Quality Account

2023/24

Contents

1.0 An Introduction from UHL Chief Executive, Richard Mitchell

We are proud to present the 2023/24 Quality Account, which identifies the progress made over the last year to provide high-quality care for all. The document celebrates the achievements so far and acknowledges we have more to do.

There are many improvements to recognise, and I wanted to identify a couple in this summary.

Our reduction in the number of patients waiting for care over the last year is the best in the NHS. We have reduced ambulance handover delays which supports patients receiving timely and appropriate care upon arrival. Sixty-two-day cancer waits are over 50% lower and we have consistently achieved the Cancer Faster Diagnosis Standard since September 2023. Patients waiting over a year for planned care have reduced by 77% in the last 12 months. All of this improves safe care for patients and helps give them a better experience.

We have expanded our services to include cutting-edge treatments such as robotic-assisted surgery for head and neck cancers and establishing a new chest pain centre. Our new Patient Advice and Liaison Service (PALS) launched this year, and it has already enhanced patient support and communication. Our comprehensive maternity care improvement plan is making a positive impact, supported by recruiting additional clinical colleagues to ensure safer staffing levels. We have begun implementing the new national Patient Safety Incident Review Framework (PSIRF), reflecting our commitment to aligning patient safety and quality improvement. The outstanding positive score of 97.5% in the Friends and Family Test further underscores our patients' trust and satisfaction in the care we provide.

Whilst we recognise these achievements, we know there is more to do. We aim to improve continuously and to work productively and effectively with all patients, their families, and colleagues. We want to provide high-quality care for all and we would like every patient to receive the compassion, respect, and excellence they deserve.

Thank you for your ongoing support and trust in our services. Together, we will continue striving to be lead in healthcare, trusted in communities.

Our Vision and Values

In 2023, with the support and feedback of colleagues, patients and partners, we developed a new vision and strategy to act as our compass for the next seven years (2023-2030). Our vision is to be 'Leading in healthcare, trusted in communities'. We have four primary goals:

- high-quality care for all,
- being a great place to work,
- partnerships for impact, and
- research and education excellence.

Our strategy and goals are supported by a commitment to embedding health equality in all we do and underpinned by a refreshed set of values:

- we are compassionate,
- we are proud,
- we are inclusive, and
- we are one team.

1.0 Our Senior Directors

(Non-Executive Directors,
Associate Non-Executive Directors, Executive Directors)

John MacDonald...................Chairman

Vicky Bailey...................Non-Executive Director

Ivan Browne...................Associate Non-Executive Director *(from 1.12.23)*

Mark Farmer...................Associate Non-Executive Director *(from 1.1.24)*

Professor Aruna Garcea...................Associate Non-Executive Director *(from 1.12.23)*

Steve Harris...................Non-Executive Director

Dr Andrew Haynes...................Non-Executive Director

Andrew Moore...................Non-Executive Director *(from 12.3.24)*

David Moon...................Non-Executive Director *(from 1.3.24)*

Ballu Patel...................Non-Executive Director

Professor Tom Robinson...................Non-Executive Director

Jeff Worrall...................Non-Executive Director

Richard Mitchell...................Chief Executive

Dr Ruw Abeyratne...................Director of Health Equality and Inclusion

Simon Barton...................Deputy Chief Executive

Andy Carruthers...................Chief Information Officer

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

Mr Andrew Furlong...................Medical Director

Julie Hogg...................Chief Nurse

Lorraine Hooper...................Chief Financial Officer

Jon Melbourne...................Chief Operating Officer

Mike Simpson...................Director of Estates and Facilities

Michelle Smith...................Director of Communication and Engagement

Clare Teeney...................Chief People Officer

2.0 Review of quality performance in 2022/23

2.1   Our aims for 2023/24

Quality Priorities

- Improve timely access to emergency care across the system including reducing (or eliminating) ambulance handover delays

- Improving timely access to a cancer diagnosis and treatment

- Ensuring all waits for elective care are less than 65 weeks by March 2024

- Learning from the national maternity reviews to ensure our services are safe, responsive, and provide the highest quality care

- Adopting the new patient safety incident review framework to ensure we truly learn from when things go wrong.

2.2   Review of last year's quality priorities

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

In 2023/24 we launched our quality strategy. Our strategy set out:

Our Quality Strategy sets out our ambition for patients and families to receive safe, timely, high-quality, and person-centred care which provides the highest level of patient experience and better health outcomes. It sets out our quality priorities from 2024-27, how we will deliver them, and how we will measure success.

Timely Access to Emergency Care
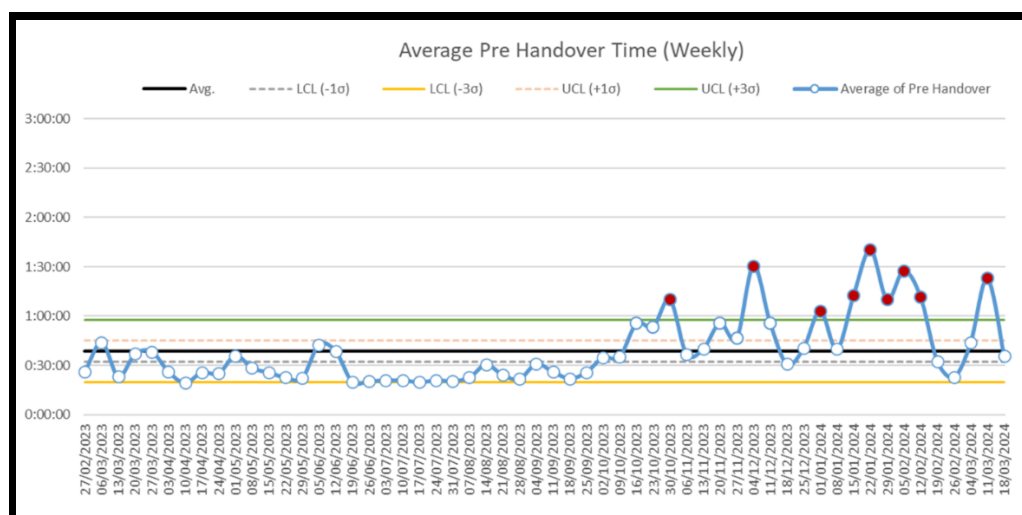**We said we would:**

> **Improve timely access to emergency care across the system including reducing (or eliminating) ambulance handover delays**

Several plans were put in place during 23/24 to improve timely access to emergency care at the LRI, including:

- Creation of a 10-bedded transfer hub for patients waiting for either medical or cardiorespiratory beds.
- Creation of a 14-bedded POA Escalation Pod, essentially expanding ambulance assessment capacity to allow more space for ambulances to hand over patients to the ED team.
- Opening a community facility, Ashton Care Home, for those patients who are awaiting placement or complex packages of care.
- Opening additional medical base ward capacity at Leicester General Hospital.
- Opening a new ward, 44, at LRI for medical patients.
- Reconfiguring same-day emergency care (SDEC) space to create more cubicle space that can be used for patients' waiting beds in times of escalation.
- Implementation of a Trust-wide rapid flow and boarding policy, with clear triggers to be enacted at times of escalation in the emergency department.
- Sustained opening of discharge lounge overnight to create 6-bed spaces for next-day discharges.
- Community primary care hub appointments made available for the emergency department streaming team for deflection from the front door. This includes overnight appointments.

There have been increased pressures over the winter months, leading to an increase in ambulance handover delays despite the above actions.

Chart 1. Ambulance Handovers

Timely Access to Cancer Diagnosis and Treatment

We said we would:

> **Improve timely access to a cancer diagnosis and treatment**

We have improved access to cancer diagnosis and have been consistently achieving the Faster Diagnosis Standard to diagnose more than 75% of patients within 28 days of urgent suspected cancer referral since September.

We exit the year having reduced our backlog of patients waiting longer than 62 days from its highest point in November 2022 by more than 70% and at half the amount since the start of 2023/24.

Improved Cancer Pathway Achievements in 2023/24

- We ensured that patients waiting for treatment were reviewed and prioritised in line with national guidelines to enable resources and capacity to be focused on those with the highest clinical need.
- We have improved access to cancer diagnosis and have been consistently achieving the Faster Diagnosis Standard to diagnose more than 75% of patients within 28 days of urgent suspected cancer referral since September.
- We exited the year having reduced our backlog of patients waiting longer than 62 days from its highest point in November 2022 by 70% and at half the amount since the start of 2023/24.
- The number of patients offered a first appointment within seven days has increased since the start of the year, with significant progress in Head and Neck.
- The new brachytherapy bunker is now open. The radiotherapy Linac replacement programme is nearing completion with the last of four machines replaced and due to become operational in June 2025. Capital has been secured in 23/24 to support the purchase of a 5th Linac for installation in 24/25.
- A second DaVinci surgical robot has been gifted through charitable funds. This is located at the Leicester Royal Infirmary and supports surgical treatment for patients under the care of colorectal and head and neck.
- As part of increasing personalised care, there are now more patients on a Personalised Stratified Follow Up pathway. This supports remote monitoring of patients' post-cancer diagnosis and treatment, ensuring timely access to re-attend our services should the need arise.

- Lynch surveillance has been embedded for all colorectal and gynaecology patients which supports earlier detection and prevention of cancer through risk reduction treatment and appropriate surveillance.
- With support from our partners, including East Midlands Cancer we continue to invest in our cancer services for the population of Leicester, Leicestershire & Rutland. This has included being able to provide some additional insourced diagnostic capacity to support dermatology and urology demand, reducing wait times for patients.
- We have increased the timeliness of tracking patients through their pathway, through additional administrative support and improved processes. 97% of all patients are tracked within seven days as a minimum.
- The cancer outcomes and services dataset (COSD) stagging compliance were achieved in quarter three.
- Using digital solutions in partnership with AccurX, within the chemotherapy SACT suite we have been able to communicate on-the-day delays to individual patients helping to reduce the stress caused by waiting for treatment as well as batch messaging to remind patients to get their pre-treatment bloods.
- There has been an increase in the use of colon capsules and cytosponge diagnostic tests which support earlier diagnosis of lower and upper gastrointestinal cancers.
- The brain pathway was re-designed this year with primary care taking a lead role. This has reduced waits and ensured appropriate timely onward referral to Nottingham for appropriate treatment.
- Skin teledermatology capacity increased across our hospitals to support increased demand in and reduction in wait times for dermatology skin referrals.
- Immunotherapy capacity has been increased using a mobile treatment centre based at the Glenfield Hospital, with plans to extend this to chemotherapy treatments in 24/25.
- We continue to work in collaboration with the East Midlands Acute Providers Network for Oncology, Radiotherapy and Head and Neck Pathways.

Ensuring all waits for elective care are less than 65 weeks by March 2024
We said we would:

> **Ensure all waits for elective care are less than 65 weeks by March 2024**

The referral to treatment (RTT) incomplete 18-week standard measures the percentage of patients actively waiting for treatment. The RTT target was not

achieved in 2023/24. The elective recovery challenge refreshed for 23/24 built on the challenge of eliminating 104 and 78-week waiters with the ambition to virtually eliminate RTT waits of over 65 weeks by March 2024. This has been a significant challenge for UHL, as we came out of the pandemic being a national and regional outlier for elective performance with one of the largest elective backlogs in the country. However, there has been good progress in the reduction of those patients waiting longest for definitive treatment.

- We achieved zero 104-week waiters in July 2023 and have maintained this position through the rest of the year.
- In March 2024 our final reported 78-week waiter position was 18
- In March 2024 our final reported 65-week waiter position was 259

In March 2023 there were over 68,500 people on the UHL waiting list who would have waited over 65 weeks for their care if not treated by the end of March 2024. At the end of March 2024, there were just 259 – which means we have delivered definitive treatment to over 68,000 people who would otherwise have been waiting over 65 weeks in March 2024. In January 2022 UHL's 65+ week waiters accounted for 7.9% of our total waiting list, and we were the 16th worst of 18 peer NHS provider organisations. By comparison, in January 2024 we dropped our 65+ week waiters to just 0.7% of our total waiting list and improved our benchmark position to 4th best of 18 peer NHS provider organisations. This is a fantastic achievement given the unprecedented industrial action that has taken place throughout the year.

The elective care 2023/24 priorities (May 2023) focussed on four areas of priority impacting long waiters:

- Excellence in basics - Maintaining a strong focus on data quality, validation, clinical prioritisation, and maximising booking rates.
- Performance and long waits - Continue to reduce waits of over 78 weeks and those waiting over 65 weeks.
- Outpatients - maximise potential in our outpatient system to adjust the approach, engage patients more actively, and significantly re-focus capacity towards new patients.
- Choice – enabling patients to have informed choice in where they receive their treatment, by continuing to utilise mutual aid offered by our NHS partners and the Independent Sector (IS)

UHL has worked on all these priorities and more to reduce the length of time patients are waiting for their diagnosis and treatment. Several projects in 2023/2024 support the elective recovery programme and these priorities, including:

Inpatient/Admitted Pathways
- Improve overall theatre utilisation to 85% and focus on High Volume Low Complexity specialties and associated GIRFT best practice targets
- Increasing Day surgery rates to 85%
- Reducing On the Day Cancellations (OTDC)
- Improving the average number of cases per list (ACPL)

- Delivery of effective Pre-operative Assessment (POA) processes

Outpatient Pathways
- Improve PIFU (Patient Initiated Follow Up) rates in line with GIRFT guidance and locally implemented stretch targets.
- Reduce outpatient DNA and cancellation rates, with a focus on health inequalities.
- Reduce outpatient follow-up relative to first appointments.
- Clinical and administrative waiting list validation
- Review outpatient clinic utilisation and admin processes, implementing best practice clinic guides.

Chart 2- 104-week waiter reductions since April 2021
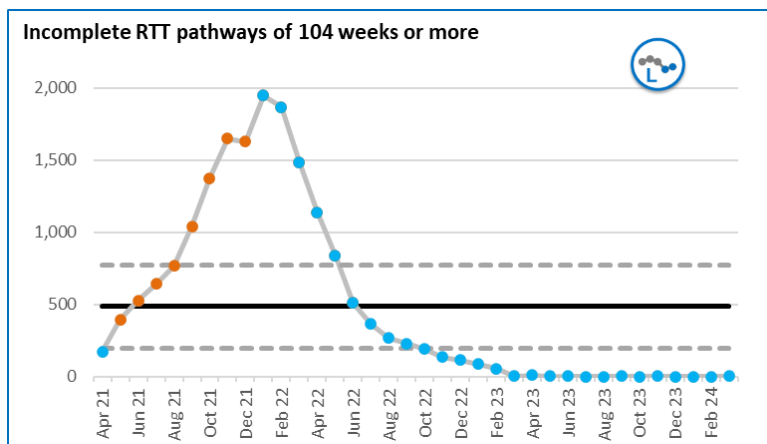
Chart 3- 78-week waiter reductions since April 2021
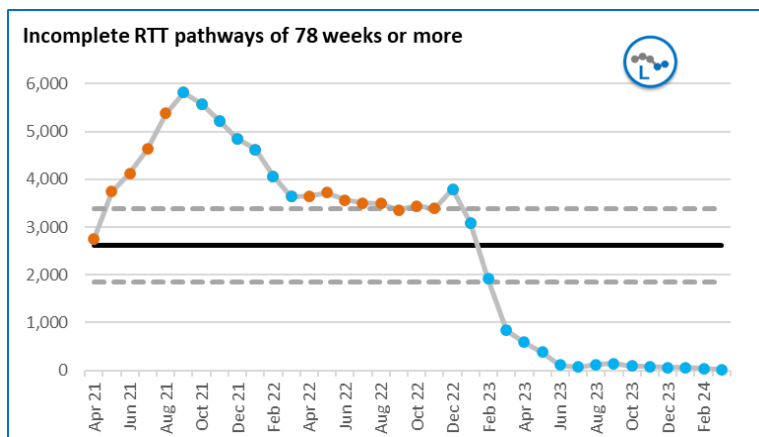
Chart 4 – 65-week waiter reductions since April 2021
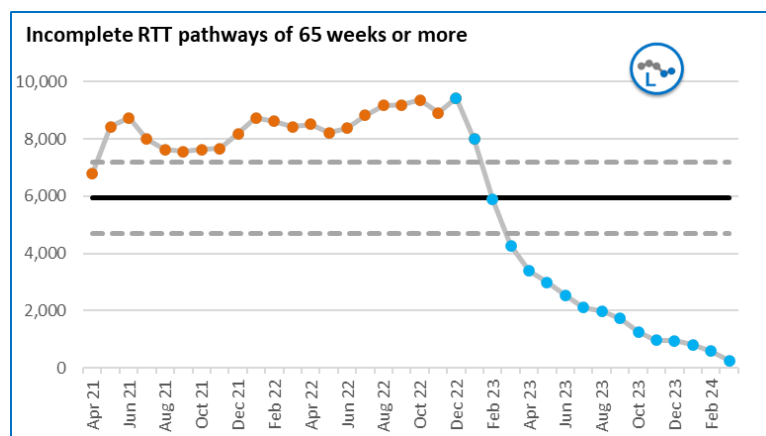
Chart 5 – 65-week waiter reductions monitored against our 2023/24 Operational Plan
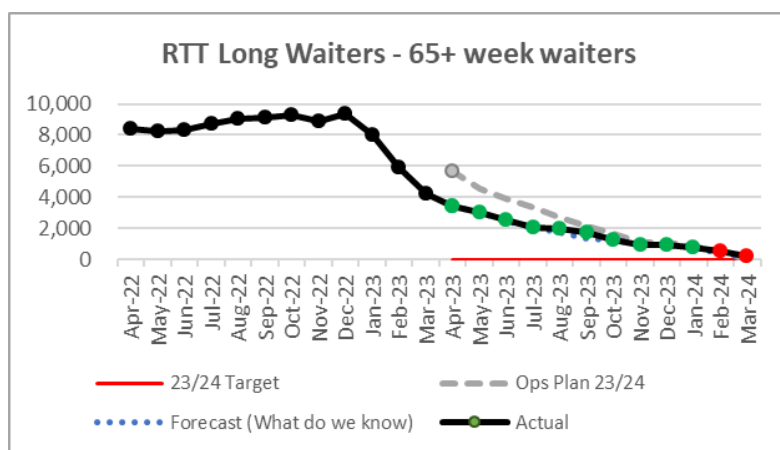
Learning from the national maternity reviews to ensure our service are safe, responsive and provide the highest quality care.
We said we would:

> Learn from the national maternity reviews to ensure our service are safe, responsive and provide the highest quality care

Progress continues to be made on the implementation of the Saving Babies Lives Care Bundle v3 (SBLCB v3) and following external scrutiny UHL has achieved an overall compliance position of 79% across all 6 elements. The NHS Three-Year Delivery Plan states that it is the responsibility of Trusts to implement version 3 of the Saving Babies' Lives Care Bundle by March 2024, which also aligns with the

requirement in the Maternity Incentive Scheme Year 5. Recent guidance from NHSE's Midlands Perinatal Team indicates that implementation is an ongoing improvement journey. NHS Resolution has however confirmed that whilst the ambition is to achieve full implementation by the end of March 2024, if this is not achieved, there will not be a penalty as such in year 6. Still, rather trusts will be required to demonstrate sufficient progress & improvement trajectories towards full implementation. Key work is needed to achieve 100% compliance across each element with a specific focus on implementing an in-house smoking service, establishing a full team for pre-term birth and diabetes, and improving compliance for fresh eye reviews.

UHL is a participant in Year 5 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS), which is operated by NHS Resolution (NHSR) and supports the delivery of safer maternity care. UHL submitted a declaration of full compliance for all 10 safety actions on 26 January 2024. The outcome of the declaration is expected in March 2024. It is anticipated that the standards for year 6 are due to be released in April 2024. The CNST year 5 dashboard on Monday.com, which contains all our evidence for year 5, has now been locked and secured in the event of any future scrutiny. A separate dashboard has been created to monitor progress across all 10 standards from 1 February 2024 onwards (until MIS year 6 is released). The requirements from year 5 will continue to form part of workstream reviews and be escalated appropriately to the MNIP group (in line with the 3 lines of the defence model) to ensure monitoring, oversight, and momentum with compliance is maintained.

UHL is making steady progress to recertify compliance with the seven Immediate and Essential Actions set out in the first Ockenden Report and progressing the recommendations of the second report concurrently. Each action has now been assigned to the most relevant Maternity and Neonatal Improvement Plan (MNIP) workstream and progress is reported to the MNIP Group and in turn to the Maternity Assurance Committee (MAC). No actions are marked as 'off track' as there are no gaps that denote a significant clinical risk. 68% of the standards and associated evidence are proven to be compliant (formal sign-off pending for assurance of some items). 28% is on track for full compliance assurance (by May 2024).

Maternity Assurance Committee members received an update from the Maternity Safety Champions reporting that insights and feedback are reflective of improvements; staffing is no longer the leading issue of concern with staff recognising the efforts underway as part of the recruitment and retention campaigns.

Improving maternity experiences achievements and examples in 2023/2024:

- Launch of Patient Advice and Liaison Service (PALs) to ensure a more responsive service.
- Launch of the JANAM "birth" in most South Asian languages" App
- Pilot of CardMedic, (CardMedic is a multi-award-winning communication tool designed to improve the transfer of vital information between healthcare staff and patients, across any barrier – whether visual, hearing, or cognitive impairment, foreign language, or PPE).

- Launch of the new Maternity website
- Relaunch of the Maternity & Neonatal Voice Partnership (MNVP)
- Shared Decision-Making Councils and empowering changes at a local level.
- Launch of the 'Call the Midwife' campaign to improve earlier bookings.
- Relaunch of the Personalised Care and Support Plans
- Launch of the 'Ask Me' campaign enabling families to escalate at the point of care.
- Further investment in Infant Feeding support
- Workforce plan
- Revised visiting times for birthing partners.
- Induction of Labour (IOL) quality improvement programme
- IOL Quality Improvement Project
- The IOL Working Group was re-established in September 2023
- Team of dedicated IOL midwives recruited to facilitate flow and enhance care
- SOP for 'Escalation Process for Women Experiencing Delays in Induction of Labour' published (November 2023) which includes a 'pop up' Day Assessment Unit
- IOL app has also been rapidly developed which will provide regular performance data. This was launched on 5 February 2024 and works by stratifying clinical risk and support prioritisation.
- IOL SitRep has been developed which is completed twice a day to evidence risk assessments and plans of care made by the clinical MDT.
- IOL patient survey (February / March 2024)

Adopting the new Patient Safety Incident Review Framework to ensure we truly learn from when things go wrong.
We said we would:

> **Adopt the new patient safety incident review framework to ensure we truly learn from when things go wrong.**

This year we have been working towards meeting the requirements of the national Patient Safety Incident Response Framework (PSIRF) before our transition on 1 April 2024. Our PSIR Plan was approved by the LLR Integrated Care Board in December.

We have four Patient Safety Specialists within UHL who have been overseeing the strategic implementation of the PSIRF. We have a full programme of work, working

towards implementing all the elements of the NHS Patient Safety Strategy and ensuring the relevant governance processes are in place to support these changes.

UHL has transitioned to reporting to the new national Learning from Patient Safety Events (LFPSE) service. There is a national requirement for all NHS staff to undertake the Level 1 NHS patient safety syllabus e-learning on Essentials of Patient Safety. In August this year, this training was added to our in-house e-learning system for all staff. 88% of UHL staff have completed the training.

We are in the final stages of the recruitment process for our Patient Safety Partner roles for UHL which will support our work under the national 'Framework for involving patients in patient safety'.

With the changes created by the implementation of the PSIRF, we continue to promote a just and restorative culture with a focus on learning and improvement and there is continuing work to better support our patients, families, and our staff that are involved in a patient safety incident.

2.3   National Patient Safety Alert Compliance

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

NHS trusts that fail to comply with the actions contained within patient safety alerts may increase the risk of patient harm and are reported in monthly data produced by NHS England and published on their website. Compliance rates are monitored externally by the Integrated Care Board (ICB) and the Care Quality Commission. The publication of this data is designed to provide patients and their carers with greater confidence that the NHS is proactive in managing patient safety and risks.

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

During 2023/24 the Trust received 16 national patient safety alerts. None have breached their due date during the reporting period.

Table 1: National Patient Safety Alerts received in 2023-24

Reference	Title	Issue date	Due Date	Current Status
NatPSA/2023/004/MHRA	Recall Of Emerade 500 Micrograms And Emerade 300 Micrograms Auto-Injectors, Due To The Potential For Device Failure	09/05/2023	12/05/2023	Action Completed
NatPSA/2023/005/MHRA	Removal Of Philips Health Systems V60 And V60 Plus Ventilators From Service - Potential Unexpected Shutdown Leading To Complete Loss Of Ventilation	18/05/2023	30/09/2023	Action Not Required
NatPSA/2023/006/DHSC	Shortage of pyridostigmine 60mg tablets	24/05/2023	26/05/2023	Action Completed
NatPSA/2023/007/MHRA	Potential Risk Of Underdosing With Calcium Gluconate In Severe Hyperkalaemia	27/06/2023	01/12/2023	Action Completed
NatPSA/2023/008/DHSC	Shortage of Glp-1 Receptor Agonists	18/07/2023	18/10/2023	Action Completed
NatPSA/2023/009/OHID	Potent synthetic opioids implicated in heroin overdoses and deaths	26/07/2023	04/08/2023	Action Completed
NatPSA/2023/010/MHRA	Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls	30/08/2023	01/03/2024	Action Completed
NatPSA/2023/011/DHSC	Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets.	27/09/2023	11/10/2023	Action Completed
NatPSA/2023/012/DHSC	Shortage of verteporfin 15mg powder for solution for injection	28/09/2023	20/10/2023	Action Completed
NatPSA/2023/013/MHRA	Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients	28/11/2023	28/12/2023	Action Not Required
NatPSA/2023/014/NHSPS	Identified Safety Risks With The Euroking Maternity Information System	07/12/2023	07/06/2024	Action Required: Ongoing
NatPSA/2023/015/UKHSA	Potential Contamination Of Some Carbomer-	07/12/2023	17/12/2023	Action Completed

Reference	Title	Issue date	Due Date	Current Status
	Containing Lubricating Eye Products With Burkholderia Cenocepacia - Measures To Reduce Patient Risk			
NatPSA/2023/016/DHSC	Potential For Inappropriate Dosing Of Insulin When Switching Insulin Degludec (Tresiba) Products	08/12/2023	22/12/2023	Action Completed
NatPSA/2024/001/DHSC	Shortage of GLP-1 receptor agonists (GLP-1 RA) update	03/01/2024	28/03/2024	Action Required: Ongoing
NatPSA/2024/002/NHSPS	Transition to NRFit connectors for intrathecal and epidural procedures, and delivery of regional blocks	31/01/2024	31/01/2025	Action Required: Ongoing
NatPSA/2024/003/DHSC_MVA	Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials	26/02/2024	08/03/2024	Action Required: Ongoing

2.4   Never Events 2023/24

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Strong systemic protective barriers are defined as barriers that must be successful, reliable, and comprehensive safeguards or remedies – for example, a nationally uniquely designed connector that stops a medicine being given by the wrong route. The importance, rationale and good practice use of relevant barriers should be fully understood by and robustly sustained throughout the system.

Each Never Event has the potential to cause serious patient harm or death. However, Never Events often cause no or minor harm to patients and the priority becomes around reviewing and strengthening the protective barriers in place to prevent similar incidences occurring in the future and sharing learning with staff. In 2023/24, four incidents were reported which met the definition of a Never Event. Thorough analysis is undertaken for Never Events and action plans are developed to strengthen the protective barriers to prevent a similar occurrence. Incidents were reported under the following categories: wrong site surgery and retained foreign object post procedure. Patients and/or their families were informed of the subsequent investigations and involved and supported throughout the process.

Themes from the learning from our Never Events continues to feed into the improvement work of the Safe Surgery and Interventional Procedures (SSIP) programme commenced in 2019 and incorporated within the trust's strategic priorities to improve practices around invasive procedures. In the last 12 months the programme has shifted methodology to reflect the new NHS wide Patient Safety Incident Response Framework (PSRIF). The main changes to the programme have been:

- Tackling each Never Event using a System Engineering Imitative for Patient Safety (SEIPS) framework, including on site walkthrough, with active engagement of effected areas to encourage curiosity and drive changes in practice.
- Empowering local areas to have governance over LocSSIPs (Local Safety Standards for Invasive Procedures) and safety checklists, therefore reducing administration burden and increasing agility of the team to respond when Never Events occur.
- Active engagement with patients and service users to enable co-design of services where possible. The SSIP team has taken feedback directly from families and utilised the feedback to challenge clinical processes. This has led to clear actions which the SSIPs team is helping to facilitate, including the piloting of digital PH meter readings for Nasogastric tube sampling to help reduce human error when manually matching PH colour strips.
- Working with Affected services to deliver effective Education and Training, utilising interaction where possible to help embed learning.

2.5   NHS Outcome Framework Indicators

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

Table 2: NHS Outcome Framework Indicators

NHS Outcomes Framework domain	Indicator	2022/23	2023/24	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding	103 Dec21-Nov22	102 Nov22-Oct23	100 Nov22-Oct23	121 Nov22-Oct23	72 Nov22-Oct23
		Band 2	Band 2	Band 2	Band 1	Band 3
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator)	40% Dec21-Nov22	41% Nov22-Oct23	42% Nov22-Oct23	66% Nov22-Oct23	16% Nov22-Oct23

NHS Outcomes Framework domain	Indicator	2022/23	2023/24	National Average	Highest Score Achieved	Lowest Score Achieved
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	NHS digital data not available	12.8 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	15.0 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	22.9 (2021/22 EQ VAS Measure *ICB data taken from PROMs NHSE dashboard.*	9.3 (2021/22 EQ VAS Measure *ICB data taken from PROMs NHSE dashboard.*
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	NHS digital (data not available)	10.1 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	8.5 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	12.6 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	3.1 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*
	% of patients <16 years old readmitted to hospital within 28 days of discharge	6.0% Apr22-Mar23 Source: CHKS	5.2% Apr23-Dec23 Source: CHKS	9.5% Apr23-Dec23 Source: CHKS (HES Acute Peers)	0.6% Apr23-Dec23 Source: CHKS (HES Acute Peers)	23.1% Apr23-Dec23 Source: CHKS (HES Acute Peers)
	% of patients <16 years old readmitted to hospital within 30 days of discharge	6.2% Apr22-Mar23 Source: CHKS	5.3% Apr23-Dec23 Source: CHKS	9.7% Apr23-Dec23 Source: CHKS (HES Acute Peers)	0.6% Apr23-Dec23 Source: CHKS (HES Acute Peers)	23.6% Apr23-Dec23 Source: CHKS (HES Acute Peers)
	% of patients 16+ years old readmitted to hospital within 28 days of discharge	8.8% Apr22-Mar23 Source: CHKS	8.8% Apr23-Dec23 Source: CHKS	8.1% Apr23-Dec23 Source: CHKS (HES Acute Peers)	2.5% Apr23-Dec23 Source: CHKS (HES Acute Peers)	14.5% Apr23-Dec23 Source: CHKS (HES Acute Peers)
	% of patients 16+ years old readmitted to hospital within 30 days of discharge	9.0% Apr22-Mar23 Source: CHKS	9.0% Apr23-Dec23 Source: CHKS	8.3% Apr23-Dec23 Source: CHKS (HES Acute Peers)	4.1% Apr23-Dec23 Source: CHKS (HES Acute Peers)	14.8% Apr23-Dec23 Source: CHKS (HES Acute Peers)

NHS Outcomes Framework domain	Indicator	2022/23	2023/24	National Average	Highest Score Achieved	Lowest Score Achieved
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs (Patient experience of hospital care)	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of staff who would recommend the provider to friends or family needing care	58.1% Source: National NHS Staff Survey 2022	62.9% Source: National NHS Staff Survey 2023	65.0% Source: National NHS Staff Survey 2023	NHS digital data not available	NHS digital data not available
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism	97.8% Apr22 – Mar23 Source: UHL	96.9% Apr23 – Feb24 Source: UHL	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Rate of C. difficile per 100,000 bed days	15.02 (UHL average) Apr22-Mar 23 23 Source: UKHSA HCAI DCS	18.49 (UHL average) Apr 23-Feb 24 Source: UKHSA HCAI DCS	20.65 Apr 23 – Feb 24 Source: UKHSA HCAI DCS	67.28 Apr 23 – Feb 24 Source: UKHSA HCAI DCS	0.0 Apr 23 – Feb 24 Source: UKHSA HCAI DCS
	Rate of patient safety incidents per 1000 admissions (IP, OP and A&E)	16.4 Apr22 – Mar 23 Source: UHL data	17.3 Apr23 – Feb 24 Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patient safety incidents reported that resulted in severe harm and death	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available

2.6   Preventing people from dying prematurely

Summary Hospital-Level Mortality Indicator (SHMI)

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

For the period January to December 2023, Leicester's Hospitals SHMI was 101. This is within the expected range.

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

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

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

At the end of March 2024, our Medical Examiners had screened over 3,000 UHL patient records. 13% of all deaths were referred for a Structured Judgement Review as part of the Specialty Mortality and Morbidity process and 5% of adult deaths were referred for clinical review by the patient's clinical team for learning and actions.

We have continued with the planned expansion of our Medical Examiner service to include both deaths in primary care and community hospitals within the Health Economy in line with national requirements. Over 1,000 non-UHL deaths have been through the ME process in 23/24 (half were deaths in primary care and the others were either at LOROS or in one of the Community Hospitals). We are working hard to ensure we can cope with all deaths (anticipated to be over 3,000 a year) when this becomes Statutory in September.

We have also been able to provide an out-of-hours service to clinical teams where organ donation is being considered and to support families requesting urgent burial for faith reasons (over 70 deaths discussed with the ME out of hours in 23/24).

Our Bereavement Nurses have spoken to over 2,000 families of patients who died in our care during 2023/34 and provided either further bereavement support or facilitated answers to questions for almost 500 families. We are now also able to provide Bereavement Support to families of children who die in our care and are working with the Bereavement Midwives to provide support if needed for parents whose baby has died in the maternity or neonatal units.

We have been fortunate to receive funding from the Organ Donation Charitable Funds to create a small Family Room at the Glenfield Office.

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

Patient-reported outcome measures scores (PROMS)

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

The two procedures are:

- Hip replacements.
- Knee replacements.

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

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

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

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

Patients undergoing elective inpatient surgery for a hip or knee replacement, funded by the English NHS are asked to complete a voluntary questionnaire before and after their operations to assess improvement in health as perceived by the patient themselves. The data provided below is for the final Patient Reported Outcome Measures (PROMs), April 2023-March 2024.

There were 1298 eligible hospital episodes and 1080 pre-operative questionnaires returned (Hip-477 and Knee-603) a participation rate of 83% for UHL.

2.8 Ensuring people have a positive experience of care

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

Friends and Family Test

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

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

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

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

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

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

The Trust monitors the Friends and Family Test to see how services are viewed from a patient's perspective. The Friends and Family Test score can be viewed at the ward or clinic level but also at the Trust level. Looking at the Friends and Family Test score for all inpatient wards across the Trust the graph below illustrates the high levels of satisfaction with care:

Chart 6: Friends and Family Test score for all inpatient wards
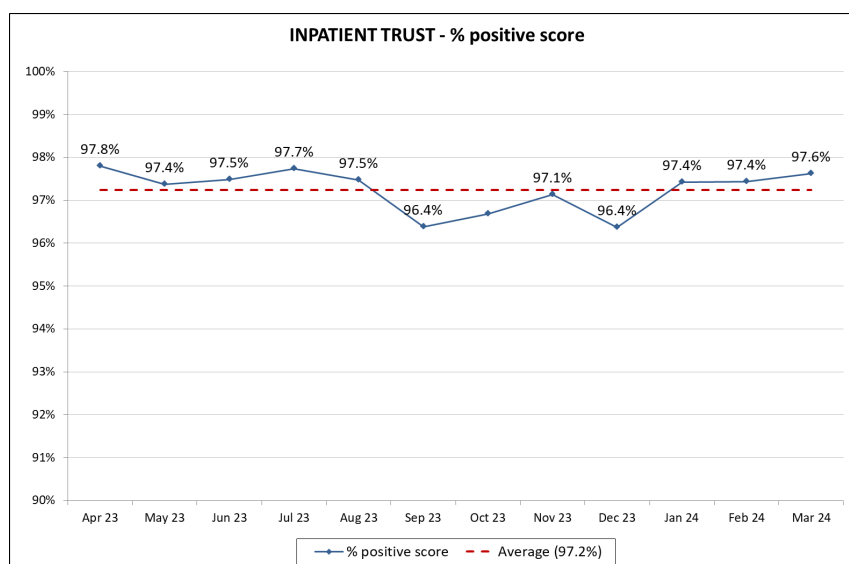
Venous Thromboembolism (VTE)

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

Table 3: Venous Thromboembolism

Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thrombo embolism **Target 95%**	97.18% Q1 2023/24 (Apr 23 – Jun 23) Source: UHL	97.16% Q2 2023/24 (Jul 23 – Sept 23) Source: UHL	96.82% Q3 2023/24 (Oct 23 – Dec 23) Source: UHL	96.88% Q4 2023/24 (Jan 24 – Mar 24) Source: UHL	97.01% Full-year 2023/24 (Apr 23 – Mar 24) Source: UHL

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

- VTE risk assessment rates are reviewed by Leicester's Hospitals Trust Thrombosis Committee and presented to the Trust Leadership Team regularly.

- We carry out root cause analysis from case notes and electronic patient information systems for all inpatients who experience a potential hospital associated VTE during their admission or up to 90 days following discharge.

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

- Created a new electronic VTE training module on the Trust-wide training platform which is mandatory for medical staff.

- Continue to provide VTE risk assessment rate data to clinical areas and presented to the Trust Thrombosis Committee to highlight where changes to clinical practice are required.

- Completed the annual Trust-wide VTE Prevention audit to confirm our performance against NICE Quality Standard 201 (previously NICE Quality Standard 3).

- Refined VTE-related electronic assessments in our electronic patient record, which now includes paediatric assessment (not a national requirement) and continued development of patient safety alerts.

Clostridium Difficile (CDiff)
CDiff is a bacterial infection that can be identified in patients who are staying in hospital.
The University Hospitals of Leicester NHS Trust considers that the data are as described for the following reasons:

- Clostridium difficile numbers are collected as part of alert organism surveillance. Numbers are reported to and collated by Public Health England on behalf of the NHS.

- A weekly data set of alert organism surveillance is produced by the infection prevention team within Leicester's Hospital and disseminated widely throughout the organisation.

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

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

Patient Safety Incidents

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

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

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

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

- Having a clear focus on the issues that have caused the most preventable harm to patients as a key focus within our Patient Safety Incident Response Plan.
- Having a dedicated Safe Surgery work programme
- Having a detailed Maternity and Neonatal Improvement programme
- Actively encouraging a culture of open reporting and widespread sharing of learning from incidents to improve patient safety.
- Being open and transparent with our staff and patients about our incidents and our actions for improvement
- Continuing to work with NHS England and the Maternity and Neonatal Safety Investigations team and other organisations to maximise our efforts to reduce preventable harm and Never Events
- Having a clear programme of work to strengthen our safety culture which includes work on implementing and embedding our Just and Restorative Learning approach.
- Our focus is on strengthening the voice of the patient/family in keeping patients safe. This year we have implemented our Call for Concern and Ask Me services in line with Martha's Rule.

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 regulation intends to ensure that providers are open and transparent in relation to care, and treatment provided. It also sets out specific requirements to ensure patients and their families are told about 'notifiable patient safety' incidents that affect them.

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

- Produced and added a short training video and letter guidance to our hospital intranet.
- Included duty of candour and the importance of engaging and involving patients and families in the PSIRF training for all staff.

To monitor compliance, we:

- Have a mandatory duty of candour prompt on our incident management system so that when incidents are finally approved as moderate harm or above staff are directed to record the relevant information and take the appropriate action.
- Ensure that Clinical Management Groups are provided with any gaps in compliance for them to address in weekly reports and at their monthly Quality and Safety Board meetings.
- Report any gaps in compliance in our monthly Quality and Safety Performance report to Patient Safety Committee.

2.9   Learning from Deaths

During Quarters 1 to 4 in 2023/24, 3,114 patients were part of the Learning from Deaths process within Leicester's Hospitals (this includes deaths within our Emergency Department and Inpatient deaths).

Details are as follows:

Table 4: Number of deaths included in the UHL Learning from Deaths process in 2023/24

Time period	Number of deaths
April 23 to March 24	3114
Q1	744
Q2	695
Q3	825
Q4	850

By the end of April 2024, 139 case record reviews (Structured Judgement Reviews) and 4 investigations by the patient safety team had been completed in relation to the 3,114 deaths. In addition, 4 cases were subject to both a case record review and an investigation. There are 259 cases where the structured judgement reviews are yet to be completed.

Table 5: Number of case record reviews during 2023/24

Time period of death	Deaths Reviewed or Investigated (as at end of April 2024)
April 23 to March 24	147 (to date)
Q1	56 to date
Q2	57 to date
Q3	29 to date
Q4	5 to date

Six (0.19% of 3,114) deaths reviewed or investigated (as of the end of April 2024) were judged 'to be more likely than not to have been due to problems in care provided to the patient'.

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

This consisted of:

Table 6-Number of deaths reviewed or investigated during 2023/24 (to date) and judged to be more likely than not to have been due to problems in the care provided to the patient.

Time Period 2023/24	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 (0.40%) Data not yet complete
Q2	1 (0.14%) Data not yet complete
Q3	1 (0.12%) Data not yet complete
Q4	0 Data not yet complete

These numbers have been arrived at following the correlation of conclusions of the 147 cases described above.

Learning identified through our case record reviews, has included:

- Reviewing medication as part of daily ward rounds, particularly where patients are on anticoagulation therapy and especially where they have had this paused for any reason.

- Importance of good documentation and of having access to and reviewing previous records where patients are readmitted or having further surgery.

- The need for good handover and senior discussion when transferring a patient's care to a different Specialty, particularly where involves transfer between hospital sites.

- Importance of documentation at time of handover, particularly where patients are in the Emergency Department for longer than planned due to capacity constraints.

- Continued need to improve our InterSpecialty Referral process.

- Documenting discussions held with patient/NoK regarding risks and benefits of treatment/procedures.

- The importance of listening to patients and relatives if they have concerns about a patient's condition and documenting discussions held.

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

Learning identified through mortality reviews has been fed into the priorities for Year 1 of our Patient Safety Incident Response Framework.

Other actions taken or in progress are:

- Implementation of our Call 4 Concern service for adult patients

- Introduction of the Parent/Carer Communication Records within the Children's Hospital

- Development and implementation of the Fractured Rib Pathway, to include in-patient management.

- Expansion of the Bereavement Support service and close working with the Swan

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

In 2022/23 there were 379 deaths subject to case record review as part of specialty

mortality and morbidity review.

204 case record reviews and investigations, which related to deaths during 2022/23, were completed after submission of our 2022/23 Quality Accounts.

Following the completion of these additional 204 case record reviews, there were in total, 14 out of 3346 Inpatient/ED deaths in 2022/23 (0.42%) which were more likely than not, to have been due to problems in care.

2.10   Performance against national standards

Indicators:

ED 4-hour wait and ambulance handovers.

Table 7 Performance against the ED targets

Performance Indicator	Target	2022/23	2023/24
ED 4-Hour Waits UHL	95%	54.6%	57.1%
ED 4-Hour Waits UHL + LLR UCC (Type 3)	95%	68.9%	72.5%

Key: Green = Target Achieved   Red = Target Failed

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

The adult emergency department is comprised of a 12-bed emergency room, 48 individual major bays, 4 of which have been designed for those with mental health needs or living with dementia. In addition, there are 10 cubicles in the ambulance assessment area and 14 spaces in the ambulance escalation area for a 15-minute assessment of patients on arrival via ambulance. Eight triage rooms are used for initial assessment of walk-in patients. There is also an ambulatory and separate area for patients with injuries. A team of frailty experts (Consultants, Nurses, and therapists) provide frailty in-reach within the ED.

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

In 2024/25 we will:

- Create a single point of contact for non-specialist referrals supporting our GP colleagues to refer patients to the right services first time.
- Further develop our emergency care services including the Glenfield Chest Pain Centre
- Develop our medical day case services reducing length of stay and offering treatment on a day care basis to appropriate groups of patients.

- Implement and embed digital solutions such as e-beds – a more efficient bed management system.
- Continue to work with our partners on all aspects of UEC including improving access to Urgent Treatment Centres
- Mobilise a new transport provider for renal services, transfers across our sites and discharge.

Referral to Treatment
Table 8: Performance against the referral to treatment

Performance Indicator	Target	2022/23	2023/24
RTT - incomplete 92% in 18 weeks	92%	**50.0%**	**56.4%**
RTT - waiting list size	103,403	**116,195**	**109,027**

Key: Green = Target Achieved   Red = Target Failed

The referral to treatment (RTT) incomplete 18-week standard measures the percentage of patients actively waiting for treatment. The RTT target was not achieved in 2023/24. The elective recovery challenge refreshed for 23/24 built on the challenge of eliminating 104- and 78-week waiters with the ambition to virtually eliminate RTT waits of over 65 weeks by March 2024. This has been a significant challenge for UHL, as we came out of the pandemic being a national and regional outlier for elective performance with one of the largest elective backlogs in the country. However, there has been good progress on the reduction of those patients waiting longest for definitive treatment and in the overall waiting list in 23/24, despite not achieving the operational plan target.

- We achieved zero 104-week waiters in July 2023 and maintained the position through the rest of the year, with exceptions reported in some months. In March 2024 our final reported 104-week waiter position was 1.
- In March 2024 our final reported 78-week waiter position was 18.
- In March 2024 our final reported 65-week waiter position was 259.
- In March 2024 our total waiting list was 109,027 – a 6% decrease in 12 months.

The elective care 2023/24 priorities (May 2023) focussed on four areas of priority impacting the overall size of the waiting list and the length of time patients are waiting for their diagnosis and treatment:

- Excellence in basics - Maintaining a strong focus on data quality, validation, clinical prioritisation, and maximising booking rates.
- Performance and long waits - Continue to reduce waits of over 78 weeks and those waiting over 65 weeks.
- Outpatients - maximise potential in our outpatient system to adjust the approach, engage patients more actively, and significantly re-focus capacity towards new patients.

- Choice – enabling patients to have informed choice in where they receive their treatment, by continuing to utilise mutual aid offered by our NHS partners and the Independent Sector (IS)

Cancelled Operations and patients booked within 28 days.
Table 9: Performance against the cancelled operations targets

Performance Indicator	Target	2022/23	2023/24
Cancelled operations	<5%	9.33%	8.86%
Patients cancelled and not offered another date within 28 days	0	629	648

Key: Green = Target Achieved   Red = Target Failed

Cancellations on the day remain above target in 2023/24. This is due to a range of factors, including significant Urgent Emergency Care (UEC) pressures impacting bed capacity & surgical flow within both adults and paediatric activity. UHL is working on various initiatives to improve this position, focussing on improvement in emergency flow, standardising pre-operative assessment, increasing our surgical day case rates, and improving our productivity. To continue to drive this to the target of 5% by 24/25 the following actions are in place:

- Improving British Association of Day Case Surgery (BADS) rates to the 85% target - Increasing the number of patients who do not need an overnight stay in hospital will help reduce some of the demand for inpatient beds and reduce cancellations due to bed unavailability.
- Improve average Length of Stay for elective surgical admissions to the upper quartile nationally.
- Reducing clinical cancellations by validating clinical On the Day Cancellations (OTDC) to understand if these were avoidable or unavoidable and targeting common themes. Implementing the early screening and optimisation pathways (NHSE 5-core requirements) to ensure patients are optimised and fit for surgery before offering a To Come In (TCI) date.
- Continue to drive down patient cancellations through pre-surgery text messages and validating Did Not Attend (DNA) to drive further improvements.
- Reducing hospital cancellations such as 'Out of session time' by embedding 'auto-send' and 'golden patient' to ensure to timely start to all theatre lists.

Diagnostics
Table 10: Performance against the diagnostic waiting times target

Performance Indicator	Target	2022/23	2023/24
Diagnostic Test Waiting Times	1.0%	44.0%	23.7%

Key: Green = Target Achieved   Red = Target Failed

Cancer Targets
Table 11: Performance against the cancer targets

Performance Indicator	Target	2022/23	2023/24
Total referrals seen within 28 days	75%	72.2%	75.7%
Total referrals seen within 31 days	96%	78.2%	78.9%
Total referrals seen within 62 days	85%	53.4%	57.8%

Key: Green = Target Achieved   Red = Target Failed

MRSA
Table 12: Performance against MRSA Targets

Performance Indicator	Target	2022/23	203/24
MRSA (All)	0	4	5

Key: Green = Target Achieved   Red = Target Failed

In 2023/24 there were 4 Methicillin Resistant Staphylococcus aureus (MRSA) blood stream infection reported, against a trajectory of zero cases.

A Post-Infection Review (PIR) of all patients who have a Trust or non-Trust apportioned MRSA BSI identified is undertaken. This is in accordance with the standard national process and involves a multiagency review of the patients care to determine if there have been any lapses of care which would have contributed to the infection and where lessons maybe learned to prevent further occurrence. A review was undertaken and no lapses in care were identified that would have contributed to the acquisition of these cases.

2.11   Mental Health

The Trust works closely with Leicestershire Partnership Trust and social care to support people attending the Trust with mental health conditions. This includes an onsite presence of specialist mental health specialist practitioners at the Leicester Royal Infirmary site. In the past year, we have strengthened our links through the creation of a Mental Health, Learning Disability, and Autistic People steering group, which has representation from health and social care partners across Leicester, Leicestershire, and Rutland

In 2023, we launched the Trust's first Mental Health strategy which was developed

in partnership and outlines the Trust's priorities to support people coming to the Trust with mental health illness. In addition, training was launched across the Trust workforce to raise awareness of mental health in late 2023; we also developed a work programme that sets out the activities that the Trust will undertake to support people with mental health illness.

For the year ahead, the Trust intends to create a seconded post for a Children and Young People Mental Health Matron, to mirror the provision for Adult Patients and evaluate the effectiveness of this. The Trust plans to conclude the work already underway to improve access for people in mental health crisis receiving support in the Trust.

Work is already underway to roll out the use of JOY http://www.llrjoy.com/ which provides useful information on the local resources available to support mental health wellbeing across Leicester, Leicestershire, and Rutland, and will continue to be promoted.

2.12   Equality, Diversity, and Inclusion (EDI)

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

We have seen changes in 2023/24, commencing a journey of increased engagement and interaction with staff, and more importantly commitment to improving support in the workplace. For example, the launch of our values and behaviours. We will be refreshing our strategy and plans and taking a step towards getting the fundamental basics right. For example, improving staff progression, recruitment experiences, and development. Our refresh aims to ensure it is in line with our future organisational strategies and plans.

During 2023/24, we commenced our journey to ensure our fundamental principles are in place. These include:

- Meeting the key requirements of the Equality Act, the Public Sector Equality Duty (PSED) and Standards.
- A culture that is inclusive and embraces diversity.
- Awareness of EDI principles within the organisation and their application.
- Policies and practices that take account of meeting individual needs. For example, the development of reasonable adjustments guidance.

This entailed:

Equality Analysis

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

Training modules
The EDI Team has delivered bespoke training modules to enhance staff understanding, responsibility, and accountability. We are now in the process of launching a host of EDI modules that improve staff and managers understanding such as the revised mandatory training, Active Bystander training, etc. The aim is to ensure staff and managers role model appropriate behaviour, language, and, attitudes, reducing impacts such as bullying and harassment, racial, sexual, and gender bias attitudes, etc.

We continue to work with our LLR system-wide partners to help the development and progression of our BAME staff and develop an organisational culture that addresses behaviours and promotes inclusivity, living, and breathing our values. This includes the Developing Diverse Leadership Programme - cohost 2, Active Bystander Programme (video clip, e-learning, face-to-face and LLR system offer, and Reverse Mentoring programme.

Staff Networks
Our Staff Networks have continued to grow in membership. We now also have a newly established network such as the non-visible disability group. The staff networks continue to support staff in addressing issues/concerns, attitudes, behaviour, and career development. We continue to collaborate with our staff networks and chairs by holding meetings that direct staff to access the support they need. Our networks include BAME, LGBTQ+, Women's, Differently Abled Voices (DAV), including non-visible disabilities, and Decision-Making Council (over 80 set up across the Trust). Moving forward we will work with our wider partners at UHN and Kettering to enhance our staff network offer.

People Promise
Our People Promise Manager has delivered a host of initiatives to improve staff morale such as NHS Recognition, UHL Awards, Retention Programme, More Good Days, etc. Our results from the 2022/23 staff survey will help us to build on the work to date; recognising that our staff are our greatest asset. We will launch our face-to-face welcome to UHL programme, which starts to see new staff understand the UHL values and expectations, as well as the continued support they will receive from the Trust, throughout their employment. We will continue to use opportunities to engage with our staff across the Trust to ensure everyone has a voice.

Transgender inclusion
We will continue to develop and enhance the work in this area. As a start, we will ensure that our Transgender Policies (staff and patients) are updated and in line with current changes, as well as any other policies. We continue to engage with our staff networks to ensure that our practices are inclusive of LGBTQ+ communities.

Accessible Information Standard
The Trust has commenced the work to improve patient experience for people with sensory impairments and learning difficulties and disabilities. We have stakeholder

groups to support the work in this area such as flagging access needs on systems, developing a video and e-learning to improve staff understanding, etc.

Equality Reporting
The WRES and WDES implementation (including data submission and publication) has been reported on in 2023/24, inclusive of our plans to improve BAME and Disabled staff experiences and progression. We have also reported on Bank and Medical WRES data (basic profile). We will enhance our reporting moving forward. The Gender Pay Gap report was published in March 2024. We will now progress our programme of initiatives to address gaps in 2024/25.

Learning and Development
We continue to ensure that EDI considerations feature as part of our learning and development offer.

3.0 Patient and Public Perspective

3.1   Information for Public and Patients

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

Since December 2022, the Trust's Patient and Community Engagement (PACE) team has been managing community engagement for a project in Cardiology services. Cardiology Outpatient data has shown that patients from South Asian backgrounds are more likely to be recorded as "Did Not Attend" (DNA). As such, these patients miss out on clinical monitoring and follow-up. It has been identified that the South Asian population is under-prescribed by NICE-approved cardiovascular drugs. The project aims to reduce this health inequality.   In order to extend our reach into local South Asian communities, the team have been working in partnership with six local community organisations to conduct focus groups which explore the reasons why patients may be discouraged from attending clinic appointments. Participants will then be invited to meet with managers and clinicians to "co-design" solutions which will improve patients experience and encourage better attendance at clinics. As part of our work on the Cardiology project, we have also been working with UHL volunteers who speak one or more South Asian languages. Our volunteers have been conducting telephone interviews with patients

to explore potential barriers to attending the clinic and ways in which the Trust might better support them.

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

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

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

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

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

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

Staff across our Trust support several patient groups which meet to inform our services, provide peer support or provide education for patients about their conditions. For example, our Renal services have a well-established patient group

which meets regularly to steer the delivery of Renal services. Several cancer specialties have active patient groups, for example, our Breast Care and Head and Neck cancer groups. Our Children's hospital also regularly engages with their Youth Forum to evaluate children's services and steer future service development.

Throughout the last year, the Trust has continued to work with its Patient Partner group. Patient Partners are members of the public who have experience of the Trust's services. Although the group is smaller than it was before the Pandemic, Patient Partners continue to sit on several boards and committees within the Trust and are available to provide a patient perspective to staff working on projects and service developments.

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

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

3.2   Patient Feedback

Leicester's Hospital's actively seeks feedback from patients, family members and carers. The feedback received is reviewed by the clinical and senior management teams, this then helps to shape services for the future. The overall aim of the collection of feedback is to improve the experience of our patients and visitors. "Patient Feedback Driving Excellence" boards are used in the clinical areas to display the changes or actions staff have taken in response to feedback received. This can be when there are suggestions for improvement or when the feedback is positive, and this outstanding practice needs to be shared and reinforced.
The Trust is delighted to say that during 2023-24 circa 205,231 feedback forms / surveys were received from patients. These surveys included the Friends and Family Test question and of the 205,231 responses, 191,537 contained a positive response, 7,807 included suggestions for improvement and 5,887 were neither positive nor negative. This is a tremendous achievement.

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

- Patient Experience Feedback forms, both paper and electronic
- SMS/texts, sent to patients who attend outpatient appointments either virtually or in person. This system expanded to include Alliance Outpatient departments during 2023-24
- In Maternity services SMS/texts were introduced in 2023-24 to invite ladies of gestational age 36 weeks or 9 days post birth to collect the Antenatal and Postnatal Community FFT response

- SMS/texts sent to patients who attend our Emergency Department

- Message to Matron Cards

- NHS Choices / Patient Opinion

- Compliments and complaints provided to the Patient Advice and Liaison Service (PALS).

- Trust website

- Patient stories

- Community Engagement – completed virtually.

- Family, Carers and Friends feedback, paper and electronic

Feedback from Families and Carers
During 2023-24 there have been 933 completed Family, Carers and Friends feedback forms received within the Trust and this feedback has been shared with the clinical teams. Patient Experience has introduced a Carer's Passport and a Carer's strategy during 2023-24. This will be piloted in clinical areas and has been taken to several professional review meetings in the Trust.

Patient Recognition Awards
This award recognises staff who patients, family, and carers have mentioned by name in the Friends and Family Test feedback comments. These comments detail the positive impact the staff member has had on their experience while they have been in hospital. During 2023-24 there have been thirteen winners: four nurses, one therapist, one dietician, three health care assistants, two housekeepers, one consultant and a midwife.

3.3 Volunteers
Volunteer Services continues to work towards recruiting increasing numbers of committed volunteers to provide a range of services within UHL. As is the case for many other organisations we compete to offer interesting and rewarding roles that provide volunteers with the motivation and satisfaction to remain with us and continue to provide support to patients' staff and the Trust. Our teams of volunteers have grown and developed with around 66 volunteers helping in a Meet and Greet role in public areas of the

sites helping patients and visitors find their way to their destination and providing support for those preferring help to or needing assistance to make the journey. To maximise both the satisfaction for volunteers and the impact their role has, six of our more experienced volunteers have taken on the role of Shift Leader. This enables them to train and guide new volunteers and help direct valuable volunteer resources to the areas of greatest need during any shift. This enables a better quality of customer service for our patients, visitors, and staff.

Our patient Visiting Service has developed to offer visits from volunteers across all 3 sites to those patients who may not have many relatives or friends available to visit or who are just feeling lonely and isolated in the hospital and enjoy a chat.

We have 19 volunteers who offer around 90 hours of visiting to around 300 patients each month. Many of our volunteers speak a second language such as Polish, Gujarati, and Italian, and have been able to interact with patients who also speak and understand those languages. This can help to relieve social isolation. These volunteers are also able to identify patients who may benefit from other types of volunteer support and help them access this.

Our Time for a Treat Service is now back offering patients and hand massage, manicure, and hairdressing. Although we currently only have 8 volunteers since January, they have provided around 250 treatments to patients across the Trust. Recruitment of new volunteers for this service is a priority and there are training sessions with new volunteers in place over the next few weeks.

One of our more unusual services is visits from our Pets as Therapy dogs and their human volunteers.

We now have 6 PAT Dog volunteers who visit regularly and who also respond to specific requests for visits or support in all areas of the Trust. Cilla (pictured) was winner of our   Volunteer of the Year Award 2024.

3.4   Dementia Care

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

Admiral Nurses are specialist dementia nurses that provide expert advice, therapeutic skills, and knowledge to support people living with dementia, and their families. Established in 2019 the Admiral Nurses support People Living with Dementia (PLWD) and their families/carers during their stay in adult inpatient wards and through follow-up telephone calls after they are discharged from the hospital. The service consists of 1.8 WTE clinically facing specialist nurses who support best practice, person-centred and relationship-centred care, holistic assessment, staff training and development, admission avoidance, early discharge, and advance care planning.

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

An increase in referrals and the number of patients supported in 2023-24 indicates the ongoing need for service provision at UHL. The service is instrumental in promoting best practices in dementia care, including through education, projects with other UHL teams, and close working with other teams and professionals delivering dementia care both within UHL and externally. Consistently positive feedback continues to be received from both families and key stakeholders about the Admiral Nursing Service, which is echoed by Dementia UK through regular steering group meetings.

Admiral Nurses aim to enhance the care and experience for PLWD and families when admitted to the trust, delivering person- and relationship-centred dementia care for patients and families/carers. They support the most vulnerable people living with dementia and their families, who often have complex health and social care needs. Such patients are identified as requiring Tier 3 Complex support,

Dementia UK Tiered Model

The Tiered Model - ABC

Aldridge, Z and Burns, A. – ABC Tiered model of Post Diagnostic Support (2016).

For PLWD, admission to the hospital can create additional challenges, risks and

anxieties not just for them but also for their families. This is due to the hospital being an unfamiliar environment: the noise, the busy pace and the general routine disruption can be frightening and disorientating. The Admi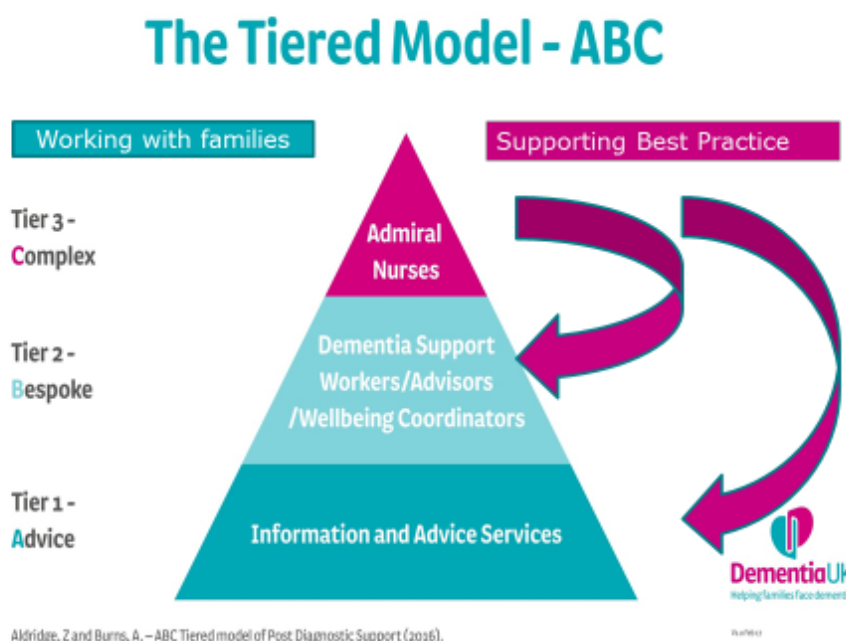ral Nurse Service advocates for patients and their families/carers through their specialist role, including the promotion of initiatives already available within the trust, such as John's Campaign (known as 'Stay With Me') and the Dementia Friendly Hospital Charter.

University Hospitals of Leicester (UHL) is one of only 34 acute Trusts offering support to PLWD through an Acute Admiral Nursing Service. The service has played a pivotal role in maintaining communication between the wider healthcare team and the families of PLWD; the excellent feedback they receive from families reflects how important this has been to them over the years.
The service continues to support the clinical teams. It remains an integral part of the Multidisciplinary Team (MDT), valued by Consultant Geriatricians, Older People's care ward staff, and local Admiral Nurse Services.

In October 2023, the Admiral Nurse Service joined the Enhanced Patient Observation Service. Throughout 2023-24, the Admiral Nurse Service continued working closely with the Meaningful Activates Team Leader and the Meaningful Activities Service to ensure Tier 1 support is provided to PLWD (Figure 1).

Referrals are made directly to the service by telephone or email. There were 334 referrals to the Admiral Nurse Service during 2023-24, an increase of 59% compared to 210 referrals received in 2022-23. On average, 28 new cases are referred per month. Table 10 shows the number of referrals to the service in 2023-24 across all hospitals.

Table 13. Referrals 2023-24

Quarters 2023-24	Number of Patients referred	LRI	LGH	GH	Ashton
Q1	76	65	7	4	0
Q2	89	71	14	3	1
Q3	88	70	11	7	0
Q4	81	73	5	2	1
Total (%)	334	279 (84)	37 (11)	16 (5)	2 (1)

Dementia can affect individuals of different ages. The Admiral Nursing Service accepts referrals for adults aged 18+ with a diagnosis of dementia. The average age of patients the Admiral Nursing Service saw was 82 years. This year, the proportion of referrals of patients aged 85+ has increased. The 65-74 age cohort is now the most minor proportion of all referrals in the last three years, having decreased each year. Most patients referred to the service continue to be aged 75+, which is to be

anticipated with dementia being a progressive degenerative condition whereby complexities in managing care and social needs increase over time.

Key highlights of referrals to the Admiral Nursing Service:

- 36% of patients had a diagnosis of Alzheimer's disease, and 20% had vascular dementia. 7% of patients seen had an undiagnosed dementia.
- The average age of patients the Admiral Nursing Service saw was 82 years.
- 43% of those referred were male; 57% were female.
- The average recorded clinical frailty score was 6, which was the score for 145 (45%) patients. 80 (24%) of patients had a frailty score of 7.
- From the 334 referrals, 193 (58%) were already on the Forget-Me-Not Register, 83 (25%) had no official diagnosis, 43 (13%) were not on the register but were added, 15 (4%) were not added because they were carers.
- The proportion of patients admitted for <6, 16 to 39, and 40 or more days was similar in 2022-23 compared to the corresponding % length of stay in 2023-24. Those whose length of stay was 6 to 15 days saw the most significant % increase, from 27% (49/210) in 2022-23 to 36% (92/334) in 2023-24.

The main four discharge outcomes for each episode of inpatient care were:
- 28% (93) went to a Discharge to Assess bed.
- 23% (76) returned back to their previous place of residence with no additional care provision.
- 16% (53) returned home with additional care including a new or increased package of care (not including those who were fast-track)
- 14% (45) were admitted to a community hospital for rehabilitation or medical step-down.

Overall, 168 (50%) patients were discharged to a destination other than their usual place of residence. When combined with those who returned home with any additional care needs (including fast track), the discharge of 220 (66%) patients will have been reliant on capacity within external services such as bed availability or care agency support. This may account for the increase in the number of patients whose length of stay was 6 to 15 days.

Patient Intensity

The Admiral Nurses use The Intensity Framework (Table 11) to understand better the complex and varied needs of PLWD and families who require Admiral Nurse input.

The 'Intensity Level' highlights the complexity of the individual and what unmet needs they and their family/carers have, indicating the level of support and input they are likely to require. This concise documentation method reduces time spent

assessing patients' and families' needs and support, enabling Admiral Nurses to support patients and plan care effectively. Unmet needs are defined within Dementia UK's Brief Admiral Nurse Needs Assessment Framework

Table 14. Summary of the Intensity Framework

High *the most intensive level*	Patient/family having *6 or more* unmet needs
Medium	Patient/family having *3-5* unmet needs
Low	Patient/family having *2 or less* unmet needs
Not fully assessed	Patient/family followed up only by phone or referral triaged as inappropriate.

A traffic light system is applied to each contact the Admiral Nurses have with patients and/or families during their inpatient stay and at discharge follow-up to fully understand the level of complexity involved in managing the caseload of patients after undertaking the initial assessment. This subdivides the referrals received into the level of complexity and highlights the clinical time involved in supporting patients and their relatives/carers within each category.

Training, Education & Sharing Best Practice
To promote multi-professional learning from cases, the Admiral Nurses have continued to lead a weekly Dementia MDT to discuss and share complex patients with the Clinical Lead for Dementia, the Mental Health Liaison Service, and the Meaningful Activities Team Leader.

The Admiral Nurses and Meaningful Activities Service have continued to develop the Older People and Dementia Champions (OPDC) Network of over 1200 staff members within UHL, with 27 attending virtual training to become champions in 2023/24. The dementia services offer quarterly updates through link sessions to OPDCs on all three sites. The link sessions aim to develop leadership in dementia care within the clinical settings with the OPDC working with other champions and staff in their area to engage the team and share their passion and commitment to improving the inpatient experience for older people and people living with dementia. The quarterly sessions include updates on a chosen topic (i.e., Delirium, DOLS MCA, Communication), learning from case studies, and sharing knowledge and best practices.

The ODPC webpage is regularly updated to enable all UHL staff to access the most up-to-date information and resources in one place to improve the patient, family, and carers' experience whilst in the hospital. The page offers signposting to appropriate services, support, and resources that are in place internally and outside of the hospital environment. The OPDC network has recently been rebranded with a new badge being produced and a reviewed training session, which is planned to be launched during Dementia Action Week in May 2024.

Example of new OPDC branding
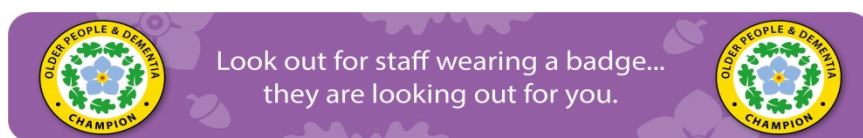
The Enhanced Dementia Awareness or Dementia Category A and B Training, which is essential to the role, has been reviewed with the support of the Education and Practice Development Lead and is in line with the Dementia training standard framework. Dementia training has continued to be delivered online, increasing the capacity to 100 enabling more staff to join the session. With the support of the Education and Practice Development team, who deliver the training to new Healthcare Support Workers during their induction, 97.5 % of members of staff are compliant with Dementia A training, and 88% Category B. To achieve the target of 95% of staff completing the Dementia B training, the training compliance will form part of the D&DSAG agenda.

The Admiral Nurses have supported three student nurses on the patient experience student pathway and have received positive feedback regarding their learning about the service. The objective is to develop their knowledge and understanding of person-centred care, the role of the Admiral Nurse, and supporting PLWD and their families/carers within the acute setting. Feedback from the students has been positive, with them taking away key learning points.

"Admiral Nurses are nurses who passionately care for patients with dementia, spending time with admiral nurses changed my perspective and outlook on dementia and patients living with dementia. I have really enjoyed my time with the admiral nurses, they are supportive and proactive in teaching and helping you learn."

The service has also had the opportunity to support two Overseas Nurses from Alexandra Hospital Singapore to show dementia practice within the trust and how they can implement this within their hospital and improve services.

Throughout the year, the Admiral Nurses have presented within the trust to promote the service and support best practices in dementia care. The Admiral Nurse Service has presented at the Trauma Orthopaedics RCN course, Frailty RCN module, and presented to therapy in elective orthopaedics. Additionally, they have presented at Dementia UK's Summer School for *"The Role of the Admiral Nurse in the Acute Setting"*, sharing best practices in the acute hospital.
The service has supported the EPO induction training, educational stands in the Emergency Department and at the UHL AGM, and UHL Leadership Conferences.

Staff Training Feedback

"More attentive to understand Depression, Dementia, and Delirium easily."

"Gained more knowledge on dementia and delirium which is really helpful for us to give person centred care to each patient."

"A better understanding of how to provide person-centred care to patients suffering with depression, delirium or dementia."

"All the sessions were very good. Good presentation it helps give me more knowledge about DOL'S"
"Very Informative thought provoking regarding the subjects that can be quite complex.

"Very knowledgeable staff providing the session"

"Thank you! Learning about the tools and service to support patients living with dementia".

Projects

Alongside the Meaningful Activities Service, the Admiral Nurses have worked with the Emergency Department on a project to improve the patient experience for PLWD. This project aims to make dementia-friendly adaptations and create a familiar environment to improve the patient experience for patients living with dementia, families, and carers. This will be achieved by upgrading: two cubicles in Red Majors; one cubicle in Resus; and the relative's room in Resus. A charitable funds application form has been completed and the project remains ongoing.

The Admiral Nurse Service has provided specialist support to Estates and Facilities in undertaking the Patient Led Assessments of the Care Environment (PLACE) assessments. These are audits highlight if the trust is meeting required standards in line with the National Audit of Dementia (NAD) and King's Fund environment recommendations. These results are reported by Estates and Facilities, and identified areas of improvement will inform a collaborative programme of work to enhance ward environments for PLWD in 2024-25 to be led by the Patient Experience Team.

A further project with Estates and Facilities has resulted in procuring appropriate curtains that will be rolled out Trust wide in 2024-25.

Service Highlights

The Admiral Nurses celebrated four years of the Admiral Nurse Service in Dementia Action week in Q1, working jointly with the Meaningful Activities Service. The focus of the week was aligned with the UHL Well Pathway for Dementia and the promotion of the Forget-Me-Not Scheme. Both services attended Friday Focus to highlight Dementia services within the trust.

The Admiral Nurses have continued to support new members of the MDT with regular requests for staff members to shadow them in their clinical work. In addition to sharing best practice, the Admiral Nurses have continued to develop professional

knowledge and skills through attending Dementia UK Admiral Nurse training sessions including a Bereavement module, and Admiral Nurse forum.

During the year the Admiral Nurse Steering group has continued in conjunction with Dementia UK

Feedback

The Admiral Nurse Service sends out a 'Professional Stakeholders Survey' annually to understand the qualitative impact of the Admiral Nursing Services. Responses are electronic and anonymously sent directly to Dementia UK, who collate and analyse the results. The key highlights are outlined below, and the full results are available in Appendix 4.

Feedback from Families

The Admiral Nurses have continued to collect feedback from families they have supported, through sending either an email link to the family or postal surveys. 100% of respondents rated the service as "Very good". Over 71% of families indicated that the ANS has a more specialist knowledge of dementia and 71% that the ANS focuses on the whole family.

30% of people said that the post-discharge support they received was vital, and they could not have managed without it.

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

"He passed away a few weeks after discharge at home with family where he wanted to be, so he was grateful for the Admiral Team helping him to get home from hospital."

"I did witness how happy my father was to see the Admiral Nurse which was heart – warming."

"The admiral nurse's understanding of what the person with dementia and the family members are going through is outstanding. They are kind and compassionate."

"They always made me feel confident and comforted that my dad wasn't being forgotten about. Ensured he was shaved and in his own familiar clothes. Gained his trust and took the time to get to know the person behind the dementia"

Feedback from Key Stakeholders

Twelve stakeholder responses were received, with most questions having been answered. Overall, feedback was positive despite recent clinical pressures. The key highlights were that the majority of stakeholders felt:

- They had increased confidence in identifying potential dementia symptoms, assessing the needs of families, and caring for PLWD, including around communication and managing their behaviour/other risks
- Their understanding of dementia and its effects has increased.
- Their awareness of dementia and pain assessment tools had increased.

All respondents said that there would be an impact on the families affected by dementia if the Admiral Nurse service no longer existed.

The following is a selection of comments taken from the free text on the completed stakeholder surveys:

"As a geriatric medicine consultant working in a busy hospital, I appreciate the support that the Admiral nurses provide to my patients, their families, and my team, which is hugely appreciated and makes a massively positive difference in the quality of their care. The nurses also act as our 'eyes and ears' and will regularly seek senior input if they feel a patient on another, non-specialist ward, is not receiving the care that they deserve."
– **Consultant Geriatrician**

"With regards to discharge of patients, the team are excellent in highlighting their concerns and what they feel would be appropriate for their patients. They involve family members at every stage of the process."
– **Discharge Specialist Sister**

"[Admiral Nurse] is very approachable, she takes time to listen to concerns and always supports with solutions. [She] makes you feel at ease and feel comfortable to ask questions, she has helped me to feel confident to support patients and families in difficult situations." – **Professional Stakeholder**

"Admiral Nurses team have been an exceptional part of my training. They have supported us (staff) and patients and families with new diagnosis of dementia. They have supported us and the family with decisions for end of life care, and supported patients in end of life." – **Trainee ACP**

NEXT STEPS:

- Complete the National Audit of Dementia 2024
- Support the Dementia and Delirium Strategy Action Group to improve services within the Trust, including developing an updated Dementia Strategy.
- Continue to work with the Patient Experience team to ensure PLWD who are outlied and distressed are supported within the Trust.
- Promote and develop the rebranding of the OPDC network
- Continue promoting awareness of the referral process for the Admiral Nursing Service.

3.5   Falls Safety

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

Chart 7 below shows the rate of falls per 1000 bed days in 2023-24 and the improvements made over the year
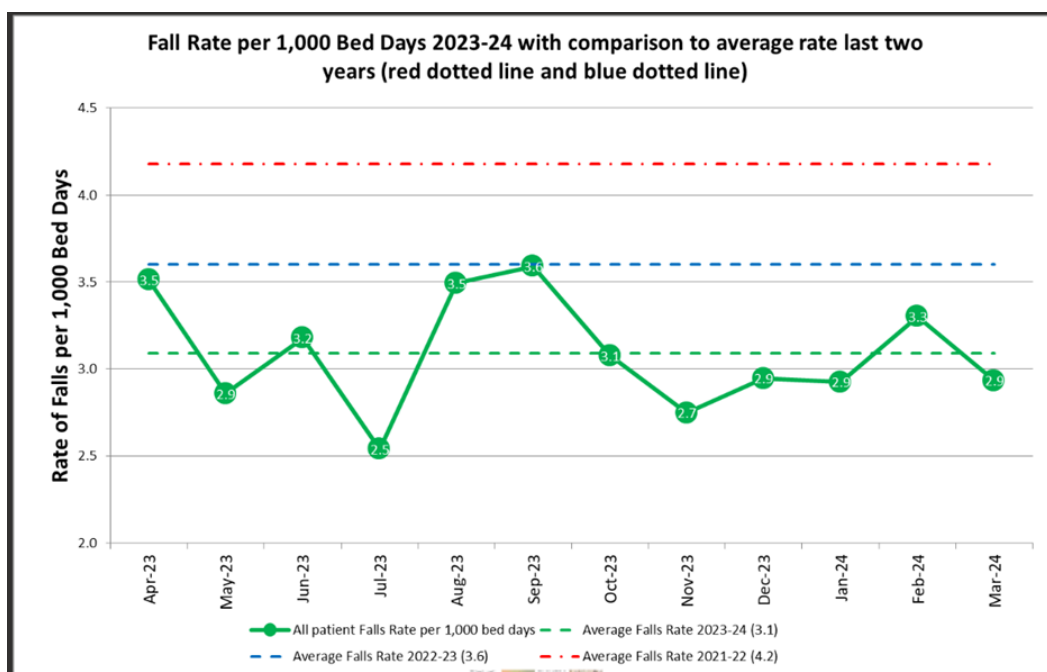
UHL initiatives for National Falls Week 2023

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

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

Quality Improvement Projects

- **Falls Prevention Sensor device** project was successfully trialled with the forward plan to roll out across the Trust. Agreed Funding from selected CMGs for the purchase of the sensor pad and negotiation with procurement is under way.

- **Lying and Standing BP** assessment in line with the national audit of inpatient falls to complete a multifactorial risk assessment, development of the assessment to be added to the Nervecentre, to ensure completion as part of the fall risk assessment for all patient 65 and over that are at risk of fall at the point of admission. Awaiting a go live date.
- **Bed Rails** assessment revised on Nervecentre in line with the NPSA bed rail and entrapment report actions and new Bed Rail policy for adult and children now approved.

Participation in the wider 'Harm Free Care' agenda across UHL delivering training spanning all clinical specialities.

National Audit of In-patient Falls (NAIF)

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

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

3.6   National Learning Disability Improvements Standards

The UHL Specialist Learning Disability Team comprises of a Lead Nurse and two Acute Liaison Nurses who provide support in relation to adults with Learning Disabilities across the Trust.

Since the introduction of a specific learning disability admission assessment and with the rollout of the Oliver McGowan Mandatory Training in June 2023 referrals to the LD team have risen by more than 100%

An additional LD nurse is temporarily seconded to the team, and this has helped with responding to the increase in referrals. It is hoped that there may be some additional resources in the future to expand the current team.

Each year UHL submits a response to NHSE about the National Learning Disability (LD) improvement standards. The latest return was submitted in December 2023 for the period April 2022 to March 2023. UHL reported compliance with the 3 relevant standards:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce

Examples of how the standards are met include: -

- Provision of a UHL action plan which is overseen by the Learning Disabilities, Mental Health & Autistic People Steering Group
- Monthly monitoring by the UHL LD Team of patients with LD on hospital waiting lists for both outpatient appointments & planned admissions.
- Monitoring of re-admission rates and surveillance of areas where large numbers of re-admissions of LD patients are seen.
- The provision of BILD-accredited training for staff in de-escalation techniques in line with 'restraint reduction network' training standards
- Involvement of the LD Team in the review of patients who have died in hospital, contributing to both the UHL Standard Judgement Review Programme and the wider Learning Disability Mortality Review Programme (LeDeR) LLR steering group.
- The LD team review the plans for DNACPR for Adult inpatients with an LD where appropriate and discuss with clinicians where documentation is not complete or if there are concerns regarding the decision-making process.
- LD has a board level lead (Chief Nurse) responsible for monitoring and assuring the quality of service being provided to children, young people and adults with a learning disability and/or autistic people.
- The LD Team routinely provide LD training via the Trust Induction programme for newly qualified nurses and HCA's.
- The implementation of an electronic admission assessment for patients with LD to identify and plan for any reasonable adjustments required to enhance care.
- The LD Team have developed and implemented a hospital communication passport, the 'Helping me in Hospital' book.

In 2023 UHL also implemented the roll out of the NHS England approved Oliver McGowan Mandatory Training in LD & autism for all UHL staff. To date 75% of staff have completed the online introductory session. A further 1000 staff have completed or have booked to complete the follow up face to face one day training.

Blue care bags have been introduced in our ED department for all patients with LD or who are autistic. The bags contain useful information and sensory support equipment such as eye masks and ear defenders. Further bags will be made available to other areas of UHL throughout 2024.

3.7   Complaints/Patient Advice and Liaison Service

Following a separation of the PILS team in January 2024, there is now a Patient Advice and Liaison Service (PALS) team, who deal with informal concerns, and a separate Complaints team. The Complaints service is responsible for coordinating the process and managing the responses following an internal investigation by the CMGs. They are contactable by a freephone telephone number, email, website, in writing, or in person.

Table 12 shows Complaints activity, showing a reduction in the number of new and reopened formal complaints over the last three years and broken down for each quarter:

Table 15 Complaints activity

	21-22 Q1	21-22 Q2	21 - 22 Q3	21-22 Q4	22-23 Q1	22-23 Q2	22 - 23 Q3	22 - 23 Q4	23 - 24 Q1	23 - 24 Q2	23-24 Q3	23 - 24 Q4
Formal complaints received	498	560	580	631	605	561	493	503	423	504	457	333
Formal complaints reopened	77	59	70	63	37	27	23	21	16	16	19	5
% Resolved at first response	**85%**	**89%**	**88%**	**90%**	**94%**	**95%**	**95%**	**96%**	**96%**	**97%**	**96%**	**98%**

Learning from Complaints

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

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

Complaint data is triangulated with other information such as incidents, serious incidents; freedom to speak up data, inquest conclusions and claims information to ensure a full picture of emerging and persistent issues is recognised and described.

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

Improving complaint handling

A new Head of Service commenced her role in October 2023, with support from a newly appointed Complaints Lead. These appointments are envisaged to support the ongoing quality improvement work that has commenced.

The Independent Complaints Review Panel is still meeting, with the panel reviewing samples of complaints and Trust responses. They report back on what was handled well and what could have been done better, with the feedback used for reflection and learning with the teams involved and reported through our Trust Leadership Team.

In 2024/25, we will:

- Focus on the quality of complaint responses and GIRFT to reduce reopened. complaint numbers

- Work closely with the PALS team to support early resolution of concerns.

- Introduce a feedback survey to monitor service users' feedback regarding. complaint handling

- Continue to focus on driving down our number of overdue responses.

Parliamentary Health Ombudsman Service

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

Table 16 Parliamentary Health Service Ombudsman

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Investigated - partially upheld	3	3	3	1	2	0	0
Investigated - not upheld	6	4	0	0	0	0	0
Enquiry only - no investigation	1	0	1	4	3	0	0
Awaiting outcome validation	0	0	1	0	1	3	1
Apology/explanation	0	0	0	0	1	0	0
Total	10	7	5	5	7	3	1

3.8   Transferring Care Safely (GP concerns)

The Transferring Care Safely (TCS) process continues to be an important mechanism in engaging with primary care and other providers to improve safety and experience in the transfer of patients between secondary and primary

care.   GPs and other provider are able to raise a concern about patients via this process which are responded to in line with the agreed response times. In 2023/24 there has been a 38% increase compared to 2022/2023 numbers.

The most frequent TCS concern theme is around discharge (either from inpatient stays or outpatient consultations) with a little over half of concerns falling into this category. The main issue is UHL staff making inappropriate requests of GPs and other providers under the Clinician-to-Clinician Policy and Transferring Care Safely Guidelines. The most common examples are asking GPs to make referrals or requests for GPs to complete urgent tests (defined in the Transferring Care Safely Guidelines as <3 weeks post discharge)

Table 17 Number of GP concerns by financial year

Financial Year	Number of Concerns
2016/17	75
2017/18	592
2018/19	1,275
2019/20	1,107
2020/21	774
2021/22	1,556
2022/23	1,707
2023/24	2,308

The UHL TCS team continue to engage with specialities that receive the highest number of concerns to identify themes and actions. A report is provided each month to the system wide Transferring Care Safely Meeting.

3.9 Healthwatch Leicester Leicestershire and Rutland - Enter and View Report.

In September 2023 Healthwatch Leicester Leicestershire and Rutland Visited the Emergency Department at the Leicester Royal Infirmary to:

- Gather patients opinions and details of their experiences of the department.
- Observe the nature and quality of services and care provided to patients.
- To see any improvements to the department based on their recommendations from their previous visit in September 2022.

Summary of findings

- Moving seats away from the reception desks has created more space for wheelchair users and there were new parking spaces in the blue zone. There are still areas where manoeuvring and parking wheelchairs is difficult.
- Patients in pain still have nowhere to lie down unless there is a spare

assessment room and their pain level has been noted and acted upon

- At check-in, there are notices informing patients that they can discuss their condition privately. More privacy is afforded by the chairs having been moved further back and markings on the floor positioned to keep people further away from the check-in desks. Patients' opinions about the check-in process vary.

- Whilst portable warning signs about slippery floors are needed, they also provide a tripping hazard when placed immediately at the patients' entrance

- The electronic information screen in the third area is extremely useful but this information is not available in the first waiting area. All information is in English with little obvious consideration for those who do not speak or read English.

- There is little consideration for those who have hearing or visual impairments.

- The wall screens displaying numbers allocated to patients are no longer used. Hard-copy notes given to patients have a confusing number. Clinicians call people in by name, but this increases background noise and can cause confusion. Also there appears to be no system for ensuring patients are informed about what to do if they temporarily leave the waiting area nor for ensuring they do not lose their place in the queue.

- Patients are not provided with information about the triage process or potential waiting times.

- Patients still need to repeat their clinical history when referred by their GP or NHS 111

- Observations of a patient's condition and the giving of results and medications occur at times in the public waiting areas and patients can be waiting many hours for beds to become available.

Recommendations

Healthwatch acknowledges the UHL response to the 2022 report and the huge amount of work carried out across Leicester, Leicestershire and Rutland to improve patient flows. We also recognise that ED is an area where patient demand can often exceed resources. With these in mind, and following our revisit, we recommend continuing with improvement works with a particular focus on the following:

1	Continue to explore options for people who may need to lie down whilst waiting for assessment.
2	Consider using screens that are not in use to display information for patients such as waiting times, complaints procedure, carers' charter and data privacy.
3	Find a system for calling patients into assessment or treatment areas which is straightforward, does not introduce excessive background noise and is appropriate for those people with hearing or sight problems.
4	Establish a procedure for those patients who have to temporarily leave the waiting areas so they do not lose their place in the queue.
5	Remove the unused porta cabin outside ED to provide easier access for people with addition needs and those who use wheelchairs.

6	Consider displaying posters and information in other languages.
7	Review the appropriateness of giving diagnoses and test results in the waiting room in the presence of other patients.
8	Ensure consistent assistance and observation of patients in the waiting room for signs of deterioration.
9	Display clear information for patients about how they can alert staff to their worsening signs and symptoms of illness or injury.
10	Position portable warning signs where they do not present a tripping hazard.

What we have done

We have undertaken work to improve patients' experience of our Emergency Department. This includes updating and expanding the range of information on display screens, and ensuring dedicated staff are providing consistent observation of patients in the waiting area for signs of deterioration. Work is underway to improve access, and we are developing ways to both improve the way patients are called and reduce background noise in reception areas. Our Patient Experience team is exploring ways in which we can provide information in other languages, and our cleaning teams are reviewing how they position portable warning signs to avoid creating a trip hazard.

4.0   Staff perspective

4.1   Implement our fair and equitable People Strategy

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

It includes specific commitments around how we will continue to:

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

The NHS long-term workforce plan was launched in 2023 and focuses on the training, retention, and reform of our NHS workforce. The People Promise elements are aligned to the NHS long term workforce plan and both provide a framework for our people agenda.

Our UHL People Plan is being refreshed to align with a new Trust strategy and new Trust values, which have been co-produced with colleagues, patients, and partners. Our UHL People Plan will align with the national programmes of work and the Leicester Leicestershire and Rutland ICB People Plan. We will also work with other NHS Providers in collaboration to ensure we deliver the best employment opportunities for all our colleagues.

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

We will:

- Prioritise the care of our colleagues and ensure joined up approaches to health and wellbeing across health and social care and other NHS Providers. We will align occupational health provision and psychological support.
- Mobilise to share our workforce across health, social care, higher education institutions, and other healthcare providers and provide colleagues with different work opportunities.
- Develop our training and education provision
- Focus on pro-equity and inclusion to improve the experiences of all our colleagues at work.
- Utilise virtual and digital technology.
- Support the attraction and recruitment of our future workforce and the development of our current workforce.
- Recognise and reward colleagues through a range of schemes.

Highlights for 2023/24

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

Looking after our people

Wellbeing

- Our Health and wellbeing offer has been continuously developed including the addition of the 'Recognising and Responding to Compassion Fatigue' course which over 375 colleagues have benefitted from.
- 316 colleagues have been offered Trauma Risk Management (TRiM) support with a 20% uptake rate.
- We set up the NHS TRiM network and have 102 members from across the UK and Ireland
- 548 colleagues are Health and Wellbeing Ambassadors.
- 810 colleagues have benefited from Health and Wellbeing talks
- A further 80 colleagues have been trained to hold Wellbeing Conversations
- 60 colleagues now feel confident to hold a REACT MH conversation with a colleague who may be struggling.

- Amica Staff Counselling and Psychological Support Services are available for all UHL colleagues 365 days a year. The need for our services has risen by approximately 20% in the last year. The team, alongside quality one-to-one services, has provided more than 600 hours of in-reach work across the three UHL sites, in Critical Care, Theatres, and the Emergency Department. Amica has also supported teams experiencing extra challenges, with drop-in/support sessions when requested.

Accessibility and Support: Amica continues to operate 365 days a year, 24 hours a day, ensuring availability to all UHL colleagues. Our website hosts a variety of support services such as training videos/courses, access to the Silver Cloud self-help CBT platform, personalized online support through live chat, and a comprehensive repository of resources covering diverse mental health topics.

Service Utilization: The referral rate into our counselling services has seen an 18% increase since 2022-23, resulting in over 3330 one-to-one client sessions. The feedback from clients indicates significant and substantial reductions in distress levels. Additionally, we have facilitated 337 online support conversations.

Client Satisfaction: Feedback from our clients reflects a remarkable overall satisfaction rate of 4.9 out of 5.

Resource Utilization: The Amica website's resource page has been visited 3,945 times. Furthermore, our 24/7 phone support line, accessed over 5000 times, ensures continuous mental health surveillance and safety. The Silver Cloud online program has been utilized in 619 sessions with a 94% satisfaction rate.

Outreach and In-person Support: In 2023-24, Amica has delivered over 720 hours of outreach services across the three UHL sites. Our dedicated team of counsellors and Clinical Psychologist have extended specialized support to various departments, including the Emergency Department, Maternity, and Neonatal teams.

Occupational Health

- Over 7,000 employment checks have been undertaken for UHL staff. This has resulted in a significant increase in 'New Starter' appointments (2,400) being provided by Occupational Health
- Approximately 2,600 management referral appointments have been provided. These important assessments of fitness for work and provision of advice surrounding disability and reasonable adjustments help support both staff and managers.
- Approximately 13,800 Flu and Covid vaccinations
- The OH service retains its external quality assurance kitemark (SEQOHS) following an independent inspection.
- The OH service continues to contribute to the Trust's wider Health and Safety and Infection Prevention and Control agenda, including contributing to new efforts improve the monitoring of, and to reduce the risk of musculoskeletal injury in the healthcare workforce.

Training & Development

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

Design and development of the Active bystander awareness and e-learning packages to address issues of attitudes and behaviours.

We recognise that our colleagues are the most valuable resource we have, and they are vital to us delivering high quality services for the benefit of the population of Leicestershire, Leicester, and Rutland. We have focussed on recognition and appreciation recognising the service and contributions of our colleagues throughout the year.

Our new UHL Recognition awards were launched in 2023 replacing our previous UHL Caring at its Best awards. This has enabled us to recognise and reward more employees than ever before with more than 500 nominations over 16 new categories. We had the usual external judging panel which included sponsors and local dignitaries. In September we were able to host our first in-person event since 2019 and this was attended by circa 500 colleagues.

Our 'Above and Beyond' informal recognition scheme, launched in November 2016, continues to go from strength to strength with more than 63,000 nominations from its launch, including more than 9,166 since April 2023. The scheme provides employees to be recognised by colleagues or peers as going 'above and beyond'. They receive a special thank you in the form of a pin badge and card.

In April 2023, we launched the new long-service recognition scheme. The new awards expanded the recognition of long service, from 250 people per year to over 3,000: recognising colleagues at every 5-year milestone of their NHS service from 5 years. Depending on the milestone celebrated, all recipients received a thank you card, certificate, and badge, those celebrating 10-year milestones were invited to an afternoon tea or celebration breakfast and after 25 years, a gift voucher. In 2023/24 Learning and Development invited 3,408 colleagues to afternoon teas, planned the events and hosted these events for UHL in partnership with colleagues, sent vouchers, and long service packs to 1,731 colleagues, and issued 11,857 colleagues with long service badges and certificates.

Our investment into staff for development through the apprenticeship levy has seen £2,218,690.36 invested during 2023/24 across 514 learners with 43 training providers. 612 colleagues have completed an apprenticeship to date which has supported them in progressing their careers.

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

- Nursing and Midwifery Workforce plan – supporting branding campaign and recruitment strategies such as International Recruitment resulting in reduction in vacancies. Expanding undergraduate student nurse and midwifery placement capacity within the system across health and social

care setting. Increasing new roles, recognition, and retention initiatives. Significant progress in closing the gap for support to nursing vacancies.

- Medical Workforce plan – to increase workforce supply we developed recruitment initiatives, new roles and introduced rotational programmes.
- Clinical Fellowship Programme - Medical. The Clinical Fellowship Programme aims to reduce agency spend, improve retention post-fellowship and to improve the overall experience of the 500 Locally Employed doctors employed at UHL. The programme encompasses a comprehensive pre and on-boarding arrival support for all Locally Employed Doctors at UHL, including tailored induction for International Medical Graduates. 76 Clinical Fellows have started at UHL since January 2024. The programme provides a comprehensive offering to Locally Employees and SAS doctors with, education, training and tailored progression routes.
- Development of workforce plans at service level focusing on restoration and recovery of both our people and activity levels. This included the development of new and innovative roles include pharmacy roles to support care homes, Physician Associates and Apprenticeships for Pharmacy Technicians.
- Our externally accredited UHL Apprenticeship and Development Centre are committed to providing learning and development opportunities to new to Trust or staff in UHL through blended learning approaches across a range of programmes and gained OFSTED rating of 'good' during 2021. The Centre delivers 6 apprenticeships through the Learning and Development Team; Business Administration Level 3, Team Leader Level 3, Customer Services Level 2, Health Level 2, 3 and 5. The Centre also delivers Employability in Health, to trainees on the UHL Kickstart programme, and nationally accredited screening qualifications e.g., Newborn Hearing, Diabetes Eye Grading. The Centre delivers 1 apprenticeship through the Nursing Development Team; Nursing Associate Level 5 and the Department for Education work to support this, comes via the Learning and Development team.
- Launched the Chef Academy and Medical Career schemes with local schools as well as continues with Project Search, Princes Trust, and Kickstart employability schemes. Taken a pilot T level student and scoped demand for further placements to support entry into the UHL workforce. These all support attracting our workforce of the future. Furthermore, we are ensuring that people who successfully complete placements through all our employability schemes, including Project Search students, are supported to transition into vacancies within the Trust for a 12-month period where they will continue to be supported, with a view to securing permanent employment with us. New termly catch ups with schools, career advisors and Health and Social Care Career Ambassadors are now held in addition to termly newsletters. This compliments the range of career events UHL support; there were 55 events in 2023/24.
- Development of Recruitment open days for various staff groups, such as Estates & Facilities, apprentices, Admin, Pharmacy, and HCA's to attract and recruit into our vacancies, including promoting UHL as a great employer.
- Development of tailored attraction and recruitment into local communities, working with our Job Centre and Job Club colleagues. Retained MATRIX accreditation for career information, advice, and guidance and held several career cafes and career discussions for existing colleagues.

- Our unspent apprenticeship levy can be transferred to other organisations outside the UHL Apprenticeship and Development Centres customer base, up to a nationally provided amount of 25%. This has supported 153 non-UHL employees across 26 employers who are either from a health and social care field, our stakeholder groups, or the investment will impact on health and wellbeing. The total commitment in this area is £1,254,437.
- The IT Training team has supported colleagues with 1804 IT training in classroom face-to-face training places, 104 website training places and 496 eLearning completions. This skill set will enable them to work efficiently and competently to support patient safety.
- 163 eLearning modules have been kept up to date to ensure staff have access to knowledge to support their role and a further 18 programmes were written and launched to meet Trust needs. 280,000 eLearning completions occurred in 2023/24.
- Skills for life are vital and UHL holds a tool called BKSB to support the development of maths, English, and essential digital skills. It also holds scoping tools for dyslexia and dyscalculia to enable colleagues to identify strategies to support their learning.
- Following the changes within Health Education England, Learning and Development started hosting and utilising the national tool in 2023/24 to check the equivalency of maths and English qualifications for UHL colleagues who took exams outside of the UK. This helps them to join e.g., apprenticeships and progress their careers.
- Partnership working is in place with Leicester College supports all UHL colleagues' access core functional skills classroom-based development and qualification in English and maths. This ranges from entry level 1, 2 or 3 developments up to Level 2 qualifications (GCSE equivalent). These skills help not only their working lives and career prospects, but home lives, their families and local communities too.

4.2   National NHS Staff Survey 2023

The Annual NHS Staff Survey was carried out from September to November 2023. A full census survey was undertaken, with every member of staff (17,855) eligible to take part and would have received a survey to complete. 10,434 responses were returned giving a response rate of 58 per cent. This was a significant increase of 10 percentage points from the previous year; the national average (median) for Acute and Acute & Community Trusts stands at 45 per cent, which means we remain above average. We also received over 2,200 anonymous free text comments.

Table 18 Two key indicators contained within the staff survey are

	Trust 2022	Trust 2023
q21c. Would recommend the organisation as a place to work	55%	64%
q21d. If a friend/relative needed treatment would be happy with the standard of care provided by organisation	58%	63%

Significant improvements have been seen in both key indicators. The increase of 9% for "Would recommend the organisation as a place to work" resulted in the Trust being in the top 5 most improved trusts nationally.

The NHS staff survey asks respondents whether they strongly agree, agree, disagree, or strongly disagree with the following statement: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation" The significant improvement of 5% means for this key indicator brings the trust to in line with the sector average.
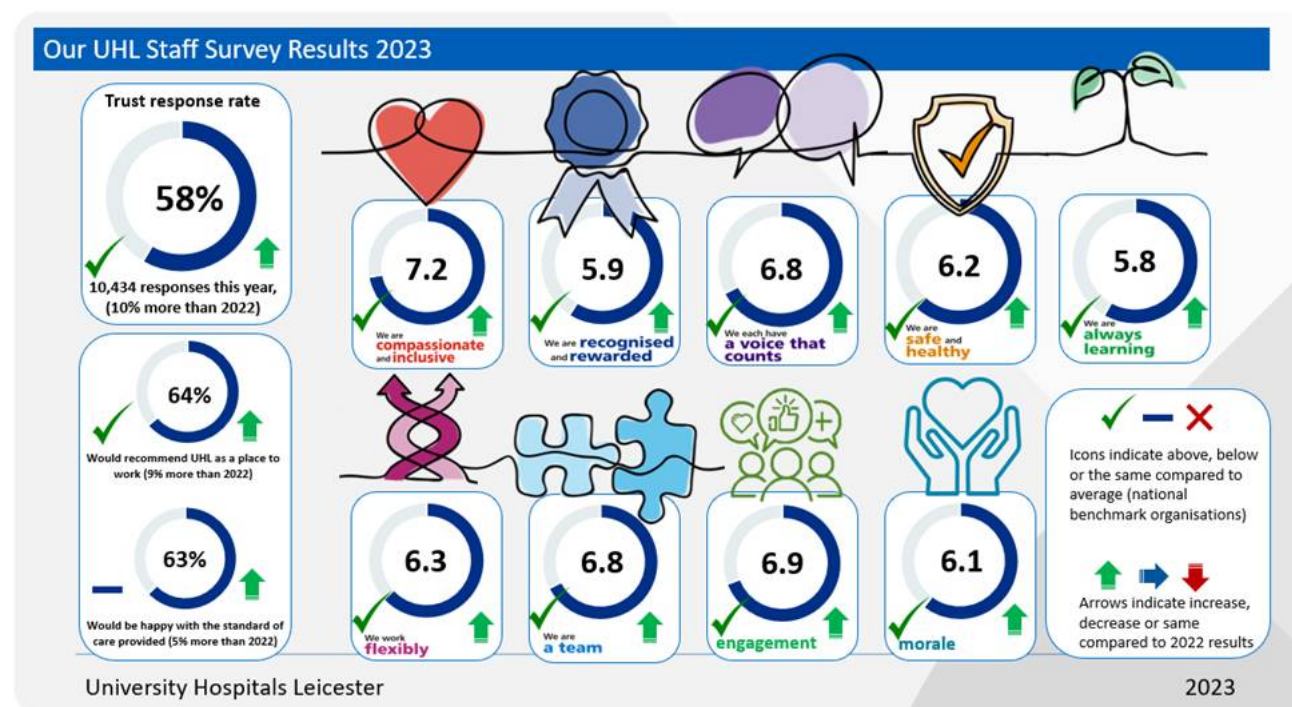
Significant improvements were seen across all 9 domains of the staff survey, with 96 out of 103 questions improved upon compared to 2022. These improvements have brought the Trust to above the benchmark average across all 9 domains, including staff engagement, morale, flexible working, reward, and recognition, safe and healthy, a voice that counts, compassionate and inclusive, team working, flexibility and always learning.

Our UHL Staff Survey Results 2023 – National Benchmark

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.30	5.98	6.81	6.26	5.86	6.40	6.82	7.01	6.12
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	10359	10399	10168	10230	9829	10297	10343	10400	10401

4.3 Freedom to Speak Up Guardian

Freedom to Speak up Guardians.

Ensuring UHL has a positive speaking up culture is one of our key priorities. We want all our colleagues to feel psychologically safe to speak out when things are not right so we can ensure the best possible care for our patients, and the best possible working environment or our workforce. In September 2023 UHL decided to change the way it provided its Speaking up service. The Trust wanted to enhance the service so that it had ultimate independence and could offer contact to colleagues 24/7, 365 days a year. The Guardian Service is an independent and confidential staff liaison service which was established in 2013 by the National NHS Patient Champion in response to The Francis Report. They provide colleagues with an **external**, **impartial**, **independent**, **confidential 24/7** service to raise concerns, worries or risks in their workplace. It covers patient care and safety, bullying, harassment, discrimination, and all work grievances.

Our dedicated **Freedom to Speak up Guardians (FTSUGs) Rachel and Sheela**, offer a free service for all staff, regardless of grade, who have any concerns about work. Their company GSL is commissioned by UHL not employed by them. The aim of the service is to support you in raising and resolving concerns, sharing your experiences, to enable a learning culture were speaking up is business as usual.

The Freedom to Speak up Guardians (FTSUG) role is to act in an independent capacity, to support the Trust to become a more open, transparent place to work, creating a culture based on learning and not blaming, and to listen and support all workers to raise concerns.

Speaking up enhances all our working lives and improves the quality and safety of care. Listening and acting upon matters raised means that Freedom to Speak Up will help us be the best place to work.

Mechanisms for speaking up to FTSUG

- **Phone:** 0333 733 5488.
- **Email:** contact@thegurdianservice.co.uk
- **Junior Doctor Gripe Reporting tool**
- **Your voice BAME reporting tool**
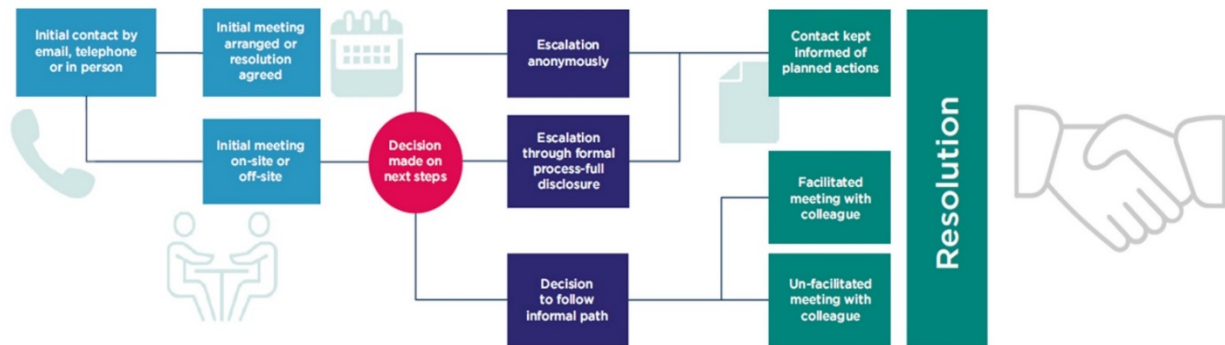
The role of the FTSUG is:

- To act as a point of contact for colleagues to raise concerns, if where appropriate other routes such as dialogue with line manager has not been successful.
- To ensure that all individuals who raise a concern are heard, listened to and responded to. In addition, they support the Trust to learn from concerns.
- To support individuals who may have experience detriment as a result of speaking up.

The FTSU Guardians will:

- Try and work with the person raising the concern and their managers to attain local resolution.
- Forward the concern for formal review if the issues cannot be locally resolved or the member of staff does not want to adopt a discursive process.
- Work with concerns that are given anonymously.
- Support staff who raise concerns by 'walking along' side them and advocating for them during any meetings or investigation process.
- Raise high risk concerns immediately with clinical managers or other appropriate senior/executive managers to ensure safety is always maintained.
- Monitor the outcome of the process to ensure that no negative effects are experienced by the staff member raising the concern.
- Visit wards and teams formally and informally to discuss any concerns they may have and to gain an understanding of the general experiences of staff on those departments.
- Hold listening meetings within CMGs and Trust-wide corporate services to encourage an open conversation to resolve any issues through an informal process.

- Share generic issues and concerns (where appropriate) with managers of the service so that they are aware of pressures within services and can instigate remedial action.
- Provide feedback to the staff member raising the concern and the findings to the Trust Board via a report outlining issues raised causes and actions taken.
- Ensure that the role and outcomes of the work of the FTSUG is known widely across the Trust by publication of newsletters, INsite pages, visibility of the Guardians around the Trust, both face to face and virtually and including information in Chief Executive Friday blogs.
- Ensure that FTSU concerns are measured (themes and trends) monitored and published to the People and Culture Committee and Trust Board on a quarterly basis. Also report quarterly to the National Guardians Office

Junior Doctor Gripe Reporting Tool:

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

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

Junior Doctor Gripes:
- Are diverted to the FTSUG's
- Are escalated to the appropriate Manager/Leader as agreed between the Guardian and the member of staff.
- Actions are agreed upon towards a resolution.
- Data and feedback are provided for publication in the Junior Doctor Newsletter

Your Voice BAME Reporting Tool

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

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

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

The table below shows the shift in data trends with the new independent service coming into place from 9th October 2023.

Table 19 FTSU data trends

	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
FTSUG	77	93	88	160	170	171	225
Junior Dr Gripe	0	0	0	64	47	37	17
13636 (Diverts to FTSUG from Sept 23)	58	38	39	22	13	15	3
Your Voice BAME	0	0	0	3	1	10	1
Totals	135	131	128	249	231	190	246

4.4 Doctors' Rotas

UHL has worked closely with NHSE East Midlands to expand our training programmes. We are expecting 27 foundation-level doctors from August 2024. And a further 22 Higher specialist Doctors across a range of specialties from August 2024.

To support our well-establishment recruitment model for Locally Employed doctors, UHL is now a GMC sponsor organisation. Our Clinical Fellowship programme offers any doctor, from within the UK or International Medical Graduate a high-quality, two-year training programme for doctors seeking experiential service-based learning outside of the standard UK NHSE training programmes. Our programme offers the following to all Doctors and has several benefits to UHL, including increased retention, meaning fewer vacancies, and a well-designed model to support doctors through CESR / Portfolio pathway to become a consultant.

The Programme offers doctors outside of a UK NHSE training programme, all the support provided to trainees who are part of an official training programme.
- There is an overall executive-level Clinical Lead accountable for the Programme.
- There are clinical tutor equivalents who are responsible for the running of the Programme in their respective areas.
- There are Leads, one or more within each specialty.
- Each doctor is allocated a Clinical Supervisor as well as an Educational Supervisor.

- An approved medical appraiser, who has been trained in the medical appraisal requirements to support revalidation will be allocated to each doctor.
- The posts are 80% clinical and 20% education/research.
- Each doctor receives a Trust Induction, a bespoke enhanced induction, local induction, and the IMG induction training.
- Every doctor will be supported under the provision aligned to the NHS Employers standards set out in their publication of June 2022, Welcoming and Valuing International Medical Graduates.
- Doctors are booked onto the Welcome to UK Practice workshop delivered on-site.
- Each doctor is provided with the appropriate Royal College e-Portfolio.
- Each doctor has an allocated study leave allowance that mirrors the trainee doctor's allowance.
- Each doctor will complete the appropriate membership examinations.
- Each doctor is funded to study up to and including masters level in one of four areas, Leadership and Management, Teaching and Learning, Research OR Clinical Specialism.
- Each doctor is encouraged and has protected teaching time to attend trainee teaching and simulation appropriate to their grade.

For those short-term rota gaps that do occur, we introduced an App based system through a partnership with "Locums Nest" which allows doctors to book onto vacant shifts. This has several advantages which include swifter payment of sessions, transparency, and significantly reduced paper-based processes.

The health and well-being of our workforce is a priority, we have developed several support roles in the last 12 months which include;

SAS Advocate
SAS Tutor
LED Tutor
Associate Medical Director - Medical Workforce
Clinical Lead for Medical Workforce - Clinical Fellowship Programme
CESR / Portfolio pathway Champions
Engagement officer

All these posts have a focus on improving the working life and well-being of Medical staff, whilst improving retention.

5.0 Quality Improvement at Leicester's Hospitals

As part of UHL's updated vision, Continuous Improvement has been clearly identified as an enabler towards successfully achieving our goals. This is in

alignment with NHSE-Impact report published in 2023.During 2023/24, the QI Team have continued to progress in each of the 5 areas highlighted in the 2022/23 Quality Account, which help to develop QI capability and a continuous Improvement Culture:

1. Training and Support Framework
2. Improvement Leadership through direct interventions
3. Integration of Quality Assurance and Quality Improvement Teams (Clinical Audit & QI Teams).
4. Development of a wider QI network within UHL and wider LLR
5. Continuous Improvement Culture development

Summary of Progress over the last 12 months:

Training and Support Framework

The training framework that has been developed has been further strengthened through the following:

- "**eLearning**" 6 modules and been re-developed with a 3rd party to provide initial introduction to QI.

- "**QI Fundamentals**" is now a nationally accredited training course equivalent to a Lean 6 Sigma Yellow belt. Delegates attend several training sessions with a provided practical workbook and are then coached to deliver an improvement project.

- **"QI Advanced"** is designed to develop capability for more complex improvement project which may involve multiple Specialties / Directorates. Accreditation for this course is in progress.

The "Core" QI Development courses provided are summarised below.
Criteria for a delegate to successfully complete a course now require the completion and presentation of an improvement project. The purpose of this is to ensure the delegate develops their skill and thinking way by "doing" and supported with coaching from the QI Team. Consequently, fewer delegates have completed courses in comparison to 22/23 however capability has strengthened.

Number of course delegates currently in training or coaching:	53
Total completed Training to date:	229
Total completed training in Current FY23:	41

Number of delegates completed QI training per month of course start

	INTRODUCTION TO QUALITY IMPROVEMENT	QUALITY IMPROVEMENT FUNDAMENTALS	QUALITY IMPROVEMENT ADVANCE	QUALITY IMPROVEMENT FOR LEADERS	IMPROVEMENT SPECIALIST
Capability Outcomes	Basic Understanding of Quality Improvement in Healthcare	How to conduct an Improvement Project	Build Improvement skill for more complex projects	Know your process & create the environment for Improvement	Coach and guide others in your area to help improvement
Duration	Approx 2 hours	7.5 hours teaching 3-4 months Project + Coaching	9 hours teaching 4-6 months Project + Coaching	tbc	14 Month Apprenticeship

At the time of writing, there are 53 Improvement projects currently in progress where project leads are being coached through to improvement project delivery.

Improvement Leadership through Direct Interventions

In addition to QI capability training and coaching, QI capability and improvement culture is through direct intervention led by the QI team in areas who are struggling to achieve improvement breakthroughs.

These breakthrough projects are typically aimed at improving some or all the following:
- Patient safety
- Process efficiency
- Productivity
- National Clinical Audit Compliance

At the time of writing, 19 Improvement Projects are being led by the QI Team (which comprises 6 people) in addition to the 53 coached projects.

The table below shows a number of examples of improvement projects and the outcomes, which have included compliance to National Clinical Audits, Recurring cost savings over £1.1mn and improved patient safety:

Location / Area	Improvement Activity	Outcomes	CIP Achieved
Cardiology (Complete)	Cath Lab efficiency improvement	- Elective waiting list reduction. - Development of new Cath Lab Treatment Scheduling System to optimise lab utilisation time - Development of new annualised Consultant Job planning system to maintain 5 labs operating. **Increase of 20% (4 patients / day) treated on average Vs 2022 Q1 baseline.**	**Productivity saving of £37,000 / month (CIP) Vs baseline.** **£444,000 per year**
Cardiology (Complete)	Echo Investigations productivity improvement	- Implementation of dedicated porter & HCA for Physiologist team. - Implementation of scheduled In-Patient appointments **Elimination of outpatient waiting list** **Reduction of referral rejection rates** **87% increase in daily out-patient scans (12.3 to 23 patients/ day ave)** **28% increase in daily in-patient scans (12.7 to 16.2 patients/ day ave)**	**Productivity saving of £16,315 / year for In-patients**
Urology (Complete)	Increase theatre utilisation by reduction of OTDC	- Implementation of new standardised work for patient cancellation management, including booking 6-4-2 approach. - Contact patients prior to booking appointment. **OTDC reduced from 12.5% (11 patients / week) to <5% (4 patients / week).**	**Productivity saving of £5,500 / year**
Rheumatology (Complete)	Reduce lead time for prescribing meds in Rheumatology	- Increase in patient pre-assessment productivity – reduction of appointment time by 25%. - Reduction of prescription lead time by 4 days	**Cost avoidance of hiring additional 2 Prescribing Specialists**
Cardiology Clinic Admin process (Complete)	Balance 2 admins teams workload for clinic	- Standardised work introduced which includes how far ahead each team should prepare notes in advance for, - Process management visualisation introduced to make clear daily progress.	**2 Clinic Admins re-deployed from process into other areas**

Location / Area	Improvement Activity	Outcomes	CIP Achieved
	preparation	• Waste and abnormalities eliminated from process.	
Cardiology (complete)	TAVI Pathway standardisation	• Process mapping and the development of a system to capture all patients "tracked" together with dashboard provided visualisation of current condition. • Demand and capacity study has provided catch-back plan and requirements. • Establishment of Pathway Admin. • Ring-fenced 7 monitored beds to ensure patient flow. • Patient Pathway lead time reduced from 70 weeks to 26 weeks.	• **Annual income increase of £451,650**

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

The Launch of the new Audit and Quality Improvement Programme (AQIP) to replace the original Clinical Audit Programme was achieved during 2023. This was accompanied by a revised Audit policy to help prioritise our resources to improve conformity to National Clinical Audits (NCA) and a greater focus on Improvement in addition to Audit (where gaps to standards / best practice are identified.

Audit and Quality Improvement Project Prioritisation Logic

Priority	Description of Project Alignment	Project Support Available
1	External Mandatory	Central Clinical Audit and QI Team support available (where required / appropriate)
2	Internal Mandatory	
3	Speciality / Service Level	Local Speciality team support and / or local Clinical Audit Lead and / or QI Coach (where required / appropriate)
4	Clinician Initiated	

This has provided a clear understanding of our NCA status and allowed us to take steps to improve based on this understanding. At the time of writing, our status is:

Table 20 Progress against National Audits

Live National Audits	Running to Schedule	Not running to Schedule
44	39	5

The 5 audits not running to schedule includes: x2 CHUGGS, x2 ESM, x1 ITAPS, some of which are for reasons outside of UHL control.

Of the 201 Published audit results, 37 are >10% worse than the national average. 26 are >10 better than the national average. 87 are within 10% of national average and 51 are not benchmark-able standards.

Improvement off the 37 >10% worse than the national average form the basis of the initial priority to improve for the relevant CMGS and Specialist areas.

Updated Project Planners used to register Clinical Audits have been modified. Project Planner Workbooks now contain tools to support both Audit and improvement projects, including:

- Run Charts & Control Charts
- Process Mapping Tools
- Improvement Project Summary templates (5C and A3)

The AQIP governance process workflow has been developed using Power Automate to minimise administration of the governance process and provide an easy method of updating any project status. The AQIP SharePoint acts as a Hub for all users and includes various resources to support Project and Audit Leads.

Development of a wider QI network within UHL and wider LLR

Stronger links have been developed with LLR and LPT to work on system-level problems that will benefit individual organisations and ultimately the Patient. To help facilitate this, QI development training and coaching have been made available to colleagues across the System, together with an agreed Improvement Approach and guiding principle.
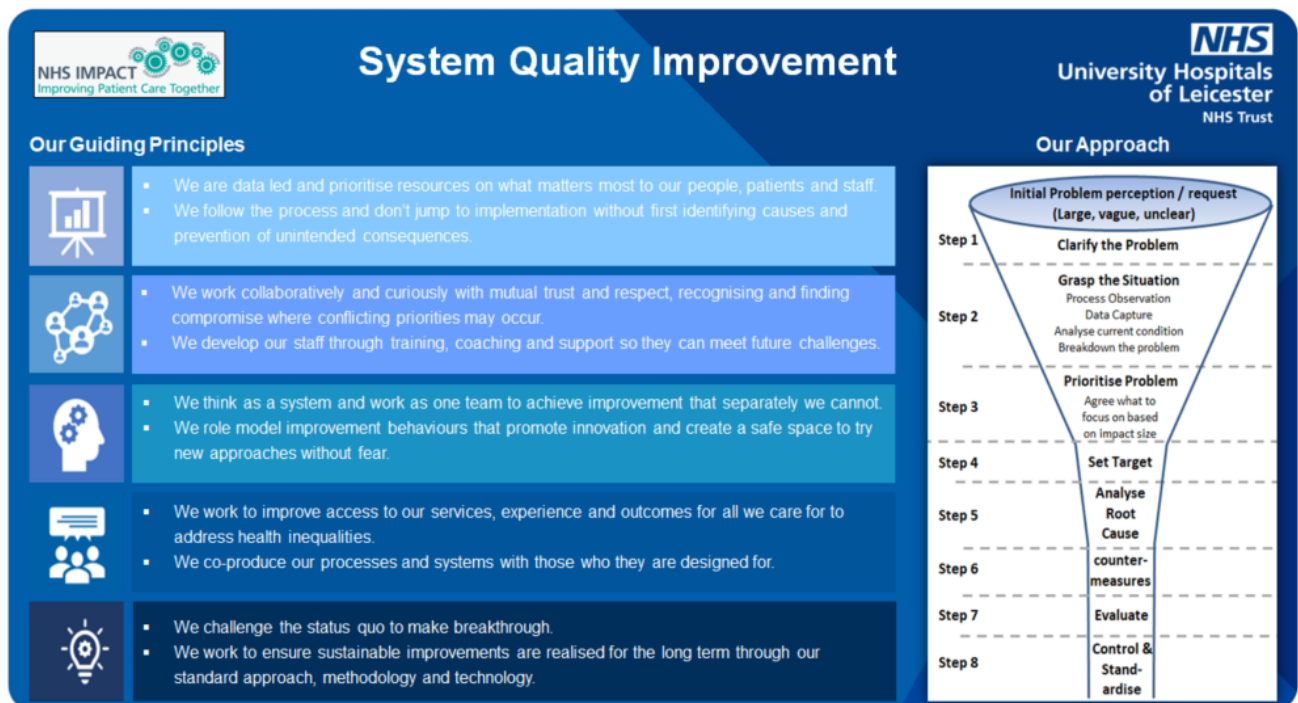
A joint discharge improvement activity is the first to be trialled using a "joined-up" QI approach.

Further key areas of Integrating QI in wider activities include:

- PSIRF Roll-out (Re-occurrence Prevention training and development)
- Leicester Excellence Accreditation Framework (LEAF)
- University Hospitals Northampton and Kettering collaboration & alignment

Continuous Improvement Culture development

As initiated by NHS-England through the Impact initiative, an Improvement Culture Self-Assessment was conducted to assess our current situation. In Summary:

| Self-Assessment Category	Starting	Developing	Progressing	Spreading	Improving & Sustaining
Board and executives setting the shared purpose and vision:		X			
Improvement work aligned to organisational priorities	X				
Co-design and collaborate - celebrate and share successes	X				
Lived experience driving this work (patients, staff, communities)	X				
Pay attention to the culture of improvement	X				
What matters to staff, people using services and carers:	X				
Enabling staff through a coaching style of leadership	X				
Enabling staff to make improvements		X			
Leadership and management development strategy	X				
Board, executive and senior leadership and management values and behaviours	X				
Senior leadership and management acting in partnership	X				
Board development to empower collective improvement leadership	X				
'Go and see' visits		X			
Improvement capacity and capability building strategy		X			
Clear improvement methodology training and support		X			
Improvements measured with data and feedback	X				
Co-production	X				
Staff attend huddles		X			
Aligned goals		X			
Planning and understanding status		X			
Responding to local, system, and national priorities		X			
Integrating improvement into everything we do	X				

In order to develop and embed continuous improvement behaviours, several elements need to be in place in order to trigger cultural change:
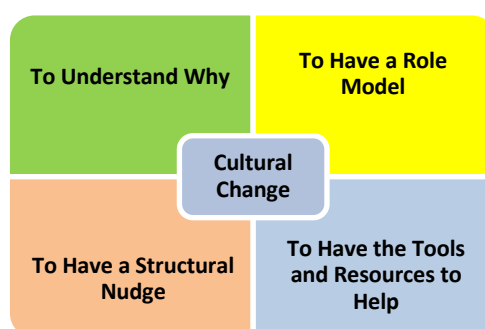
A long-term plan has been developed which identifies what is required for each of these 4 elements through the lens of:

- Breakthrough Projects
- Organisation
- Leadership
- Patients

These initiatives are being integrated into the Trust Quality Strategy to ensure cascade throughout the Trust.

6.0. Our Plans for the Future

In 2024 -25 we will be publishing our new Quality Strategy (2024-2027), which will deliver high-quality, clinically effective, and safe care with the finest patient experience for the people using our services Our quality priorities for 2024-25 have been chosen to inspire our staff to be creative and innovative in their approach to improve care quality for patients, families, and our community. We have chosen our quality priorities through an extensive review of what our staff have told us is important to them, where our data and patient feedback have highlighted areas, we need to improve and feedback from our stakeholders and the CQC.

Delivering on our ambition to provide outstanding quality will require a culture that is positive, open, and supportive of innovation and improvement, with a focus on patient-centred care and patient outcomes.

At UHL we define quality as:

"Care that is safe, effective and affords the highest level of experience for patients and families. Care is person centred and equitable and is delivered by staff that are highly skilled and knowledgeable, and who treat patients, families and each other with dignity, respect, and kindness".

Our Quality Priorities in 2024-25:

- ✓ Implement PSIRF with themed work in the following 5 areas:

  - o Fundamentals of Care – focus on older persons >85.
  - o Tackling Inequalities – focus on maternity/neonates & cancer.
  - o Deteriorating patient – focus on care bundles, sepsis & PPH.
  - o Medication safety – focus on anticoagulation.
  - o Transfers of Care – focus on patient ward transfers > 3.

- ✓ Deliver Maternity & Neonatal safety improvement programme.
- ✓ Strengthen the voice of the patient, carers & families.
- ✓ Reduce the length of time people wait for their care & treatment in line with national expectations as a minimum.
- ✓ Open phase 2 of East Midlands Planned Care Centre
- ✓ Progress the Electronic Patient Record – PAS, digital documentation in outpatients, ED and at the bedside, closed loop medications, patient app

We recognise there is much to do to achieve our ambition of becoming an outstanding organisation for our patients, our community, and our staff. We will do this through strengthening system and partnership working, and improving engagement with patients, family's staff, and our communities.

7.0. Statements of assurance from the board

7.1 Review of Services

Leicester's Hospitals comprise of three acute hospitals: the Leicester Royal Infirmary, the Leicester General and Glenfield Hospital, and a midwifery-led birthing unit, St Mary's.

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

During 2023/24 Leicester's Hospitals provided and / or sub-contracted in excess of 421 NHS services. These include:

- Day case - 75 services (specialties)
- Elective IP - 76 services (specialties)
- Non – Elective - 84 services (specialties)
- New Outpatient – 93 services (specialties)
- Follow-up Outpatient – 93 services (specialties)
- Emergency Department and Eye Casualty
- Diagnostic Services (Hearing, Imaging, Endoscopy, Sleep and Urodynamics)
- Direct access (Imaging, Pathology, Physiotherapy and Occupational Therapy)
- Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), Adult Critical Care Transport Service ACCOTS, Coronary Care Unit (CCU), Paediatric Intensive Care Unit (PICU), Obstetrics HDU, Neonatal Intensive Care Unit (NICU), Extra Corporeal Membrane Oxygenation (ECMO), Special Care Baby Unit (SCBU),Paediatric and Neonatal Transport Services and also Neonatal Outreach Services
- A number of national screening programmes including Retinal Screening (Diabetes), Breast Screening including age extension (Cancer), Bowel Screening (Cancer) and Abdominal Aortic Aneurism (AAA), Cervical screening, foetal anomalies, infectious diseases of the new born, new born infants' physical examination, new born blood spot and sickle cell thalassemia
- Covid-19 Vaccination Hospital Hubs and the Covid-19 Medicine Delivery Unit (CMDUs)
- Services are also provided at:
  - Dialysis units in Leicester General Hospital, Hamilton, Loughborough, Grantham, Skegness, Boston, Kettering, Northampton and Peterborough.
  - Spire Hospital. BMI Healthcare, The Health Suite, Elite Emergency Medical Services, Nuffield Leicester.
  - Optical services at Specsavers – Oakham, Corby, Leicester, Melton, Harvey optical, Simmons Optometrists, Optyco, Opticare, David Austen Optometry, Vision Aid Centre, Narborough Eye Care.

- UHL Pillar Sites Coalville Hospital, Fielding Palmer Hospital, Hinckley & District Hospital, Loughborough Hospital, Melton Mowbray Hospital, Rutland Memorial Hospital and St Luke's Hospital
- The National Centre for Sports and Exercise Medicine at Loughborough University
- Dermatology services provided at ST Peters Health Centre
- UHL at Ashton
- Leicester Partnership Trust: Adult SALT (Speech and Language Therapy), CEW (Children's Excess Weight) Clinic, Children's SALT, Medical Psychology, Neuro-Psychology, Orthopaedic Rehabilitation Service, Paediatric Psychology, Podiatry, Podiatry (Sports Medicine), Tier 3 Weight Management Service
- NHS Blood and Transplant: Retrieval of Ocular Tissue, Stem Cell Donation, Specialist Nurses, NTMRL Testing (NAT Testing), Ocular Transplant Tissue
- Birmingham Childrens Hospital: Primary Ciliary Dyskinesia.
- Kettering General Hospital NHS Foundation Trust: Paediatric Cystic Fibrosis

UHL has Insourced the following clinical services:
- Elite Emergency
- Spire Hospital
- Nuffield Leicester
- Vascular Europe
- Skin Analytics
- Xyla
- Medinet
- Medacs Healthcare
- KPI-Health
- Your Medical Services
- 18 weeks
- I.D Medical
- NTT data
- SAH Diagnostics

UHL has Outsourced the following clinical services:
- Remedy Healthcare Solutions Ltd
- Modality
- Stoneygate
- Nuffield Woking
- Xyla

7.2 Examples of how we review our services

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

- A Quality and Performance report is available on our website https://www.leicestershospitals.nhs.uk/ and is presented in a joint session between the Quality Committee and the People and Culture Committee.

- Monthly Clinical Management Group Assurance and Performance Review Meetings chaired by the chief operating officer.
- Service level dashboards (e.g., women's services, children's services, fractured neck of femur and the Emergency Department).
- Ward performance data at the Nursing, Midwifery and AHP Committee and Trust Leadership Team.
- The Assessment and Accreditation process.
- Results from peer reviews and other external accreditations.
- Outcome data including mortality is reviewed at the Mortality Review Committee.
- Participation in clinical audit programmes.
- Outcomes from commissioner quality visits.
- Complaints, safety, and patient experience data.
- Review of risk registers.
- Annual reports from services including the screening programmes.

7.3 Participation in Clinical Audit

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

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

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

During 2023/24 Leicester's Hospitals participated in 95% (62 out of 65) of the eligible national clinical audits. Of the four national confidential enquiries, Leicester's Hospitals has participated in 100% of the studies which it is eligible to participate in.
The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in and for which data collection was completed during the 2023/24 period are listed below alongside the current stage / reasons for not taking part to each audit or enquiry where known.

Participation in National Clinical audits
Table 21: National clinical audits

Ref	Programme	Workstream	Provider Organisation	Did UHL participate?	Stage / % of cases submitted
1	Adult Respiratory Support Audit		British Thoracic Society	Yes	Continuous Data Collection
2	BAUS Nephrostomy Audit		The British Association of Urological Surgeons (BAUS)	Yes	Continuous Data Collection
3	Breast and Cosmetic Implant Registry		NHS Digital	Yes	Continuous Data Collection
4	British Hernia Society Registry		British Hernia Society	NA	UHL not part of the pilot
5	Case Mix Programme (CMP)		Intensive Care National Audit & Research Centre (ICNARC)	Yes	Continuous Data Collection
6	Child Health Clinical Outcome Review Programme[1]		National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Continuous Data Collection
7	Cleft Registry and Audit NEtwork (CRANE) Database		Royal College of Surgeons of England (RCS)	Yes	Continuous Data Collection
8	Elective Surgery (National PROMs Programme)		NHS Digital	Yes	Continuous Data Collection
9	Emergency Medicine QIPs:	a) Care of Older People	Royal College of Emergency Medicine	No	We have local QI project in this area
10		b) Mental Health (Self-Harm)		No	We have local QI project in this area
11	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People[1]		Royal College of Paediatrics and Child Health	Yes	Continuous Data Collection
12	Falls and Fragility Fracture Audit Programme (FFFAP)	a) Fracture Liaison Service Database (FLS-DB)[1]	Royal College of Physicians	NA	
13		b) National Audit of Inpatient Falls (NAIF)[1]		Yes	Continuous Data Collection
14		c) National Hip Fracture Database (NHFD)[1]		Yes	Continuous Data Collection
15	Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]		IBD Registry	Yes	In development

Ref	Programme	Workstream	Provider Organisation	Did UHL participate?	Stage / % of cases submitted
16	Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)		NHS England	Yes	Continuous Data Collection
17	Maternal, Newborn and Infant Clinical Outcome Review Programme[1]		University of Oxford / MBRRACEUK collaborative	Yes	Continuous Data Collection
18	Medical and Surgical Clinical Outcome Review Programme[1]		National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Continuous Data Collection
19	Mental Health Clinical Outcome Review Programme[1]		The University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	NA	
20	National Adult Diabetes Audit (NDA):	a) National Diabetes Footcare Audit (NDFA)[1]	NHS Digital	Yes	Continuous Data Collection
21		b) National Diabetes Inpatient Safety Audit (NDISA)[1]		Yes	Continuous Data Collection
22		c) National Pregnancy in Diabetes Audit (NPID)[1]		Yes	Continuous Data Collection
23		d) National Diabetes Core Audit[1]		Yes	Continuous Data Collection
24	National Asthma and COPD Audit Programme (NACAP):	a) COPD Secondary Care[1]	Royal College of Physicians	Yes	Continuous Data Collection
25		b) Pulmonary Rehabilitation[1]		Yes	Continuous Data Collection
26		c) Adult Asthma Secondary Care[1]		Yes	Continuous Data Collection
27		d) Children and Young People's Asthma Secondary Care[1]		Yes	Continuous Data Collection
28	National Audit of Cardiac Rehabilitation		University of York	Yes	Continuous Data Collection
29	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)[1]		NHS Benchmarking Network	NA	
30	National Audit of Care at the End of Life (NACEL)[1]		NHS Benchmarking Network	Yes	Continuous Data Collection
31	National Audit of Dementia (NAD)[1]		Royal College of Psychiatrists	Yes	Data submitted as

Ref	Programme	Workstream	Provider Organisation	Did UHL participate?	Stage / % of cases submitted required
32	National Audit of Pulmonary Hypertension		NHS Digital	NA	
33	National Bariatric Surgery Registry[2]		British Obesity & Metabolic Surgery Society	Yes	Continuous Data Collection
34	National Cancer Audit Collaborating Centre -National Audit of Metastatic Breast Cancer[1,4]		Royal College of Surgeons of England (RCS)	Yes	Continuous Data Collection
35	National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer[1,4]		Royal College of Surgeons of England (RCS)	Yes	Continuous Data Collection
36	National Cardiac Arrest Audit (NCAA)		Intensive Care National Audit & Research Centre (ICNARC)	Yes	Continuous Data Collection
37	National Cardiac Audit Programme (NCAP):	a) National Adult Cardiac Surgery Audit (NACSA)	National Institute for Cardiovascular Outcomes Research (NICOR) hosted at NHS Arden and Greater East Midlands CSU	Yes	Continuous Data Collection
38		b) National Congenital Heart Disease Audit (NCHDA)		Yes	Continuous Data Collection
39		c) National Heart Failure Audit (NHFA)		Yes	Continuous Data Collection
40		d) National Audit of Cardiac Rhythm Management (CRM)		Yes	Continuous Data Collection
41		e) Myocardial Ischaemia National Audit Project (MINAP)		Yes	Continuous Data Collection
42		f) National Audit of Percutaneous Coronary Intervention (NAPCI)		Yes	Continuous Data Collection
43		g) National Audit of Mitral Valve Leaflet Repairs (MVLR)		Yes	Continuous Data Collection
44		h) The UK Transcatheter Aortic Valve Implantation (TAVI) Registry[3]		Yes	Continuous Data Collection
45	National Child Mortality Database (NCMD)[1]		University of Bristol	Yes	Continuous Data Collection
46	National Clinical Audit of Psychosis (NCAP)[1]		Royal College of Psychiatrists	NA	
47	National	a) 2023 Audit of Blood Transfusion against NICE	NHS Blood and Transplant	Yes	Data currently being collected

Ref	Programme	Workstream	Provider Organisation	Did UHL participate?	Stage / % of cases submitted
	Comparative	Quality Standard 138		Yes	Data currently being collected
48	Audit of Blood Transfusion:	b) 2023 Bedside Transfusion Audit		Yes	Data currently being collected
49	National Early Inflammatory Arthritis Audit (NEIAA)[1]		British Society for Rheumatology	Yes	Continuous Data Collection
50	National Emergency Laparotomy Audit (NELA)[1]		Royal College of Anaesthetists	Yes	Continuous Data Collection
51	National Gastro-Intestinal Cancer Audit Programme (GICAP):	a) National Bowel Cancer Audit (NBOCA)[1]	Royal College of Surgeons of England (RCS)	Yes	Continuous Data Collection
52		b) National Oesophago-Gastric Cancer Audit (NOGCA)[1]		Yes	Continuous Data Collection
53	National Joint Registry		Healthcare Quality Improvement Partnership (HQIP)	Yes	Continuous Data Collection
54	National Lung Cancer Audit (NLCA)[1]		Royal College of Surgeons of England (RCS)	Yes	Continuous Data Collection
55	National Maternity and Perinatal Audit (NMPA)[1]		Royal College of Obstetricians and Gynaecologists	Yes	Continuous Data Collection
56	National Neonatal Audit Programme (NNAP)[1]		Royal College of Paediatrics and Child Health	Yes	Continuous Data Collection
57	National Obesity Audit (NOA)[1]		NHS Digital	NA	
58	National Ophthalmology Database (NOD) Audit	National Cataract Audit	The Royal College of Ophthalmologists (RCOphth)	Yes	Continuous Data Collection
59	National Paediatric Diabetes Audit (NPDA)[1]		Royal College of Paediatrics and Child Health	Yes	Continuous Data Collection
60	National Prostate Cancer Audit (NPCA)[1]		Royal College of Surgeons of England (RCS)	Yes	Continuous Data Collection
61	National Vascular Registry (NVR)[1]		Royal College of Surgeons of England (RCS)	Yes	Continuous Data Collection
62	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)		University of Warwick	NA	
63	Paediatric Intensive Care Audit Network (PICANet)[1]		University of Leeds / University of Leicester	Yes	Continuous Data Collection
64	Perinatal Mortality Review Tool (PMRT)		University of Oxford / MBRRACEUK collaborative	Yes	Continuous Data Collection
65	Perioperative Quality Improvement Programme		Royal College of Anaesthetists	Yes	Continuous Data Collection

Ref	Programme	Workstream	Provider Organisation	Did UHL participate?	Stage / % of cases submitted
66	Prescribing Observatory for Mental Health (POMH):	a) Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Royal College of Psychiatrists	NA	
67		b) Monitoring of patients prescribed lithium		NA	
68	Sentinel Stroke National Audit Programme (SSNAP)[1]		King's College London	Yes	Continuous Data Collection
69	Serious Hazards of Transfusion UK National Hemovigilance Scheme		Serious Hazards of Transfusion (SHOT)	Yes	Continuous Data Collection
70	Society for Acute Medicine Benchmarking Audit		Society for Acute Medicine	No	One day snapshot missed due to strikes.
71	The Trauma Audit & Research Network (TARN)		The Trauma Audit & Research Network (TARN)	Yes	Continuous Data Collection
72	UK Cystic Fibrosis Registry		Cystic Fibrosis Trust	Yes	Continuous Data Collection
73	UK Renal Registry Chronic Kidney Disease Audit		UK Kidney Association	Yes	Continuous Data Collection
74	UK Renal Registry National Acute Kidney Injury Audit		UK Kidney Association	Yes	Continuous Data Collection

Leicester's Hospitals have reviewed the reports of 66 national clinical audits and 403 local clinical audits in 2023/24.

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

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

Each year we hold a clinical audit improvement competition for projects that have improved patient care which is held as part of National Clinical Audit Awareness week in June. The results of this year's competition are below:

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

1st place:		
Lead Speciality	**Title**	**Project Team**
Radiology	Evaluating the accuracy of characterization of "second look lesions" identified at breast MRI in patients with known breast cancer in order to adequately assess the extent of disease (Ref 11697a)	Dr Michelle Siu and Dr Karim Ziada
Runners up:		
Clinical Microbiology	Reduction of inappropriately requested Liver Autoantibody tests (Ref 12276)	
Orthopaedics	Patient Warming Quality Improvement Project (Ref 11438b)	
Adult Emergency Medicine	iCAN - Can we safely reduce the number of cannulas inserted in the Adult Emergency Department? (ref 12066a)	

Congratulations to our winners and finalists. Thanks to 240 colleagues who took time out to watch the finalists video during National Clinical Audit Awareness Week 2023. The presentations are available to view on Clinical Audit pages of INSite.

The videos can be found on our Clinical Audit YouTube channel
https://www.youtube.com/watch?v=me-pgi2tI6Y

7.4   Embedding Research and Innovation

This year, we recruited 13935 participants into research: of these, 12354 we recruited to National Institute for Health and Care Research (NIHR) portfolio studies and 416 took part in commercial trials. While the total number of participants has decreased in the last year, the complexity and intensity of studies has increased.

There were 618 open studies, including 96 commercial trials. Our researchers have published 996 papers in peer-reviewed journals. Research and Innovation generated £43m of income in 2023/24, of which £3.6 million came from commercial research. In line with the UK Government strategy for the Life Sciences, we have prioritised the rebuilding and expansion of our portfolio of commercial trials. Our recruitment to these studies is almost equal to all other trusts in the East Midlands combined, meaning that more University Hospitals of Leicester (UHL) patients can access potentially life-changing treatments. Furthermore, these commercially funded interventions have a cost saving because they are not paid for by the NHS (National Health Service). UHL have been awarded £4.7M of capital monies from the National Institute of Health Research (NIHR) to support the development of our

research infrastructure. Projects include a new MRI scanner at Glenfield Hospital, a new instrument based at Leicester Space Park for discovery science in respiratory medicine and equipment for a Lifestyle Research Laboratory at LGH. This is the second time in 10 years that NIHR have made such an award nationally and this investment will provide a significant boost to the type and quality of research we can conduct at UHL, making us more attractive to national and international partnerships. More than £14M has been awarded to Leicester Lifestyle and Health Research Group over the next 5 years who are based within the Leicester Diabetes Centre at LGH. The funding award will help to expand research which could help those from multi-ethnic communities with chronic conditions (such as type 2 diabetes, obesity and heart disease) live longer and better lives. In terms of patient experience, over 5% (519) of our research participants shared their feedback on taking part in research. More than 90% said they would take part in research again. 97% agreed or strongly agreed that research staff treated them with courtesy and respect.

Some research highlights for the year include:

A Leicester study looking at the longer-term impact of COVID-19, published in The Lancet Respiratory Medicine, found that nearly a third of patients displayed abnormalities in multiple organs five months after infection, some of which have been shown through previous work to be evidence of tissue damage.

The findings come from the C-MORE (Capturing the Multiorgan Effects of COVID-19) study, a multi-centre MRI follow-up study of 500 post-hospitalised COVID-19 patients, which is a key element of the national PHOSP-COVID platform, led by the University of Leicester within the NIHR Leicester BRC, investigating the long-term effects of COVID-19 on hospitalised patients.

The NIHR Leicester Biomedical Research Centre's PHSOP-COVID team's tireless work to understand the long-term health implications of COVID-19 has seen it shortlisted as a finalist for the Outstanding Team Impact Award by the Medical Research Council. The team's research, which has taken place across UHL since the pandemic, has made some important discoveries on issues associated with COVID-19, including patient recovery outcomes; lung damage; breathlessness; organ abnormalities and the role of blood clots in cognitive problems.

The UHL team who developed a 'virtual ward' to safely treat patients with an abnormal heart rhythm from their own homes were recognised with the 'Acute Sector Innovation of the Year' Award from the Health Service Journal. In the NIHR Leicester BRC study, patients with a fast heart rate due to atrial fibrillation or atrial flutter provided measurements at home via an app and monitored by clinicians remotely, delivering hospital-level care for patients in the comfort of their own homes.

The number of cancer patients who can benefit from pioneering robot-assisted surgery will quadruple thanks to a £1.5million grant to the Leicester Hospitals Charity from the Samworth Foundation. More than 900 patients a year will be treated at the planned Sir David Samworth Robotic Theatre. Around 300 patients a year currently receive the cutting-edge treatment, primarily for kidney and prostate

cancer. A second robot will mean a greater range of people – including gynaecological patients and those with rectal, pelvic, and head and neck cancers – will now be able to access the ground-breaking technology and its benefits.

7.5   Use of CQUIN Payment Framework

The CQUIN design criteria has been retained this year. As per National guidance, following an approval of a national variation, a blocked financial arrangement for the 2023/24 CQUIN schemes was agreed with clawback arrangements, if the Trust were not to fully achieve the CQUIN indicators, halted. The CQUIN financial incentive (1.25% as a proportion of the fixed element of payment) was earnable against ten CQUINS across the Integrated Care Board (ICB) and NHSE/I contracts. We were however required to report performance against all CQUINS which fell within our scope to do so and end of year performance is shown in the table below:

Table 22 CQUIN Performance 2023-24

CQUIN Indicator	Indicator description	End of year performance	Comments/Actions
CQUIN01 (ICB): Flu vaccinations for frontline healthcare workers	Achieving 80% uptake of flu vaccinations by frontline staff with patient contact	37.5%	This CQUIN has not been met
CQUIN02 (ICB): Supporting patients to drink, eat & mobilise (DrEaMing) after surgery.	Ensuring (70%-80%) of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.	87%	This CQUIN has been fully met
CQUIN03 (ICB): Compliance with timed diagnostic pathways for cancer services	Achieving (35%-55%) of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways.	60%	This CQUIN has been fully met
CQUIN04 (ICB): Prompt switching of	Achieving 40% **(or fewer)** patients still receiving IV antibiotics past the point at	21% (Lower % the better the	This CQUIN has been fully met

CQUIN Indicator	Indicator description	End of year performance	Comments/Actions
intravenous to oral antibiotic	which they meet switching criteria.	performance)	
CQUIN05 (ICB): Identification and response to frailty in ED	Achieving 30% of patients aged 65yrs and over attending ED receiving a clinical frailty assessment and appropriate follow-up	**48%**	This CQUIN has been fully met
CQUIN06(ICB): Timely communication of changes to medicines to community pharmacists via the discharge medicines service	Achieving 1.5% of acute trusts inpatients having changes to medicines communicated with the patient's chosen pharmacy within 48hrs following discharge	**2.8%** **(%Avg. Figures of Qtr1,2&3)**	This CQUIN has been fully met Quarter4 data not yet nationally released
CQUIN07 (ICB): Recording of NEWS2 score, escalation time and response time for unplanned critical care.	Achieving 30% of all unplanned ITU admissions from non-critical care wards having a NEWS2 score, time of escalation and time of critical response.	**28%**	This CQUIN has been partially met
CQUIN08 (NHSE/I): Achievement of revascularisation standards for lower limb ischaemia.	To reduce delays (45-70%) in assessment, investigation and revascularisation in patients with chronic limb threatening ischaemia.	**50%**	This CQUIN has been fully met
CQUIN09 (NHSE/I): Achieving Progress	Percentage of patient (40-75%) commencing treatment within 4 weeks of a positive diagnosis.	**71%**	This CQUIN has been fully met

CQUIN Indicator	Indicator description	End of year performance	Comments/Actions
towards Hepatitis C elimination			
CQUIN10 (NHSE/I): Treatment of non-small cell lung cancer (stage 1 or 11) in line with national optimal lung cancer pathway	Achieving 85% of adult patients referred for treatment with curative intent.	**90%**	This CQUIN has been fully met
CQUIN11(NHSE/I): Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	65-75% The level of Pt. satisfaction with shared decision-making conversations – as measured by patient scores on internationally validated Pt. questionnaires. SDMQ9 is the recommended questionnaire	**72.5%**	This CQUIN has been fully met
CQUIN12 (NHSE/I): Assessment & documentation of pressure ulcer risk	Achieving 70-85% of inpatients having a pressure ulcer risk assessment.	**78%**	This CQUIN has been fully met

7.6   Data Quality

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

- The Data Quality Assurance Group is chaired by the Chief Information Officer to provide assurance on the quality of data reported to the Trust Board.

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

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

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

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

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

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

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

7.7   NHS Number and General Medical Practice Code Validity

The University Hospitals of Leicester NHS Trust submitted records from March 2023 to November 2024 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:
  - 100% for admitted patient care
  - 100% for outpatient care
  - 100% for emergency department care
- which included the patient's valid General Medical Practice Code:
  - 100% for admitted patient care
  - 100% for outpatient care
  - 100% for emergency department care

7.8 Clinical coding error rate

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

The University Hospitals of Leicester NHS Trust was not subject to a Payment by Results clinical coding audit during 2023/24.

7.9 Data Security and Protection Toolkit Score

University Hospitals of Leicester NHS Trust's Data Security and Protection Toolkit score was 100% for both 2021/22 and 2022/23 – it is also envisaged that the 2023/24 submission will also follow suit as the baseline indicates this. The final submission for 2023/24 will be 30 June 2024.

We recognise the importance of robust information governance. During 2021/22, the chief information officer retained the role of senior information risk owner and the medical director continued as our Caldicott Guardian. We have since extended the training for SIRO and for Caldicott Guardian to deputy roles respectively to ensure we support and absorb our risk management in Data Governance.

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

1. Robust Patient Confidential Data processes

2. Staff training around Patient Confidential Data

3. Staff training for General Data Protection Regulation (GDPR)

4. PCD is accessed by appropriate personnel

5. Policy and Process Review Strategy in place

6. Cyber Attack Prevention

7. Continuity Plan in place for Data

8. Unsupported Software Strategy

9. Cyber Attack Strategy

10. Contract Management

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

Our information governance improvement plan for 2023/2024 was overseen by our information governance steering group chaired by the Data Protection Officer and Trust Leadership Team meetings chaired by our Chief Executive.

7.10 Care Quality Commission (CQC) ratings

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

As Part of the CQC National Thematic Review of Maternity Services, The Maternity Services at the Trust were Inspected in February 2023, and the reports were published in September 2023. The CQC Inspected Maternity Services at the Leicester Royal Infirmary, Leicester General Hospital and St Mary's Birth Centre at Melton. Community maternity services were not included in the inspection. Overall, the service at UHL was rated 'Requires Improvement', a move down from 'Good'. Services at the LGH and LRI were rated 'inadequate' for safe and 'requires improvement' for well-led. Services at St Mary's Birth Centre were rated Good overall with a rating of Good for safe and Requires Improvement for Well Led. The CQC issued the Trust a Section 29A warning notice to improve maternity care.

University Hospitals of Leicester currently have 2 live warning notices from the CQC Inspections undertaken in Emergency and Urgent Care in April 2022 and Maternity Services in February 2023.

Actions have been put in place to address the concerns raised and significant improvements have been put in place since the previous Inspections, through the warning notices and the Trust invited the CQC to come and reinspect both services, which they did on January 10th and 11th 2024, the findings of both Inspections have yet to be published.

Continuous Improvement work continues in both Urgent and Emergency Care pathways and Maternity Services within the Trust and across the System to drive improvements in patient care and experience.

The Trust recognises that it will take time to make fundamental and long-lasting change, but we are committed to making the Trust a great organisation to receive care in and a great organisation to work for.

University Hospitals of Leicester Overall CQC Rating

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

Leicester Royal Infirmary

2023	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	Inadequate	Not inspected (Previously rated Good)	Not inspected (Previously rated Good)	Not inspected (Previously rated Good)	Require Improvement	Require Improvement

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

Rated 2016- 19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Surgery	Good	Good	Good	Requires Improvement	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Services for children &young people	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
End of Life Care	Good	Requires Improvement	Good	Good	Good	Good
Out patients	Requires Improvement	N/A	Good	Requires Improvement	Requires Improvement	Requires Improvement
Diagnostic Imaging	Requires Improvement	N/A	Good	Good	Requires Improvement	Requires Improvement

Glenfield Hospital

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

Rated 2016-19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Critical Care	Good	Good	Good	Good	Good	Good
Services for children &young people	Good	Outstanding	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Outpatients &Diagnostic Imaging	Good	N/A	Good	Requires Improvement	Requires Improvement	Requires Improvement

Leicester General Hospital

2023	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	Inadequate	Not Inspected (Previously Good)	Not Inspected (Previously Good)	Not Inspected (Previously Good)	Require Improvement	Require Improvement
Rated 2016-19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Medical Care (including older people's care)	Requires Improvement	Good	Good	Good	Good	Good

Surgery	Good	Good	Good	Requires Improvement	Good	Requires Improvement
Critical Care	Requires Improvement	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Good	N/A	Good	Good	Good	Good
Diagnostics Imaging	Requires Improvement	N/A	Good	Good	Requires Improvement	Requires Improvement

St Mary's Birth Centre

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

Key to tables

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

Month Year = Date last rating published

UHL Quality Account – LLR ICB statement

Leicester, Leicestershire & Rutland Integrated Care Board (LLR ICB) welcomes the opportunity to respond to the 2023/24 Quality Account from University Hospitals of Leicester (UHL). LLR ICB has worked closely with UHL throughout the year to gain assurances that commissioned services delivered were safe, effective, and personalised to service users.

The data presented has been reviewed and is in line with information provided and reviewed through the quality monitoring mechanisms. Despite the operational pressures throughout the year, LLR ICB and System Quality Group have noted the progress and achievement of their quality priorities set out last year.

It is positive to note the achievements the Trust has made within the last year, in particular the sizable reduction in 1 year + planned care waits, reduction in 62-day cancer waits and an improvement in ambulance handover. LLR ICB is also assured with the Patient Safety Incident Review Framework (PSIRF) has commenced and is underway. Furthermore, the ICB recognises the huge efforts made to support staff recruitment and retention, particularly within nursing and midwifery and the engagement with service users, gaining feedback, listening, and acting with integrity.

LLR ICB understands the national and local scrutiny of maternity services and acknowledges UHL's achievement in compliance with Saving Babies Lives Care Bundle (version 3) and this alignment to the Maternity Incentive scheme; this is particularly remarkable during times of such intense scrutiny; and the ICB recognises the requirement for further improvements necessary to achieve 100% compliance and are committed in supporting this.

LLR ICB acknowledges the amazing dedication shown to support people living with dementia (PLWD) and the support provided through the Admiral Nurses and working together with the Dementia Multidisciplinary Team and Champions.

LLR ICB welcomes the increased support for all staff within the Trust as demonstrated by the continued development of training opportunities; engagement with staff networks, including Junior Doctor Gripes and Your Voice; implementation of the people promise; transgender inclusion; equality reporting; and Freedom to Speak Up Guardians, all of which support the staff in their everyday working lives within UHL working towards a safe organisational culture.

LLR ICB recognises that UHL continues to ensure that there is continuous improvement culture across the organisation supported through training and a dedicated Quality Improvement Team working closely with the Audit and Quality Improvement Programme and the ICB look forward to being part of this within the Integrated Care System. The future focus on continuous improvement is commendable and the ICB is eager to support UHL to achieve these.

LLR ICB welcomes this quality account and acknowledges the partnership role the organisation has in our system. UHL's commitment to sustained quality is evident, particularly during the challenging periods. This account demonstrates continued quality achievements and together with commitment to their quality priorities, challenges, and collaboration to achieve demonstrable quality outcomes for our patients, staff, families and communities of Leicester, Leicestershire, and Rutland.

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

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

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

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