UHL QUALITY ACCOUNT 2014-15 AND STATEMENT OF DIRECTORS RESPONSIBILITY

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Date: Thursday 4th June 2015

Executive Summary

Paper O

Context

The Quality Account is an annual report from providers of healthcare about the quality of service delivered. Quality Accounts follow a national format to enable comparisons to be made by the public, patients and staff. The Board of Directors are required to sign off the Statement of Directors' Responsibilities in respect of the Quality Account at page 53 of Appendix A.
The Quality Account reports on performance in 2014/15 in addition to setting quality objectives for 2015/16.

Questions

1. Does the Quality Account represent a balanced picture of quality (achievements and areas for development?)
2. Do the quality account priorities for 2015/16 represent the most important quality priorities?
3. Can the Trust Board endorse the Quality Account?

Conclusion

1. The Quality Account has been prepared following national guidance and feedback from external partners suggests the Quality Account provides a balanced picture.
2. The quality priorities for 2015/16 mirror the Trust's Quality Commitment and this has been endorsed by the Quality Assurance Committee.
3. The draft Quality Account and Statement of Directors' Responsibilities has been endorsed by the Audit Committee and considered by the Quality Assurance Committee.

Input Sought

We would welcome the Board's input regarding endorsement of the 2015/16 Quality Account.
The Board is asked to provide delegated authority for the Chairman/Chief Executive to sign off the Quality Account once the final external audit opinion has been issued

For Reference

Edit as appropriate:

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

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

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /Not applicable]
Board Assurance Framework	[Yes /No /Not applicable]

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

Patient Advisors have commented on the draft Quality Account.
External stakeholders (CCG's,Healthwatch and the Health Overview and Scrutiny Committees have provided commentary on the draft and these included verbatim. The Quality Account will be loaded on to the NHS choices website by 30th June 2015. In addition to the University Hospitals of Leicester Website.

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

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

5. Scheduled date for the next paper on this topic:

June 2015

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

The supporting paper provides detail in regarding the development of the Quality Account and required assurance. The Quality Account must reflect Department of Health guidance which necessitates the inclusion of certain data and assurance statements resulting in a document in excess of 7 pages.

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

As above.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Report to: **TRUST BOARD**

Sponsor: **ACTING CHIEF NURSE**

Report from: **DIRECTOR OF CLINICAL QUALITY**

Date: **4 JUNE 2015**

Subject: **UHL QUALITY ACCOUNT 2014/15 AND STATEMENT OF DIRECTORS' RESPONSIBILITIES**

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1 BACKGROUND

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

1.2 Both the Francis and the Keogh reviews of outlier trusts identified the role that Quality Accounts can play in holding providers to account.

1.3 For 2014/15, there is no significant change in the arrangements for producing Quality Accounts and the Department of Health, the NHS Trust Development Authority and Monitor jointly wrote to all Chief Executives earlier this year. This confirmed the Quality Account regulations remain unchanged.

1.4 The first draft of the Quality Account was presented to the Quality Assurance Committee at its meeting in March and the final draft presented to the Quality Assurance Committee on the 28th May 2015. The chair of the Quality Assurance Committee will provide a verbal update at the Board in respect of these discussions.

1.5 The Audit Committee at its meeting on 27th May focused on the Statement of Directors' Responsibilities in respect of the Quality Account, and recommended to the Board that the statement be endorsed.

1.6 The NHS Audit Committee Handbook states that " A core set of quality indicators must be included in all NHS bodies' Quality Accounts as prescribed by Statutory Instruments supporting the Health Act 2009 and guidance issued by the DoH. Each affected organisation's CEO is required to sign a statement of accountability for the quality account covering two elements:

- whether the data reported in the quality account is reported accurately - this is not only about the reliability of the data but also about its interpretation

- Whether the Quality Account is representative in its reporting of the services provided and the issues of concern to its stakeholders.

1.7 The Audit Committee's role is to consider the rigour of the processes for identifying and defining the services to be reported and the improvements planned as well as

the processes for compiling and interpreting the data used as indicators of performance. The Committee then reports to the full governing body on the robustness of the processes behind the Quality Accounts".

1.8 The purpose of this report is to provide the final draft of the Quality Account to the Trust Board for discussion and ratification, prior to it being made publically available on the NHS choices website and the UHL website.

2 STRUCTURE OF THE QUALITY ACCOUNT

2.1 The Quality Account has to be produced in line with the Department of Health Toolkit. This mandates the content, who the Quality Account has to be formally shared with (for an invitation to comment) and how the Quality Account has to be published.

2.2 The Quality Account is structured in the following way:

- A review of quality performance over the last year
- Priorities for improvement for 2015/16
- A series of mandated statements

2.3 Following positive feedback on the format of the previous two years on the Quality Account, a similar 'accessible' document has been produced which includes a balance of quantitative and qualitative information.

3 STAKEHOLDERS COMMENTARY

3.1 The draft Quality Account was shared with the following stakeholders at the beginning of April 2015:

- NHS Leicester City, East Leicestershire & Rutland and West Leicestershire Clinical Commissioning Groups.
- Leicester, Leicestershire and Rutland Healthwatch.
- Health Overview and Scrutiny Committees at Leicester City Council and Leicestershire County Council. These commentaries have been included verbatim at page 54 onwards.

3.2 Martin Caple, patient advisor, considered the draft Quality Account at the March Quality Assurance Committee and further content was added in relation to patient advisors at page 35. A group of patient advisors provided further feedback in May. As a result some changes were made and other comments will be used to inform the 2015/16 Quality Account.

3.3 Unfortunately feedback from the Clinical Commissioning Groups (CCG's) and Leicestershire County Health and Overview Scrutiny Committee was submitted after the due date, leaving very little time to make changes to the Quality Account. Nevertheless a number of changes were made to the Quality Account in light of this commentary and these include:-

- Further detail concerning plans to improve performance against national cancer targets (page 29).
- Further reference to the Alliance on (page 45).

- Adding further detail at page 7 on actions taken following the Learning Lessons to Improve Care (LLIC) review.
- Further detail concerning actions to address the CQC Intelligent Monitoring Report (page 52).

4 THE STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

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

4.2 The statement takes the form of bullet points followed by a signature from the Chairman and Chief Executive and is included at page 53 of Appendix A.
The text below in bold represents the extract from the statement followed by supporting information.

4.2.1 The Quality Account presents a balanced picture of the Trust's performance over the period covered

The 2014/15 Quality Account reports back on performance in relation to the priorities set out in the 2013/14 Quality Account taken from the Quality Commitment as well as a variety of other quality indicators. These quality indicators include those from the NHS outcomes framework (page 22) and performance against other national targets (page 27).

4.2.2 The performance information reported in the Quality Account is reliable and accurate

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

- Triangulation with other data sources/reports, for example those submitted to the Clinical Quality Review Group and Contract Performance Meeting.
- Review by the Assistant Director of Information and his wider team.
- Amendments following review by our Commissioners.
- Confirm and Challenge to contributors by the Director of Clinical Quality where data was incomplete with a clear audit trail of these queries and resultant actions.
- Review by individual contributors to ensure the most up to date validated information has been included.

4.2.3 There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice

Data in the Quality Account has been taken from national sources- the Health and Social Care Information Centre (HSCIC) on page 22. Trust data sets have been sourced via the information team. Trust reporting is subject to a series of control measures referred to in section 5 of this paper.

4.2.4 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.

There are close working arrangements with the Information Department with final review of the Quality Account by the Assistant Director of Information. Performance data is considered, confirmed and challenged at various groups including: weekly confirm and challenge meetings with the Clinical Management Groups, the Integrated Finance Performance and Investment Committee, the Quality Assurance Committee, the Executive Quality Board and Trust Board in addition to 'specialist' committees such as Clinical Audit and the Research and Development Committees. Data included in the Quality Account is subject to national reporting and therefore associated checks and balances.

4.2.5 The Quality Account has been prepared in accordance with Department of Health guidance.

The Department of Health toolkit has been reviewed and all mandatory statements have been included. The toolkit is accessible via http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122540.pdf. As part of the work external auditors are undertaking, we have submitted a self-assessment against the toolkit. This work has been completed and submitted to KPMG to ensure nothing has been omitted.

5 GENERAL ASSURANCE OF DATA QUALITY

5.1 As a general point of assurance the content of the quality report is not inconsistent 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), feedback from the commissioners and Healthwatch, complaints reports, the national staff survey, the Head of Internal Audit's annual opinion over the Trust's control environment and the CQC Intelligent Monitoring Reports. The Head of Internal Audit's annual audit opinion is 'requires improvement' (second best rating).

5.2 The Assistant Director of Information has confirmed that there are a number of internal controls and standards in relation to data quality including:

5.2.1 Information quality policy - this was last reviewed in January 2014 and is available for staff on Insite. The policy gives the Trust's standards on maintaining high information quality. This policy has been reviewed and updated and also includes the locally agreed controls assurance process for the 'Data Quality Diamond' standard. A data quality group has been established to provide rigor around the assurance of systems and processes of individual data sets.

5.2.2 Payment by results audit - Leicester's Hospitals was subject to the payment and tariff assurance framework audit during November 2014. For clinical coding the audit sample was 200 episodes (139 spells); 100 episodes for Health Resource Group (HRG) sub chapter AA (Nervous System Procedures and Disorders) and 100 episodes from HRG sub chapter WA (Immunology, infectious diseases, poisoning, shock, special examinations, screening and other healthcare contacts).

5.2.3 Internal clinical coding audit - The Trust employs two clinical coding auditors who review the quality of Coding each month (approx. 200 records per month). A rolling programme of speciality audits covering 50 sets of notes is underway. The results of the internal audits allow the coding team to validate depth of coding and target training and resolution of issues.

5.2.4 Case note audit compared to electronic record - A regular programme of audit is undertaken to review at least 300 patient records each month. This covers both outpatient and admitted patient data, comparing information held in the paper case notes to the electronic data collected. Validity checks on data show high compliance of national NHS code sets being accurately applied with local information systems.

5.2.5 Quarterly reporting of data quality and clinical coding - this has historically been quarterly to the Executive Quality Board. From 2015-16 reports will go to the Executive Performance Board.

5.2.6 Documentation of routine data quality processes - This includes daily monitoring of duplicate records created, and checks against current demographic information.

5.2.7 Operational and management reporting - A suite of daily and weekly dataquality reports are produced to support local management of data and identification/correction of errors in a timely manner.

6 EXTERNAL AUDIT ASSURANCE OF THE QUALITY ACCOUNT

6.1 NHS organisations are required to seek external assurance against their Quality Accounts through an auditor appointed by the Audit Commission. Appendix B provides details of this audit together with findings as of 27/05/2015.

6.2 The scope of the audit opinion is one of limited assurance and this will be reproduced verbatim on page 61 of the Quality Account once available.

6.3 The statutory guidance for completion of this work is by the 30th June 2015 (ahead of publication).

7 RECOMMENDATIONS TO THE TRUST BOARD

7.1 The Trust Board is asked to:

- Note that the draft Quality Account has been shared with external stakeholders and their commentary included in the Quality Account.
- Note the development of the Quality Account from first to final draft and amendments made as a result of feedback.
- Note that the Quality Assurance Committee considered the final draft of the Quality Account at its meeting on the 28th May and that the chair of the Quality Assurance Committee will report verbally at the Board in respect of these discussions.

- Note that the Audit Committee has recommended to the Trust Board the endorsement of the Statement of Directors' Responsibilities in respect of the 2014/15 Quality Account at its meeting on 27th May 2015.
- Note that at this stage the external audit opinion advise is attached at Appendix B and in the absence of the final opinion, delegated authority is sought to enable the Chairman/Chief Executive to sign off the Quality Account once this opinion is available.

University Hospitals of Leicester NHS

NHS Trust

Quality Account
2014 / 2015

Caring at its best

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1 Statement on Quality from the Chief Executive

It gives me great pleasure to introduce the 2014/15 Quality Account and Quality Report for the University Hospitals of Leicester NHS Trust (Leicester's Hospitals).

Our quality priorities last year were to provide effective care and improve patient outcomes, to improve safety and reduce harm and to be caring, compassionate and improve the experience of our patients. This report is a vital snapshot of our achievements and successes against these priorities over the past twelve months. Whilst it shows areas we have progressed well, there are clearly things where further improvement is still needed.

'Caring at its Best' is what we aspire to do, and 'Delivering Caring at its Best' describes how we will meet that aspiration. From our Quality Commitment to our reconfiguration plans, from our IM&T Strategy to Listening into Action, there is a huge amount of work going on. We have sorted this into four categories: Quality Commitment, Performance and Finance, Strategy and Workforce. This Quality Account shares with you some of what we have been doing over the past twelve months on this journey.

Undeniably, the key to our success is our people. Which is why it is paramount we ensure we have an engaged and empowered workforce. Listening into Action, introduced in March 2013, continues to allow us to create a culture for frontline staff to lead and develop safe and efficient services. During 2015 we will continue to

Caring at its best

1 Statement on Quality from the Chief Executive

extend the reach of this programme into the organisation, allowing more staff to take control and make the improvements that both they and their patients want.

The largest part of our workforce is our nursing team and we know that safe nurse staffing levels on our wards is key to delivering high standards of care. This was highlighted as being of critical importance in delivering high quality, safe and effective care following the Francis and Keogh reviews during 2013. You will see that our Quality Account reflects this as a priority following a review of our own nursing workforce. Following that review the Trust made a commitment to invest in recruiting more nurses and healthcare assistants. From April 2014 to March 2015 a total of 377 whole time equivalent registered nurses and 399 healthcare assistants joined our team. This included 170 international nurses, and during 2015 we will continue that recruitment drive and have committed to recruiting a further 240 international nurses.

We have been up-front about our challenges against the national performance standards. Whilst some remain a challenge, I am pleased that we have seen significant improvements as we have gained a better organisational grip on the underlying obstacles. I have every confidence that during 2015 our hard work will pay further dividends and performance will improve still further.

Above all, Leicester's Hospitals remains committed to being a safe organisation that provides high-quality care with the best possible clinical outcomes and experience for our patients. That will remain our focus through the coming year.

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

John Adler
Chief Executive
University Hospitals of Leicester

Caring at its best

2 Review of Quality Performance in 2014/15

Last year we updated our Quality Commitment priorities:

- To provide effective care and improve patient outcomes
- To improve safety and reduce harm
- To be caring and compassionate and improve patient experience

	Target Achieved/ On Plan	Behind Plan
Provide Effective Care – Improve Patient Outcomes		
Implement pathways of care to improve outcomes for certain patient groups	✓	
Implement actions to meet the national "7 Day Services" clinical standards	✓	
Embed monitoring of clinician and patient reported outcomes across all specialties	✓	
Implementing national and local standards	✓	
Embedding best practice	✓	
Improve Safety – Reduce Harm		
Implementation of safety actions	✓	
Embed use of Safety Thermometer	✓	
Promote patient safety collaborative topics	✓	
Care and Compassion – Improve Patient Experience		
Actively seek views of patients across all services	✓	
Improve the experience of care for older people	✓	
Improve experience of carers	✓	
Improve experience of care for patients with dementia and their carers	✓	
Expand current programme of end of life care processes across the Trust	✓	
Triangulation of patient feedback	✓	
Embed best practice relating to named nurse/named consultant	✓	

A copy of the full Quality Commitment is in Appendix 2.

2 Provide Effective Care – Improve Patient Outcomes

Aim: to deliver evidence based care / best practice and effective pathways and to improve clinician and patient reported outcomes

By When: March 2015

Progress: On plan ☑

Provide Effective Care – Improve Patients Outcomes		
	Improvements Achieved	**Further Improvements Required**
Improve pathways of care to improve outcomes for patients with:		
– Community Acquired Pneumonia	• Improved compliance with the pneumonia care bundle. • Post discharge telephone follow up service for 'short stay admissions' implemented. • Six week follow up X-ray service implemented. • Reduction in Leicester's Hospitals Summary Hospital Level Mortality Indicator (SHMI) for pneumonia admissions.	• Increase proportion of patients admitted to Glenfield in line with respiratory pathway. • Embed pneumonia post discharge services. • Review of acute bronchitis deaths and implementation of agreed actions.
– Heart Failure	• Case note review found higher mortality due to complexity of patients and elderly. • Increased use of care bundle.	• Expand use of heart failure care bundle to the Royal Infirmary (LRI) site and to improve earlier recognition and treatment of the development of heart failure as a complication of an unrelated admission.
– Acute Myocardial Infarction (AMI)	• A preliminary review of case notes has identified that several patients had been wrongly coded as having AMI.	• Education on diagnosis and management of AMI • Increase cardiac nurse presence at LRI.
– Acute Kidney Injury (AKI)	• Further expansion of the alerting system and review of patients with stage 3 AKI.	• Embed AKI alerting system across all areas and to scope expanding to AKI Stage I and II. • Implement AKI discharge bundle.
And for:		
– Out of hours emergency admissions	• Reduction in Leicester's Hospitals SHMI for 'out of hours admission'. • Improved consultant assessment on the medical assessment unit.	• Continue to monitor 'out of hours' mortality rates, specifically at diagnosis level.
– Intraoperative Fluid Management (IOFM)	• Embedding of use of IOFM for 'high risk' operations.	• Maintain performance / feedback where IOFM not used.
Implement actions to meet the national "7 Day Services" clinical standards. Embed monitoring of clinician and patient reported outcomes across all specialities to include learning and action from:	• On track with implementation plans to deliver the 7 day services.	• Implement agreed actions to meet five of the 10 Standards by end of 2015/16.
– Patient Reported Outcome Measure (PROMS)	• Improved participation / reported outcomes in the national PROMS and changes to groin hernia patient information leaflet including what to expect in the recovery phase.	• Continue to monitor performance and take action where applicable.

2 Provide Effective Care – Improve Patient Outcomes

Provide Effective Care – Improve Patients Outcomes *continued*		
	Improvements Achieved	**Further Improvements Required**
– Morbidity and Mortality (M&M) Reviews and Mortality Alerts	• Further progress made with embedding Morbidity & Mortality (M&M) reviews across all specialities and collating findings for learning and actions to improve.	• Screening of all in hospital deaths. • Findings from reviews to be entered into mortality database to support theming and identification of improvements.
– Nationally reported outcomes (Everyone Counts)	Actions taken in response to the Learning Lessons to Improve Care Review (LLR LLIC) including: • DNA CPR policy with supporting education package and patient information leaflet. • Daily attendance of Intensivists on AMO • Revised and agreed a new process for mortality and morbidity reviews. • Leicester's Hospitals consultant outcomes in line with national average.	Actions in response to the LLR LLIC review to be completed including: • Development of Early Warning Score. • Development of medical handover using 'e-handover'. • Implementation of SPICT which supports early recognition of patients in need of supportive and palliative care approach. • Ensure submission of consultant outcomes data for any new specialities. • Ensure submission of consultant outcomes data for any new specialities.
Implementation of – Patient census to improve discharge planning	• Discharge information (including Expected Date of Discharge) shared in the 'electronic handover' system enabling multidisciplinary view. • Embedded 'discharge planning' best practice in medicine and increased proportion of patients discharged before 11 am and 1pm.	• Embed discharge planning best practice across all areas. • Increase in proportion of patients discharged before lunch across all relevant areas.
– Consultant assessment following emergency admission	• Time to consultant review improved following emergency admission in medicine.	• Further improvements in consultant review within 14 hours of emergency admission.
– Clinical utilisation review of critical care beds	• Intensive Care Unit strategy developed and agreed. Increased intensivist support for Level 2 beds within medicine.	• Implement initial phase of strategy, to include moving Level 3 beds from General Hospital site.
– Breastfeeding guidelines for neonates	• Clinically based training programme for neonatal staff to support breastfeeding - parent information leaflet on breastfeeding reviewed and revised.	• Maintain performance, monitor and take actions where applicable.
– Discharge letter – standard content (added December 2014)	• Discharge letter content standards agreed with primary care, launched and ongoing feedback process in place	• Improve compliance with letter content standards for discharge, Emergency Department (ED) attendance and outpatient letters.
Embedding best practice: – (NICE) standards and other national guidance	• Response to NICE standards process expanded to include all types of guidance.	• Increased awareness and access to NICE guidance for staff.
– Compliance with local policies and guidelines	• Clinical guidelines and policies e-library system further developed to improve searching facility and review process.	• Embed process for ongoing review of policies and guidelines and increase awareness.
– Performance against national clinical audit	• Increased in number of audits on track and actions implemented	• Further increase proportion of audits on track and actions implemented within agreed timescales.

2 Improve Safety – Reduce Harm

Aim: to reduce avoidable death and injury, to improve patient safety culture and leadership and to reduce the risk of error and adverse incidents

By When: March 2015

Progress: On plan ☑

Improve Safety – Reduce Harm		
	Improvements Achieved	**Further Improvements Required**
Implementation of Safety Actions:		
– Recognition and immediate management of septic patients	• Increase from baseline of 27% to 75% compliance with sepsis care pathway. • Appointment of sepsis nurse. • Roll out of sepsis care boxes onto every cardiac arrest trolley in clinical areas across Leicester's Hospitals.	• Focus on septic patients arriving in the hospital via the Emergency Department (ED) or by direct emergency admission to any other unit or acute ward.
– Handover between clinical teams	• Implementation of electronic handover to all nurses and allied health professionals and some medical specialities across the organisation. • Introduction of mobile devices to be used for nurse handover in pilot areas.	• Continuation of the implementation of electronic handover to all medical specialities across the organisation.
– Acting on test results	• New Leicester's Hospitals standards for managing test results agreed. • All medical specialities have an agreed process for managing their diagnostic test results.	• Implementation of single order communications systems for all inpatient and outpatient areas.
– Monitoring and escalation of Early Warning Scores (EWS)	• Configuration of early warning score, alerts and escalations into electronic observations system.	• Introduction of electronic observations into all inpatient areas. • Validation, implementation and standardisation of early warning score across Leicester's Hospitals.
– Ward round standards and safety checklist	• Creation and trial of audit tool to capture adherence to ward round checklist and frequency of consultant delivered ward rounds. • Ward round simulation training programme project undertaken on one medical ward.	• Work to continue to improve ward rounds and senior review as part of 7 Day Service clinical standards work stream
– Improve processes relating to resuscitation and Do Not Attempt Cardio-pulmonary resuscitation (DNACPR) consideration	• All three hospitals now taking part in national cardiac arrest audit (NCAA). • Resuscitation Policy and DNACPR policies both approved. • Resuscitation trolleys and equipment standardised across Leicester`s Hospitals. • Resuscitation training increased since April 2014 from 71% to 83.4% (December 2014). • Training module for DNACPR agreed.	• Improve uptake of resuscitation training. • Identify actions to reduce numbers of cardiac arrests. • Implement DNACPR training module and policy. • Assess compliance with Resuscitation Council guidance on numbers of resuscitation officers. • Implement appropriate actions in response to NCAA data.

2 Improve Safety – Reduce Harm

Improve Safety – Reduce Harm *continued*		
	Improvements Achieved	**Further Improvements Required**
Embed use of Safety Thermometer for monitoring actions to reduce:		
– Hospital Acquired Thrombosis (HAT) in conjunction with the already rooted venous thromboembolism risk assessment process	• Achieved the increased target of 95% of patients being assessed for their risk of venous thromboembolism (VTE). • 100% of potentially hospital related VTE have root case analysis (RCA) performed where the VTE occurred whilst the patient was in hospital. • Discharge VTE risk assessment is a mandated component of in-patient discharge letter. • Results of audit data related to VTE risk assessment are available on INsite (staff intranet) and on request for non-members of staff.	• Initial conversation has taken place to attempt to access and assess the effectiveness of analysing mortality data provided by Leicestershire Registrars (births/marriages/deaths) database.
– Hospital Acquired Pressure Ulcers (HAPUs)	• Working with Leicestershire Partnership Trust developed a joint pressure ulcer awareness campaign. • Improvement in the quality of reports being presented to validation events. • Participation in regional events to raise awareness of the work completed by the Leicester's Hospitals.	• To continue to quality assure all validation reports. • To focus on the requirement to maintain and improve current prevalence figures.
– Catheter Associated Urinary Tract Infections (CAUTIs)	• Revised definition for CAUTI was agreed and has been used for validation of the CAUTI submitted by the wards as part of the safety thermometer data collected for the last six months of 2014/15.	• To undertake a quarterly audit of urinary catheterisation across the Leicester's Hospitals to identify any lessons to learn and actions to be taken.
– In-hospital falls	• Development of new falls assessment process in line with NICE guidance. • Development of new falls care plan. • Falls validation meetings established within clinical management groups (CMGs) to identify areas for learning and improvement from falls each month.	• Agree consistency across CMGs of validation best practice. • Reduce inpatient falls resulting in harm. Embed new falls assessment process and subsequent care planning.
– Implement use of the medication safety thermometer across all wards	• All inpatient wards have implemented the tool. • A dashboard has been developed split by Clinical Management Group (CMG) level but also for individual wards, rated against national figures. This dashboard has been shared with wards.	• Implement the multi-disciplinary team case review. Identify reasons and implement potential solutions to prevent further patients triggering. • Introduce new paediatric tool. • Develop tool for use in critical care areas.

2 Improve Safety – Reduce Harm

Improve Safety – Reduce Harm *continued*		
	Improvements Achieved	**Further Improvements Required**
Patient Safety Collaborative Topics		
– Reduction of health care associated infections	• Each infection is the subject of a post infection review in line with the requirements of the NHS Commissioning Board 'Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections 2013'.	• Continue sustained focus on the Infection Prevention MRSA bacteraemia reduction programme.
– Meeting patient's nutrition and hydration needs	• 85% compliance with nutritional and hydration standards (data to end of Q3). • Unintentional weight loss audit on high risk wards undertaken highlighting additional education and training required. • New adult and child nutrition metrics developed showing a gradual improvement in all areas.	• Deliver additional education and training. • Continue to monitor the assessment and management of patients at risk.
– Safer care for patients with Diabetes (including implementation of 'Think Glucose' programme)	• In total 30 wards completed 'Think Glucose' education programme. • Improved knowledge of staff and experience of patients with diabetes.	• Implementation of educational programme across another 40 wards.

2 Care and Compassion – Improve Patient Experience

Aim: to listen and learn from patient feedback and to improve the patient exprience of care

By When: March 2015

Progress: On plan ☑

We set out to:

- Seek views of patients and learn from feedback across all services
- Improve the experience of care for older people and patients with dementia and their carers
- Expand end of life care processes
- Ensure each patient knows the name of the consultant and nurse caring for them

Care & Compassion – Improve Patient Experience		
	Improvements Achieved	**Further Improvements Required**
Actively seek views of patients across all services.	• A minimum of 30% of inpatients leaving hospital now provide feedback. • NHS England has set the target for March 2015 at 40% or above for inpatient areas. • Expanded accessibility to feedback mechanisms including smart phone scanning, electronic feedback through touch screen devices and text messaging. This has now been achieved with 44.8% (March 2015). • Electronic feedback is accessible in Gujarati, Punjabi and Polish.	• In line with the NHS England guidance we will continue to embed the Friends and Family Test and ensure inclusiveness is a key element, enabling people with communication difficulties to easily provide feedback on the services they receive. • Children's service, outpatients and day case areas will be reported nationally from April 2015.
Improve the experience of care for older people	• Six wards were awarded the Quality Mark Award for Elder Friendly Hospital Wards from the Royal College of Psychiatry Centre for Quality Improvement. • A quality project for older people was developed to improve quality, dignity and patient experience for older people and is in progress in four areas. • An information pack is available to wards who would like to implement learning from the Quality Mark to improve services for older people. • In June 2014, Age UK opened a resource centre at the Royal Infirmary for patients, carers and staff to access information. They see around 100 carers and staff per month who would not have accessed their support if the centre had not been in the hospital. • Improved and maintained the Friends and Family Test net promoter score to 75 (February 2015) for Older People.	• Deliver the key work streams of the Frail Older People's Strategy. • 'Fix the Basics' for older people to improve their experience.

2 Care and Compassion – Improve Patient Experience

Care & Compassion – Improve Patient Experience *continued*		
	Improvements Achieved	**Further Improvements Required**
Improve experience of care for patients with dementia and their carers.	• People with dementia and their carer's, can directly access dementia information and support programmes across Leicester, Leicestershire and Rutland, led by the Alzheimer's Society. • Meaningful Activity Service provided additional support for 672 patients with dementia. Service expanded to cover ten areas. Carers reported they have seen a significant improvement in the patients' wellbeing whilst they were in hospital. Plans are in place to introduce an 'out-reach' advisory service. • A total of 28 'forget me not' volunteers trained to support patients and staff. • Dementia Champion Network increased to over 300 champions. In January 2015, the network was successfully launched in Leicester's Hospitals and De Montfort University where 84 student nurses have become champions. • Almost 12,000 staff are now trained in basic dementia awareness and almost 6,200 are trained at an enhanced level on how to care for patients with dementia. Charitable Funds supported staff, to attend the Inside Out Of Mind production based on 'life on a dementia ward' and workshops. • We have signed up to 'Carers Call to Action' and over 200 carers of people with dementia were asked for their feedback to help us understand how we can support them better.	• Improve experience for carers through recognition and involvement. • Increase involvement in care and discharge planning. • Support the wellbeing of carers by offering rest periods throughout the day. • Continue to further improve care for patients with dementia and their carers through our dementia Implementation plan.
Expand current programme of end of life care processes across Leicester's Hospitals.	• The AMBER Care Bundle is supporting patients and families on 37 wards (March 2015). The AMBER Care Bundle contributes to people being treated with dignity and respect and enables them to receive consistent information from their healthcare team. • Staff continue to attend specialised training hosted by Leicester's Hospitals and LOROS, helping staff to change and improve practice within our hospitals.	• Audit the implementation of the priorities for care of patients in the last days of life to identify further actions and improvements. • Earlier recognition of patients with supportive and palliative care needs.
Triangulation of patient feedback	• Robust system for triangulation of all patient feedback mechanisms established and shared with the clinical management group (CMG) teams.	• Continue to build on this work and respond to patient feedback themes.
Embed best practice relating to "Named consultant / named nurse"	• Each patient has their name, the name of the nurse and consultant caring for them on each shift displayed above their bed. • Details of how patients and relatives can contact their consultant are available from the nurse looking after them and on the ward information board.	• Audit effectiveness of named nurse / named consultant initiative. • Engage with patients and the public to ascertain if this process improves experience of care.

2 Culture, Leadership and Workforce Capability

Aim:
To refresh our Organisational Development (OD) Plan to meet the key challenges and deliver the extensive transformational change that is required to 'Deliver Caring at its Best'. A constant throughout is a focus on involving patients, users, partners and staff to support the development of a listening and learning culture.

Live our values: We recognise that living our values every day is crucial to 'Delivering Caring at its Best'. We strive to make the behaviours associated with our values 'what we do', through constant focus and commitment to continuous improvement. We continue to showcase excellence through our Caring at its Best awards which enable us to recognise individual staff and teams who epitomise our values and in doing so directly or indirectly enhance the quality of patient care.

Improve two-way engagement and empower our people: We are committed to embedding 'Listening into Action' as the way we do things at UHL and building on the foundations created in the first year since LiA was launched as the vehicle for engaging and empowering staff.

2 Culture, Leadership and Workforce Capability

This year we have been selected as a *'Mutuals in Health Pathfinder'*. The Mutuals in Health Pathfinder Programme is a joint Cabinet Office and Department of Health initiative designed to help NHS organisations consider the potential advantages of the 'mutual model'. It will enable us to understand what mutualisation could mean for us, the potential benefits and issues and to identify solutions to practical barriers.

Employee engagement plays a significant role in the operation of mutual, it is in fact, their defining characteristic. Essentially Mutuals are about getting greater staff ownership of services. Examples from the private sector include the John Lewis Partnership, and many NHS community services are social enterprises (not for profit). But this approach has not yet been tried in the acute sector. This is why the government has established the Pathfinder Programme.

Our participation in the programme has brought with it £120,000 worth of extra resources (bespoke technical, legal and consultancy support) and provides us with access to shared Pathfinder networks.

Strengthen Leadership: This year we have refreshed our Leadership into Action Strategy and associated priorities, as shown below, to enable us to successfully deliver the necessary leadership required so we are able to meet and exceed future challenges and 'Deliver Caring at its Best'.

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

Listening into Action
Leadership into Action

2 Culture, Leadership and Workforce Capability

A leadership showcase event was held in September 2014 hosted by our chief executive and attended by 118 participants. This event focussed on celebrating the achievements of colleagues who attended a range of leadership development programmes and gave them the opportunity to share learning experiences and improvement projects that make a great difference to the services we provide. During the event we also presented our first 'Love our Learners in Leadership Awards' sponsored by Health Education East Midlands to raise the profile of learners across the region.

Enhance workplace learning and development: We are one of the first NHS organisations nationally to achieve the skills for Health Quality Mark and to lead the way for the health sector. The 'Skills for Health Quality Mark' uniquely provides a framework for assuring the effective delivery of high quality learning and training to the health sector. This award demonstrates our passion and enthusiasm for learning excellence and 'making a difference' across Leicester's Hospitals and the wider health community. This also recognises that we have been innovative in the way we put together our learning programmes and we have sought to reflect that our programmes really do focus on what Leicester's Hospitals and the NHS needs.

Quality improvement and innovation: We are recognised for our contribution, creativity and innovation. The OD plan underpins the Clinical, Research and Educational Strategy to enable staff to excel in these areas adding their valuable contribution to patient care today and in the future. We encourage creativity and innovation that is patient focused, safe, efficient and effective, a driver for quality.

Measuring the impact of our actions - Organisational Health Dashboard

We have developed an Organisation Health Dashboard, which provides Trust level information and has been designed to provide our directorates and clinical management groups (CMG) the ability to drill down into the information.

The Organisational Health Dashboard links directly to the five Organisational Development (OD) work streams and tracks a variety of measures.

2 Investment in Nurse Staffing and Recruitment

Nursing and midwifery staff account for a significant component of the total workforce within Leicester's Hospitals. It is essential that staff are deployed appropriately in terms of staffing levels and skill mix, and nurses and midwives are clear about their role and contribution to providing high quality safe care. In July 2013 the Executive Team, (ratified by the Trust Board) agreed to invest £5.9m into ward nursing budgets for 2014/15. This recognised the need to bring 'nurse to bed ratio' to agreed acceptable levels, fund additional capacity and recognised increasing acuity.

Recruitment initiatives

- We will continue to proactively recruit from our provider university, advertise monthly for registered nurses, and attend all Royal College of Nursing jobs fairs across the country.
- Total of 377 WTE registered nurses and 399 WTE health care assistants (HCA) joined Leicester's Hospitals from April 2014 to March 2015.
- International recruitment began at the end of 2013. During April 2014 – March 2015 170 WTE International Registered Nurses (from Portugal and Spain) joined Leicester's Hospitals.
- The plan for 2015 is to recruit a further 240 international nurses from Europe.
- There is still a gap and we currently have 310 WTE nursing vacancies (January 2015) within Leicester's Hospitals due to increased funding in 2014.

Corporate Nurse Education

The corporate nurse education team is now a formal educational partner with De Montfort University following a validation event in December 2014. We now have a nursing academy to provide flexible degree level education to our nurses and plan to increase the number of degree modules available to nurses and midwives throughout 2015. Nurse educators have reviewed their job plans to increase the amount of clinical time with newly qualified nurses, midwives and newly appointed HCAs providing additional support for mentors, particularly in Emergency and Specialist Medicine.

Maintaining Safety

We ensure safety is maintained by monitoring our nurse staffing in real time, via our real time staffing shared drive, alongside reporting our nurse staffing numbers monthly to NHS England. The report details planned and actual hours on a daily basis per ward area. This is available to view via: Safer Staffing www.leicestershospitals.nhs.uk/patients/patient-welfare/safer-staffing

Nurse to bed ratio

Ward nurse to bed ratios are calculated and monitored on a daily basis and reported on a monthly basis, to the Nursing Executive Team, Trust Board and Executive Quality Board. Safety is maintained by ensuring staff are moved across wards and areas within their CMG, with matrons and education nurses working clinically at times of pressure.

2 Investment in Nurse Staffing and Recruitment

Acuity (measurement of the care required)

In October 2014 there was a four-week monitoring period of patient acuity and dependency in comparison with staffing levels across all inpatient wards using the Association of United Kingdom University Hospitals collection tool (AUKUH). This involved patient acuity being reviewed and inputted onto an electronic handover system (Nervcentre) for each patient on a twice daily basis by nursing staff. Electronic handover has replaced our traditional 'bleep' paper based system of communication ensuring the right healthcare professional is guided to the right place at the right time. The acuity was further validated on a daily basis by matrons across each CMG, with regular spot checks undertaken by the head and deputy head of nursing. A proposal for further areas of investment into nursing posts was presented to our Trust Board in February 2015 and was accepted.

Health Education East Midlands (HEEM)

Health Education East Midlands (working as part of Health Education England) has the responsibility to oversee and improve the quality of education and training of our learners (medical students, student nurses, physiotherapists and occupational therapists) so they meet the needs of service providers, patients and public. In order to carry out this responsibility HEEM has undertaken their first round of quality management visits and visited Leicester's Hospitals in October 2014.

The visiting team heard directly from learners (including trainee doctors, student nurses and allied healthcare professionals) and those who deliver their education and training at the Royal Infirmary, Glenfield and the General. The feedback highlighted that the support and education delivered to our non-medical students and staff new to Leicester's Hospitals was exemplary and cited the quality of our educators and mentors as being key to our success.

2 Listening into Action

Listening into Action (LiA) was launched in March 2013. LiA introduced a new and ambitious way of working, mobilising, engaging and empowering staff to transform our hospitals and to deliver 'Caring at its Best'. The foundations of LiA allow us to create a culture for frontline staff to lead and develop services, whilst ensuring services are patient-centred, safe and efficient.

The aim with the year 2 plan was to reach all parts of Leicester's Hospitals and impact in all service areas to enable front line staff to make fundamental improvements to the way they work and deliver services. Patients continue to play a central role in many of the service improvement work projects. Each team is encouraged to liaise and work with patients before implementing any changes to ensure that they take in to account our patients' opinions and suggestions.

LiA Year Two Sustaining Spread

5 Work Streams for 2014/15

Classic LiA

- Pioneering Team
- Quick Wins – addressing the things that **Matter to Staff**

Classic LiA – 2014/15 saw the launch of waves three and four, meaning that there are now 48 teams across the organisation that have adopted LiA to involve staff in making changes to benefit them as well as our patients.

Some of the successful outcomes from these teams include:

- Obstetric haematology created specialist nurse run clinics to support the department and patient groups
- Creation of a 'radial lounge' at GGH means that patients with day case cardiology procedures do not require bedding, they can have their procedure fully clothed and walk to the catheter suite.
- Protected meal appeal has meant that the wards are closed to visitors and staff not directly involved in patient care and their food intake.
- LRI pharmacy refurbishment, new chairs in the waiting area, new flooring in the privacy room reception area and Digilocks for ward lock boxes.
- Cystic fibrosis link nurses on wards 10, 11, and 28. The team have also purchased 4 Nippy Clearways (Physio Equipment) for the management and treatment of CF patients at home.
- Development and introduction of a chemotherapy pathway to include nurse led assessments meaning less waiting times for medical input.

2 Listening into Action

Thematic LiA

- Requested and hosted by an executive director or the chief executive
- 2013/14 examples included, meals and cleaning & junior doctors

Management of Change LiA

- Held as a precursor to change projects associated with service transformation and for human resources management of change (MoC) initiatives

Enabling LiA

- Supporting strategic priorities, such as the Alliance, where employee engagement and action is required

Nursing into Action

- Supporting all nurse and midwife led wards or departments hosted listening events – focusing on improving care and experience for patients and carers.

2 Listening into Action

Nursing into Action (NiA) is about:

- Engaging all the right people to deliver better outcomes for our patients, our staff and our hospitals.
- Aligning ideas, effort and expertise behind the patient experience, safety and quality of care.
- Radically improving how engaged and how valued people feel.
- Building the confidence of managers and leaders to lead through engagement.
- Giving teams permission to get on and make positive changes happen together.

In July 2014 the first set of band 7 nurses and midwives began their NiA journeys. Spearheaded by our chief nurse and deputy chief nurse, the listening events focused on patient care, safety and experience and ways that the teams can make improvements. All nurse led wards and departments are signed up to a scheduled roll out programme, with a new set of up to 14 teams being launched every other month. Year 2014/15 has seen the launch of 64 teams.

2 Listening into Action

Achievements from the first set of teams have had a significant impact on quality, safety and both patient and staff experience. For example:

- Patient safety rounds on Clinical Decisions Unit (CDU) at Glenfield to ensure that patients have had essential care needs met.
- An improved triage process on CDU with the introduction of a triage coordinator, improved documentation and training for staff.
- A patient label machine on the Emergency Decisions Unit (EDU) at the Royal Infirmary has allowed for more efficient working and improved safety.
- Patient experience has been greatly improved with new telephones and phone chargers allowing them to contact family and friends.
- Ward 22 at the General focussed on discharge planning and as a consequence of the team's actions from NiA length of stay has improved from 11 days in April 2014 to 7 days in December 2014.
- Ward 22's patient experience polling results have also improved from 35% in April 2014 to 92.7% in September 2014.
- Daycase surgery at the General has introduced individual patient bedside boxes that contain essential equipment including blood pressure cuffs, thermometer covers, hand wipes and tape. The boxes and equipment are wiped clean after every patient is discharged which has greatly improved infection prevention.
- The Children's Assessment Unit (CAU, ward 9) at the Royal Infirmary has increased quality and safety by improving and introducing patient and parent information with leaflets and posters.
- Royal Infirmary outpatients department has developed link teams for each speciality that uses the department. They have all produced information folders that contain information relating to the speciality. This has improved care for patients and also improved team working and development of staff.
- Glenfield outpatients department has improved patient dignity by introducing privacy screens in bays. The department has also implemented a training rota with members of staff providing training sessions to improve patient care, experience and safety.
- Outpatients department at the General has drastically improved quality by obtaining equipment for the department, such as new wheelchairs, with money from Leicester Hospitals Charity.

Feedback from the first set of NiA teams has been extremely positive:

"There is no end to the process; this is now a part of how we manage quality and flow."

"It has completely changed our department, our staff work more as a team."

2 NHS Outcomes Framework Indicators

The NHS Outcomes Framework for 2014/15 sets out high level national outcomes in which the NHS should be aiming to improve. The Framework provides indicators that have been chosen to measure these outcomes.

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

NHS Outcomes Framework Domain	Indicator	2013/14	2014/15	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding (Dr. Fosters)	105.1 (Apr 13 - Mar14) Band 2 - within expected	102.7 (Oct 13-Sep 14) Band 2 - within expected	100 (Oct 13-Sep 14)	119.8 (Oct 13-Sep 14)	59.7 (Oct 13-Sep 14)
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator)	18.6% (Apr 13-Mar 14)	21.40% (Oct13-Sep 14)	25.3% (Oct 13-Sep 14)	49.4% (Oct 13-Sep 14)	0% (Oct 13-Sep 14)
Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery	0.061 (Apr 13-Mar 14) EQ5D Index Adjusted Average Health Gain	Data Not Available	Data Not Available	Data Not Available	Data Not Available
	Patient reported outcome scores for hip replacement surgery. (Hip replacement Primary).	0.436 (Apr 13-Mar 14) EQ5D Index Adjusted Average Health Gain	Data Not Available	Data Not Available	Data Not Available	Data Not Available
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary).	0.317 (Apr 13-Mar 14) EQ5D Index Adjusted Average Health Gain	Data Not Available	Data Not Available	Data Not Available	Data Not Available
	Patient reported outcome scores for varicose vein surgery.	0.120 (Apr 13-Mar 14) EQ5D Index Adjusted Average Health Gain	Data Not Available	Data Not Available	Data Not Available	Data Not Available
	% of patients <16 years old readmitted to hospital within 30 days of discharge	7.7% (Apr 13-Mar 14) Source: Comparative Health Knowledge System (CHKS)	7.9% (Apr 14-Dec 14) Source: CHKS	8.6% (Apr 14-Dec 14) Source: CHKS	15.2% (Apr 14-Dec 14) Source: CHKS	0.5% (Apr 14-Dec 14) Source: CHKS
	% of patients 16+ years old readmitted to hospital within 30 days of discharge	8.3% (Apr 13-Mar 14) Source: CHKS	8.4% (Apr 14-Dec 14) Source: CHKS	6.4% (Apr 14-Dec 14) Source: CHKS	9.9% (Apr 14-Dec 14) Source: CHKS	2.8% (Apr 14-Dec 14) Source: CHKS
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs (Patient experience of hospital care)	74.1% (Apr 13-Mar 14)	National Results due May 15	National Results due May 15	National Results due May 15	National Results due May 15
	% of staff who would recommend the provider to friends or family needing care	N/A	71.4% (Leicester's Hospital Q4 results)	National Results not yet available	National Results not yet available	National Results not yet available
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism	95% (Apr 13-Mar 14)	95% Q3 (Oct 14-Dec 14)	96% Q3 (Oct 14-Dec 14)	100% Q3 (Oct 14-Dec 14)	81% Q3 (Oct 14-Dec 14)
	Rate of C. difficile per 100,000 bed days.	12.7 (Apr 13-Mar 14) 66 Cases	14.1 (Apr 14-Mar 15) 73 Cases	National Data not published	National Data not published	National Data not published
	Rate of patient safety incidents per 1000 bed days	44.9% (Oct 13-Mar 14)	46.9% (11,844) (Apr 14-Sep 14)	35.9% (Apr 14-Sep 14)	0.24% (Apr 14-Sep 14)	74.96% (Apr 14-Sep 14)
	% of patient safety incidents reported that resulted in severe harm or death	0.5% (Oct 13-Mar 14)	0.3% (31) (Apr 14-Sep 14)	0.5% (Apr 14-Sep 14)	0% (Apr 14-Sep 14)	82.9% (Apr 14-Sep 14)

Data sourced, where possible, from HSCIC. Where data is not available through HSCIC local information has been sourced.
Data as on HSCIC as of 26/05/2015.

2 NHS Outcomes Framework Indicators

Domain: Preventing people from dying prematurely

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

Each hospital is placed into a band based upon their SHMI; Leicester's Hospitals SHMI is 102.7 for the period October 2013 to September 2014 and is in band 2 as we expected.

The University Hospitals of Leicester considers that this data is as described for the following reasons; we identified that patients with a respiratory diagnosis (specifically pneumonia) have the greatest impact on the '>100 SHMI'.

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services. Several of the Quality Commitment work streams are as a direct response to our aim to improve our SHMI. In 2013/14 the priority was to increase the proportion of patients with respiratory problems being directly admitted to our respiratory service. This has continued in 2014/15 with also work taken to improve compliance with the pneumonia care bundle.

Other areas of work included implementation of the Sepsis 6 care bundle, Acute Kidney Injury (AKI) alerting system both of which have implications for patients across all specialities.

We have also been focusing on ensuring patients are cared for in the right setting (acuity/and the consultant assessment for emergency admission).

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

Patient reported outcome scores

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

The University Hospitals of Leicester considers that this data is as described for the following reasons; hip or knee and varicose vein surgery PROMS outcomes are in line with or better than the national average. Groin hernia surgery PROMs are below the national average. No clinical issues have been identified and it is thought that the reason patients have reported a poorer outcome is due to their postoperative recovery taking longer than expected. Groin hernia operations are done to prevent future complications rather than to improve the current quality of life – unlike hip and knee replacements.

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services. The patient information leaflet for patients undergoing groin surgery hernia has been reviewed and revised in order to give a clearer understanding about the reason for having a hernia repair and also the length of time to recover plus problems that may be experienced (e.g. constipation, pain).

2 NHS Outcomes Framework Indicators

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

The percentage of patients readmitted to hospital within 30 days of discharge

The data describing the percentage of patients readmitted to hospital within 30 days of discharge are split into two categories; percentage of patients <16 years old and percentage of patients 16+ years old (details and figures describing previous years can be found on page 22). This data is collected so that the Leicester's Hospitals can understand how many patients that are discharged from hospital return within one month. This can highlight areas where discharge planning needs to be improved and also where the Leicester's Hospitals need to work more closely with community providers to ensure patients do not need to return to hospital.

The University Hospitals of Leicester considers that this data is as described for the following reasons; readmission rates are reported on a regular basis and are presented at the Trust Board.

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services, by implementing a number of pathways to reduce readmissions. For example reduction of readmissions through reviewing patients out of hospital pathways. Also in emergency and specialist medicine, where the majority of patients are readmitted to, a new process has been set up where patients are reviewed at conference calls between secondary and primary care providers. This concentrates on why patients are being readmitted and seeks to understand where care plans have failed and can be strengthened.

Domain: Ensuring that people have a positive experience of care

Responsiveness to inpatients' personal needs: This indicator provides a measure of quality, based on the Care Quality Commission national inpatient survey. The composite score is based on five questions:

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

The University Hospitals of Leicester considers that this data is as described for the following reasons; we have focused upon responding to each ward's high level metric of the Friends and Family Test score and the comments from patients relating to their experience of care. This is a high level metric, used to measure improvements in experience of care. Historically the Friends and Family Test has been reported as a net promoter score, but since November 2014 the results have been nationally displayed as a percentage of recommend and not recommend.

The University Hospitals of Leicester intends to take the following actions to improve this and so the quality of its services, with a focus on the elements of care that matter most to patients within each of the specific specialty areas.

Percentage of staff who would recommend the provider to friends or family needing care: The NHS Staff Survey is conducted on behalf of the Care Quality Commission (CQC) and is recognised as an important way of ensuring that the views of staff working within the NHS inform local improvements. Analysis of the survey results is undertaken through a self-completed questionnaire by a random sample of staff selected from

2 NHS Outcomes Framework Indicators

across the whole Trust. All staff received the survey this year via post and 3,744 completed responses were returned, giving a response rate of 33% (2014). The data has been sent provided by the Quality Health to the Staff Survey Coordination Centre, based on readable responses from staff.

The University Hospitals of Leicester considers that this data is as described for the following reasons; our performance is based on the 2014 staff survey results. This information is presented to the Trust Board.

The University Hospitals of Leicester intends to take the following actions to improve this percentage and so the quality of its services, by holding focus groups within our CMGs regarding the result to demonstrate the importance of staff views in shaping actions to improve engagement in the Trust. These focus groups will focus on four identified priority areas:

- Team working
- Improvement to the quality of appraisal and identification of appropriate learning
- A focus on commitment to the quality of care
- A focus on staff feeling valued

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

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

The University Hospitals of Leicester considers that this data is as described for the following reasons. Data is presented quarterly to the Clinical Quality Review Group and matrons and lead nurses undertake a monthly review of VTE assessment rates and VTE occurrence as part of the Safety Thermometer and closely associated Venous Thromboembolism Risk Assessment process. The University Hospitals of Leicester has taken the following actions to improve this: we have increased VTE assessments to a sustained 95% of eligible patients; provide pharmacological and/or mechanical thromboprophylaxis to all eligible patients; and carry out a root cause analysis for all inpatients who experience a potentially hospital acquired VTE. During the period 2014/15 an average of 95.79% (April 2014 – March 2015) of eligible patients were risk assessed for VTE.

Rate of clostridium difficile (CDI)

Rate of clostridium difficile (CDI) is a bacterial infection commonly affecting people who are staying in hospital. For the year 2014/15 we have recorded 73 cases of CDI against a trajectory of 81 (April 2014 – March 2015).

The University Hospitals of Leicester considers that this data is as described for the following reasons; In line with the 'updated guidance in the diagnosis and reporting of Clostridium difficile' from the NHS commissioning board the cases have been the subject of a 'Post Infection Review' (PIR) and since October 2014 these have been sent to an external Commissioning Group that has been established to review all cases. A thematic review of CDI cases was undertaken with the results presented to the February 2015 Executive Quality Board (EQB) and Clinical Quality Review Group (CQRG) meetings.

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

2 NHS Outcomes Framework Indicators

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

Patient Safety Incidents (PSI)

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

The University Hospitals of Leicester considers that this data is as described for the following reasons; staff are encouraged and supported with the reporting of incidents in the organisation. The number of patient safety incidents reported within Leicester's Hospitals this year (April 2014 – February 2015) remains similar compared with the same period of the previous year, with the total number of incidents reported being 21,217. The percentage of incidents reported as resulting in severe harm or death remains less than one per cent (0.3%) of patient safety incidents reported. The top three reported incidents are inpatient falls, pressure ulcers and incidents relating to appointments and discharges.

The University Hospitals of Leicester has taken the following action to improve this, and so the quality of its services, by encouraging a culture of open reporting to improve this score, with quarterly patient safety data reports being produced to support continued learning.

University Hospitals of Leicester

Performance Against 2014/15 National Targets

	Performance Indicator	Target	2014/15	2013/14	2012/13
Access to A&E	A&E - Total Time in A&E (4hr wait)	95%	89.1%	88.4%	91.9%
Infection Control	MRSA (All)	0	6	3	2
	Clostridium Difficile	81	73	66	94
Access - 18 week wait	RTT waiting times – admitted	90%	84.4%	76.7%	91.3%
	RTT waiting times – non-admitted	95%	95.5%	93.9%	97.0%
	RTT - incomplete 92% in 18 weeks	92%	96.7%	92.1%	92.6%
	Diagnostic Test Waiting Times	<1%	0.9%	1.9%	0.5%
Access - Cancer	2 week wait from referral to date first seen - all cancers	93%	92.2%	94.8%	93.4%
	2 week wait from referral to date first seen, for symptomatic breast patients	93%	94.1%	94.0%	94.5%
All cancers (April 14 to Feb 15)	31-day wait from diagnosis to first treatment	96%	94.6%	98.1%	97.4%
	31-day for second or subsequent treatment - anti cancer drug treatments	98%	99.4%	100.0%	100%
	31-day wait for second or subsequent treatment - surgery	94%	89.0%	96.0%	95.8%
	31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	96.1%	98.2%	98.5%
	62-day wait for first treatment from urgent GP referral	85%	81.4%	86.7%	83.5%
	62-day wait for first treatment from consultant screening service referral	90%	84.5%	95.6%	94.5%

Red=Target Failed Green=Target Achieved

2 Performance Against National Standards

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

In 2014/15 Leicester's Hospitals continued with the target to treat and discharge a minimum of 95% of patients in our ED within four hours. The plan to deliver this was centred on changing the way we behaved internally as well as collaborative working with our external partners. Our 4 hour performance for 2013/2014 was 88.4% and year 2014/15 (March 2015 data) was 89.1%. It is recognised that the ED in Leicester's Hospitals is too small for the number of attendances and as part of addressing this, we have started work on building our new Emergency Floor.

In addition to this, two modular wards were opened at the Royal Infirmary to increase medical emergency capacity by 56 beds. Leicester's Hospitals stopped using Ward 2 at the General, which meant bringing together the emergency medical wards on to the same site as the Emergency Department. We were able to close Ward 2 by improved performance leading to faster discharge following increased support from our community partners.

Senior managers and clinicians across the healthcare community continue to meet on a regular basis to ensure that the overarching emergency pathway plan is progressing. Performance against the four hour target is reported to the Board on a monthly basis but senior staff from Leicester's Hospitals and health community receive and discuss performance on a daily basis. At Leicester's Hospitals an enhanced management process ensures that there is senior involvement from all clinical areas for seven days a week to ensure a better understanding and management of the emergency pathway.

Additional resources allocated to the emergency pathway this year include more nurses, more medical staff including a medical consultant for any outliers and patients who are waiting for a bed in medicine as well as extra ambulances to help transport patients who need to get home.

Performance indicator: MRSA

For the year 2014/15 (March 2015 data) we have seen 6 patients with an MRSA bacteraemia against a national target of zero. Post Infection Reviews (PIR) are carried out by the CMGs with support from the Infection Prevention Team in accordance with the NHS Commissioning Board 'Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infection from April 2013'.

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

Performance indicator: CDI

For the year 2014/15 (March 2015 data) we have recorded 73 cases of CDI against a trajectory of 81. In 2013/14 there were 66 cases recorded.

2 Performance Against National Standards

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

In 2014/15 we set out to recover the delivery of all three 'Referral to Treatment' (18 week) standards. The national standards that all hospital Trusts have to achieve are:

1. 90% of admitted patients should be treated within 18 weeks. Admitted patient pathways are those that end in admission to hospital for either day case or inpatient treatment.
2. 95% of non-admitted patients should start their treatment within 18 weeks of referral. Non admitted patient pathways are those that result in treatments that do not require an admission to hospital, often treatment is in an outpatient setting.
3. 92% of patients still waiting for treatment should be waiting less than 18 weeks. This is referred to as the 'incomplete RTT standard'.

The plans agreed with the local Clinical Commissioning Group (CCG) last year have involved the Leicester Hospitals treating considerably more patients over this past year than previously. We have achieved a significant reduction in the number of patients waiting over 18 weeks and as a result have met two out of the three standards (non-admitted 95% and incompletes 92%, data covering period up to March 2015). There has also been a reduction in the number of patients waiting over 18 weeks for treatment as an inpatient or day case admitted. We are not yet compliant with this standard but have a clear plan agreed with commissioners to ensure this is achieved from May 2015 onwards.

We have joined work streams with the Clinical Commissioning Groups (CCGs) to ensure we have correct processes, correct clinical criteria used for referral and patients understand the urgency of appointments.

Performance indicator: cancer targets

In 2014/15 we anticipated that we would achieve all 8 cancer standards. This followed on from 2013/14 during which our performance was amongst the best in the country. We have seen a significant increase in the number of patients being referred with suspected cancer in 2014/15. This has caused a major challenge to delivering the 8 cancer standards. In some tumour sites this has been in the region of a 20% year on year increase. We have appointed a cancer lead clinician who is a senior consultant with responsibility for cancer care. In the last few months we have also invested in more staff to track patients on cancer pathways so we can be make sure no patient waits longer than they have to. In parallel we are developing a new way of supporting clinical teams to work together by strengthening the focus on individual patients and escalating delays much earlier to senior staff. A key part of our plan to improve is making sure patients are getting the right information from their GP and that they are well prepared for their cancer treatment. We are working closely with GPs in the coming months to support them in better supporting patients with cancer. Patient experience is at the heart of our desire to provide timely care so we are also expanding the cancer user group to capture more of the patients stories and put them at the centre of our improvement plan. We are very concerned that our cancer patients are seen and treated as quickly as possible so all cancer standards are being given the highest priority to make sure we are back on track as quickly as possible.

2 Compliance with NHS England National Patient Safety Alerts

In January 2014 the NHS England Patient Safety Domain launched the National Patient Safety Alerting System (NPSAS), an improved three-level system for highlighting patient safety risks in NHS organisations, and implementing actions to reduce risk.

The major tool in identifying these risks is the National Reporting and Learning system (NRLS) and, previously, risks identified by the NRLS were disseminated by the issue of Patient Safety Alerts and Rapid Response Reports. The launch of the NPSAS was part of the government's response to the Francis report.

NHS trusts who fail to declare compliance with alerts within their due date are included in monthly data produced by NHS England and published on the NHS England website. Compliance rates are also monitored by the NHS Trust Development Authority (NTDA) and locally by Clinical Commissioning Groups (CCGs). Failures to comply result in a red RAG rating on the NHS Choices website and the overdue alerts remain open. The publication of this data is designed to provide patients and their carers greater confidence that the NHS is able to react quickly to identified risks.

From April 2014 the way in which these alerts are managed within Leicester's Hospitals has changed to ensure a robust accountability structure, with heads of nursing taking an active role in the local management of alerts and our Executive Quality Board (EQB) and Quality Assurance Committee (QAC) providing oversight of this process. An alert that fails to complete within the specified deadline will be reported to the EQB and QAC with an explanation as to why the deadline was missed and a revised timescale for completion.

The risk and assurance manager for Leicester's Hospitals ensures the recommended actions from these alerts are locally monitored, working closely with clinicians and managers to ensure these actions are implemented within prescribed timescales wherever possible. During 2014/15 three alerts (data covering period up to 31st March 2015) breached their due dates however these have since closed and Leicester`s Hospitals does not currently have any NPSAS alerts with a breached deadline for completion.

2 Compliance with NHS England National Patient Safety Alerts

Table 1 below lists the alerts received during 2014/15

Title	Due Date	Closed Date	Status
Minimising risks of omitted and delayed medicines for patients receiving homecare services	9/5/14	8/7/14	Closed
Residual anaesthetic drugs in cannula and intravenous lines	13/5/14	4/7/14	Closed
Risk of using vacuum and suction drains when not clinically indicated	4/7/14	19/8/14	Closed
Standardising the early identification of acute kidney injury	9/3/15	3/3/15	Closed
Legionella and heated birthing pools filled in advance of labour in home settings	30/6/14	19/6/14	Closed
Risk of harm relating to interpretation and action on Protein Creatinine Ratio (PCR) results in pregnant women	31/7/14	30/7/14	Closed
Risk of inadvertently cutting in-line (or closed)	14/8/14	14/8/145	Closed
Risks arising from breakdown and failure to act on communication during handover at the time of discharge from secondary care	13/10/14	13/10/14	Closed
Resources to support the prompt recognition of sepsis and the rapid initiation of treatment	31/10/14	24/10/14	Closed
Risk of distress and death from inappropriate doses of naloxone in patients on long-term opioid/opiate treatment	22/12/14	21/11/14	Closed
Risk of death and serious harm from delays in recognising and treating ingestion of button batteries	19/1/15	19/1/15	Closed
Risk of death and serious harm from accidental ingestion of potassium permanganate preparations	22/1/15	22/1/15	Closed
Harm from using Low Molecular Weight Heparins when contraindicated	2/3/15	3/3/15	Closed
Risk of death from asphyxiation b y accidental ingestion of fluid/food thickening powder	19/3/15	19/3/15	Closed
Risk of severe harm and death from unintentional interruption of non-invasive ventilation	27/3/15	26/3/15	Closed

2 Never Events 2014/2015

We have a strong reporting culture for patient safety incidents ensuring lessons are learnt wherever possible. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

During the period 2014/15 three incidents were reported which met the definition of a Never Event. In all cases a thorough root cause analysis was undertaken with robust action plans developed to prevent similar occurrences.

The following table shows a description of the Never Events together with the primary root cause and key recommendations to prevent reoccurrence. None of these incidents resulted in long term harm to the patient and the patients were all involved / informed in the subsequent investigations.

Never Event 2014/2015	Description	Key Findings Following Recurrence	Key Actions to Prevent Recurrence
Retained foreign object post-operation October 2014.	Red swab tie retained in patient following surgical procedure.	Lack of formal processes in the department for counting red tags at the same time as the swab count.	Training of staff and stuck implementation of "The management of surgical swabs, instruments, needles and accountable items policy" within the department.
Wrong implant / prosthesis December 2014	Wrong size femoral head prosthesis implanted during hip revision surgery.	Assumption made by the clinician that prosthesis size was the usual used, which it was not.	All components sizes required must be recorded before surgery commences and checked at the time of surgery.
Wrong site surgery January 2014	Wrong toe operated on. The toe would have required surgery at a later date but was not the toe intended for surgery that day.	The marking of the toe could have been clearer. The individual, who obtained consent prior to the patient going into theatre, did not then take part in the checking processes in the operation theatre, prior to surgery commencing.	Marking of the digit to be extended with immediate effect. World Health Organisations (WHO) check list reinforced. Individual taking consent must be in theatre and take part in World Health Organisations (WHO) check list briefing.

2 How We Keep Everyone Informed and Act Upon Feedback

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

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

Information for the public and patients

We produce a bi-monthly magazine called 'Together' for both staff and the public in which we profile good news, innovations, schemes and initiatives.

Our 'Leicester's Marvellous Medicine' talks offer an insight into medical specialities at Leicester's Hospitals and an opportunity to experience what is at the forefront of medicine in Leicester, Leicestershire and Rutland.

The talks are hosted by some of our leading consultants from a variety of departments and services, who offer a unique insight into their area of expertise. To publicise the talks to a wider audience, information is now available online and shared through our social media accounts.

The communications team manages several social media accounts such as Twitter, Facebook and Pinterest, which are used to quickly and effectively share information and advice.

Along with input from our patient advisors and graphics team, the communications team also monitors and produces all patient information leaflets and posters to ensure the information we provide is accurate and accessible.

Our public website provides patients and visitors with information about our hospitals and services and we regularly issue press releases along with `news alerts` for those who have signed up to receive notifications.

Introducing 'Hello my name is…'

Leicester's Hospitals is proud to have joined a massive movement in February 2015 launched by a terminally ill doctor from the north of England. We are one of more than 80 NHS organisations to have pledged our support for this public campaign.

The 'Hello my name is…' campaign was created by Dr Kate Granger, who at 29 was diagnosed with terminal cancer. Kate is a young hospital consultant from Yorkshire who works in elderly care. Last summer whilst having treatment, Kate became frustrated with the number of staff who failed to introduce themselves to her. Her campaign, which started on social media platform Twitter, has inspired many staff from across the NHS to lend their support to the campaign.

The campaign is simple – it is about reminding staff to go back to basics and introduce themselves to patients and their relatives properly. Kate talks about this as "the first rung on the ladder to providing compassionate care" and sees it as the start of making a vital human connection, helping patients to relax, and building trust. Feedback from patients across the country has shown how vital this is to them, saying that the smallest things make the biggest difference.

2 How We Keep Everyone Informed and Act Upon Feedback

Information for staff and feedback from staff

There are a number of methods utilised to engage with staff:

- Our staff intranet, INsite hosts a wealth of information, guidance, policies and news specifically for our staff. We also regularly communicate information for all staff email.
- Our chief executive hosts monthly staff briefings for the senior leadership team. This information is then cascaded to members of frontline staff thorough CMG team meetings and newsletters as well as in the monthly all staff email called the 'Chief Executive's Briefing'.
- Monthly informal meetings called 'Breakfast with the Boss' are held enabling staff to speak on a one-to-one level with our chief executive and another member of the senior team.
- 'Everybody Counts' is an internal campaign for staff which was launched in August 2014. It aims to encourage sharing of ideas and to improve communication between different areas of the Trust – from ward to senior leadership, across departments, between peers, between staff and patients.
- Video and web technologies, as well as printed materials have been used for this 'social movement' approach to get like-minded individuals moving in the same direction – towards genuinely providing Caring at its Best.
- One of the successes of the Everybody Counts campaign has been the shared videos hosted on video site Vimeo, and its popularity is growing in-line with social media awareness. Over 60 videos have been produced in five months of staff, patients and volunteers offering to talk about their activities, their trials, and sharing good news. These have been viewed in full by over 11,000 people – and clicked on by almost 50,000 people – not just in Leicester's Hospitals but around the world.

Engaging with junior doctors

Gripe reporting tool - A group of doctors and professionals working at the Department of Medical Education in Leicester thought there was a need for junior doctors to report gripes: events not serious enough to be called an 'incident' reported on DATIX, but something that, if addressed, would make things better for patients. Information is gathered on the most common complaints from junior doctors and actions taken on common recurring themes.

Information for GPs

We produce a monthly GP newsletter to keep primary care up to speed on recent developments within Leicester's Hospitals. We have a wide distribution to practices across Leicester, Leicestershire and Rutland as well as the three CCGs we primarily serve and other interested parties.

We survey GPs for their feedback on our services and learn where we can improve. Our Consultants attend primary care events / meetings to share learning and to work together to improve patient pathways and we also host a variety of educational events aimed at GPs and Practice Nurses.

2 Patient and Public Perspective

Public Membership

Over Leicester, Leicestershire and Rutland more than 15,000 people have now signed up as public members of our Trust. Recent analysis shows a very close demographic match to our local population and over the last couple of years we have been attracting an increasing number of younger members. We engage with our members in a variety of ways.

Our bi-monthly 'Together' magazine promotes opportunities for our members to get more involved in the work we do with initiatives from teams such as volunteering and fundraising. We send out opinion surveys giving everyone the opportunity to comment on our services as well as invitations to join specific engagement groups. We also run a quarterly "Members' Engagement Forum" meeting where our members can meet with our chairman, chief executive and directors to discuss issues affecting Leicester's Hospitals, reflect on our services and comment on our strategic direction.

We also run a monthly public "Leicester's Marvellous Medicine" talk which provides a great opportunity for senior clinicians to explain how their services are developing and for participants to ask questions and reflect their own experiences.

Patient Advisers

The patient and public voice is also represented through our patient advisor group. We currently have 12 active patient advisors, each of which is attached to a particular clinical management group (CMG). Patient advisors work with senior staff in each of these areas and provide a lay perspective on many of our boards and committees.

In March 2015 the Leicester`s Hospitals Board agreed a new stakeholder engagement and patient and public involvement strategy, which sets out the Trust plans to achieve quality stakeholder patient involvement in the future. To support CMGs in their day to day activity the number of patient advisers will be increased from 12 to 20 in the next 12 months and their name changed to patient partners. Initially this model will be trialled in two CMGs with the intention of appointing further patient partners in the ensuing years.

Healthwatch

We continue to develop our relationship with Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland. Healthwatch has a mandate to act as the consumer's voice in matters of health and social care. To ensure we understand the views and concerns of our local population, we have asked a Healthwatch representative to sit on our Trust Board. Our chief executive also meets every three months with Healthwatch representatives to discuss issues that have emerged through their engagement with local communities. Our patient and public involvement manager is also in regular contact with Healthwatch representatives and acts as a point of contact for the Trust.

In January 2015 Healthwatch Leicestershire conducted four informal visits to departments at the Royal Infirmary. Over the course of a week they reviewed patient experience in our Emergency Department (ED), Ears, Nose and Throat (ENT) Clinic, Ophthalmology (eye) Clinic and Discharge Lounge. Over the last year Healthwatch has also undertaken two "Enter & View" visits (one covering the care of older people and another in response to the CQC comments on the young disabled unit). A further Enter & View will focus on ambulance traffic to the ED and patient handover procedures.

2 What Do Our Patients Tell Us?

Leicester's Hospitals welcomes all feedback from patients, carers, family and friends. Positive or negative feedback is actively listened and responded to, to make improvements in care. Patient feedback is provided in a number of ways including:

- Talking directly to staff and the ward sister.
- Message to matron cards.
- Message through a volunteer.
- Patient experience surveys.
- Online through the website 'How did we do' questionnaire.
- Compliments and complaints provided to Patient Information and Liaison Service (PILS).
- NHS Choices / Patient Opinion.
- Friends and Family Test question.

Over the last year we have continued to run "listening events" which aim to give patients and families an opportunity to tell us about their experience of using our services. Our chief nurse devoted time at our Annual Public Meeting to one such event and in March 2015 a further event is planned to focus specifically on the care of older people in hospital.

Friends and Family Test

Every NHS hospital provides patients, family and friends the opportunity to provide feedback by completing the nationally set 'Friends and Family Test' question, asking "How likely are you to recommend our ward to friends and family if they needed similar care or treatment?" This is a high level metric, used to measure improvements in experience of care. Historically the Friends and Family Test has been reported as a net promoter score, but since November 2014 the results have been nationally displayed as a percentage of recommend and not recommend.

The Friends and Family Test score consistently shows an overwhelming majority of patients would recommend our adult inpatient services. A small percentage would not and these are used to focus on areas for improvement.

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
% Recommended	95.7%	96.5%	96.7%	96.5%	96.2%	96.6%	95.6%	95.8%	95.9%	96%	96%	97%
% Not Recommended	0.9%	0.7%	0.6%	0.9%	1%	1%	1.2%	1%	1.2%	1%	1%	1%

2 What Do Our Patients Tell Us?

Learning from complaints

In June 2014 we hosted a 'Complaints Engagement Event' jointly with Healthwatch and POhWER (independent advocacy service). This was well attended by directors, senior clinicians and nurses and, most importantly, patients, relatives and carers who in the past had cause to raise complaints with the Trust. The event was very well evaluated and actions that were agreed and implemented include:

- An identified case lead contact.
- Early contact with complainant to offer appropriate apologies.
- On-going and timely contact with complainant if/when there are delays with responses.
- Actively encourage meetings.
- Establish an independent complaints review panel comprising of patient advisers, Healthwatch and POhWER. The group has met on two occasions during quarter four of 2014/15.

Complaint data is recorded against the clinical management groups (CMGs). The CMGs performance is monitored against providing a response to the complainant within 25 days (target is 95%). The complaints are themed according to the nature of the complaints and the table below provides some examples of action taken as results of complaints.

Complaint / Concern raised	Agreed Action
Concerns raised regarding endoscopy and wards.	• Review processes for transferring patients. • Review processes around patient's nutritional status. • One hourly nightly checks (and two hourly checks during the day) to take place to ensure that patients have their pain assessed and addressed. A new daily ward round system will be implemented (Monday – Friday) which will include an oncology consultant and the ward sister or deputy sister.
Concerns regarding the care on the ward. Failure in the communication between the staff on the ward and the patient regarding their Nil By Mouth (NBM) status.	• Pillows/bedding to be used on trolleys where patients will be on them for a prolonged period. • Feedback re: communication of NBM status, offering of water, acting on normal results, pain management/drug options, potential self-discharge escalation to senior nurse/doctor. • Consultant to speak to the registrars regarding their communication and attitude. • Deputy head of nursing/matron to feedback positive comments to staff.
Concerns regarding relative's care on the ward and regarding on-going delays to planned treatment.	• For any patient with a possible lung cancer diagnoses a ward doctor needs to contact the Multi-Disciplinary Team (MDT) co-ordinator the day before to see if they are being discussed. • In future, there will be a clear direction on the ward round that the junior doctors must chase up any MDT result in the afternoon to ascertain the outcome. • To improve junior doctor' understanding of the Lung MDT process.
Investigation into concerns regarding the patient's pain control, communication between the patient and the nursing teams.	• The medical unit is currently focusing on educating nursing staff on pain management. • Two trained nurses allocated to support and educate the whole team with support of the Trust's specialist pain nurses. This will be an on-going project. • Matron will ensure that concerns are used as an example to improve the way nurses manage pain. • Concerns will be shared directly with the team at the next ward meeting in January. • Improvement in pain management will be published in the unit's monthly newsletter.

2 What Do Our Patients Tell Us?

Complaint / Concern raised	Agreed Action
Concerns about the care, poor communication and lack of clear follow up plan.	• Matron and ward sister are taking steps to improve overall communication. • There is now an appointment system for patient's families to attend for updates on the ward to improve communication channels. • There is improved continuity in terms of registrars meaning that a registrar will be assigned to one ward for a six week period.
Delays in sleep and pain appointments due to admin processes.	• Recruited 1 new whole time equivalent member of staff. • Recruiting a part time member of staff (0.43 whole time equivalent).
Dementia patients requiring support from relatives/carers but no suitable facilities in theatres and anaesthesia.	• New dementia profile introduced which is to be provided and filled at pre-assessment. • Relatives/carers are now accommodated for in the department. • New quiet areas are provided for the patient's stay.
Incorrect Antibiotics provided at discharge from Ward.	• Discharge paperwork is to be checked by 2 members of Nursing staff and the details of the antibiotics the patient is receiving is to be included on the handover sheet.
Clinic letter sent to wrong address resulting in child missing appointment, then admitted as an emergency.	• ENT processes are being reviewed and a pathway being created for the management of children who do not attend appointments (DNA).
Concerns raised about the conflicting advice given to parents during their child's 'end of life' pathway.	• Specific 'end of life pathway' being developed. Review of current parents information leaflets for 'end of life' care and inclusion of specific pathways following certain procedures.

2 What Do Our Patients Tell Us?

Let's talk to our patients

Some improvements as a result of patient feedback have included:

- 'Let's Talk to Patients' campaign on the stroke unit ensures that patients and families know the answer to four key questions:
    1. Are you up to date with your plan of care?
    2. How have you found the care so far?
    3. Are you aware of your estimated discharge date?
    4. Is there anything you want us to know?
- Improved information for our patients by updating the bedside patient information folder with a section on diabetes. We have updated the 'placemat' to include 'my consultant, my nurse' in light of recent guidance. This will be going through a further revision to add 'hello my name is…'.
- Afternoon tea events have been held to understand how patients and families feel about the service. More recently we have undertaken the '15 steps challenge' that reviews all aspects of the stroke unit environment. This has resulted in a reduction of complaints the unit receives and the Friends and Family Test score has improved.
- Work around discharge to implement the safer discharge care bundle, which includes all wards having a consultant led board round in the morning, one stop ward rounds and ward conference calls with community partners to facilitate timely discharges.

Outpatients

Leicester's Hospitals provides outpatients services over three sites seeing approximately 700,000 patients a year. We are committed to continually creating a first class experience of care and working towards improvements based on patient feedback. Patients remain at the heart of every decision during improvements and developments; we began collecting patient feedback in the outpatient areas in October 2014. Electronic devices situated in outpatient clinics and in the main hospital reception areas allow teams to access feedback and respond sooner.

Electronic feedback devices enable the Friends and Family Test to be offered in alternative languages (Gujarati, Punjabi and Polish) and patients with visual impairment can increase the font size to allow easier reading.

2 What Do Our Patients Tell Us?

Celebrating Success

The first Celebrating Success booklet outlined our priorities around improving patient experience; the second highlights changes made in response to patient feedback within our hospitals. Creative ideas are shared to inspire all areas to continue to respond to patient feedback and deliver 'Caring at its Best'. All wards display responses to patient feedback with the use of the patient feedback chart.

Volunteers survey

Every month volunteers in Leicester's Hospitals visit clinical areas and conduct surveys as another method of obtaining patient`s and visitor's opinions to focus efforts towards improvements. This has resulted in:

- Carers perception of their stay in our hospitals has enabled the development of Leicester's Hospitals Carers Charter.
- Patient experience surveys ensured that the survey is fit for use and asking the correct questions.
- Patients knowing who is their consultant and nurse caring for them has led to the introduction of the name boards above inpatients beds.
- Understanding who the doctors are has enabled the development in clearer identification of doctors with coloured lanyards.
- Visiting times have been expanded and opened up for carers.

2 What Do Our Patients Tell Us?

Developments over 2014/15

Operating theatres

Annually we manage over 52,000 operations from all surgical specialities across our three hospital sites, ranging from simple hernia operations to the complex cardiac and robotic surgeries. Each hospital has a well-equipped theatre complex comprising of a reception area, operating theatres and recovery areas. We are always looking to improve the experience for patients and provide environments that are modern and maintain patient dignity and access to care.

In 2014 we were delighted to open the new purpose built 'Theatre Arrivals Area' (TAA) at the Royal Infirmary. We continue to have excellent feedback from our patients about the care and support provided by the dedicated team from patients who have been through this area.

We have refurbished and opened a new theatre reception area which has a more calm and tranquil decor and has individual bed spaces with wrap around privacy curtains. Feedback from patients has been positive. We will continue to develop this area and have plans to eventually create separate access routes for adult patients and children. This will be part of an overarching refurbishment scheme. The overall theatre complex boasts some original Victorian features but now requires a modern facelift to improve patient flow, privacy and dignity.

Post Anaesthetic Care Unit (PACU) – Royal Infirmary

We are proud that we have made considerable improvements this year to the area in which patients are cared for immediately after their operations. PACU at Royal Infirmary was very small and often over crowded with minimal space between each bed. Patients recovering from an anaesthetic and surgery need a peaceful and private environment to rest and this was at times a challenge within the old PACU environment.

2 What Do Our Patients Tell Us?

Feedback from patients highlighted that the area was very noisy and for some they actually found the pace and noise within the unit quite exhausting.

This year has now seen the creation of an expanded modern patient centred recovery/PACU area, which is equipped to deal with the increasingly complex patient group that present to theatres at the Royal Infirmary.

Intensive Care

The Intensive Care Unit (ICU) at the Royal Infirmary cares for critically ill patients and has 100-140 admissions per month. 85% of those patients are emergency admissions. The unit has expanded its bed base from 16 to 22 beds to deliver the increased activity. This year has seen the refurbishment of a 3 bed area (annex) into a 4 bed area for less dependent or longer stay patients. One of the most common themes from patient survey feedback was that noise at night was often the reason for disturbance to their rest. Patients cared for within this area have an improved opportunity to get rest periods and sleep at night. Patients and relatives were also invited to attend a patient focus group evening in October 2014 when it was confirmed our longer stay patients within this area are now being provided with an area that is calmer, quieter and conducive to adjusting to night and day periods.

We have also had a refurbishment of our entrance area, which now incorporates a small waiting area with patient information available for relatives and friends to read, as well as a reception desk also serving as an office for admin and audit teams.

The redesign of the entrance area has addressed the feedback from relatives that there was often a lack of privacy and information in the large waiting room outside of the unit.

3 Our Plans for the Future – Caring at its Best

Delivering Caring at its Best includes a whole range of programmes, from the Quality Commitment to our reconfiguration plans, from our IM&T Strategy to Listening into Action. The Quality Commitment has been updated for 2015/16 and the following priorities have been agreed.We are a member of the East Midlands Academic Health Science Network (EMAHSN) Patient Safety Collaborative.

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

QUALITY COMMITMENT

	Clinical Effectiveness Improve Outcomes	Patient Safety Reduce Harm	Patient Experience Care and Compassion
AIM	To reduce preventable mortality	To reduce the risk of error and adverse incidents	To improve patients' and their carers' experience of care
KPI	UHL's SHMI =/<100 by March 2016	Reduction in Harm Events by 5%	Trust level F&FT score to 97% by March 2016
2015 / 16 PRIORITIES	Improve pathways of care: • Review of all in-hospital deaths • Use of clinical benchmarking tools • Identify actions and work-streams where greatest potential for preventable mortality Improve Consistency of 7 Day Services • In line with Keogh 10 Clinical Standards	Earlier Recognition and Rescue of the Deteriorating Patient • Sepsis • Handover • EWS • Acting on results Consistencies in Core Practices • Medication Safety • Infection Prevention	Further expand end of life care processes • Early identification of patients requiring supportive and palliative care (SPICT) • Strengthen bereavement support Improve the experience of care for older people across the trust • 'Fixing the Basics' • Improve the Environment
	Learning and Development Implementation of Trust M&M Database for shared learning across all areas	Learning and Development Implementation of Safety Briefings in wards and departments	Learning and Development Triangulation and review of feedback from all sources and all key characteristic groups

UNDERPINNING WORK STREAMS

I.T. Enablers - Guidance and Monitoring Adequate Resources - Time in Job Plan and Admin Support

Trained and Motivated Workforce - "Team Around the Patient"

3 Our Plans for the Future – Caring at its Best

EMAHSN has established a local Patient Safety Collaborative whose role is to offer staff, service users, carers and patients the opportunity to work together to tackle specific patient safety problems, improve the safety of systems of care, build patient safety improvement capability and focus on actions that make the biggest difference using evidence based improvement methodologies.

East Midlands Academic Health Science Network
Igniting Innovation

University Hospitals of Leicester NHS Trust is committed to work with the EMPSC and has pledged to contribute to the emergent safety priories below:

- Discharge, transfers and transitions.
- Suicide, delirium and restraint.
- The deteriorating patient.
- The older person: focussing on what 'good safety' looks like in the care home setting.

In addition we pledge to support the core priorities identified below:

- Developing a safety culture/leadership.
- Measurement for improvement.
- Capability building.

4 Statements of Assurance from the Board

Review of services

During 2014/15 Leicester's Hospitals provided and/or sub-contracted in excess of 120 NHS services. These include:

- Inpatient – 65 services.
- Day Case – 62 services.
- Emergency – 73 services.
- Outpatient – 88 services.
- Emergency Department and Eye Casualty.
- Diagnostic Services – including Hearing Services, Imaging, Endoscopy, Sleep Studies and Urodynamics.
- Direct access – including Imaging, Pathology, Physiotherapy and Occupational Therapy.
- Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), Coronary Care Unit (CCU), Paediatric Intensive Care Unit (PICU), Obstetrics HDU, Neonatal Intensive Care Unit (NICU) and Special Care Baby Unit (SCBU).
- Four national screening programmes including Retinal Screening (Diabetes), Breast Screening including age extension (Cancer), Bowel Screening (Cancer) and Abdominal Aortic Aneurism (AAA).

Leicester's Hospitals comprises of three acute hospitals; the Royal Infirmary having 989 beds, the General having 381 beds and Glenfield having 426 beds.

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

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

The income generated by the NHS services reviewed in 2014/15 represents 100% of the total income generated from the provision of NHS services by Leicester's Hospitals for 2014/15.

Examples of how we reviewed our services in 2014/15

Following a review by PWC (our internal auditors) we have reviewed and strengthened the membership our Executive Quality Board (EQB). Chaired by our chief executive and attended by all of the Executive Team, the EQB regularly reviews service level and corporate data including accreditation visits.

The Quality and Performance Report is considered monthly by the Executive Quality Board, Quality Assurance Committee and Trust Board, and can be accessed on the http://www.leicestershospitals.nhs.uk/ Using a dashboard approach, exception reports are provided for areas of poor performance.

The various trust committees also review, monitor and act upon a range of service level information including (but not exclusively):

- Ward performance data.
- Patient safety data (includes serious incidents and lessons learnt).
- Quality schedule and CQUIN indicators.
- Safety thermometer performance.
- Patient experience data (triangulation reports, friends and family test, patient stories).
- Service level dashboards (for example women`s and children's service).
- Quality reports from the Alliance.
- Results from external peer reviews and accreditations.
- Staffing levels including vacancies and recruitment.
- Outcome measures (for example mortality data, consultant level data).
- Participation in statutory and mandatory training.
- Clinical audit data.
- Commissioner quality visits.

4 Statements of Assurance from the Board

Participation in clinical audits and confidential enquiries

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

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

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

During the 2014/15 period Leicester's Hospitals participated in 100% (n=41/41) of national clinical audits and 100% (n=5/5) national confidential enquiries which they were 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 2014/15 period are listed in appendices 1.1 and 1.2, alongside the number of cases submitted to each audit or enquiry (as a percentage of the number of registered cases required by the terms of that audit or enquiry).

The provider has reviewed the reports of 41 national clinical audits and 345 local clinical audits in 2014/15. All completed audits have an audit summary form which includes details of compliance levels with the audit standards and actions required for improvement including the names of the clinical leads responsible for implementing these actions. The summary forms of every audit undertaken are available to all staff on the intranet. This year's winners of our clinical audit competition were the dermatology and neonatal teams. Details of the two winning audits are shown in appendix 1.3.

Participation in clinical research

The number of patients receiving NHS services provided by or subcontracted by Leicester's Hospitals in 2014/15 who were recruited during this period to participate in research approved by a Research Ethics Committee was 14,670. We were involved in conducting 956 clinical research studies; of these, 654 (68%) were adopted and 302 (32%) non-adopted. A total of 192 (20%) were commercially sponsored studies.

Leicester's Hospitals used national systems to manage the studies in proportion to risk.

80% of the approved studies were established and managed under national model agreements.

In 2014/15 the National Institute for Health Research (NIHR) supported 654 (68%) of the total number of research studies through its research networks.

In 2014 there were 354 full papers published in peer reviewed journals.

Goals agreed with commissioners: Use of the CQUIN payment framework

A proportion of Leicester's Hospitals income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between Leicester's Hospitals and the commissioners, through the Commissioning for Quality and Innovation payment framework (CQUIN).

For 2014/15 the baseline value of the CQUIN was £14.5m for acute services (i.e. 2.5% of contract value). This means that when Leicester's Hospitals agreed contracts with commissioners it was agreed that 2.5% of contract value would be received upon achieving certain quality indicators. If these quality indicators were not met or the outturn contract value was lower than the baseline contract, then the monies would be withheld.

For 2014/15 Leicester's Hospitals received sign off by the Clinical Commissioning Group for 98% achieved (payment rate of 2.46%) of CCGs CQUIN

4 Statements of Assurance from the Board

monies and 100% achieved (payment rate of 2.5%) specialised CQUIN monies. The 2% that was not achieved was due to delays in implementing post follow up discharge for pneumonia patients in first quarter. This was as a result of staff capacity and gaps between original pneumonia nurse specialists leaving and new pneumonia nurse specialists starting.

Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at http://www.leicestershospitals.nhs.uk/

Data Quality: NHS number of general practice code validity

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

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

Daily checks include:

- Researching the identity of all new patients and ensuring new registrations are not duplications of patient records that already exist. This includes checks on records with significant changes to information such as patient name, date of birth and address which are essential to assignment and verification of the NHS number for each patient. Patients with no number are typically overseas visitors or patients who were unable to provide reliable information during their hospital visit.
- Validation of General Medical Practice (GP) is undertaken, by comparing local data against national GP databases. Anomalies are amended to support good communication from the Trust and ensure accurate commissioning of activity. From December 2013 we have been running a scheme through LiA to raise awareness of accurate GP data collection for our patients every time they attend.

Management reports are regularly collated to feedback on data quality to frontline services using local and external sources.

A regular programme of audit is undertaken to review at least 300 patient records each month. This covers both outpatient and admitted patient data, comparing information held in the paper case notes to the electronic data collected. Validity checks on data show high compliance of national NHS code sets being accurately applied with local information systems.

4 Statements of Assurance from the Board

Leicester's Hospitals submits records to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data. Data published by the Secondary Uses Service for the period April 2104 to March 2015 shows validity of data as follows:

		Leicester's Hospitals
NHS Number	Admitted patient care	99.8%
	Outpatient care	99.8%
	Accident and Emergency care	98.3%

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

		Trust
General Medical Practice	Admitted patient care	100%
	Outpatient care	100%
	Accident and Emergency care	100%

		Leicester's Hospital
Ethnicity Code	Admitted patient care	100%
	Outpatient care	96.8%
	Accident and Emergency care	89.1%

Ethnicity data coverage in our Emergency Department is 100%. The Urgent Care Centre data included in the total is collected on a separate GP computer system, as it is managed by George Eliot Hospital NHS Trust.

Data quality is now included in the CQC Intelligent Monitoring reports and for Leicester's Hospitals this was scored as 'no evidence of risk' in 2014.

4 Statements of Assurance from the Board

Clinical coding error rate

Leicester's Hospitals were subject to the Payment by Results (PbR) clinical coding audit during November 2014. The audit sample was 200 episodes (139 spells); 100 episodes for Health Resource Group (HRG) sub chapter AA (nervous system procedures and disorders) and 100 episodes from HRG sub chapter WA (immunology, infectious diseases, poisoning, shock, special examinations, screening and other healthcare contacts).

The percentage of incorrect primary diagnosis in the sample of 200 episodes was 1%. Due to the targeted nature of the PbR audits and the small sample of activity audited it is not recommended that these results be extrapolated further than the actual sample audited. However, they do provide information that will help both commissioners and providers decide if the controls over the accuracy of their activity data are adequate, as well as highlighting areas of concern they may wish to investigate further.

Information governance attainment tool kit level 2014/15

We continue to deliver improvements in the level of compliance with the performance standards set in the annual information governance toolkit, meeting targets set by NHS England each year. Improvements have been delivered across all three hospital sites including updating information policy standards, training all staff annually as part of our mandatory programme and introducing new training modules to build skills and capacity to deal with information governance issues.

Our *'Privacy by Design'* strategy continues to support improved performance in this area, leading to improvements in:

- Data loss prevention across services
- Knowledge management practices to improve the way we organise our key knowledge systems and capture best practice
- Employee training, development and mentoring to raise information capacity and literacy.

Our Information Governance Assessment Report overall score for 2014/15 was 90% and was graded green indicating that it was satisfactory.

4 Statements of Assurance from the Board

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

Leicester's Hospitals are required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions.

The CQC has not taken enforcement action against Leicester's Hospitals in 2014/15.

In 2014/15 Leicester's Hospitals participated in a pilot inspection reviewing the experiences and outcomes of people experiencing a mental health crisis within Leicester City Locality. An action plan has been developed with colleagues to address those areas that require improvement.

The Trust was one of the first to be inspected under radical changes introduced by the CQC which have been designed to provide a more detailed picture of care in hospitals. An inspection team made up of doctors, nurses, hospital managers, trained members of the public, CQC inspectors and analysts, visited the Royal Infirmary, the General, Glenfield and St. Mary's Birthing Centre in January 2014.

Overall the report concluded that the Trust was providing services that were safe, effective, responsive, caring and well led, however there were some areas for improvement. An action plan has been implemented to address these areas of improvement.

4 Statements of Assurance from the Board

The CQC awarded the following ratings:

University Hospitals of Leicester

Ratings	
Overall rating for this trust	**Requires improvement**
Are acute services at this trust safe?	**Requires improvement**
Are acute services at this trust effective?	**Good**
Are acute services at this trust caring?	**Good**
Are acute services at this trust responsive?	**Requires improvement**
Are acute services at this trust well-led?	**Good**
Leicester General Hospital Overall Rating	**Requires improvement**
Are acute services at this trust safe?	**Requires improvement**
Are acute services at this trust effective?	**Good**
Are acute services at this trust caring?	**Good**
Are acute services at this trust responsive?	**Requires improvement**
Are acute services at this trust well-led?	**Good**
Leicester Royal Infirmary Overall Rating	**Requires improvement**
Are acute services at this trust safe?	**Requires improvement**
Are acute services at this trust effective?	**Requires improvement**
Are acute services at this trust caring?	**Good**
Are acute services at this trust responsive?	**Requires improvement**
Are acute services at this trust well-led?	**Good**
Glenfield Hospital Overall Rating	**Good**
Are acute services at this trust safe?	**Requires improvement**
Are acute services at this trust effective?	**Good**
Are acute services at this trust caring?	**Good**
Are acute services at this trust responsive?	**Good**
Are acute services at this trust well-led?	**Good**
St. Mary's Birthing Centre Overall Rating	**Good**
Are acute services at this trust safe?	**Good**
Are acute services at this trust effective?	**Good**
Are acute services at this trust caring?	**Good**
Are acute services at this trust responsive?	**Good**
Are acute services at this trust well-led?	**Good**

4 Statements of Assurance from the Board

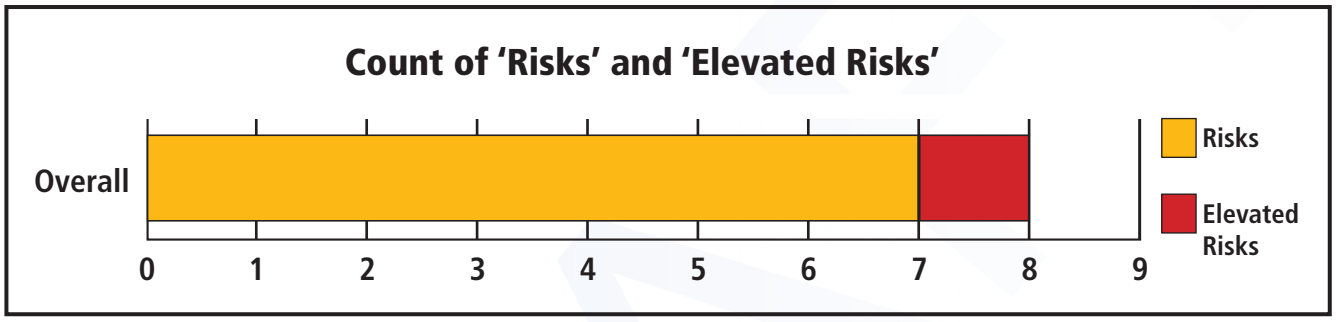
Intelligent Monitoring Report

The CQC review more than 150 different sets of data to produce on a quarterly basis the Intelligent Monitoring Report (IMR).

NHS trusts are given a band from 1 (highest risk) to 6 (lowest risk) unless they have recently been inspected – our category.

Each time the IMR is published it is included in our Quality and Performance Report. A report is taken to the Quality Assurance Committee and Executive Quality Board on actions taken to address any areas or risk.

December 2014 IMR can be found in full at www.cqc.org.uk with a screenshot provided below:



Priority banding for inspection	Recently inspected
Number of 'Risks'	7
Number of 'Elevated Risks'	1
Overall Risk Score	9
Number of Applicable Indicators	94
Percentage Score	4.79%
Maximum Possible Risk Score	188

Elevated risk	Whistelblowing alerts (18 Jul 13 to 29 Sep 14). Care issues have been subject to detailed investigations.
Risk	PROMs EQ-5D score: Groin Hernia Surgery (01 Apr 13 to 31 Mar 14) – see page 23 for actions taken.
Risk	Composite indicator: A&E waiting times more than 4 hours (01 Jul 14 to 30 Sep 14) – see page 28 for actions taken.
Risk	All cancers: 62 day wait for first treatment from NHS cancer screening referral (01 Apr 14 to 30 Jun 14) – see page 29 for actions taken.
Risk	Proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes (01 Apr 14 to 30 Apr 14) – audit undertaken.
Risk	TDA – Escalation score (01 Jun 14 to 30 Jun 14) – Improvement plans for 4 hour target, RTT and financial recovery plan.
Risk	GMC – Enhanced monitoring (01 Mar 09 to 22 Jul 14) – action plan in place.
Risk	Patient opinion – the number of negative comments is high relative to positive comments (28 May 13 to 27 May 14) - action plan to address.

4 Statement of Directors' Responsibilities in Respect of the Quality Account

University Hospitals of Leicester NHS
NHS Trust

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

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

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

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

By order of the Board

04 / 06 / 15 Karamjit Singh, Chairman .....

04 / 06 / 15 John Adler, Chief Executive .....

5 Statements from our Stakeholders

healthwatch

5 May 2015

HW LLR Joint Response
UHL Quality Account 2014 - 2015

This is a joint response on behalf of Healthwatch Leicester City, Healthwatch Leicestershire and Healthwatch Rutland (HW LLR). We consider that the Quality Account for 2014/15 as a whole and the opening Statement from the Chief Executive in particular presents a very balanced picture, explaining exactly what is a Quality Account, and highlighting progress and those areas where progress and performance has fallen short of expectations.

UHL talked highly of their 'Quality Priorities', including, providing effective care, improving patient outcomes, improving safety, reducing harm, being caring and compassionate whilst continuing to improve patient experience. This is being driven through "Caring at its Best" and "Delivering Caring at its Best" initiatives.

While UHL continues to do well in tackling bed sores, falls and infections there is however more The Trust needs to do for example to understand the key drivers of mortality and we note the target to further improve its mortality rates.

In the light of the "Listening into Action" initiatives, it is noted that good progress has been made in empowering staff to take control in making improvements to services that both they and the patients and public want to see. Nurse staffing levels, following the Keogh report for example supported by HW LLR evidence compliments the high priority The Trust places on this issue. There is a clear commitment to increase recruitment acknowledged by recruiting 1164 Registered Nurses and 399 Health Care professionals during 2014. We support UHL commitment to this initiative.

The Better Care Together programme enables the voices of patients and public to be heard over planned changes to the Health and Social Care landscape and this integration and joint working is again welcomed.

The 'friends and family' test demonstrates a high percentage of patients would recommend the adult in patient services ranging varying little in response from 95.6% to 96.7% and whilst this consistency is noted we very much welcome the target to achieve 97% by March 2016.

5 Statements from our Stakeholders

HW LLR supports the commitment of UHL to recognising the importance of the patient voice in shaping services by introducing a new stakeholder and patient and public involvement strategy. UHL further supports this by engaging HW LLR at UHL Board level and supporting our informal visits to LRI to review a range of patient experiences in the Emergency Department, ENT, Ophthalmology and Discharge Lounge.

In addition, as The Trust embarks on an expansion and improvement programme, particularly with the Emergency Floor development, Healthwatch has been invited to be an integral partner in the future planning of services. This provides assurance that the patient voice remains at the heart of UHL commitments.

In terms of performance, Emergency care remains a priority, with performance at 88.8% against the 4-hour wait target; however The Trust is implementing an improvement plan supported by the Sturgess report. HW LLR will continue to monitor this closely via the UHL performance reporting mechanism and the Urgent Care Board.

The Trust did not achieve the threshold for 'referral to treatment' (ie 18 weeks). The Trust has not consistently achieved the cancer waiting time's targets but detailed plans have been implemented to ensure the 31 and 62 day targets are met and are sustainable. HW LLR again will continue to monitor all these issues closely.

Quality performance is reviewed in detail showing targets achieved at or near plan and those behind plan. Out of Hours and discharge processes require more work to improve the patient experience.

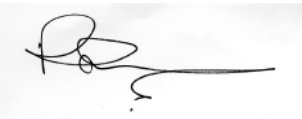
Complaints look high but the learning taken from "What do patients tell us?" is encouraging and Healthwatch LLR has been working with The Trust on the revision of its complaints procedure following the Francis and Clywd Hart reports. Through 2014-15 Healthwatch has worked closely with UHL on the handling of complaints. This began with a joint workshop with the public and clinicians to highlight where good and bad practice existed in UHL complaints handling. Following the report to the UHL board raising a number of recommendations and through to the implementation of the Independent Complaints Panel (a key recommendation), Healthwatch LLR has worked closely with UHL and other public stakeholders. Healthwatch has enjoyed a fully engaged relationship with UHL throughout the process of reviewing complaints handled by The Trust. This has continued as we establish the Complaints review panel.

Healthwatch LLR is proud of the work achieved with UHL on this and as the work on Complaints continues to develop we hope that this work will stand as an exemplar model of joint working.

5 Statements from our Stakeholders

The CQC undertook an inspection under new radical changes that had been introduced, designed to provide a more detailed picture of care in hospitals. It concluded that The Trust was providing services that were "safe, effective, responsive caring and well led" There will be a revisit by the CQC in 2015.

HW LLR therefore supports the Quality Account and the plans in place to progress against objectives.



Rick Moore

Chair of Healthwatch Leicestershire

Karen Chouhan

Chair of Healthwatch Leicester

Jennifer Fenelon

Chair of Healthwatch Rutland

healthwatch Leicestershire

healthwatch Leicester

healthwatch Rutland

5 Statements from our Stakeholders

Leicester City Council

7th April 2015

To:
Sharon Hotson, Director of Clinical Quality
John Adler, Chief Executive
University Hospitals of Leicester (UHL)

RE: UNIVERSITY HOSPITALS OF LEICESTER TRUST (UHL) - DRAFT QUALITY ACCOUNT 2014/15

Thank you for contacting Leicester City Council Health and Wellbeing Scrutiny Commission on 2nd April 2015, to request comments on your draft Quality Accounts 2014/15.

The Commission welcomed receiving UHL Quality Accounts last year and did provide comments.

However, please note that the Health and Wellbeing Scrutiny Commission has no more meetings planned until after the May elections take place, hence unable to provide comments by 5th May 2015, as requested.

Please note Leicester City Council will appoint new scrutiny membership following the elections, and thereafter commission meetings will most likely commence from June / July 2015.

Please contact Anita Patel, Scrutiny Policy Officer, if you require further details.

Many thanks,

Michael Cooke

Councillor Michael Cooke
Chair of Health and Wellbeing Scrutiny Commission
LEICESTER CITY COUNCIL.

5 Statements from our Stakeholders

NHS Leicester City, East Leicestershire & Rutland and West Leicestershire CCGs statement for UHL Quality Account

The following statement has been prepared for the NHS Leicester City, East Leicestershire & Rutland and West Leicestershire CCGs for approval for the UHL Quality Account.

We once again welcome the opportunity to comment on the annual Quality Account for University Hospitals of Leicester NHS Trust (UHL) regarding the quality of services provided by UHL during 2014/15.

The opening letter from the new Chief Executive has identified the aspirations of the organisation and the acknowledgement of the importance of staff involvement in these improvements. There is a commitment to continued recruitment of nurses and healthcare assistants during 2015/16 which will build on the significant recruitment undertaken in 2014/15. Commissioners have continued to carry out quality monitoring visits to UHL and were pleased with the openness and welcome received by staff during these visits.

However, Commissioners have previously expressed concern regarding UHL performance against National Standards in relation to 62 day Cancer performance, 18 week Referral to Treatment (RTT) and Accident and Emergency (A&E) four hour wait times national targets. It is acknowledged that there has been a significant amount of focus on these areas and some improvements within the urgent care pathway and RTT, however it is disappointing and of concern that performance against referral and treatment for cancer has deteriorated since 2013/14. Commissioners are committed to working closely with UHL in 2015/16 to facilitate further improvements and recognise that UHL are focussing efforts on areas of clinical risk for the people who are affected by delays in Cancer diagnosis and treatment.

Commissioners are aware of the organisation's commitment to improving the quality and safety of services provided to patients through the Quality Commitment programme. UHL have demonstrated their commitment to involving patients and the public in their plans for improvements and have also listened to feedback from patients who use their services. The refreshed Organisational Development Plan and the implementation of Listening into Action work streams and selection for the 'Mutuals in Health Pathfinder Programme with the associated funding continue to strengthen the organisations leadership.

Commissioners noted that the despite the work UHL are undertaking in reducing harm through the Quality Commitment this has not resulted in a reduction in patient safety incidents resulting in harm from 2013/14 to 2015/15 and remains above the national average.

As Commissioners we feel that the Quality Account 2014/15 would benefit from further explanation on the achievements and challenges in relation to the following areas:

- Recovery actions and sustainable plans to improve performance against the national Cancer targets,
- MRSA performance deteriorated in 2014/15 to an outturn of 5 cases year to date and learning from reviewing cases of Clostridium Difficile as there was an increase in the nationally set trajectory from 67 in 2013/14 to 81 in 2015/16; we noted this is within the trajectory for the year.
- Inclusion of information on the services provided under the Alliance Contract
- The Health Economy work which is being undertaken in response to the Learning Lessons to Improve Care report

5 Statements from our Stakeholders

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST QUALITY ACCOUNT FOR 2014-15

18 May 2015

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

The Committee is pleased to note that improvements have been made to the format of the Quality Account since the previous one to make it more readable and fit for purpose. The Committee is pleased to note that the priorities for 2014-15 are clearly set out as providing effective care and improve patient outcomes, improving safety and reducing harm as well as being caring and compassionate and improving patient experience. The Committee notes detailed descriptions of targets met throughout 2014-15 in conjunction with the priorities set out and is pleased to note that all outcomes have been achieved or are "On Plan" to be achieved. The Committee notes however that there are still improvements to be made in all areas.

On page 23 of the Quality Account, reference is made to the domain in the NHS Outcomes Framework regarding preventing people from dying prematurely. The Committee is concerned that UHL's commentary for this domain does not include reference to 'Learning Lessons to Improve Care', the findings of the clinical audit commissioned to examine the quality of patient care for a cohort of people who died either at UHL or within 30 days of discharge where they were discharged to a different place of residence. The Committee would have welcomed reference to the actions being taken as a result of this audit, including changes to processes around Do Not Attempt Resuscitation Orders, improvements to communication between organisations and how clinicians are addressing issues arising from deviation from standard care pathways, being explicitly set out in the Quality Account.

The Committee is of the view that reasons for collecting data on the percentage of patients readmitted to hospital within 30 days of discharge, given on page 24 of the Quality Account, are not set out clearly would appreciate further clarification of this matter.

The Committee also feels that not meeting the performance indicator for MRSA, with 5 patients contracting MRSA against the national target of 0, as set out on page 28 of the Quality Account, is not acceptable.

The Committee notes with concern that after CQC inspections in 2014-15 the overall rating for UHL was 'requires improvement'. The Committee notes that the areas which require improvement were identified by CQC as:

- Acute services safety and responsiveness throughout the trust;
- Overall rating for Leicester General Hospital, Leicester Royal Infirmary;
- Acute services safety, responsiveness and effectiveness at LRI;
- Safety at Glenfield ;
- Responsiveness and safety at General Hospital.

The Committee is pleased to note that overall ratings for Glenfield Hospital and the St. Mary's Birthing Centre were found to be good.

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5 Statements from our Stakeholders

The Committee notes that CQC identified 6 areas of risk, including proportion of ambulance journeys where the ambulance vehicle remained at hospital for more than 60 minutes and patient opinion – high number of negative comments as well as 1 area of elevated risk: whistleblowing – up to September 2014. The Committee notes that it would help transparency and clarity of the performance of UHL for 2014-15 if details of the above risks were discussed in the account.

The Committee is pleased to note that UHL achieved 98% of CCGs CQUIN monies and 98% of specialised CQUIN monies. The Committee notes that unachieved 2% was due to delays in implementing post follow up discharge for pneumonia patients linked to staff capacity between nurse specialist leaving and new nurse starting.

The Committee is pleased to note that the cases of Never Events and complaints were well documented in the Quality Account to aid transparency. It is to the Committees delight that key actions to prevent reoccurrence of such events have been identified.

The Committee previously expressed concerns regarding staffing levels at UHL, particularly with regard to the need for stability in the workforce and ensuring the retention of nurses recruited from oversees. The level of vacancies in nursing staff remains a concern but the Committee is pleased to note that UHL is continuing to invest in nursing posts and will recruit a further 240 international nurses from Europe during 2014/15. Committee is also pleased that Health Education East Midlands (HEEM) found the support and education delivered to non-medical students and new staff to be exemplary as this will help with retention. The Committee understands that UHL also employs agency and bank staff to ensure that staffing is at a safe level and it would be of Committee's interest to add an update on the use of these staff in the Quality Account. Overall, staffing levels, recruitment and retention remain a concern to the Committee although it is hoped that the above actions will help in addressing staffing issues.

In November 2014 the Committee voiced concerns that there were seven breaches at UHL in relation to mixed sex accommodation which had equated to two events. It would be of use to include an update of those breaches in the Quality Account 2014/15.

The Committee welcomes the priorities for 2015-16 as clinical effectiveness, patient safety and experience. The Committee welcomes aims for 2015-16 to improve the consistency of 7 day services in line with Keogh 10 Clinical Standards, earlier recognition and rescue of the deteriorating patient – sepsis, handover, EWS, acting on results as well as improving the experience of care for older people and expand end of life care processes.

In conclusion, the Committee would like to thank UHL for presenting a clear Quality Account and, based on the Committee's knowledge of the provider, is of the view that the Quality Account is accurate and provides a just reflection of the healthcare services provided. The Committee notes the improvement made over the period 2014-15, however it believes that improvement are still needed with regards to transfer of patients to UHL from EMAS, effectiveness of care during winter months and periods of high demand and staffing levels. The Committee is looking forward to the improvements to be made in the year 2015-16 to the UHL's healthcare provision in line with the priorities set out in the Quality Account for 2014-15.

2

5 Statements from our Stakeholders

Healthwatch

Health Overview and Scrutiny Committees – City and County Councils

CCGs – Leicester City, East Leicestershire and Rutland, West Leicestershire

KPMG – Independent auditors report on annual quality account

5 Statements from External Auditors

KPMG – ITBC

6 Appendix 1.1

Appendix 1.1 National clinical audits that Leicester's Hospitals were eligible to participate in during 2014/15

Category	Project Title	Did the Trust participate?	Percentage of Cases Submitted	UHL Ref No.
Heart	Acute Coronary Syndrome or Acute Myocardial Infarcation (MINAP)	Yes	Data collection ongoing	6824
Acute	Adult Community Acquired Pneumonia	Yes	Data collection ongoing	6009
TBC	British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiology (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing	Yes	Data submitted	6849
Cancer	Bowel cancer (NBOCAP)	Yes	Data collection ongoing	6819
Heart	Cardiac Rhythm Management (CRM)	Yes	Data submitted	6375
Acute	Case Mix Programme (CMP) ICNARC	Yes	Data collection ongoing	6811
Heart	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Yes	Data collection ongoing	6826
Heart	Coronary Angioplasty / National Audit of PCI	Yes	Data collection ongoing	6357
Long term conditions	Diabetes (Adult)	Yes	Data collection ongoing	6836
Long term conditions	Diabetes (Paediatric) NPDA)	Yes	Data collection ongoing	6838
Other	Elective surgery (National PROMs Programme)	Yes	Data collection ongoing	6953
Women's & Children's Health	Epilepsy 12 audit (Childhood Epilepsy)	Yes	Data collection ongoing	6244
Older People	Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	Data collection ongoing	6845
Women's & Children's Health	Fitting child (care in emergency departments)	Yes	Data Submitted	6859
Cancer	Head and neck oncology (DAHNO)	Yes	100%	6820
Long term conditions	Inflammatory Bowel Disease (IBD) programme	Yes	Data Submitted	6839
Cancer	Lung cancer (NLCA)	Yes	Data Submitted	6372

6 Appendix 1.1 continued

Category	Project Title	Did the Trust participate?	Percentage of Cases Submitted	UHL Ref No.
Acute	Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	Data collection ongoing	6817
Women's & Children's Health	Maternal, Newborn and Infant Clinical Outcome Review	Yes	Data collection ongoing	6862
Acute	Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Data collection ongoing	6248 6670 6964 6965
Mental Health	Mental health (care in emergency departments)	Yes	Data submitted	6860
Heart	National Adult Cardiac Surgery Unit	Yes	Data submitted	6374
Older People	National Audit of Dementia	N/A		
Other	National Audit of Intermediate Care	Yes	Data collection ongoing	5762
Heart	National Cardiac Arrest Audit (NCAA)	Yes	Data collection ongoing	6833
Long term conditions	National Chronic Obstructive Pulmonary Disease	Yes	Data submitted	6398
Blood and Transplant	National Comparative Audit of Blood Transfusion	Yes	Data collection ongoing	6818
Acute	National Emergency Laparotomy Audit (NELA	Yes	Data collection ongoing	7342
Heart	National Heart Failure Audit	Yes	Data submitted	6378
Acute	National Joint Registry (NJR)	Yes	Data collection ongoing	6814
Heart	National Vascular Registry (2013-14)	Yes	Data collection ongoing	7112
Women's & Children's Health	Neonatal Intensive and Special Care (NNAP)	Yes	Data collection ongoing	6863
Acute	Non-Invasive Ventilation - adults	Yes	Data collection ongoing	6815
Cancer	Oesophago-gastric cancer (NAOGC)	Yes	Data Submitted	6822
Older People	Older people (care in emergency departments)	Yes	Data Submitted	6861

6 Appendix 1.1 continued

Category	Project Title	Did the Trust participate?	Percentage of Cases Submitted	UHL Ref No.
Women's & Children's Health	Paediatric Intensive Care Audit Network (PICANet)	Yes	Data collection ongoing	6864
Acute	Pleural Procedure	Yes	Data submitted	6816
Long term conditions	Renal replacement therapy (Renal Registry)	Yes	Data collection ongoing	6842
Long term conditions	Rheumatoid and Early Inflammatory Arthritis	Yes v low no. submissions	Data collection ongoing	6739
Older People	Sentinel Stroke National Audit Programme (Organisational Audit) (SSNAP)	Yes	Data collection ongoing	6848a
Older People	Sentinel Stroke National Audit Programme (SSNAP)	Yes	Data collection ongoing	6848
Mental Health	Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	N/A	–	–
Mental Health	Prescribing Observatory for Mental Health (POMH)	N/A	–	–

6 Appendix 1.2

Appendix 1.2 National Confidential Enquiries that Leicester's Hospitals participated in during 2014/15

During 2014/15 hospitals were eligible to enter data into 4 NCEPOD studies. Please find below a summary for those studies in which Leicester's Hospitals participated:

Sepsis

	Cases Included	Cases Excluded	Clinical Q. returned*	Excl. Clinical Q. returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	10	3	6	1	8	3	3	1

(Please note this study is still open and figures have not been finalised).

Gastrointestinal Haemorrhage

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

Lower Limb Amputation

	Cases Included	Cases Excluded	Clinical Q. returned*	Excl. Clinical Q. returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	11	3	11	1	11	2	2	2

Tracheostomy Care

	Cases Included	Cases Excluded	Insertion Q. returned*	Excl. Insertion Q. returned*	Critical Care Q. returned*	Excl. Critical Care Q. returned*	Ward Care Q. returned*	Excl. Ward Care Q. returned*	Case notes returned*	Excl. Case notes returned*	Sites Partici-pating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	49	2	42	1	42	1	41	0	6	0	3	3

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

6 Appendix 1.3

Appendix 1.3: Examples of Audits and Improvements to Patient Care

Examples of local clinical audit

Re-audit of female patients referred to a nurse led acne clinic for initiation or continued monitoring of oral Isotretinoin treatment (Ref 5948).

Christina Waistell, dermatology specialist nurse.
Beverley Saddington, staff nurse.

Background

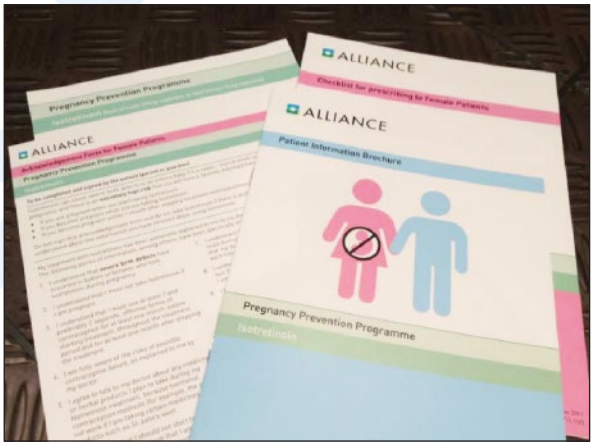
The nurse led acne clinic was set up in 2006. Patients are referred for initiation or continued monitoring of oral Isotretinoin. The use of Isotretinoin in early pregnancy causes a number of fetal abnormalities – craniofacial, cardiac, thymic and central nervous system structures. Several studies of human exposure to Isotretinoin showed about 30% of newborns had major malformations. The first audit undertaken showed that compliance with standards was below those set out by the British Association of Dermatologists.

Re-audit results

A re-audit was undertaken and the results showed that all audit standards were significantly improved, following the introduction of a specific referral form for all female patients referred to the nurse-led acne clinic. It was agreed that all clinicians should continue to use the specific referral form.

Before After

Before and after Isotretinoin.



Change to practice agreed.
Isotretinoin information booklets.

6 Appendix 1.3 continued

BLEED Audit Initiative

Parental assent for transfusion of blood components in neonates: audit of current practice & documentation (6385)

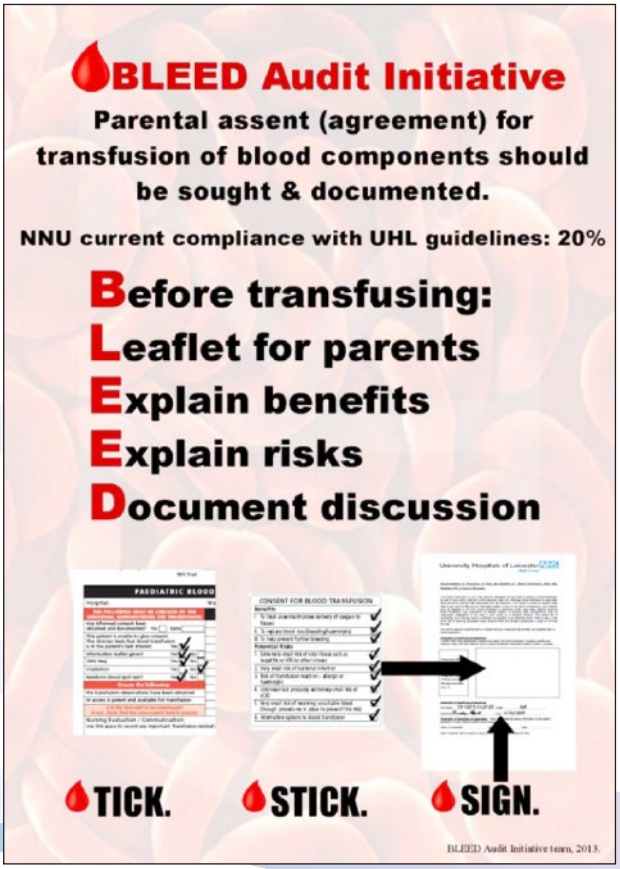
S Armitage, J Howes, S Sinha, & V Kairamkonda.

This quality improvement initiative was implemented following an initial audit showing non-compliance with standards.

The neonatal team set out an improvement plan including:

- Process-mapping to identify potential barriers to compliance.
- Multidisciplinary team (MDT) discussions regarding appropriate timing of parental discussion & information provision.
- Process in need of simplification.
- Lack of necessary forms / leaflets / stickers.
- Lack of awareness: MDT Education programme.

Re-audit to begin after 2 months.



The re-audit showed an overall improvement in compliance particularly the 'in-hours transfusion' compliance and 'non-urgent transfusion' compliance.

The following plan was agreed and implemented in addition to continuation with the BLEED education initiative:

- Poster / Emails / Junior Doctors Forum (JDF) / neonatal unit (NNU) Newsletter / FAQ leaflet / staff induction / opportunistic teaching.
- Include best practice following emergency transfusion.
- Revision of 'Transfusion of red cells in neonates guideline' to include 'Obtaining & documenting parental assent in NNU'.
- Put information into NNU parents information leaflet (given to all on admission).
- Aim to reduce out-of-hours 'non-urgent' transfusions.

6 Appendix 2: 2014/15 Quality Commitment

Caring at its best

University Hospitals of Leicester NHS
NHS Trust

OUR QUALITY COMMITMENT

AIM	Provide Effective Care – Improve Patient Outcomes	Improve Safety – Reduce Harm	Care and Compassion – Improve Patient Experience
	To deliver evidence based care/best practice and effective pathways and to improve clinician and patient reported outcomes.	To reduce avoidable death and injury, to improve patient safety culture and leadership and to reduce the risk of error and adverse incidents.	To listen and learn from patient feedback and to improve patient experience of care.
2014/15 PRIORITIES	**Improve pathways of care to improve outcomes for patients with** • Community Acquired Pneumonia • Heart failure • Acute Myocardial Infarction (AMI) • Acute Kidney Injury (AKI) **And for** • Out of hours emergency admissions • Intraoperative Fluid Management (IOFM) **Implement actions to meet the National "7 Day Services" clinical standards** **Embed monitoring of clinician and patient reported outcomes across all specialities to include learning and action from:** • Mortality Reviews and Mortality Alerts • Nationally reported outcomes (Everyone Counts) **Implementation of:** • Patient census to improve discharge planning • Consultant assessment following emergency admission (including clerking documentation) • Clinical utilisation review of critical care beds • Breast feeding guidelines for neonates • Discharge letter "contents" standard (added December 2014) **Embedding best practice:** • NICE standards and other national guidance • Compliance with local policies and guidelines • Performance against national clinical audit	**Implementation of Safety Actions:** • Recognition of immediate management of septic patients • Handover between clinical teams • Acting on test results • Monitoring and escalation of Early Warning Sores (EWS) • Ward Round Standards and Safety Checklist Improve processes relating to resuscitation and 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNA CPR) consideration **Embed use of Safety Thermometer for monitoring actions to reduce:** • **Hospital Acquired Thrombosis (HAT)** • Hospital Acquired Pressure Ulcers (HAPUs) • Catheter Associated Urinary Tract Infections (CAUTIs) • In-hospital Falls Implement use of the Medication Safety Thermometer across all wards **Patient Safety Collaborative Topics** • Reduction of Health Care Associated Infections • Meeting Patient's Nutrition and Hydration needs • Safer care for patients with Diabetes (including implementation of Think Glucose Programme)	**Actively seek views of patients across all Services** **Improve the experience of care for older people** • Implement recommendations from national quality mark across all older people's areas • Improve/continue positive feedback across CMGs **Improve experience of care for patients with dementia and their carers** • Dementia implementation plan **Expand current programme of end of life care processes across Trust** **Triangulation of patient feedback** • Including complaints, NHS Choices, Patient Surveys Embed best practice relating to "named consultant / named nurse"

SUPPORTING WORK PROGRAMMES

Organising Learning, Culture & Leadership | Staff Numbers, Skills & Competence | Audit & Measurement | Systems & Processes

Depicts inclusion in CQUIN programme

Depicts inclusion in quality schedule

Depicts compliance action/national priority

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

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

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

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

જો તમને આ પત્રઇકાનું લેખિત અથવા ટેઈપ ઉપર ભાષાંતર જોઈતુ હોય તો મહેરબાની કરી સર્વિસ ઈક્વાલિટી મેનેજરનો 0116 250 2959 ઉપર સંપર્ક કરો.

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

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

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

Ak by ste chceli dostat túto informáciu v inom jazyku, alebo formáte, kontaktujte prosím manažéra rovnosti sluzieb na tel. čísle 0116 250 2959.

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

Appendix B

Update from KPMG in respect of external assurance of the Quality Account 2014/15.

Please find below an overview and update as discussed at Audit Committee today:

Overview
The Health Act 2009 and associated regulations require all providers of NHS healthcare services in England to publish a Quality Account each year about the quality of NHS services they deliver. From 2011/12, DH introduced a requirement for external assurance on the quality accounts for acute and mental health NHS Trusts in the Quality Accounts 2011/12 Audit Guidance. In 2014/15, UHL are required to produce a quality account following the requirements set out in the Regulations made by the Secretary of State for Health. The Regulations remain unchanged for 2014/15.

These regulations were updated in January 2014 to:

- Exclude from the requirement to seek external assurance on their quality accounts for ambulance and community trusts that have yet to achieve FT status; and
- Encourage acute trusts to include the staff and patient element of the Friends and Family Test (FFT) in the quality account.

For 2014/15 the number of indicators to be tested remains at two. The Quality Account has to be reviewed for consistency with a list of specified documentation.
We are required to complete our work on the Trusts' Quality Accounts in time to allow UHL to publish their Quality Account on the NHS Choices website and submit it to the Secretary of State for Health by the DH deadline, 30 June 2015.

As such the scope of our work for this year is as follows:

Objective One
Limited assurance report on compliance with the Quality Account Regulations
The outcome of this work will be a limited assurance opinion for publication and a private report. A limited assurance opinion means our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that the Quality Report has not been prepared in accordance with the regulations.

We review whether the Trust's Quality Account has been prepared in accordance with relevant regulations.

We complete a Quality Account compliance checklist which has been prepared by the NHS England. The checklist is based on the requirements of the National Health Service (Quality Accounts) Regulations 2010 as amended. The checklist covers the following areas:

- Prescribed information, mandated content and form of the Quality Account;
- Written statements from other bodies, such as the appropriate commissioner, LINk and Overview and Scrutiny Committee (OSC);
- Signature of a senior employee, stating that to the best of that person's knowledge the information in the document is accurate;
- Priorities for improvement section;
- Documentation assurance by NHS Commissioning Board, CCGs, Local Healthwatch and OSC; and
- Publication and provision of copies of the Quality Account.

Objective Two
Limited assurance report on consistency with specified information

The outcome of this work will be a limited assurance opinion for publication and a private report. A limited assurance opinion means our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that the content of the Quality Report is not in accordance with reading we have been directed to undertake or is inconsistent with the documents below.

We review the Trust's Quality Account and consider whether it is materially inconsistent with the list of specified information.

We compare the information contained in the Quality Account with that provided in the list of specified documentation for consistency. The specified documentation is:

- Board minutes for the financial year and up to the date of signing the limited assurance report (the period).
- Papers relating to the quality account reported to the Board over the period.
- Feedback from commissioners.
- Feedback from Local Healthwatch organisations.
- The NHS Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009.
- Feedback from other named stakeholder(s) involved in the sign off of the quality account.
- Latest national and local patient survey.
- Latest national and local staff survey.
- The Head of Internal Audit's annual opinion over the NHS trust's control environment.
- Annual governance statement (AGS).
- Care Quality Commission Intelligent Monitoring Report.
- Results of the Payment by Results coding review; and
- Other documents, if any are considered relevant, in the auditors' professional judgement, to the quality account.

Objective three

Test substantively two quality indicators

The outcome of this work will be a limited assurance opinion for publication and a private report which identifies recommendations and areas for improvement. A limited assurance opinion means our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that there is evidence to suggest that mandated indicators have not been reasonably stated in all material respects in accordance with the Regulations.

For 2014/15 we are required to test substantively two quality indicators. The purpose of this work is to consider whether the indicators have been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the guidance. Auditors are required to test:

- Two indicators for the auditor to agree with the NHS Trust's management, from a list of four indicators relevant for each type of NHS Trust.

This year, the indicators chosen are are:

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

Our work follows guidance for testing the indicators agreed with the Trust. In summary the testing includes:

- Confirmation of the definition and guidance followed by the NHS Trust to calculate the indicator;
- Documenting and performing a walkthrough of the system used to produce the indicator; and

- Carrying out substantive testing of the underlying data against specified data quality dimensions which are: accuracy, validity, reliability, timeliness, relevance and completeness. We will test the indicators to prime documentation for example to underlying records.
- We test a sample of 25 for each indicator.

Our audit work consists of face-to-face interviews and review of documentation as well as specific data testing to support our conclusions on objective three.

Update

Our work with regards to the Trust's Quality Account is still currently on-going, and will be completed post sign-off of the Trust's financial statements.

In regards to objectives 1 and 2, review of the content, we have already feedback on the initial drafts of the Quality Account regarding some areas of presentation. The Quality Account has also been updated to reflect revised data received in, and tables updated to reflect full year reporting periods for both the 2013/14 comparative and 2014/15 actual.

We have met with the indicator owners in relation to our testing of underlying data, and obtained information in respect of the established policies and processes which guide reporting of each indicator, and the design of controls which ensure the various criteria of the data quality diamond are met. Our work in this area is not yet complete until we have finished our sample testing of 25 cases in respect of each indicator.

At this moment in time, based on the meetings we've already had with each indicator owner, and review of the processes in place, I do not envisage that there will be any significant issues arising from this but this will very much depend on the underlying evidence / data supporting the full year outturns reported in the Quality Account. Last year clearly, the issues which caused us to ultimately qualify the quality account related to a) the definition for one indicator being incorrect, b) the lack of audit evidence for the other indicator due missing electronic records relating to a few months of the financial year. We've confirmed both the definition, and the availability of the data on the relevant systems, so we do not envisage a repeat of these issues. To complete the indicator testing should take ½ day per indicator.

We will complete the work in good time to meet the statutory deadlines.

D. Haywood
KPMG
28/05/2015