able to provide training to staff in restraint techniques in line with the 'restraint reduction network' training standards
- UHL are represented on the local Learning Disability Mortality Review Programme (LeDeR) steering group
- The LD team review the plans for DNACPR for Adult inpatients with an LD where appropriate and discuss with clinicians where documentation is not complete or if there are concerns regarding the decision-making process.

- LD has a board level lead (Chief Nurse) responsible for monitoring and assuring the quality of service being provided to children, young people and adults with a learning disability and/or autistic people
- The LD Team routinely provide LD training via the Trust Induction programme for newly qualified nurses and HCA's. An online training package 'Freddie's Story' is available to all staff on HELM
- The LD Team have developed and implemented an electronic admission assessment for patients with LD
- The LD Team have developed and implemented a hospital communication passport, the 'Helping me in Hospital' book.

In 2023-24 We are seeking to secure additional funding to further develop the Specialist LD Team in order that the service it offers to adults with a learning disability can be replicated to offer an equitable service to children with learning disabilities and both children and adults who are autistic.

We also aim to roll out the first wave of the Oliver McGowan Mandatory Training (OMMT) in Learning Disabilities & Autism.

3.4 Patient information and Liaison service (PILS)

Feedback from our patients, their families and carers give 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, and 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.

Table13: PILS activity (formal complaints, verbal complaints, requests for information and concerns) by financial year - April 2015- March 2023

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Formal complaints	1,574	1,467	1,886	2,260	2,534	1,476	2,264	2,165
Verbal complaints	1,449	1,152	856	492	192	218	308	197
Requests for information	439	321	143	118	168	113	210	317
Concern (excludes CCG & GP)	755	1,288	1,146	1,170	1,488	1,001	1,515	1,937
Total	4,217	4,228	4,031	4,040	4,382	2,808	4,297	4,616
Trend	9 % increase	0.2 % increase	4.7 % decrease	0.2 % increase	8.6 % increase	35.9 % decrease	53.02 % increase	7.42 % increase

Learning from Complaints

Complaints are an essential source of information on the quality of our services and standards of care from the perspective of our patients, families, and carers. We are keen to listen, learn and improve using feedback from the public, HealthWatch, local GPs and other providers as well as from national reports published by the Parliamentary Health Service Ombudsman.

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

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.

Periods of 'pause' for complaints during the Covid -19 pandemic have significantly affected performance for response times for 2022-2023 due to the backlog of complaints.

Leicester's Hospitals Patient Information and Liaison Service (PILS) administer all formal complaints and concerns. Between 1 April 2022 and 31 March 2023, we received 2,165 formal complaints and 2,134 concerns.

We achieved 51%, 41%, and 38% for the 10-, 25-, and 45/60-day formal complaints performance respectively; a decrease in performance against last year and a symptom of the COVID-19 backlog of complaints and PILS staffing issues.

The most frequent primary complaint themes are medical care, communication, and staff attitude.

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

Reopened complaints

Table 14: Number of formal complaints received, and number reopened by quarter April 2020 to March 2023

	2020/ 21 Q1	2020/ 21 Q2	2020/ 21 Q3	2020/ 21 Q4	2021/ 22 Q1	2021/ 22 Q2	2021/ 22 Q3	2021/ 22 Q4	2022/ 23 Q1	2022/ 23 Q2	2022/ 23 Q3	2022/ 23 Q4
Formal complaints received	234	418	474	354	498	560	581	631	605	561	493	505
Formal complaints reopened	44	74	48	52	76	58	69	63	37	27	17	25
% Resolved at first response	81%	82%	89%	85%	84%	89%	88%	90%	93%	95%	96%	95%

Pleasingly we have seen a reduction in the number of our reopened complaints this year, we continue to focus our efforts on resolving complaints first time every time.

Improving complaint handling

Throughout 2022-23, Leicester's Hospitals suspended its participation in the Independent Complaints Review Panel process due to the focus of work being on reducing the backlog of complaints. 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 is used for reflection and learning with the PILS and CMG teams and reported through our Trust Leadership Team. The panel has been reconvened with refreshed terms of reference to commence in April 2023.

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

Completed the proof of concept of the Artificial Intelligence (AI) project that uses 'Natural Language Processing' to automate key parts of the complaints system. This has shown some potential to automatically identify key issues in a complaint but further work is required to be able to utilise this software as part of the complaint process.

In 2023/24, we will:

- Reinstate Independent Complaints Review Panel process
- Focus on providing earlier verbal resolution and less written responses for resolution by trialling an Early Resolution Team based at the LRI site
- Work with the University of Leicester on ensuring that our responses are compassionate and empathetic
- Continue to focus on driving down our numbers of overdue responses

Parliamentary Health Ombudsman Service

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

Table 15: Parliamentary Health Service Ombudsman complaints - April 2016 to 21 February 2023

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Investigated - not upheld	12	6	4	0	0	0	0	**22**
Investigated - partially upheld	3	3	3	3	1	1	0	**14**
Enquiry only - no investigation	1	1	0	1	4	3	0	**10**
Awaiting outcome validation	0	0	0	1	0	2	3	**6**
Investigated - upheld	1	0	0	0	0	0	0	**1**
Complaint withdrawn	1	0	0	0	0	0	0	**1**
Apology/explanation	0	0	0	0	0	1	0	**1**
Total	**18**	**10**	**7**	**5**	**5**	**7**	**3**	**55**

Transferring care safely (GP concerns)

The Transferring Care Safely process continues to be an important mechanism in engaging with the ICB and primary care to improve safety and experience in the transfer of patients between secondary and primary care. In 2022/23 the service has seen 8% decrease in GP concerns. We

have seen more GP practices than any other year engaged with submitting TCS concerns which is very positive as several system wide issues have been identified and resolved as a result of this process.

The most frequent GP concern theme is “integrated care and discharge” with about half of concerns falling into this category. The main issue is UHL staff making inappropriate requests of GPs under the Clinician-to-Clinician 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).

The focus of 2022-23 work has been to engage with services seeing the highest numbers of inappropriate requests to GPs to understand and improve the prevalence of these

The team have also continued to support the UHL outgoing provider concerns process allowing UHL clinicians to report transfers of care that could be improved from primary care.

Table 16: Number of GP concerns by financial year (as at 21/02/23)

Financial Year	Number of GP Concerns
2016/17	75
2017/18	592
2018/19	1,275
2019/20	1,107
2020/21	774
2021/22	1,556
2022/23	1707

4.0 Staff perspective

4.1 Implement our fair and equitable People Strategy

The NHS People Plan was published on 30 July 2020 and includes a programme of initiatives to support the growth and development of the NHS Workforce, with national and local actions to be undertaken, to enable services to recover from the pandemic and to move forward and transform.

It includes specific commitments around how we will continue to:

- Look after our people.
- Ensure belonging in the NHS.
- Deliver new ways of working and delivering care.
- Grow for the future.

The national launch of the People Promise further provides a framework for our people agenda.

Our UHL People Plan is being refreshed to align with a new Trust strategy and new Trust values, which have been co-produced with colleagues, patients, and partners. Our UHL People Plan will align to the national programmes of work and the Leicester Leicestershire and Rutland ICB People Plan.

We want UHL to become the employer of choice for existing staff and new colleagues. We will do this by living our values, being explicit about career development opportunities and supporting people to be their best. We strive to achieve excellence in equality, diversity, and inclusion in all that we do whilst acknowledging the workforce challenges our Trust is experiencing.

COVID-19 impact on our people

COVID-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of all our NHS people.

Profound changes emerged and we demonstrated that we could:

- Prioritise the care of our staff and ensure joined up approaches to health and wellbeing across health and social care.
- Mobilise to share our workforce across health, social care, higher education institutions, other healthcare provider facilitated by a robust legal framework.
- Streamline processes, work with shared services and redeploy colleagues appropriately across different services and organisations
- Rapidly undertake robust virtual education.
- Rapidly redesign how services are delivered across pathways not just within organisations eg ED and Emergency and Urgent responses, rehabilitation post COVID pathways, support for rapid discharge and virtual outpatient clinics and wards across organisational boundaries.
- Utilise virtual and digital technology
- Focus on the experiences of BAME staff and ensuring risk assessments for all defined at risk groups are in place.

Highlights for 2022/23

Considerable work has been delivered across core workforce areas over the last 12 months, which have been discussed and reported on separately to various Executive Boards and Trust Committees, specifically:

Looking after our people

- Our Health and wellbeing offer has been continuously developed including the addition of the ‘Recognising and Responding to Compassion Fatigue’ course which over 280 colleagues have benefitted from.
- 320 colleagues have been offered Trauma Risk Management (TRiM) support
- 188 colleagues trained as Mental Health First Aiders across the trust.
- We have set up facilitated peer support groups for colleagues with non-visible disabilities and for colleagues that are affected by perimenopause, menopause, and post-menopause.
- Amica Staff Counselling and Psychological Support Services are available for all UHL colleagues 365 days a year. The need for our services has risen by approximately 20% in the last year. The team, alongside quality one-to-one services, have provided more than 600 hours of in-reach work across the three UHL sites, in Critical Care, Theatres and the Emergency Department. Amica has also supported teams experiencing extra challenges, with drop-in/support sessions, when requested.
- We were part of the LLR Mental Health and Wellbeing hub which provided a central point of access for support for colleagues in the health and social care system.

- We have supported learning, assessments, and exams for around 484 Trust apprentices with 42 training providers; there have been 270 Centre apprentices some of which were also UHL colleagues.

Delivering new ways of working and delivering care and Growing for the future

- Nursing and Midwifery Workforce plan – supporting branding campaign and recruitment strategies such as International Recruitment resulting in reduction in vacancies. Expanding undergraduate student nurse and midwifery placement capacity within the system across health and social care setting. Increasing new roles, recognition, and retention initiatives. Significant progress in closing the gap for support to nursing vacancies.
- Medical Workforce plan – to increase workforce supply we developed recruitment initiatives, new roles and introduced rotational programmes.
- Development of workforce plans at service level focusing on restoration and recovery of both our people and activity levels. This included the development of new and innovative roles include pharmacy roles to support care homes, Physician Associates and Apprenticeships for Pharmacy Technicians.
- Our externally accredited UHL Apprenticeship and Development Centre are committed to providing learning and development opportunities to new to Trust or staff in UHL through blended learning approaches across a range of programmes and gained OFSTED rating of 'good' during 2021.
- Launch of the traineeship scheme (level 1 employability) and Kickstart scheme (level 2 employability) to grow the future workforce and continuation of supporting Cohorts of students through the Princes Trust. Furthermore, we are ensuring that people who successfully complete placements through all our employability schemes, including Project Search students, are supported to transition into vacancies within the Trust for a 12 month period where they will continue to be supported, with a view to securing permanent employment with us.
- Development of Recruitment open days for various staff groups, such as Estates & Facilities, Admin, Pharmacy and HCA's to attract and recruit into our vacancies, including promoting UHL as a great employer.
- Development of tailored attraction and recruitment into local communities, working with our Job Centre and Job Club colleagues.

4.2 National NHS Staff Survey 2022

The NHS Staff Survey was carried out in October and November 2022, 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.

A full census survey was undertaken, and which means every member of staff (16,674) that was eligible to take part and would have received a survey to complete. 8012 responses were returned giving a response rate of 48 per cent.

This was an increase of 3 percentage points from the previous year; the national average (median) for Acute and Acute & Community Trusts stands at 45 per cent, which means we were above average for the first time. We also received over 1,900 anonymous free text comments.

There are two key indicators in the survey that contribute to a colleague's experience at work:

Table 17: Staff Survey results

	Trust 2021	Trust 2022
q21c. Would recommend organisation as place to work	55%	55%
q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	63%	58%

The University Hospitals of Leicester NHS Trust considers that the data are 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"

Whilst there was no improvement in colleagues recommending the Trust as a place to work, the national average score dropped by 2 percentage points. This year there was a deterioration of 5 percentage points for colleagues who were happy with the standard of care, this mirrored the National average deterioration in this question.

Improvements were seen against last year, in how people feel about teamwork, appraisals, career development and having a better work-life balance.

Our promise for 2023 is we will work together to make UHL a place where more people feel:

Recognised: Whether it is long service or extra effort, we will radically improve how we recognise and value all colleagues.

Included: We should all be able to contribute equally. We will celebrate diversity, challenge poor behaviour, and strengthen our mechanisms for reporting concerns.

Supported: Flexible working, better recruitment and retention, and consideration of health and wellbeing are what matter most to you.

Equipped for your role: From ward equipment and communal areas, to IT, parking, and payroll - we will focus on getting the basics right. We need to make it easier for colleagues to do their job well.

4.3 Freedom to Speak Up Guardian

The role of the Freedom to Speak up Guardian at University Hospitals of Leicester has been in place since February 2017 and is currently shared by two part-time guardians. The Freedom to Speak up Guardian Service provides impartial and confidential advice for staff to "speak up" about any concerns they may have that impacts on their ability to carry out their role. Listening to staff is a priority of the service and enables an open and responsive culture.

Internal and external mechanisms for staff to report concerns are as follows:

- Freedom to Speak Up mailbox and telephone
- 13636 staff Concerns Reporting Line
- Junior Doctor Gripe Reporting tool
- Your Voice BAME Reporting tool
- Anti - Bullying, Harassment & Victimisation Adviser Service
- Counter Fraud Management Services
- Care Quality Commission
- Human Resources Generalist Advice Line

There are currently four reporting mechanisms that are managed by the Freedom to Speak Up Guardian Service:

Directly to the Freedom to Speak up Guardian

The Freedom to Speak up Guardians have a dedicated email address and phone line for staff to contact them directly. The role of the Freedom to Speak up Guardian is to:

- Arrange to meet with the staff member and explain the Guardian's role
- Follow the 5-Step approach when responding to staff concerns (see right)
- Escalate to the most appropriate Senior Manager/Executive, Head of Operations, Head of Nursing or Clinical Director
- Identify concerns raised belonging with Human Resources or a Staff Side Trust Representative and signpost accordingly
- Log concerns and review quarterly
- Request updates from the senior colleagues involved in resolving the concerns
- Make contact with the staff member (where possible) for feedback and updates

13636 Staff Concerns Reporting Line

The 13636 Staff Concerns Reporting Line 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 Strategic Command of the day to follow up appropriately, either the same or next working day if the concern is raised out of hours. This ensures an immediate, senior and impartial response to all safety concerns.

Junior Doctor Gripe Reporting Tool:

The Junior Doctor Gripe tool enables Doctors to report in confidence, any concerns they have in relation to patient safety, staffing issues and indeed anything that is impacting on them to deliver quality patient care.

Junior Doctors can access the tool through the UHL intranet; InSite and is communicated at every induction/rotation to ensure that Junior Doctors joining the trust are aware of this mechanism.

Junior Doctor Gripes:

- Are escalated to the appropriate Clinical Director of a Clinical Management Group and the actions being taken.
- Data and feedback is provided for publication in the Junior Doctor Newsletter

Your Voice BAME Reporting Tool

In 2020, the Freedom to Speak up Guardian and the Equality, Diversity and Inclusion Lead facilitated a meeting with 112 BAME colleagues to explore a more culturally inclusive and accessible service. Following this consultation, the Your Voice BAME reporting tool was launched, enabling our BAME colleagues to report concerns they have in relation to (but not exhaustive too):

- Patient Safety
- Bullying and Harassment
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of or poor response to a patient safety incident

Themes of concerns raised through this mechanism are shared with EDI and the Non-Executive Lead for Freedom to Speak Up.

Developing the Freedom to Speak Up Service:

In 2022, the Freedom to Speak Up Service moved to the Corporate and Legal Affairs Department. The Service now reports to the People and Culture Committee and the UHL Trust Board each quarter, where number of concerns, themes and improvement work is shared.

Freedom to Speak Up is recognised as an important driver for culture improvement at UHL and the Service created a one year action plan to establish three key priorities to embed speaking up throughout the trust. These are:

i. Raising F2SU Awareness and Building Confidence
ii. Active Engagement with Senior Leadership to cultivate an open and responsive F2SU culture
iii. Integration of F2SU ethos and processes into operational strategies and decision making.

The Service provides quarterly updates to the PCC and Trust Board on themes and frequency of concerns, barriers to speaking up and progress against the three priorities.

Number of concerns raised 2022/2023

233 concerns were raised in 2022/2023. The table below shows the number of staff concerns raised and managed by the Freedom to Speak up Guardian Service since 2017:

Table 18 Freedom to Speak up Guardian

Reporting Mechanism	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Freedom to Speak Up	77	93	88	160	170	171	759
Junior Doctor Gripe	0	0	1	64	47	37	142
13636 (Staff Concerns)	58	38	39	22	13	15	185
Your Voice (BAME)	0	0	0	3	1	10	14
Totals	**135**	**131**	**128**	**249**	**231**	**190**	**1,107**

Doctors Rotas

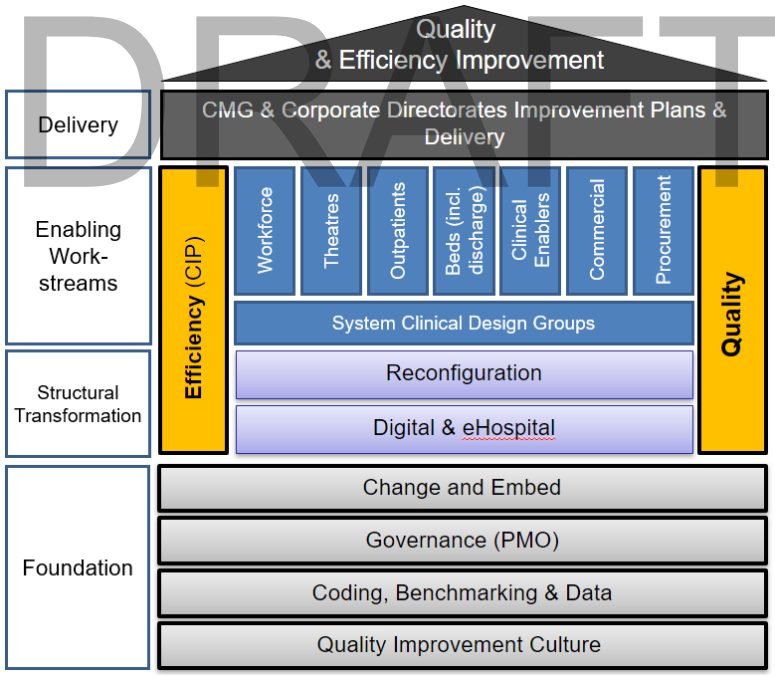
UHL has worked closely with Health Education England East Midlands to expand our foundation training programme and is expecting 26 more foundation level doctors from August 2023. We have also expanded other trainee numbers and are training 26 more postgraduate doctors in a range of specialties from August 2023.

Gaps within the rota's do occur and we have introduced a new App based system through partnership with "Locums Nest" UHL which allows doctors to book onto vacant shifts. This has a number of other advantages regarding swifter payment of sessions and transparency a large part of which is driven by a significantly reduced paper-based process.

Health and Wellbeing of our workforce is a priority and we have developed a new role to support our Specialty and Specialist Doctors through the appointment of an SAS advocate who has commenced in post March 23 with a focus on improving the working life and wellbeing of this group of substantive employees.

5.0 Quality improvement at Leicester's Hospitals

QI culture and capability development across UHL continues to strengthen. It forms part of and underpins the Transformation Team activities as illustrated below:



The 5 elements which are the basis of UHL's approach to strengthen QI Culture and capability development are:

1. Training and Support Framework
2. Improvement Leadership through direct interventions
3. Integration of Quality Assurance and Quality Improvement Teams (Clinical Audit & QI Teams).

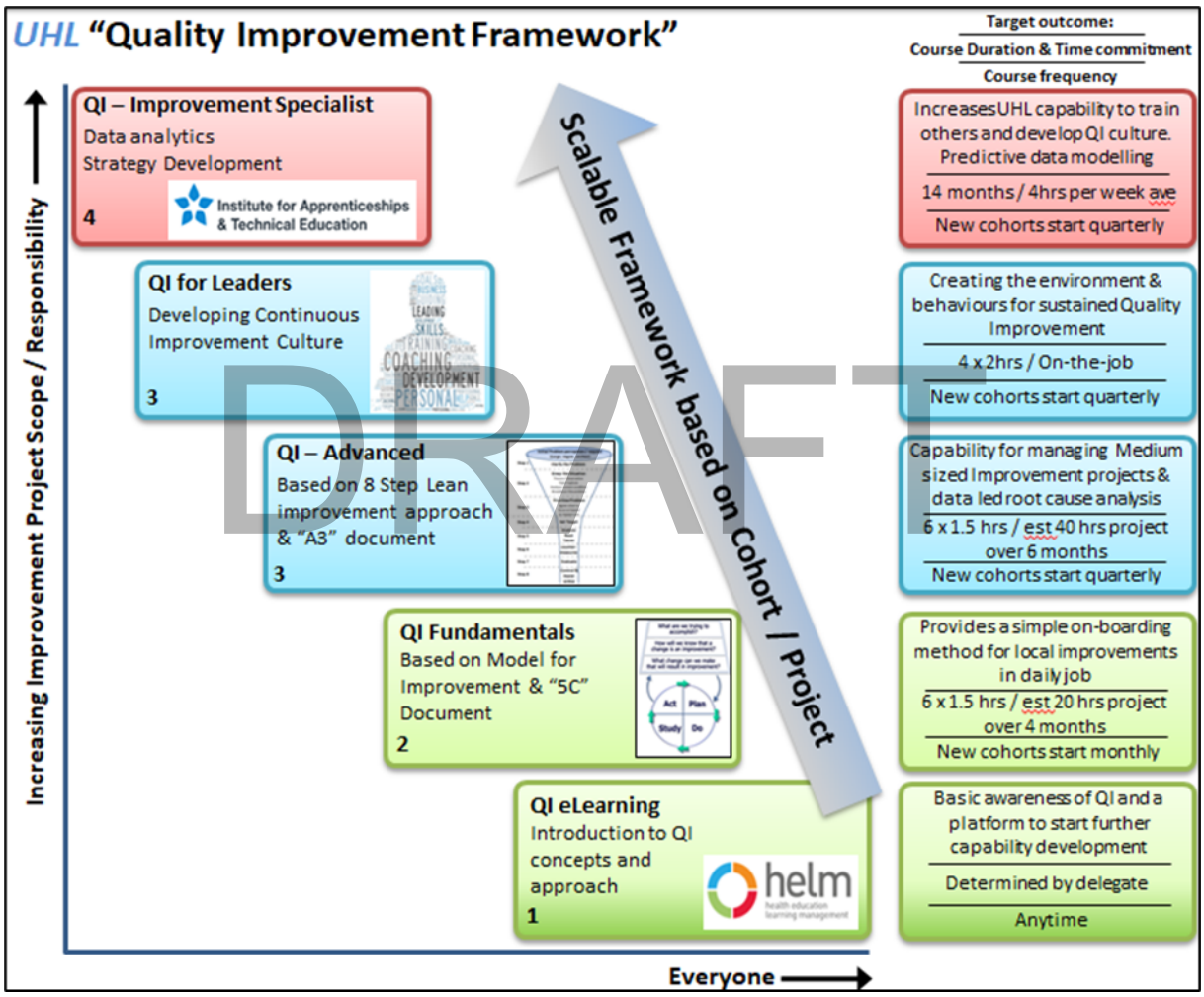
4. Development of wider QI network within UHL and wider LLR

5. QI Culture strategic development

1. Training and Support Framework

A "scalable" training framework has been implemented which utilises legacy improvement approaches previously undertaken and incorporates them into a structure which provides capability development tailored to the individual based on their job role and aspirations.

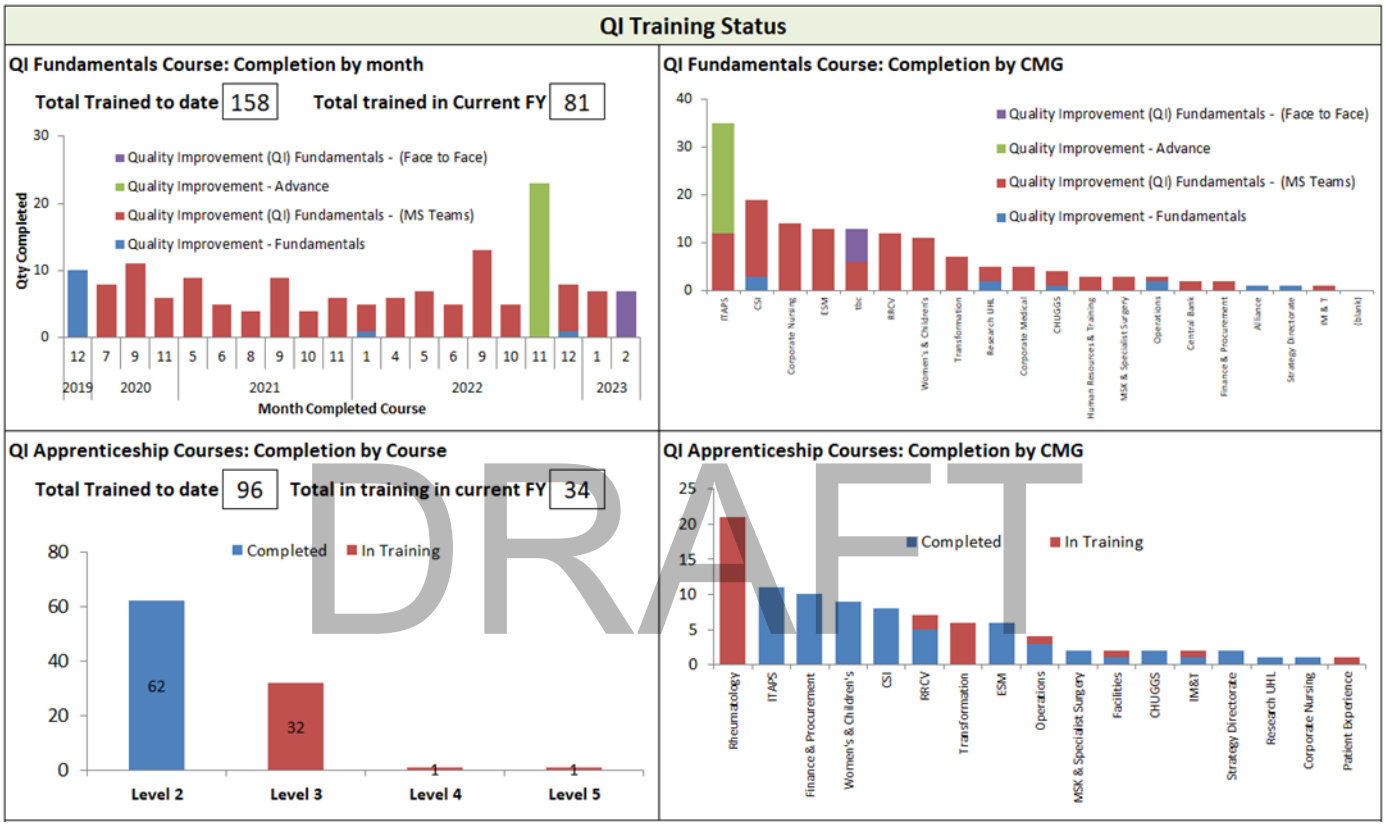
The "golden thread" through the Training Framework is based on a Lean Methodology approach which in turn underpins concepts from IHI(Model for Improvement), Virginia Mason (VMPS), ThedaCare (Business production System) and QSIP and has been designed to support capability development within UHL based on its current condition and needs. Its training pathway is illustrated below:



- **"eLearning"** is a resource that has been developed that anyone is able to access at any time in order to gain an understanding of basic concepts and tool.
- **"QI Fundamentals"** is designed to be a "practical on-boarding" course for those wishing to conduct improvements in their local area. It aligns and compliments other training courses within the Trust including Nursing's "Pathway to Excellence".
- "**QI Advanced"** is designed to develop capability for more complex improvement project which may involve multiple Specialties / Directorates.

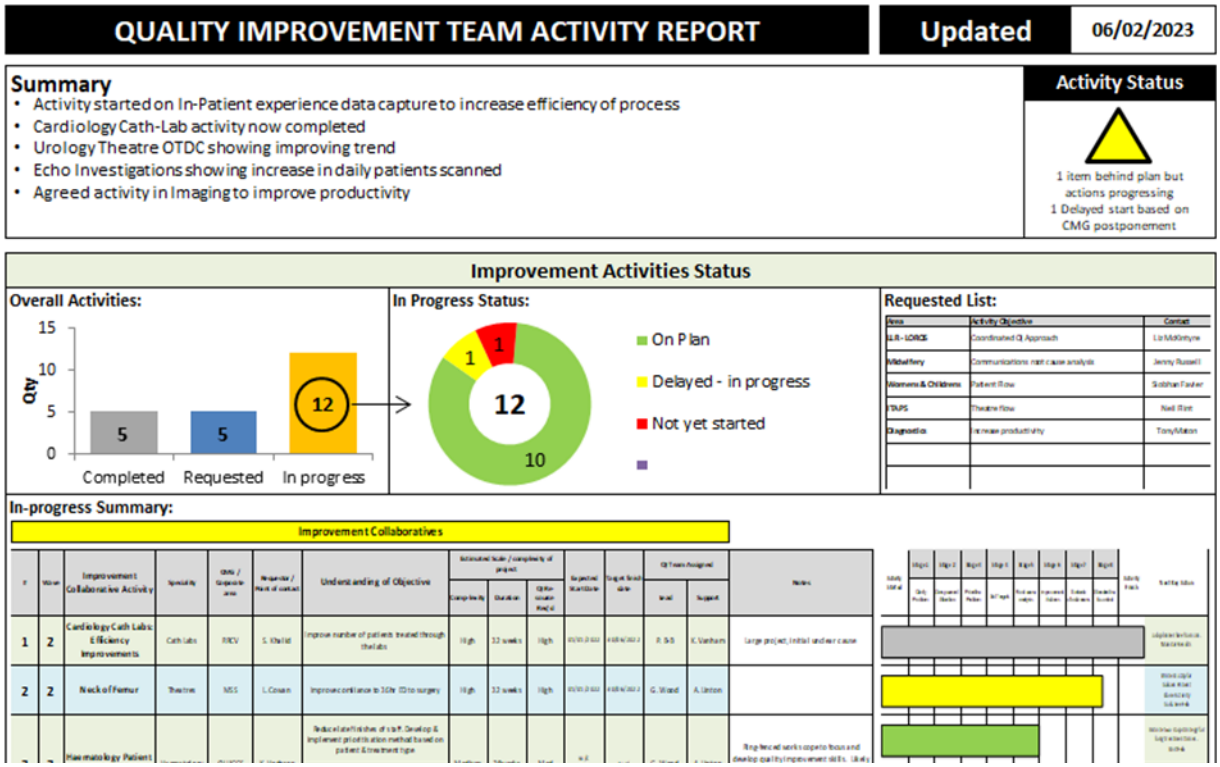
- Having recognised that in addition to training individuals in problem solving / improvement, it is crucial to also train supervisors / local management teams to have the skills to create supportive environments where this can flourish and as part of QI culture development, know how to identify and eliminate abnormalities in order to run and maintain process improvement. This is the purpose for "QI for Leaders" course.
- Finally, for those where Quality and Process Improvement is a core element of their role, the Level 4 "Improvement Practitioner" and Level 5 "Improvement Expert" apprenticeship courses are encouraged.

A summary of current QI Training Status can be below:



2. Improvement Leadership through Direct Interventions

In addition to QI training, a further initiative to develop QI capability is through direct intervention by the QI team in areas who are struggling to achieve improvement breakthroughs. To date, activities are typically aimed at improving productivity and efficiency of process which then provide increased utilisation, reduced cost and increased patient treatment rates. These initiatives utilise an 8 Step problem solving / process Improvement methodology (as featured in QI Advanced course) linked with Project management governance (example of activity report-out summary below):



These activities are conducted by the small centralised QI Team (6 members). A summary of the results gained from activities can be found in the table below:

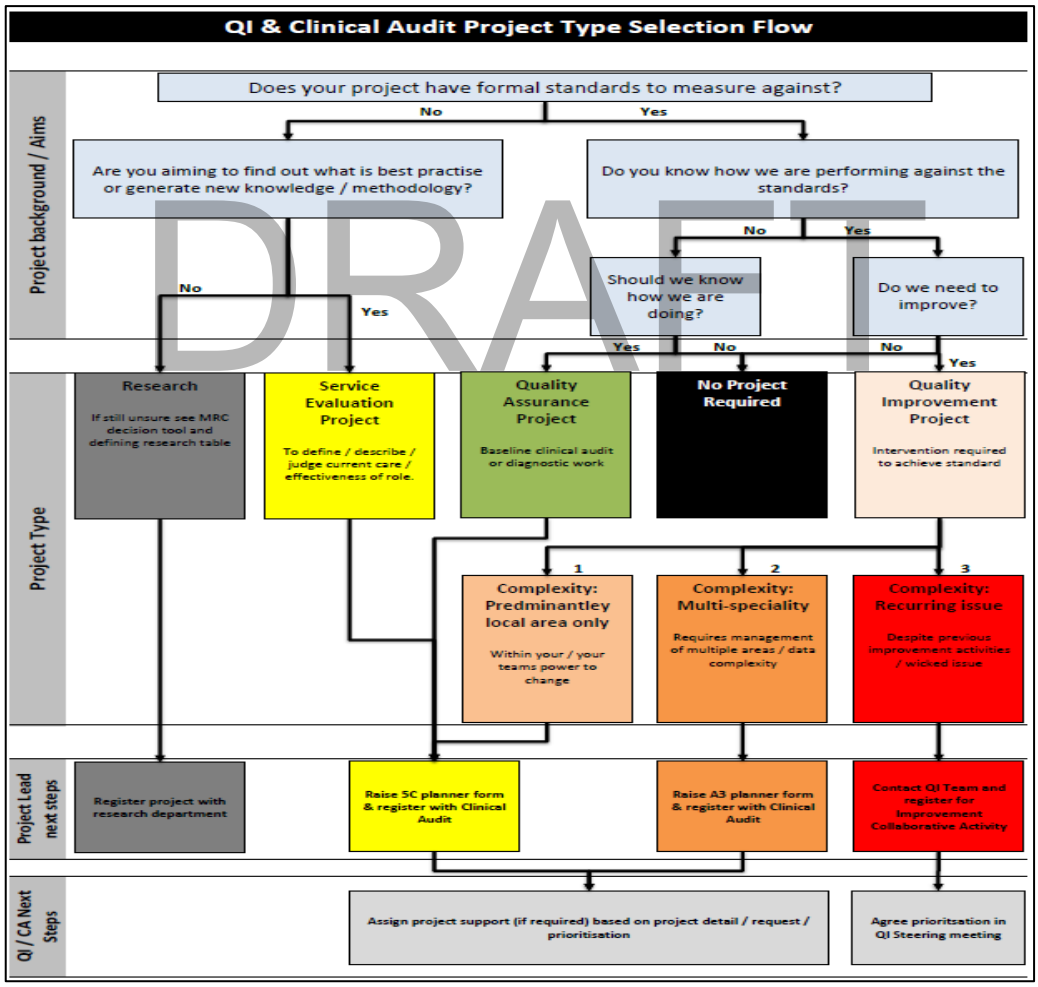
Location / Area	Improvement Activity	Outcomes
Endoscopy	Reduce patient DNA due to late notice bookings	• 56% increase in patients booked at least 2 weeks in advance through active appointment booking.
Vascular	Patients DNA / theatre delay reduction	• OTDCs reduced to 12% and procedure delay reduced to Zero
Cardiology	†Cath Lab efficiency improvement	• Increase of 4 patients / day treated on average Vs 2022 Q1 baseline. • Elective waiting list reducing. • Waiting list duration not exceeding 104wks. 20 patients remaining exceeding 52wks. (starting point >200) • Development of new Cath Lab Treatment Scheduling System to optimise lab utilisation time • Development of new annualised Consultant Job planning system to maintain 5 labs operating.
Haematology	†Take home medication wait time reduction	• Reduction of wait time for Oral take home medicine from 84% on time to 94%. • 3 patients / week fewer waiting for TTO meds
Trauma Theatres (NoF)	Improved conformity to 36hr ED to theatre target	• 33% reduction of procedure delay start through Golden Patient auto send method introduction. • Average first procedure start delay reduced from 38 mins to 25 mins
Cardiology (In-progress)	Echo Investigations productivity improvement	• Implementation of dedicated porter & HCA staff for Physiologist team. • Implementation of scheduled In-Patient appointments • Current 20% productivity improvement (additional 50 In-patients scanned / month). • Plan to achieve 40% productivity improvement in progress.
Urology (In-Progress)	Increase theatre utilisation by reduction of OTDC	• Implementation of new standardised work for patient cancellation management, including booking 6-4-2 approach. • Contact patients prior to booking appointment • OTDC reduced from 12.5% (11 patients / week) to <5% (4 patients / week).

3. Integration of Quality Assurance and Quality Improvement Teams (Clinical Audit & QI Teams).

Integration of both Clinical Audit and QI Teams has progressed over the last 12 months to achieve a "joined-up" Quality Assurance and Improvement framework. This has included the following:

- Linked Share-point sites
- Linked & integrated workflows
- Combined annual strategies
- Commonised methodologies and documentation
- Linked training delivery

This provides a "single point of contact" for anyone wishing to gain support and guidance to conduct any Assurance or Improvement project. This approach will also help to drive improvements in the quality of projects and outcomes. The developed integrated workflow can be seen below:



4. Development of wider QI network within UHL and wider LLR

New and strengthening QI network links with groups both in and outside UHL have provided opportunities to develop and align training and strategic approach to QI culture development. These have included:

QI Training Provided:

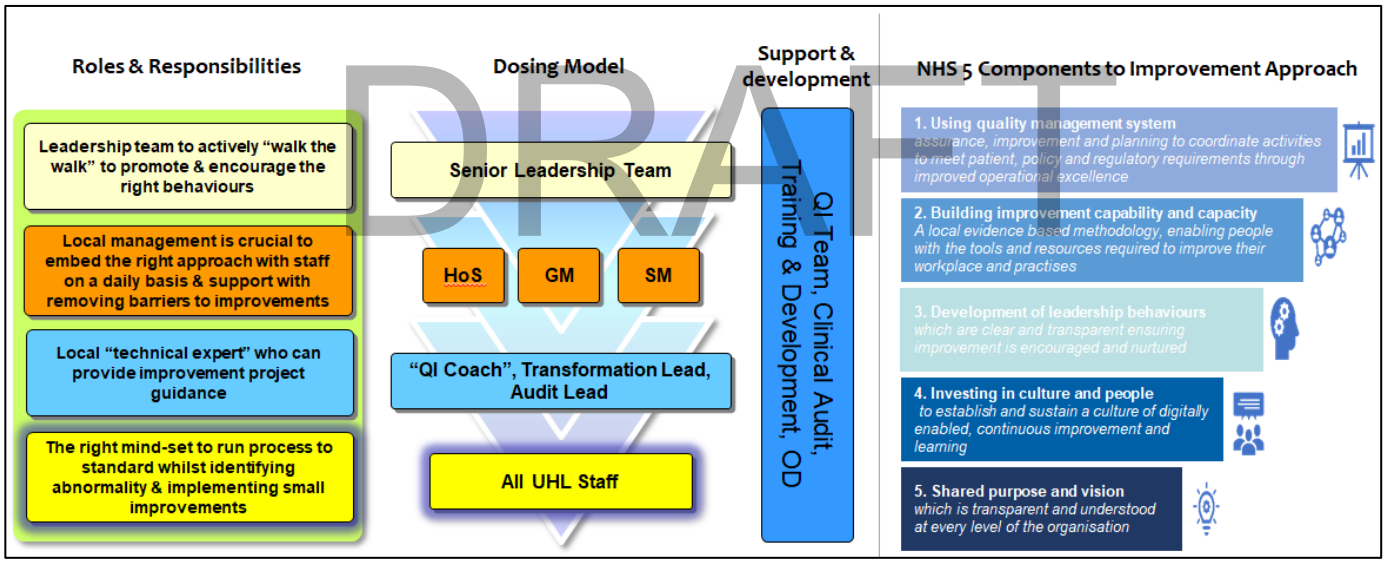
- University of Leicester Quality and Safety MSc
- LLR Improvement Network
- RCN Nursing

Strategic development of QI Culture

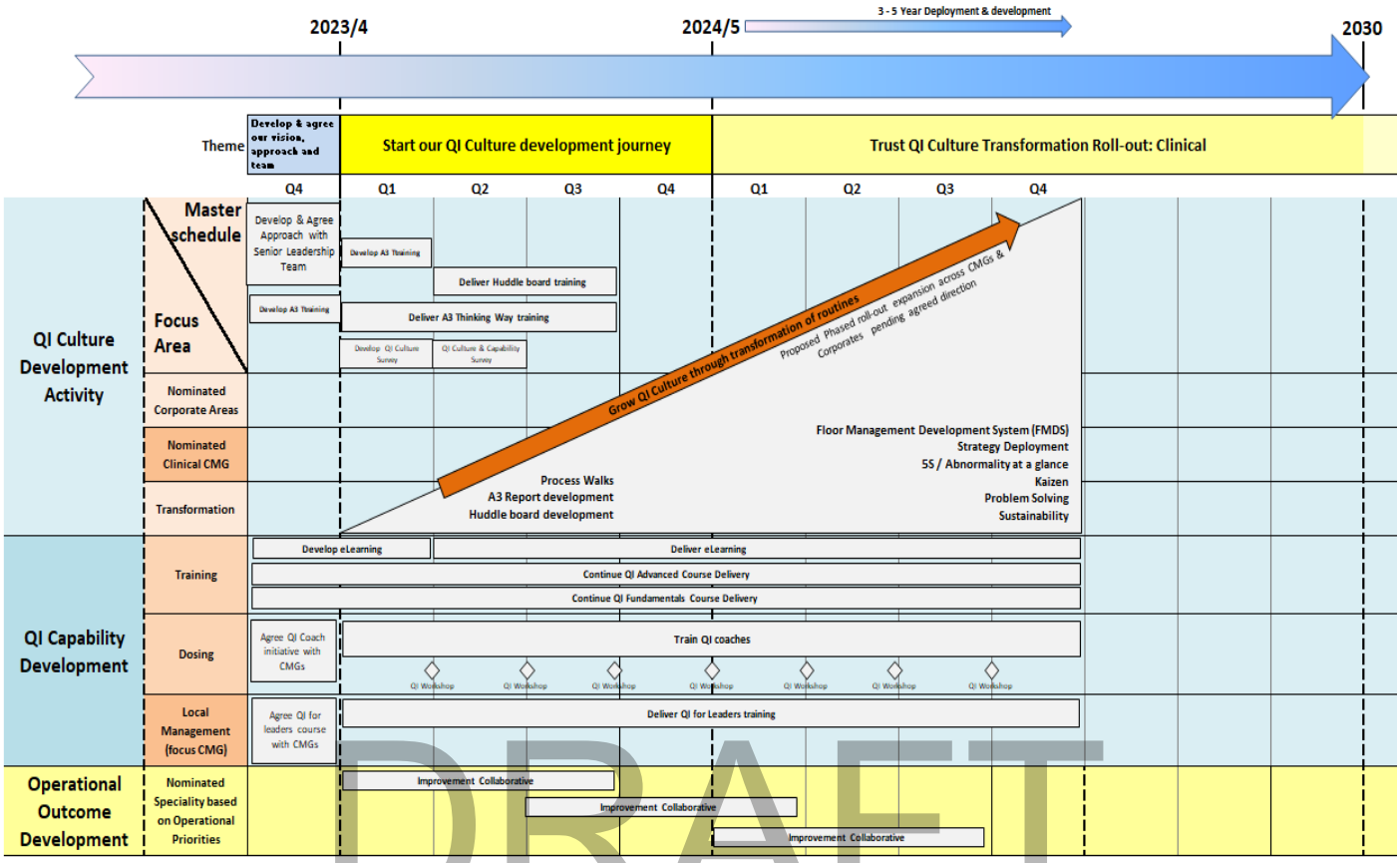
- Leeds Teaching Hospitals NHS Trust
- Sherwood Forest Hospitals
- University Hospitals Plymouth NHS Trust
- Shelford Group
- NHS England

5. QI Culture strategic development

Trust-wide strategy for QI culture development is currently being finalised. Key elements of our strategic approach will incorporate the following approach to develop the "right thinking way" and behaviours and links to the QI training framework shared earlier:



QI Culture development time-line:



6.0. Our Plans for the future

Over the next year we will continue to develop our new strategy, goals and vision for the Trust and the community we serve. We will do this by:

- Ensuring we deliver timely, high standard and sustainable care to our patients
- Tackle health inequalities and improve health outcomes
- Embed research, education, and improvement at the heart of patient care
- Be a supportive partner, working closely with our Integrated Care System

UHL is a great place to work, and we want UHL to become the employer of choice for existing staff and new colleagues. We will continue to support and develop colleagues to reach their full potential enabling them to deliver outstanding care to our patients that is person centred and Improves quality of life.

We are recognised for our research, and we want to strengthen this further by working with our university partners to develop a Centre for Nursing, Midwifery and Allied Health Professionals Research. This will support the delivery of the latest clinical advancements and make Leicester a destination for Nursing, Midwifery and Allied Health professionals.

7.0. Statements of assurance from the board

7.1 Review of Services

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

The Emergency Department (ED) at Leicester Royal Infirmary covers the whole area of Leicester, Leicestershire and Rutland and is the only ED in this area. The General provides medical services which include a centre for urology patients, and Glenfield provides a range of services which include medical care services for lung cancer, cardiology, cardiac surgery, renal and breast care.

During 2022/23 Leicester's Hospitals and the Alliance provided and / or sub-contracted in excess of 399 NHS services. These include:

- Inpatient - 77 services (specialties)
- Day Case - 78 services (specialties)
- Emergency - 82 services (specialties)
- Outpatient - 115 services (specialties)
- Emergency Department and Eye Casualty
- Diagnostic Services (Hearing, Imaging, Endoscopy, Sleep and Urodynamics)
- Direct access (Imaging, Pathology, Physiotherapy and Occupational Therapy)
- Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), Adult Critical Care Transport Service ACCOTS, 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),Paediatric and Neonatal Transport Services and also Neonatal Outreach Services
- A number of national screening programmes including Retinal Screening (Diabetes), Breast Screening including age extension (Cancer), Bowel Screening (Cancer) and Abdominal Aortic Aneurism (AAA), Cervical screening, foetal anomalies, infectious

diseases of the new born, new born infants' physical examination, new born blood spot and sickle cell thalassemia

- Covid-19 Vaccination Hospital Hubs and the Covid-19 Medicine Delivery Unit (CMDUs)
- Services are also provided at:
  - Dialysis units in Leicester General Hospital, Hamilton, Loughborough, Grantham, Skegness, Boston, Kettering, Northampton and Peterborough.
  - Spire Hospital. BMI Healthcare, The Health Suite.
  - Optical services at Specsavers – Oakham, Corbu, Leicester, Melton, Harvey optical, Simmons Optometrists, Optyco, Opticare, David Austen Optometry, Vision Aid Centre, Narborough Eye Care.
  - UHL Pillar Sites 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
  - Dermatology services provided at ST Peters Health Centre
  - UHL at Ashton

UHL has Insourced the following clinical services:

- Elite Emergency
- Nuffield Leicester
- Vascular Europe
- Skin Analytics
- Xyla
- Medinet
- Medacs Healthcare
- KPI-Health
- Your Medical Services
- 187 weeks
- I.D Medical
- SAH Diagnostics

7.2 Examples of how we review our services

A variety of performance and quality information is considered when reviewing our services. Examples include:

- A Quality and Performance report is available on our website https://www.leicestershospitals.nhs.uk/ and is presented in a joint session between the Quality Committee and the People and Culture Committee.
- Monthly Clinical Management Group Assurance and Performance Review Meetings chaired by the chief operating officer.
- Service level dashboards (e.g. women's services, children's services, fractured neck of femur and the Emergency Department).
- Ward performance data at the Nursing, Midwifery and AHP Committee and Trust Leadership Team.
- 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.

7.3 Participation in clinical audit

We are committed to undertaking effective clinical audit across all clinical services and recognise 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 2022/23 Leicester's Hospitals participated in 93% (TBC) of the eligible national clinical audits. Of the four national confidential enquiries, Leicester's Hospitals has participated in 100% of the studies which it is eligible to participate in.

The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in and for which data collection was completed during the 2022/23 period are listed below alongside the current stage / reasons for not taking part to each audit or enquiry where known.

National Clinical audits

Table 19: National clinical audits

Work stream count	Programme / *Work stream*	Provider organisation	Did Leicester's Hospitals participate?	Stage / % of cases submitted
1	**Breast and Cosmetic Implant Registry**	NHS Digital	Yes	Continuous data collection
2	**Case Mix Programme**	Intensive Care National Audit and Research Centre	Yes	Continuous data collection
3	**Child Health Clinical Outcome Review Programme** [1]	National Confidential Enquiry into Patient Outcome and Death	Yes	Continuous data collection
4	**Cleft Registry and Audit NEtwork Database**	Royal College of Surgeons - Clinical Effectiveness Unit	Yes	Continuous data collection
5	**Elective Surgery: National PROMs Programme**	NHS Digital	Yes	Continuous data collection
	Emergency Medicine QIPs:	Royal College of Emergency Medicine		

Work stream count	Programme / *Work stream*	Provider organisation	Did Leicester's Hospitals participate?	Stage / % of cases submitted
6	*a. Pain in children*		TBC	Awaiting to hear back from audit leads
7	*b. Assessing for cognitive impairment in older people*		Not started yet	Starts in April 2023
8	*c. Mental health self harm*		Not started yet	To follow up with Audit lead
9	**Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People** [1]	Royal College of Paediatrics and Child Health	Yes	Continuous data collection
	Falls and Fragility Fracture Audit Programme [1] **:**	Royal College of Physicians		
10	*a. Fracture Liaison Service Database*		NA	No we don't have an FLS
11	*b. National Audit of Inpatient Falls*		Yes	Continuous data collection
12	*c. National Hip Fracture Database*		Yes	Continuous data collection
	Gastro-intestinal Cancer Audit Programme [1] **:**	NHS Digital		
13	*a. National Bowel Cancer Audit*		Yes	Continuous data collection
14	*b. National Oesophago-gastric Cancer*		Yes	Continuous data collection
15	**Inflammatory Bowel Disease Audit**	IBD Registry	No	Not currently submitting data
16	**LeDeR - learning from lives and deaths of people with a learning disability and autistic people** (previously known as Learning Disability Mortality Review Programme)	NHS England and NHS Improvement	Yes	Continuous data collection
17	**Maternal and Newborn Infant Clinical Outcome Review Programme** [1]	University of Oxford / MBRRACEUK collaborative	Yes	Continuous data collection
18	**Medical and Surgical Clinical Outcome Review Programme** [1]	National Confidential Enquiry into Patient Outcome and Death	TBC	Check with Gurpreet Deol

Work stream count	Programme / *Work stream*	Provider organisation	Did Leicester's Hospitals participate?	Stage / % of cases submitted
19	**Mental Health Clinical Outcome Review Programme** [1]	University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health	NA	UHL don't provide this care
20	**Muscle Invasive Bladder Cancer Audit**	The British Association of Urological Surgeons	Yes	Continuous data collection
	National Adult Diabetes Audit [1] **:**	NHS Digital		
21	*a. National Diabetes Core Audit*		Yes	Continuous data collection
22	*b. National Diabetes Foot care Audit*		Yes	Continuous data collection
23	*c. National Diabetes Inpatient Safety Audit*		Yes	Continuous data collection
24	*d. National Pregnancy in Diabetes Audit*		Yes	Continuous data collection
	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme 1 :	Royal College of Physicians		
25	*a. Adult Asthma Secondary Care*		No	Not currently submitting data
26	*b. Chronic Obstructive Pulmonary Disease Secondary Care*		Yes	Continuous data collection
27	*c. Paediatric Asthma Secondary Care*		Yes	Continuous data collection
28	*d. Pulmonary Rehabilitation-Organisational and Clinical Audit*		Yes	Continuous data collection
29	**National Audit of Breast Cancer in Older Patients** [1]	Royal College of Surgeons	Yes	Continuous data collection
30	**National Audit of Cardiac Rehabilitation**	University of York	Yes	Continuous data collection
31	**National Audit of Cardiovascular Disease Prevention (Primary Care) 1**	NHS Benchmarking Network	NA	UHL don't provide this care
32	**National Audit of Care at the End of Life**	NHS Benchmarking Network	Yes	100% of cases submitted
33	**National Audit of Dementia** [1]	Royal College of Psychiatrists	Yes	100% of cases submitted

Work stream count	Programme / *Work stream*	Provider organisation	Did Leicester's Hospitals participate?	Stage / % of cases submitted
34	**National Audit of Pulmonary Hypertension**	NHS Digital	NA	UHL don't provide this care
35	**National Bariatric Surgery Registry**	British Obesity and Metabolic Surgery Society	No	Planning to submit for 23/24
36	**National Cardiac Arrest Audit**	Intensive Care National Audit and Research Centre	Yes	Continuous data collection
	National Cardiac Audit Programme [1] :	Barts Health NHS Trust	NA	
37	*a. National Congenital Heart Disease Audit*		Yes	Continuous data collection
38	*b. Myocardial Ischaemia National Audit Project*		Yes	Continuous data collection
39	*c. National Adult Cardiac Surgery Audit*		Yes	Continuous data collection
40	*d. National Audit of Cardiac Rhythm Management*		Yes	Continuous data collection
41	*e. National Audit of Percutaneous Coronary Interventions*		Yes	Continuous data collection
42	*f. National Heart Failure Audit*		Yes	Continuous data collection
43	**National Child Mortality Database [1]**	University of Bristol	Yes	Continuous data collection
44	**National Clinical Audit of Psychosis [1]**	Royal College of Psychiatrists	NA	UHL don't provide this care
45	**National Early Inflammatory Arthritis Audit [1]**	British Society of Rheumatology	Yes	Continuous data collection
46	**National Emergency Laparotomy Audit**	Royal College of Anaesthetists	Yes	Continuous data collection
47	**National Joint Registry**	Healthcare Quality Improvement Partnership	Yes	Continuous data collection
48	**National Lung Cancer Audit [1]**	Royal College of Surgeons	Yes	Continuous data collection
49	**National Maternity and Perinatal Audit**	Royal College of Obstetrics and Gynaecology	Yes	Continuous data collection
50	**National Neonatal Audit Programme [1]**	Royal College of Paediatrics and Child Health	Yes	Continuous data collection

Work stream count	Programme / *Work stream*	Provider organisation	Did Leicester's Hospitals participate?	Stage / % of cases submitted
51	**National Obesity Audit** [1]	NHS Digital	NA	UHL don't provide this care
52	**National Ophthalmology Database Audit**	The Royal College of Ophthalmologists	No	Not currently submitting data
53	**National Paediatric Diabetes Audit** [1]	Royal College of Paediatrics and Child Health	Yes	Continuous data collection
54	**National Perinatal Mortality Review Tool** [1]	University of Oxford / MBRRACEUK collaborative	Yes	Continuous data collection
55	**National Prostate Cancer Audit** [1]	Royal College of Surgeons (RCS)	Yes	Continuous data collection
56	**National Vascular Registry** [1]	Royal College of Surgeons (RCS)	Yes	Continuous data collection
57	**Neurosurgical National Audit Programme**	Society of British Neurosurgeons	NA	UHL don't provide this care
58	**Out-of-Hospital Cardiac Arrest Outcomes**	University of Warwick	NA	UHL don't provide this care
59	**Paediatric Intensive Care Audit** [1]	University of Leeds / University of Leicester	Yes	Continuous data collection
60	**Perioperative Quality Improvement Programme**	Royal College of Anaesthetists	Yes	Continuous data collection
	Prescribing Observatory for Mental Health :	Royal College of Psychiatrists		
61	*a. Improving the quality of valproate prescribing in adult mental health services*		NA	UHL don't provide this care
62	*b. The use of melatonin*		NA	UHL don't provide this care
	Renal Audits :	UK Kidney Association		
63	*a. National Acute Kidney Injury Audit*		Yes	Continuous data collection
64	*b. UK Renal Registry Chronic Kidney Disease Audit*		Yes	Continuous data collection
	Respiratory Audits :			

Work stream count	Programme / *Work stream*	Provider organisation	Did Leicester's Hospitals participate?	Stage / % of cases submitted
65	*a. Adult Respiratory Support Audit*	British Thoracic Society	Yes	Data collection ongoing now end in about May / June I think
66	*b. Smoking Cessation Audit- Maternity and Mental Health Services*		NA	BTS suspended it or postponed it
67	**Sentinel Stroke National Audit Programme** [1]	King's College London (KCL)	Yes	Continuous data collection
68	**Serious Hazards of Transfusion UK National Haemovigilance Scheme**	Serious Hazards of Transfusion	Yes	Continuous data collection
69	**Society for Acute Medicine Benchmarking Audit**	Society for Acute Medicine	Yes	Continuous data collection
70	**Trauma Audit and Research Network**	Trauma Audit and Research Network	Yes	Continuous data collection
71	**UK Cystic Fibrosis Registry**	Cystic Fibrosis Trust	Yes	Continuous data collection
72	**UK Parkinson's Audit**	Parkinson's UK	Yes	Continuous data collection

Leicester's Hospitals have reviewed the reports of 174 national clinical audits and 967 local clinical audits in 2022/23.

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 or on request if external.
- 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 which is held as part of National Clinical Audit Awareness week in June. The results of this years competition are below:

Clinical Audit Improvement Awards 2022

University Hospitals of Leicester NHS Trust

We are pleased to announce the results of the staff vote for this years Clinical Audit Improvement Awards:

1st place:		
Lead Speciality	**Title**	**Project Team**
Acute Medicine / Radiology	Improving the quality of x-ray requests for NG tube positions to reduce unnecessary delay in patient management in Medicine (re 11430)	Dr Nainal Shah, Dr Vikas Shah, Dr Ruchir Shah, Dr Ali Al-Sakban, Ms. Marie Gibson
Runners up (in alphabetical order):		
Clinical Haematology	Improving Transfusion Practice on Ward 41, LRI (ref 11911)	Dr Katherine Hodgson, Karen Pedley, Luko Dube, Dr Sam Haslam
Orthopaedics	Theatre kit: Review of damage to trays in Orthopaedic Theatres (re-audit) (Ref 9918b)	Miss Lauren Thomson, Dr M Matthew, Dr SB Hejmadi Miss Lucy Cutler,

Congratulations to our winners and finalists. Thanks to 205 colleagues who took time out to watch the finalists video and vote this week. The presentations are available to view on Clinical Audit pages of INSite.

7.4 Participation in clinical research

13,161 patients who received NHS services provided by, or subcontracted by, UHL were recruited to participate in research approved by a research ethics committee during 2022/23.

UHL was involved in conducting 969 clinical research studies. Of these 810 (84%) were adopted onto the National Institute for Health Research portfolio and 243 (25%) of the total were on commercially sponsored studies.

Leicester's Hospitals used national systems to manage the studies in proportion to risk and 87% of the studies given approval in 2022/23 were established and managed under national model agreements.

UHL commercial recruitment activity for 22-23 is 537 a 43% increase from last year. In addition, Cardiology, Diabetes and Children's / Paediatrics specialities registered four times more recruitment than the average recruitment of the previous year (21-22). Commercial recruitment of 22-23 is 20% more than the past five years' average recruitment (Excluding 20-21 due to the pandemic).

In 2022/23 there were 442 full papers published in peer-reviewed journals.

To our knowledge, in May 2022 UHL became the first Trust to make giving research volunteers the opportunity to complete the NIHR Participants in Research Experience Survey a requirement of NIHR portfolio studies. To date, 410 surveys have been submitted to NIHR. 97% of respondents said that staff treated them with courtesy and respect; 94% agreed or strongly agreed that they would consider taking part in research again. Of those completing the survey, 23.3% said they were from a non-White British background.

During 22-23 Leicester received a substantial uplift in funding from NIHR for our research infrastructure in the Trust, this includes £26M award for Biomedical Research centre (a £14M uplift from previous funding cycle) which has doubled in size with three new research themes.

These now stand at: Lifestyle, cardiovascular, respiratory and infection, environment and health, personalised cancer treatment and prevention, and data innovation for Multiple Long Term Conditions (MLTC) & ethnic health. We also secured a 43% uplift to the funding for our Clinical Research Facility which is now £4.1M for five years. The CRF complements areas of activity of the BRC and includes other specialities such as renal, surgery, and acute and emergency medicine. Our NIHR Patient Recruitment Centre has been funded for a further 18 months and has spearheaded our renaissance in commercial activity in the trust, being the top performing PRC in England. Finally, the NIHR-CRUK Experimental Cancer Medicine Centre has also been refunded for a further 5 years and has also seen an increase in funding.

In one of the biggest climbs of any UK university, Leicester has reached the top of the Research Excellence Framework for clinical medicine and is now 2nd in the UK, overtaking Oxford . Overall, the University achieved a ranking of 30th, up 23 places from the previous REF in 2014. The University's result represents its best-ever performance in a national research assessment exercise and recognises the world-changing impact and quality of the research which takes place at Leicester including world-leading medical research in partnership with University Hospitals of Leicester NHS Trust (UHL).

Research conducted at our NIHR Leicester Biomedical Research Centre (BRC) has shown that a wearable device study led by Dr Dempsey in collaboration with the University of Cambridge has analysed wrist-worn accelerometer-measured physical activity data from more than 88,000 UK Biobank participants. Findings published in the European Heart Journal (DOI:10.1093/eurheartj/ehac613) showed any increase in physical activity is beneficial, but there is a greater reduction in cardiovascular disease risk when more of that activity is of at least moderate intensity.

Professor Brightling led a study which aimed to identify differences in the airway microbiome from bronchial brushings in patients with COPD and healthy individuals, and to investigate whether any distinguishing bacteria are related to bronchial gene expression. Results showed that Prevotella was the genus that most robustly distinguished samples of patients with mild-to-moderate COPD from those of healthy individuals (Lancet Microbe (PMID: 35544166).

Professor Davies led the update to the international American Diabetes Association and European Association for the Study of Diabetes consensus guidelines on managing hyperglycaemia in type 2 diabetes, which for the first time included sleep, along with sedentary time and physical activity (https://doi.org/10.2337/dci22-0034). Much of the cited research was supported by the NIHR Leicester BRC.

The Smart work and Life intervention led by Dr Charlotte Edwardson and published in the BMJ in 2018 (doi: https://doi.org/10.1136/bmj.k3870) has now been developed into a nationally available occupational health programme https://www.smartworkandlife.co.uk/.

Professor Kovac led the first publicly funded study of its kind into the effect of Transcatheter Aortic Value Implant vs Surgical Aortic Valve Replacement on all-cause mortality in patients with Aortic Stenosis. The objectives of this study were to determine whether TAVI is non-inferior to surgery inpatients at moderately increased operative risk. Among patients aged 70 years or older with severe, symptomatic aortic stenosis and moderately increased operative risk, TAVI was non-inferior to surgery with respect to all-cause mortality at 1 year, (JAMA. 2022;327(19):1875-1887. doi:10.1001/jama.2022.5776).

7.5 Use of CQUIN Payment Framework

The CQUIN design criteria has been retained this year. As per National guidance, following an approval of a national variation, a blocked financial arrangement for the 22/23 CQUIN schemes was agreed. The CQUIN financial incentive (1.25% as a proportion of the fixed element of payment) was earnable on the five most important indicators for each contract and in 2022-23 it was greed CQUIN would be fully funded. We are required to report performance against all CQUINS which fell within our scope to do so.

The nine CQUINS in the 2022/23 Integrated Care Board (ICB) scheme and end of year performance is shown in the table below:

Table 20 CQUINS - 2022-23 Integrated Care Board

CQUIN Indicator	Indicator description	End of year performance	Comments/Actions
CCG1: Flu vaccinations for frontline healthcare workers	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact	45.33% end of Q3	Flu Vaccine uptake Frontline 45.33% Other 48.32% **Overall** as of 31/01/23 **46.10%**
CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+	Achieving 40%-60% of all antibiotic prescriptions for UTI in patients aged 16+ that meet NICE guidance for diagnosis and treatment	35% end of Q3	Awaiting end of year data
CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care.	Achieving 20-60% of all unplanned ITU admissions from non-critical care wards having a NEWS2 score, time of escalation and time of critical response.	89%	CQUIN has been fully met
CCG4: Compliance with timed diagnostic pathways for cancer services	Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways.	**Non-Submission**	The Cancer Centre has deferred collecting date until the next version of Somerset due to be released in Spring '23 (v22.2). This CQUIN will continue in 23-24 and data will be able to be collected at that time.
CCG5: Treatment of community acquired pneumonia in line with BTS care bundle	Achieving 45%-70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle	**57%**	This CQUIN Has been partially achieved
CCG6: Anaemia screening and treatment for all patient undergoing major elective surgery	Ensuring that 45%-60% of major elective blood loss surgery patients are treated in line with NICE guidance NG24	**86%**	CQUIN has been fully met
CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service	Achieving 1.5% of acute trusts inpatients having changes to medicines communicated with the patient's chosen pharmacy within 48hrs following discharge	**1.3%**	This CQUIN Has been partially achieved
CCG8: Supporting patients to drink, eat and mobilise after surgery	Ensuring 70% of all surgical inpatients are supported to drink, eat and mobilise with 24hrs of surgery ending.	**80%**	This CQUIN has been fully Met. This CQUIN will continue in 23-24 with increased threshold and the scope has been widened

CQUIN Indicator	Indicator description	End of year performance	Comments/Actions
CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients	Achieving 20%-35% of all unique inpatients with a diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	**35%**	This CQUIN has been fully met

Key	Met	Partially Met	Not Met	Data not submitted

NHSE/I Specialised CQUIN indicators relevant to the Trust and our current performance against include:

Table 21 CQUINS 2022-23 NHSE/I

CQUIN Indicator	Indicator description	End of year Performance	Comments Actions
PSS1: Achievement of standards for lower limb Revascularisation	To reduce delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia. 40%-60% patients that have a diagnosis of chronic limb threatening ischaemia (CLTI) that undergo revascularisation (improve blood supply to prevent leg amputation) either open, endovascular, or combined within 5 days of a nonelective admission	40%	The lower threshold has been met and will continue as a CQUIN in 23-24
PSS2 Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	The level of Pt. satisfaction with shared decision-making conversations – as measured by patient scores on internationally validated Pt. questionnaires, 65-75%	91.5 %	This CQUIN is fully met and will continue as a CQUIN in 23-24
PSS3 Achieving Progress towards Hepatitis C elimination	Co-Ordination of ODNs to work towards Hepatitis C elimination	**77%**	Achieved to date.
PSS5 Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical pathways.	The aim of this indicator is to reduce the risks of harm to patients waiting for a AAA, TAVI or complex cardiac devices from a combination of: not being categorised and then should they have been categorised as priority 2 or 3, waiting longer than the clinically advised thresholds.	**100%**	Reviewing RTT Long-Waiters we have fully achieved this CQUIN to date.

Key	Met	Partially Met	Not Met	Data not available

7.6 Data Quality

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

- The Data Quality Assurance Group is chaired by the Chief Information Officer 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 forum make recommendations for improvement 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 reduced GP inaccuracy by implementing automated checking against the Summary Care Record. Our monthly corporate data quality meeting challenge inaccurate and incomplete data collection. The data quality team action reports daily to maximise coverage of NHS number and ensure 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.

- The Executive Board receive quarterly reports on the Data Quality and Clinical Coding.

7.7 NHS Number and General Medical Practice Code Validity

The University Hospitals of Leicester NHS Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - 99.9% for admitted patient care
  - 100% for outpatient care

- 99.5% 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

7.8 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 2022/23.

7.9 Data Security and Protection Toolkit Score

University Hospitals of Leicester NHS Trust's Data Security and Protection Toolkit score was 100% for both 2020/21 and 2021/22 – it is also envisaged that the 2022/23 submission will also follow suit as the baseline indicates this. The final submission for 2022/23 will be 30 June 2023.

We recognise the importance of robust information governance. During 2021/22, 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 complaint 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 2022/2023 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.

7.10 Care Quality Commission (CQC) ratings

University Hospitals of Leicester NHS Trust is required to register with the Care Quality Commission and its current registration status following three core service inspections and a Well Led Inspection in 2022 is 'Requires Improvement', previously the Trust had received a Good rating in 2019.

The CQC completed four focussed inspections in the Trust in 2022. In April there were unannounced focussed inspection of Urgent and Emergency Care(UEC) and Medical Care

(Including Older People's Care) at the Leicester Royal Infirmary. In June there was an unannounced focussed inspection of Surgery at Glenfield Hospital and in September there was an announced Well Led Inspection of the Trust.

Following the inspection of Urgent and Emergency Care the Trust was issued with a warning notice under section 29A of the Health and Social Care Act. Medicine (Including Older People's Care). An action plan to address the seven points within the warning notice was developed with the leadership team in Urgent and Emergency Care and has been shared with the system. The action plan is a live document and is updated regularly. System action plans are embedded within the UEC warning notice action plan.

In 2023 Maternity Services at UHL were inspected as part of the CQC's national inspection of Maternity Services that have not been inspected and rated since April 2021. This is a national thematic review focussing on the safe and well led domains. Maternity Services at Leicester's Hospitals were inspected on 28th February (LGH) 1st March (LRI) and 2nd March (St Marys' Birth Centre).

University Hospitals of Leicester Overall CQC Rating

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement → ← Nov 2022	Good → ← Nov 2022	Good → ← Nov 2022	Requires Improvement ↓ Nov 2022	Requires Improvement ↓ Nov 2022	Requires Improvement ↓ Nov 2022

Leicester Royal Infirmary

2023	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	TBC	Not inspected (Previously rated Good)	Not inspected (Previously rated Good)	Not inspected (Previously rated Good)	TBC	TBC
2022	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Urgent and Emergency Care	Requires Improvement	Not rated	Not rated	Requires Improvement	Not rated	Requires Improvement
Medical Care (including older people's care)	Requires Improvement	Not rated	Not rated	Requires Improvement	Not rated	Requires Improvement

Rated 2016- 19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Surgery	Good	Good	Good	Requires Improvement	Good	Good
Critical Care	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
Out patients	Requires Improvement	N/A	Good	Requires Improvement	Requires Improvement	Requires Improvement
Diagnostic Imaging	Requires Improvement	N/A	Good	Good	Requires Improvement	Requires Improvement

Glenfield Hospital

2022	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Surgery	Requires Improvement	Not Inspected (Previously Good)	Not inspected (Previously Good)	Requires Improvement	Inspected but not rated	Requires Improvement

Rated 2016-19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
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 &Diagnostic Imaging	Good	N/A	Good	Requires Improvement	Requires Improvement	Requires Improvement

Leicester General Hospital

2023	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	TBC	Not Inspected (Previously Good)	Not Inspected (Previously Good)	Not Inspected (Previously Good)	TBC	TBC

Rated 2016-19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
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
End of Life Care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Good	N/A	Good	Good	Good	Good
Diagnostics Imaging	Requires Improvement	N/A	Good	Good	Requires Improvement	Requires Improvement

St Mary's Birth Centre

2023	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	TBC	Not Inspected (Previously Good)	Not Inspected (Previously Good)	Not Inspected (Previously Good)	TBC	TBC

Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

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**

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫ਼ੋਨ ਕਰੋ।

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