

<b>Meeting title:</b>	Public Trust Board	<b>Public TB paper E</b>
<b>Date of the meeting:</b>	9 June 2022	
<b>Title:</b>	Quality Account	
<b>Report presented by:</b>	Julie Hogg Chief Nurse	
<b>Report written by:</b>	Becky O'Brien Deputy Director Quality Governance (Deputy Chief Nurse)	

<b>Action – this paper is for:</b>	Decision/Approval	x	Assurance		Update	
<b>Where this report has been discussed previously</b>	Executive Quality Board May 2022 Quality Committee May 2022					

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
N/A

<b>Impact assessment</b>
<ul style="list-style-type: none"> <li>Public facing document detailing Quality indicators</li> </ul>

### **Purpose of the Report**

The Quality Account is shared for final approval and sign off by the Trust Board prior to publication.

### **Recommendation**

The Board is asked to approve the Quality Account.

### **Summary**

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

The 2021 -22 Quality Account is presented to Trust Board in June, for approval and sign off prior to publishing on The Trust's public website and uploading to NHSE/I by 30th June 2022.

### **Main report detail**

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

The Quality Account is structured in the following way:

- A review of quality performance for 2021/22
- Priorities for improvement for 2022/23
- A series of mandated statements

The report has been shared with stake holders for commentary in a draft form, this final version will be shared concurrent to the sign off process.

The Quality Account 21-22 will be published on the Trust website and uploaded to NHSE/I on 30th June 2022.

#### 1.1. **Background**

- 1.2. The Quality Account is an annual report from providers of healthcare about the quality of service delivered.
- 1.3. The Quality Account 2021/22 is presented to Trust Board, for approval. There will be a final update when all outstanding information and stakeholder comments are available

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

- 2.1. The Quality Account must be produced in line with the Department of Health Toolkit. This mandates the content, who the Quality Account has to be formally shared with for an invitation to comment and how the Quality Account has to be published.
- 2.2. The Quality Account is structured in the following way:
  - A review of quality performance for 2021/22
  - Priorities for improvement for 2022/23
  - A series of mandated statements

#### 3. **Stakeholders commentary**

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

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

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

- 4.1. The statement takes the form of bullet points followed by a signature from the Chairman and Chief Executive on completion
- 4.2. The text below in bold represents the extract from the statement followed by supporting information.

**The Quality Account presents a balanced picture of the Trust's performance over the period covered:** The 2021/2022 Quality Account reports back on performance in relation to the priorities set out in the 2020/21 Quality Account as well as a variety of other quality indicators. These quality indicators include those from the NHS outcomes framework (pages 21 & 22) and performance against other national standards (pages 35-39).

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

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

**There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice:** Data in the Quality Account has been taken from NHS Digital unless otherwise specified. Trust data sets have been sourced via the information team. Trust reporting is subject to a series of control measures referred to in this paper.

**The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance:** There are close working arrangements with the information department. Performance data is considered, confirmed and challenged at various groups including:

- Trust Board
- NHSi Progress Review Meetings
- People Process and Performance Committee
- Quality and Outcomes Committee
- Executive Performance Board
- Executive Quality Board
- Clinical Management Groups Performance Review meetings
- 'Specialist' committees such as Clinical Audit and the Research and Development Committees

- Contracting meetings with LLR/Specialised commissioner

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

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

**guidance:** The Department of Health toolkit has been reviewed and all mandatory statements have been included. The toolkit is accessible via

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/document/s/digitalasset/dh\\_122540.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/document/s/digitalasset/dh_122540.pdf).

## 5. General assurance of data quality

- 5.1. As a general point of assurance, the content of the quality report is consistent with internal and external sources of information, in that it reflects information presented in Board minutes and papers, papers relating to quality reported to the Board (and quality committees).
- 5.2. The Trust takes a number of actions to improve data quality:
  - A Data Quality Forum, chaired by the Director of Corporate and Legal Affairs provides assurance on the quality of data reported to the Trust Board. The forum is a multi-disciplinary panel from the departments of information, safety and risk, clinical quality, nursing, medicine, finance, clinical outcomes, workforce development, performance and privacy. The panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The NHS Digital endorsed Data Quality Framework provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness
  - Where such assessments identify shortfalls in data quality, the panel make recommendation for improvements to raise quality to the required standards. They offer advice and direction to clinical management and corporate teams on how to improve the quality of their data
  - For the management of patient activity data, we have a dedicated corporate data quality team. They respond to any identified issues and undertake daily processes to ensure singularity of patient records and accurate GP and commissioner attribution. We have been actively working to reduce GP inaccuracy by implementing automated checking against the Summary Care Record. Our weekly corporate data quality meeting challenges inaccurate and incomplete data collection. The data quality team action reports on a daily basis to maximise coverage of NHS number, accurate GP registration and ensures singularity of patient records
  - The NHS Digital Data Quality Maturity Index is used for benchmarking against 17 peer Trusts. Data quality and clinical coding audit is undertaken in line with Data Protection and Security Toolkit and mandatory standards are achieved. For clinical coding we have several assurance processes in place to ensure that patient complexity is accurately captured. In 2019 we have improved the information supply chain for clinical coding which has resulted in more documentation being available for the Clinical Coding process. Leicester's Hospitals has a Clinical Coding Steering Group, which aims to develop wider clinical engagement as part of quality improvement
  - The Executive Board receive quarterly reports on the Data Quality and Clinical Coding

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

6.1 NHS England & NHS Improvement published guidance on the NHS Website, setting out requirements for this year's Quality Account. The deadline for the preparation and publishing of accounts, with assurances in 2021/22 will still stand as the 30<sup>th</sup> June.

6.2 There was no requirement for Quality Accounts in 2021-22 to be externally audited.

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

7.1 Trust Board is asked to:

- Approve and sign off the Quality Account 2021-22



**University Hospitals  
of Leicester**

NHS Trust

**Quality Account**  
2021/2022

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## **An Introduction from UHL Chief Executive, Richard Mitchell**

I am proud to present our quality account for 2021/22. The report explains how we performed against our key quality priorities last year and sets out our priorities for the year 2022/23. We also provide an overview of other key performance indicators including the perspectives of patients, public and UHL colleagues.

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

The last couple of years have been exceptionally challenging for the wider NHS and this is also true at Leicester. Many colleagues are tired and I am aware UHL has felt, at times, unstable. I am grateful for the care, compassion and kindness shown by all colleagues during the most difficult of years.

As well as improving as a provider of healthcare and as a place to work, our relationships across the wider health and care system in Leicestershire needs to strengthen and we must be able to evidence delivery at a system level.

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

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

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

Whilst the next 12 months will be tough, as we focus on; restoring services, colleague welfare and delivering on our financial expectations, we have a great opportunity to shape the strategy and future of UHL and Leicester, Leicestershire and Rutland for the next decade.



# Our Senior Directors



**John MacDonald**  
Chair



**Richard Mitchell**  
Chief Executive



**Simon Barton**  
Deputy Chief  
Executive



**Andrew Carruthers**  
Chief Information  
Officer



**Becky Cassidy**  
Director of  
Corporate and  
Legal Affairs



**Moira Durbridge**  
Director of Quality,  
Transformation, Efficiency  
and Improvement



**Andrew Furlong**  
Deputy Chief  
Executive/  
Medical Director



**Julie Hogg**  
Chief Nurse



**Lorraine Hooper**  
Chief Financial  
Officer



**Jon Melbourne**  
Chief Operating  
Officer



**Mike Simpson**  
Interim Director  
of Estates and  
Facilities



**Clare Teeney**  
Chief People Officer



**Vicky Bailey**  
Non-Executive  
Director



**Gaynor CollinsPunter**  
Associate  
Non-Executive  
Director



**Steve Harris**  
Non-Executive  
Director



**Andrew Haynes**  
Non-Executive  
Director



**Ballu Patel**  
Non-Executive  
Director



**Prof Tom Robinson**  
Non-Executive  
Director



**Gopal Sharma**  
Associate  
Non-Executive  
Director



**Mike Williams**  
Non-Executive  
Director



**Jeffrey Worrall**  
Associate  
Non-Executive  
Director



**Chris Allsager**  
Clinical Director  
Critical Care, Theatres,  
Anaesthesia, Pain and Sleep



**Hazel Busby-Earle**  
Clinical Director  
Musculoskeletal and  
Specialist Surgery



**Giuseppe Garcea**  
Clinical Director  
Cancer, Haematology, Urology,  
Gastro and General Surgery



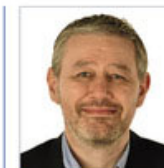
**Suzanne Khalid**  
Clinical Director  
Renal, Respiratory and  
Cardiovascular



**Prashanth Patel**  
Clinical Director  
Clinical Screening and  
Imaging



**Ian Scudamore**  
Clinical Director  
Women's and  
Children's



**Lee Walker**  
Clinical Director  
Emergency Specialist  
Medicine

# Trust Values



## We focus on what matters most

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



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

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



## We are passionate and creative in our work

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



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

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



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

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

## Review of quality performance in 2021/22

### 2.1 Our aims for 2022/23

- Improve the quality and safety of maternity and neonatal services by learning from the Ockenden review and other reviews as they are published.
- Work with system partners to better understand health inequalities and improve inclusion

### 2.2 Review of last years quality priorities

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



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

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



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

**Our quality priorities focussed on:**

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

**Our quality priorities are enabled by:**

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

### Ward Accreditation

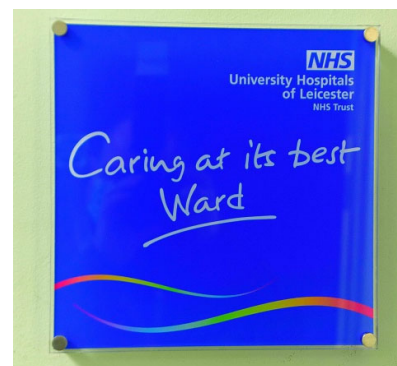
We said we would:

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

The Assessment and Accreditation Framework was launched in August 2019, to ensure that patients are receiving safe, high quality nursing and midwifery care. It has created a great sense of pride and ownership amongst our nurses and midwives and the colleagues they work with.

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

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



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

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

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

#### Assessment and Accreditation Achievements in 2021/2022:

Assessment and Accreditation was paused in December 2020 due to the impact of the second wave of the Covid-19 pandemic. Following consultation with staff the programme was relaunched in May 2021.

#### Results:

- 87 assessments completed.
- 66 wards (inclusive of our Maternity wards) have had a least one assessment
- 2 blue wards
- 19 green wards
- 37 amber wards
- 8 red wards

#### What colleagues say about Assessment and Accreditation:

*“There is much better the teamwork on the ward.”*

*“The wards are tidier and more organised since Assessment and Accreditation was introduced.”*

*“Everybody has a pride in the ward.”*

*“We look forward to our Assessments because it lets us know how they are doing and that their hard work is paying off.”*

## Safe surgery and procedures

We said we would:

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

### Safe Surgery and Procedures Achievements in 2021/22:

- Secured £450k of funding to support purchase and implementation of software for electronic consent and pre-operative assessment.
- Re-established trust wide Quality and Safety Half Days and delivered a trust wide webinar on Never Event reduction.
- Presented our work regionally to the patient safety leads network
- Developed two educational videos to support safe surgical practices (“How to perform a positive patient identification” and “How to perform a prosthetic implant check”).
- Had a summary of our work on reducing the risks of nasogastric tube insertion using electronic checklists accepted for presentation at a national conference.
- Launched our quality assurance and accreditation scheme in liaison with 17 new safety champions.
- Recruited to our vacant quality improvement nurse role.
- We have launched our theatre code of conduct.

## Improved cancer pathways

We said we would:

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

### Improved Cancer Pathways Achievements in 2021/22:

- During the year we have ensured all pathways were in line with national, regional or specialist guidelines for use during the Covid pandemic.



- We ensured that patients waiting for treatment were reviewed and prioritised in line with national guidelines to enable resources and capacity to be focused on those with the highest clinical need.
- We have supported patients in Leicester Leicestershire and Rutland (LLR) by hosting Health and Wellbeing events on-line and by launching an app-‘LLR Cancer information’ in partnership with the wider system and cancer patients, providing information in order that our patients can navigate to support easily.
- The CQC undertook a study – ‘Provider Collaborative Review’ into integrated working in cancer and the Leicester Leicestershire and Rutland system took part and areas of good practice were highlighted relating to the way we work in partnership across the system.
- With our partners in Leicester Health Informatics Service and Primary Care we have developed a patient safety netting tool for use in Primary Care to support our Earlier Diagnosis PCN DES and also our planning for a non-site-specific cancer pathway as part of our Rapid Diagnostic work stream.
- A new Breast Pain pathway was launched in January 2022 to support our 2 Week-wait (2WW) pathway. This is a community and Primary Care led service and will redirect patients with Breast pain to experienced clinicians outside of the hospital. An under 35’s Breast pathway has also been introduced, again to support the 2WW pathway.
- We are developing our use of innovative technology to support cancer diagnostics, and this has commenced with the use of Artificial Intelligence in Dermatology. The pathway is due to go live in March 2022 but is designed to identify skin cancers quicker and more effectively using AI.
- During 2019/20 and 2020/21 UHL have designed and developed a Prehabilitation service for certain tumour types. This year we have been successful in supporting 150 patients with exercise and fitness programmes aimed to reduce length of stay in hospital and improve overall fitness. We have also been appraising how we can expand this service to benefit more cancer patients going forward.
- In response to Public Health highlighting very low 1-year survival rates in colorectal cancer in LLR, we have established a focused multi-stakeholder team to analyse the inequalities and advise actions to support the improvement of outcomes of this population, this will be an ongoing priority in 2022/23.
- National Cancer Quality of Life Survey first data report October 2021 is available following the launch in September 2020 .The survey covered 10% of eligible adults who were diagnosed with breast, prostate and bowel cancer eighteen months ago. It rolled out further from the beginning of 2021. The data so far is not sufficient to commission services, but the intention is to include all cancer types going forward in 2022. Our Primary Care teams are monitoring the dashboard going forward to identify themes for improvement to patient care and services.
- The new Brachytherapy Bunker and Linac replacement programme is underway.
- Charitable funds are helping to fund a planned SACT Suite Extension.

- An online Cancer Health and Wellbeing event took place on the 18<sup>th</sup> August 2021. The interactive event had multiple speakers covering topics such as exercise, the Macmillan Help to Overcome Problems Effectively (H.O.P.E) programme, community palliative care, diet and nutrition, the event was well attended by people living with and beyond cancer, families and carers.
- The Leicester, Leicestershire and Rutland Cancer App in conjunction with Primary Care was launched on 4<sup>th</sup> February 2022. It provides information and support to patients both locally and national information available in a multilingual format.
- We continue to provide virtual Information and Support Clinics via our Cancer Nurse Specialist teams and Macmillan information and Support team.
- We have delivered Macmillan H.O.P.E support courses for patients interactively via a virtual platform.
- Personalised Care and Support Plan (PCSP) based on a Holistic Needs Assessment (HNA). In 2021 /22 3130 HNA's were offered with 423 Personalised Care and Support Plans created.

#### Streamlined emergency care

We said we would:

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

#### Streamlined Emergency Care Achievements in 2021/2022

##### Inflow

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

The UHL and care home pilot was launched; this is a consultant led telephone call and advice and assessment service which runs 7 days a week and between 8am-8pm. It has enabled EMAS to contact the frailty consultant pre conveyance to the UHL with a view of ensuring only those that need admission are converted. This has had a positive impact for those patients who have been selected as clinically suitable. Of 280 calls to PTCDA from April – June 2021, in approximately half of the cases, it was possible for the resident to remain in the care home with primary care support; 20% were transferred to hospital; and a further 30% received a visit from the PTCDA service. Only 1 patient was admitted following a visit.

UHL was awarded £2,000,000 of Capital to invest in immediate and necessary changes to Urgent and Emergency Care. This capital was used to extend our medical Same Day Emergency Care (SDEC) facility with the creation of five additional cubicles, creating more capacity for ED to use, thereby providing space to offload ambulances.

### LRI Site

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

### GH Site

Work has focused on the refurbishment of a previously utilised administration corridor for the creation of a 'fit for purpose' cardio – respiratory specialty Same Day Emergency Care facility. The project has been funded mostly from charitable funds with some monies from the UEC capital project enabling works. This has enabled de-bulking and improved social distancing of the existing Clinical Decisions Unit (CDU) where the current limited ambulatory service operates from at present. Reducing length of stay for those who can be seen treated and discharged on the same day, thereby avoid unnecessary long stays and/or admission improved patient flow through CDU with the ability to better manage peaks in demand.

### Minor Illness / Urgent Treatment Centre (UTC) stream

The walk-in activity at the adults and children's ED front door continues to increase. Each day, approximately 100+ of these patients attend UHL.

A Multi Patient Unit (ELITE MPU) was placed on the LRI site to treat these patients during winter. The service has been received very well and has had a positive impact on patient and staff.

### Patient Discharge/ Transfer of Care and Hospital Flow

The discharge process is a fundamental part of a patient's experience of hospital care. Whether patients are admitted as a planned admission or as an emergency, they want to know how long they are likely to stay in hospital.

Over the past year we have continued to work with our LLR system partners and clinical teams to embed and further refine our 'Home First' ethos and Discharge to Assess pathways that aim to reduce the length of stay for people in the acute hospital setting; to

improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long term care at the end of a person's rehabilitation.

We have:

- Provided further focus on morning and afternoon Board Rounds within Specialist Medicine, working with NHSI/E and ECIST to coach teams in best practice. Embedding a 'board round' standard operating procedure to support clinical teams in practice.
- Revised the 'Home First' supported discharge referral form for Pathways 1-3 to identify and reflect a patient needs on discharge and make it more user-friendly for clinical teams to complete and to assist the Multidisciplinary Teams involved in triage within the LLR discharge coordination hub.
- Worked with our IT colleagues to redesign the 'board round' and 'discharge' profiles in nerve centre in response to staff feedback. This has enabled the development of new 'Live Discharge and Flow Boards for the Trust providing at a glance oversight of our current discharge position.
- Introduced discharge pathways to Leicestershire Partnership Trust (LPT) directly accessible from Emergency Department (ED), Clinical Decisions Unit (CDU) and the Assessment Units/ emergency floor.
- Changed the way patients are allocated to LPT beds to improve occupancy of LPT beds and widened Trusted Assessor referrals.
- Created a Discharge centre at the Glenfield Hospital which has brought together all the teams involved in discharge and flow into one room, this has enabled us to have real time discussions about our patients with a variety of professionals present who can support with their experience and knowledge at that time.
- Worked with Health and Social Care partners to develop a LLR wide patient tracking system 'SystemOne' as the go to place for tracking a patients journey from referral to the LLR Discharge Hub to Home.
- Developed with partners a number of Health and Social Care standard operating procedures to make access to the appropriate pathway 2 beds easier to navigate. (Therapy Led pathway beds, Discharge to Assess care home beds, Slow Stream Rahab for the acute brain injured patient and the management of End of Life patients)
- Worked with Thames Ambulance Service Ltd to rollout electronic booking of patient journeys and undertaken a number of PDSA's to improve ambulance conveyancing from our wards.

- Developed automated discharge medication statuses in Nervecentre to increase the accuracy and visibility of discharge medication progress in preparation for a patient's discharge.
- Built upon the automated discharge medication statuses and developed a tool to present summarised patient discharge medication progress across the Trust for daily operational management tracking and management.
- Undertaken ongoing reviews of discharge medication process improvement opportunities, including those working within the new medication prescribing system, Nervecentre eMeds.
- Revised, updated and developed a number of booklets/ policies to support our patients, families and staff as the discharge process has changed; 'Supporting you to leave hospital when you may need on going care'; 'Sovereign Unit inpatient reablement patient information and exercises; Home First Why Not Home? Why Not Today? A guide for staff on supporting patients to Leave Hospital and the Discharge and Transfer of Care Policy ( Gong Home Policy)

## 2.3 Patient Safety Strategy

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

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

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

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

## Duty of Candour

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

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

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

To monitor compliance we:

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

## 2.4 National Patient Safety Alert compliance

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

NHS trusts who fail to comply with the actions contained within patient safety alerts are reported in monthly data produced by NHS England and published on their website. Compliance rates are monitored externally by Clinical Commissioning Groups and the Care Quality Commission. The publication of this data is designed to provide patients and their carers with greater confidence that the NHS is proactive in managing patient safety and risks.

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

During 2021/22 the Trust received nine national patient safety alerts. None breached their due date during the reporting period.

**Table 1: National Patient Safety Alerts received in 2021-22**

Title	Issue date	Due date	Current Status
NatPSA/2021/002/NHSPS - Urgent assessment/treatment following ingestion of 'super strong' magnets	19/05/2021	19/08/2021	Closed
NatPSA/2021/003/NHSPS - Eliminating the Risk of Inadvertent Connection to Medical Air via a Flowmeter	16/06/2021	16/11/2021	Closed
NatPSA/2021/005/MHRA - Philips Ventilator, CPAP and BiPAP devices: Potential for patient harm due to inhalation of particles and volatile organic compounds	23/06/2021	21/02/2022	Closed
NatPSA/2021/006/NHSPS - Inappropriate anticoagulation of patients with a mechanical heart valve	14/07/2021	28/07/2021	Closed
NatPSA/2021/007/PHE - Potent synthetic opioids implicated in increase in drug overdoses	18/08/2021	20/08/2021	Closed
NatPSA/2021/008/NHSPS - Elimination of bottles of liquefied phenol 80%	25/08/2021	25/02/2022	Closed
NatPSA/2021/009/NHSPS - Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators (PAPRs) during surgical and invasive procedures	25/08/2021	25/11/2021	Closed
NatPSA/2021/010/UKHSA - The safe use of ultrasound gel to reduce infection risk	11/11/2021	31/01/2022	Closed

## 2.5 Never Events 2021/22

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

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Strong systemic protective barriers are defined as barriers that must be successful, reliable and comprehensive safeguards or remedies – for example, a uniquely designed connector that stops a medicine being given by the wrong route. The importance, rationale and good practice use of relevant barriers should be fully understood by and robustly sustained throughout the system

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

In 2021/22, nine incidents occurred which met the definition of a Never Event. Thorough analysis is undertaken for Never Events and robust action plans are developed strengthen the protective barriers to prevent a similar occurrence.

The following table gives a description of the nine Never Events, their primary root cause/s, the key recommendations to prevent reoccurrence and the level of patient harm.

The apparent disproportionate response to lower levels of patient harms through Never Events, identifies we need to do more work on our protective barriers. Patients and / or their families were informed of the subsequent investigations and involved and supported throughout the process.

**Table 2: Never Events 2021-22**

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
<b>Wrong site surgery</b>  <b>2021/15363</b>  <b>(July 2021)</b>	Ultrasound and biopsy undertaken on wrong breast  <b>Minor Patient Harm</b>	There was no “stop and pause” moment to recheck the scan request to ensure that the correct site was being scanned as side was not marked.	Implement stop and pause process and reiterate the importance of undertaking checks before scan/procedure  Review the current consent process and build this into the LocSIPP. Review and update LocSIPP (UHL Ultrasound guided Breast Imaging Intervention Standard Operating Procedure LocSSIPs 15/11/2016)  Review the poor telephone signal difficulties the department is experiencing with input from Information and Technology (IT) team and make improvements.  Arrange interpreters using DA Languages service utilised within the Trust when the patient is unable to communicate in English during consultations.
<b>Wrong site surgery</b>  <b>2021/16539</b>  <b>(August 2021)</b>	Regional anaesthesia block to the incorrect side  <b>No Patient Harm</b>	There was a failure to perform a stop before you block moment immediately prior to commencement of the nerve block	The Safe Anaesthesia Liaison Group(SALG) report and guidance will be considered for adoption into UHL  The administration of regional blocks will be included in the anaesthetic simulation training programme.  Review the UHL’s Safer Surgery Checklist to determine whether it can be revised to introduce a specific Stop Before You Block (SBYB) moment for combined procedures and whether a specific LocSSIP should be developed for regional blocks and to consider whether part of this should include the anaesthetist performing the block should marking the site and type of the



				regional block.
Retained object procedure	foreign post	Retained guidewire from a PICC line insertion	The layout of the Invasive Procedure Safety Checklist does not define the difference between a guidewire and the stylet. The procedure should take place with the presence of a dedicated assistant. There was a lack of task prioritisation resulting in the PICC line being inserted out of hours rather than a planned in hours procedure	<p>Ensure the safety huddle is undertaken to include planned procedures.</p> <p>Provide a visible competency framework and ensure staff are fully trained to perform and assist with the procedure.</p> <p>Review the role of the nurse during PICC line Insertions.</p> <p>Provide an environment where the task of inserting a PICC line is not interrupted.</p> <p>Review the training of medical staff to undertake PICC line insertion</p>
2021/13307		<b>Minor Harm</b>		
(June 2021)				
Wrong site surgery		The wrong patient underwent an invasive procedure (nerve root block) intended for a different patient in Sports and Exercise Medicine (SEM) Clinic	Inadequate process to robustly identify patient identity. Staff used closed questioning when identifying the patient meaning the patient was asked to confirm his name (as stated by the nurse) rather than to state his own name clearly out loud.	<p>Staff provided with extra training to ensure they understand how to check a patient's identity (as agreed with Matron and Head of service until Trust wide policy is available)</p> <p>That staff in SEM department follow their revised LocSSIP once approved</p> <p>That staff ensure they know how to access the Trust recommended professional interpreter service</p> <p>There are spot audits by the Matron to ensure staff are following the department's LocSSIP</p> <p>That the need for a trust wide policy / process on how to identify patients in all of UHL out-patients settings where interventional procedures are performed is discussed by the Safe Surgery and Procedures Board.</p>
		<b>No Patient Harm</b>		
Retained object procedure	foreign post	Retained swab from a suturing procedure	Non-adherence to Trust and national guidance relating to swab counts and recording during and following invasive procedures	<p>Share an account of this incident in teaching arenas to ensure that all staff are clear about their roles and responsibilities in relation to supervision and documentation during invasive procedures</p> <p>Review the required training regarding swab counts for all team members</p> <p>Ensure that procedures undertaken in the delivery rooms are managed with the same degree of consistency as similar procedures undertaken in the operating theatres ie utilisation of white boards at all times, counts undertaken at change of attendants,</p>
2021/18378		<b>Minor Patient Harm</b>		
(September 2021)				

			<p>verbalisation and recording of any swabs inserted into any cavity, and tags clipped to drapes.</p> <p>Communications to be circulated to all staff about the need to ensure a completed correct swab and need le count if staff members need to leave the room mid procedure</p> <p>Communications to be circulated to all staff about the importance of only signing for counts that you have participated in</p> <p>Ensure all new doctors are able to attend induction and do not miss it by being rostered to clinical duties on their first day in the trust</p> <p>Ensure induction to labour ward explicitly provides training in how to reduce the risk of retained swabs</p> <p>Review labour ward documentation to ensure it is compliant with NatSSIPs</p>
<p>Wrong site surgery</p> <p>2021/18627</p> <p>(September 2021)</p>	<p>Wrong site retinal photo-coagulation</p> <p><b>Moderate Patient Harm</b></p>	<p>Reliance on the argon laser referral form as the sole piece of confirmatory information. The department's LocSSIP was not reflective of actual practice.</p>	<p>The UHL Ophthalmic Laser procedures Standard Operating Procedure (LocSSIPs) requires review and revision to reflect current practice ensuring that there are sufficient safety checks and balances within the process</p> <p>Ophthalmology service should nominate a Safer Surgery Champion to work with the Corporate Safer Surgery team to strengthen the links between the service and working group/committee</p>
<p>Retained Foreign Object post procedure</p> <p>2021/20200</p> <p>(October 2021)</p>	<p>Retained Bert bag that had not been appropriately recovered from the abdominal cavity</p> <p><b>Moderate Patient Harm</b></p>	<p>There was a failure in the counting and verification systems to identify that the Bert bag was still insitu</p>	<p>The Trust should develop, implement and promote a documented process for recognition and counting of accountable items used within theatre that are deliberately cut or altered.</p> <p>The Trust should undertake a comprehensive re-examination and simplification of its accountable items policy to ensure that (i) the policy provides a clear, agreed approach to the monitoring and counting of items used within surgery in all important clinical situations and (ii) the policy details processes that are realistic, sustainable and safe, and can be followed by staff to a high level of reliability.</p> <p>The Trust should implement standardised, easily readable count boards across all of its main operating theatres. This is to minimise the possibility of cognitive/visual errors occurring when practitioners are reviewing the board.</p> <p>The Trust should consider implementing a "sterile cockpit" rule for all item counts undertaken during invasive procedures in</p>

			<p>theatre.</p> <p>The Trust should consider enhancing its monitoring arrangements for peri-operative practice to ensure compliance with counting processes.</p>
<p><b>Retained Foreign Object post procedure</b></p> <p><b>2022/5399</b></p> <p><b>(March 2022)</b></p>	<p>Retained piece of ribbon gauze</p> <p><b>Minor Patient Harm</b></p>	Investigation still in progress	Investigation still in progress
<p><b>Administration of medication by the wrong route</b></p> <p><b>2022/6249</b></p> <p><b>(March 2022)</b></p>	<p>Oral methadone was administered by the subcutaneous route in error</p> <p><b>No Patient Harm</b></p>	Investigation still in progress	Investigation still in progress

## 2.6 NHS Outcome Framework Indicators

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

**Table 3: NHS Outcome Framework Indicators**

NHS Outcomes Framework domain	Indicator	2020/21	2021/22	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely		101	104	100	119	72
	SHMI value and banding	Dec19-Nov20	Dec20-Nov21	Dec20-Nov21	Dec20-Nov21	Dec20-Nov21
		Band 2	Band 2	Band 2	Band 1	Band 3
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator)	27% Dec19-Nov20	38% Dec20-Nov21	39% Dec20-Nov21	64% Dec20-Nov21	11% Dec20-Nov21
Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Patient reported outcome scores for varicose vein surgery	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017	NHS Digital ceased collection of data from October 2017

	% of patients <16 years old readmitted to hospital within 28 days of discharge	8.1% Apr20-Mar21 Source: CHKS	6.2% Apr21-Feb22 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients <16 years old readmitted to hospital within 30 days of discharge	8.4% Apr20-Mar21 Source: CHKS	6.4% Apr21-Feb22 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients 16+ years old readmitted to hospital within 28 days of discharge	9.6% Apr20-Mar21 Source: CHKS	8.2% Apr21-Feb22 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients 16+ years old readmitted to hospital within 30 days of discharge	9.9% Apr20-Mar21 Source: CHKS	8.5% Apr21-Feb22 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs (Patient experience of hospital care)	68.1 (Jul18)	68.1 (Jul18)	67.2 (Jul18)	85.0 (Jul 18)	58.9 (Jul18)
	% of staff who would recommend the provider to friends or family needing care	71.4% Source: National NHS Staff Survey 2020	62.8% Source: National NHS Staff Survey 2021	66.9% Source: National NHS Staff Survey 2021	89.5% Source: National NHS Staff Survey 2021	43.6% Source: National NHS Staff Survey 2021
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk- assessed for Venous Thromboembolism	98.6% Apr20 – Mar21 Source: UHL	98.4% Apr21 – Mar22 Source: UHL	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Rate of C. difficile per 100,000 bed days	31.5 Apr20 – Mar 21 Source: UKHSA HCAI DCS	41.7 Apr21 – Mar 22 Source: UKHSA HCAI DCS	43.3 Apr21 – Mar 22 Source: UKHSA HCAI DCS	206.1 Apr21 – Mar 22 Source: UKHSA HCAI DCS	0.0 Apr21 – Mar 22 Source: UKHSA HCAI DCS
	Rate of patient safety incidents per 1000 admissions (IP, OP and A&E)	16.9 Apr20 – Mar21 Source: UHL data	15.9 Apr21 – Mar22 Source: UHL data	21.4 Oct17 - Mar18 Source: NHS Digital	124 Oct17 - Mar18 Source: NHS Digital	0.0 Oct17 - Mar18 Source: NHS Digital
	% of patient safety incidents reported that resulted in severe harm and death	0.1% Oct18 – Mar19 Source: NHS Digital	0.0% Oct19 – Mar20 Source: NHS Digital	0.0% Oct19 – Mar20 Source: NHS Digital	0.2% Oct19 – Mar20 Source: NHS Digital	0.0% Oct18 – Mar19 Source: NHS Digital

## 2.7 Preventing people from dying prematurely

### Summary Hospital Level Mortality Indicator (SHMI)

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

For the period November 2020 to October 2021, Leicester's Hospitals SHMI was 103. This is within the expected range.

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

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

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

COVID activity (and deaths) was excluded from the SHMI as the statistical modelling was not designed to take into account the impact of a pandemic. However, this exclusion appears to have skewed the risk adjustment modelling for all Trusts and the rise and fall in our SHMI over the past 2 years appears to directly correlate with the COVID pandemic.

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

At the end of March 2022 our Medical Examiners had screened over 3,000 patient records (100% of all adult deaths between April 2021 and March 2022). 12% of these records were referred for a Structured Judgement Review as part of the Specialty Mortality and Morbidity process and 7% of adult deaths were referred for clinical review by the patient's clinical team for learning and actions.

We have also expanded our Medical Examiner service to include both deaths in primary care and community hospitals within the Health Economy in line with national requirements.

Our Bereavement Nurses have spoken to over 2,000 families of patients who died in our care during 2021/22 and provided either further bereavement support or facilitated answers to questions for over 600 families.

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

### Patient reported outcome measures scores (PROMS)

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

The two procedures are:

- Hip replacements.
- Knee replacements.

PROMs have been collected by all NHS providers of NHS funded care since April 2009 through a series of questions patients are asked to gauge their view on their own health.

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

In order to respond to the challenges posed by the coronavirus pandemic NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of

the 2020/21 reporting period. This has directly impacted upon reported volumes of activity pertaining to Hip & Knee replacements reported in PROMS.

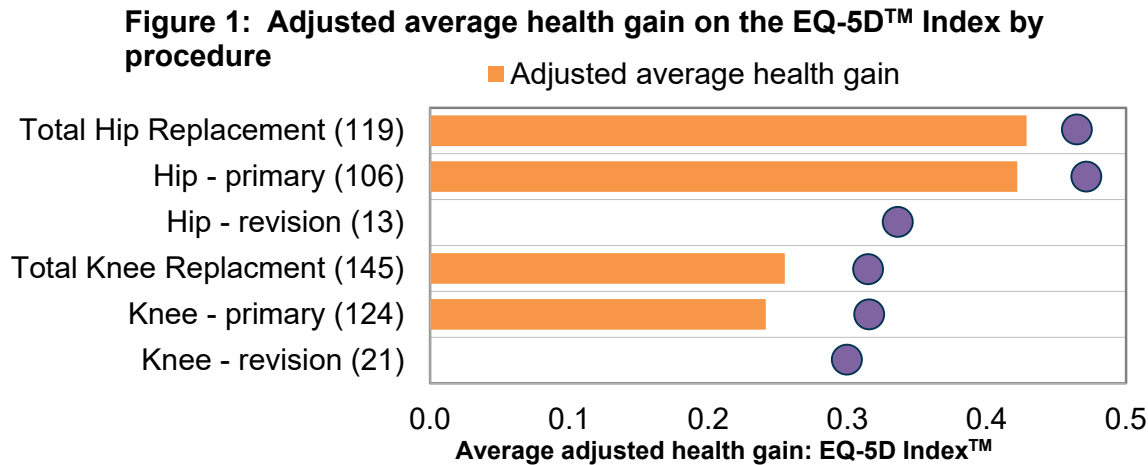
**The University Hospitals of Leicester NHS Trust (UHL) considers that the data are as described for the following reasons:**

Patients undergoing elective inpatient surgery for a hip or knee replacement, funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patient themselves. The data provided below is for the final Patient Reported Outcome Measures (PROMs) comparing UHL performance to the England average April 2020-March 2021. The data used within the report is found within the NHS Digital website.

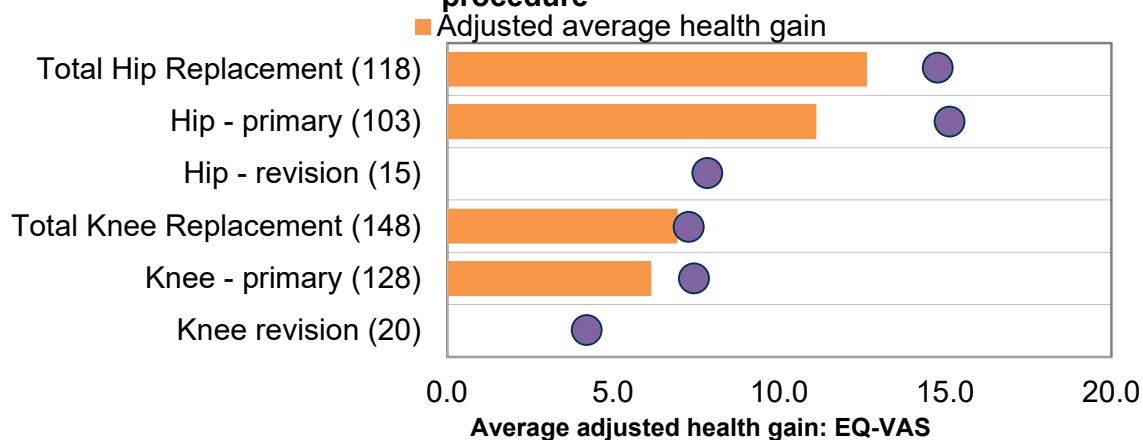
There were 459 eligible hospital episodes and 474 pre-operative questionnaires returned - a participation rate of 103.3% for UHL.

Of the 452 post-operative questionnaires sent out, 286 have been returned - a response rate of 63.3% for UHL.

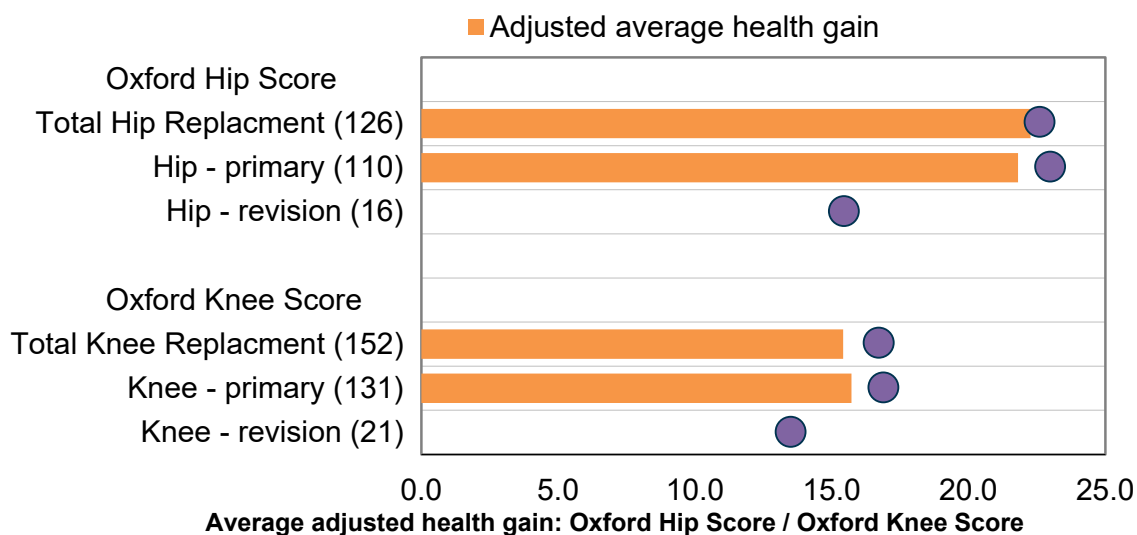
Figures one, two and three below show a visualisation of the average adjusted health gain for UHL (purple dots) compared to the England (orange bars) average. The three figures are based upon the – EQ-5D index EQ-VAS and the Oxford hip/Oxford knew score



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

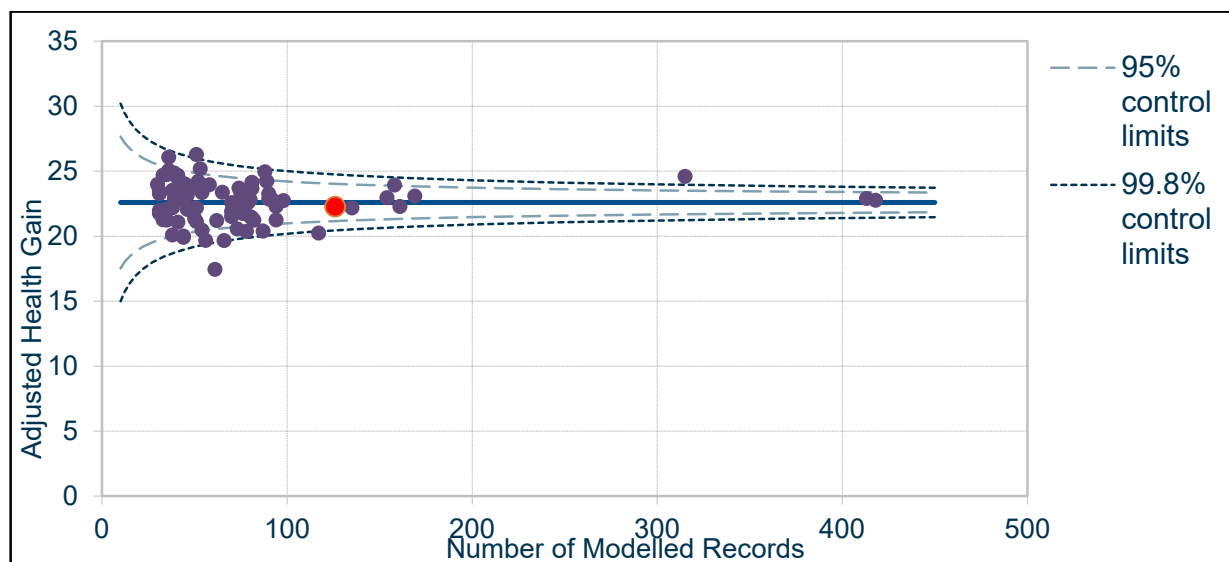


**Figure 3: Adjusted average health gain on the Oxford Hip Score / Oxford Knee Score by procedure**

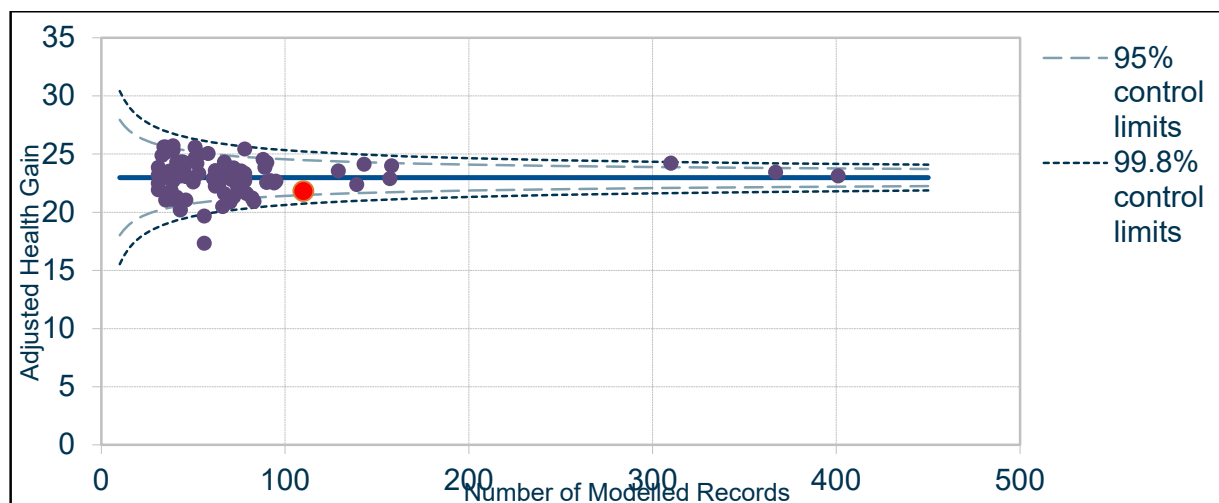


Figures four and five are a visualisation of UHL's and other providers' performance for Hip – Primary and Total Hip Replacement within the EQ-VAS measure. Both of which were reported as being slightly below the national average for UHL (the red dot).

**Figure 4: Total Hip Replacement**



**Figure 5: Primary Hip Replacements**



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

Data for the percentage of patients readmitted to hospital within 28 days of discharge is not available on NHS Digital. Leicester's Hospitals monitors its readmission within 30 days of discharge.

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

The data for 21/22 shows an improvement in our readmissions within 28 days of discharge when compared to 20/21 levels – with a smaller proportion of both adults and children and



young people being readmitted to hospital within 28 days.

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

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

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

## 2.10 Ensuring people have a positive experience of care

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

### Friends and Family Test

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

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

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

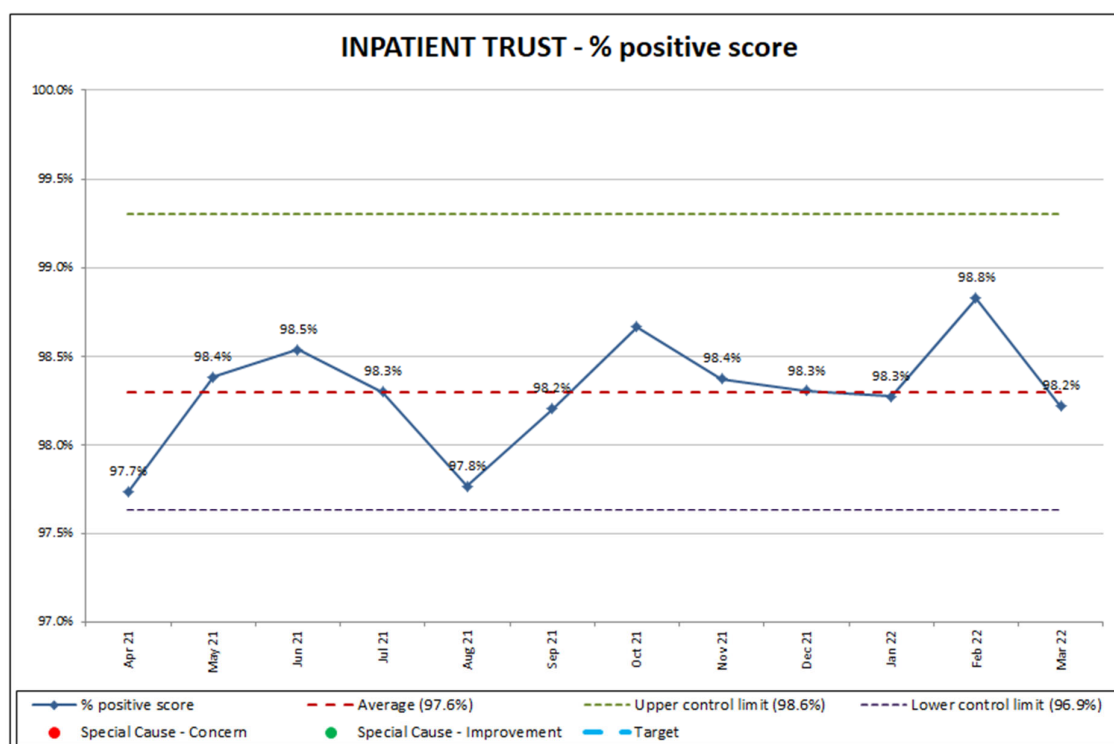
*"Please tell us why you gave this answer and anything we could have done better"*

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

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

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

**Figure 6: Friends and Family Test scores**



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

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

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

**Table 4: staff survey 2021**

	Trust 2021	Trust 2020
q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	63%	71%

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

- The NHS staff survey asks respondents whether they strongly agree, agree, disagree or strongly disagree with the following statement: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"

- The results for this element of the NHS staff survey (63% of respondents said they would be happy with the standard of care) this is below the previous (2020) NHS staff survey
- The UHL results of the NHS Staff Survey mirrored the national picture in that most questions saw a decline in positive responses.

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

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

### Venous Thromboembolism (VTE)

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

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

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

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

- Created an overarching Trust Thrombosis Committee bringing together the previously separate VTE Prevention and Anticoagulation groups.
- Provided VTE risk assessment rate data to clinical areas and presented to the Trust Thrombosis Committee to highlight where changes to clinical practice are required.
- Rapidly developed thromboprophylaxis guidelines specific to Covid-19 infection.
- Completed a Trust wide VTE Prevention audit to re-establish our performance against [NICE Quality Standard 201](#) (previously NICE Quality Standard 3) and to ensure UHL maintained our usual high standards despite disruption due to the Covid-19 pandemic.
- Expanded VTE related electronic assessments in our electronic patient record, beyond medical and surgical VTE risk assessment, to include Maternity VTE risk

assessment, mechanical thromboprophylaxis prevention measures and the monitoring of these along with developing patient safety alerts in our electronic prescribing software.

- Extended our electronic VTE risk assessment and thromboprophylaxis surveillance, creating dashboards within existing electronic clinical information systems which will allow us to monitor our performance against NICE quality indicators in real time.
- Created a regular Trust VTE Prevention Newsletter to highlight areas of best practice and share learning across the trust.
- Included VTE risk avoidance advice in all our new inpatient discharge letters, including signposting to the UHL patient VTE information leaflets, along with a QR code for quick access.

**Table 5: venous thromboembolism 2021-22**

Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism Target 95%	98.69%	98.67%	98.25%	98.08%	98.27%
		Q1 2021/22 (Apr21 – Jun21) Source: UHL	Q2 2021/22 (Jul21 – Sept21) Source: UHL	Q3 2021/22 (Oct21 – Dec21) Source: UHL	Q4 2021-22 (Jan22 – Mar22) Source: UHL	Q3 2019-20 (Oct19 – Dec19: last period of data reporting prior to Covid-19 pandemic resource reallocation) Source: NHS England

### Clostridium Difficile (CDiff)

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

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

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

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

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

## Patient Safety Incidents

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

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

- Patient safety incidents are captured on Leicester's Hospitals patient safety incident reporting system, Datix and are also uploaded to the National Reporting and Learning System (NRLS)
- Moderate, major and death harm incidents are validated by the corporate patient safety team and this process is subject to external audit every other year
- Themes and trends are reported monthly and quarterly to provide a local picture of patient safety incidents

**The University Hospitals of Leicester NHS Trust has taken the following action to improve the percentage of harm incidents by:**

- Having a clear focus on the issues that have caused the most preventable harm to patients as a key focus within our quality priorities and quality improvement work streams
- Having a dedicated Never Event reduction plan and work programme
- Actively encouraging a culture of open reporting and widespread sharing of learning from incidents to improve patient safety
- Being open and transparent about our safety work, our incidents and our actions for improvement
- Continuing to work with NHS England/Improvement, the Healthcare Safety Investigation Branch (HSIB) and other organisations to maximise our efforts to reduce preventable harm and Never Events.
- Focusing on culture and leadership as well as supporting national system- wide barriers to reducing harm events.

### 2.11 Learning from Deaths

During Quarters 1 to 4 in 2021/22, 3,438 patients were part of the Learning from Deaths process within Leicester's Hospitals (this includes deaths within UHL, deaths in ED and some community deaths that went through the Medical Examiner process). Details are as follows:

**Table 6: Number of deaths included in the Learning from Deaths process in 2021/22**

Time period	Number of deaths
April 21 to March 22	3438
Q1	734
Q2	844
Q3	927
Q4	933

By the end of March 2022, 172 case record reviews (Structured Judgement Reviews) and 6 investigations by the patient safety team have been completed in relation to the 3,438 deaths. In addition, two cases were subject to both a case record review and an investigation. There are 341 cases where the structured judgement reviews are yet to be completed

**Table 7: Number of case record reviews during 2020/21**

Time period of death	Deaths Reviewed or Investigated (as at end of May 2021)
April 21 to March 22	180 (to date)
Q1	76 to date
Q2	67 to date
Q3	33 to date
Q4	4 to date

Six (0.17% of 3,438) deaths reviewed or investigated (as at the end of March 2022) were judged 'to be more likely than not to have been due to problems in care provided to the patient'.

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

This consisted of:

**Table 8: Number of deaths reviewed or investigated during 2021/22 (to date) and judged to be more likely than not to have been due to problems in the care provided to the patient.**

Time Period	Deaths reviewed or investigated and judged to be more likely than not to have been due to problems in the care provided to the patient (% of all deaths in that period)
Q1	0
Q2	2 (0.24%) Data not yet complete
Q3	3 (0.32%) Data not yet complete
Q4	1 (0.17%) Data not yet complete

These numbers have been arrived at following correlation of conclusions of the 180 cases described above.

Learning identified through our case record reviews, has included:

- Better review of VTE Risk Assessment and Thromboprophylaxis as part of daily ward rounds
- Recognition and management of Hyponatraemia
- Timeliness of Chest Drain insertion outside of Respiratory/Thoracic specialties
- Need to improve our InterSpecialty Referral process
- Recognition of Aortic Dissection
- Challenges of preventing hospital acquired COVID
- Impact of Visiting Restrictions
- Difficulties with keeping relatives informed

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

- Development and implementation of Hyponatraemia Guidelines
- Review of the Fractured Rib pathway and policy
- Implementation of an Aortic Dissection pathway

- Increased input by the Bereavement Nurses to provide follow up contacts in order to signpost bereaved relatives to support agencies in collaboration with external partners

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

In 2020/21 there were 424 deaths subject to case record review as part of specialty mortality and morbidity review.

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

Following the completion of these additional 74 case record reviews, there were in total, 15 out of 4006 deaths in 2020/21 (0.37%) which were considered to be more likely than not, to have been due to problems in care. (8 of these cases were reported in the 19/20 Quality Account) All 15 cases have been investigated by the patient safety team

## 2.12 Performance against national standards

Indicators:

ED 4 hour wait and ambulance handovers

**Table 9: Performance against the ED targets**

Performance Indicator	Target	2021/22	2020/21
ED 4 Hour Waits UHL	95%	59.4%	73.1%
ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	70.3%	81.1%

Key: Green = Target Achieved Red = Target Failed

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

The adult emergency department is comprised of a 12 bedded emergency room, 48 individual major bays, 4 of which have been designed for those with mental health needs or living with dementia. In addition, there are 10 cubicles in the ambulance assessment area for 15-minute assessment of patients on arrival via ambulance. Eight triage rooms are used for initial assessment of walk-in patients. There is also an ambulatory and separate area for patients with injuries. A team of frailty experts (Consultants, Nurses and therapists) provide frailty in-reach within the ED.



We continue to work with partners across Leicester, Leicestershire and Rutland to improve our emergency performance and the quality of care provided on the emergency care pathway

## Referral to Treatment

**Table 10: Performance against the referral to treatment**

Performance Indicator	Target	2021/22	2020/21
RTT - incomplete 92% in 18 weeks	92%	48.0%	51.1%
RTT - waiting list size	20/21 - 66,397 21/22 - 103,403	117,857	87,968

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

The referral to treatment (RTT) incomplete standard measures the percentage of patients actively waiting for treatment. The RTT target was not achieved in 2021/22.

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

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

UHL will be working on all these priorities to reduce the length of time patients are waiting for their diagnosis and treatment. This includes utilising existing capacity fully

## Cancelled Operations and patients booked within 28 days

**Table 11: Performance against the cancelled operations targets**

Performance Indicator	Target	2021/22	2020/21
Cancelled operations	1.0%	1.7%	0.9%
Patients cancelled and not offered another date within 28 days	0	577	265

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

- Cancelled operations increased to 1.7% in 2021/22. This is due to a range of factors, including challenges presented by COVID-19 recovery and pressures of emergency flow into our organisation.

- There has been an increase in the number of patients not offered a date within 28 days of a cancellation. Available capacity was prioritised based on clinical priority and length of wait, and this sometimes meant that we were unable to re-book a patient within 28 days of their cancellation.
- UHL is working on various initiatives to improve this position, focussing on improvement in emergency flow, increasing elective capacity and improving our productivity.

## Diagnostics

**Table12: Performance against the diagnostic waiting times target**

Performance Indicator	Target	2021/22	2020/21
Diagnostic Test Waiting Times	1.0%	43.6%	35.9%

Key: Green = Target Achieved

Red = Target Failed

## Cancer Targets

**Table13: Performance against the cancer targets**

Performance Indicator	Target	2021/22	2020/21
Cancer: 2 week wait from referral to date first seen - all cancers	93%	75.9%	92.3%
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	48.7%	95.4%
All Cancers: 31-day wait from diagnosis to first treatment	96%	83.0%	91.1%
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	98.3%	99.6%
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	64.7%	71.7%
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	88.6%	93.4%

All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	51.3%	68.5%
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	55.6%	63.9%

Key: Green = Target Achieved Red = Target Failed

## MRSA

**Table14: Performance against MRSA Targets**

Performance Indicator	Target	2021/22	2020/21
MRSA (All)	0	1	1

Key: Green = Target Achieved Red = Target Failed

In 2021/22 there was 1 Methicillin Resistant Staphylococcus aureus (MRSA) blood stream infection reported, against a trajectory of zero avoidable cases. This case was deemed unavoidable following investigation.

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

## Pressure Ulcers

**Table15: Performance against Pressure Ulcer Targets**

Performance Indicator	Target	2021/22	2020/21
Hospital Acquired Pressure Ulcers – Total Validated	366	518	733

Key: Green = Target Achieved Red = Target Failed

Leicester's Hospitals is committed to reducing year on year the number of hospital acquired pressure ulcers.

In line with national guidance from NHS Improvement all hospital acquired incidences are reviewed and the learning is shared. Our approach to pressure ulcer validation ensures that all reported hospital acquired pressure ulcers are formally reviewed and the learning is shared via the Care Review and Learning process (CRaL). In April 2021, a new e-learning training package was launched, this included learning from the CRaL event.

The celebration of a national Stop the Pressure Week in November 2021 was used to raise awareness of strategies staff could adopt to prevent pressure ulcers, using a Twitter campaign and education.



In December 2021 University Hospitals of Leicester (UHL) launched a 'Pressure Ulcer Collaborative' which brought together 45 wards across our three hospital sites in an ambitious project to reduce hospital-acquired pressure ulcers (HAPUs) across the Trust.

Pressure ulcers arise from damage to the skin and the deeper layer of tissue under the skin when patients are sitting or lying in the same position for long periods of time. Pressure ulcers can be debilitating and painful and affect health outcomes and patient wellbeing.

The Pressure Ulcer Collaborative launch saw the Patient Experience and Quality Improvement (QI) teams working with wards to help them significantly, sustainably drive

down the numbers of HAPUs experienced by patients in our care.

Wards came together for the launch event where they learned more about the QI methodology they can use, received a masterclass in pressure ulcer prevention from the Tissue Viability team and came away with their own pledge for the next steps on their quality Improvement journey. This work will continue throughout 2022 bringing teams together so that they can share what has worked on their wards and what has been less successful.

This approach follows the highly-regarded Breakthrough Series Collaborative model, which aims to accelerate learning by testing different interventions simultaneously across different teams. Practitioners can then share the knowledge gained with their peers and recommend ideas which have the potential to be successfully replicated.

The Collaborative is backed by comprehensive data, which has been shared with teams to provide them with a baseline and so that progress can be measured across the next 12 months.

Throughout the Collaborative, teams will receive face-to-face and virtual support from the Patient Experience, QI and Tissue Viability teams, with a specialist nurse dedicated to supporting each CMG with their improvement process.

At the project's conclusion, a change package will be developed, for roll-out across the Trust.

Tissue Viability Specialist Nurse, Sol Gaspar, said: "We went back to basics with the teams, to talk about how HAPUs happen. We demonstrated how patient assessments should be done, why they're important and what to do with the results.

"Feedback from the launch event was great and we hope the collaborative approach will be really effective. Through making sure that we share knowledge and ideas across teams and help staff to think about the issue in different ways, we can be ambitious about creating lasting change".

## 2.12 Mental Health

UHL continues to see a significant number of both children and adults attending our hospitals with either a primary or secondary mental health problem. Emergency department figures for this have been relatively stable in the last 12 months in adults and children, ranging between 3-5% of adult attendances each month and 1-2% in children.

The further specialist assessment and treatment of patients with mental health problems is now provided across UHL by the Mental Health Liaison Service, which is provided by Leicestershire Partnership NHS Trust (LPT). This follows on from work done between UHL, LPT and Commissioners, to provide a service that meets "Core 24" service standards. In

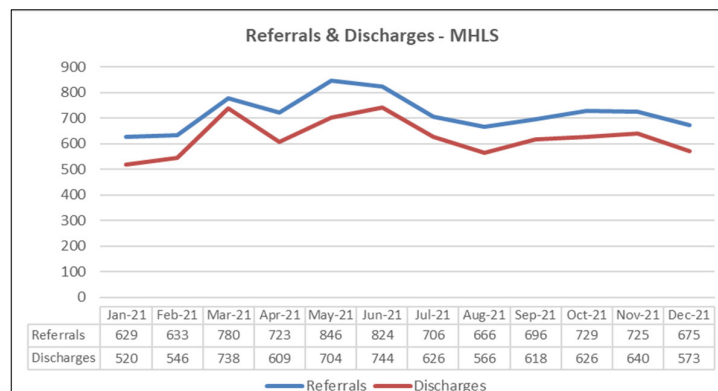
addition to this, major changes have been made to provision of mental health services in the last year in Leicester Leicestershire and Rutland (LLR) with the introduction of a Central Access Point for patients and professional and also the opening of a Hub at the Bradgate Unit that will see physically well patients directly via the CAP and also from other sources such as EMAS.

The new Mental Health Liaison Service has now been implemented, despite the challenges of COVID. This has included recruitment to Liaison Psychiatry Posts. This has strengthened the leadership of the service and the interface with UHL.

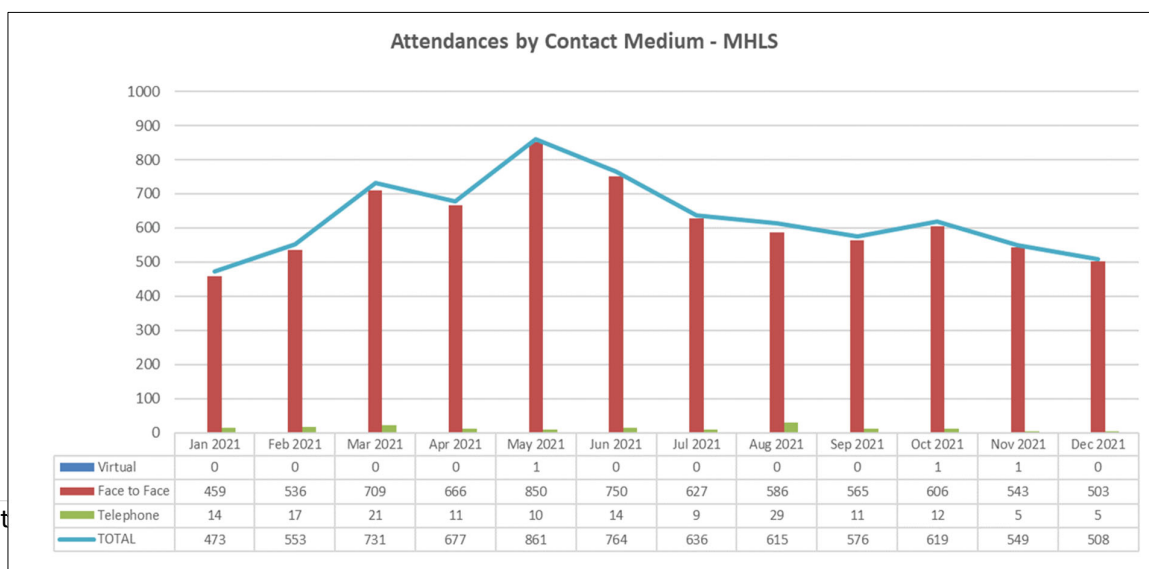
Unfortunately, electronic referral has not yet been implemented. Plans for this are in place going forward. Data collection by UHL on wait times is dependent on this and other work needed to our Nerve Centre System.

LPT have moved to using System 1 over the last year. Data collection by LPT on the service is shown in the three charts below (MHLS data performance report). Note they have had issues with data collection and there is ongoing work in this area. Figures for waiting times, especially in ED do however show delays in assessing patients to the 1 hour standard.

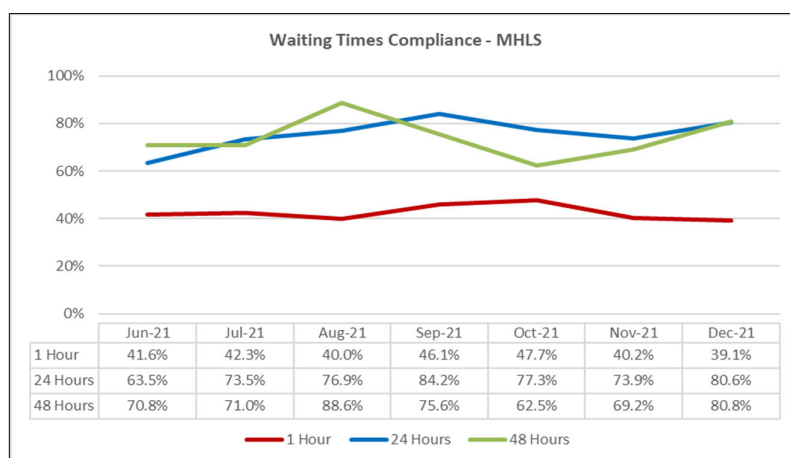
**Figure 7: Referrals & Discharges (MHLS)**



**Figure 8: Activity / Attendances (MHLS)**



**Figure 9: Waiting Times (MHLS)**



The ED Frequent Attender Nurse does work with the Mental Health Liaison Service to help address mental health co-morbidities in this group of especially vulnerable patients.

There is a UHL Mental Health Steering Group in UHL.

UHL links with the Mental Health Co-design group and representatives from UHL sit on this group. This includes ongoing review of mental health services provided to UHL.

UHL also has representation on the LLR Suicide Audit Prevention Group and inputs into the work done by this group.

## 2.14 Equality, Diversity and Inclusion (EDI)

This year, we have continued to see significant changes and challenges affecting our Trust, which have highlighted the need for and importance of our commitment to equality.

The EDI work we have undertaken over the past year acknowledges that COVID-19 has had a significant impact on our patients and staff.

We have directed our activity through the three pillars of the Equality, Diversity and Inclusion (EDI) Strategic Plan 2020-2025 which are:

- Outstanding health outcomes and experiences for all our patients.
- A diverse, talented, and high performing workforce.
- An inclusive, accessible and civil culture.

Our work during 2021 -22 has focussed on embedding EDI activity across the organisation to meet the strategic objectives of improving equality, diversity and inclusion across the Trust and LLR. They are in alignment with the principles set out within our legal duties, the NHS Long Term Plan, the NHS People Plan and the Model Employer Strategy, which address racial inequalities and discrimination within the NHS, including Leadership Diversity. They also include the patient and workforce aspects of the Equality Delivery System.



## Key Achievements 2021/22:

### Inclusive Decision-Making Framework

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

A number of familiarisation and training events have been delivered and a best practice online repository of case studies was established including:

- **UHL Reconfiguration Programme** –that reviewed the Reconfiguration Programme through an EDI lens to embed the IDMF across the programme and delivered IDMF training sessions for all Reconfiguration staff.
- **Maternity Transformation Programme** – Leicester Leicestershire and Rutland LMNS (Local Maternity & Neonatal System) developed equity and equality action plans that set out how equity will be achieved for women and babies and Race equality achieved for staff.
- **Vaccination Hub** – a thorough Equality Impact Assessment was carried out across LLR and used to identify priority groups for vaccination. We also established the LLR Covid Vaccination Inequalities Group and subgroups.

### Staff Networks

In 2021/22 we have worked in close collaboration with our staff networks. In addition to the work, we have done with our **BAME Voice Network**, we have developed two new staff networks.

Firstly, the **LGBTQ+ network** had a successful Launch during Pride Month June 2021 and represented UHL by taking part in the Leicester Pride 2021 parade.

The fledgling **UHL Women's network** hosted a Women's week in November 2021 with a series of events which showcased the experiences of a range of women from different roles working at UHL. The event was a springboard for the network, which formally launched on International Women's Day on the 8<sup>th</sup> March 2022.

The **Differently Abled Voices (DAV)** Network have grown from strength to strength during 2021 – 2022, keeping meetings going and members updated during the challenges of Covid 19. The network has supported colleagues who have been shielding and have raised awareness around hidden disabilities. DAV has been instrumental in securing approval for the Hidden Disabilities Sunflower membership scheme, which is due to be implemented during spring 2022.

To build capacity and capability of our existing and new networks we have developed a Staff Network Framework. The framework has been piloted through DAV who are now early



adopters. We have also designed and delivered a development session for all of our staff network Chairs.

### Active Bystander Programme( ABP)

During 2021/22 UHL has continued to build the Active Bystander Programme, which was developed following a Trust wide Leadership and Culture assessment. The ABP seeks to establish a pro-active organisational culture approach to address harmful behaviours, promote an inclusive culture and role model our values.

The programme design continued during 2021 -22 with key involvement from Dr Catherine Sanderson, who authored 'The Active Bystander Effect' which was a key text in the development of the programme.

The online modular programme for the ABP has also been developed and the roll-out of the LLR System pilot is due to launch in June 2022. This will inform implementation of the ABP across all NHS organisations.

### Your Voice

The roll-out of the Report and Support Tool and communications campaign has continued during 2021- 22. Your Voice will enable anonymous and real time reporting of inappropriate and unacceptable behaviours e.g., bullying, harassment, and discrimination.

The programme manager for this was appointed in February 2022 and the tool has been socialised with colleagues from across the ICS.

### Transgender inclusion

During 2021-22, we carried out an extensive review of the UHL Transgender patient Support Policy. Alongside this we have developed a Trans Inclusion training programme and accompanying resources and tools that was delivered to theatre staff and outpatient staff. The sessions aimed to raise awareness, educate and share good practice. We are looking to develop this further and roll out the training to other departments and services.

### Race equity agenda

To move toward the Trust's commitment to race equality we have developed a Race Equality Key Terminology guide. We recognise that it is important to talk about race. The aim of this guide is to provide the latest definitions of the most common terms used when discussing race.

We have continued and built on our collaborative work and engagement with our diverse communities. Our community forums the EAG and AIS Stakeholder Group monitor our activity and share advice and guidance on good practice.

### Accessible Information Standard

We have completed and implemented the end-to-end review of the Accessible Information Standard and have monthly meetings with key community stakeholders to assess progress.

### Equality Reporting

The WRES and WDES implementation (including data submission and publication, and implementation of the Model Employer strategy) has continued in 2021 - 2022 and includes our LLR System Aspirational Targets collaboration.

The Gender Pay Gap Report reported findings and was published March 2022. The development of a comprehensive EDI Data Dashboard to inform evidence based decision making is underway to provide the organisation an in depth data set for both patients and staff.

### Learning and Development

We designed and delivered a series of learning and development sessions for senior colleagues in our People Services directorate. The sessions were designed to develop understanding of key areas of EDI.

### Key actions for 2022/23

- Further development and embedding of our IDMF and ABP across the Trust and Wider System
- Development and implementation of a Talent and Diversity Toolkit to support the diversification of our workforce
- Design and publication of integrated EDI action plan to operationalise high- level strategic plan
- End-to-end review of our Translation and Interpreting processes and systems
- Transgender inclusion training to be rolled out to further departments.
- Hidden disabilities – sunflower lanyards
- Disclosure campaign to inform and encourage staff to update their equality information in order to bridge the gaps in our data that we use to inform our EDI decision making, policies and services.
- We are looking to put out regular EDI communications across the Trust, such as a quarterly EDI newsletter and publishing an EDI calendar.

### Patient and Public Perspective

### 3.1 Information for Public and patients

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

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

### 3.2 Patient and Public involvement

With ongoing pandemic precautions still active, over the last year the Trust has continued most of its engagement with patients and the wider public remotely. This has taken the form of online meetings, events and focus groups as well as some telephone interviews.

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

As part of our membership engagement, we have maintained a programme of online monthly medical talks (Leicester's Marvellous Medicine) which have been well attended. The talks are delivered by our consultants on a range of medical topics. They provide an opportunity to showcase the Trust's expertise in various fields as well as sharing our latest research projects and promoting services. The talks are interactive and provide opportunities for people to ask questions and give their views on UHL services, with feedback going directly to the responsible consultant. Topics covered over the last year include Heart Failure, Long Covid, and Childhood Asthma, Allergies, Sudden cardiac death and severe disease from Coronavirus.

Throughout the last year, the Trust has continued to work with its Patient Partner group. Patient Partners are members of the public who have experience of the Trust's services. They sit on several boards and committees and are available to provide a patient perspective to staff working on projects and service developments. Patient Partners are still contributing remotely via on line platforms. Patient Partners have been involved in several serious incident reviews recently as well as providing a patient perspective on several Boards and Committees.

The Trust's Patient and Community Engagement team have recently focused on the experience that carers have of our services. As such, we have recently run a series of online listening events, with support from the Carers' Centre and from colleagues at Age UK. Sessions have also been held with carers drawn from our public membership. The pandemic has presented clear challenges for carers. The outcomes from our engagement

will be presented to senior staff in the organisation and will assist them to review how we can best support carers in the future.

In partnership with the Trust's Equality, Diversity and Inclusion (EDI) team, we have recently engaged with Transgender patients. The purpose of the engagement was to inform a review of the Trust's current Transgender policy. The session, held virtually in October, covered a wide range of issues relevant to the care and treatment of Trans patients and has helped to shape the new policy.

In September 2021 the Trust commemorated the 250th anniversary of the opening of the Royal Infirmary. Members of the public and staff were invited to attend a dedicated service, held at the Leicester Cathedral on September 12th. The event was well attended and marked the start of our 250th year celebrations. On 11th September, members of the public attended a heritage talk and tour covering the history and development of the Royal Infirmary site. The events were run as part of the Leicester City Council's Heritage Open Weekend programme.

Over the last year, several our services have established new opportunities to engage with their patients, families and carers. Our Children's Hospital, for example, has now established a new Youth Forum which is already seeing good engagement from its members. The Youth Forum meets monthly and is comprised of young people who use UHL's Children's' services, between the ages of 13 – 21. It aims to involve young people in the improvement of children's services.

Our Renal services team have established a virtual patient group which meets monthly via the MS Teams platform. The group are involved in decisions relating to Renal Services and discuss matters relevant to patient experience. The group's remit has recently been expanded, with patient members now sitting on Boards and Committees within Renal services. The Renal team have also established regular virtual "engagement cafes", in which patients of the service and their carers / families can meet to informally discuss their care and evaluate the service.

Our Maternity services continue to engage with the local Maternity Voices Partnership (MVP), with MVP representatives involved in interviews for senior midwifery staff and sitting on the service's Board. Midwifery staff have also run two successful engagement events for users of their Lotus service. The Lotus service was established to support women from South Asian backgrounds. The engagement sessions were convened with interpreters and sought to evaluate and improve the care that women were receiving.

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

### 3.3 Patient Feedback

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

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

The Trust is delighted to say that during 2021-22 circa 206,000 feedback forms / surveys were received from patients. These surveys included the Friends and Family Test question and of the 206,000 responses approximately 193,000 contained a positive response, 7,000 included suggestions for improvement and 6,000 that were neither positive nor negative, this is a tremendous achievement.

The Trust continued to offer a postal survey to families of patients during 2021-22, a facility that was established during 20-21 due to the COVID-19 pandemic. Feedback is also collected from patients, families and carers using the following well established methods:

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

#### Feedback from Families and Carers

Because of the COVID-19 pandemic UHL have had to restrict visiting to protect patients, visitors and staff in line with National guidance. To ensure that the Trust continued to receive feedback from families and carers a new postal survey was introduced that was sent out with patients on discharge allowing families to provide feedback using a prepaid envelope and this continued in 2021-22. The same survey for families and carers was also available on the public website and on the wards.

During 2021-22 there have been 886 completed Family, Carers and Friends feedback forms received within the Trust and this feedback has been shared with the clinical teams.

### Patient Recognition Awards

This award was launched in April 2018 and recognises staff who patients, family, and carers have mentioned by name in the Friends and Family Test feedback comments. These comments detail the positive impact the staff member has had on their experience while they have been in hospital. During 2021-22 there have been nine winners: five nurses, three doctors and a midwife

### STAR Award

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

Carol Bradley, Assistant Chief Nurse said: “We are already seeing excitement over our STAR awards and positive changes to services”.

Congratulations Ward 24, LRI, for winning our first STAR Award.



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

During 2021-22 visiting for patients has been restricted at times due to COVID-19. Therefore, Leicester's Hospitals have identified several initiatives to support families and carers enabling them to stay connected with patients while they are in hospital. These initiatives were implemented at pace from early April 2020 and have been ongoing since this time.

Most families only require information over the telephone and where possible the patient themselves is encouraged to update family members using their own phone. To support this or where this was not possible then the clinical teams ensure patients' next of kin have regular updates, which is documented in the patients nursing notes using a sticker for easy recognition.

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

### Feedback Regarding Telephone Updates

*"We called daily for an update as unable to visit and were always treated with compassion and not as a nuisance. If we did not call then we were called by the ward and informed of any significant changes."*

Visiting opened prior to the Omicron variant of COVID-19 and reopened again at the end of January 2022. During the latter reopening, relatives were given a one-hour visiting slot with different people allowed to visit on different days. Visitors were advised to undertake a lateral flow test prior to visiting and to wear a mask at all times during their visit.

Throughout the pandemic, compassionate visiting policies have enabled carers to visit and their input has been encouraged.

### Feedback from Relatives Regarding Visiting in 2021

*"As my husband was poorly the staff looked after him very well. They allowed me to stay with him and care for him. They also allowed relatives to visit from America which helped my husband to stay positive"*

*"Thanks For all your hard work and allowing me to visit my husband"*

*"You treated my Dad and myself well when I visited him, and you kept me well-informed about visiting."*

### Dementia Care

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

This year as COVID-19 restrictions continued to have an impact on visiting policies this brought additional challenges to people living with dementia, their families and carers.

We have focussed on maximising the support the Admiral Nurses and the Meaningful Activity Facilitators to provide for people living with dementia when they are admitted to hospital.

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

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

The Admiral Nurses have supported 301 patients and their families in 2021-22. The majority of the support is being provided directly to the families – as both emotional support, practical advice, advocacy and education.

The Admiral Nurse's collect feedback from families they have supported, through sending an email link to the family or postal surveys. 100% of the 33 people who completed surveys indicated that their overall impression of the service was good or very good.

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

*'Our family could not have managed without the Admiral Nurse support. She assisted us to navigate a complex system for our father who has dementia and our elderly mother who cares for him. They went above and beyond to help us.'*

The **Meaningful Activity Facilitators** (MAF's) are a team of dementia support workers, covering the emergency floor and the older people's medical wards. Each year they support approximately 2900 people living with dementia, 800 of whom have a delirium when that are admitted to the trust.

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

Part of their role includes working with people living with dementia and families to ensure they can keep in touch with people during their stay. For example with video calls, messages home, post cards and e greetings or phoning the families to let them know how they have supported the person that day.





The MAF's collect case study examples to showcase the work they have done with an individual. This is termed: 'Small Change, Big Impact' two examples of this are:

#### AFU- New Year celebrations

*The team decorated a trolley with New Year's decorations to celebrate 2022, allowing patients to recognise that it was the end of one year and the start of another.*

*Party music was played and staff dressed up. MAF's served patients and staff non-alcoholic drinks. The use of music got patients dancing, one patient got out of bed to dance and enjoy some fun with inflatable music props. Creating a party atmosphere got patients engaging with each and many began to reminisce about years gone by and share stories with their fellow patients.*

*One patient facetimed her family as she couldn't believe how much effort the MAF team had gone to allow patients to celebrate. Two other patients requested photographs of themselves with the decorated trolley so that they could share them with their family and friends. All patients were left with an upbeat wellbeing, and it helped to raise spirits on the wards.*

#### Ward 34 – Helping a gentleman to feel connected to his family

*This gentleman had been quite delirious and his family were only able to visit every few days. On the days they didn't visit, I always supported this gentleman to call his wife. This helped with orientating him and to feel closer to his family. We used several of the 'Postcards Home' to send messages of how he was feeling or what he wanted to tell his wife. Sadly, this man died in hospital but we were able to support him and his family to stay connected right up to the end of his life.*

*"The Admiral Nurse or MAF would phone on a regular basis to update me on my husband whilst he was in hospital. Even took the time to write postcards on his behalf which will now be treasured as he is no longer with us."*

**- Feedback from the patient's wife**

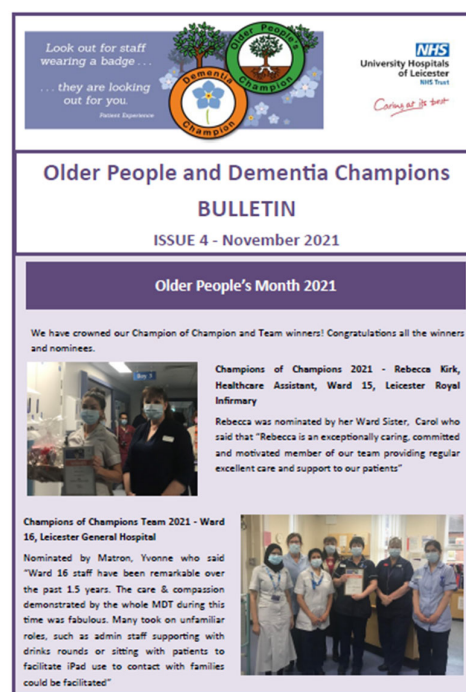
Together, the Admiral Nurses and the Meaningful Activity Service have worked collaboratively to support people living with dementia and their families. A weekly dementia MDT has been set up, including the Mental Health Liaison Service, Occupational therapy and the Dementia Clinical Lead. This enables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

The Older People and Dementia Champions' network continues to grow, with 85 members of staff becoming champions this year. All of our Champions voluntarily take on this role and additional training to 'champion' the needs of these patient groups in all areas of the hospital.

Following the introduction of the Champion Link roles last year, quarterly sessions have been held to network, support and update champions in older people's and dementia care. The idea of the link Champion is to work with other champions and staff in their area to engage the team and share their passion and commitment to improve the inpatient experience for older people and people living with dementia.

Essential to role - 'Enhanced Dementia training' has been completely refreshed this year and with the support of the Education and Practice Development team 1006 members of staff have been trained to date this year.

The team have also started to produce a quarterly Older People and Dementia Champions Bulletin. This includes news, upcoming training, and items of Interest in Older People and Dementia care and staff recognition. This is sent to all champions- around 10% of employees in the Trust.



### 3.4 Patient information and Liaison service (PILS)

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

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

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

**Table16: PILS activity (formal complaints, verbal complaints, requests for information and concerns) by financial year - April 2015- March 2022**

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Formal complaints	1574	1467	1886	2260	2534	1476	2264
Verbal complaints	1449	1152	856	492	192	218	308
Requests for information	439	321	143	118	168	113	210
Concern (excludes CCG & GP)	755	1288	1146	1170	1488	1001	1515
Total	9% increase	0.20% increase	4.70% decrease	0.20% increase	8.60% increase	35.90% decrease	53.02% increase

### Learning from Complaints

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

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

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

From March 2020 to 1 July 2020, NHS England implemented a national 'pause' on the NHS Complaints process due to COVID-19. At UHL we restarted our process from 1 June 2020. During the second wave of Covid-19 there was no national 'pause' so an executive decision

was made at UHL that between 11 January 2021-6 April 2021, complaints would be managed based on 'urgency'. These periods have significantly affected performance for response times again for 2021-22 due to the backlog of complaints.

Leicester's Hospitals Patient Information and Liaison Service (PILS) administer all formal complaints and concerns. Between April 2021 and March 2022, we received 2,264 formal complaints and 1,823 concerns.

We achieved 49%, 49% and 42% for the 10, 25 and 45 day formal complaints performance respectively; a decrease in performance against last year and a symptom of the COVID-19 backlog of complaints and PILS staffing issues. The most frequent primary complaint themes are medical care, communication and staff attitude.

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

## Reopened complaints

**Table 17: Number of formal complaints received, and number reopened by quarter April 2019 to March 22**

	Formal complaints received	Formal complaints reopened	% resolved at first response
2019/20 Q1	620	62	90%
2019/20 Q2	645	85	87%
2019/20 Q3	660	82	88%
2019/20 Q4	609	81	87%
2020/21 Q1	234	39	83%
2020/21 Q2	419	77	82%
2020/21 Q3	474	62	87%
2020/21 Q4	354	35	90%
2021/22 Q1	498	63	87%
2021/22 Q2	560	67	88%
2021/22 Q3	581	70	88%
2021/22 Q4	632	84	87%
Total	6,286	807	87%

## Improving complaint handling

Throughout 2021-22, Leicester's Hospitals suspended its participation in the Independent Complaints Review Panel process due to the COVID-19 pandemic. Usually, this panel reviews a sample of complaints and reports back on what was handled well and what could have been done better. This feedback is used for reflection and learning with the PILS and CMG team.

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

Successfully applied for NIHR funding to begin an Artificial Intelligence (AI) project that will use 'Natural Language Processing' to automate key parts of the complaints system. This will automatically identify key issues in a complaint, allocate them to the appropriate person

for a response, collate responses for human sign-off, and alert hospital staff when new patterns of sub-optimal care are identified (or known patterns re-emerge).

**In 2022/23, we will:**

- Reinstatement and refresh the Independent Complaints Review Panel process
- Progress with the AI project work
- Focus on providing earlier verbal resolution and less written responses for resolution
- Aim to reduce the number of re-opened complaints by speaking with complainants where possible to identify key points for resolution

**Parliamentary Health Ombudsman Service**

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

**Table 18: Parliamentary Health Service Ombudsman complaints - April 2016 to March 2022**

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Total
Awaiting outcome validation	0	0	0	1	1	4	6
Enquiry only - no investigation	1	1	0	1	3	3	9
Investigated - not upheld	12	6	4	0	0	0	22
Investigated - partially upheld	3	3	3	3	1	0	13
Investigated - upheld	1	0	0	0	0	0	1
<b>Total</b>	<b>17</b>	<b>10</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>51</b>

## Transferring care safely (GP concerns)

The Transferring Care Safely process continues to be an important mechanism in engaging with commissioners and primary care to improve safety and experience in the transfer of patients between secondary and primary care. In 2021/22 the service has seen 109% increase in GP concerns.

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

Covid restrictions and operational pressures have limited the engagement opportunities for the team with CMGs. The focus of 2022-23 work is to engage with services seeing the highest numbers of inappropriate requests to GPs to understand and improve the prevalence of these incidences.

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

**Table 19: Number of GP concerns by financial year**

Year	Number of GP Concerns
2017/18	592
2018/19	1,275
2019/20	1,107
2020/21	774
2021/22	1,555

## Staff perspective

### 4.1 Implement our fair and equitable People Strategy

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

It includes specific commitments around how we will continue to:

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

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

Our approach is being refreshed focusing on our long-term ambition for our organisational People Strategy, aligned to the national People Plan, and Leicester, Leicestershire and Rutland system People Plan, and the more immediate actions the Trust will take following the COVID-19 pandemic and beyond.

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

#### COVID-19 impact on our people

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

Profound changes emerged and we demonstrated that we could:

- Prioritise the care of our staff and ensure joined up approaches to health and wellbeing across health and social care.
- Mobilise to share our workforce across health, social care, higher education institutions, other healthcare provider facilitated by a robust legal framework.
- Offer a centralised COVID recruitment HUB to streamline processes and bolster staffing levels. In addition, we embedded the national bring back to work schemes and an internal redeployment programme.
- Rapidly undertake robust virtual education.
- Rapidly redesign how services are delivered across pathways not just within organisations eg ED and Emergency and Urgent responses, rehabilitation post COVID pathways, support for rapid discharge and virtual outpatient clinics and wards across organisational boundaries.
- Utilise virtual and digital technology particularly within Outpatient clinics
- Focus on the experiences of BAME staff and ensuring risk assessments for all defined at risk groups are in place.
- Ensure inclusive decision making is introduced into the way we make strategic decisions.



- Take advantage of and utilise COVID employment programmes e.g. traineeships, Kickstarts and apprenticeship incentives.

## Highlights for 2021/22

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

### Looking after our people

- Our Health and wellbeing offer has been continuously developed during COVID to provide our workforce access to a diverse range of support and interventions. Categories of support include focusing on 'looking after yourself and colleagues', 'let's talk' and 'I need help'.
- We have trained 70 practitioners in Trauma Risk Management (TRIM) and launched training for REACT Mental Health conversations.
- Amica Staff Counselling and Psychological Support Services are available for all UHL colleagues 365 days a year. The need for our services has risen by approximately 20% in the last year. The team, alongside quality one-to-one services, have provided in excess of 600 hours of in-reach work across the three UHL sites, in Critical Care, Theatres and the Emergency Department. Amica has also supported teams experiencing extra challenges, with drop-in/support sessions, when requested.
- This year also saw the launch of the self-care wellbeing platform SilverCloud, freely available through the dedicated Amica website alongside other useful resources such as training sessions for Emotional Resilience and Mindfulness.
- As part of LLR, we have set up a Health and Wellbeing Taskforce who are working in collaboration with all system partners to develop a wide HWB offer impacting on improving the lived experience of our staff.
- We are part of the LLR Mental Health and Wellbeing hub providing a central point of access for support.
- UHL have successfully adopted the Schwartz Round approach.
- We are proud to have played a key part in establishing our LLR Academy, which is a virtual team of dedicated health and social care representatives working together across the LLR system to improve outcomes and experiences for our people and the population we serve, creating #moregooddays.
- We have supported learning, assessments and exams for around 450 Trust apprentices with 23 training providers and 250 Centre apprentices.

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

- Nursing and Midwifery Workforce plan – supporting branding campaign and recruitment strategies such as International recruitment resulting in reduction in vacancies. Expanding undergraduate student nurse and midwifery placement capacity within the system across health and social care setting. Increasing new roles, recognition and retention initiatives. Significant progress in closing the gap for support to nursing vacancies.
- Medical Workforce plan – to increase workforce supply we developed recruitment initiatives, new roles and introduced rotational programmes.
- Development of workforce plans at service level focusing on restoration and recovery of both our people and activity levels. This included the development of new and innovative roles include, pharmacy roles to support care homes, Physician Associates and Apprenticeships for Pharmacy Technicians.
- Our externally accredited UHL Apprenticeship and Development Centre are committed to providing learning and development opportunities to new to Trust or staff in UHL through blended learning approaches across a range of programmes and gained OFSTED rating of 'good' during 2021.
- Launch of the traineeship scheme (level 1 employability) and Kickstart scheme (level 2 employability) to grow the future workforce and continuation of the 15<sup>th</sup> Cohort of the Princes Trust.
- Scope and launch of virtual career events for health and social care including a new work experience portal

### 4.2 National NHS Staff Survey

#### National NHS Staff Survey 2021

The NHS Staff Survey was carried out in October and November 2021, on behalf of NHS England and the results form a key part of the Care Quality Commission's assessment of NHS Trusts in respect of its regulatory activities such as registration, the monitoring of on- going compliance and reviews.

This year we carried out a full census survey – which means every member of staff (16,122) that was eligible to take part and would have received a survey to complete. 7271 responses were returned, giving a response rate of 45 per cent. This was an increase of 12 percentage points from the previous year; the national average (median) for Acute and Acute & Community Trusts stands at 46 per cent. We also received 1,569 anonymous free text comments.

The UHL results of the NHS Staff Survey mirrored the national picture in that the majority of questions saw a decline in positive responses. 12 key areas have been identified for improvement and agreed at Trust Board

**Over the next 6 months we have committed to our staff that we will :**

- Improve our **car parking** experience.
- Improve our **on-call rooms**.
- Improve our **catering facilities**.
- Review **space utilisation and allocation**.
- Further invest in modernising and improving our **Wi-Fi and IT**.
- Call out **poor behaviour** and no longer accept this.
- Launch a new **Health and Wellbeing** offer and learn from the best in the NHS.
- Make it easier to **recruit people**
- Launch a **new long service scheme**
- Further support our **staff networks** and the **diversity** of our leadership teams will increase.
- Strengthen the voice of **administrative and clerical colleagues**.
- Ensure that the senior leadership team are more **visible**, in particular at **LGH**.

**Table 20: National Staff Survey 2021**

	Trust 2021	Trust 2020
q21c. Would recommend organisation as place to work	55%	66%
q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation	63%	71%

Less people have experienced harassment, bullying or abuse from other colleagues with an improvement from 20% to 18%.

### 4.3 Freedom to speak up Guardian

The role of the Freedom to Speak up Guardian at Leicester's Hospitals has been in place since February 2017. The Freedom to Speak up Guardians provides impartial and confidential advice for staff to "speak up" around any concerns they may have that impacts on patient safety. Listening to staff is a priority of the service and enables an open and responsive culture.

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

- Junior Doctor Gripe tool
- Freedom to Speak up mailbox and telephone
- 3636 staff Concerns Reporting Line
- Your Voice BAME reporting tool
- Anti-bullying and Harassment Service
- Counter Fraud Management Services

- Care Quality Commission
- Human Resources Advice Line

At the Leicester Hospital's there are four main ways that staff at Leicester's Hospitals can raise concerns that are all managed by the Freedom to Speak Up Guardian service:

### **Directly to the Freedom to Speak up Guardian**

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

- Thank the staff member for raising the concern (if they have shared their details)
- Arrange to meet with the staff member and explain the Guardian's role
- Follow the 5-Step approach when responding to staff concerns (see right)
- Escalate to the most appropriate Senior Manager/Executive, Head of Operations, Head of Nursing or Clinical Director
- Identify if concerns raised belong with Human Resources or a Staff Side Trust Representative and signpost staff to them
- Log concerns and review every two weeks.
- Make contact with the staff member (if they have shared their details) for updates
- Request updates from the senior colleagues involved in resolving the concerns
- Provide feedback to staff who have raised the concern

### **The five step approach**



### **3636 Staff Concerns Reporting Line**

The 3636 Staff Concerns Reporting Line is a confidential telephone line and/or online forms that enable a staff member to report safety concerns 24 hours a day, 7 days a week.

Their concern is escalated to the Director on Call to follow up appropriately the same or next working day if the concern is raised out of hours. This ensures an immediate, senior and impartial response to all safety concerns.

### Junior Doctor Gripe Tool

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

Junior Doctors can access the tool through Leicester's Hospitals intranet and is communicated at every induction/rotation to ensure that Junior Doctors joining the trust are aware of this mechanism.

Junior Doctor Gripes are:

- Escalated to the appropriate Clinical Director of a Clinical Management Group.

Feedback to the Junior Doctor that raised the concern to keep them up to date with progress on any actions being taken:

- Request updates from the senior colleagues involved in resolving the concern.
- Data and feedback is shared within the monthly Junior Doctor Newsletter.

### Your Voice BAME reporting Tool

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

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

### Number of concerns raised 2021/2022

231 concerns were raised in 2021/2022. The table below shows the numbers of staff concerns raised and managed by the Freedom to Speak up Guardian Service over the past five years

**Table 21 Freedom to Speak up Guardian**

	2017/18	2018/19	2019/20	2020/21	2021/22	Total
Freedom to Speak Up	77	93	88	160	170	588
Junior Doctor Gripe	0	0	1	64	47	112
Staff (3636 Staff Concerns)	58	38	39	22	13	170
Your Voice	0	0	0	3	1	4
Total	135	131	128	249	231	874

### Doctors Rotas

In relation to junior doctor vacancies, rates have improved since the August 2021 rotation and overseas doctors are commencing in post.

The medical Education and Workforce Group have recommended that Emergency and Specialist Medicine and Renal, Respiratory, Cardiac and Vascular Clinical Management Groups work together to develop and appoint to trust grade rotational posts in 2022 and to reconsider appointing at FY3 grade as there is a pool of local candidates that take a FY3 “gap year” type posting. This would enhance the reputation of UHL as a place to work, allow for floating posts within the rotation to cover short notice gaps and renew the focus on reducing agency spend by having a rotational more flexible workforce.

UHL are aiming to host more foundation level doctors working with HEE EM. This would provide a steady supply of doctors recruited via the foundation programme especially given the expansion of medical student numbers. We will be seeing an increase in foundation level doctors from August 2022/2023.

As part of our surge plans, the Trust is aiming to minimise disruption to medical training, ensuring that, in the event of movement of staff, trainee doctors can gain required competencies.

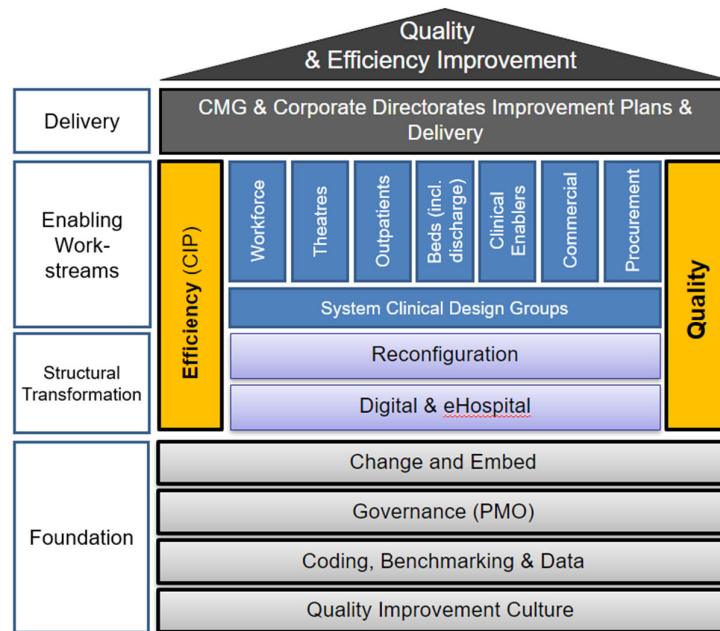
In terms of SPR level gaps we are reviewing how to attract candidates, use of agencies, Royal colleges for MTI programmes and linking in with other Trusts that have established overseas recruitment programmes to learn from best practice.

### Quality improvement at Leicester’s Hospitals

Despite continued challenges over the last year, we have continued with our Improvement programme and have achieved several successes which have contributed to better outcomes for our patients.

The Transformation Team continues to develop both in terms of personnel and strengthening its links across the Trust through “hands-on” activities working both across the system and with CMGs.

The scope of Transformation Team initiatives and activities are illustrated in the diagram below



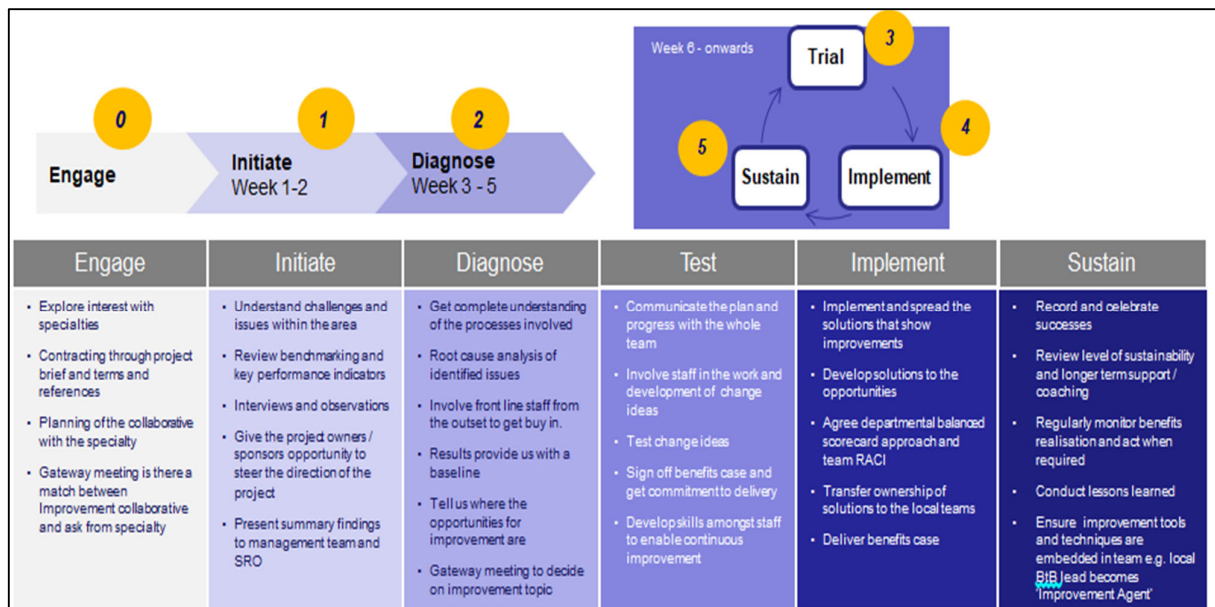
Our approach can be categorised into four key areas:

- “Hands-on” improvement activities
- Development of QI culture through training, education and support activities
- Project management & governance
- Development of QI strategic approach based on reflection & lessons learned

### Improvement Activities

These cover work-stream improvement activities and Improvement Collaborative initiatives. Whilst both realise benefits in quality and efficiency (CIP), typically work stream activities are prioritised based on efficiency improvements and Improvement Collaborative based on quality.

## Improvement Collaborative approach:



## Improvement collaborative activities during 2021/22:

- Endoscopy – reduce patient DNA due to late notice bookings
- Vascular – Patients DNA / theatre delay reduction
- Prioritised Covid Swab process
- Pressure Ulcer reduction / elimination\*
- Cardiology – Cath Lab efficiency improvement\*
- Haematology – Take home medication wait time reduction\*
- Neck of Femur – Improved conformity to 36hr ED to theatre target\*

*\*activities still in progress*

Each of these activities has involved a member of the Transformation Team working with the relevant Specialty to study the current process and determine improvement actions utilising QI methodology.

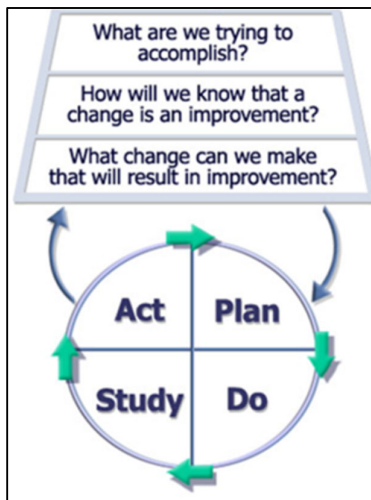
Whilst operational pressures due to Covid have impacted the pace of activities, examples of improvements outcomes gained include:

- Theatre / procedure start delay reduction
- Increase of daily elective patients treated
- Improved advanced patient booking & reduction in DNAs
- Internally developed lab scheduling system
- Reduction of hospital caused pressure ulcers

Learning points from these activities have informed methodology and strategy



development for 2022/23 and result in a revised Improvement Collaborative approach.



### QI Training, education & support activities

17 Cohorts (approximately 80 individuals) have been trained in QI Fundamentals over 6 x 90 minute sessions. This has been delivered via TEAMS due to Covid safeguards.

The content covered is:

- Model for Improvement (see left)
- LifeQI
- Appreciation of a System
- Psychology for Change
- Understanding Variation

### PDSA Theory & Testing

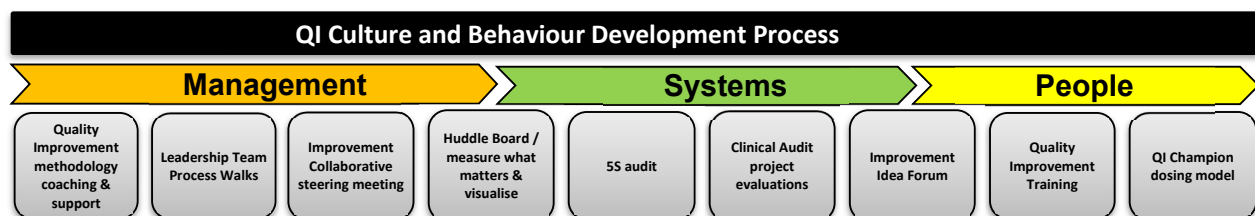
QI Fundamentals, QI Clinics and QI Coffee drop-ins have proved a useful method of operational colleagues to be able to access support and training in QI methodology for their improvement activities. Based on feedback and the activity to date, the content will evolve to better suit and support their needs in busy operational settings.

### Quality plans for 2022/23

Based on learning and reflection points from 21/22 activities, Improvement strategies and activities have been developed for 2022/23 of which the following form a part of:

### Continuous Improvement Culture development

We aim to develop the behaviours for Continuous improvement within jobs to both increase improvement activities and strengthen sustainability. For 2022/23 we will develop several initiatives to help foster this behaviour:

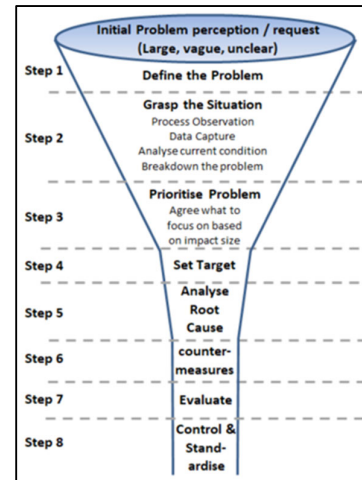
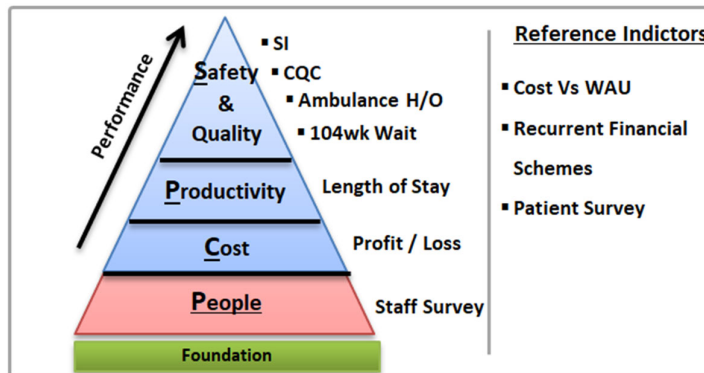


### Improvement Collaborative Methodology Development

Based on learning, we will strengthen the framework for Improvement collaborative activities to improve project management and sustainability elements. We are also

defining a selected number of prioritised measurable in order to help prioritise where we conduct improvement collaborative activities.

Revised Improvement Collaborative framework methodology



Activity Prioritisation m

## QI Fundamental training

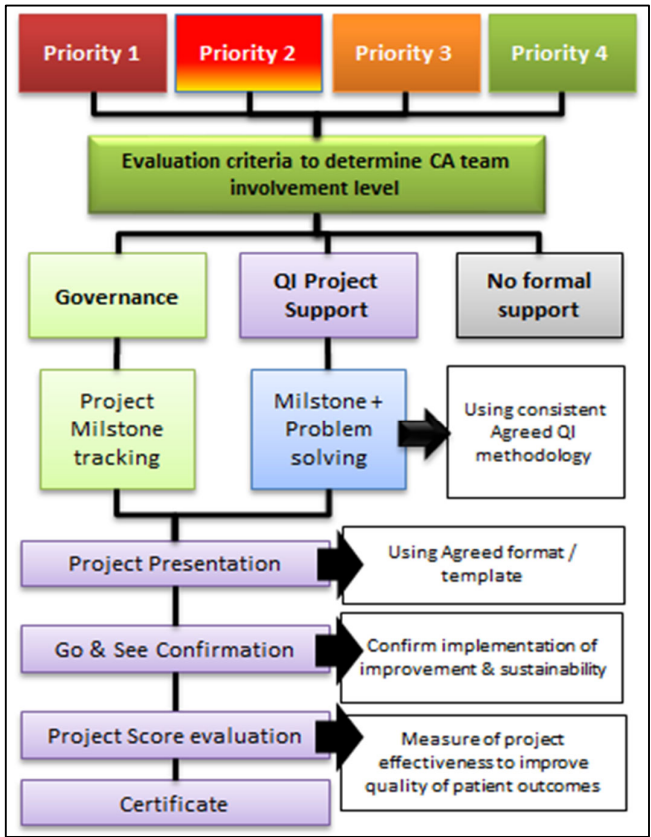
QI Fundamentals training content will continue to evolve based on feedback, to best support those conducting improvement activities in busy operational settings and develop QI capability throughout UHL. In addition, we will also develop an e-Learning resource that anyone can access any time to increase their awareness and knowledge of QI methodology. These activities are part of the “dosing model” initiative to develop and embed a QI culture within UHL as summarised in the diagram:

Cohort	Programme / Role	Outcomes
Executives, Directors, Heads of Service, GMs	<b>Improvement Activity Sponsor</b> Create the conditions which allow others to conduct improvement activities. Encourage behaviour through go & see and follow-up	Empower others, encourage, active engagement
Improvement & transformation Leads	<b>Quality Improvement Expert</b> Improvement Collaborative & workstream activities. Define & deliver training content & support QI Clinics, QI Fundamentals, QI Drop-ins	Development coaching & Support
Selected Cohort in CMGs & Coporate	<b>Quality Improvement Champions</b> Local & immediate wider area improvement initiatives & support of local Ops colleagues	
Any with Project	<b>Practical Problem Solving / Improvement</b> Daily, local improvement initiatives in own processes / areas. Support QI project delivery through 8 key steps of QI Fundamentals	
Any	<b>Introduction to basic concepts</b> e-Learning of QI & Lean basics	Increased awareness & QI knowledge

## Quality Improvement Clinical Audit Development

There are several opportunities to achieve further improved outcomes by coordinating and mutually supporting Clinical Audit and Quality Improvement activities. One of these areas

is through Clinical Audit governance & improvement project management where there can be a joined up approach involving QI Fundamentals to give improved QI support to an increased number of improvement projects. Consequently, we will work to strengthen the activity workflow for Clinical audit governance in-line with the work-flow proposal below:



QI Delivery & Continuous Improvement  
Culture development roles & responsibilities

## East Midlands's first single-site Children's Hospital



One of the defining elements of our Building Better Hospitals programme is the creation of our single-site Children's Hospital. It's critical that we bring all our children's services together, to ensure that patients and their families receive outstanding care and a first-rate experience when they need us most.

Bringing all our services and specialities under one roof will ensure a more seamless patient journey, and a real opportunity to shape acute care for children. We are already world-leading in many areas of paediatric care, but by consolidating staff and resources into a dedicated children's service, we give ourselves the opportunity to reach the next level of excellence in care. We've reached the momentous delivery of the first phase of this plan with the move of EMCHC and we expect to realise our full vision by 2027.

In August 2021, we moved our Children's Congenital Heart Service to its new home in the Kensington Building at Leicester Royal Infirmary. This is a huge step forward in patient care, meaning that some of our sickest patients no longer have to be transferred across sites, and that all paediatric staff are on one site to ensure the best care is provided to our patients, in the right place at the right time.

Moving the children's cardiac service to Leicester Royal Infirmary has been planned for a very long time. The move was driven by the national reviews that took place over the years around children's cardiac services. These led to a new strict national standard being introduced - one that all UK centres had to meet.

EMCHC patients have complex care needs and require the input of a multidisciplinary team. Similarly, other paediatric specialities at Leicester Royal Infirmary look after patients who also have cardiac problems. Add to that the babies with cardiac conditions in the neonatal unit in the Kensington Building, and the advantages of the move and bringing together our specialist teams becomes very clear.

Now the children's cardiac service move is complete, EMCHC patients have direct access to all other specialists and children's facilities at Leicester Royal Infirmary. The cardiac team will now also be available to see patients with known or suspected heart problems on other wards without any delay.

These new ways of joined-up working will benefit our patients and improve the working life of the staff. It will help ensure patients receive the right care at the right time, in fit for purpose child-friendly environments – all in all, improving our patients' experience. The new purpose built facilities will also allow this fantastic **internationally-renowned** service to continue to grow as the plans have factored in the capacity for expansion of the service.





## 7. Our Plans for the future

As referenced in the introduction, the last couple of years at UHL and the wider NHS have been challenging. We now have more patients than ever before waiting for care and access (waiting times) is a key contributor to overall quality, safety and patient experience.

Over the next year we want to stabilise and then improve the care we provide in Leicester. UHL has wonderful people working exceptionally hard but we know we do not always get everything right for everyone. We believe that focussing on the experience of working at UHL and ensuring that all colleagues feel supported, listened to and included, will drive significant improvements in patient care.

We already provide world class research at UHL and we want to consistently provide world class care here too. It will take time but there is an incredible opportunity at UHL to make a permanent difference.

## Statements of assurance from the board

### 8.1 Review of Services

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

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

During 2021/22 Leicester's Hospitals and the Alliance provided and / or sub-contracted in excess of 120 NHS services. These include:

- Inpatient - 64 services (specialties)
- Day Case - 61 services (specialties)
- Emergency - 68 services (specialties)
- Outpatient - 86 services (specialties)
- Emergency Department and Eye Casualty
- Diagnostic Services (Hearing, Imaging, Endoscopy, Sleep and Urodynamics)
- Direct access (Imaging, Pathology, Physiotherapy and Occupational Therapy)
- Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), adult critical care transport service ACCOTS, Coronary Care Unit (CCU), Paediatric Intensive Care Unit (PICU), Obstetrics HDU, Neonatal Intensive Care Unit (NICU), [Extra Corporeal](#)

Membrane Oxygenation (ECMO), Special Care Baby Unit (SCBU) and also Paediatric and Neonatal Transport Services

- A number of national screening programmes including Retinal Screening (Diabetes), Breast Screening including age extension (Cancer), Bowel Screening (Cancer) and Abdominal Aortic Aneurism (AAA), Cervical screening, foetal anomalies, infectious diseases of the newborn, newborn infants physical examination, newborn blood spot and sickle cell thalassemia
- Covid-19 Vaccination Hospital Hubs and the Covid-19 NMABS
- Services are also provided at:
  - Dialysis units in Leicester, Loughborough, Grantham, Corby, Kettering, Northampton and Peterborough
  - The Alliance partnership at Ashby & District Hospital, Coalville Hospital, Fielding Palmer Hospital, Hinckley & District Hospital, Loughborough Hospital, Melton Mowbray Hospital, Rutland Memorial Hospital and St Luke's Hospital
  - The National Centre for Sports and Exercise Medicine at Loughborough University

## 8.2 Examples of how we review our services

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

- A Quality and Performance report is available on our website <https://www.leicestershospitals.nhs.uk/> and is presented at the Executive Quality Board, Executive Performance board and in a joint session between the Quality and Outcomes Committee and the People, Processes and Performance Committee.
- Monthly Clinical Management Group Assurance and Performance Review Meetings chaired by the chief operating officer.
- Service level dashboards (e.g. women's services, children's services, fractured neck of femur and the Emergency Department).
- Ward performance data at the Nursing and Midwifery Board and Executive Quality Board.
- The Assessment and Accreditation process.
- Results from peer reviews and other external accreditations.
- Outcome data including mortality is reviewed at the Mortality Review Committee.
- Participation in clinical audit programmes.
- Outcomes from commissioner quality visits.
- Complaints, safety and patient experience data.
- Review of risk registers.
- Annual reports from services including the screening programmes.

### 8.3 Participation in clinical audit

We are committed to undertaking effective clinical audit across all clinical services and recognise this is a key element for developing and maintaining high quality patient-centred services.

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

Most other national audits are funded from subscriptions paid by NHS provider organisations. Priorities for the NCAPOP are set by the Department of Health.

During 2021/22 Leicester's Hospitals participated in 97% of the eligible national clinical audits. Of the seven national confidential enquiries, Leicester's Hospitals has participated in 100% of the studies which it is eligible to participate in. The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in and for which data collection was completed during the 2021/22 period are listed below alongside the current stage / reasons for not taking part to each audit or enquiry where known.

#### National Clinical audits

**Table21: National clinical audits**

Name of Project (Programme – Project name) (Providers)	Did UHL participate?	Stage / submission details
Case Mix Programme Intensive Care National Audit & Research Centre	Yes	Continuous data collection
Chronic Kidney Disease registry The Renal Association/The UK Renal Registry	Yes	Continuous data collection
Cleft Registry and Audit NETwork Database Royal College of Surgeons - Clinical Effectiveness Unit	Yes	100% of relevant cases submitted
Elective Surgery (National PROMs Programme) NHS Digital	Yes	Continuous data collection
Emergency Medicine QIPs: Royal College of Emergency Medicine (RCEM)		
a. Pain in Children (care in Emergency Departments)	Yes	100% of relevant cases submitted
b. Severe sepsis and septic shock (care in Emergency Departments)	Yes	Starts in 22/23
Falls and Fragility Fracture Audit Programme (Royal College of Physicians)		



<b>a. Fracture Liaison Service Database</b>	NA	UHL do not have a FLS
<b>b. National Audit of Inpatient Falls</b>	Yes	Continuous data collection
<b>c. National Hip Fracture Database</b>	Yes	Continuous data collection
<b>Inflammatory Bowel Disease Audit IBD Registry</b>	No	Insufficient capacity to submit cases at present
<b>Learning Disabilities Mortality Review Programme NHS England</b>	Yes	Continuous data collection
<b>National Adult Diabetes Audit: NHS Digital</b>		
<b>a. National Diabetes Core Audit</b>	Yes	Continuous data collection
<b>b. National Pregnancy in Diabetes Audit</b>	Yes	Continuous data collection
<b>c. National Diabetes Footcare Audit</b>	Yes	Continuous data collection
<b>d. National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms</b>	Yes	Continuous data collection
<b>National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme: Royal College of Physicians</b>		
<b>a. Paediatric Asthma Secondary Care</b>	Yes	Continuous data collection
<b>b. Adult Asthma Secondary Care</b>	No	Data collection on hold due to current pressures
<b>c. Chronic Obstructive Pulmonary Disease Secondary Care</b>	Yes	Continuous data collection
<b>d. Pulmonary Rehabilitation-Organisational and Clinical Audit</b>	Yes	Continuous data collection
<b>National Audit of Breast Cancer in Older Patients Royal College of Surgeons</b>	Yes	Continuous data collection
<b>National Audit of Cardiac Rehabilitation University of York</b>	Yes	Data collection ongoing
<b>National Audit of Cardiovascular Disease Prevention NHS Benchmarking Network</b>	Yes	Data collection ongoing
<b>National Audit of Care at the End of Life NHS Benchmarking Network</b>	Yes	100% of relevant cases submitted
<b>National Audit of Dementia Royal College of Psychiatrists</b>	Yes	Audit has not run since 2018. We will take part in next run, summer/autumn 2022.
<b>National Audit of Pulmonary Hypertension NHS Digital</b>	NA	N/A as we are not a specialist centre

<b>National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) Royal College of Paediatrics and Child Health</b>	Yes	Continuous data collection
<b>National Cardiac Arrest Audit - Intensive Care National Audit and Research Centre / Resuscitation Council UK</b>	Yes	Continuous data collection
<b>National Cardiac Audit Programme: Barts Health NHS Trust</b>		
<b>a. National Audit of Cardiac Rhythm Management</b>	Yes	Continuous data collection
<b>b. Myocardial Ischaemia National Audit Project</b>	Yes	Continuous data collection
<b>c. National Adult Cardiac Surgery Audit</b>	Yes	Continuous data collection
<b>d. National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)</b>	Yes	Continuous data collection
<b>e. National Heart Failure Audit</b>	Yes	Continuous data collection
<b>f. National Congenital Heart Disease</b>	Yes	Continuous data collection
<b>National Child Mortality Database University of Bristol</b>	Yes	Continuous data collection
<b>National Clinical Audit of Psychosis Royal College of Psychiatrists</b>	NA	UHL do not provide this care
<b>National Comparative Audit of Blood Transfusion: NHS Blood and Transplant</b>		
<b>a. 2021 Audit of Patient Blood Management &amp; NICE Guidelines</b>	Yes	Registered but delayed due to pandemic
<b>b. 2021 Audit of the perioperative management of anaemia in children undergoing elective surgery</b>	Yes	Registered but delayed due to pandemic
<b>National Early Inflammatory Arthritis Audit British Society of Rheumatology</b>	Yes	Continuous data collection
<b>National Emergency Laparotomy Audit (NELA) Royal College of Anaesthetists</b>	Yes	Continuous data collection
<b>National Gastro-intestinal Cancer Programme 1, 2, 3, 4 : NHS Digital</b>		
<b>a. National Oesophago-Gastric Cancer</b>	Yes	Continuous data collection
<b>b. National Bowel Cancer Audit</b>	Yes	Continuous data collection
<b>National Joint Registry Healthcare Quality Improvement Partnership</b>	Yes	Continuous data collection

<b>National Lung Cancer Audit Royal College of Physicians</b>	Yes	Continuous data collection
<b>National Maternity and Perinatal Audit Royal College of Obstetrics and Gynaecology</b>	Yes	Continuous data collection
<b>National Neonatal Audit Programme Royal College of Paediatrics and Child Health</b>	Yes	Continuous data collection
<b>National Paediatric Diabetes Audit Royal College of Paediatrics and Child Health</b>	Yes	Continuous data collection
<b>National Perinatal Mortality Review Tool University of Oxford / MBRRACE-UK collaborative</b>	Yes	Continuous data collection
<b>National Prostate Cancer Audit Royal College of Surgeons</b>	Yes	Continuous data collection
<b>National Vascular Registry Royal College of Surgeons</b>	Yes	Continuous data collection
<b>Neurosurgical National Audit Programme The Society of British Neurological Surgeons</b>	NA	N/A as we are not a specialist centre
<b>Out-of-Hospital Cardiac Arrest Outcomes Registry University of Warwick</b>	Yes	Continuous data collection
<b>Paediatric Intensive Care Audit University of Leeds / University of Leicester</b>	Yes	Continuous data collection
<b>Prescribing Observatory for Mental Health: Royal College of Psychiatrists</b>		
<b>a. Prescribing for depression in adult mental health services</b>	NA	UHL do not provide this care
<b>b. Prescribing for substance misuse: alcohol detoxification</b>	NA	UHL do not provide this care
<b>Respiratory Audits: British Thoracic Society</b>		
<b>a. National Outpatient Management of Pulmonary Embolism</b>	Yes	Data collection ongoing
<b>b. National Smoking Cessation 2021 Audit</b>	Yes	100% of relevant cases submitted
<b>Sentinel Stroke National Audit Programme King's College London</b>	Yes	Continuous data collection
<b>Serious Hazards of Transfusion</b>	Yes	Continuous data collection
<b>Society for Acute Medicine Benchmarking Audit Society for Acute Medicine</b>	Yes	Continuous data collection
<b>Transurethral REsection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment BURST Collaborative / British Urology Researchers in Surgical Training</b>	Yes	Data collection ongoing
<b>Trauma Audit &amp; Research Network</b>	Yes	Continuous data collection

<b>UK Cystic Fibrosis Registry (Cystic Fibrosis Trust)</b>	Yes	Continuous data collection
<b>Urology Audits: British Association of Urological Surgeons</b>		
<b>a. Cytoreductive Radical Nephrectomy Audit</b>	Yes	100% of relevant cases submitted
<b>b. Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)</b>	Yes	100% of relevant cases submitted

## National Confidential enquiries

**Table 22: National Confidential Enquiries**

Name of Enquiry	Did UHL Participate?	Stage/% of cases submitted
<b>Child Health Clinical Outcome Review Programme 1 National Confidential Enquiry into Patient Outcome and Death</b>	Yes	No relevant reviews since 2013
<b>Maternal and Newborn Infant Clinical Outcome Review Programme University of Oxford / MBRRACE-UK collaborative</b>	Yes	Continuous data collection
<b>Medical and Surgical Clinical Outcome Review Programme National Confidential Enquiry into Patient Outcome and Death</b>		
<b>Transition</b>	Yes	Currently in data collection stage
<b>Epilepsy</b>	Yes	Data collection closed – UHL submitted 3 cases out of 6
<b>Crohns Disease</b>	Yes	currently in data collection stage
<b>Community acquired pneumonia</b>	Yes	Data collection yet to start
<b>Testicular Torsion</b>	Yes	Not started
<b>Mental Health Clinical Outcome Review Programme University of Manchester / NCISH</b>	NA	UHL do not provide this care

Leicester's Hospitals have reviewed the reports of 88 national clinical audits and 451 local clinical audits in 2021/22.

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

- A summary form is completed for all clinical audits (and other QI / Service Evaluation projects) and includes details of compliance levels with the clinical audit standards and actions required for improvement including the names of the clinical leads responsible for implementing these actions. These summary forms are available to all staff on our intranet or on request if external.
- There are various examples within this Quality Account of the different types of clinical audits both national and local being undertaken within our hospitals and the improvements to patient care achieved.

Each year we hold a clinical audit improvement competition for projects that have improved patient care but last year it was postponed due to the pandemic and has been re-arranged to June 2022.

#### 8.4 Participation in clinical research

15,507 patients who received NHS services provided by, or subcontracted by, UHL were recruited to participate in research approved by a research ethics committee during 2021/22.

UHL was involved in conducting 936 clinical research studies. Of these 848 (84%) were adopted onto the National Institute for Health Research portfolio and 258 (26%) of the total were on commercially sponsored studies.

Leicester's Hospitals used national systems to manage the studies in proportion to risk and 91% of the studies given approval in 2021/22 were established and managed under national model agreements.

In 2021/22 there were 431 full papers published in peer-reviewed journals.

Leicester's Hospitals dominated the NIHR Clinical Research Network East Midlands research awards in November 2021, being shortlisted in six categories and taking home five trophies.

More than 600 members of the public contributed to new research questions and study designs that meet the needs of patients and the community. In November, we recruited a global first participant to a children's pertussis vaccine study.

Research conducted at our NIHR Leicester Biomedical Research Centre (BRC) has shown that the difference in COVID-19 risk in ethnic minority healthcare workers compared to their White colleagues is likely due to work and home factors rather than biology (Pareek et. al; *pre-print*).

The PHOSP-COVID study (Brightling et. al; *pre-print*) showed that people who were hospitalised with COVID-19 and not fully recovered after five months made little further recovery after a year. It also confirmed that the risk factors for long COVID are being female, obese and requiring mechanical ventilation during hospital stay.

Results of the CONFIRM trial (Fennell et. al; *Lancet*) is the first time a placebo-controlled phase III trial has shown a medicine (Nivolumab) increases survival benefit in patients who have relapsed mesothelioma.

Professor Davies was instrumental in three landmark international trials showing the efficacy of a new GLP-1 receptor agonist in combination with intensive lifestyle therapy in suppressing appetite and promoting long-term weight loss (*NEJM; Lancet; JAMA*).

The EMPEROR study (Squire; *NEJM*) demonstrated overwhelming benefit in reducing death and heart failure hospitalisation when glucose lowering medication was added to routine care for heart failure patients. Consequently, there was an immediate change to international guidelines, has been approved in the EU for use in patients with heart failure (with or without diabetes), and is currently being assessed by NICE.

In July, a state-of-the-art £3.1M MRI scanner was installed at Glenfield Hospital. The new scanner is funded through a partnership between UHL, the University of Leicester and the British Heart Foundation, and expands the capacity for vital research into heart and circulatory diseases. The BRC has been awarded £7.4M for a doctoral training programme targeting allied health professionals working to reduce health inequalities across a range of specialties.

A new partnership with the University Hospitals of Northamptonshire (UHN) NHS Group has been created to increase the clinical trials portfolio, number of clinical academic posts, and align research processes. This will strengthen the research offer of the East Midlands and enable researchers to transition between different institutions with ease.

## 8.5 Use of CQUIN Payment Framework

As per National guidance on finance and contracting arrangements block payments to the Trust during the pandemic included CQUIN. The CQUIN scheme was therefore suspended for 21/22. The Trust has however continued to support those CQUINS that were part way through a contracted arrangement. Notably these were:

- The Hepatitis C Network
- The Cirrhosis Care Bundle
- Severe Asthma
- Treatment of community acquired pneumonia

The Hepatitis C Network, in addition to continuing to strive to meet the treatment run rate through a pandemic, has been successful in achieving “Delivery of patient-centred care in hepatitis C. - *Royal College of Physicians ‘Excellence in Patient Care Awards’ within the Patient Centred Category.*

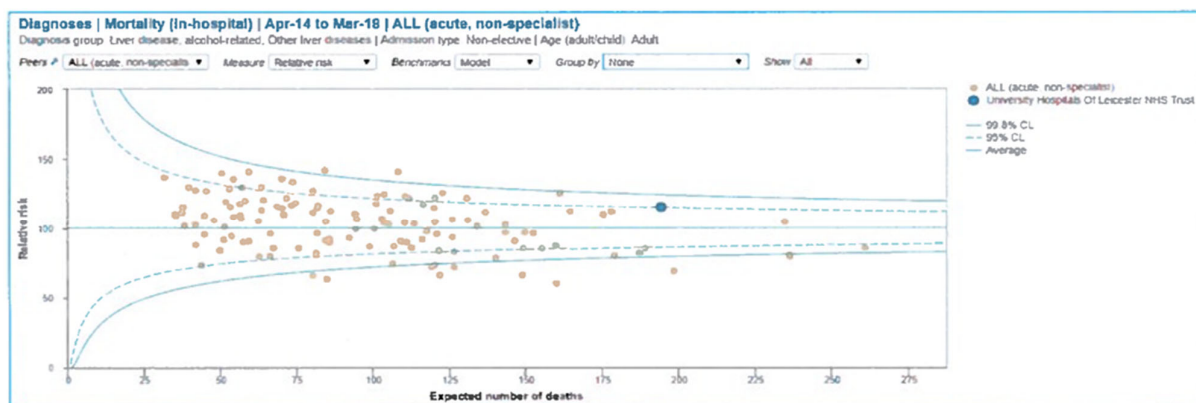
The ambition of the Cirrhosis Care Bundle CQUIN is to deliver improved patient care and reduce care costs through a network model, and adoption of nationally developed clinical guidelines and policies for the management of patients with decompensated liver cirrhosis. Crucial to the success of the CQUIN was the appointment of UHL’s first Hepatology Nurse Specialist. She has been instrumental in the development and introduction of a Cirrhosis Care Bundle Assessment Tool on Nervecentre that has helped ensure these disadvantaged patients receive appropriate and timely care.

### Improved mortality for patients admitted to UHL with Alcoholic related liver disease

In November 2018 (prior to the employment of the Hepatology Nurse Specialist and the introduction of National CQUIN), UHL was one of 19 acute trust that had significantly higher mortality for this condition than would be expected at ~130% relative risk (see below, note that this is expected deaths over the 4 years of data collection, not annual).

To measure the effect on mortality since the introduction of the Hepatology Specialist Nurse and the work undertaken (there has been no other significant positive change in workforce apart from her employment) this has been replotted with the most up-to-date data available. This demonstrates that now UHL’s relative risk of mortality is 97.6% for alcoholic related liver disease admissions. This is a massive achievement.

**Figure 11: Diagnosis group Liver disease alcohol related**



### Severe Asthma

Since being commissioned, the Severe Asthma service has continued to see significant growth in patient numbers. The service now provides three biologic clinics (with another due to start in the next month) and co-ordinates and monitors a growing number of patients who self-administer biologic medication at home. Outpatient assessments are completed for new and follow-up patients to aid diagnosis and monitor disease progression/response to therapy.

As the number of patients being referred has increased, our waiting times for these assessments have increased. We aim to provide an in-reach service to help support discharge and reduce re-admissions for severe asthma patients admitted to hospital. The service continues to run weekly MDT meetings and monthly regional MDT meetings.

All these services should be provided in order to meet the service specification; they are not related solely to the CQUIN. In order to continue to deliver the service specification it will be important to address the resources required in the coming year to meet the increased demand.

### Community Acquired Pneumonia

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

### 8.6 Data Quality

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

- The Data Quality Forum is chaired by the Director of Corporate and Legal Affairs to provide assurance on the quality of data reported to the Trust Board.

The forum is a multi-disciplinary panel from the departments of information safety and risk, clinical quality, nursing, medicine, finance, clinical outcomes, workforce development, performance and privacy.

The panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The NHS Digital endorsed Data Quality Framework provides scrutiny and challenge on the quality of data presented



against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness.

Where such assessments identify shortfalls in data quality, the forum make recommendations for improvement to raise quality to the required standards. They offer advice and direction to clinical management and corporate teams on how to improve the quality of their data.

- For the management of patient activity data, we have a dedicated corporate data quality team. They respond to any identified issues and undertake daily processes to ensure singularity of patient records and accurate GP and commissioner attribution.

We have been actively working to reduce GP inaccuracy by implementing automated checking against the Summary Care Record. Our monthly corporate data quality meeting challenge inaccurate and incomplete data collection. The data quality team action reports daily to maximise coverage of NHS number and ensure singularity of patient records

- The NHS Digital Data Quality Maturity Index is used for benchmarking against 17 peer Trusts. Data quality and clinical coding audit is undertaken in line with Data Protection and Security Toolkit and mandatory standards are achieved.

For clinical coding we have several assurance processes in place to ensure that patient complexity is accurately captured. Since 2019, we have improved the information supply chain for clinical coding which has resulted in more documentation being available for the Clinical Coding process. We are making full use of electronic systems as source documentation for Clinical Coding.

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

## 8.7 NHS Number and General Medical Practice Code Validity

The University Hospitals of Leicester NHS Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number was:

- 99.9% for admitted patient care
- 100% for outpatient care
- 99.5% for emergency department care
- which included the patient's valid General Medical Practice Code was:
  - 100% for admitted patient care
  - 100% for outpatient care
  - 100% for emergency department care

## 8.8 Clinical coding error rate

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

The University Hospitals of Leicester NHS Trust was not subject to a Payment by Results clinical coding audit during 2021/22.

## 8.9 Data Security and Protection Toolkit Score

University Hospitals of Leicester NHS Trust's Data Security and Protection Toolkit score was 100% for both 2019/20 and 2020/21 – it is also envisaged that the 2021/22 submission will also follow suit as the baseline indicates this. The final submission for 2021/22 will be 30 June 2022.

We recognise the importance of robust information governance. During 2020/21, the chief information officer retained the role of senior information risk owner and the medical director continued as our Caldicott Guardian.

All NHS Trusts are required annually to carry out an information governance self-assessment using the NHS Data Security & Protection Toolkit. This contains 10 standards of good practice, spread across the domains of:

1. Robust Patient Confidential Data processes
2. Staff training around Patient Confidential Data
3. Staff training for General Data Protection Regulation (GDPR)
4. PCD is accessed by appropriate personnel
5. Policy and Process Review Strategy in place
6. Cyber Attack Prevention

7. Continuity Plan in place for Data
8. Unsupported Software Strategy
9. Cyber Attack Strategy
10. Contract Management

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

Our information governance improvement plan for 2021/2022 was overseen by our information governance steering group chaired by the data protection officer and Executive IM&T board chaired by our Acting Chief Executive.

### Care Quality Commission (CQC) ratings

University Hospitals of Leicester NHS Trust is required to register with the Care Quality Commission and its current registration status is 'Good'. The CQC has not taken enforcement action against Leicester's Hospitals during 2021-22.

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

As the Trust has not been inspected by the CQC during 21/22 the previous CQC ratings remain in place. The reports from the 2019/20 inspection have been published and are available on the CQC's website along with their ratings of the care provided, a summary of which is:

#### Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
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### Overall UHL Trust ratings

Safe	Effective	Caring	Responsive	Well-led	Overall
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Requires improvement	Good	Good	Good	Good	Good
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## Leicester Royal Infirmary

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

## Glenfield

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical Care (including older people's care)	Requires improvement	Requires Improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Services for children & Young People	Good	Outstanding	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

## Leicester General Hospital

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

## St Mary's Birth centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Good	Good	Good	Good	Good	Good

Of the 115 ratings in total (for each domain of each main service grouping):

- One is 'outstanding' (effectiveness of our East Midlands Congenital Heart service, Glenfield)
- 80 are 'good'
- 29 are 'requires improvement'
- None are 'inadequate'
- Five are unrated for technical reasons

## Stakeholder statements

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

#### **COMMENTS ON THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST QUALITY ACCOUNT FOR 2021/22**

JUNE 2022

The Leicestershire Health Overview and Scrutiny Committee thanks UHL for the opportunity to comment on the Quality Account for 2021/22. The account is candid and detailed and is an accurate reflection of the main quality issues affecting UHL as far as the Committee is aware.

Over the 2021/22 year the Committee has regularly raised concerns regarding UHL's performance against cancer metrics and that targets were not being met. It is therefore right that this issue receives due prominence in the Quality Account and pleasing to see the extensive actions set out in the account that UHL is taking to improve cancer performance including the improved cancer pathways.

At two of its meetings over the last year the Committee has sought reassurances regarding the elective care backlog and actions being taken by UHL to safeguard the wellbeing of those patients on the waiting lists for procedures. The scale of the problem is clearly set out in the Quality Account and the national 'Delivery Plan for tackling the COVID-19 backlog of elective care' is mentioned but the Quality Account could set out in more detail the plans UHL has to reduce the backlogs. At our meeting in March 2022, we received a detailed update on the action plans to restore and recover elective and cancer services and were somewhat reassured by the progress made so far.

The Quality Account sets out how UHL has been performing against the 4 hour ambulance wait and handover target which UHL has consistently been failing to meet. This has long been a concern of the Committee and whilst the Committee welcomes UHL's openness in the Quality Account about how far short of the target UHL has been, the Quality Account ought to set out what action UHL is taking to improve performance in this area. The Account refers to working with partners and the Committee acknowledges that the backlogs are caused by issues throughout the health and care system in Leicestershire not just at the Emergency Department, but more details are required of how this partnership working is going to improve handover times. The Committee questions whether the 4 hour target is actually achievable or whether it is outdated and requires revising.

During the Covid-19 pandemic the Committee has raised concerns regarding the wellbeing of both clinical and admin staff at UHL. It is therefore pleasing that the Quality Account acknowledges the impact of the pandemic on staff and extensively sets out how the NHS People Plan is being implemented. The Committee is pleased to note that counselling and support services are available for all UHL staff 365 days a year and welcomes the launch of the self-care wellbeing platform Silver Cloud. However, bearing all this in mind the Quality Account could have benefited from some data relating to staff absences during the Covid-19 pandemic.

The Committee notes that the Quality Account makes reference to the Building Better Hospitals Programme in the context of the single site children's hospital. Committee members have scrutinised the Building Better Hospitals Programme at meetings of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee and welcomed the smooth transition of children's services from Glenfield Hospital to Leicester Royal Infirmary and the look and presentation of the new department. However, the Committee does still have concerns about the feasibility, timelines and progress of the wider UHL reconfiguration programme.

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.

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

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

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

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