

# Quality Account 2017/2018

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## 1. Introduction from the Chief Executive

I am delighted to introduce to you our Quality Account and Quality Report for the University Hospitals of Leicester NHS Trust (Leicester's Hospitals) for 2017/18. Within a challenging financial environment, we remain committed to focusing our resources and actions on providing safe services and the very highest quality of care for our patients and this report is an outline of our achievements and successes against our quality priorities over the past 12 months. These priorities are set out in our annual Quality Commitment, which is the basis of the Trust's quality improvement programme, focussing on four "pillars": patient outcomes, patient safety, patient experience and organisation of care.

We introduced the role of Medical Examiner across the Trust and it is their role to review all deaths of all patients over 16 years of age with the aim of improving the quality of death certificates for patients who died under our care and to identify potential learning to improve the care of future patients. The Medical Examiners also ask the relatives/carers if they have any questions or concerns about the care and treatment given to their loved one leading up to their hospital admission and whilst they were in our care. Where potential learning is identified, this is fed back to the relevant clinical team or as part of the specialty mortality and morbidity review process for further review and appropriate actions. This year 95% of adult deaths were screened through the Medical Examiner process

This year we have further developed NerveCentre (our clinical information system). We implemented clinical rules, alerts and assessments for sepsis, electronic observations, automated our Early Warning Score (EWS) an sepsis reporting and made it easier for our clinical teams to identify patients with diabetes. In 2018/19 will continue to further develop the system embedding the use of Nervecentre for all medical handovers, ward rounds and board rounds. We will make this easier by providing more mobile devices for our clinical staff. To improve the experience of our patients we said that this year we would support in the use of individualised end of life care plans and roll out training for staff to make sure this happened. At the end of quarter three, 88% of (appropriate) patients had an individualised end of life care plan and we will continue this work into the coming year.

We also committed to identifying cross cutting themes of how we could improve our outpatient services, and the feedback means we will move into the new financial year with a set of metrics for measuring improvements. Building work on the £48m Emergency Floor project began in 2015, but the doors to our new £48m Emergency Department opened for its first patients on

Wednesday 26 April 2017. It is clear that the new department has not only improved the experience for patients, but also for the staff working in and with the department.

Regrettably, what the new department has not delivered is improved performance. This is due to a number of factors, but predominantly, flow of patients out of the department, through the rest of the hospitals, and into the community. We continue to work with partners in health and social care to tackle this on-going problem, which is not unique to Leicestershire.

With the completion of Phase 2 of the Emergency Floor in June 2018 we will see all of our assessment units relocate from their current locations across the Royal Infirmary, to right next door to the Emergency Department. Patients referred to the assessment units from the Emergency Department, are assessed and diagnosed, and if necessary, immediate acute medical treatment is started for up to 72 hours. Patients either then move to a main ward in our hospitals, or are discharged home. Our assessment units include the Acute Frailty Unit and Emergency Frailty Unit, where older, frail patients will be treated in purpose-built frailty friendly space by geriatricians and members of the multi-disciplinary medical team.

On 30 November, following almost 18 months of uncertainty, NHS England announced that they would continue to commission surgical services at our East Midlands Congenital Heart Centre, allowing us to continue to provide lifesaving surgery for children and adults in the region. The decision was a vote of confidence for our staff and service, and great news for our NHS partners across the East Midlands network. It has allowed the teams to focus on ways of working more effectively to enable more patients to be treated in our centre.

The service continues to see and treat more patients every year, and works closely with all of our network hospitals to ensure that they are able to offer East Midlands Congenital Heart Centre as an option to those patients who live closest to us and want to be cared for by us. We are on track to meet the surgical numbers required in the standards, and are looking forward to the exciting plans to co-locate with all children's services in the new Children's Hospital at the Royal Infirmary by April 2020. Adult services will remain at the Glenfield Hospital ensuring that we continue to offer lifelong care to all our patients.

Between November 2017 and January 2018, the Care Quality Commission (CQC) inspected a total of five core services across four locations, and carried out a 'well-led' inspection, because the CQC have found a strong link between the quality of overall management of a Trust and the quality of its services. They

inspected urgent and emergency care at the Royal Infirmary, medical care at the Glenfield and Royal Infirmary, diagnostic imaging, maternity and outpatients at the Royal Infirmary and the General Hospital, and maternity services at all three sites including St Marys Birthing Centre.

We are really pleased to see that we have improved in a number of areas since our last ratings published in January 2017. Inspectors have improved our ratings for the 'effectiveness' of services overall and our maternity service, both of which are now rated as good (they were previously rated 'requires improvement'). We are also particularly pleased to see the very significant improvement in our urgent and emergency services, despite continued pressure. In four of the five domains we have seen an improvement. No element of any of our services is now rated as inadequate.

Overall, inspectors have rated our Trust as Requires Improvement; rating us Good for being effective and caring, and Requires Improvement for being safe, responsive and well-led.

As with our previous inspection you can read examples throughout the report where inspectors observed good and outstanding practice and compassionate care being carried out by our staff. They heard feedback from patients that staff treated them with kindness and provided emotional support to minimise their distress. They paid tribute to our maternity services, particularly our new dedicated Home Birth Team, prenatal and antenatal clinics, both locally and across borders, and the TED (Time, Escalation, Decision making) movie created to improve the outcomes for babies.

It is regrettable that following their inspection the CQC served us with a warning notice because the care we give diabetic patients in relation to the management of their insulin requires significant improvement.

We recognise this too and since the inspection we have accelerated our programme of work to ensure immediate improvements and safety of our patients. The actions focus on face to face education and training for our doctors and nurses, improved decision tools to aid prompt management and intervention overseen by enhanced support from the diabetic specialist team. We are pleased that the early evidence supports these actions have delivered improvements in knowledge and care of patients with diabetes.

Overall, we think that the CQC's assessment is accurate, balanced and fair. We have already started to develop an action plan which maps out the improvements we will continue to make based on their findings.

We – along with the rest of the NHS – have had a very challenging winter. This means we have continued to struggle with operational pressures that have seen our hospitals in “escalation” for several months. In January all NHS Trusts were instructed to cancel elective operations in a bid to free up capacity to treat the increased number of emergency patients needing care. This instruction was for the whole of January but in reality lasted through February. Even more regrettable was the cancellation of some cancer surgery during that time. We do not take the decision of cancelling patients, particularly cancer patients, lightly. We know how distressing this is for everyone involved, but we cannot in good faith bring patients in for surgery if we do not have a bed somewhere to safely look after them following their surgery. We are working on increasing our intensive and high dependency care capacity to reduce the chances of cancellations in the future.

Looking forward to 2018/19, we hope that our plans (Delivering Caring at its Best) will continue to progress with the help of some national capital funding. We will continue with plans to relocate our intensive care service from the General consolidating it on the Royal Infirmary and Glenfield hospital sites. This will then trigger a number of moves by services reliant on intensive care. We will also continue work on our plans to build a dedicated Children’s Hospital at the Royal Infirmary and relocate the children’s congenital heart service. These plans are part of the wider system Sustainability and Transformation Plan or “Better Care Together” as we call it locally.

I hope that this Quality Account provides you with a clear picture of how important quality improvement and patient safety are to us at Leicester’s Hospitals.

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



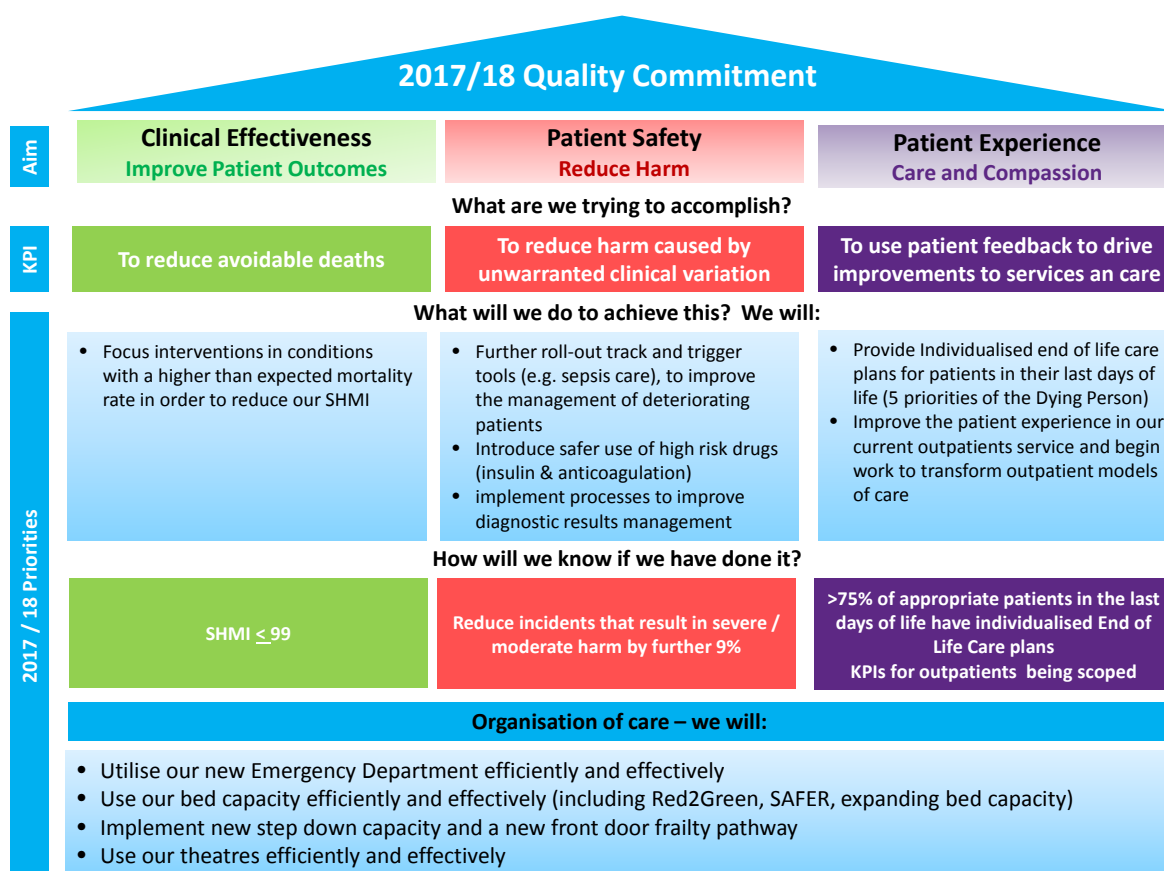
*John Adler, Chief Executive*

## 2. Review of quality performance in 2017/18

### 2.1 Our aims for 2017/18

Last year we set the following priorities for 2017/18:

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



## 2.2 Review of last year's Quality Commitment priorities

### We said we would:

Reduce avoidable deaths

### In 2017/18 we:

- Rolled out the Medical Examiner Process across the Trust for the deaths of all patients aged 16 or above – the aim of the Medical Examiner process is to improve the quality of death certification and to identify potential learning to improve the care of future patients through screening of case notes and listening to bereaved relatives
- Implemented a Structured Judgement Review (SJR) process – the aim of this process is to confirm if there were any problems in care that might have affected the patient's outcome or experience in order to ensure learning and actions are taken to improve the care of all patients

### Further improvements we need to make are:

- To recruit additional Medical Examiners and Medical Examiner / Corporate mortality and morbidity administrative and analytical support

### Results:

- 95% of adult deaths since April 17 were screened through the Medical Examiner process
- 90% of Quarter 1's adult deaths referred for a SJR were completed
- For the period October 2016 to September 2017, Leicester's Hospitals SHMI was 98. This is in line with the national average

## **We said we would:**

Reduce harm caused by unwarranted clinical variation

## **In 2017/18 we:**

- Through NerveCentre (our clinical information system) we have:
  - Implemented Clinical Rules, alerts and assessments for sepsis
  - Implemented electronic observations across the Trust
  - Automated our Early Warning Score (EWS) and sepsis reporting
  - Made it easier for our clinical teams to identify patients with diabetes
- Moved anticoagulation services into the community under primary care with the anticoagulation nurses now taking on in-reach roles within Leicester's Hospitals to tackle difficult and complex cases on our wards
- Implemented an anticoagulation discharge summary
- Piloted IT solutions to support acting on results, targeting one of our busiest clinical areas, the Clinical Decisions Unit at Glenfield Hospital

## **Further improvements we need to make are:**

- Increase the number of mobile devices available to clinical staff
- Further embed the use of Nervecentre for all medical handovers, ward rounds and board rounds
- Develop an e-learning tool for anticoagulation
- Embed processes in the emergency department to reduce the time to antidote administration in patient who present with anticoagulant related bleeding
- Focus on improving the skills and knowledge of our clinical staff in the recognition and management of hyperglycaemia
- Roll out acting on results IT solutions across the Trust

## Results:

- There have been 230 incidents resulting in moderate, severe harm and death against a target of 146
- Incidents resulting in moderate, severe harm and death have not reduced by the target 9% - this is set against an overachievement of 41% last year
- An additional measure of harm was included in the incidents resulting in severe or moderate harm in 2017/18
- Without this new measure of harm, the number of moderate and severe harm incidents would have been 130, representing a slight reduction in harm compared to last year

## **We said we would:**

Use patient feedback to drive improvements to services and care

## **In 2017/18 we:**

- Rolled out training and support in the use of individualised end of life care plans
- Held listening events and developed a future vision for our outpatient services
- Identified cross cutting themes for improving our outpatient services including: correspondence, the outpatient environmental, customer care, training, IT systems and hardware

## **Further improvements we need to make are:**

- Continue to embed and audit the use of individualised end of life care plans
- Focus our efforts on making a demonstrable difference to outpatient service in ENT and Cardiology as well as the cross cutting service improvements

## **Results:**

- The target of 75% of wards having the individualised end of life care plan fully implemented, was achieved each quarter throughout the year
- Metrics for measuring improvements in our outpatient service have been scoped and take effect from April 2018

## 2.3 Patient Safety Improvement Plan

### 'Sign up to Safety' campaign

In September 2014 Leicester's Hospitals signed up to the national 'Sign Up to Safety' campaign. The campaign aims to strengthen patient safety in the NHS and make it the safest healthcare system in the world.

As part of the 'Sign Up to Safety' campaign, we have pledged to:

- Put patient safety first
- Focus on continuous learning
- Be honest and transparent
- Collaborate with others to share learning and good practice
- Be supportive and help people understand why things go wrong

In 2015 we were allocated circa £1.5m from the National Health Service Litigation Authority (NHSLA) to support the delivery of our safety improvement plan.

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

In 2017/18, as the continuation of the 'Sign up to Safety' campaign we have:

- Recruited a team with the Emergency Department, dedicated to the recognition and management of sepsis
- Created the "The Little Voice Inside" obstetric training package (TED) to share best practice and improve patient safety. This has been shared nationally
- Further developed our Patient Safety Portal in response to stakeholder feedback
- Implemented e-learning modules which provide a more in-depth understanding of human factors and ergonomics

- Continued the development and roll-out of electronic observations across all specialities

### Duty of Candour

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

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

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

- Added a short training video and letter guidance onto the hospital's intranet
- Further updated our Duty of Candour (Being Open) Policy, with improved templates and flowchart
- Included Duty of Candour training in our patient safety training
- Continued face to face staff training and briefing sessions
- Monitored compliance through our incident management system so that when incidents are reported, a mandatory 'Duty of Candour' prompt encourages staff to record the relevant information and take the appropriate action

## 2.4 National Patient Safety Alert compliance

Patient safety alerts are issued via the Central Alerting System (CAS), 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 (PSAs) are reported in monthly data produced by NHS Improvement and

published on the NHS Improvement website. Compliance rates are monitored by Clinical Commissioning Groups (CCGs). Failure to comply with the actions in a PSA results in a red status report on the NHS Choices website and the overdue alerts remain open.

The publication of this data is designed to provide patients and their carers with greater confidence that the NHS is able to react quickly to identified risks.

Within Leicester's Hospitals there is a robust accountability structure to manage PSAs. Heads of Nursing take an active role in the local management of alerts and our Executive Quality Board (EQB) and Quality and Outcomes Committee (QOC) provide oversight of this process. Any alert that fails to complete within the specified deadline is reported to the EQB and QOC with an explanation as to why the deadline was missed and a revised timescale for completion.

The risk and assurance manager for the Leicester's Hospitals ensures the recommended actions from these alerts are locally monitored, working closely with clinicians and managers to ensure actions are implemented within prescribed timescales wherever possible.

During 2017/18 we received 6 patient safety alerts. No alerts breached their due date.

**Table 1: National Patient Safety Alerts received during 2017/18**

Title	Due date	Current Status
NHS/PSA/RE/2017/002 - Resource Alert Resources to support the safety of girls and women who are being treated with valproate	06/10/2017	Closed
NHS/PSA/W/2017/003 – Warning Alert Risk of death and severe harm from ingestion of superabsorbent polymer gel granules	16/08/2017	Closed
NHS/PSA/RE/2017/004 – Resource Alert Resources to support safe transition from the Luer connector to NRFit™ for intrathecal and epidural procedures, and delivery of regional blocks	11/12/2017	Closed
NHS/PSA/W/2017/005 – Warning Alert Risk of severe harm and death from infusing total parenteral nutrition too	08/11/2017	Closed

Title	Due date	Current Status
rapidly in babies		
NHS/PSA/D/2017/006 – Directive Alert Confirming removal or flushing of lines and cannulae after procedures	09/08/2018	Open
NHS/PSA/W/2018/001 – Warning Alert Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders	20/02/2018	Closed

## 2.5 Never Events 2017/18

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

In 2017/18 eight incidents were reported which met the definition of a Never Event. Thorough root cause analysis (RCA) is undertaken for Never Events and robust action plans are developed to prevent a similar occurrence. Data as at: 5/3/2018

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

**Table 2: Summary of Never Events during 2017/18**

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
<b>Misplaced nasogastric tube</b> (May 2017)	During a cardiac arrest, an Nasogastric (NG) tube was inserted. Drugs were administered via this tube without the required checks being undertaken. It was later identified that the tube was misplaced in the right bronchus of	Following an out of hospital cardiac arrest, a perception that urgent drugs were required via NG tube, led to the insertion of a NG tube and its use without appropriate placement checks	A protocol for the management of a patient in and out of hospital, cardiac arrest, including administration of DAPT to be developed and implemented.  The Insertion and Management of Nasogastric and Nasojejunal Tubes in Adults policy and procedures to be reviewed, ensuring that the safety checklist for NG insertion interfaces

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
	the lung. <b>Minor Patient Harm</b>	being carried out.	with the policy.  Learning to be shared with staff via the learning Bulletin.
<b>Retained foreign object post-procedure - retained guide wire (May 2017)</b>	Two lines (a CVC catheter and vascath) were inserted into right jugular vein. The guide wire was left in unintentionally on one of these lines, identified on x-ray and removed immediately. <b>No Patient Harm</b>	Human error as a result of distraction due to:  The urgency of treatment required due to the life-threatening situation  Interruption of the clinician during the procedure  Excess of central venous catheter equipment (surplus guidewire on the trolley)  System error as a result of guidelines:  Lack of reference to guidewire management in the procedural check-list	<i>Checklist for the Insertion of Central Venous Catheters</i> to be replaced by a new safety checklist to include instructions for the disposal of guidewires.  Staff to be reminded to avoid immediate non-life / limb threatening interruptions when complex / emergency procedures are performed.  A named person (Nurse / ODP / HCA, etc) to be allocated to assist the operator during the insertion of central lines.  Clinician to make sure they can visualise the guidewire at all times during the procedure.  All packs with guidewires opened to be accounted for at the end of the procedure.  Following completion of the procedure the operator to perform a sign out with their allocated assistant.  The Trust's main external suppliers to further review central venous catheter devices to ascertain whether adaptations can be made to stop the risk of retention of guidewires.
<b>Wrong route administration of medication (May 2017)</b>	A drug intended for epidural route administration was administered intravenously. This occurred in delivery suite theatres during a top up of epidural analgesia for the management of labour pain.	This incident was able to occur due to compatible Cannula and Epidural connectors.  Human error played a significant role in this incident	Doctors caring for patients to ensure that they provide clear parameters to Midwifery teams of what requires escalation when enhanced monitoring such as ECG is required following a non-standard delivery/patient safety incident.  Roll out of ISO 80369-6 connectors into Delivery Suites to be given priority as and when they become available.

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
	<b>No Patient Harm</b>		
<b>Wrong site surgery (August 2017)</b>	<p>Patient A was seen in Dermatology clinic and added to the waiting list for a right upper back lesion excision. Patient B was sent an appointment letter in error to attend for a surgical procedure. Patients A and B are both male and share the same surname but no other personal details are similar.</p> <p>Patient B attended the clinic and the procedure was undertaken which was intended for Patient A.</p> <p><b>No Patient Harm</b></p>	<p>Administration process not adhered to resulting in a patient being sent an appointment for minor surgery that was intended for another patient</p> <p>Checking and consent process not adhered to resulting in incorrect patient identity and wrong patient surgery</p>	<p>Review of storage facilities for medical records in dermatology for the 2WW Pathway</p> <p>Process mapping to be undertaken for admin, consent and the 2WW processes.</p> <p>Risk assessment of working environment for administration and records purposes</p> <p>Review of local Safety Standard for Invasive Procedure (LocSIPP)</p> <p>Stop the Line to be rolled out to non-theatre procedure areas</p>
<b>Retained foreign object post-procedure - retained guide wire (October 2017)</b>	<p>The patient had ultrasound guided insertion of a midline into his left basilic vein. The guide wire was left in unintentionally post procedure and was identified some two months later during a different episode of care.</p> <p><b>Major Patient Harm</b></p>	<p>The midline insertion was not a two person process, the ACCP inserted it by herself without anyone acting as an observer</p> <p>The LOCSIPP checklist was not in place at the time of the incident.</p>	<p>Develop and disseminate Safety Notice regarding two person process and role of observer</p> <p>Expand existing quarterly CVC Trust wide audit to identify if LOCSIPP is in notes and line insertion was a two person process</p> <p>Carry out PDSA cycles to review content and usability of LOCSIPP and revise as appropriate</p> <p>To be discussed at general radiology discrepancy meeting, to identify whether wire is visible on x-rays to people when not looking for it.</p> <p>All trainees / ACCPs / Fellows / SDs on ICU at Glenfield to get a DOPS (Direct observation of Practical Skills) form signed by the consultants of direct observed practice inserting midlines and PICC lines before being</p>

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
			<p>allowed to insert these independently.</p> <p>Standardisation of kits across all sites and departments</p> <p>Identify all wards that have a supply of CVC lines and remove if not appropriate. All lines to be inserted in designated areas.</p> <p>A central register for all wards appropriate to accept and care for multi-lumen central lines to be compiled and kept by the Vascular Access Committee.</p>
<b>Retained foreign object post-procedure - retained saline filled surgical glove (December 2017)</b>	<p>A patient had a total laparoscopic hysterectomy carried out and during the procedure a surgical glove is filled with saline and placed in the lower part of the vagina. Post the procedure the glove is removed and should be included in the surgical swab and instrument counts.</p> <p>Post discharge it was noted that a surgical glove was still in situ.</p> <p><b>Minor Patient Harm</b></p>	<p>Human error as a result of:</p> <ul style="list-style-type: none"> <li>• Lack of communication during the team brief to explain the surgeon's preferred technique for the procedure</li> <li>• Lack of communication during the procedure resulting in lack of awareness of the surgical glove being inserted</li> <li>• Failure to record the use of the surgical glove as 'other' item used during the procedure on the white board which meant it was therefore not included in the counts</li> <li>• Policies not being followed due to access and training issues.</li> <li>• Theatre staff not</li> </ul>	<p>All items that are used during surgery to be accountable for. This should be clearly communicated and recorded on the theatre visual white boards. The whole of the Interventional team have equal responsibility in ensuring that counts are correct and for letting other members of the team know when the packs or devices are placed into body cavities and subsequently removed.</p>

Never Event type	Description of incident and level of harm	Primary root cause	Recommendations
		<p>feeling confident in raising concerns and speaking out</p> <p>System error as a result of:</p> <ul style="list-style-type: none"> <li>• Cross site working.</li> <li>• Overrunning of theatre lists due to clinical commitments and patient complexities</li> <li>• Delay in staff taking allocated breaks due to the overrunning of the theatre list</li> </ul>	
<b>Unintentional connection of a patient requiring oxygen to an air flow meter (March 2018)</b>	<p>A child was in paediatric ED being given oxygen as part of their treatment. When the child was moved for an x-ray it was noticed that the child was connected to air rather than oxygen as required. The air was immediately changed from air to oxygen.</p> <p><b>No Patient Harm</b></p>	RCA still in progress	RCA still in progress
<b>Retained foreign object post-procedure - retained swab in throat (March 2018)</b>	<p>Patient underwent adenoidectomy procedure. Following discharge from the theatre department it was discovered on the ward the following day that a tonsil swab had been retained.</p> <p><b>No Patient Harm</b></p>	RCA still in progress	RCA still in progress

## 2.6 NHS Outcome Framework Indicators

**Table 3: NHS Outcome Framework Indicators**

NHS Outcomes Framework domain	Indicator	2016/17	2017/18	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding	101 Apr16-Mar17 Band 2	98 Oct16-Sep17 Band 2	100 Oct16-Sep17 Band 2	125 Oct16-Sep17 Band 1	73 Oct16-Sep17 Band 3
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator).	22.8% Apr16-Mar17	23.7% Oct16-Sep17	31.4% Oct16-Sep17	59.5% Oct16-Sep17	11.5% Oct16-Sep17
Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery	0.079 (195 records) EQ5D Index Apr16 – Mar17	No Score (23 records) EQ5D Index Apr17 – Sep17	0.089 EQ5D Index Apr17–Sep17	0.140 EQ5D Index Apr17–Sep17	0.055 EQ5D Index Apr17 – Sep17
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	0.424 (453 records) EQ5D Index Apr16 – Mar17	NHS digital data not available	0.445 EQ5D Index Apr16–Mar17	0.540 (56 records) EQ5D Index Apr16–Mar17	0.305 (31 records) EQ5D Index Apr16 – Mar17
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	0.318 (543 records) EQ5D Index Apr16 – Mar17	NHS digital data not available	0.324 EQ5D Index Apr16–Mar17	0.403 (33 records) EQ5D Index Apr16–Mar17	0.245 (67 records) EQ5D Index Apr16 – Mar17
	Patient reported outcome scores for varicose vein surgery.	0.058 (32 records) EQ5D Index Apr16 – Mar17	No Score (2 records) EQ5D Index Apr17 – Sep17	0.096 EQ5D Index Apr17–Sep17	0.134 EQ5D Index Apr17–Sep17	0.068 EQ5D Index Apr17 – Sep17
	% of patients <16 years old readmitted to hospital within 28 days of discharge	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below
	% of patients <16 years old readmitted to hospital within 30 days of discharge*	8.5% Apr16-Mar17 Source: CHKS	11.5% Apr17-Mar18 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients 16+ years old readmitted to hospital within 28 days of discharge	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below
	% of patients 16+ years old readmitted to hospital within 30 days of discharge*	8.8% Apr16-Mar17 Source: CHKS	8.6% Apr17-Mar18 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)	73.9 Hospital stay: 01/07/2016 to 31/07/2016; Survey collected 01/08/2016 to 31/01/2017 Aug 2017 Publication	Results due Aug 2018	Results due Aug 2018	Results due Aug 2018	Results due Aug 2018

NHS Outcomes Framework domain	Indicator	2016/17	2017/18	National Average	Highest Score Achieved	Lowest Score Achieved
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of staff who would recommend the provider to friends or family needing care	65% Source: National NHS Staff Survey 2016	65% Source: National NHS Staff Survey 2017	71% Source: National NHS Staff Survey 2017	93% Source: National NHS Staff Survey 2017	47% Source: National NHS Staff Survey 2017
	% of admitted patients risk-assessed for Venous Thromboembolism	95.8% Apr16-Mar17 Source: UHL	95.7% Q3 2017-18 (Oct17 - Dec17) Source: NHS England	95.4% Q3 2017-18 (Oct17 - Dec17) Source: NHS England	100% Q3 2017-18 (Oct17 - Dec17) Source: NHS England	76.1% Q3 2017-18 (Oct17 - Dec17) Source: NHS England
	Rate of C. difficile per 100,000 bed days	11.6 Apr16 - Mar17 Source: PHE	12.8 Apr17 - Mar18 Source: UHL data	National data not published	National data not published	National data not published
	Rate of patient safety incidents per 1000 admissions (IP, OP and A&E)	42.0 Oct16 - Mar17 Source: NHS Digital	45.6 Apr17 - Sep17 Source: NHS Digital	42.8 Apr17 - Sep17 Source: NHS Digital	111.7 Apr17 - Sep17 Source: NHS Digital	23.5 Apr17 - Sep17 Source: NHS Digital
	% of patient safety incidents reported that resulted in severe harm	0.16% Oct16 - Mar17 Source: NHS Digital	0.13% Apr17 - Sep17 Source: NHS Digital	0.37% Apr17 - Sep17 Source: NHS Digital	1.98% Apr17 - Sep17 Source: NHS Digital	0.00% Apr17 - Sep17 Source: NHS Digital

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

Where NHS Digital data as at 01/05/2018 is unavailable, alternative data sources (specified) have been used

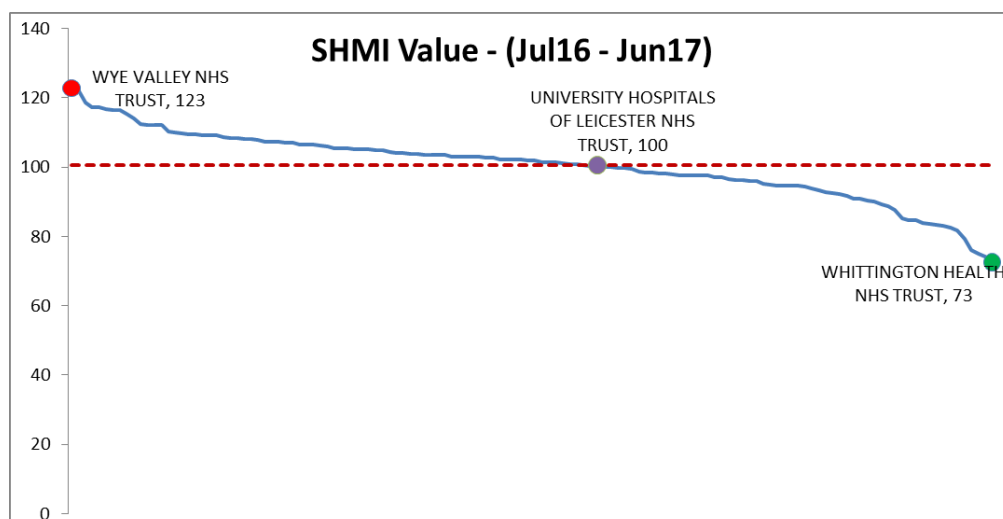
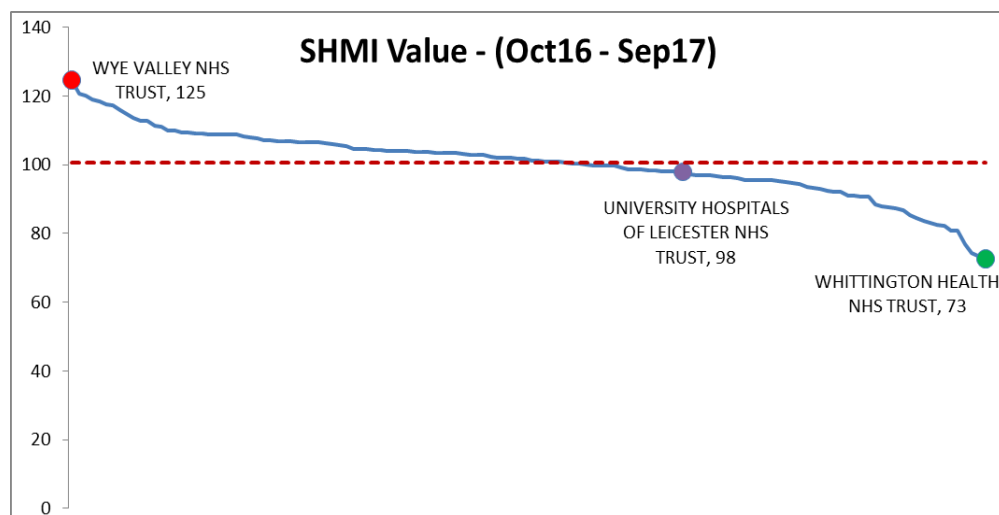
## Preventing people from dying prematurely

### Summary Hospital Level Mortality Indicator (SHMI)

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

For the period October 2016 to September 2017, Leicester's Hospitals SHMI was 98\*. This is in line with the national average.

Charts to illustrate UHL's SHMI in comparison to both the national average and the highest and lowest trusts for the same reporting period



**Table 4: UHL SHMI in comparison to the national average and those trusts with the highest and lowest SHMI, for the reporting period**

	October 2016 – September 2017	July 2016 – June 2017
UHL	98	100
Wye Valley NHS Trust	125	123
Whittington Health NHS Trust	73	73
<b>National average</b>	<b>100</b>	<b>100</b>

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

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

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

- The continued implementation of our Quality Commitment
- Embedding the use of e-Obs and sepsis clinical rules in NerveCentre (our clinical information system) to support earlier recognition of sepsis
- The development and implementation of our cardiology decision support tool
- Implementing the customised centile GROW charts and a new fetal growth guideline both of which support detection fetal growth restriction.
- Improving pathway for patients admitted for cardiac surgery
- Continuing to focus on improving 'time to thrombolysis' and 'time to stroke unit'

As part of our mortality monitoring and investigations, we continue to make use of our Medical Examiners. Between April and March 2018 our Medical Examiners screened over 3,000 adult patient records (over 95% of all adult deaths). 13% of these records were referred for a Structured Judgement Review as part of the

Specialty Mortality and Morbidity process and 13% were referred for clinical review by the patient's clinical team for learning and actions.

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

### Patient reported outcome scores

Patient reported outcome measure (PROM) is a series of questions that patients are asked in order to gauge their views on their own health. NHS England undertook a consultation on the national PROMs programme in 2016. As a result of the findings of that consultation, NHS England took the decision to discontinue the mandatory varicose vein surgery and groin-hernia surgery national PROM collections.

NHS England are continuing with hip and knee surgery PROM collections and are working with NHS Digital to make the national data on them easier to use and to provide a range of automated outputs that are tailored to the needs of trusts, CCGs and other users.

In the examples of knee replacement and hip replacement surgery, patients are asked to score their health before and after surgery. We are then able to understand whether patients see a 'health gain' following surgery. Participation rates and outcome data is published by NHS Digital (The Health and Social Care Information Centre).

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

Hip and knee replacement surgery, PROMS outcomes are in line with the national average and UHL are consistently meeting the thresholds. The participation rate for knee replacement is 94% and hip replacement, 97%.

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

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

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

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

The data describing the percentage of patients readmitted to hospital within 30 days of discharge is split into two categories: percentage of patients under 16 years old and percentage of patients 16 years and older. This data is collected so that Leicester's Hospitals can understand how many patients that are discharged from hospital, return within one month. This can highlight areas where discharge planning needs to be improved and where Leicester's Hospitals need to work more closely with community providers to ensure patients do not need to return to hospital.

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

We have seen an improvement in performance in the number of readmissions for patients aged 16+ years old from 2016/17 to 2017/18.

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

To further improve our rate of readmissions within 30 days of discharge, Leicester's Hospitals are:

- Continuing to embed discharge processes
- Piloting telephone follow ups of all discharged patients by the Integrated Clinical Response Team on the Clinical Decisions Unit
- Developing Standard Operating Procedures for managing patients at high risk of readmission within 30 days (using the PARR30 model)
- Ensuring members of the Integrated Discharge Team attend all board rounds to confirm and challenge clinical teams of the actions that need to be taken to ensure appropriate and timely discharge (Red2Green)

## Ensuring people have a positive experience of care

### Responsiveness to inpatients personal needs

Based on the Care Quality Commission national inpatient survey, this indicator provides a measure of quality. A 'composite' score is based on five questions:

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

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

The composite score for these five questions within the national survey has shown a slight decrease for 2017/18 by 0.3, this is based on 497 responses.

Six questions with a similar theme to the five national survey questions are included in Leicester's Hospitals patient experience feedback form:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- When you had important questions to ask did you get answers you could understand from Consultants?
- When you had important questions to ask did you get answers you could understand from Junior Doctors?
- When you had important questions to ask did you get answers you could understand from Nurses?

- How much information about your condition and treatment was given to you on the ward?
- Were you given enough privacy when discussing your condition or treatment?

For the period April to December 2017 we received 26,417 pieces of feedback. This feedback shows a slight improvement in the overall score for these questions from 91.9 in 2016/17 to 92 in 2017/18. Data as 28/2/2018

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

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

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

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

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

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

- The survey conducted on behalf of the Care Quality Commission was sent to all eligible members of Leicester’s Hospitals staff with the results analysed by an independent contractor and the results published nationally

- Our 2017/18 performance is based on the 2017 staff survey results, This information is presented to Leicester's Hospitals Trust Board

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

- Targeted support to areas in need using the 'UHL Way'
- Through our Quality Commitment

#### Venous thromboembolism (VTE)

Risk assessing inpatients for VTE is important to help to reduce hospital acquired VTE. We work hard to ensure that not only are our patients risk assessed promptly but that any prophylaxis is given reliably.

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

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

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

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

### Clostridium Difficile (CDiff)

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

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

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

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

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

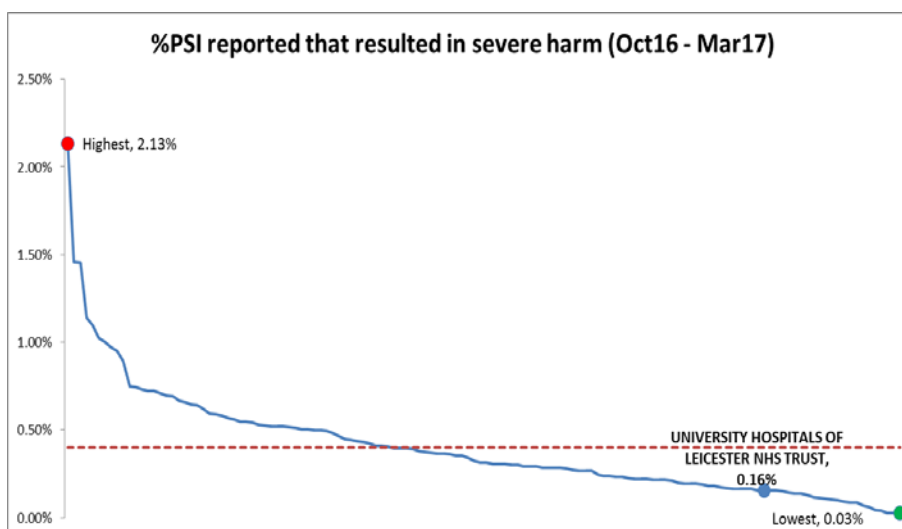
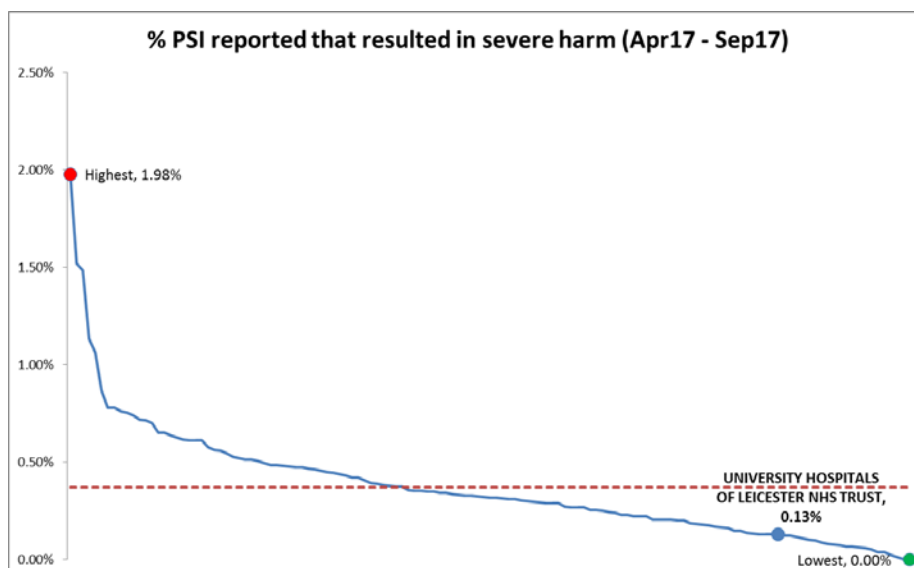
### Patient safety incidents

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

**Table 5: UHL patient safety incidents in comparison with the national average and those trusts with the highest and lowest of the same, for the reporting period**

	April 2017 – September 2017	October 2016 – March 2017
UHL	0.13%	0.16%
Highest	1.98%	2.13%
Lowest	0.00%	0.03%
<b>National average</b>	<b>0.37%</b>	<b>0.4%</b>

Charts to illustrate UHL patient safety incidents in comparison to the national average and those trusts with the highest and lowest rate, for the reporting period



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

- Patient safety incidents are captured on Leicester's Hospitals patient safety incident reporting system, Datix and are also reported to through the National Reporting and Learning System (NRLS)

- Themes and trends are reported monthly and quarterly to provide a local and national picture of patient safety incidents

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

- Our top three reported incidents are pressure sores, slips / trips / falls and staffing levels
- Leicester's Hospitals actively encourage a culture of open reporting and widespread sharing of learning from incidents to improve patient safety. The safety of our patients is our principal concern and we are relentless in our focus on reducing avoidable harm. We are open and transparent about our safety work, our incidents and our actions for improvement. We continue to strive to make the care in our hospitals harm free

## 2.7 Learning from deaths

During 2017/18, 3,360 patients were part of the Learning from Deaths process within Leicester's Hospitals, as follows:

Time period	Number of deaths
April 2017 to March 2018	3,360
Q1	762
Q2	743
Q3	889
Q4	966

By the end of March 2018, 328 case record reviews and 22 investigations were carried out in relation to the 3,360 deaths. In 18 cases, a death was subject to both a case record review and an investigation.

Time period of death	Deaths Reviewed or Investigated (as at end March 2018)
April 2017 to March 2018	328
Q1	137
Q2	108
Q3	62
Q4	21

Four (0.12% of 3,360) deaths reviewed or investigated (as at the end of March 2018) were judged 'to be more likely than not to have been due to problems in care provided to the patient'. All were investigated and confirmed to be a serious incident.

Sixteen (0.48% of 3,360) deaths were found to have problems in care but these were considered unlikely to have contributed to the death.

This consisted of:

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	3 (0.39%)
Q2	1 (0.13%)
Q3	Data not yet available
Q4	Data not yet available

These numbers have been calculated by undertaking a case record review using the national Structured Judgement Review template and the University Hospitals of Leicester NHS Trust death classification criteria or an investigation using the Serious Incident Framework.

Learning identified through our case record reviews, has included:

- The importance of recognising patients who are at the end of life and communicating with them and their relatives about their prognosis

- The importance of timely escalation of the deteriorating patient and sepsis treatment
- Acting on results in a timely way
- The importance of senior review and decision making
- More effective handover and transfer between specialties and sites
- Improved communication / handover using NerveCentre (our clinical information system)

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

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.

393 deaths were subject to case record reviews as part of specialty mortality and morbidity review in 2016/17. No case record reviews and investigations were completed after 2016/17 which related to deaths which took place before the start of the reporting period.

Leicester's Hospitals were not using the 'death more likely than not due to problems in care' classification during 2016/17 we are therefore unable to make any comparison with previous year's deaths.

## 2.8 Seven day hospital services

Progress has been made over the last year towards meeting the four priority areas in the delivery of seven day services and plans for 2018/19 will build on these strong foundations. Our service reconfiguration plans, if supported locally and nationally, will improve things further in areas such as imaging provision.

In 2018/19, we will:

- Work towards continuing improved delivery of the 'time to first consultant review' and 'ongoing review' standards of the ten seven day

services clinical standards, at Glenfield, in the specialties of respiratory medicine and cardiology

- Continue to trail the 7 day a week Pneumonia Nurse Specialist Service
- Continue to align the seven day services programme with the **Red2Green** programme
- Improve delivery of the 'time to first consultant review' standard in General Surgery at the General Hospital
- Continue with the 'To Take Out' medication programme
- Continue to submit six-monthly audit data and disseminate best practice and share experience nationally

## 2.9 Performance against national standards

### Indicators

#### ED 4 hour wait and ambulance handovers

Performance Indicator	Target	2017/18	2016/17
ED 4 Hour Waits UHL	95%	77.6%	79.6%
ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	80.6%	-

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

There have been significant challenges all year with providing timely care at the Leicester Hospital's emergency department (ED). Leicester's Hospitals have not met the target to treat and discharge a minimum of 95% of patients within four hours. Whilst ED attendance for 2017/18 reduced by 1% (2,424 attendances) in comparison to 2016/17, emergency admissions activity for 2017/18 increased by 12% (10,644 admissions) in comparison to 2016/17.

The high number of patients in the department at any one time has inevitably had an effect on the quality of care provided for patients.

The new Emergency Floor opened in April 2017 and provided additional space to enhance patient and staff experience. This has also helped improve the ambulance handover times; however it is recognised these still remain too long and are a very serious concern of both UHL and East Midlands Ambulance Service NHS Trust. A plan to deliver further improvements is in place and being monitored at the A&E delivery board which is chaired by our chief executive.

The opening of a new GP assessment unit which supports patients referred in directly from GPs has helped to reduce the growth in the number of patients requiring admissions to Leicester's Hospitals.

We continue to work with partners across Leicester, Leicestershire and Rutland to improve our emergency performance and the quality of care provided on the emergency care pathway. Our chief executive is the chair of the A&E delivery board which oversees the plan for improvement and contains all of our health system partners including the Leicestershire Partnership NHS Trust and the local councils.

#### Referral to treatment (RTT)

Performance Indicator	Target	2017/18	2016/17
RTT - incomplete 92% in 18 weeks	92%	85.2%	91.8%

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

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

2017/18 has been a difficult year in terms of maintaining this elective target. Compliance with the standard was achieved in 4 out of 12 months for June 2017, July 2017, October 2017 and November 2017.

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

- A continuing rise in referrals (4% increase, this equates to approximately 1,100 more new referrals per month)

- An increase in emergency pressures and admissions resulting in high numbers of operations being cancelled in some specialities

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

We continue to have capacity constraints within some key services, notably adult and paediatric ear nose, General Surgery, Urology and Orthopaedics. This is being addressed by reviewing and improving efficiency within these services and working closely with commissioners to reduce demand.

#### Winter care

In the Winter of 2017/18, in common with many other acute trusts, Leicester's Hospitals experienced compromised emergency department performance, increased numbers of patients in hospital for over 7 days and high levels of occupancy (the number of beds filled).

Winter planning for 2018/19 has already started and we will:

- Ensure that our plan addresses both the physical and mental health needs of our patients
- Ensure that we understand the shortfall in beds against the predicted admissions
- Develop a system wide plan which includes social care, primary care and community care
- Ensure robust staffing over holiday periods
- Ensure realistic phasing of elective activity throughout the year to decrease the risk of cancellations
- Ensure that **Red2Green** (a process for minimising both internal and external delays for patients) is as effective as possible, reducing occupancy prior to winter

### Cancelled operations and patients rebooked within 28 days

Performance Indicator	Target	2017/18	2016/17
Cancelled operations	0.8%	1.3%	1.2%
Patients cancelled and not offered another date within 28 days	0	336	223

As in the previous year, Leicester's Hospitals have struggled with short notice cancelled operations due to non-clinical reasons. The target of 0.8% was not achieved for any month during the year.

Bed and theatre capacity was a significant factor especially over the winter period. An elective pause resulted in high numbers of patient cancellations as bed capacity was required for the emergency pathway. Cancellations continued past elective pause period as emergency pressures continued to impact on Leicester's Hospitals.

We also saw an increase in the number of patients not offered a date within 28 days of a cancellation. 48% of the breaches were seen in the 2 months of December 2017 and January 2018 as a result of an elective pause which halted capacity to book any cancelled patients into.

The theatre program board has a work plan to reduce short notice cancellations for patients. This would also have a positive impact on our 28 day performance indicator.

### Diagnostics

Performance Indicator	Target	2017/18	2016/17
Diagnostic Test Waiting Times	1.0%	1.9%	0.9%

Leicester's Hospitals has maintained good performance against the diagnostics tests waiting time standard of no more than 1% of patients waiting for a

diagnostic test longer than six weeks, throughout 2017/18 with the exception of March 2018.

### Cancer targets

Performance Indicator	Target	2017/18	2016/17
Cancer: 2 week wait from referral to date first seen - all cancers	93%	94.7%	93.2%
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	91.9%	93.9%
All Cancers: 31-day wait from diagnosis to first treatment	96%	95.1%	93.9%
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	99.1%	99.7%
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	85.3%	86.4%
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	95.4%	93.5%
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	78.2%	78.1%
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	85.2%	88.6%

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

We have made progress in delivering the 62 day cancer standard this year. It remains one of the key priorities for the organisation. Whilst we have seen referrals on a 2 week wait pathway grow we have also seen time for diagnosis reduce.

Alongside improvements in our 'Next Steps' programme (which ensures all patients who are on a suspected cancer pathway know what their next step is

and receive the date for that within an agreed timeframe) we are introducing a shorter wait for first appointments.

We are now seeing more patients within 7 days of referral. This has allowed us to tell patients more quickly that they do not have cancer and to focus on those patients who do.

For those cancer standards that are not being met, Leicester's Hospitals has agreed a cancer recovery plan with commissioners. This has resulted in some clear signs of improvement. We have also taken part in several events led by NHS Improvement and had our processes external audited and validated.

## MRSA

Performance Indicator	Target	2017/18	2016/17
MRSA (All)	0	4	3
MRSA (Avoidable)	0	4	0

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

We recognise that it is unacceptable for a patient to acquire an MRSA bloodstream infection (MRSA BSI) whilst receiving care in Leicester's Hospitals.

During 2017/18 we have identified 4 patients within Leicester's Hospitals with an MRSA bloodstream infection. A Post Infection Review has been carried out on these 4 patients within in line with national reporting requirements.

## Pressure ulcers

Performance Indicator	Target	2017/18	2016/17
Avoidable Pressure Ulcers – Grade 4	0	1	1
Avoidable Pressure Ulcers – Grade 3	27	8	28
Avoidable Pressure Ulcers – Grade 2	84	53	89

Leicester's Hospitals are committed to reducing year on year the number of pressure ulcers that occur in our hospitals.

The care of any patient who has acquired a pressure ulcer whilst in hospital is reviewed at a monthly validation meeting. A senior nurse reviews the patient's care record to determine whether additional measures should have been taken to prevent the pressure ulcer from occurring. Through this process we ensure that improvements in care take place as soon possible.

Through this scrutiny and challenge process Leicester's Hospitals have seen a year on year reduction in the number of avoidable pressure ulcers.

Other actions that we have taken to reduce the number of avoidable pressure ulcers are:

- Increasing the availability of specialist pressure relieving mattresses and cushions
- Developing a process to monitor the number of pressure ulcer free days for each ward
- Issuing certificates of achievement for clinical areas that have achieved their target for the number of pressure ulcer free days

We also plan to review the training that staff receive in pressure ulcer management and our existing pressure ulcer policy to help to further reduce the number of avoidable pressure ulcers.

## 2.10 Mental Health

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

During their unannounced inspection in November 2017, CQC inspectors were impressed with the physical environment for mental health patients in the emergency department.

The process for referring for a mental health assessment is well established in the emergency department. The number of referrals for a mental health assessment in the emergency department has increased by more than 20% over the period April 2016 to December 2017.

Leicester's Hospitals has jointly committed with the Leicestershire Partnership NHS Trust to reduce the number of patients who repeatedly attend the emergency department as a direct consequence of an underlying mental health condition. This work is being overseen by the Mental Health Board which meets on a bi-monthly basis, with key partners in attendance.

Leicester's Hospitals are also jointly developing a service model and bid for future funding for a mental health liaison service with the Leicestershire Partnership Trust.

The Mental Health Board reviews all serious incidents and complaints relating to mental health, to ensure learning and prevent them from happening again.

## 2.11 Equality & diversity

One of the major priorities for Leicester's hospital over the last 12 months has been to ensure that it procured a high quality interpretation and translation service. Our last provider went in to liquidation in March 2017 and this presented a major challenge. Interim arrangements were made with a number of local British Sign Language and community language providers, combined with a telephone interpreting service which gave some degree of assurance to meet patient need. A new provider, DA Languages was appointed in January 2018. They now provide 24/7 cover for all of our interpreting and translation needs.

Leicester's Hospitals run a successful anti-bullying and harassment helpline. The confidential helpline has assisted 32 individuals during 2017. More work is being planned in collaboration with the Freedom to Speak up Guardian to address issues of bullying and harassment where they occur.

Leicester's Hospitals have signed up to the British Sign Language Charter and we are working on an action plan to improve its services to deaf and hard of hearing people. Improved British Sign Language interpreting arrangements have been put in place across our hospitals and a replacement programme for induction loops in all reception areas has been carried out.

We identified that a key area for focus on workforce issues is the under-representation of Black, Asian and Minority Ethnic (BAME) employees at

leadership level. Our total workforce is representative of the Leicestershire BAME community (31%). Although our BAME leadership is not representative (13%), there has been a rise of around 4% over the past year which is extremely positive. Initiatives the Trust has been successfully implementing are:

- Reverse mentoring
- Mentoring and coaching
- Unconscious bias training
- Targeting graduate trainees from BAME backgrounds

In addition we are signing up to the RCN's cultural ambassadors programme and implementing plans to re-establish staff networks for BAME and other under-represented groups within the workforce.

We continue to work with the Equality Delivery System (EDS2) framework and work has started on developing our equality and diversity strategy drawing on gaps identified through EDS2 grading and equalities data. We are highly committed to tackling any health inequalities and disadvantage patients experience as a result of their protected characteristic or socio-economic position.

## 2.12 Patient and public perspective

### Information for public and patients

We produce a bi-monthly magazine called 'Together' for staff, members and the public, in which we share good news, innovations, schemes and initiatives from across our hospitals.

The Communications team manages several social media accounts such as Twitter, Facebook, Vimeo, Instagram and YouTube, which are used to quickly and effectively share information, images and advice. The team respond quickly to issues/ concerns raised by members of the public through these forums. They also respond to comments posted on NHS Choices and Patient Opinion about our services.

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

hospitals, along with `news alerts` for those who have signed up to receive notifications.

### Patient and public involvement strategy

In June 2017, Leicester's Hospitals approved a refreshed patient and public involvement strategy. The strategy sets out the way in which Leicester's Hospitals:

- Communicates and engages with stakeholders
- Involves patients and the wider community in service development
- Plans to achieve high quality stakeholder, patient and public involvement over the next 3 years

Through the patient and public involvement strategy, Leicester's Hospitals has committed to maintaining a patient partner group comprising a minimum of 21 patient partners.

### Patient partners

Within Leicester's Hospitals the patient voice is mainly represented through our Patient Partners who provide an independent lay perspective on the work within the hospitals. They are involved and consulted at all stages of the patient journey in UHL and interact with all levels of staff. They reflect not only on their own views but also issues and concerns raised by patients and the public. There are now 18 people fulfilling this role from a diverse range of backgrounds and a further 5 will be appointed in April, 2018.

Patient Partners are members of the public who work closely with patients and staff giving feedback on a wide range of issues from speaking to patients on wards and in out-patient departments to advising on new developments, involvement in recruiting staff and undertaking patient surveys on specific topics. Patient Partners also sit on key strategic committees, relating to finance, education, performance, quality, research and safeguarding.

"Whilst we are attached to Clinical Management Groups a lot of our work is now undertaken across the Trust on issues affecting all areas, such as reconfiguration projects, serious incident investigations, a review of complaints and stakeholder

recruiting sessions for senior posts”, said Martin Caple, Chairman of the Patient Partner Group.

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

“As a group our main concerns this year relate to cancelled operations, nursing vacancies, inconsistencies across out-patient departments, communication with patients, end of life care and the recent high number of Never Events. In relation to this latter matter we see it is vital that staff at all levels are learning from these events to ensure patient safety is not compromised”.

“At our bi-monthly group meetings we are feeding back our views and concerns on these and other key matters to relevant directors within UHL and suggesting areas for improvement. With regard to the Never Events and other serious incidents we are pleased to be involved in the individual investigations”.

“At a Trust Board Thinking Day in August, 2017 attended by local patient groups, including Patient Partners, it was agreed that co-production on issues between staff and patient groups was essential going forward. Whilst patient and public involvement now has a higher profile than ever in Leicester Hospitals and the Board are fully receptive to this notion there is still some way to go to make it happen fully”

“The Joint Patient Reference Group, comprising representatives from several of the key local patient groups, has now become established and is identifying common issues of concern affecting them all. I report quarterly to the UHL Board on both Patient Partner activities and concerns and issues concerning the Joint Patient Reference Group”, said Martin.

“There have been some significant improvements in the past year some of which have been identified in the Care Quality Commission report in March 2018, notably the new state of the art Emergency Department, soon to be enhanced when Phase 2 opens, and the work of the dedicated sepsis team. We were all delighted that the considerable efforts to ensure the Children’s Heart Unit Hospital were eventually rewarded when the decision was taken that it should remain in UHL. The Red 2 Green process is clearly improving the patient journey and the plans to open the Hampton Suite, a new step down area for patients at the Leicester Royal Infirmary, is also seen as very encouraging”.

“Despite the many increasing pressures on staff within UHL as Patient Partners we continue to see a hard-working and committed workforce, ably led, who are dedicated to providing high quality patient care. Whilst we challenge and question on issues we see our role as being supportive to both patients and staff in these difficult times”.

### Community engagement

In January 2018, Leicester’s Hospitals facilitated a “community conversation” event. The aim of these events is to enable Board members to be more visible in the local community, to listen to a diverse range of views on our services and promote and publicise the work of Leicester’s Hospitals. The events are run quarterly and are held in a variety of different community venues across Leicester, Leicestershire and Rutland.

The event in January aimed to focus specifically on the hospital experience of people with disabilities.

During the event we spoke to a range of people with disabilities who had recently used services at Leicester’s Hospitals, many reported positive experiences and there was a great deal of support.

Some of the key issues raised included access to our buildings, disabled car parking, the availability of wheelchairs in main reception areas, concerns about waiting times in clinics, queries about how we raised awareness of the needs of people with disabilities with our staff and the support we provide to carers.

Our equality lead and a member of the patient experience team were able to respond to these issues on the day.

### Patient feedback

Feedback from patients, family members and carers is actively sort by Leicester’s hospital and we respond to both positive and negative feedback. Our “You Said We Did” boards displayed in ward areas highlight some of the actions that we have taken in response to the feedback that we have received.

We collect feedback in numerous ways, including:

- Patient Experience feedback forms
- Family, Carers and Friends feedback forms

- Message to Matron
- NHS Choices / Patient Opinion
- Patient stories
- Volunteer feedback
- Compliments and complaints provided to the Patient Information and Liaison Service (PILS)
- The hospital website
- Community conversations held by the hospital Engagement team

### Friends and Family Test

The Friends and Family Test is a nationally set question offered to patients, carers and family on discharge from all NHS Hospitals and asks the following question:

**“How likely are you to recommend our ward to friends and family, if they needed similar care or treatment?”**

There are six options ranging from extremely likely to extremely unlikely and don't know. Following this question there is an opportunity for the respondent to comment on why they have given their answer. Responses of extremely likely and likely are recorded as recommended and extremely unlikely and unlikely responses are recorded as non-recommended.

Leicester's Hospitals achieved its target for inpatients Friends and Family Test (97%) in two months out of twelve (September 2017 and February 2018). The target for daycases (97%) was met in all twelve months of 2017/18.

Leicester's Hospitals achieved its target of a 97% positive response for inpatient and daycase in the Friends and Family Test in 2017/18 for all twelve months of 2017/18.

Friends and Family Test feedback can be given via paper forms in the ward areas, kiosks in the three hospital reception areas, electronic devices in some

clinical areas and outpatients. Feedback can also be given by accessing the hospital website. In our outpatient settings, some patients are sent a telephone text survey, to encourage them to give their feedback, but in their own time.

To ensure that non-English speaking patients are given the opportunity to give feedback, the Friends and Family Test question is available in the top three locally spoken languages, in paper format on the wards and electronic format in outpatients, some clinical areas and on the kiosks in the three hospital main entrances.

For patients who have learning disabilities, language or literacy issues, dementia or visual impairment there is an easy read version of the feedback form available, which uses pictures of faces, ranging from very happy to very sad, to ascertain their response to their experience of care. Children who come into Leicester's Hospitals have the option to use the rocket feedback, which uses the pictures of faces and the paper version allows the child to draw a picture.

In April 2017 a new feedback form was launched. This form replaced the carers survey that was undertaken at various times throughout the year. It is recognised that many family members and friends have a caring responsibility in the community, but do not see themselves or do not wish to be labelled as a carer.

Leicester's hospital is committed to support carers and has a Carers Charter, which aims to involve and inform carers in the hospital setting. In conjunction with the Carers Charter in September 2017 the "Stay with Me" campaign was launched to support family members of patients with a diagnosis of dementia while in hospital.

### Patient Information and Liaison Service (PILS)

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

**Table 6: PILS activity (formal complaints, verbal complaints, requests for information and concerns) by financial year - April 2010 to March 2018**

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Formal complaints	1,531	1,723	1,513	2,030	2,110	1,553	1,445	1,861
Verbal complaints	1,289	1,152	1,054	1,391	975	1,445	1,152	844
Requests for information	356	434	292	203	234	433	325	141
Concern (excludes CCG & GP)	0	66	341	343	472	703	1,284	1,143
Total	3,176	3,375	3,200	3,967	3,791	4,134	4,206	3,989
% change against previous year		6% increase	5% decrease	24% increase	4% decrease	9% increase	2% increase	5% decrease

### Learning from complaints

Leicester's Hospitals Patient Information and Liaison Service (PILS) administer all formal complaints and concerns. Between April 2017 and March 2018 we received 1,861 formal complaints and 1,143 concerns.

Leicester's Hospitals has achieved 93%, 92% and 77% for the 10, 25 and 45 day formal complaints respectively.

The most frequent primary complaints themes are waiting times, medical care and appointment issues.

We have continued to work jointly with commissioners on improving the process for responding to GP concerns. A pilot this year has seen a 100% increase in GP concerns and work continues to agree how these will be managed. The most frequent GP concern themes are related to medical plans for care and medication.

Complaints are a vital source of information about the views of our patients, families and carers about the quality of our services and standards of our care. We are keen to listen, learn and improve using feedback from the public, HealthWatch, feedback from our local GPs and also from national reports published by the Local Government and Parliamentary Health Service Ombudsman.

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

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

Complaint data is triangulated with other information such as incidents, serious untoward incidents, freedom to speak up data and claims information to ensure a full picture of emerging and persistent issues is recognised and described. This is undertaken in part at the Adverse Event Committee. Learning from complaints is shared with staff at a variety of meetings and is built into our safety and complaint training.

Many of the actions identified from complaints form part of wider programmes of work such as our Quality Commitment (for example, improving end of life care), the 7 day services programme (improving communication and delays in care), and the outpatient reconfiguration programme (reducing waiting times and cancellations).

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

### Reopened complaints

**Table 7: Number of formal complaints received and number of those reopened by quarter – 2017/18**

	Formal complaints received	Formal complaints reopened	% resolved at first response
2017/18 Q1	382	45	88%
2017/18 Q2	475	49	90%
2017/18 Q3	487	29	94%
2017/18 Q4	517	39	92%
Total	1,861	162	91%

### Improving complaint handling

Throughout 2017/18, Leicester's Hospitals continued to participate in the Independent Complaints Review Panel process.

This panel reviews a sample of complaints and reports back on what was handled well and what could have been done better. This feedback which is used for reflection and learning included:

- A need for a new complaints satisfaction survey. This is being explored to identify the best route and format to capture feedback
- Improved PILS call handling and drafting of responses using plain English. The PILS team now all receive monthly one to one coaching sessions to include a review of a telephone call and draft letter
- Better and more timely local management and resolution of complaints. Staff training and education has been included in the Patient Safety training programme packages

We continue to strive to improve our complaints process and handling of cases by:

- Changing to an electronic paper triage process
- Updating the PILS patient information leaflet
- Ensuring consent within the complaints process is in line with best practice and national guidance

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

**Table 9: Parliamentary Health Service Ombudsman complaints - April 2014 to March 2018**

	2016/17	2017/18	Total
Enquiry only - no investigation	4	1	5
Investigated - not upheld	12	3	15
Investigated - fully upheld	1	0	1
Investigated - partially upheld	3	0	3
Complaint withdrawn	1	0	1
No decision made yet	0	7	7
<b>Total</b>	<b>21</b>	<b>11</b>	<b>32</b>

There are no cases received in the current financial year that have been upheld or partially upheld.

## 2.13 Staff perspective

### Staff survey results

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

Every organisation that participated in the 2017 staff survey receives a report that provides organisation level results with data covering 32 areas known as 'key findings'.

In 2017 26% of Leicester's Hospitals staff reported that they had experienced harassment, bullying or abuse from staff in the last 12 months (compared to 25% nationally). This compares with a score of 23% in 2016.

In 2017 83% of staff reported that they believed that Leicester's Hospitals provides equal opportunities for career progression or promotion (compared to 85% nationally). This compares with a score of 85% in 2016.

### Freedom to Speak Up Guardian

Our freedom to speak up guardian has been in post since February 2017.

In 2017/18 the freedom to speak up guardian has followed up on 44 staff concerns through the 3636 staff reporting line, 54 staff concerns directly to the guardian and 82 staff concerns through the junior doctor gripes tool.

Data as at 31/12/2017.

The freedom to speak up guardian role has been promoted through:

- Trust Induction and other mandatory training programmes
- Posters promoting the role cascaded across Leicester's Hospitals
- A social media account on Twitter
- Staff surveys on raising concerns / speaking up
- Coverage at Clinical Management Group Quality and Safety Board meetings
- Drop in clinics for staff
- Key questions added to exit interview documentation
- Development of the '5 steps to responding to staff concerns'

## 3. Our Plans for the Future

### 3.1 Quality Commitment 2018/19

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



Through our Quality Commitment we aim to:

- To improve patient outcomes by greater use of key clinical systems and care pathways
- To reduce harm by embedding a 'Safety Culture'
- To use patient feedback to drive improvements to services and care

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

Key performance indicators are developed for each of the Quality Commitment priorities. Progress against the Quality Commitment is reported in a quarterly basis to the Executive Quality Board and the Quality and Outcomes Committee.

### Quality improvement at Leicester's Hospitals

Patient safety and quality improvement remain one of our highest priorities. Our ambition is to eradicate preventable harm.

In 2018/19 we will build upon a strong performance of harm reduction and improvement initiatives. Learning from the best and working with healthcare partners, we will develop effective and sustainable healthcare system-wide solutions.

We will do this by:

- Rolling out the '5 steps to responding to staff concerns'



- Ensuring that we provide a safe space for staff to raise concerns
- Promoting the 3636 staff concerns reporting line and junior doctor gripe tool
- Analysing and acting upon feedback and concerns
- Promoting the 'Civility Saves Lives' campaign

- Increasing organisational capability and leadership for safety
- Developing and embedding a human factors approach and systems thinking
- Improving the way in which we investigate and learn from serious incidents, supporting and engaging with patients, families and staff during the investigation process
- Reducing the recurrence of serious incidents by identifying the causes of patient safety related harm and designing solutions which target these causes
- Further rolling out and building on the success of our safety essentials training programme
- Continuing to learn from deaths through care record reviews and the Structured Judgement Review process
- Ensuring that learning and recommendations from the Healthcare Safety Investigations Branch are implemented
- Collaborating with regional and national health sector and academic partners and improvement teams
- Using recognised tools to drive safety improvement and evaluating our improvement projects
- Promoting our Patient Safety Portal and providing learning bulletins for every serious incident
- Extending our patient safety walkabout programme
- Working with Health Education England and the Academic Health Science Network to seek funding for improvement and opportunities for upscale and spread

## 4. Statements of Assurance from the Board

### 4.1 Review of services

During 2017/18 Leicester's Hospitals and the Alliance provided and / or sub-contracted in excess of 120 NHS services. These include:

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

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

The Royal Infirmary has the only Emergency Department which covers the area of Leicester, Leicestershire and Rutland. The General provides medical services

which include a centre for renal and urology patients, and Glenfield provides a range of services which include medical care services for lung cancer, cardiology, cardiac surgery and breast care.

Services are also provided at:

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

The University Hospitals of Leicester NHS Trust has reviewed all the data available, on the quality of care in these NHS services. The income generated by the NHS services reviewed in 2017/18 represents 100% of the total income generated from the provision of NHS services by Leicester's Hospitals for 2017/18.

### Examples of how we reviewed our services in 2017/18

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

- A Quality and Performance report (available at <http://www.leicestershospitals.nhs.uk/>) is presented at the Quality Assurance Committee and Investment Finance and Performance Committee
- Weekly quality and performance meetings chaired by the chief nurse and medical director with the CMGs
- Service level dashboards (e.g. women's services, children's services, fractured neck of femur and the Emergency Department)
- Ward performance data at the Nursing Executive Team and Executive Quality Board
- Results from peer reviews and other external accreditations such as the Quality Surveillance Team Neonatal Peer Review

- 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.
- On the 28<sup>th</sup>, 29<sup>th</sup>, 30<sup>th</sup> of November 2017 and the 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> of December 2017, the CQC inspected a total of five core services provided at Leicester's Hospital across four locations. They inspected:
  - Urgent and emergency care, medical care, maternity and outpatients at the Royal Infirmary
  - Maternity and outpatients at the General Hospital
  - Medical care at Glenfield Hospital
  - Maternity services at St Marys Birthing Centre

## 4.2 Participation in clinical audits

Leicester's Hospitals are committed to undertaking effective clinical audit across all clinical services and recognises that this is a key element for developing and maintaining high quality patient-centred services.

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

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

During the 2017/18 period Leicester's Hospitals participated in 96% (47 out of 49) of the national clinical audits and national confidential enquiries 100% (8 out of 8) in which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in and for which data collection was completed during the 2017/18 period are listed in appendices 1.1 and 1.2 alongside the number of cases submitted to each audit or enquiry where possible.

Leicester's Hospitals have reviewed the reports of 50 national clinical audits and 376 local clinical audits in 2017/18.

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

- All completed audits have an audit summary form which includes details of compliance levels with the audit standards and actions required for improvement including the names of the clinical leads responsible for implementing these actions. The summary forms of every audit undertaken are available to all staff on the intranet.
- There are various examples within this Quality Account of the different types of clinical audits both national and local being undertaken within our hospitals and the improvements to patient care achieved
- Each year we hold a clinical audit competition for projects that have improved patient care and a summary of the two winners & finalists this year chosen by a staff vote are provided below:-

#### UHL Clinical Audit Improvement Awards

#### **Local improvement following a national clinical audit award winner: Sentinel Stroke National Audit Programme (SSNAP)**

The national SSNAP audit shows what good stroke care should look like, giving a clear picture of the state of care, and variations around the country. Leicester's Hospitals have a strong engagement with SSNAP, collecting and using the data as a tool for internal improvement. For the period April to July 2017, the unit went on to achieve an 'A' grade placing it in the top 20% of Trusts.

### **Local clinical audit improvement award winner: Documenting management of catheterisation care for patients in Surgical wards at the General Hospital**

Urinary catheterisation is a commonly performed procedure in hospitals. Many patients who have difficulty passing urine, or are generally unwell, receive a catheter. Research has shown the importance of both performing and recording the procedure correctly.

This audit used a simple measure to improve how well the procedure is recorded. Introducing catheterisation stickers into routine use on the wards resulted in a significant improvement in documentation and patient care.

Ensuring that these stickers are widely available and informing new trust doctors about their use is crucial and repeating this study will ensure that standards are being met.

## **4.3 Participation in clinical research**

The number of patients receiving NHS services provided by or subcontracted by the University Hospitals of Leicester in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 10,639.

Leicester's Hospitals were ranked by the National Institute for Health Research as the 11<sup>th</sup> highest recruiting trust to portfolio studies for 2017/18. We have been ranked in the top twelve trusts in the country for recruitment every year since the league tables were first published in 2011.

Leicester's Hospitals were involved in conducting 1031 clinical research studies. Of these 815 (79%) were adopted and 216 (21%) non-adopted, and 247 (24%) of the total were commercially sponsored studies. The University Hospitals of Leicester used national systems to manage the studies in proportion to risk. 48% of the studies given approval were established and managed under national model agreements. In 2017/18 the National Institute for Health Research (NIHR) supported 815 (79%) of the total number of research studies through its research networks. In the calendar year 2017 there were over 200 full papers published in peer reviewed journals.

April 2017 saw several important research milestones for the Trust. The trust was awarded prestigious Biomedical Research Centre (BRC) status and April saw the launch of the NIHR Leicester BRC. This is a collaboration between the Trust and its main academic partner the University of Leicester together with

Loughborough University and builds on the success of the previous three Biomedical Research Units hosted by the Trust.

Leicester's Hospitals were successful in the award of a further five years of funding for the Leicester Experimental Cancer Medicine Centre (ECMC) from April 2017. The Leicester ECMC has expertise in developing novel therapeutic strategies to treat cancer, particularly lung cancer and haematological malignancies.

We were delighted to be awarded funding for the Leicester Clinical Research Facility (CRF). This is the first time we have received NIHR CRF funding.

#### 4.4 Use of the CQUIN Payment Framework

A proportion of Leicester's Hospitals income in 2017/18 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUINS). The current CQUIN schemes which last for two years (2017-19) aim to improve quality of outcomes for patients.

There are six mandated National CQUINS, each with a minimum weighting of £1,153,949 and 10 NHS England Specialised CQUINS with a total value of £5,315,312. When the hospital agreed contracts with commissioners and NHSE it was agreed that a percentage of contract value would be received upon achieving certain quality indicators.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at: <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

Leicester's Hospitals did not fully meet the targets set for two of the National CQUINS: Improving staff health & wellbeing and reducing the impact of serious infection. Similarly three of the NHS England Specialised CQUINS were only partially met: Hepatitis C Network, Enhanced Supportive Care and Hospital Medicines Optimisation.

#### 4.5 Data quality

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

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

## 4.6 NHS Number and General Medical Practice Code Validity

The University Hospitals of Leicester NHS Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - 99.8% for admitted patient care
  - 99.9% for outpatient care
  - 98.3% 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

## 4.7 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 2017/18.

## 4.8 Information Governance Toolkit attainment level

University Hospitals of Leicester NHS Trust's Information Governance Assessment Report score overall score for 2017/18 was 80% and was graded green / satisfactory.

We recognise the importance of robust information governance. During 2017/18, the Director of Corporate and Legal Affairs retained the role of Senior Information Risk Owner and the Medical Director continued as our Caldicott Guardian.

All NHS Trusts are required annually to carry out an information governance self-assessment using the NHS Information Governance Toolkit.

This contains 45 standards of good practice, spread across the domains of:

- information governance management
- confidentiality and data protection assurance
- information security assurance
- clinical information assurance

- secondary use assurance
- corporate information assurance

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

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

## 4.9 Care Quality Commission (CQC) ratings

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

In November and December 2017, the Care Quality Commission (CQC) carried out unannounced inspections of our services. This was followed by an announced well-led review in January 2018. The aim of these inspections was to check whether the services that we are providing are safe, caring, effective, responsive to people's needs and well-led.

This inspection covered five of the nine core and additional services:

- Urgent and emergency services (A&E)
- Medical care (including older people's care)
- Maternity
- Outpatients
- Diagnostics services (such as x-rays and scans)

Where services were not inspected by the CQC in 2017/18, they retain their rating from the previous comprehensive inspection in 2016.

The reports from this inspection have been published are available on the CQC's website along with their ratings of the care provided, a summary of which is:

**Key to tables**

Ratings

Not rated	Inadequate	Requires improvement	Good	Outstanding
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**Overall trust ratings**

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

**Royal Infirmary**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Medical Care (including older people's care)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Maternity	Requires improvement	Good	Good	Good	Good	Good
Services for children & Young People	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
End of Life Care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
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

**General Hospital**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical Care (including older people's care)	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Requires improvement	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	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	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

**Glenfield**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical Care (including older people's care)	Requires improvement	Good	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	Good	Good	Good	Requires improvement	Requires improvement

**St Mary's Birth centre**

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

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

- 1 is 'outstanding' (for the effectiveness of our East Midlands Congenital Heart service at Glenfield)
- 71 are 'good'
- 38 are 'requires improvement'
- None are 'inadequate'
- Five are unrated for technical reasons

Through their inspections, the CQC found a strong link between the quality of overall management of Leicester's Hospitals and the quality of its services. Ratings for both maternity services and the 'effectiveness' of services overall are now rated as 'good' and no services are now rated as inadequate. CQC inspectors also noted the significant improvements in our urgent and emergency services.

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

The CQC has taken enforcement action against University Hospitals of Leicester NHS Trust during 2017/18 as follows:

In December 2017 the CQC issued a Section 29A Warning Notice in relation to insulin safety. Since the inspection we have accelerated our work to improve insulin safety. We have focused on face to face education and training for our doctors and nurses, improved decision making tools and enhanced support from the diabetic specialist team.

## 5. Other Statements

### 5.1 Statements from our stakeholders



**Joint response from Healthwatch Leicester and Leicestershire and  
Healthwatch Rutland to the University Hospitals of Leicester Quality  
Account  
10/5/2018**

**2017 – 2018**

We welcome this opportunity to comment on the UHL Quality Account for 2017/18. We continue to value the positive and open relationship between local HW and UHL. UHL have shown their commitment to listening to people's views with their Board on the Road events during the year, the support of the Joint Patient's Reference Group and quarterly CEO/CEO meetings. We hope that this can continue to ensure that the patient voice is central to UHL's decision making in the future.

It is fair to say that 2017-18 has been a challenging year for the University Hospitals of Leicester NHS Trust. Like all NHS services nationally, they are working under extreme pressure due to funding concerns, staffing shortages and increased demand. This has been seen all too clearly locally.

Working closely with UHL through the year, Healthwatch has seen up close the strain this has taken on staff and services.

We are pleased to see in their Annual report that UHL is open and honest about the problems it has faced and how this has impacted on services. How these problems have impacted on patients is more apparent with some areas than in others.

Winter pressures have been more protracted and more demanding this year than in previous years, which has lead to many problems with bed availability,

longer queues in A&E and sustained cancellation of elective surgery to name a few.

You only have to look at the NHS Trust tracker on the BBC website to see that UHL is struggling to hit its many targets.

A significant cause for alarm is the doubling of Never events in 2017-18 of 8 compared to 4 in 2016-17. As the name suggests the fact that these events happened at all is cause for concern. It is vital that all learnings from these events are embedded in the organisational culture within UHL and we are very pleased to see this reflected in the priorities for 2018-19.

Healthwatch has talked to many patients using UHL services in 2017-18 and whilst there is clear frustration in communication between patients and UHL, this is normally before treatment or an appointment. In the most part, patients are very happy with the care and treatment they receive from UHL and all its staff when they receive an appointment or treatment. They feel the staff are caring and deliver a high level of service.

UHL is also undergoing significant reconfiguration, with the recent changes to A&E as well as their future plans for a children's hospital and other changes linked to the "Better Care Together" programme. Healthwatch can see that UHL is working very hard to improve their deliver of services and improve their care to local people.

Having gathered the patient experience in several outpatient clinics through 2017, we are pleased to see the focus on gathering a fuller picture of patient experience across outpatient services in 2018-19.

Micheal Smith

Manager

Healthwatch Leicester and Leicestershire

Sarah Iveson

CEO

Healthwatch Rutland

Statement from the Leicestershire County Council Health overview Scrutiny Committee

**COMMENTS ON THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST QUALITY ACCOUNT FOR 2017-18**

1 May 2018

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

The Committee notes that the priorities which were in place for 2017-18 are clearly set out in the Quality Account as reducing avoidable deaths, reducing harm caused by unwarranted clinical variation, and using patient feedback to drive improvements to services and care. In particular the 2017/18 Quality Commitment included the aim to utilise the new Emergency Department efficiently and effectively, use bed capacity efficiently and effectively and using theatres efficiently and effectively.

In our commentary on the 2016/17 Quality Account we noted that UHL was placing great reliance on the opening of the new Emergency Floor to alleviate problems with patient flow and we raised concerns that this may not fully resolve the situation. The Committee is therefore interested to note that the introduction to the Quality Account acknowledges that the new Emergency Department has not delivered improved performance and that there are still issues with flow of patients out of the department, through the rest of the hospitals and into the community. It is disappointing that Leicester's Hospitals have not met the target to treat and discharge a minimum of 95% of patients within four hours and there is clearly more work to be done both to improve patient flow both in the Emergency Department and in other wards. At our Committee meeting in September 2018 we recommended that communication between hospital departments to be improved.

It is reassuring that the Quality Account fully addresses the capacity problems which arose over the 2017/18 winter. It was disappointing that despite the winter plans which were in place UHL was unable to meet the demand, and procedures and operations were cancelled. It is pleasing to note from the

Quality Account that Winter Planning for 2018/19 has already started including phasing of elective activity throughout the year and it is hoped that the measures put in place will be effective over the 2018/19 winter. The Committee notes from the Quality Account that the target of 0.8% for cancelled operations was not achieved for any month during the year which perhaps indicates wider issues than winter pressures.

It is also noted that UHL aims to ensure that the Red2Green process is as effective as possible thereby reducing occupancy prior to winter. At its meeting in June 2017 the Committee noted that many discharge delays were due to the patient waiting for medication and it is hoped that this problem has been resolved.

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.

## Statement from the Leicester City Council Health and Wellbeing Scrutiny Commission

Please ask for: Kalvaran Sandhu  
Email: [Kalvaran.sandhu@leicester.gov.uk](mailto:Kalvaran.sandhu@leicester.gov.uk)  
Phone: 0116 454 6344

Date: 2<sup>nd</sup> May 2018



Sharon Holson  
Director of Clinical Quality  
Leicester's Hospitals  
Leicester Royal Infirmary  
Infirmary Square  
Leicester  
LE1 5WW

Dear Sharon,

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

Following your letter and email to me as Chair of the Health and Wellbeing Scrutiny Commission at Leicester City Council, please find some comments about your Quality Accounts but also about UHL throughout the scrutiny year.

As we have stated in previous years, I want to reiterate that this kind of intensive report format is not easy to read and whilst I understand the need to include the information as per a national template, it is unhelpful for the reader. Again as we have requested previously it would be helpful in future, to have a summary report which better pulls out some of the issues and highlights. Undoubtedly, the easier to read summary would also be better for members of the public.

Ideally we would have allowed time for the report to come to commission members and be discussed in our scrutiny meetings, however, the timing of when we received it hasn't allowed for this to happen. In future, I would urge that you check the final date of our commission meetings in a municipal year and try and time it for that meeting where possible. This will allow for a more meaningful engagement of this process.

As we haven't been able to circulate the report as I would've hoped I want to pick up on some of the issues that the commission has raised throughout the year. Firstly, I'd like to praise the improvements made in your recent CQC inspection and that no area was rated as inadequate. However, I also praise that there has been no complacency and that you recognise that there are still improvements that need to be made.

Our commission was particularly concerned about the warning notice served for treatment of diabetic patients in your care. This was a concern but we were reassured by the actions taken to make sure this work was accelerated. We will want to ensure that we are updated as to whether those accelerated activities have led to increased performance in the management of diabetic patients in the future.

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LEICESTER CITY COUNCIL

Democratic Services, City Hall, 115 Charles Street, Leicester, LE1 1FZ  
Telephone (0116) 4546360 [www.leicester.gov.uk](http://www.leicester.gov.uk)

Undoubtedly the new A&E is a vast improvement on the previous unit which offers better quality for both patients and staff, but as you also recognise in the Quality Accounts, this hasn't so far led to improved performance, particularly over this winter period which our commission highlighted wasn't considered a particularly severe winter. We do recognise that phase 2 of your new service is imminent and hopefully this will lead to much needed improvements, but this is still considered a concern for us and is something we have again stated we want to be kept updated on. We acknowledged at our meeting that you have started planning for next year already and we are keen to see these plans based on learning from this year and I'm pleased to see this acknowledged in the Quality Account.

We are still waiting for plans around the STP to be published and one of the areas of interest to us is the reconfiguration that you were initially looking to propose, and in particular moving services from the General Hospital to LRI and Glenfield. Also, the creation of a Children's Hospital at the LRI via updates we have received from CHD services is something that we are interested in. The ramifications of these moves need to be explored further and this is something that we think should be highlighted as an area of potential concern and not just a potential highlight, along with other factors of the Sustainability and Transformation Plan particularly maternity services, especially given the ratings the CQC gave to St Mary's Hospital being so positive.

I am pleased to see a section dedicated to mental health as we have previously identified that this should be given greater focus on in your Quality Accounts. I would still urge that there needs to be more focus on mental health and that whilst UHL won't necessarily treat for the mental health condition there are people using UHL services where the mental health condition may not be the presenting factor but will play a part. As we have identified in our scrutiny commission that there certainly isn't parity between mental health and physical wellbeing yet and this is something that all health services, including UHL, should strive to achieve.

We have been fully supportive of Glenfield's Congenital Heart Services along with the County Council and Rutland and are pleased of the outcome to retain services there. There is no doubt in our minds that this is an important regional service and one that really needs to continue and we have recently heard how you are hoping to reach the conditions that NHS England have set and are on track to meet those targets. I would again like to iterate our applause to the work done in what were uncertain times for that service.

In all, I recognise the UHL is a large organisation and the work all your staff do on a day to day basis is of a high standard and you provide a great level of care in the face of budget cuts and uncertainties. I would like to add congratulations on behalf of the scrutiny commission for this work and hope that the improvements continue moving forward.

Yours Sincerely



Councillor Eilij Cutkelvin  
Chair, Leicester City Council Health and Wellbeing Scrutiny Commission

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LEICESTER CITY COUNCIL

Democratic Services, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Telephone (0116) 4546360 [www.leicester.gov.uk](http://www.leicester.gov.uk)

## Statement from the Clinical Commissioning Groups

### UHL Quality Account 17/18

The Leicester, Leicestershire and Rutland Clinical Commissioning Groups (CCG) have reviewed the information provided by University Hospitals of Leicester Trust (UHL) in this report. There is recognition of the continued commitment from hospital staff to address national and local challenges in order to provide safe, effective care to patients.

The exceptionally busy winter period stretched both trust capacity and capability to respond to the high numbers of people attending the hospital who were often frail with multiple health problems and care needs. This had an impact on both Emergency Department performance and patient experience as delays in the department and admission to a hospital bed often occurred. The national pause in elective surgical procedures post-Christmas resulted in non-urgent and some cancer operations being postponed, affecting patient experience and confidence. However, the Trust did respond swiftly rearranging new dates for the cancer related operations.

The Care Quality Commission (CQC) well-led review that took place in November and December 2017 found that the Trust has made improvements in some areas but that overall the rating remained as Requires Improvement, rating the domains of Effective and Caring individually rated as 'Good'. The CCGs considered this to be a fair reflection and note that themes and comments in the report directly reflected those shared with Trust by commissioners earlier in the year at a variety of joint executive meetings and workshops. These discussions enabled issues raised by the public, patient and commissioners to be explored and better understood with regard to patient safety, effectiveness and experience.

The CCG Director of Nursing and Quality attends the Trust's Quality Outcomes Committee and this provides greater transparency around the Trusts governance processes and informs the CCG assurance processes accordingly.

Of concern has been the number of Never Events that have occurred across the Trust and therefore a Contract Performance Notice was issued in May 2017; the actions taken (at the time of writing) have not led to a reduction or cessation in similar errors occurring and remain a focus for the trust and CCG. Another area of concern has been medicine management, both in terms of the administration of antibiotics to people with sepsis and the management of diabetes and administration of insulin. The Trust has taken action to address these issues and is using varied approaches to reduce the risk of errors occurring; for example there has been a rollout of 'stop-the-line' campaign to help empower staff to speak up before a mistake occurs and test decision making and comprehensive training and supervision of medicine management skills and knowledge across the trust.

A Contract Performance Notice (CPN) from June 2016, which related to fractured neck of femur and access to surgical repair within 36hours, radiology reporting delays and a backlog in ophthalmology patients, have been monitored during 2017/18. The ophthalmology element of the CPN has been closed as effective management of the back log has been evidenced and although the radiology and the fractured neck of femur element of the CPN were not closed significant improvements have been made in terms of reducing radiology delays and time to theatre for people with fractured neck of femur. It is anticipated that the radiology CPN will be closed early in 2018/19 and the focus will be on monitoring the Trust's ability to sustain and continue improvement of both radiology and ophthalmology services, this will be done via the Quality Schedule and monthly Clinical Governance Review Group.

The CCGs agree with the priority areas for improvement that UHL have identified for 2018/19 and will continue to work closely with UHL to support these developments. Our aim is to proactively address issues relating to clinical quality and patient safety in order that standards are improved upheld.

**Chris West**

**Director of Nursing and Quality (Leicester City CCG) on behalf of Leicester City CCG, West Leicestershire CCG and East Leicestershire and Rutland CCG**

**4/5/2018**

## 5.2 Statement from our External Auditors

### **Independent Practitioner's Limited Assurance Report to the Board of Directors of University Hospitals of Leicester NHS Trust on the Quality Account**

We have been engaged by the Board of Directors of University Hospitals of Leicester NHS Trust to perform an independent assurance engagement in respect of University Hospitals of Leicester NHS Trust's Quality Account for the year ended 31 March 2018 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS Trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

#### **Scope and subject matter**

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the following indicators:

- rate of clostridium difficile infections; and
- FFT patient element score.

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

#### **Respective responsibilities of the directors and Practitioner**

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

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

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

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

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

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

- Board minutes for the period 1 April 2017 to 6 June 2018;
- papers relating to quality reported to the Board over the period 1 April 2017 to 6 June 2018;
- feedback from Leicester City CCG, West Leicestershire CCG and East Leicestershire and Rutland CCG dated 04/05/2018;
- feedback from Healthwatch Leicester and Leicestershire and Healthwatch Rutland organisations dated 10/05/2018;
- feedback from Leicestershire County Council Health and Wellbeing Overview Scrutiny Committee dated 01/05/2018;
- feedback from Leicester City Council Health and Wellbeing Scrutiny Commission dated 02/05/2018;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 06/03/2018;
- the national patient survey dated February 2017;
- the national staff survey dated 06/03/2018;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 25/05/2018;
- the annual governance statement dated 25/05/2018; and
- the Care Quality Commission's inspection report dated 14/03/2018.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

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

**Assurance work performed**

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

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

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

**Limitations**

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

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

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

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

Our audit work on the financial statements of University Hospitals of Leicester NHS Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as University Hospitals of Leicester NHS Trust's external auditors. Our audit reports on the financial statements are made solely to University Hospitals of Leicester NHS Trust's directors, as a body, in accordance with the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to University Hospitals of Leicester NHS Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of University Hospitals of Leicester NHS Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than University Hospitals of Leicester NHS Trust and University Hospitals of Leicester NHS Trust's directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

**Conclusion**

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018

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

*Grant Thornton UK LLP*

Grant Thornton UK LLP  
Chartered Accountants  
The Colmore Building  
20 Colmore Circus  
Birmingham  
B4 6AT

8 June 2018

### 5.3 Statement of Directors' Responsibilities in respect to the Quality Account

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

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

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

By order of the Board

Karamjit Singh, Chairman

John Adler, Chief Executive

## 6. Appendices

### 6.1 Appendix 1.1 The national clinical audits that Leicester's Hospitals were eligible to participate in during 2017/18

Name of Audit	Did Leicester's Hospitals participate?	Stage / % of cases submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Data collection
Adult Cardiac Surgery	Yes	Data collection
BAUS Urology Audits: Cystectomy	Yes	Data collection
BAUS Urology Audits: Nephrectomy	Yes	Data collection
BAUS Urology Audits: Percutaneous nephrolithotomy	Yes	Data collection
BAUS Urology Audits: Radical prostatectomy	Yes	Data collection
BAUS Urology Audits: Urethroplasty	Yes	Data collection
BAUS Urology Audits: Female stress urinary incontinence	Yes	Data collection
Bowel Cancer (NBOCAP)	Yes	Data collection
Cardiac Rhythm Management (CRM)	Yes	Data collection
Case Mix Programme (CMP) (ICNARC)	Yes	Data collection
Congenital Heart Disease (CHD)	Yes	Data collection
Coronary Angioplasty / National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Data collection
Diabetes (Paediatric) (NPDA)	Yes	Data collection
Elective Surgery (National PROMs Programme)	Yes	Data collection
Endocrine and Thyroid National Audit	Yes	Completed – 100% of relevant cases submitted
Falls and Fragility Fractures Audit programme (FFFAP)	IP Falls – Yes HFDB – Yes	Completed – 100% of relevant cases submitted Data collection
Fractured Neck of Femur	Yes	Completed – 100% of relevant cases submitted

Name of Audit	Did Leicester's Hospitals participate?	Stage / % of cases submitted
Head and Neck Cancer Audit (HANA)	Yes	Data collection
Inflammatory Bowel Disease (IBD) programme	No	Funding for audit / database secured - will take part in 2018/19
Learning Disability Mortality Review Programme (LeDeR)	Yes	Data collection
Major Trauma Audit	Yes	Completed – 100% of relevant cases submitted
National Audit of Anxiety and Depression	Not applicable	Not applicable
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Completed – 100% of relevant cases submitted
National Audit of Dementia	Yes	Completed – 100% of relevant cases submitted
National Audit of Intermediate Care (NAIC)	Not applicable	Not applicable
National Audit of Psychosis	Not applicable	Not applicable
National Audit of Rheumatoid and Early Inflammatory Arthritis	Yes	Did not run in 2017/18 – will take part in 2018/19
National Audit of Seizures and Epilepsies in Children and Young People	Yes	Did not run in 2017/18 – will take part in 2018/19
National Bariatric Surgery Registry (NBSR)	Yes	Data collection
National Cardiac Arrest Audit (NCAA)	Yes	Data collection
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)	Yes	Data collection
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	Not applicable	Not applicable
National Comparative Audit of Blood Transfusion programme	Yes	Data collection
National Diabetes Audit – Adults	Yes	Data collection
National Emergency Laparotomy Audit (NELA)	Yes	Data collection

Name of Audit	Did Leicester's Hospitals participate?	Stage / % of cases submitted
National End of Life care audit (NACEL)	Yes	Registered to participate - data collection starts April 2018
National Heart Failure Audit	Yes	Data collection
National Joint Registry (NJR)	Yes	Data collection
National Lung Cancer Audit (NLCA)	Yes	Data collection
National Maternity and Perinatal Audit	Yes	Completed – 100% of relevant cases submitted
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	Yes	Completed – 100% of relevant cases submitted
National Ophthalmology Audit	No	Database installed - will take part in 2018/19
National Vascular Registry	Yes	Data collection
Neurosurgical National Audit Programme	Not applicable	Not applicable
Oesophago-gastric Cancer (NAOGC)	Yes	Data collection
Paediatric Intensive Care (PICANet)	Yes	Completed – 100% of relevant cases submitted
Pain in Children	Yes	Completed – 100% of relevant cases submitted
Prescribing Observatory for Mental Health (POMHUK)	Not applicable	Not applicable
Procedural Sedation in Adults (care in emergency departments)	Yes	Completed – 100% of relevant cases submitted
Prostate Cancer	Yes	Completed – 100% of relevant cases submitted
Sentinel Stroke National Audit programme (SSNAP)	Yes	Data collection
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Data collection
UK Parkinson's Audit	Yes	Completed – 100% of relevant cases submitted

## 6.2 Appendix 1.2 The national confidential enquires that Leicester's Hospitals were eligible to participate in during 2017/18

Name of Enquiry	Did Leicester's hospitals participate?	Stage
Child Health Clinical Outcome Review Programme <a href="#">The Child Health Programme</a> – (run by NCEPOD)		National Reports to be published:-
• Children with chronic neurodisability	Yes	March 2018
• Young People's Mental Health.	Yes	April 2018
Maternal, Newborn and Infant Clinical Outcome Review Programme <a href="https://www.npeu.ox.ac.uk/mbrrace-uk">https://www.npeu.ox.ac.uk/mbrrace-uk</a>	Yes	Completed – 100% of relevant cases submitted
• Perinatal Mortality Surveillance (reports annually)		
• Perinatal Mortality and Morbidity confidential enquiries (reports every second year)		
• Maternal Mortality surveillance and mortality confidential enquiries (reports annually)		
• Maternal morbidity confidential enquiries (reports every second year)		
Medical and Surgical Clinical Outcome Review Programme <a href="http://www.ncepod.org.uk/medicalsurgical.html">http://www.ncepod.org.uk/medicalsurgical.html</a>		
• NCEPOD - Cancer in Children, Teenagers and Young People (July 2016 – January 2017)	Yes	Completed – 100% of relevant cases submitted
• NCEPOD - Acute Heart Failure Study 2017 (March 2017 – November 2017)	Yes	Completed – 100% of relevant cases submitted
• NCEPOD - Perioperative management of surgical patients with diabetes (started May 2017)	Yes	Data collection
• NCEPOD – Pulmonary Embolism Study (started February 2018)	Yes	Data collection
• Acute Bowel Obstruction	Awaiting study info	To start - NCEPOD piloting data collection form
Mental Health Clinical Outcome Review Programme <a href="#">The Mental Health Programme</a>	Not applicable	

### 6.3 Feedback form

We hope you have found this Quality Account useful. In order to make improvements to our Quality Account we would be grateful if you would take the time to complete this feedback form and return it to:

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

Email: [sharron.hotson@uhl-tr.nhs.uk](mailto:sharron.hotson@uhl-tr.nhs.uk)

1. How useful did you find this report?  
Very useful ☐  
Quite useful ☐  
Not very useful ☐  
Not useful at all ☐
2. Did you find the contents?  
Too simplistic ☐  
About right ☐  
Too complicated ☐
1. Is the presentation of data clearly labelled?  
Yes, completely ☐  
Yes, to some extent ☐  
No ☐
2. Is there anything in this report you found particularly useful?
3. Is there anything you would like to see in next year's Quality Account?

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

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

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

如果您想用另一种语言或格式来显示本资讯，请致电 0116 250 2959

联系“服务平等化经理” (Service Equality Manager)。

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

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

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

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

ਇਕੁਅਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116 250 2959 'ਤੇ સંપર્ક કરો।

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

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