NHS
University Hospitals of Leicester
NHS Trust

Quality Account

2024/25

Contents

1.0 An Introduction from UHL Chief Executive, Richard Mitchell

I am pleased to present our Quality Account for 2024/25. They evidence our continued commitment to improving the safety, effectiveness, and experience of care across Leicester, Leicestershire, and Rutland.

This year, we have aligned our work to our three strategic priorities: delivering high-quality care for all, being a great place to work, and ensuring financial sustainability to protect and strengthen our services for the future. In this document, you will see examples of how UHL colleagues have delivered outstanding care, as well as areas where we know we must improve. We remain honest and transparent about the challenges we face and are determined to learn from every experience — positive or otherwise — to drive improvement across our hospitals and services.

Patients, their families, and our communities continue to be at the heart of everything we do. Listening to their voices, alongside those of our colleagues, helps shape our approach to quality and informs the improvements we make. This includes our work to reduce avoidable harm, enhance patient outcomes, and ensure personalised, equitable care.

We also know great care depends on great people. Through our People Strategy, we are creating an environment where colleagues feel supported, included, and able to thrive. At the same time, we are continuing to take responsible decisions to ensure our services are financially sustainable — securing the future of care in Leicester, Leicestershire, and Rutland.

Our 10 goals for 2025/26 build on these priorities. We will continue to focus on delivering safe and compassionate care, supporting our workforce, and strengthening our financial position — all with the shared ambition of making UHL the best it can be for patients, colleagues, and future generations. This will require accelerating progress, deepening our collaboration across health and care, and preparing for the transformative change set out in the soon to be released NHS 10 Year Health Plan.

Thank you to colleagues, volunteers, partners, and local communities for your ongoing support and trust. Together, we remain focused on delivering care we are proud of and a health service fit for the future.

Our Vision and Values

In 2023, we developed and launched our 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
- 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
- We are one team

Our strategic framework, 2025 - 2030

Vision: Leading in healthcare, trusted in communities

| Five goal areas | High-quality care for all | A great place to work | Partnerships for impact | Research, innovation and education excellence | Financial sustainability |

| Our UHL values | Compassionate | Proud | Inclusive | One team |

Digital, data and technology driving transformation

| Enablers of success | Continuous improvement approach | Health equality and inclusion | Working with people and communities |

Our Senior Directors

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

Andrew Moore......................Chair

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

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

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

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

Jon Melbourne.....................Chief Operating Officer and Deputy Chief Executive

Lee Bond.....................Chief Financial Officer

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

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

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

Will Monaghan.....................Group Chief Digital Information Officer

Nigel Bond (Interim).................Director of Estates and Facilities and Sustainability

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

Andrew Haynes.....................Vice Chair and Non-Executive Director

Andrew Inchley.....................Non-Executive Director

Scott Adams.....................Non-Executive Director

David Moon.....................Non-Executive Director

Ivan Browne.....................Non-Executive Director

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

Mark Farmer.....................Associate Non-Executive Director

Aruna Garcea.....................Associate Non-Executive Director

2.0 Review of quality performance in 2024-2025

2.1 Our aims for 2025/26

We have agreed three priorities for 2025:

- Transform patient care
- Strengthen our culture
- Deliver our financial plan

We have ten deliverables that underpin our three priorities and will drive improvements. We will:

1. deliver national access targets in planned care and transform pathways to safely reduce the number of people accessing urgent and emergency care (UEC) in our hospitals.
2. deliver year one of our quality strategy, which includes PSIRF and the perinatal safety programme.
3. take action on the 2024 staff survey feedback and deliver year one of our People Strategy, which includes action to tackle bullying, discrimination, and harassment.
4. deliver major digital change, including the new Patient Administration System (PAS), BadgerNet in maternity services, and automation of workforce systems.
5. develop our Group model with University Hospitals of Northampton (UHN), improving productivity and creating joint plans for clinical and corporate services.

6. accelerate work to integrate patient care, removing barriers between secondary and community services.
7. deliver our workforce plan as a key component of financial plan delivery.
8. increase the number of colleagues taking part in research activities by 10%.
9. work with partner organisations to establish a Healthcare Innovation Hub for Leicester, Leicestershire, and Rutland.
10. roll out our new continuous improvement approach, providing teams with the tools to improve care, experience, and productivity.

2.2   Review of last year's quality priorities

Our Quality Priorities for 2024/25 were

- implement PSIRF with themed work in the following 5 areas

    - Fundamentals of Care – focus on older persons >85
    - Tackling Inequalities – focus on maternity/neonates and cancer
    - Deteriorating patient – focus on care bundles, sepsis, and postpartum hemorrhage (PPH)
    - Medication safety – focus on anticoagulation
    - Transfers of Care – focus on patient ward transfers >3

- deliver Maternity and Neonatal Safety Improvement Programme
- strengthen the voice of the patient, carers, and families
- reduce the length of time people wait for their care and treatment in line with national expectations as a minimum
- open phase 2 of the East Midlands Planned Care Centre
- progress the Electronic Patient Record – PAS, digital documentation in outpatients, emergency department and at the bedside, closed loop medications, patient app

2.2.1   Implement Patient Safety Incident Response Framework with themed work in the following five areas:

- Fundamentals of care – focus on older persons aged 85 and above

- Tackling inequalities – focus on maternity/neonates and cancer

- Deteriorating patient – focus on care bundles, sepsis, and postpartum hemorrhage (PPH)

- Medication safety – focus on anticoagulation

- Transfers of care – focus on patient ward transfers >3

This year, we have been working to embed the national Patient Safety Incident Response Framework (PSIRF) following our transition on 1 April 2024.

We have four patient safety specialists within the Trust who have overseen the strategic implementation of the PSIRF. We have a comprehensive programme of work, focusing on implementing all elements of the NHS Patient Safety Strategy

and ensuring that relevant governance processes are in place to support these changes.
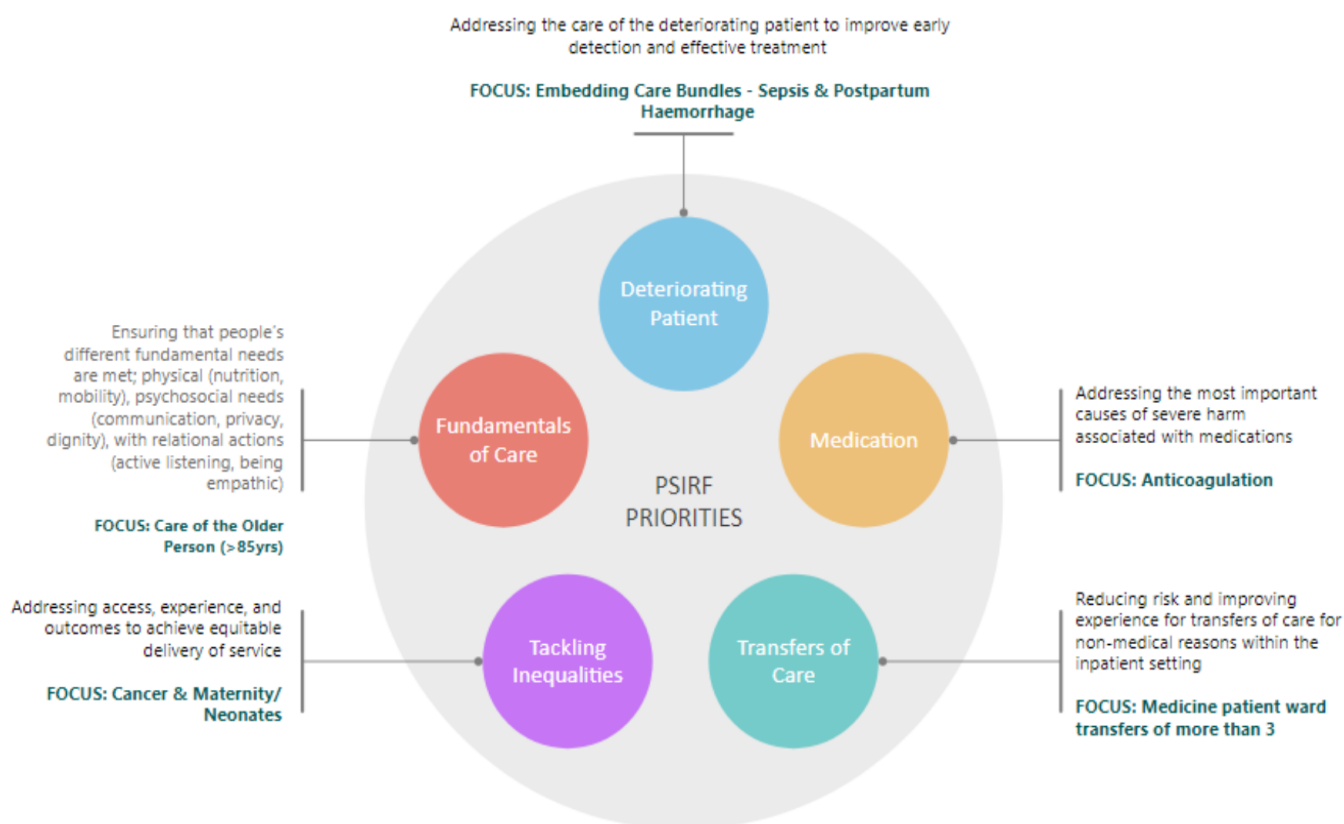
The Trust has transitioned to reporting to the new national Learning from Patient Safety Events (LFPSE) service. There is a national requirement for all NHS staff to undertake the Level 1 NHS patient safety syllabus e-learning on Essentials of Patient Safety. In August 2024, this training was added to our in-house e-learning system for all staff. Ninety three percent of the Trust staff have completed the training.

We have successfully recruited two patient safety partner roles at the Trust, which will support our work under the NHS framework for involving patients in patient safety.

With the changes brought about by the implementation of the PSIRF, we continue to promote a just and restorative culture with a focus on learning and improvement. We are working to engage more effectively and support our patients, families, and staff who are involved in patient safety incidents.

Our PSIR Plan safety priorities

The introduction of PSIRF has created the opportunity to focus resources on a set of locally agreed UHL safety priorities as part of the Patient Safety Incident Response Plan (PSIRP).

Addressing the care of the deteriorating patient to improve early detection and effective treatment

FOCUS: Embedding Care Bundles - Sepsis & Postpartum Haemorrhage

Deteriorating Patient

Ensuring that people's different fundamental needs are met; physical (nutrition, mobility), psychosocial needs (communication, privacy, dignity), with relational actions (active listening, being empathic)

FOCUS: Care of the Older Person (>85yrs)

Fundamentals of Care

PSIRF PRIORITIES

Medication

Addressing the most important causes of severe harm associated with medications

FOCUS: Anticoagulation

Addressing access, experience, and outcomes to achieve equitable delivery of service

FOCUS: Cancer & Maternity/ Neonates

Tackling Inequalities

Transfers of Care

Reducing risk and improving experience for transfers of care for non-medical reasons within the inpatient setting

FOCUS: Medicine patient ward transfers of more than 3

Work has been undertaken to develop our priority workstreams and consider what we need to measure and improve with the learning from Patient Safety Incident Investigations (PSIIs).

Deteriorating patient – focus on care bundles

Sepsis

- ✓ updated UHL adult sepsis guidance has been approved
- ✓ development work with Nervecentre to allow updated triggering of patients with potential sepsis
- ✓ new sepsis alerting column for the ED patient dashboard is now live
- ✓ monitoring of red flag sepsis receiving antibiotic treatment within one hour

Postpartum Haemorrhage (PPH)

- ✓ a working group was established to focus on themes and quality improvement
- ✓ leadership and oversight maintained through Perinatal Safety Improvement Plan
- ✓ completion of risk assessments and proformas to enable prompt recognition and management of PPH/MOH highlighted via mandatory study days for all clinicians
- ✓ in-depth examination of placental abruptions and outcomes following PPH
- ✓ recruitment of PPH Safety Champions to drive forward and help embed care bundles and improvement initiatives
- ✓ planned re-launch of Obstetric Bleeding Strategy (OBS) care bundle

Medication safety – focus on anticoagulation

- ✓ review of patient information and education being undertaken
- ✓ appointment of anticoagulation pharmacist
- ✓ liaison with e-correspondence team to review anticoagulation handover information on discharge and OPD letters
- ✓ staff education – developing an anticoagulation safety e-learning package for all colleagues
- ✓ monitoring of missed doses, patient safety incidents, and dual therapy prescribing

Tackling Inequalities

Maternity

- ✓ development of tools for individuals with limited understanding due to language barriers or literacy limitations, with bespoke elements added to the MAMA wallets
- ✓ continued work within the community to raise awareness of the benefits of early pregnancy booking and benefits of antenatal care

- ✓ provision of intelligence to community midwifery teams specific to their cohort of service users to inform practice that meets their cultural needs
- ✓ engagement with staff via Cultural Competency courses
- ✓ engagement with Maternity and Neonatal Voices Partnership to ensure the voice and perspective of the service user is heard and valued

Cancer

- ✓ work has been undertaken to improve the identification of learning disability and autism patients, using primary care and manually adding to our Cancer Registry – a flag system is now in place to inform the learning disability and autism team of patients receiving care
- ✓ identification of the cases for the thematic review

Fundamentals of Care – focus on older persons >85 years old

Fundamentals of Care group set up and work started includes

- ✓ nutrition/hydration- aim to offer patients seven hot drinks daily
- ✓ sleep promotion work – eye masks and earplugs
- ✓ 15 Steps visits
- ✓ SWAN project and Volunteers at Life End – end-of-life care

Transfers of Care – focus on patient ward transfers > 3 for non-clinical reasons

- ✓ work now undertaken with Nervecentre eBeds to identify patients that have been moved/outlied
- ✓ identification of the cases for the thematic review

2.2.2 Deliver Maternity and Neonatal Safety Improvement Programme

The NHS England's National Maternity and Neonatal Safety Improvement Programme aims to enhance the safety and quality of care for mothers, babies, and families in maternity and neonatal settings across England. It focuses on reducing variation in care, improving outcomes, and achieving national ambitions, such as halving rates of maternal and neonatal deaths, stillbirths, and brain injuries. The programme works with all maternity and neonatal providers, utilising tools like MEWS and NEWTT2 to detect and manage deterioration.

Within our maternity services, progress continues to be made in implementing the Saving Babies Lives Care Bundle v3 (SBLCB v3). Following external scrutiny, the Trust has achieved an overall compliance position of 79% across all six elements. The NHS England three-year delivery plan states that it is the responsibility of trusts to implement version three of the Saving Babies' Lives Care Bundle by March 2024, which also aligns with the requirement in Maternity Incentive Scheme year 5. Recent guidance from NHS England's Midlands Perinatal Team indicates that implementation is an ongoing improvement journey. NHS Resolution has confirmed that while 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, but rather trusts

will be required to demonstrate sufficient progress and improvement trajectories towards full implementation. Key work is necessary to achieve 100% compliance across each element, explicitly focusing on implementing an in-house stop-smoking service, establishing a whole team for pre-term birth and diabetes, and improving compliance for fresh-eye reviews.

The service continues to closely monitor MBRRACE surveillance, with the latest report (2023) demonstrating a positive reduction in our stillbirth rates. We maintain a close focus on neonatal deaths, which continue to be >5% higher than the national average. On review, we can see that the spread of the neonatal mortality rate amongst our peer group is very wide when deaths due to congenital anomalies are included. Once these babies are excluded, the range is very small, and Leicester sits just above 5% greater than the peer group average.

Milestones achieved in 2024/25

- ✓ enhanced PERIPREM team established
- ✓ team of the shift launched
- ✓ universal provision of Healthy Start Vitamins
- ✓ Perinatal Pelvic Health service is fully recruited
- ✓ Baby Lifeline Cultural Competency course attended by approximately 20 maternity and neonatal colleagues
- ✓ new maternity website launched
- ✓ Neonatal Early Warning Trigger and Track version 2 launched
- ✓ Five-day vaccination launched
- ✓ 2nd midwife 2nd stage in labour launched
- ✓ launch of Maternity Day Assessment
- ✓ ring-fenced Transitional Care Unit (TCU) in postnatal wards established

2.2.3   Strengthen the voice of patients, carers, and families

15 steps

Patients told us they would like more hot drinks, so we have established a working group and are increasing the hot drink provision to at least seven rounds of drinks per day.

Another patient concern was the level of noise during the night, and we have introduced sleep huddles for staff and sleep packs for patients.

Trust Board Stories

We actively encourage patients and families to share their experiences of care to our Trust Board. Each month we take a video story from a patient or family to Trust Board. This provides transparency to the Board and ensures sustainable actions are taken to improve patient experience. The stories are shared with the service for

which the patient is providing their experience for learning and service development.

How many family carers have you identified today?

Remember to give the carer some information about how to seek support

T H I N K CARER

T Think Family Carer
H Help individuals to identify as a family carer
I Involve family carers in decision-making and planning
N Note the family carer contact details
K Know where family carers can seek support and signpost

The Carer Passport

The Carer Passports will ensure we provide appropriate support to carers while the person they are caring for is in our hospitals. It supports consistency of practice across all wards and departments, ensuring carers receive appropriate support as a carer, including access to food and drink and reduced car park charges. The rollout has started in two of our clinical management groups and will be rolled out across the Trust in 2025.

Accessible Information Standards Group

Patients are members of our Accessible Information Standards Group and have provided feedback on their patient pathways. A key area for improvement they identified was wayfinding signage around our sites and in our hospitals. We have now established a steering group to develop a wayfinding strategy to improve signage to support patients and visitors.

The picture below shows a group of patients and volunteers   working with colleagues on the new Endoscopy Unit to provide valuable input on wayfinding and signage.

Family Perspective

We use feedback from families who raise concerns through our Patient Advice and Liaison Service (PALS) and complaints team. We encourage families to provide

feedback during our 15 Steps walkabouts to help improve the quality of patient care.

We monitor themes from patient feedback and report these back to our clinical management groups, allowing them to take focused actions to drive improvement.

We monitor feedback from families through the initiatives we have introduced for them to raise clinical concerns:

- Call for Concern in adult services (changing to Martha's Rule in April 2025)
- Ask Me in Maternity services (changing to Martha's Rule in April 2025)
- Martha's Rule will be implemented in children's services and neonates in quarter one of 2025/26

2.2.4 Reduce the length of time people wait for their care and treatment to meet national expectations as a minimum

The maximum waiting time for non-urgent, consultant-led treatment is 18 weeks from the day the appointment is booked through the NHS e-Referral Service. The East Midlands Planned Care Centre (EMPCC) at the Leicester General Hospital is a state-of-the-art new facility designed to help reduce the number of patients experiencing long waits for appointments and treatment.

Open phase 2 of the East Midlands Planned Care Centre

The East Midlands Planned Care Centre opened, as planned, in December 2024. The centre enables us to continue to deliver planned care even during the busiest periods for the parts of our hospital that focus on urgent and emergency care.

The refurbished building at the Leicester General Hospital provides two theatres, outpatient rooms, outpatient procedure rooms, as well as surgical and medical day-case facilities.

The centre provides ring-fenced capacity dedicated to planned care, continuing to reduce waiting times for patients in Leicester, Leicestershire, and Rutland.

The clinical services operating out of the centre include Ear, Nose, and Throat (ENT), Gastroenterology, General Surgery, Gynaecology, Haematology, Oncology, Ophthalmology, and Urology.

2.2.5 Progress the Electronic Patient Record – PAS, digital documentation in outpatients, ED and at the bedside, closed loop medications, patient app

Optimed

In 2021 the Trust signed a long-term contract with Deenova to provide both technology and robotic machinery to produce unit dose bar coded packets through automated 'MARIO®' dispensing cabinets allowing the service to provide 24/7 support across the Trust. This is a first both for the UK and the NHS.

How Optimed and Closed Loop Medicines Management works:

The Mario dispensing cabinets are filled with unit dose packets, which are barcoded. This enables a single dose, prefilled vial or sachet to be scanned as part of the ward drug round and matched to the patient's wristband barcode and the patient's prescription on Nervecentre through an innovative interface between Nervecentre ERP and the Deenova Orbit systems – only when there is a match does the nurse confirm the medicine is to be given to the patient. As well as improving patient safety, any medicines not given and with the packet still intact can be returned to the Mario dispensing cabinet for reuse - reducing the amount of medicine wastage.

At the time of the drug round the nurse will dock the Optimed drug trolley to the Mario dispensing cabinet and select the patients whose medicines are due for that drug round. The cabinet automatically selects the medicines due and puts them in one of the designated drawers of the trolley for that patient. The Mario dispensing cabinet is able to do this because the Orbit software that runs the cabinet has been integrated with the Nervecentre prescribing system and so is able to select the medicines that are due for a patient and which bed the patient is in.

What is working well:

Integration
Months of development and robust and multiple testing rounds of the integration between Orbit and both Nervecentre and PAS, including Bar Code Scanning and alignment with eMeds has resulted in a reliable and effective integrated operating system architecture. Since going live there have been some integration issues that have emerged, but they are not significant in number or impact and fixes have in the main already been deployed. There is only one outstanding fault with Nervecentre, which is currently being progressed.

Bar Code Scanning
Mini iPads have now been trialled as the primary scanning device on Optimed Wards and this has been successful both in terms of scanning reliability and ease of use by nurses.

The Optimed Project is working closely with Chief Nursing Information Officer, Hayley Grafton, to look at how scanning rates can be improved on both Optimed Wards that are live and Wards that are planned to go live as part of the roll-out.

The tables below show the scanning rates for Optimed Wards both in terms of the scanning of patient barcodes and also of medicines – included in this is Unit Dose and original packet medicine barcode scanning.

In January 2025, we met with MSK Wards 17, 18, and 32 to look at improvement targets for scanning of patients and medicines. The wards were positive about actions they could take to improve scan rates, and we can see there has been a significant improvement across these Wards.

We are looking at making a *Ward Scan Rate Report* accessible to ward sisters and CMG leads so they can run reports themselves. We are also looking at the key messages around patient and medicine safety and why nurses should scan.

Table 1 Patient Barcode Scanning Rate:

ward	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
LRI WD 17	3.43%	39.93%	14.05%	11.70%	29.55%	18.44%	20.51%	15.49%	12.65%	23.16%
LRI WD 18		39.79%	42.08%	33.09%	24.65%	18.42%	15.65%	10.02%	8.23%	30.38%
LRI WD 32		35.23%	29.13%	24.93%	21.37%	21.17%	21.95%	21.61	13.60%	48.10%
LRI WD 23		57.94%	26.25%	27.06%	17.60%	20.73%	19.73%	26.77%	34.37%	26.84%
LRI WD 25			60.83%	36.14%	21.01%	20.44%	19.27%	14.05%	8.02%	8.81%
LRI WD 26			43.21%	34.65%	19.62%	22.89%	14.96%	12.75%	14.51%	9.45%
LRI WD 31										38.88%

Table 2 All Medicines Barcode Scanning Rate

LRI WD	Total count of medication scanned						AM drug round	Lunchtime	evening	Night
	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25				
17	22.30%	17.5%	18.8%	21.6%	17.1%	16.6%	25.40%	12.90%	20.70%	14%
18	18%	11.80%	11.20%	7.60%	9.70%	16.80%	26.40%	7.20%	18.30%	15.00%
32	14.90%	11.70%	12.60%	11.30%	12.20%	24.80%	27.70%	11.70%	22.75%	18.25%
23	22.90%	23.00%	28.20%	26.60%	31.50%	31.30%	47.45%	15.10%	26.35%	18.55%
25	18.00%	16.50%	19.10%	16.70%	16.60%	9.00%	24.40%	3.60%	1.85%	5.70%
26	20.50%	17.40%	17.60%	23.20%	18.10%	15.00%	31.10%	6.90%	7.10%	8.50%
31					24.30%	29.50%	39.80%	18.80%	29.10%	28.80%
Average scan rate for all wards	19.40%	15.70%	17.50%	17.01%	18.90%	21.6%	31.70%	10.88%	18.02%	15.54%

IP (Digital Documentation)

Digital Documentation has been rolled out across the Trust for nursing documentation. The plan was to continue this work for medical documentation, but this was paused to focus all efforts on the implementation of the PAS system during FY 24-25.

The work for this has now continued and we are undertaking current state process mapping and requirement gathering to inform the design of clinical documentation, which will not be live until after the launch of PAS. The clinical documentation is planned to be rolled out Autumn 2025, when we will expand the use of clinical documentation for inpatient locations building upon the Stroke Unit Pilot that was carried out during 24-25. The EPR Programme will roll out Trust-wide documents and develop tailored workflow documentation by area as well as optimising Nervecentre implementation, such as alerts and staff roles used for access.

Outpatient (OP) Digital Documentation

The Nervecentre OP Pilot was successfully completed all eight planned sessions with the Final Project Closure Report and Lessons Learned Report compiled. During FY 24-25, the Trust and Nervecentre collaborated to develop and test functionality for managing outpatient attendances, culminating in the pilot across

four specialties: Renal, Endocrinology, Colorectal, and Cardiology. The pilot incorporated approximately 150 patients, deploying key functionalities such as clinical notation and letters, clinical observation recording, medication prescribing and dispensing, pathology, imaging requests and reporting.

The primary objective of the pilot was to facilitate a controlled, real-time test of these capabilities, providing valuable insights for future enhancements and readiness for a potential roll out Trust-wide. The pilot provided positive feedback from both patients and staff in terms of ease of use and highlighted the efficient and timely nature of eMeds prescribing as a notable success.

The pilot was deemed successful from both improving workflows for staff, centralising and digitalising the outpatient documentation and identifying lessons and further enhancements. The EPR Programme and Nervecentre will continue to carefully review the findings and recommendations for a Trust wide roll out in 25-26. We did roll out some of this functionality when we opened the East Midlands Planned Care Centre (EMPCC) building in December 24 where we delivered a paper lite outpatient approach in Nervecentre. This will be further enhanced by the delivery of a brand new PAS system in 2025.

These insights mark a positive step towards improving our systems and processes, setting a strong foundation for further developments.

Patient Administration System (PAS)

A Patient Administration System (PAS) records and holds patient details, and the tracking of a patient's pathway from referral to discharge. It covers both outpatient and inpatient activity, including the admission, transfer, and discharge of patients within our hospitals. The current PAS is more than 30 years old and does not meet the Trust's needs in 2024. The new PAS product has been developed by Nervecentre working closely with the Trust teams over the last 18 months to meet our requirements and will be fully integrated into our EPR platform. It will become the core of the Nervecentre EPR being deployed across the East Midlands, going live in summer 2025.

Patient App

The NHS App provides a simple and secure way for those residing in England who have registered with a GP to access NHS services on their smartphone or any smart device.

It provides users with a range of services including the ability to order repeat prescriptions, book GP appointments and online consultations, and view their GP health record.

The Trust launched the NHS Wayfinder services in March 2025, enabling patients to view hospital referrals and appointments in the NHS App. Further implementation in summer 2025 will allow patients to cancel and rebook their appointments through the app.

Emergency Department

The Emergency Department (ED) at UHL has successfully implemented ED Paperlite transitioning from paper-based documentation to digital records including extended areas such as the Emergency Decisions Unit (EDU). This has led to improved efficiency with clinicians having quicker access to the information they require to care for their patients as well as easy to read clinical instructions, reducing medication and treatment errors.

2.3   Never Events 2024-25

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 nationally and should be 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 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. The priority becomes reviewing and strengthening the protective barriers in place to prevent similar incidents from occurring in the future and sharing learning with staff.

In 2024-25, six incidents were reported that met the definition of a Never Event. Thorough systems 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, wrong implant/prosthesis, and retained foreign object post-procedure. Patients and/or their families were engaged and involved in the subsequent investigations and supported throughout the process.

Themes from the learning from our Never Events continue 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. The programme has shifted methodology in the last 12 months 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 affected areas to encourage curiosity and drive changes in practice

- Empowering local areas to govern Local Safety Standards for Invasive Procedures (LocSSIPs) and have safety checklists to reduce the administration burden and increase the team's agility to respond when Never Events occur
- Active engagement with patients and service users to enable service co-design where possible. The SSIP team has taken feedback directly from families and used it to challenge clinical processes
- Working with affected services to deliver effective education and training, using interaction where possible to help embed learning

2.4   National Patient Safety Alert Compliance

- National patient safety alerts are issued via the [Central Alerting System;](#) a web-based cascading system for issuing patient safety risks, alerts, important public health messages, and other safety-critical information and guidance to the NHS and other organisations.
- NHS trusts 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 its 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 the Trust, 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 how 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, explaining why the deadline was missed and a revised timescale for completion.
- During 2024/25, the Trust received 11 national patient safety alerts. One alert missed the due date during the reporting period because of a delay with the software supplier and was not due to the ability of the Trust to comply with the required actions. NHS England recognised this delay nationally, and trusts were advised to declare non-compliance until the issue was resolved. This alert is now closed.

Table 1 - National Patient Safety Alerts 2024-25

Reference	Title	Issue Date	Due Date	Current Status
NatPSA/2023/014/NHSPS	Identified Safety Risks With The Euroking Maternity Information System	07/12/2023	24/12/2024	Action Completed
NatPSA/2024/004/MHRA	Reducing risks for transfusion-associated circulatory overload	04/04/2024	04/10/2024	Action Completed
NatPSA/2024/005/MVA	Shortage Of Erelzi (Etanercept) 50mg Solution For Injection In Pre-Filled Pen	03/05/2024	10/05/2024	Action Completed
NatPSA/2024/006/DHSC	Shortage Of Orencia Clickject (Abatacept) 125mg/1ml Solution For Injection Pre-Filled Pens	23/05/2024	06/06/2024	Action Completed
NatPSA/2024/007/DHSC	Shortage of Pancreatic enzyme replacement therapy (PERT)	24/05/2024	10/06/2024	Action Completed
NatPSA/2024/008/DHSC	Shortage Of Kay-Cee-L (Potassium Chloride 375mg/5ml) (Potassium Chloride 5mmol/5ml) Syrup	26/07/2024	12/08/2024	Action Completed
NatPSA/2024/009/DHSC	Shortage of Human Albumin 4.5% and 5% dose vials	30/07/2024	07/08/2024	Action Completed
NatPSA/2024/010/NHSPS	Risk Of Oxytocin Overdose During Labour And Childbirth	24/09/2024	31/03/2025	Action Completed
NatPSA/2024/011/DHSC	UPDATE Discontinuation of Kay-Cee-L (potassium chloride 375mg5ml) (potassium chloride 5mmol5ml) syrup	21/10/2024	31/10/2024	Action Completed
NatPSA/2024/012/DHSC	Shortage of Molybdenum99/Technetium-99m generators	25/10/2024	08/11/2024	Action Completed
NatPSA/2024/013/DHSC	Shortage Of Pancreatic Enzyme Replacement Therapy (Pert) - Additional Actions	18/12/2024	31/01/2025	Action Completed
NatPSA/2025/001/DHSC	Discontinuation of Promixin®(colistimethate) 1-million unit powder for nebuliser solution unit dose vials	17/03/2025	30/04/2025	Action Ongoing

2.5   NHS Outcome Framework Indicators

NHS Outcome Framework (NHS OF) indicators are a set of metrics used to measure and track the performance of the NHS in England, aiming to drive transparency, quality improvement, and outcome measurement, ultimately holding the NHS accountable for its performance.

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

Table 2: NHS Outcome Framework Indicators

NHS Outcomes Framework domain	Indicator	2024/25	2023/24	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding	100	102	100	130	70
		Nov23-Oct24	Nov22-Oct23	Nov22-Oct23	Nov23-Oct24	Nov23-Oct24
		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)	43% Nov23-Oct24	41% Nov22-Oct23	44% Nov23-Oct24	66% Nov23-Oct24	17% Nov23-Oct24
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	NHS digital data not available after March 2022	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 after March 2022	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 <18 years old readmitted to hospital within 28 days of discharge	8.0% Source: UHL data (up to Feb 25)	5.5% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients <18 years old readmitted to hospital within 30 days of discharge	8.3% Source: UHL data (up to Feb 25)	5.7% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients 18+ years old readmitted to hospital within 28 days of discharge	9.0% Source: UHL data (up to Feb 25)	8.8% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients 18+ years old readmitted to hospital within 30 days of discharge	9.3% Source: UHL data (up to Feb 25)	9.2% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available

NHS Outcomes Framework domain	Indicator	2024/25	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	62.5% Source: National NHS Staff Survey 2024	62.9% Source: National NHS Staff Survey 2023	64.3% Source: National NHS Staff Survey 2024	89.6% Source: National NHS Staff Survey 2024 (Benchmark Group)	39.7% Source: National NHS Staff Survey 2024 (Benchmark Group)
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk- assessed for Venous Thromboembolism	98.2% Apr24 – Feb25 Source: UHL	96.9% Apr23 – Mar24 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	22.95 Apr 24-Feb 25 Source: UKHSA HCAI DCS	18.49 (UHL average) Apr 23–Feb 24 Source: UKHSA HCAI DCS	23.80 Apr 24 – Feb 25 Source: UKHSA HCAI DCS	88.22 Apr 24 – Feb 25 Source: UKHSA HCAI DCS	0.0 Apr 24 – Feb 25 Source: UKHSA HCAI DCS
	Rate of patient safety incidents per 1000 admissions (IP, OP and A&E)	18.2 Apr24 – Mar 25 Source: UHL data	18.1 Apr23 – Mar 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 the actual number of deaths with the predicted number of deaths.

The Trust's SHMI was 100 from November 2023 to October 2024, which is within the expected range.

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

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

The Trust continues to reduce mortality and improve the quality of its services by implementing our Quality Strategy priorities, specifically as part of our mortality

monitoring and review process, including our medical examiner and bereavement support services.

At the end of March 2025, our medical examiners had screened over 3,000 patient records within the Trust. Ten per cent of all deaths were referred for a Structured Judgment Review as part of the Specialty Mortality and Morbidity process, and five per cent of adult deaths were referred for clinical review by the patient's clinical team for learning and action.

We have continued with the planned expansion of our medical examiner service to include deaths in primary care and community hospitals within the health economy from September 2024, in line with national requirements. Over 5,600 non-UHL deaths have been through the ME process in 2024-25 (half were deaths in primary care, and the others were either at LOROS hospice or in one of the community hospitals). The first six months of implementing the rollout of the medical examiner service for all deaths were highly challenging due to increased activity and the changes in the death certification process.

We have continued to provide an out-of-hours service where organ donation is being considered, and to support families requesting urgent burial for faith reasons, this includes deaths in the community, both in and out of office hours.

Our bereavement nurses have also supported the implementation of the SWAN Model within the Trust, and we have created a small bereavement family room at the Leicester General Hospital.

2.7   Helping People to Recover from Episodes of Ill Health following Injury

Patient Reported Outcome Measures scores (PROMs)

Patient Reported Outcome Measures scores (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. A UK Competitions and Market Authority (CMA) order in 2014 mandated PROMs collection for privately-funded care, with the data being reported to the Private Health Information Network (PHIN) from September 2016. Participation rates and outcome data are published by NHS Digital.

The Trust considers that the data is as described for the following reasons:

Patients undergoing elective inpatient surgery for a hip or knee replacement, funded either by the NHS or privately funded are asked to complete a voluntary questionnaire before and after their operations to assess improvement in health as perceived by the patients themselves. The data provided below is for the final Patient Reported Outcome Measures (PROMs) between April 2024 and March 2025, which includes the small number of privately-funded patients.

There were 1,281 eligible hospital episodes and 1,035 pre-operative questionnaires returned, a participation rate of 83% for the Trust.

2.8   Ensuring people have a positive experience of care

The Trust actively seeks feedback from patients, family members, and carers. The feedback received is reviewed by the clinical and senior management teams to help 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 is then allowed to explain why they have given their answer.
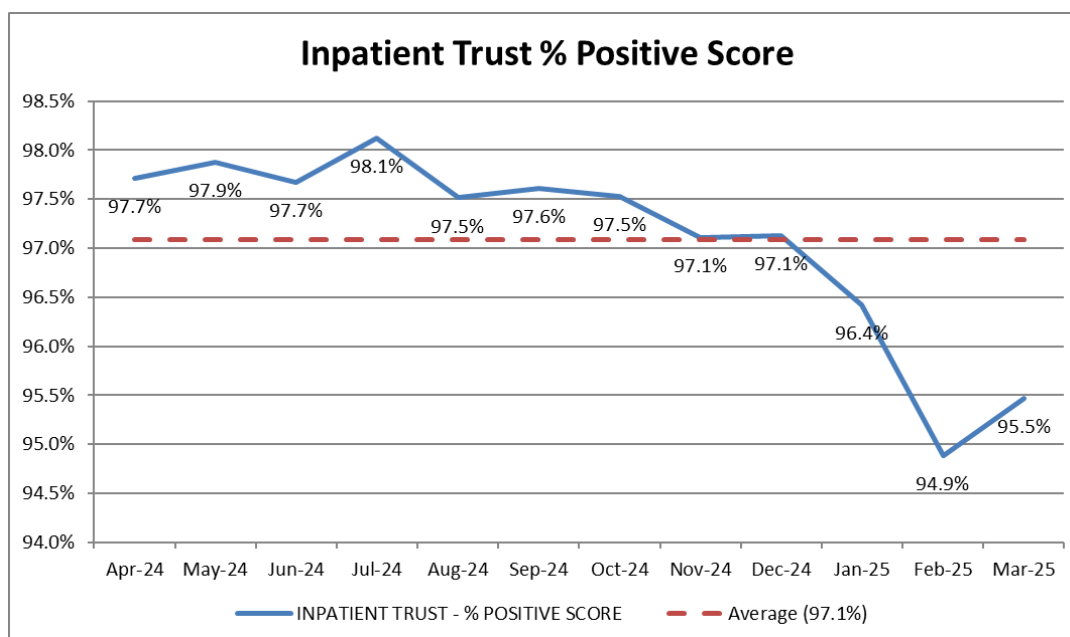
"Please tell us why you gave this answer and anything we could have done better".

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

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

The Trust monitors the Friends and Family Test to see how services are viewed from a patient's perspective. The Friends and Family Test score can be viewed at ward, clinic and 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. A significant decline from 97.1% in December to 95.5% in March has been observed since the introduction of automated SMS text to collect the inpatient FFT the day after discharge. When more data has been collected, analysis will be undertaken to understand the areas most affected by the change in survey presentation/timing.

Chart 1: Friends and Family Test Scores for all Inpatient wards

Inpatient Trust % Positive Score

- 97.7%
- 97.9%
- 97.7%
- 98.1%
- 97.5%
- 97.6%
- 97.5%
- 97.1%
- 97.1%
- 96.4%
- 94.9%
- 95.5%

Apr-24 May-24 Jun-24 Jul-24 Aug-24 Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25

—— INPATIENT TRUST - % POSITIVE SCORE   – – Average (97.1%)

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 our patients' risks are assessed promptly and that any indicated thromboprophylaxis is administered reliably.

Table 3: Venous Thromboembolism
(Source: University Hospitals of Leicester NHS Trust)

Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism **Target 95%**	Q1 Apr-June 24	Q2 July-Sept 24	Q3 Oct-Dec 24	Q4 Jan-Mar 25	Full Year 24-25
		98.26%	98.14%	98.2%	96.52%	97.78%

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

- VTE risk assessment rates are reviewed by the 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 NHS Trust has taken the following actions to further improve this, and so the quality of its services:

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

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- Resumed central reporting of VTE risk assessment rates to NHS England following the hiatus post-COVID-19 [Statistics » VTE risk assessment 2024/25](https://www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-2024-25/) https://www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-2024-25/
- Completed the annual Trust-wide VTE Prevention audit to confirm our performance against NICE Quality Standard 201 (previously NICE Quality Standard 3)
- Continued to refine VTE-related electronic assessments in our electronic patient record and further developed patient safety alerts regarding VTE pharmacological prophylaxis

Clostridium difficile (C. diff)

Clostridium difficile (C. diff) 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 is as described for the following reasons:

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

- The infection prevention team produce a weekly data set on alert organism surveillance and shares it widely throughout the Trust

The University Hospitals of Leicester NHS Trust 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. Clinical teams can then direct the focus of their actions and interventions to ensure that infection numbers remain as low as possible.

Patient Safety Incidents

A patient safety incident is an unintended or unexpected event 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 is as described for the following reasons:

- Patient safety incidents are captured on Datix, the Trust's patient safety incident reporting system, and are uploaded to the national Learning from Patient Safety Events service (LFPSE)
- Moderate, major and death harm incidents are validated by the patient safety team and this process is subject to external audit
- 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 safety priorities within our Patient Safety Incident Response Plan

Developing our Quality Strategy this year which sets out how we will achieve and maintain quality through four key goals:

- ✓ Relentless Focus on Safety
- ✓ Strengthened Patient Voice
- ✓ Outstanding Care Quality
- ✓ Equitable Care Experiences

Having a dedicated Safe Surgery work programme

Having a detailed Perinatal Safety Improvement programme

Having a strong focus on patient-centred care and medicines safety via our Medicines Optimisation work 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 the Maternity and Neonatal Safety Investigations (MNSI) team and other organisations to maximise our efforts to reduce preventable harm and Never Events

Triangulating patient safety incident data with complaints, claims and learning from deaths and inquests

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 on strengthening the voice of the patient/family in keeping patients safe. This year, we have further embedded national initiatives that support families to raise and their concerns.

Duty of Candour

On 1 April 2015, the statutory Duty of Candour (Regulation 20 of the Health and Social Care Act 2008), regulated by the Care Quality Commission, came into force for all healthcare providers. The regulation aims to ensure that providers are open and transparent about the care and treatment they provide. 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:

- Undertaken organisation-wide communications in 2024/25 to promote our Duty of Candour support material, which includes a short training video and letter guidance on 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 so they can address them in their 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 the Patient Safety Learning and Improvement Committee, the Patient Safety Committee and the Quality Committee

2.9   Learning from Deaths

During Quarters 1 to 4 in 2024-25, 3,210 patients were part of the Trust's Learning from Deaths process (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 2024-25

Time period	Number of deaths
April 24 to March 25	3210
Q1	710
Q2	730
Q3	904
Q4	866

By the end of March 2025, 58 case record reviews (Structured Judgment Reviews) and two investigations by the patient safety team had been completed in relation to the 3,210 deaths. In addition, three cases were subject to both a case record review and an investigation. There are 291 cases where the structured judgment reviews have yet to be completed.

Table 5: Number of case record reviews during 2024-25

Time period of death	Deaths Reviewed or Investigated (as at end of March 2025)
April 24 to March 25	60 (to date)
Q1	28 to date
Q2	27 to date
Q3	4 to date
Q4	5 to date

Three (0.09% of 3,210) deaths reviewed or investigated (as at the end of March 2025) were judged 'to be more likely than not to have been due to problems in care provided to the patient'.

The patient safety team has investigated or is still investigating all reviewed deaths considered more likely than not to have been due to problems in care.

Table 6: Number of deaths reviewed or investigated during 2024/25 (to date) and judged to be more likely than not due to problems in the care provided to the patient.

Time Period 2024/25	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	1 (0.14%) Data not yet complete
Q2	2 (0.27%) Data not yet complete
Q3	0 Data not yet complete
Q4	0 Data not yet complete

These numbers have been collated from the conclusions of the 60 cases described above.

Learning identified through our case record reviews has included:

- Theatre capacity - for 'urgent' but not 'life threatening'

- Complexity of anticoagulation therapy – bridging /pausing for procedure /surgery, risks of bleeding vs thrombosis in patients having had a fall (both pre and in hospital)

- Imaging – reporting / flagging of incidental findings / concerns alerts -? related outsourcing

- Monitoring of side effects of chemotherapy

- Ordering of outpatient investigations so visible on Nervecentre if patients present as an emergency

- Investigation results seen/acted on – particularly where investigations are carried out and/or results become available post-discharge and/or incidental findings

- Co-ordination of care where patients need input from more than one specialty

- Communication with patients/family – particularly in respect of prognosis – managing expectations post discharge

- Discharge communication/handover to other organisations

In most of the cases reviewed, actions were around raising awareness and sharing the lessons learned with clinical teams.

Learning identified through mortality reviews will inform the priorities for Year 2 of our Patient Safety Incident Response Framework.

Other actions taken or in progress are:

- Review of prioritisation and efficiency of Emergency Theatres

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

In 2023-24, 322 deaths were subject to case record review as part of specialty mortality and morbidity review.

After submission of our 2023-24 Quality Accounts, 183 case record reviews and investigations of deaths during 2022-23 were completed.

Following the completion of these additional 189 case record reviews, seven out of 3,114 Inpatient/ED deaths in 2023-24 (0.22%) were more likely than not due to problems in care.

2.10   Performance against national standards

Indicators:

Urgent and Emergency Care (UEC)

UEC has been challenged during 2024/25 although we have seen improvements and continue to work with partners across Leicester, Leicestershire, and Ruland to improve pathways of care.

In 2024/25 we have:

- expanded our Same Day Emergency Care pathways and seen an increase of 10% from 2023/24.

- developed Virtual Ward capacity in a number of specialities including paediatrics.
- opened a new ward at the Glenfield Hospital.
- expanded specialist input into the emergency department at the Leicester Royal Infirmary.
- improved our discharge processes to get people home, or to the right place for their onward care, discharging c. 20,000 more patients than in 2023/24.
- reduced Length of Stay for our emergency patients from 4.04 days to 3.73 days resulting in patients being able to go home sooner.
- supported timely ambulance handover using temporary escalation spaces throughout the Trust to support patient flow from ED to the wards. We have good oversight of care processes in these areas but recognise the need to reduce our reliance on these areas.
- improved our 4-hour access performance from 72.7% in 2023/24 to 75.2% in March 2025.

During 2024/25 we were challenged with ambulance handover times affecting our ability to take patients from ambulances and into our emergency department. Our ambulance performance across the year showed a deterioration of seven minutes from an average of 40 minutes to 47 minutes to handover. Our 12-hour performance was 12.03% in March 24 compared with 10.61% in March 25

This demonstrates the need to further improve our UEC performance. Our demand increased by 14,375 attendances to our emergency department, and we admitted 11,822 more patients to our hospitals compared with 2024/25. Due to the increased pressures in our UEC pathways, and capacity and flow challenges meaning patients often waited for a bed in our emergency department for much longer than we would have liked.

Our strategy for improving emergency care performance remains focused on ensuring patients always receive the right care in the right place. This includes:

1. Flow into UHL: ensuring that patients only present at our hospitals when they need to and ensuring appropriate provision of services outside hospital to meet patient needs

2. Flow through UHL: ensuring a quick access to diagnostics and specialities, so that patients can get the care they need to be readied for discharge

3. Flow out of UHL: ensuring timely discharge when patients are ready to go home or to onward care

In 2025/26 we will:

- Further develop of Same Day Emergency Care (SDEC) services with the new Frailty SDEC
- Develop our direct access pathways for our GP and ambulance colleagues
- Work with partners to ensure care plans are in place for those who use our services on a high frequency basis
- Open additional capacity in the community

- Develop our medical day-case services enabling more patients to be treated as a day case
- Work with partners to further improve our discharge pathways
- 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
- Transform the existing pathways for admission from ED into Medicine, Cardiology and Respiratory
- Increased Nurse Delegated Discharge

Within the Trust, progress is overseen by the UEC Transformation Group and Operations and Performance Committee.

Planned Care
[Referral to Treatment]

Table 7: Performance against the referral to treatment

Performance Indicator	Target	2023/24	2024/25
RTT - incomplete 92% in 18 weeks	92%	56.4%	55.2%
RTT - waiting list size	99,985	109,027	107,620

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 2024/25. Despite this, there is a lot to be proud of in terms of progress across all aspects of elective care, cancer care and diagnostics in 2024/25. Against a backdrop of industrial action in the early months of the financial year and on-going emergency and cancer pressure, our performance metrics continued to deliver well.

In May 2024, the Trust was stepped down from all national tiering. This positive move was in response to a significant reduction in long waits and confidence in the leadership and delivery of improvements over the preceding months. In June 2024, the criteria for entering tiering changed and the Trust was added back for cancer only.

Our focus on reducing our waiting list this year has led to achievements including:

- The elimination of 104-week waiters through this year
- Largely achieving the elimination of 78-week waiters this year, with exceptions only in particularly complex cases or to accommodate patient choice. In March 2025 our final reported 78-week waiter position was 5
- March 2025 our reported 65-week waiter position was 132.
- Setting ourselves the challenging ambition of having no patients waiting over a year for their treatment. While we have not managed to deliver zero 52-week waiters yet, we are pleased that we have continued to significantly reduce this number, ending the year with 1,976. This represents under 2% of the total waiting list

- Our total waiting list has stabilised over the year (April 2024 - March 2025) and despite in-year fluctuations and increases it now stands at 107,620

We are very proud of these achievements; however, we accept that people are still waiting longer than we would like on our waiting lists. As we move into 2025/26, we will continue to focus on reducing waiting times as one of the key expectations in the NHS Elective Reform Plan, which aims for a return to the national 18-week wait standard by March 2029.

What we did in 2024/25

The key tenets of the operational plan for planned care in 2024/25 fell into five key themes; improving productivity (making our processes as efficient as possible), increasing capacity (ensuring we have the right services and facilities in place), outpatient transformation, process fundamentals and partnership (building strong links with our partners).

Our areas of focus included:

- Increasing day case activity and use of procedures rooms
- Improving theatre booking and scheduling
- Reducing non-attendance rates for appointments
- Increasing the use of our community capacity
- Opening of Phase 2 of the East Midlands Planned Care Centre
- Cementing our relationship with University Hospitals of Northampton to make best use of our capacity
- The roll out of best practice elective training

The Trust has worked on all these priorities and more to reduce the length of time patients are waiting for their diagnosis and treatment. We have maintained digital innovation working in partnership with Accurx to expand the number of services using two-way patient messaging. This has made it easier for patients to communicate with our services and replaced the need for administration teams to send out appointment reminders manually. We have also piloted several initiatives to reduce follow up activity via digital questionnaires and triage forms.

Cancelled operations and patients booked within 28 days

Table 8: Performance against the cancelled operations targets

Performance Indicator	Target	2023/24	2024/25
Cancelled operations on the day	<5%	**8.9%**	**9.0%**
Patients cancelled and not offered another date within 28 days	0	**648**	**Not available**

Key: Green = Target Achieved   Red = Target Failed

Cancellations on the day remain above target in 2024/25. This is due to a range of factors, including significant Urgent Emergency Care (UEC) pressures impacting

bed capacity and surgical flow within both adults and paediatric activity. Cancellations due to bed capacity is the single biggest reason for On the Day Cancellations (OTDC), with the Leicester Royal Infirmary hospital site having the largest proportion of these. The Trust 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 2025/26 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

- Improving 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

- Continuing 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 9: Performance against the diagnostic waiting times target

Performance Indicator	Target	2023/24	2024/25
Diagnostic Test Waiting Times	8%	**23.7%**	15.4%

Key: Green = Target Achieved   Red = Target Failed

The Trust has seen a continued reduction in the number of patients waiting more than six weeks for a diagnostic test.

The overall waiting list did grow by 7% since April 2024 to just under 28,000, however the number of patients waiting over 13-week waits by March 2025 reduced by 61% from 2,395 to 923. Patients waiting more than six weeks also reduced by 34% to 4,281. Notable progress has been in Endoscopy, Computerised Tomography (CT) and Non-Obstetric Ultrasound (NOUS).

There have been specific capacity challenges in some areas, including MRI and sleep services, however additional activity has been sourced to support waits in the last quarter of 2024/25 which will continue into 2025/26.

A reduction in diagnostic waiting times has continued despite increases in demand from urgent and emergency, cancer and Referral to Treatment (RTT) pathways. Improving productivity has and will continue to be a key driver to maximise capacity for patients awaiting tests.

Nationally, the expectation in 2024/25 was for organisations to ensure 95% of patients waited less than six weeks for a diagnostic test, the Trust's figure was 75% in April 2024 improving to 84.7% for March 2025. There is more to do to continue to reduce these waits using resources and new community diagnostic hubs to deliver the standard of 95% by March 2026.

What we did in 2024/25:
- Delivered 14,782 additional tests compared to last year
- Significantly reduced the number of patients waiting for an Endoscopy test by 90% over 13 weeks and 82% of patients waiting over 6 weeks
- CT have reduced over 13 weeks by 76% since the start of the year
- NOUS reduced six week waits by 93%
- Progressed the £24million capital investment for the Hinckley Community Diagnostic Centre – due to open in June 2025
- A new endoscopy unit is being built with patients accessing the unit from August 2025 which will see increased capacity and reduced waiting times
- Initial progress to track and improve productivity of resources across elective MRI, CT and endoscopy

Plans for 2025/26 include:

The Hinckley Community Diagnostic Centre will open in June 2025 and later in 2025 the new Endoscopy Unit at the Leicester General Hospital will open. Both significant investments will increase capacity and the number of tests directly accessible via GPs.

Along with plans to improve productivity, the key aim is to continue to see a reduction in overall waiting list and achieve a target of 95% patients receiving a diagnostic test within six weeks of referral by March 26.

We want to:
- Reduce our reliance on short-term capacity solutions by achieving best practice benchmarks for the number of scans per machine per hour
- Reduce Did Not Attends (DNA) for MRI and CT tests to less than 3%
- Develop a Leicestershire, Leicester and Rutland Strategy for Diagnostics by July 25

Across all our Planned Care plans we will:

- Ensure that available resources are utilised effectively and efficiently across

all elective programmes, delivering value for money (VFM)

- Improve patient experience for all by responding to patient feedback and extending engagement with our service users
- Continue to grow our strong elective partnerships built across University Hospitals of Leicester NHS Trust and University Hospitals Northamptonshire

Cancer Targets

Table 10: Performance against the cancer targets

Performance Indicator	Target	2023/24	2024/25
Total referrals seen within 28 days	77%	75.7%	79.1%
Total referrals seen within 31 days	96%	78.9%	79.8%
Total referrals seen within 62 days	85%	57.8%	57.4%

Key: Green = Target Achieved   Red = Target Failed

Progress has continued throughout 2024/25, reducing waiting times for patients, and increasing the numbers we are able to diagnose within 28 days of referral. Access to cancer diagnosis has improved with more than 77% of patients being diagnosed within 28 days of urgent suspected cancer referrals. This has meant that we have also seen a 9% increase in the number of confirmed cancers diagnosed earlier when compared to last year.

Cancer waiting times have continued to reduce this year. At the beginning of the year, 415 patients had waited beyond 62 days. This fell to 281 by the end of the year, a 32% reduction. Patients waiting over 104 days also reduced by 55% with 70 patients waiting longer than this at the end of March. Notable progress was made in Colorectal, Urology, Upper Gastrointestinal and Lung.

In March 2025, **60.3%** of patients with a confirmed diagnosis of cancer were treated within 62 days.

In March 2025, **79.8%** patients received treatment within 31 days of a decision to treat, which remains of concern. To support improvements, the radiotherapy linac replacement programme completed in 2024/25 and a fifth linac became functional at the end of the year. This will, over the next 12 months, improve waits for patients and particularly for patients with prostate and breast cancer receiving hormone therapy prior to radiotherapy.

For 2025/26, improving the numbers of patients treated within 62 and 31 days with a confirmed diagnosed of cancer remains a priority.

What we did in 2024/25

- With support from our partners, including East Midlands Cancer Alliance we continued to invest in our cancer services for the population of Leicester, Leicestershire, and Rutland. This has included support for additional activity in urology, breast and skin pathways, increased the number of cancer nurse specialists available and improved cancer tracking
- As part of increasing personalised care, a thousand more patients were added to the database, ensuring timely access to re-attend our services should the need arise
- The Cancer Outcomes and Services Data set (COSD) compliance improved across all three areas: staging, performance status and CNS indicator codes. This provides data nationally to inform patient outcomes and advancements in cancer treatment as well as the support available to patients at diagnosis
- We worked in collaboration with the University Hospitals of Northamptonshire and East Midlands Acute Providers Network to support Oncology, Radiotherapy and Head and Neck Pathways, sharing resource where possible
- We received mutual aid support from United Lincolnshire Hospitals, University Hospitals North Midlands, and Northampton General Hospital, offering an alternative location to receive breast or prostate radiotherapy.
- We commenced a change for suitable prostate patients to be offered high dose, reduced fractionations in line with advancements in clinical guidance.

Plans for 2025/26 include

- introduce a joint skin and plastics clinic in the first quarter of 2025/26 to improve experience and reduce multiple appointments
- introduce effective scheduling for oncology treatments to minimise on the day waiting times for patients
- continue to focus on waiting list management to ensure the earliest date is offered to patients
- in April 2025, the Trust will distribute and process FIT tests to help reduce the time patients and GPs will wait to receive results
- develop the project plan for the Lung Cancer Screening programme by March 2026 – the aim of the programme is to improve earlier identification of patients and improve outcomes
- extend the liver surveillance programme to identify signs and symptoms of liver cancer earlier

From a digital perspective, we expect to increase our efficiency by improving the interface between the patient administration system and our cancer system as well as introduce paperless remote planning for radiotherapy.

Meticillin-resistant Staphylococcus aureus (MRSA)

Table 11: Performance against MRSA Targets

Performance Indicator	Target	2023/24	2024/25
MRSA (All)	0	5	4

Key: Green = Target Achieved   Red = Target Failed

In 2024/25, there were four Methicillin Resistant Staphylococcus aureus (MRSA) blood stream infections 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

In 2024/25, we created a seconded post for a Children's and Young People's Mental Health Matron to mirror the provision for Adult Patients and evaluate its effectiveness. The Children's Matron started in January 2025.

We have promoted the NHS 111 and Joy services within the Trust to help people access mental health services in a crisis.

We are actively working to improve access for people in mental health crises 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. We will continue to promote the use of JOY. This will be piloted in our Macmillan Cancer Centre then rolled out across the Trust.

2.12   Equality, Diversity, and Inclusion (EDI)

For the first time, we now have a dedicated Equality, Diversity, and Inclusion Strategy: ***Together we can: achieve a sense of belonging for all. 2025-2030,*** which is underpinned by the Trust's strategic framework and is aligned to our People Strategy. This strategy sets out our commitment to anti-racism and anti-discrimination, which is not just a statement of intent but an active guide to building a genuinely fair and inclusive organisation for our staff, patients, and communities.

In NHS organisations like ours, we know that people from Black, Asian, and other minority ethnic backgrounds are more likely to experience unfairness. This is a similar picture for other minoritised groups such as women, disabled people, and those from LGBTQ+ or religious communities. This is unacceptable, and while we have made progress toward becoming a fairer and more inclusive organisation, we

have much more to do. We are clear that discrimination displayed in any form, including, but not limited to, language, behaviours, unequal treatment, harassment, exclusion, stereotyping, or denying access to opportunities, will not be tolerated.

We have set out our commitment as an organisation to systematically challenge and change everything we do. Our central aim is to be an organisation where people feel that they belong and are valued, that we continue to help our people be highly skilled and talented individuals who enjoy working at the Trust and do their very best to help achieve their goals.

Our core aims are to:

- transition from short-term annual actions to long-term delivery.
- embed culture changes recommended by colleagues in our Engaging for Equality and Inclusion programme.
- provide a comprehensive cross-functional model for delivery.
- deliver against our staff pledge.

The national NHSE EDI Improvement Plan will be our baseline for improving outcomes for staff from diverse groups, supported by the data and evidence collected from the 2024 NHS Staff Survey 2024, previous NHS Staff Survey results, Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), and Gender Pay Gap (GPG).

We recognise that, as a Trust, not all staff have the same positive experiences. We have ambitious plans to drive forward change that supports a positive culture for all, making UHL the best Trust to work for locally, regionally, and nationally.

The Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) information can be found on our public website: Equality Reports and Data - Leicester's Hospitals

For the second year, the Trust hosted the British Indian Nurses Association Annual Conference on 29 November 2024. Approximately 400 colleagues joined us, and the event concluded with an awards ceremony, which saw the Trust receive the Ally of the Year Award and five of our nursing colleagues shortlisted and receive the highly commended awards across five categories, reflecting their exceptional dedication and achievement.

3.0 Patient and Public Perspective

3.1   Information for Public and Patients

In line with our recently published Prevention Report, the Trust began to take health screening, health advice and healthy lifestyle information out into community venues over the last year. These health events have been well supported by our service leads and clinicians and aim to improve access for communities that may not take up opportunities in more traditional healthcare settings. We trialled this approach at our last Annual Public Meeting, where over 300 members of the public accessed liver screening, aortic aneurysm screening, and health and lifestyle checks and advice. Building on the success of this event, a second health outreach event was held in February 2025 at the African Caribbean Centre. The event made a range of health contacts accessible to members of the community.

The Trust continues to align much of its patient and public Involvement activity to the Health Inequalities agenda. Our organisational strategy places a clear priority on addressing health inequalities within the local population. In support of this work, we established the University Hospitals of Leicester Health Equality Partnership. The Partnership has brought together over 40 local groups and individuals, representing a wide range of communities that are known to experience health inequalities. The Partnership is led by the Director of Health Equality and Inclusion and the Director of Communications and Engagement. Over the last year, our community partners have been involved in the development and testing of an exciting new AI-generated translation software and are involved in the implementation of a new WhatsApp community channel for the Trust.

In July 2024, the Trust held its first Health Equality Summit, in partnership with the University of Leicester. This successful event generated interest and enthusiasm among Trust colleagues to explore how they can positively address health inequalities in their practice. The event was attended by 250 people and included the involvement of our Health Equality Partners, who participated in a panel discussion and co-created and delivered breakout sessions. Keynote sessions were delivered, and Trust colleagues also shared the proactive work they have been doing to address health inequality in children's diabetes, maternity and head and neck cancers.

The Trust continues to communicate regularly with its public membership, which reaches more than 6,500 people across Leicester, Leicestershire, and Rutland. Members are provided with news from the Trust, opportunities to get involved, and invitations to events. As part of our membership engagement, we have maintained a programme of online monthly medical talks, Leicester's Marvellous Medicine, which are well-attended. Our consultants deliver the talks on a range of medical topics. These events provide an opportunity to showcase the Trust's expertise in various fields, as well as share our latest research projects and promote services. The interactive talks provide opportunities for people to ask questions and give their views on Trust services, with feedback going directly to the consultant responsible. Topics covered over the last year include arthritis, gall stones, hearing loss, infant mortality, hypertension, asthma, M-pox, breast cancer and menopause.

Colleagues across the Trust support several patient groups, which meet to inform our services, provide peer support, and educate patients about their conditions. An example is our renal services, which has a well-established patient group that meets regularly to steer the delivery of renal services. Several of our cancer specialties have active patient groups such as our breast care and head and neck cancer groups. Our Children's Hospital also regularly engages with our Youth Forum to evaluate children's services and steer future service development. We are working with other services in the Trust to establish more patient groups.

Our communications team manages several social media accounts, including X, Facebook, and Instagram used to share information, news, images, and advice. We respond to issues and concerns raised by members of the public through these forums and to the 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

The Trust actively seeks feedback from patients, family members, and carers. Feedback received is reviewed by the clinical and senior management teams to help shape services. The overall aim of the collection of feedback is to improve the experience of our patients and visitors.

Hot boards are used in the clinical areas to display monthly Friends and Family Test scores, and the changes or actions colleagues have taken in response to feedback received on a "you said, we did" display. This can be used when there are suggestions for improvement or when the feedback is positive, as both learning points and outstanding practice can be shared and reinforced.

During 2024/25, there were 271,922 feedback forms/surveys submitted by patients. These surveys included the Friends and Family Test question, of which from the 271,922 responses 255,551 contained a positive response, 9,076 included suggestions for improvement, and 7,295 were neither positive nor negative. During 2024/25, there have been 1,457 completed Family, Carers and Friends feedback forms received by the Trust.

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

- all areas collect feedback via QR scan with touch screen devices in some areas
- all electronic surveys offered in English, Polish, Gujarati and Indian Punjabi
- patient stories, both positive and negative, are recorded and discussed at senior Trust forums to ensure learning and sharing is optimised

Table 12 feedback mechanisms

Area	Paper forms	Automated Text message to mobile
Emergency	FFT, Message to matron	Sent on the day after visit
Inpatient & Daycase Wards	FFT, Message to Matron	Sent on the day after discharge
Outpatients	None	Sent following attendance
Maternity	FFT forms in community only	Sent at 36 weeks, and 10 days post birth

Patient Recognition Awards

This award recognises colleagues mentioned specifically by name by patients, family, and carers in the Friends and Family Test feedback comments. These comments detail the positive impact the colleague has had on their experience while they have been in hospital. During 2024/25, there have been eight winners - three nurses, three midwives, and two consultants.

2024/25 winners are pictured below.

Midwife	Staff Nurse	Registered Nurse
Mariam Issa	Augustin Raj	Charlotte Gardner

3.3   Volunteer Services

Volunteer Services is managing a targeted recruitment of committed volunteers to provide a range of services across our hospitals. Although we offer interesting and rewarding roles that provide volunteers with the motivation and satisfaction to remain with us, we continue to have an issue with retention of volunteers within the service. However, this does not reduce the quality of support we continue to provide to patients, colleagues and the Trust.

Our volunteers deliver a Meet and Greet service in public areas of our hospitals to help patients and visitors find the departments and wards they need. They also help make the journey, if needed. In addition, there are now volunteers in more clinical and outpatient areas including the East Midlands Planned Care Centre. Experienced volunteers have taken on the role of Shift Leader.

New buggies have just been purchased to help expand and deliver the service across the three hospital locations. These have been funded by Leicester Hospitals Charity who will also use the buggies to promote and publicise the charity.

We have Patient Visiting Volunteers who completed around 4,000 visits across the Trust in 2024. The team of volunteers has grown in number by 30% and some speak languages such as Polish, Gujarati, and Turkish engaging with patients who also speak and understand those languages. This can help to reduce social isolation when visiting our hospitals. These volunteers are also able to identify patients who may benefit from other types of volunteer support and help them to access services.

Our Time for a Treat service is now back offering services to patients such as hand massage, manicures, and hairdressing. During a typical month more than 500 patients across the Trust received a treatment through this service. Recruitment to develop the hairdressing service is a current priority.

One of the more unique services offered is visits from our Pets as Therapy (PAT) dogs and their companion volunteers. We now have six PAT dog volunteers that visit our hospitals regularly and are available for visits or support in all areas of the Trust.

Our new Shop Trolley service is proving popular with patients and colleagues at the Glenfield Hospital. Working in partnership with the retailer, we are now able to visit wards 3 to 4 days a week and offer patients the opportunity to shop for themselves.

We have signed up 128 Volunteer Champions across the Trust. These champions are colleagues that provide volunteer support and recognise and promote the roles that volunteers do in their area.

Volunteers can nominate a Star Champion for recognition for their help and support.

3.4   Dementia Care

For people living with dementia (PLWD), being admitted to hospital can be a distressing and challenging experience. Unfamiliar surroundings, increased noise, and disruption to daily routines can lead to anxiety, confusion, and heightened risk of harm. These challenges also impact families and carers, adding to their stress and worry during what is often already a difficult time.

The Trust has established a strong foundation of inpatient dementia care. Our two core services — the Meaningful Activities Service (established in 2013) and the

Admiral Nursing Service (established in 2019) — were formally brought together in 2024 under the umbrella of Dementia Services.

The overarching aim of Dementia Services is to improve the hospital experience for people living with dementia and their families or carers, through tailored support and expert care.

Services

The 2024/25 restructuring of our Dementia Service has created new opportunities for service improvement. This restructure represents a step towards a more efficient and sustainable model of care and reflects a renewed commitment to enhancing dementia care within our hospitals.

Admiral Nursing Service

The Admiral Nursing Service provides specialist dementia care through expert clinical advice, therapeutic interventions, and emotional support for both patients and families. Admiral Nurses deliver person-centred and relationship-centred care, particularly for individuals with complex needs who require more intensive, Tier 3-level support.

This service plays a vital role in enhancing the quality of care and overall experience for PLWD and their families throughout their time in hospital. It ensures continuity, advocacy, and guidance across often fragmented health and social care systems.

The Admiral Nursing Service supports adult inpatient areas across the Trust, operating Monday to Friday between 8pm and 4pm. Vacancies across dementia services throughout the year has reduced activity and provided an opportunity to restructure the service in line with patient need and service demand. With the new appointment, the team is well-positioned to resume its full role in delivering person-centred and relationship support.

Meaningful Activities Service

The Meaningful Activities Service supports inpatients with diagnosed or suspected dementia and/or delirium. It focuses on helping individuals maintain their daily routines, cognitive skills, and sense of identity during their hospital stay.

By offering personalised activities, the service reduces anxiety and supports emotional wellbeing while also helping to prevent deconditioning. This can lead to shorter hospital stays, reduced risk of harm, and a lower likelihood of increased dependency.

The Team Leader post became vacant in July 2024, as part of the restructuring, and is expected to be replaced by a new Dementia Services Practitioner role. This change will allow for more defined and tiered support (Tiers 1 and 2) for PLWD and their carers.

Vacancies within the team has limited the number of patients the service could support on a regular basis this year.

Service coverage:

- **seven-day service (08:30–20:00)** in Adult Emergency and Emergency Floor areas
- **weekday service (08:00–16:00)** in adult inpatient areas, mainly Older People's Specialist Medicine and Specialist Surgery at LRI—where dementia and delirium prevalence are highest

Department Leadership

A new dementia services department leader role has been introduced to oversee and strategically lead both services. This replaces the previous lead admiral nurse post and reflects the Trust's broader ambitions for service development aligned with the Trust's Dementia Strategy. The postholder is due to start in Q1 2025 and will lead on driving quality improvement and service integration across the Trust.

The organisation has also recently appointed an associate medical director responsible for Dementia and Delirium. This role brings senior clinical leadership to the forefront of dementia strategy, supporting alignment between medical, nursing, and operational teams. The associate medical director will play a key role in driving forward quality improvement initiatives, supporting implementation of evidence-based practices, and ensuring that dementia and delirium remain core considerations in Trust wide decision-making.

Innovation

In 2024/25, Dementia Services made considerable progress in implementing digital processes to improve efficiency and caseload management.

Admiral Nursing on Nervecentre

- A dedicated Admiral Nursing profile was created on Nervecentre to document assessments and interventions in a visible and accessible format for ward staff.
- An Admiral Nursing LiveFlow was introduced, tracking PLWD flagged with either a dementia alert or diagnosis code.
  - This real-time tool enables proactive caseload management and helps the team identify patients who may require Tier 3 support without time-consuming ward list reviews.

Meaningful Activities on Nervecentre

- The Meaningful Activities Service transitioned to electronic referral and caseload management via Nervecentre.
- Ward teams can refer patients quickly and efficiently, and MAFs can

prioritise referrals with visibility for all ward staff.

- Supported by the Clinical Audit Team, data collection has transitioned from paper-based to electronic systems – saving time and improving service responsiveness.

Referrals

- In Q1 and Q2 of 2024, the Admiral Nursing Service supported 160 PLWD and their carers.
- Due to reduced staffing in Q3 and Q4 2024, the number supported dropped to 49.

Audits and Metrics

Round 6 of the National Audit of Dementia was undertaken in 2023. Results received in January 2025 identified areas for improvement, particularly around:

- recognition and treatment of delirium
- family/carer experience of dementia care

In response, workstreams under the Dementia & Delirium Strategy Action Group are:

- drafting a new Dementia Guideline.
- finalising a Delirium Policy and Delirium Assessment Bundle.
- expected to be implemented in 2025/26, ahead of Round 7 in 2026.

A new set of bespoke metrics developed for the Meaningful Activities Service was trialled in Q4 2024 and expected to be implemented within 2025/26 to help monitor service quality and outcomes for patients with dementia and/or delirium.

Training and Education

The Dementia Services team continues to deliver Trust-wide education on dementia and delirium care.

Key Highlights:

- monthly Dementia Awareness Category B training (via Microsoft Teams) reaches up to 100 staff per session
- Q3 2024 training was reviewed to ensure alignment with the Dementia Training Standards Framework and approved by the Clinical Education Team
- Q4 2024 a review of Category A training workbook for Estates and Facilities staff began, to ensure consistency with the eLearning version

Older People and Dementia Champions Network

- Relaunched and rebranded during Dementia Action Week (May 2024).
- Quarterly link sessions and training for new Champions continued throughout the year, with consistently strong engagement and attendance.

Ad Hoc/Bespoke Training

- Ongoing contribution to training for Enhanced Patient Observation Healthcare Support Workers, both in classroom settings and through hands-on shadowing with MAFs.

Feedback

A service-specific feedback form was launched in October 2024, allowing patients and carers to rate their experience and provide comments. Forms are completed via QR code.

- 100% of respondents rated the service as 'Excellent'
- all would recommend the service to others

Feedback Comments:

"I have enjoyed talking about all sorts of things - particularly cross-stitching. It really helped me with my stress levels… I laughed a lot and feel so much better after my experience."

"[MAF] came several times while I was visiting my mother. I hadn't appreciated how much of a difference it made. She was visibly happier after talking to her."

"Lovely support with my mum, inviting her to the dementia café."

"[MAF] was very friendly and upbeat. She offered magazines to look at… This service is extremely worthwhile, especially for patients with long hospital stays."

Enhanced Patient Observation Team

Enhanced Patient Observation (EPO), formerly known as one-to-one (1:1) care or specialing, is integral to safe and effective patient management within acute hospital settings. Also referred to as Enhanced Therapeutic Observation and Care (ETOC), enhanced care or enhanced therapeutic observations, EPO is essential for patients at risk of harm to themselves or others.

The EPO model was recently adopted at the Trust in response to a significant surge in demand for enhanced therapeutic care provided by temporary staffing including

agency and security. Initially, the service lacked formal governance structures, which highlighted the urgent need for robust oversight and consistent standards to ensure safe, effective, and appropriate level of support.

Recent efforts led by NHS England (2024) have focused on standardising practice and aligning approaches across the NHS. EPO promotes recovery, preserves dignity, and ensures holistic, person-centred care. The primary objective is to ensure safety while maintaining the patient's dignity, autonomy, and access to appropriate therapeutic care.

EPO in the acute setting is typically required when patients exhibit behaviours that may be challenging, often due to cognitive impairment, acute illness, or mental health concerns. These behaviours may be temporary (e.g. drug or alcohol withdrawal, delirium) or permanent (e.g. dementia) and frequently occur in patients who are under legislative frameworks such as the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS).

In Q4 2024, our Enhanced Patient Observation policy was published, replacing the previous Altered Behaviours in Adult Inpatients policy. This policy differentiates between levels of EPO based on patient's needs, in line with the Safer Nursing Care Tool (SNCT) (see Figure 1); Levels 0 and 1b are undertaken within the ward's existing establishment.

Table 13. Levels of Observation of Patients

Level 0	Observation: Monitor within ward establishment
Level 1b	Observation: Patient is within line of sight - intermittent
Level 1c	Observation: Monitor within arm's length - continuous
Level 4 (1d)	Observation: Security

EPO service at University Hospitals of Leicester NHS Trust

In November 2023, the Trust launched the Enhanced Patient Observation (EPO) service following a comprehensive review of 1:1 care, providing a combination of intermittent/eyesight observations and continuous observation at arm's length. The needs of the patient indicate it is required. In April 2024, the SNCT was updated to incorporate Level 1c and provided clarity that Level 1b was to be provided within the ward's establishment. With the support of the Safer Staffing Team, the EPO service has incorporated this into their service delivery model; therefore, since October 2024, they have provided only Level 1c (within arms' length). Any exceptions to this are rare and linked to safe staffing levels. This change in Q3 2024 enabled the service to expand without a significant staffing increase.

The expansion of the service in 2024/25 has been gradual, taking into account:

- recruitment of HCSWs
- training of HCSWs (including a supernumerary period)
- in-depth work with wards before and after taking over their EPO requirements, ensuring ward staff have sufficient knowledge of EPO, understand the purpose of the service, and outline remit, roles, responsibilities and expectations

The wards currently supported by the service are at the Leicester Royal Infirmary, where the greatest need for EPO is currently. At the beginning of Q1 2024, the service covered all CHUGGS LRI wards (16, 21, 22, 39, 40, 41, OAU, 42, 43, BMTU).
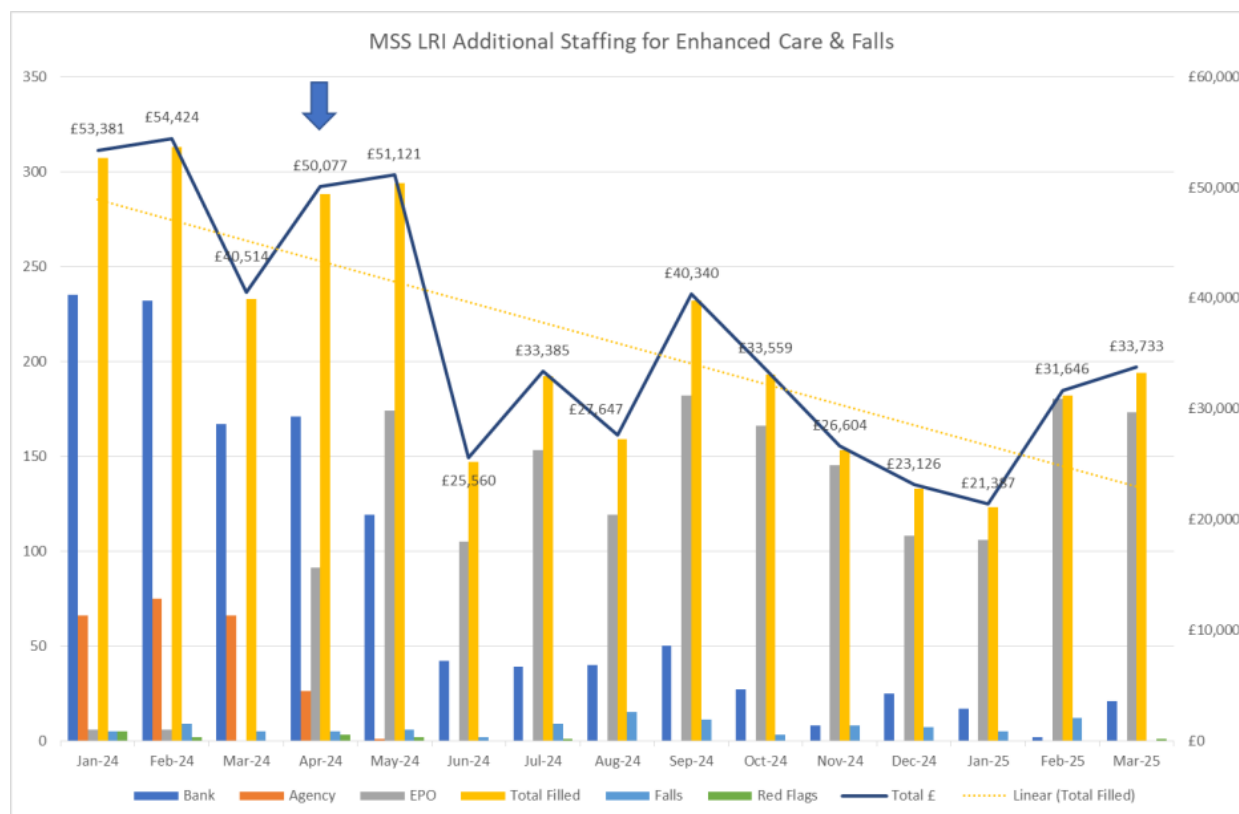
Chart 2 CHUGGS Data for EPO
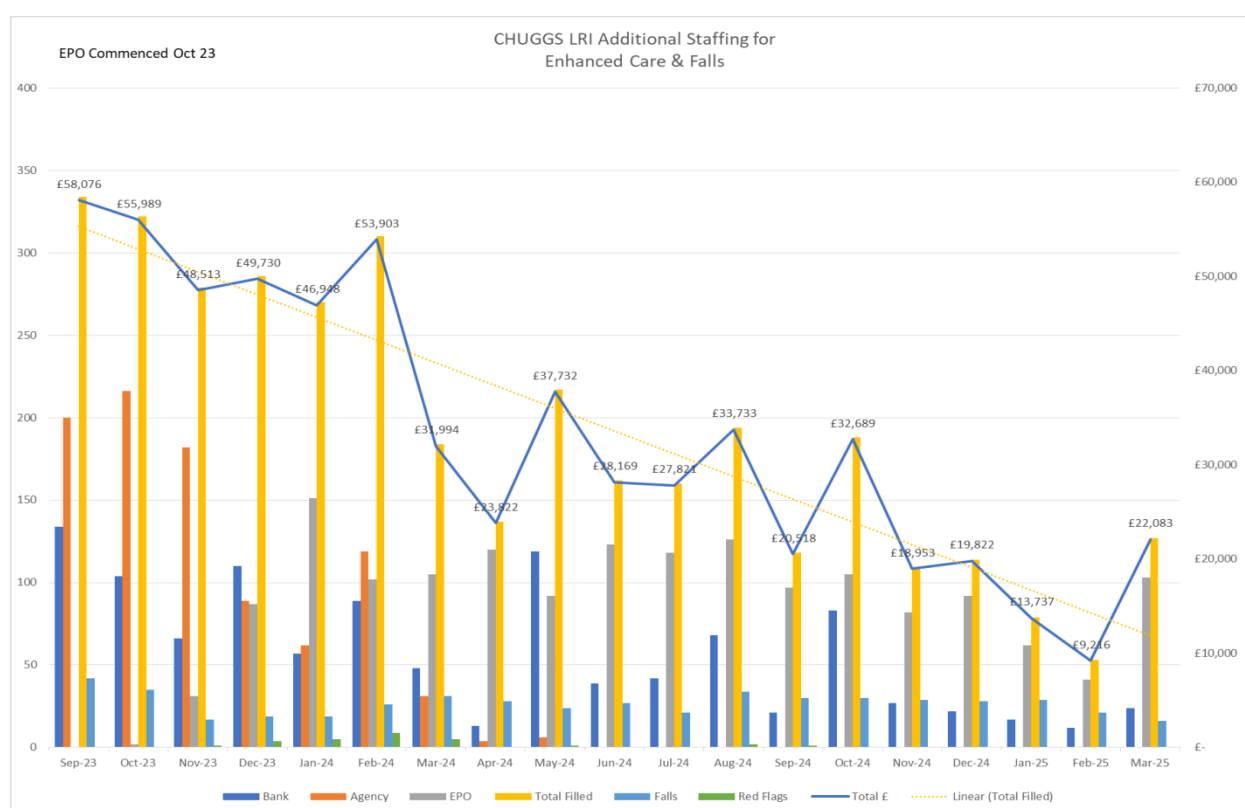
In mid-April, the service expanded to the MSS LRI wards (9, 17, 18, 32, Kinmonth).

Chart 3 MSS data for EPO

MSS LRI Additional Staffing for Enhanced Care & Falls

Individual wards were later added as service capacity increased: wards 30 (August), and 15/AMU South (October), AFU (December), and 29 (February).

The EPO service currently consists of 38 WTE HCSWs covering a 24/7 roster and 4 WTE Registered Nurses (RNs) (a Department Leader and three Deputy Department Leaders) available between 8:30am and 8pm daily.

In 2025/26, the service will expand throughout the remaining adult wards and then further to the Leicester General Hospital and the Glenfield Hospital.

ETOC Framework

Four key pillars, aligned with NHS England's ETOC Framework (2024), underpin the EPO service.

1. **Effective Leadership and Oversight**

- The EPO registered nurse on duty undertakes daily reviews of newly referred and existing patients to ensure the appropriate levels of observation and timely assessment and oversight.
- The EPO registered nurse on duty provides daily support to EPO HCSWs on shift day and night.
- The service is overseen by the lead nurse for enhanced care and matron for restrictive practice. It operates within a framework of locally developed policies that align with national legislation.

- The lead nurse actively supports equivalent services within our group of Trusts – both Kettering General Hospital and University Hospital of Northampton.
- The lead nurse and matron are actively involved in regional and national 'ETOC' networks, regularly sharing the service's achievements and journey to success.

2. Effective, Person-Centred, and Safe Therapeutic Care

- All referrals are made electronically through Nervecentre, providing patient triage and assessment information.
- EPO registered nurses perform a comprehensive, holistic assessment, including:
    - identification of potential unmet needs (e.g. pain contributing to agitation)
    - legal frameworks (e.g. MCA, DoLS)
    - clinical documentation (e.g. altered behaviour charts, falls risk)
    - environment and staffing levels in the patient's area
- Patients requiring arms' length support on a ward covered by EPO will have this documented on the patient's electronic record, along with rationale and recommendations.
- A paper role card is completed based on the patient's needs and is kept alongside the behaviour chart.
- Person-centred and safe therapeutic care is at the core of training delivered to EPO HCSWs.
- EPO registered nurses undertake monthly metrics to assure that the expected high standards of effective, person-centred, and safe therapeutic care are being maintained.
- Feedback from patients and/or relatives/carers is obtained through an online feedback survey.

3. Effective Education and Training

- All EPO HCSWs complete the National Care Certificate, ensuring they have a practical understanding of the HCSW role within the Trust.
- The senior nursing team and multi-disciplinary teams (e.g., mental health, substance misuse, chaplaincy) deliver an additional three days of advanced training.
- All team members undertake the De-escalation, Management and Intervention two-day course and an annual refresher day.
- After this initial training, staff complete and maintain a competency book and receive daily clinical supervision to ensure continuous development and support.

- Any learning needs identified through metrics or feedback are addressed with individuals and/or the whole team as appropriate.

4. Effective Workforce Planning and Deployment

- The EPO registered nurse on duty monitors workforce levels daily and any concerns regarding staffing are escalated through established Trust procedures, such as red flags.
- The EPO registered nurse on duty is responsible for effectively managing its workforce, ensuring that patient needs are matched wherever possible to staff members (e.g. by gender, skills in particular types of activities such as art).
- Recruitment into the EPO service is ongoing to support the planned full organisational rollout.
- Advertisements have attracted a large number of applications, and many internal expressions of interest have been received from existing bank or substantive staff members.
- The retention rate of HCSWs within the service was over 90% in 2024/25, attributed to the focus on wellbeing, flexible working, compassionate leadership, and including them in the decision-making and development of the service.
- Registered staff have been retained, with the exception of the Department Leader, who changed in September 2024.

Referrals

When beginning in a new clinical area, there are notable influxes of referrals as wards adjust to new processes and begin to understand the remit, roles, and responsibilities of the EPO service. Expected fluctuations in referral numbers are accounted for when planning moves into new areas.

Metrics

The EPO service has developed specialised monthly metrics to obtain quantitative data, which were rolled out in October 2024. Assurance of the standard of care is monitored against the following key performance areas:

- Delirium - ensuring the HCSWs are aware if the patient has a diagnosis of delirium and are providing care in line with NICE guidelines
- Preservation of dignity and personalised care – actions are being taken to ensure dignity is maintained and care is tailored to the patient (e.g. bespoke therapeutic activities)
- Preventing deconditioning – encouraging physical activity and movement
- Monitoring of nutrition – close and accurate monitoring to maintain patient health and facilitate recovery.

Data is collected from ten randomly selected patients monthly to ensure fair representation. The EPO registered nurses review data to highlight successes and develop plans for identified areas of improvement, whether on an individual or service level.

This approach ensures quality enhancement and provides a snapshot for comparison, ensuring the ongoing improvement of patient care within the EPO service.

Results for delirium-related metrics have increased from 60% to more than 80%, demonstrating an improvement in knowledge and understanding. Resource boxes have been added to all 19 wards to ensure support tools (e.g. orientation calendars) are readily available to EPO HCSWs. All other key performance areas have been consistently above 80%. In 2025, the EPO registered nurses will introduce clinical supervision for EPO HCSWs to support further learning, development, and embedding of knowledge and skills.

Training and Education

The EPO service has demonstrated notable cost savings, including through reduced use of temporary staffing, reduction in safeguarding referrals, and contributed to reduced harms through its patient-centred holistic approach. A variety of clinical areas have benefitted from training provided by the EPO registered nurses, matron, and lead nurses including:

- professional nurse forums
- ward-specific training sessions/days, such as Band 6 nurse training, team meetings, time-out days
- Safer Staffing training days
- Nurse in Charge training days
- Older People and Dementia Champions

The lead nurse and matron have provided focused education to the regional and national ETOC Network, notably on the quality of processes in place at the Trust and a specialist training programme.

The service has supported shadowing opportunities from within and outside of the Trust to improve the identification of unmet needs that may contribute to agitated behaviours and behaviours that challenge.

The EPO HCSWs work closely alongside the meaningful activities facilitators, who also specialise in providing holistic patient activities for patients with dementia and/or delirium.

Feedback

As a new service, an understanding of how it impacts patients, carers, and families is important to understand. In October 2024, a feedback form was implemented to allow patients and/or their relatives/carers to anonymously share their opinions.

Some examples of the feedback received:

> *"Very impressed with how [EPO HCSW] is looking after my father. His attention to detail & his caring & empathy & interaction is exceptional."*
>
> *"I was able to go home at night knowing my mother was in safe hands with 1:1 care and I would be immediately notified if I was needed"*
>
> *"Humbled by the compassion, professionalism and pure skill set that [EPO HCSW] shown with his ability to adapt his conversation to either pick up the mood or calm down any situation"*
>
> *"Helped me to not feel alone at night when I'm at my lowest with what I have going on"*

Staff members on wards have generally received the service positively. A matron estimated that the role saves two hours per shift when in charge of staffing and stated that this time is used to be visible on the wards with their team and in direct patient care.

Other examples of feedback from staff:

> *"We had difficult patients they came over and patient responded to them nicely and in a calm way. They are such professional people. Being a bank staff, I managed my shift well because of them."*
>
> *"Enhanced patient observation service is a blessing to UHL. This team has help to change the lives of so many patients in the hospital."*

3.5   Falls Safety

The Falls Safety Team comprises specialist nurses who provide 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 moderate harm or above and identifying learning opportunities.

Inpatient falls continue to remain below the national average and our Falls Team continually strive to reduce falls incidents. The team continues to deliver an annual programme of training focusing on lying and standing blood pressures, safe recovery of patients, and immediate management of patients post fall. A network of Falls Link Staff across the Trust meets quarterly, focusing on recognition of falls risks and early intervention of preventative measures. Falls sensor devices will be introduced in clinical areas to reduce the risk of falls for our most vulnerable patients. The team is also collaborating on a research project to understand the impact of technology on inpatient falls.

The Falls team supports the wider 'Harm Free Care' agenda within the Trust, delivering training for all clinical specialities.

Chart 4 The chart below shows the rate of falls per 1,000 bed days in from August 23 – March 2025 and the improvements made over time
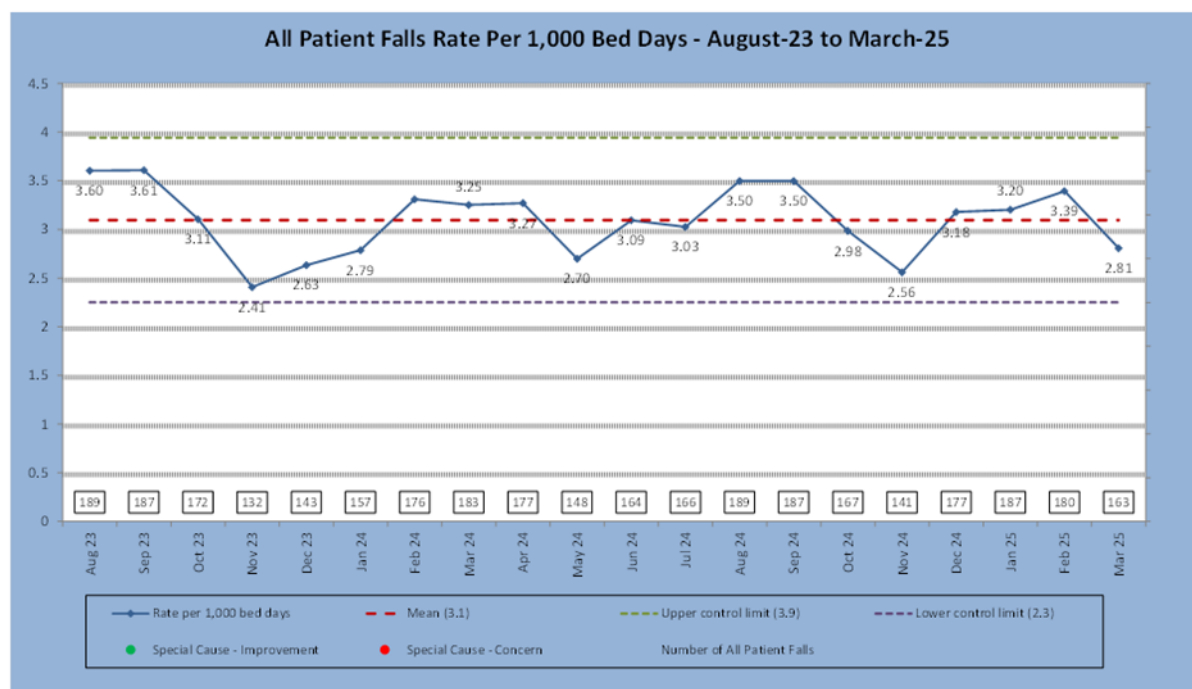
3.6   National Learning Disability Improvements Standards

Each year, the Trust submits a response to NHSi regarding the National Learning Disability (LD) Improvement Standards for NHS Trusts.

The Trust reported compliance with the three relevant standards:

- respecting and protecting rights
- inclusion and engagement
- workforce

Examples of how the standards are met include:

- The Trust is readily able to identify adults with a learning disability who are on waiting lists for assessment and/or treatment.
- The LD team regularly monitors the waiting lists for adults with LD awaiting planned intervention to identify those who may require reasonable adjustments and will escalate concerns if waits are outside of the expected timescales.
- The Trust is represented on the local Learning Disability Mortality Review Programme (LeDeR) steering group.
- The LD team reviews 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.

Areas identified as not meeting the NHSi standards in 2023/24, but which can be met this year are as follows:

- the Trust can more readily identify children with LD and isolate specific outcome data for this patient group - for example, 65 outpatient attendances for children with LD were identified in 2022-2023, rising to 333 in 2025
- the Trust will now be able to identify children with LD on hospital waiting lists due to the above - the Informatics team assured us that the move to PAS will make this data more accurate

Additional improvements
- There has been an increase in the number of people with LD flagged on EPR. For 2023/24, there were 3,749 people flagged, an increase from 3,493 the previous year. These figures are not broken down into children and adults, however our performance on other standards evidences that an increased number of children are now flagged.
- Our re-admission rate for LD patients has reduced from 22.2% in 2022/23 to 18.5% in 2023/24. The re-admission rates for the general population have remained static at 8%.
- The number of Trust colleagues completing Oliver McGowan training continues to increase (80% in 2024).

NHSi invited the Trust to select an initiative of which we are proud. We have identified the development of the Specialist Nurse for Children with Learning Disabilities and Neurodiversity role with an appointment made in April 2024. We can now identify children with LD and ensure they are appropriately flagged. The Specialist LD/ND Nurse role encompasses inpatients' support, identifying patients awaiting planned intervention and providing reasonable adjustments.

3.7   Complaints/Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) was established in October 2023 to manage informal concerns and queries, resulting in a reduction in formal complaints. In October 2024, the PALS team was integrated under the management of the Complaints Lead.

Complaint activity is shown in Table 14. The total number of formal complaints received from 2023/24 (1717) to 2024/25 (1343) decreased by 22%.

The number of reopened complaints decreased 18% (56 to 46) over the same period.

Table 14 Complaints activity

Table Number of formal complaints received, and number reopened by quarter April 2022 to March 2025:

	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4
Formal complaints received	605	561	493	503	423	504	457	333	351	370	294	328
Formal complaints Reopened	37	27	23	21	16	16	19	5	6	10	13	17
% Resolved at first response	94%	95%	95%	96%	96%	97%	96%	98%	98%	97%	96%	95%

Learning from complaints

Complaints provide crucial insights into the quality of our services and care standards from the perspectives of patients, families, and carers. We are committed to listening, learning, and improving based on feedback from our internal and external stakeholders (e.g. our service users, Healthwatch, local GPs, other providers, and national reports from the Parliamentary and Health Service Ombudsman).

Learning from complaints occurs at multiple levels. Services, departments, or specialties identify immediate lessons and actions that can be implemented locally.

Complaint data is combined with other information, such as patient safety incidents, Freedom to Speak Up data, inquest conclusions, and claims information, to ensure a comprehensive understanding of emerging and persistent issues.

An annual complaints report is produced and made available on the Trust's public website at www.leicestershospitals.nhs.uk.

Improving complaint handling

Complaint and PALS handling service user surveys were introduced in 2024/25, and we continue to collect, monitor, and give feedback on the information.

We have started collecting data on the protected characteristics of our complaints and PALS service users and reporting on them.

The Independent Complaints Review Panel continues to meet every two months. The panel reviews samples of complaints and Trust responses. It reports back on

what was handled well and what could have been done better. The feedback is used for reflection and learning with the teams involved and reported through our Trust leadership team.

A 360-degree independent external audit was completed, specifically looking at complaints handling. The report was broadly positive, and an action plan has been submitted to the Trust's senior leadership team to address the gaps identified.

In 2025/26, we will:

- continue to focus on improving the quality of complaint responses and ensuring we 'get it right first time.
- refresh the internal complaints handling process to improve efficiency and foster closer working relationships with our colleagues in the CMGs.

Parliamentary Health Ombudsman Service (PHSO)

The PHSO is the last stage in complaints about the NHS, and a complainant can approach the PHSO at any stage to ask for an independent complaint investigation.

In 2024/25:

- four complaints were upheld/partially upheld, requiring an apology/action plan/compensation
- four complaints had a preliminary investigation/full investigation and were not upheld
- six enquiries only, with no investigation

This is in line with previous years.

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 providers are able to raise a concern about patients through this process, which are then responded to in line with the agreed response times. In 2024/25, there was a 14% increase compared to 2023/24 numbers.

The most frequent TCS concern was discharge (either from inpatient stays or outpatient consultations) with a little over half of concerns falling into this category. The main issue was Trust colleagues making inappropriate requests of GPs and other providers under the Clinician-to-Clinician Policy and Transferring Care Safely Guidelines. The most common examples were 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 15 Number of GP concerns by financial year

Financial Year	Number of Concerns
2019/20	1,107
2020/21	774
2021/22	1,556
2022/23	1,707
2023/24	2,308
2024/25	2,650

The Trust TCS team continues 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

The Enter and View programme allows Healthwatch volunteer authorised representatives to observe health and social care services in operation. These visits aim to gather feedback from patients, their families, carers, and staff and to observe service delivery. The aim is to identify areas of good practice and highlight any concerns to help improve services. An overview of the Enter and View programme and the reports for each service visited are available at www.healthwatchll.com/enter-and-view.

Services and wards visited by the Enter and View team in 2024/25 were:

- Gynaecology Services – July and August 2024
- Learning Disability Patient Experience (Adult) – September 2024
- Children's Emergency Department – August 2024
- Ophthalmology Department – November 2024

Services are reviewing the reports and recommendations from Healthwatch to support service improvement.

4.0 Staff Perspective

4.1 Implement our fair and equitable People Strategy

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.

The Trust's People Strategy – A Great Place to Work 2025-2030 was developed through an interactive process with colleagues participating in a series of workshops and a survey that supported the development of our values. We also used colleagues' responses to the annual NHS Staff Survey and the feedback of our Staff Side colleagues as part of our continued partnership approach.

The People Strategy aligns to the Trust's Strategic Framework, which sets out our ambition to be leading in healthcare and trusted in communities. Our People Strategy also supports and aligns with our Equality, Diversity, and Inclusion (EDI) Strategy and the national NHS People Plan.

We want the Trust 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 while acknowledging the workforce challenges our Trust is experiencing.

Our core aims are:

- promoting a culture that embodies our Trust values and behaviours.

- harnessing and developing the talents of all our people, to ensure we are a high performing, capable and skilled organisation.

- using our resources well to ensure that we are maximising our organisational capacity to optimise productivity.

Highlights for 2024/25

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.

Looking after our people

Health and Wellbeing

- The 2024 survey results saw an improvement in the proportion of colleagues feeling that the Trust takes positive action on health and wellbeing (61.5%) as well as an improvement in those that think their immediate manager takes a positive interest in their health and wellbeing (70.7% to 71.2%).

- In 2024, we introduced three levels of mental health training for line managers and colleagues. Level 1 – Mental Health Awareness training, that had 180 places booked up within 2 weeks, Level 2 – REACT MH training and Level 3 – Suicide Awareness Training for Managers, which launched in June 2024 and has now trained over 130 managers.

- The Report + Support portal went live for colleagues on 23 October 2024 as an additional route to report sexual harassment, as well as other unwanted behaviours such as racism, bullying, and discrimination. This is in line with the Sexual Safety Charter. If colleagues leave contact details, they are followed up with a Care + Support conversation with a member of the Health and Wellbeing Team.

- The Winter Health and Wellbeing Hubs were set up to take information out to colleagues and be on hand to talk to them about their health and wellbeing. This commenced in September 2024 and ran every week for six months. We held 26 hubs, speaking to over 600 people.

- The Trust celebrated World Menopause Day on 18 October 2024. Information stands were held in restaurants, and 130 colleagues came along to talk and receive support information. Forty colleagues joined the Wellbeing Webinar, 'Me and my Menopause', and 15 people joined the online Schwartz Round. The new Trust Menopause Policy also went live on this day, as part of the 'You Matter: Colleague Support Policy'.

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

- The referral rate into Amica counselling services has seen a 14% increase since 2024/25, resulting in over 3,788 one-to-one client sessions. The feedback from clients indicates significant and substantial reductions in distress levels. Additionally, we have facilitated 366 online support conversations. Feedback from Amica clients reflects a remarkable overall satisfaction rate of 4.8 out of 5.

- Amica's resource pages were visited a total of 6,930 times with external 3,001 external website visits and 3,929 visits to the Trust's intranet. Furthermore, the 24/7 phone support line was accessed 3,865 times, which ensures continuous mental health monitoring and safety. The Silver Cloud CBT program has been used in 1,263 sessions with a 94% satisfaction rate.

- In 2024/25, Amica delivered over 639 sessions of outreach across the Trust, equating to over 910 hours. Their dedicated team of counsellors and clinical psychologist have extended specialised support to various departments, including the emergency department, maternity, and neonatal teams.

Occupational Health

- Over 4,900 employment checks have been undertaken within the Trust. This has resulted in 'New Starter/EPP clearance/Pre employment screening' appointments (1,400) being provided by Occupational Health.

- Approximately 2,500 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 colleagues and managers.

- Approximately 11,000 flu and covid vaccinations delivered safely.

- Approximately 14,200 tests and other vaccinations delivered in accordance with Occupational Health standards.

- 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.

Training and Development

In 2024/25, a record 380 colleagues enrolled into apprentices with 652 currently in learning and a further 144 colleagues have passed their apprenticeship. The Trust has supported learning, assessments, and exams for 1,966 colleagues since the government apprenticeship levy launched, procuring, quality reviewing and contracting with 58 training providers. There were 138 new enrolments with the Department for Education Centre at the Trust for apprenticeships and an additional 20 health screeners in education with the centre. In 2024, an investment of £2,740,487 from the apprenticeship levy went towards staff development. The Trust also supported pipeline partners with levy sharing, which enabled 208 non-Trust employees to develop through an apprenticeship with a commitment of £1,375,717 of the Trust's unspent levy.

The learning and development team authored or updated a range of eLearning with subject matter experts, including the Sexual Safety package, 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 are vital to the Trust in delivering high quality services for the benefit of the population of Leicester, Leicestershire, and Rutland. We have focused on recognition and appreciation of service and contributions from our colleagues throughout the year.

The Trust's UHL Recognition Awards allows us to recognise and reward more colleagues than ever before with more than 650 nominations over 16 categories. An external judging panel for the awards included sponsors and local dignitaries. In October 2024, we hosted the awards evening which was attended by 500 colleagues.

Our 'Above and Beyond' informal recognition scheme, launched in November 2016, continues to go from strength to strength with more than 72,000 nominations since launch. This included more than 9,752 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.

The long-service recognition scheme continued in 2024/25 with the Trust recognising colleagues at every five-year milestone of their NHS service. Depending on the milestone celebrated, all recipients received a thank you card, certificate, and badge. Those celebrating a 10-year milestone are invited to an afternoon tea or celebration breakfast and after a 25-year milestone, a gift voucher. In 2024/25, the learning and development team invited 2,326 colleagues to afternoon teas, issued 732 vouchers to colleagues, and prepared 3,240 long service badges and certificates. The events were hosted by the Trust in partnership with colleagues.

In September 2024, we launched the first internal Learner Celebration and Careers Cafe to celebrate the achievements of 23 learners from Apprenticeships, Functional Skills and Graduate Management Trainee Programme. The event was well-received and a great opportunity for colleagues to see how they could stretch within their current role and develop their career. Stalls on employability skills, functional skills, and a range of apprenticeships were made available as well as the Directions Service.

After a 3-day full inspection in October 2023, the Department for Education Centre was successful in its full MATRIX Standard external accreditation for offering impartial and confidential Information with Advice and Guidance (IAG) on career development. In 2024, the service was also successful in showing how it continues to develop and improve the service to ensure the Centre meets its yearly review. New processes and improved quality assurance and impact evaluations are in development.

Focus weeks have been planned and implemented by the learning and development team to support a range of development including National Apprenticeship Week, National Careers Week, Learning at Work Week, and Festival of Learning. These include information and activities such as a career café, bite size learning sessions, recommended reading, functional skills information etc.

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

- Nursing and Midwifery Workforce plan supports a brand campaign with recruitment strategies such as International Recruitment resulting in reduction of vacancies. The undergraduate student nurse and midwifery placement capacity was expanded within the system across health and social care setting. There was an increase to new roles, recognition, and retention initiatives making significant progress in closing the gap for support to nursing vacancies.

- Medical Workforce plan helped to increase workforce supply through development of recruitment initiatives, new roles, and introduction of rotational programmes.

- 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 at the Trust. The programme has a comprehensive pre and on-boarding arrival support for all Locally Employed Doctors at the Trust, including tailored induction for International Medical Graduates. There have been 76 Clinical Fellows starting at the Trust since January 2024. The programme provides a comprehensive offering to Locally Employed Doctors and Specialty, Associate Specialist, and Specialist doctors with education, training and tailored progression routes.

- The Trust developed 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 Apprenticeship and Development Centre is committed to providing learning and development opportunities to new staff or Trust colleagues through blended learning approaches across a range of programmes. The centre received an OFSTED rating of 'good' during 2021. The centre delivers six 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 students on employability schemes and is an accredited City in Guilds course provider. Learning and development are nationally accredited screening qualifications for Newborn Hearing, Diabetes Eye Grading, and for one programme are one of only three companies accredited nationally. The centre delivers one apprenticeship through the nursing development team, Student Nursing Associate Level 5, and the Department for Education work to support is provided by the learning and development team.

- The Trust's Workforce Development work in partnership with schools and communities. The Chef Academy has had great success with 280 pupils to date, talking about nutrition and catering careers with the cook-a-long programme. The Medical Career scheme has 32 students from four schools, with attendance by students from local schools in lower socio-economic areas who wish to become medics. The Financial Careers programme has 88 students to date, which has been scoped and piloted with great success in March. Learning and development continue to offer employability schemes for Project Search, The King's Trust, and the newly launched Universal Families programme to support care leavers. The T Level pilot in 2023/24 was a success and in 2024/25 partnership working with nursing development saw 21 T Level year 2 students join for a 26-day placement. The ambition is for them to go on to be student nursing associate apprentices.

- In 2024/25, the launch of Unbox Your Future pilot was scoped and run by the team and included a large senior school over a 4-week period in partnership with Leicestershire Education Business Company. This provided career support and information on a range of professions with 150 students taking part on three school visits and one visit to the Trust. The students received a tour of the Trust, career talks, and undertook a competitive project on nutrition.

- Termly catch ups with schools, career advisors and Health and Social Care Career Ambassadors are held in addition to termly newsletters.

- Due to service pressures in 2024/25, there were opportunities for physical work experience with 262 placements taking place at the Trust. The work experience system has been maintained and continues to be refreshed with new placement opportunities, career journeys, and information. There has been development work to feedback to the team to ensure an overview of accepted placements is known.

- In 2024/25, 33 events were attended by 61 of the Trust's Health and Social Care Career Ambassadors at traditional stalls, speed networking, interview practice, and class talks. The third NHS Career Event was run at Leicester Racecourse with approximately 2,500 local residents in attendance to find out about careers in health and social care. It was well attended by stakeholders including local training provider Job Centre Plus. There were opportunities to apply for roles from the event.

- We are committed to supporting individuals who successfully complete placements through our employability schemes, including the highly successful Project Search. The programme has attracted several VIP visitors, including Leicester West MP Liz Kendall, who met with interns and their families to hear about their experiences. Kirsty Matthews, CEO of Project Search, also visited Leicester Royal Infirmary and other host sites across the city, expressing her admiration for the strong partnership between the Trust, the local authority, and participating colleges. Those who complete their placements are supported to transition into funded roles within the Trust for a minimum of 12 months, with continued guidance to help them secure permanent employment.

- We have continued to develop tailored attraction and recruitment initiatives focused on engaging local communities, in collaboration with Job Centre and Job Club partners. We successfully retained our MATRIX accreditation for providing high-quality career information, advice, and guidance. In addition, we hosted several career cafés and one-to-one career discussions to support the development of our existing colleagues.

- The IT training team continue to deliver courses to colleagues on skills development and knowledge on the use of UHL digital systems and platforms. This included provided training to colleagues based at the East Midlands Planned Care Centre (EMPCC), which opened in December 2024.

- The regular training schedule has been reduced to enable the team to support other priority projects, most notably the implementation of the new Patient Administration System (PAS) with Nervecentre. This system will replace several legacy IT platforms currently used across UHL, the wider LLR system, and partner trusts. As the implementation moves closer to its 'go-live' date, the team is playing a key role in developing and testing a range of learning materials, including eLearning modules, user guides, and workflow scenarios. They are also supporting user workshops to review current processes and plan for future ways of working.

- The team has continued to deliver training to colleagues responsible for content management and publishing on the Trust's website, which is a primary source for patient and visitor information as well as health information.

- Core skills such as maths, English, and digital literacy are essential for personal and professional development. The Trust supports this using the BKSB platform, which provides tailored resources to enhance these skills. The platform also includes screening tools for dyslexia and dyscalculia, helping colleagues identify appropriate learning strategies. Our partnership with Leicester College continues to strengthen, offering colleagues additional support to improve their maths and English skills where needed.

4.2   National NHS Staff Survey 2024

The Annual NHS Staff Survey was carried out from September to November 2024. A full census survey was undertaken, with every member of staff (19,423) eligible to take part receiving a link to the survey for completion. There was a total of 12,734 responses resulting in a response rate of 65.7 per cent. This was a significant increase of 7.7 percentage points from the previous year. The national average (median) for Acute and Acute & Community Trusts stands at 49 per cent, which means we remain above average the Trust receiving the fourth highest response rate of all Acute and Acute & Community Trusts. The Trust also received over 2,603 anonymous free text comments.

Table 16 Two key indicators contained within the staff survey are

	Trust 2023	Trust 2024
q21c. Would recommend the organisation as a place to work	64%	66%
q21d. If a friend/relative needed treatment, they would be happy with the standard of care provided by the organisation	63%	64%

The Trust continued to see improvement in both key indicators. The result of 66 per cent "would recommend the organisation as a place to work" placed the Trust as the 29th best Trust to work for of all 122 Acute and Acute & Community 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 continued improvement of one percent means the Trust remains in line with the sector average.

Chart 5 – staff survey results
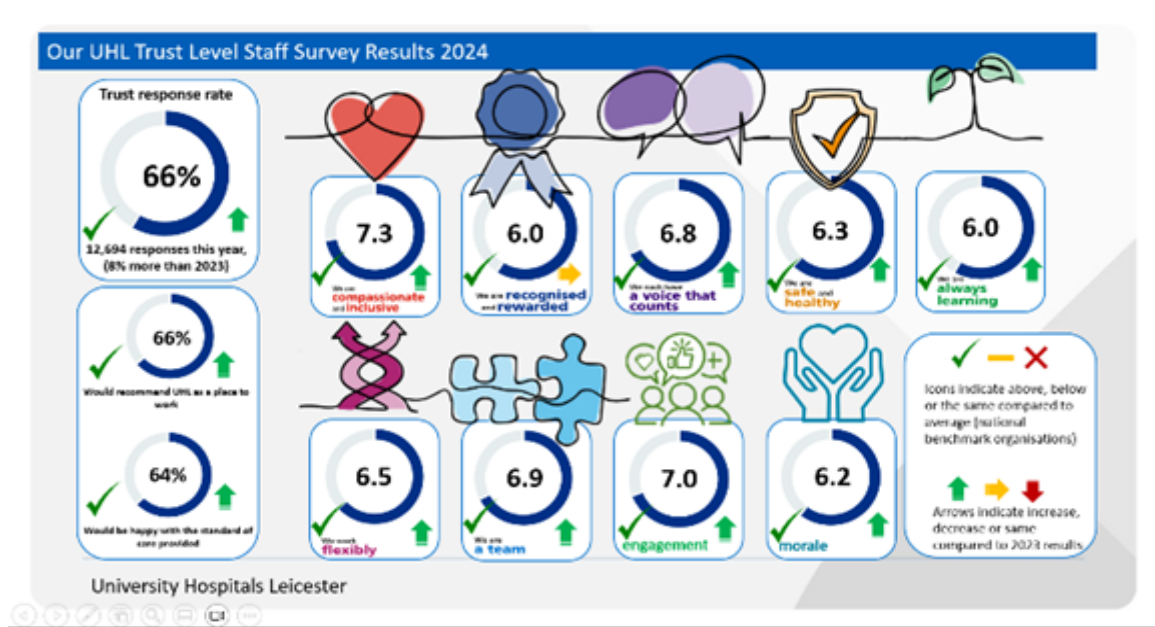
Significant improvements were observed across all nine domains of the 2024 NHS Staff Survey except for "Recognised and Rewarded," which remained unchanged from 2023. These improvements mean that the Trust remains above the benchmark average across all nine domains, including staff engagement, morale, flexible working, reward, and recognition, safe and healthy, a voice that counts, compassionate and inclusive, team working, flexibility, and always learning.

Chart 6 People Promise Themes
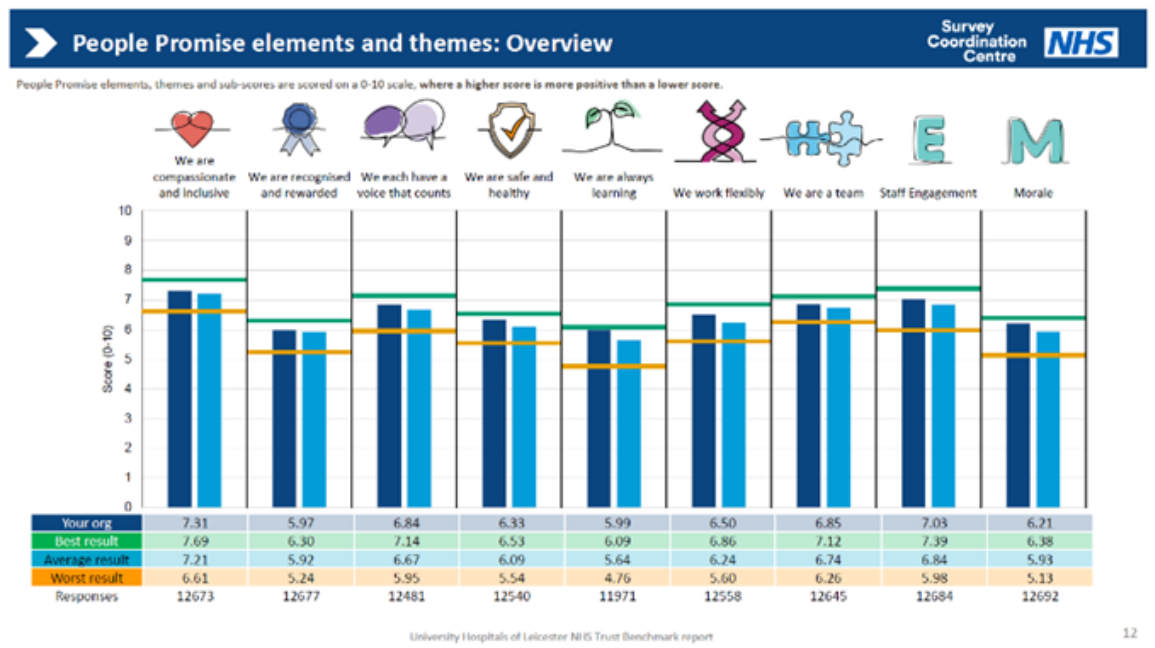
4.3   Freedom to Speak Up Guardian

Freedom to Speak up Guardians

One of the Trust's key priorities is to have a positive speaking-up culture. We want all colleagues to feel psychologically safe to speak out when things are not right. This supports the best possible care for our patients and the best possible working environment for colleagues. In September 2023, the Trust decided to implement a new independent service for speaking up that provided availability for support 24/7, 365 days a year. The Guardian Service is an independent and confidential staff liaison service 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 workplace concerns, worries or risks. It covers patient care and safety, bullying, harassment, discrimination and all work grievances.

Our dedicated Freedom to Speak Up Guardians (FTSUGs), offer a free service for all staff, regardless of grade, who have any concerns about work. The company, Guardian Selection Limited (GSL), is commissioned by the Trust and not directly employed. The aim of the service is to support colleagues in raising and resolving concerns, sharing experiences, and enabling a learning culture with speaking up is taken as business as usual.

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

Encouraging a culture of speaking up improves both the working environment and the quality and safety of care. By actively listening to concerns and taking appropriate action, our Freedom to Speak Up approach supports the Trust's value to be a great place to work.

The role of the FTSUG is:

- to act as a point of contact for colleagues to raise concerns, if they feel they are unable to speak to a line manager or, 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 experienced detriment as a result of speaking up.

The FTSU Guardians will:

- try to work with the person raising the concern and their managers to attain a local resolution.
- forward the concern for formal review (with the staff member's agreement) if the issues cannot be locally resolved or the staff member does not want to adopt a discursive process.
- work with concerns that are given anonymously.

- support staff who raise concerns by 'walking along' with them and advocating for them during meetings or investigation processes.
- raise high-risk concerns immediately with clinical managers or other appropriate senior/executive managers to ensure safety is always maintained.
- monitor the process's outcome to ensure that the staff member raising the concern does not experience any negative effects.
- formally and informally visit wards and teams to discuss any concerns they may have and to gain an understanding of the general experiences of staff in those departments.
- hold listening to 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 service managers 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 FTSUG's work are known widely across the Trust by publishing newsletters, connecting pages, and increasing the visibility of the Guardians around the Trust, both face-to-face and virtually, also including information in the Chief Executive's 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 confidentially report any concerns they may have regarding patient safety, staffing issues, or anything else that is impacting their ability to deliver quality patient care.

Junior Doctors can access the tool through the Trust's intranet, which is communicated at every induction/rotation to ensure that Junior Doctors are aware of the tool.

Junior Doctor Gripes

- are diverted to the FTSUGs
- are escalated to the appropriate manager or leader as agreed between the Guardian and the staff member
- actions are agreed upon towards a resolution
- data and feedback are provided for publication in the Junior Doctor Newsletter

The table below shows the shift in data trends with the new independent service, which became effective on October 9, 2023.

Table 17 FTSU data trends

	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021	2021- 2022	2022 - 2023	2023- 2024	2024- 2025
FTSUG	77	93	88	160	170	171	225	405
Jnr Dr Gripe	0	0	0	64	47	37	17	14
13636	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	419

There has been a steep increase in concerns from 2023/2024 to 2024/2025. This could be attributed to the independent 24/7 Guardian Service, two full-time FTSU Guardians, an increase in proactivity and presence across the Trust, colleague communication, and targeting areas of need working with the Executive and CMG leadership teams.

4.4   Doctors' Rotas

The Trust has worked closely with NHSE East Midlands to expand our training programmes. From August 2025, we are expecting an additional 44 foundation-level doctors and two higher specialist doctors across a range of specialties.

To support our well-established recruitment model for Locally Employed doctors, the Trust is a GMC sponsor organisation. Our Clinical Fellowship programme offers any doctor, from within the UK or an 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. The programme offers the following to all Doctors and has several benefits to the Trust, including increased retention, meaning fewer vacancies, and a well-designed model to support doctors through the CESR / Portfolio pathway to become Consultants.

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, a local induction, and an International Medical Graduates (IMG) induction.

- 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 master's 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 have an app-based system through partnership with "Locum's Nest", which allows doctors to book onto vacant shifts. This has several advantages including swifter payment of sessions, transparency, and significantly reduced paper-based processes.

Health and wellbeing of our workforce is a priority. We have developed a number of 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 focus on improving the working life and wellbeing of medical staff and increasing retention.

5.0 Quality Improvement at the Trust

Continuous Improvement is an identified "Enabler of Success" to achieve the Trust's strategic vision of being a leader in healthcare, trusted in communities.
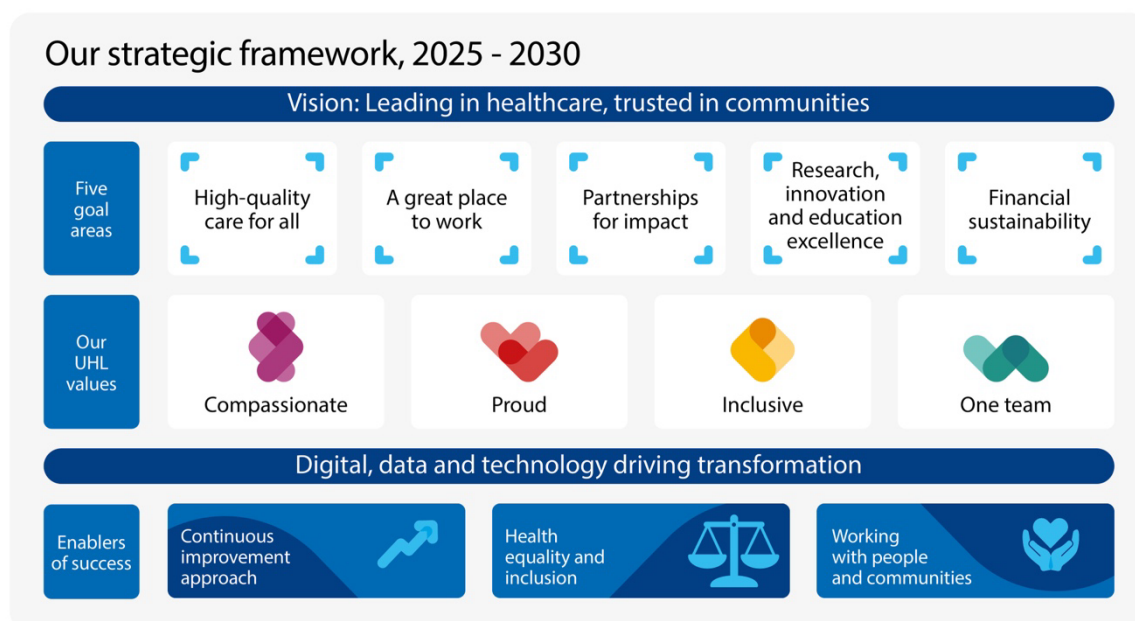
During 2024/25, Q1 has focused around 3 key strategic areas:

1. Systemising Improvement Culture
2. Developing QI Capacity and Capability
3. Delivering with Impact

The Trust's QI team comprises of 5.2WTE Improvement Leads.

Summary of Progress over the last 12 months

1. Systemising Improvement Culture

Continuous Improvement Culture Strategy Development

The Continuous Improvement Culture Strategy has been developed as part of the framework of strategies to deliver on the Trust's objectives and will become effective from 1 April 2025.

Through consultation with stakeholders at all levels across the Trust and the wider system, it has also embedded learning from NHS Impact and the NHS Partnership with Virginia Mason and that outside the Healthcare sector to build on progress made to date whilst building to meet the challenges of now and the future.

The strategy contains six goal areas to foster continuous improvement behaviours across the Trust:

1. Patient first
2. Building a shared purpose and vision
3. Building improvement capability
4. Developing leadership behaviours for improvement
5. Investing in culture and people
6. Embedding and quality management system

The strategy outlines initiatives over the next three years as part of the long-term development of Improvement Culture:

Category	Year 1	Year 2	Year 3
Patient First Approach	Add Health Equality prompts to AQIP	Embed QI methodology into ProEquity framework	
	Add Patient Experience links to AQIP	Develop Patient Co-deisng & production approach & embed into Improvement Projects	
	Train PSIRF lead in Reoccurrence Prevention	Partner patient safety team themes with QI approach	
	"Go & See" of safety incident actions	Review 10% of patient pathways: assess level of patient centric approach & improvement actions	
Building a Shared Vision and Purpose	Establish "MyQI"	Agree standard across UHN & LLR	
	Align QI team project to Trust priorities	Build presence at National Level	
	Establish AQIP Quartly showcase & UHL award	Build framework for process management approach	
Building Improvement Capability	Train 4% of UHL staff in "MyQI"	Train 6% of UHL staff in "MyQI"	Train 8% of UHL staff in "MyQI"
	Build Masterclass portfolio		
	Roll-out "5S" in 10% of specialities	Roll-out "5S" in 30% of specialities	Roll-out "5S" in 50% of specialties
Developing Leadership Behaviours for Improvement	Train Executive team in QMS	Establish Leadersip process walks	
	Develop QI for Leaders programme		QI for Leaders mandatory for B7 & above
	Train 30% of triumvirate in QI for Leaders	Train 60% of triumvirate in QI for Leaders	Train 100% of triumvirate in QI for Leaders
Investing in Culture and People	Develop Process Huddleboard Standard +10%	Process huddle boards in 30% of Specialities	Process Huddle boards in 50% of Specialities
	Launch "QI Network" framework	Build QI support dosing model	
	Launch AQIP Audit Lead annual planners	Focus FY Doctors on P1 & P2 Improvements	
Embedding a Quality Management System	Standardise strategic goals cascade process	Establish Standard activity report	
	Redevelop Appraisal system	Develop progression framework for management cohorts	
	Link Individual Objectives to Priorities	Strengthen & rationalise strategic governance process	

Continuous Improvement Culture development

To support delivery, strong collaboration has been developed and continues to be strengthened with key areas including:

- Patient Safety
- People Services and Organisation Development
- Health, Equality and Inclusion
- Operational Transformation
- Digital Transformation
- Leicestershire Partnership Trust

Audit and Quality Improvement Programme (AQIP)

Since the launch in late 2023, AQIP has provided a common, standardised platform for Trust wide Audit, Service Evaluation and Improvement Projects. It has been developed by the Trust's Clinical Audit and QI team, taking advantage of existing software already available across the Trust.

By strongly linking Clinical Audit with Quality Improvement, it provides a platform for Continuous Improvement Culture development through our existing Audit Network across the Trust whilst providing the means to help close the gap on compliance to clinical standards where they may exist.
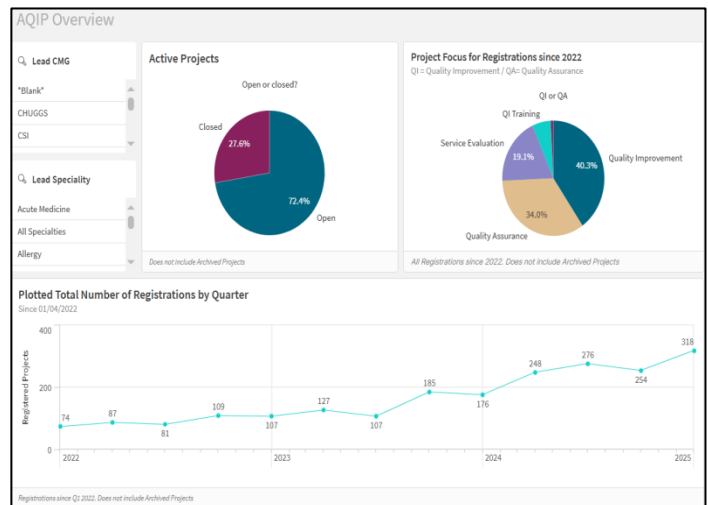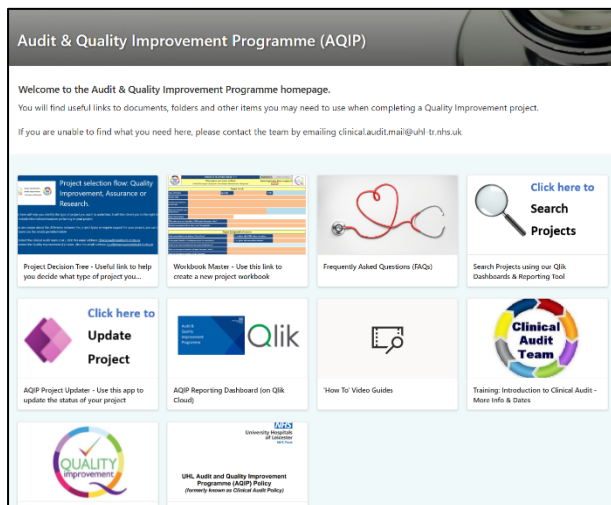
Key capabilities and developments over the last 12 months include:

- a single point of project registration and library of all projects, accessible across the Trust
- standardisation of the entire audit process, linking to Improvement where required
- Built-in Improvement tools
- The ability for a project lead to update status of their own projects
- Built-in project approval process
- A dynamic programme dashboard
- Governance of National Clinical Standards compliance
- Embedding patient equity and inclusion considerations for all projects

The system will continue to evolve and improve over the next 12 months based on user feedback.

The Quality Account for Clinical Audit provides a summary of our compliance to National Standards.

2. Developing QI Capacity and Capability

QI Training and development

The QI team has developed a QI training framework called "**MYQI**", that contains flexibility which aims to provide appropriate training based on the delegates role and experience.

It is underpinned by a LEAN improvement approach throughout each offer and incorporates such as incorporates Model for Improvement.

For QI Fundamentals and QI Advanced, each delegate receives initial classroom based training and accompanying workbook, followed by one-to-one coaching from a member of the QI team to help guide the delegate to deliver an improvement project in their area.

QI eLearning
Introduction to QI concepts and approach

QI Fundamentals
Based on **Model for Improvement** & "6C" Document – a data led approach for problem Solving & improvement

QI – Advanced
Based on **8 Step Lean** improvement approach & "**A3**" docume deeper process study & improvement

QI for Leaders
Developing Continuous Improvement Culture and process management

QI – Improvement Specialist
Data analytics
Forecasting
Strategy Development

Institute for Apprenticeships & Technical Education

A total of 280 delegates, which now includes those from the system, have now completed a QI course with a project outcome with 503 in total before completion of a project became mandatory. Delegates present their project and are assessed to ensure key learning has been embedded.

Chart 7 QI training

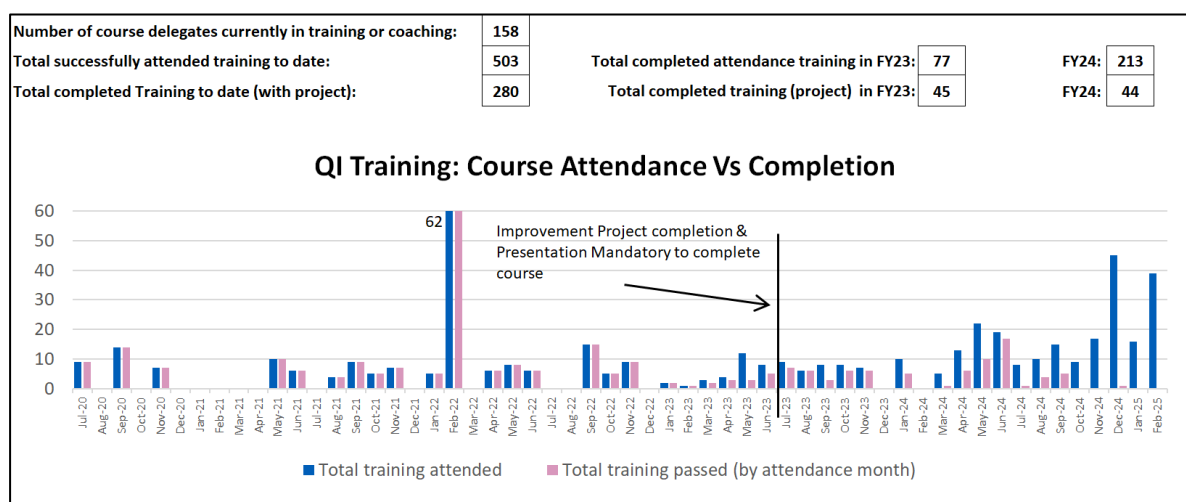|						
Number of course delegates currently in training or coaching:	158					
Total successfully attended training to date:	503	Total completed attendance training in FY23:	77	FY24:	213	
Total completed Training to date (with project):	280	Total completed training (project) in FY23:	45	FY24:	44	

In addition to the training framework outlined, QI training has been embedded in many other initiatives across the Trust, including the following areas:

The LEAF initiative deserves special mention due to the scale of the activity. It aims to develop and improve standards across all wards at the Trust and QI training for ward staff is a key part of the delivery. It also serves as a driver for continuous improvement culture development along with the other areas listed.

Key developments over the last 12 months include:

- delegates now receiving their formal qualification for QI Fundamentals following its formal accreditation
- more than 20 wards (target = 100+) have received QI training as part of LEAF - the five wards that were part of the pilot have now passed and implemented improvements in their wards
- "Recurrence Prevention" masterclass developed and delivered to support PSIRF rollout
- new Clinical Audit and QI Team UHL Connect pages providing recognition of delegate's improvement projects
- AQIP quarterly awards developed for the best improvement projects, which feed into the Trust's annual Recognition Awards for colleagues
- Development of a "QI Network" across the Trust so improvement practitioners can collaborate and share learning
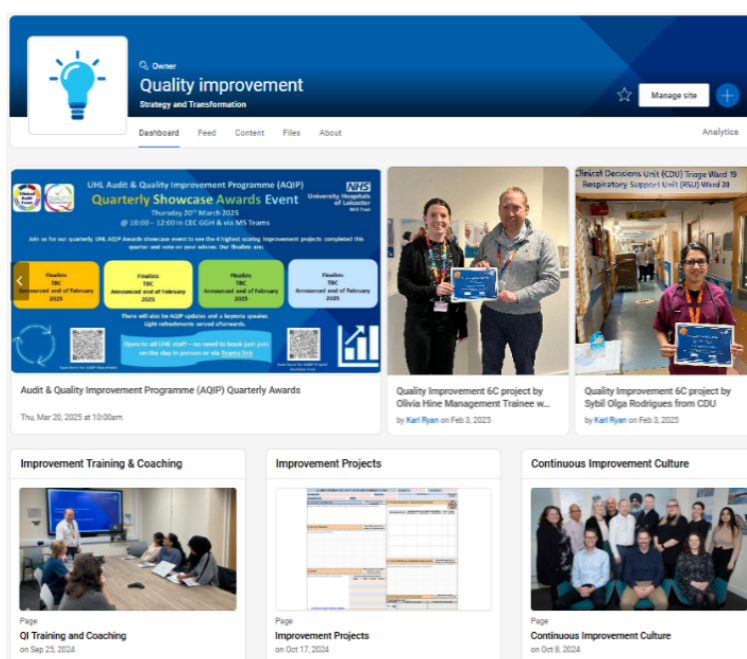
3. Delivering with Impact

Improvement projects led and coached by the QI Team

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 of the following
- patient safety
- process efficiency
- productivity
- patient flow
- length of stay reduction
- National Clinical Audit Compliance

For 2023/24, projects that the QI team have led on or provided coaching to complete have achieved a combined CIP value of £2.15m. As can be seen in table 18, this has been achieved through a combination of productivity (e.g. length of stay reduction) and income (e.g. completing more procedures with the same resource leading to increased tariff income).

Table 18

Sum of Value FYE	Type				
Fiscal Year	Cash Out	Cost avoidance	Income	Productivity	Grand Total
22/23				£ 6,000.00	£ 6,000.00
23/24			£ 482,953.00		£ 482,953.00
24/25		£ 6,828.53	£ 739,751.60	£ 1,408,069.28	£ 2,154,649.41
Grand Total		£ 6,828.53	£ 1,222,704.60	£ 1,414,069.28	£ 2,643,602.41

Table 19 Projects of note during FY24 include:

Location / Area	Improvement Activity	Outcomes	CIP Achieved
RRCV	Respiratory Process Improvement	• Increased patient flow • Utilisation of IR Rooms • Improved Staff Morale • Increased income due to identification of consumables for coding • Reduction of WLI	£289,745 Income
RRCV	TAVI Length of Stay Reduction	• Average LoS reduction due to improved process efficiency • TAVI productivity improvement	£662,900 Productivity
Finance	Overseas patient cash recovery	• Changes made to process have improved monies recovered	£305,844 Income
RRCV	Cardioversion pathway improvement	• Process efficiency improvements mean increased income from Tariff	£99,750 Income
ESI	Ward 24 LRI length of stay reduction (LEAF)	• 1.7 day LoS reduction for patients discharging home through earlier mobilisation process changes	£895, 670 Productivity
CSI	Frailty SDEC	• Establishment of Frailty SDEC to improve patient flow from ED • **CIP to be logged for FY25**	Approx £3m Productivity
RRCV	CDU Admission avoidance	• Trial for admission avoidance (5 weeks). • Initiatives reduced admissions, increased income and reduced bed based required for Cardiology	£112,001 Productivity

For 2024/25, QI projects will have greater alignment with operational transformation workstreams due to organisational alignment of teams.

6.0.   Our Plans for the Future

The new Quality Strategy for 2025 to 2028 is a cornerstone of the commitment to deliver high quality care for all. The Quality Strategy outlines our approach to achieving care that is safe, effective, person-centred and equitable, ensuring the best outcomes and experiences for our patients and their families.

At the Trust, we have defined 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 who are highly skilled, knowledgeable, and treat patients, families and each other with dignity, respect and kindness"

To deliver this vision, the Quality Strategy is built on four key goals over the next three years

- **Relentless Focus on Safety**: Strengthening our safety culture, reducing preventable harm, and fostering continuous learning
- **Strengthening the Voice of the Patient**: Embedding patient and community feedback to shape services and improve care experiences
- **Outstanding Care Quality**: Driving excellence in clinical standards and ensuring consistent delivery of high-quality care across all services
- **Equitable Care Experiences**: Addressing disparities in access, outcomes and experiences to ensure fair ad inclusive care for all

The Quality Strategy is essential to maintaining momentum in quality improvement and embedding a culture of safety, excellence and inclusivity across the Trust. By working together, and guided by the Trust's values, we will continue to build trust in our communities and lead in health care delivery.

The quality priorities in 2025/26 are aligned with the Quality Strategy

Relentless Focus on Safety

- embed a safety culture of openness, transparency and continuous learning
- prevent hospital-acquired injuries and infections
- improve the quality and safety of care and services for patients across our hospitals

Strengthening the Voice of the Patient

- make it easier for patients, families and carers to share feedback ensuring that concerns are responded to in a timely way and feedback is used to shape service developments

Outstanding Care Quality

- improve screening for adults over 65 years at the point of admissions across the Trust for early detection of cognitive impairment and delirium ensuring

timely intervention

- ensure frailty screening is undertaken in all settings and services for patients 65 years and over
- when dying in hospital, all patients will be offered companionship, and all families will be supported physically and emotionally to stay with the dying person

Equitable Care Experiences

- increase engagement of communities known to experience health inequalities
- enhance the accessibility of information and advice to patients, families and carers

7.0. Statements of assurance from the board

7.1   Review of Services

University Hospitals of Leicester NHS Trust comprises three acute hospitals; the Leicester Royal Infirmary, the Leicester General and Glenfield Hospital with additional services provided at a number of local satellite and community hospitals. The emergency department (ED) at the Leicester Royal Infirmary covers the whole of Leicester, Leicestershire, and Rutland and is the only ED for the area. The Leicester General Hospital provides medical services that include a centre for urology patients, and the Glenfield Hospital provides a range of services that include medical care services for lung cancer, cardiology, cardiac surgery, renal and breast care.

During 2024/25, the Trust provided and/or sub-contracted more than 421 NHS services that included:

- Day case - 75 services (specialties)
- Elective IP - 73 services (specialties)
- Non – Elective - 87 services (specialties)
- New Outpatient – 95 services (specialties)
- Follow-up Outpatient – 95 services (specialties)
- Emergency Department and Eye Casualty
- Diagnostic Services (Hearing, Imaging, Endoscopy, Sleep and Urodynamics)
- Screening programmes-Bowel Cancer, Abdominal Aortic Aneurysm and Diabetic Eye Screening services.
- 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
- Services were 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, , 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 in the Community. Coalville Community Hospital, Fielding Palmer Hospital, Hinckley Health Centre, Loughborough Hospital, Melton Mowbray Hospital, Rutland Memorial Hospital, St Mary's Birth Centre 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: EW (Children's Excess Weight) Clinic, Children's SALT, Medical Psychology, Neuro-Psychology, Orthopaedic Prehabilitation Service, Paediatric Psychology, Podiatry, Podiatry (Sports Medicine),Tier 3 Weight Management Service
- NHS Blood and Transplant: Retrieval of Occular Tissue, Stem Cell Donation, Specialist Nurses, NTMRL Testing (NAT Testing), Occular Transplant Tissue
- Birmingham Childrens Hospital: Primary Ciliary Dyskinesia.
- Kettering General Hospital NHS Foundation Trust: Paediatric Cystic Fibrosis

The Trust insourced the following clinical services:
- Spire Hospital
- Vascular Europe
- Skin Analytics
- Xyla
- Medinet
- KPI-Health
- Your Medical Services
- I.D Medical
- NTT data
- SAH Diagnostics
- Health Now

The Trust outsourced the following clinical services:
- Remedy Healthcare Solutions Ltd
- Modality
- Stoneygate
- Spire Hospital (Cardiology)
- The Health Suite (Urology)
- Trent Cliffs (Cardiology, Urologu
- DMC Healthcare Limited (Radiology Reporting)
- Teleconsult UK (Radiology Reporting)
- Medica (Radiology Reporting)
- Outpatient Network Limited (General & Bariatric Surgery)
- Modality LLP (General Surgery)
- Your Medical Services (Sleep Studies)

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

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

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

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

During 2024/25, the Trust participated in 96 per cent (69 out of 72) of the eligible national clinical audits. Of the three national confidential enquiries, the Trust has participated in 100 per cent of the studies in which it is eligible to participate.

The national clinical audits and national confidential enquiries the Trust participated in, and for which data collection was completed during the 2024/25 period, are listed in Table 20 alongside the current stage/reasons for not taking part to each audit or enquiry where known.

Table 20: National Clinical Audits and National Confidential Enquiries

Ref	Programme / Workstream	Provider Organisation	Did UHL participate?	Stages/ % of cases submitted
1	BAUS Data & Audit Programme a) BAUS Penile Fracture Audit	The British Association of Urological Surgeons (BAUS)	Yes	Continuous data collection
2	b) BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)	BAUS	Yes	Continuous data collection
3	c) Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	BAUS	Yes	Continuous data collection

Ref	Programme / Workstream	Provider Organisation	Did UHL participate?	Stages/ % of cases submitted
4	Breast and Cosmetic Implant Registry	NHS England (formerly NHS Digital)	Yes	Continuous data collection
5	British Hernia Society Registry	British Hernia Society	NA	UHL not part of the pilot
6	Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Continuous data collection
7	Child Health Clinical Outcome Review Programme1	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Continuous data collection
8	Cleft Registry and Audit NEtwork (CRANE) Database	Royal College of Surgeons of England (RCS)	Yes	Continuous data collection
9	Emergency Medicine QIPs:a) Adolescent Mental Health	Royal College of Emergency Medicine RCEM	No	We have local QI project in this area
10	b) Care of Older People	RCEM	No	We have local QI project in this area
11	c) Time Critical Medications	RCEM	Yes	Data collection ongoing
12	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People1	Royal College of Paediatrics and Child Health	Yes	Continuous data collection
13	Falls and Fragility Fracture Audit Programme (FFFAP):1a) Fracture Liaison Service Database (FLS-DB)	Royal College of Physicians (RCP)	NA	
14	b) National Audit of Inpatient Falls (NAIF)	RCP	Yes	Continuous data collection
15	c) National Hip Fracture Database (NHFD)	RCP	Yes	Continuous data collection
16	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	NHS England	Yes	Continuous data collection
17	Maternal, Newborn and Infant Clinical Outcome Review Programme1	University of Oxford / MBRRACEUK collaborative	Yes	Continuous data collection
18	Medical and Surgical Clinical Outcome Review Programme1	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Continuous data collection
19	Mental Health Clinical Outcome Review Programme1	The University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	NA	
20	National Adult Diabetes Audit (NDA):1 a) National Diabetes Core Audit.	NHS England (formerly NHS Digital) (NHSE)	Yes	Continuous data collection
21	b) Diabetes Prevention Programme (DPP) Audit	NHSE	Yes	Continuous data collection

Ref	Programme / Workstream	Provider Organisation	Did UHL participate?	Stages/ % of cases submitted
22	c) National Diabetes Footcare Audit (NDFA)	NHSE	Yes	Continuous data collection
23	d) National Diabetes Inpatient Safety Audit (NDISA)	NHSE	Yes	Continuous data collection
24	e) National Pregnancy in Diabetes Audit (NPID)	NHSE	Yes	Continuous data collection
25	f) Transition (Adolescents and Young Adults) and Young Type 2 Audit	NHSE	Yes	Continuous data collection
26	g) Gestational Diabetes Audit	NHSE	Yes	Continuous data collection
27	National Audit of Cardiac Rehabilitation	University of York	Yes	Continuous data collection
28	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)1	NHS Benchmarking Network	NA	Primary care
29	National Audit of Care at the End of Life (NACEL)1	NHS Benchmarking Network	Yes	Continuous data collection
30	National Audit of Dementia (NAD)1	Royal College of Psychiatrists	Yes	Continuous data collection
31	National Bariatric Surgery Registry	British Obesity & Metabolic Surgery Society	Yes	Continuous data collection
32	National Cancer Audit Collaborating Centre (NATCAN): National Audit of Metastatic Breast Cancer (NAoMe)	Royal College of Surgeons of England (RCS)	Yes	Continuous data collection
33	National Audit of Primary Breast Cancer (NAoPri)1	RCS	Yes	Continuous data collection
34	National Bowel Cancer Audit (NBOCA)1	RCS	Yes	Continuous data collection
35	National Kidney Cancer Audit (NKCA)1	RCS	Yes	Continuous data collection
36	National Lung Cancer Audit (NLCA)1	RCS	Yes	Continuous data collection
37	National Non-Hodgkin Lymphoma Audit (NNHLA)	RCS	Yes	Continuous data collection
38	National Oesophago-Gastric Cancer Audit (NOGCA)1	RCS	Yes	Continuous data collection
39	National Ovarian Cancer Audit (NOCA)1	RCS	Yes	Continuous data collection
40	National Pancreatic Cancer Audit (NPaCA)1	RCS	Yes	Continuous data collection
41	National Prostate Cancer Audit (NPCA)	RCS	Yes	Continuous data collection
42	National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Continuous data collection

Ref	Programme / Workstream	Provider Organisation	Did UHL participate?	Stages/ % of cases submitted
43	National Cardiac Audit Programme (NCAP): a) National Adult Cardiac Surgery Audit (NACSA)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	Continuous data collection
44	b) National Congenital Heart Disease Audit (NCHDA)	NICOR	Yes	Continuous data collection
45	c) National Heart Failure Audit (NHFA)	NICOR	Yes	Continuous data collection
46	d) National Audit of Cardiac Rhythm Management (CRM)	NICOR	Yes	Continuous data collection
47	e) Myocardial Ischaemia National Audit Project (MINAP)	NICOR	Yes	Continuous data collection
48	f) National Audit of Percutaneous Coronary Intervention (NAPCI)	NICOR	Yes	Continuous data collection
49	g) UK Transcatheter Aortic Valve Implantation (TAVI) Registry	NICOR	Yes	Continuous data collection
50	h) Left Atrial Appendage Occlusion (LAAO) Registry	NICOR	Yes	Continuous data collection
51	i) Patent Foramen Ovale Closure (PFOC) Registry	NICOR	Yes	Continuous data collection
52	j) Transcatheter Mitral and Tricuspid Valve (TMTV) Registry2	NICOR	Yes	Continuous data collection
53	National Child Mortality Database (NCMD)	University of Bristol	Yes	Continuous data collection
54	National Clinical Audit of Psychosis (NCAP)	Royal College of Psychiatrists	NA	
55	National Comparative Audit of Blood Transfusion: a) National Comparative Audit of NICE Quality Standard QS138	NHS Blood and Transplant	NA	
56	b) National Comparative Audit of Bedside Transfusion Practice	NHS Blood and Transplant	Yes	Data collection ongoing
57	National Early Inflammatory Arthritis Audit (NEIAA)1	British Society for Rheumatology	Yes	Continuous data collection
58	National Emergency Laparotomy Audit (NELA)1 a) Laparotomy	Royal College of Anaesthetists	Yes	Continuous data collection
59	b) No Laparotomy3	Royal College of Anaesthetists	Yes	Continuous data collection
60	National Joint Registry	Healthcare Quality Improvement Partnership (HQIP)	Yes	Continuous data collection
61	National Major Trauma Registry [Note: Previously TARN. To commence data collection in 2024]	NHS England	Yes	Continuous data collection
62	National Maternity and Perinatal Audit (NMPA)1	Royal College of Obstetricians and Gynaecologists	Yes	Continuous data collection

Ref	Programme / Workstream	Provider Organisation	Did UHL participate?	Stages/ % of cases submitted
63	National Neonatal Audit Programme (NNAP)1	Royal College of Paediatrics and Child Health	Yes	Continuous data collection
64	National Obesity Audit (NOA)1	NHS England (formerly NHS Digital)	NA	
65	National Ophthalmology Database (NOD): a) Age-related Macular Degeneration Audit	The Royal College of Ophthalmologists (RCOphth)	Yes	Continuous data collection
66	b) Cataract Audit	RCOphth	Yes	Continuous data collection
67	National Paediatric Diabetes Audit (NPDA)1	Royal College of Paediatrics and Child Health	Yes	Continuous data collection
68	National Perinatal Mortality Review Tool	University of Oxford / MBRRACEUK collaborative	Yes	Continuous data collection
69	National Pulmonary Hypertension Audit	NHS England (formerly NHS Digital)	NA	UHL is not a PH centre
70	National Respiratory Audit Programme (NRAP): a) COPD Secondary Care	Royal College of Physicians (RCP)	Yes	Continuous data collection
71	b) Pulmonary Rehabilitation	RCP	Yes	Continuous data collection
72	c) Adult Asthma Secondary Care	RCP	Yes	Continuous data collection
73	d) Children and Young People's Asthma Secondary Care	RCP	Yes	Continuous data collection
74	National Vascular Registry (NVR)1	Royal College of Surgeons of England (RCS)	Yes	Continuous data collection
75	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	University of Warwick	NA	
76	Paediatric Intensive Care Audit Network (PICANet)	University of Leeds / University of Leicester	Yes	Continuous data collection
77	Perioperative Quality Improvement Programme	Royal College of Anaesthetists	Yes	Continuous data collection
78	Prescribing Observatory for Mental Health (POMH) a) Rapid tranquillisation in the pharmological management of acutely disturbed behaviour	Royal College of Psychiatrists	NA	
79	b) The use of melatonin	Royal College of Psychiatrists	NA	
80	c) The use of opioids in mental helath services	Royal College of Psychiatrists	NA	
81	Quality and outcomes in Oral and Maxillofacial Surgery (QOMS)	British Association of Oral and Maxillofacial Surgeons (BAOMS)	No	Currently planning to start submitting cases to these audits and registries.
82	Sentinel Stroke National Audit Programme (SNNAP)	King's College London	Yes	Continuous data collection

Ref	Programme / Workstream	Provider Organisation	Did UHL participate?	Stages/ % of cases submitted
83	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Yes	Continuous data collection
84	Society for Acute Medicine Benchmarking Audit (SAMBA)	Society for Acute Medicine	Yes	
85	UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	Yes	Continuous data collection
86	UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association	Yes	Continuous data collection
87	UK Renal Registry National Acute Kidney Injury Audit	UK Kidney Association	Yes	Continuous data collection

The Trust has reviewed the reports of 54 national clinical audits and 322 local clinical audits in 2024/25.

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 (summary forms are available internally for colleagues or upon request if external)

- there are various examples within the 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 clinical audit improvement awards for projects that have improved patient care, which is held as part of National Clinical Audit Awareness week in June. The results of 2024 competition are:

UHL Audit & Quality Improvement Programme (AQIP)
Annual Awards & Networking Event
Monday 24th June 2024 @ 12:00 – 16:00

Kenneth Wood Lecture, Clinical Education Centre, Level 2, Jarvis Building, LRI and via Teams.
Part of National Clinical Audit Awareness Week #CAAW24

NHS
University Hospitals of Leicester
NHS Trust

CLINICAL AUDIT AWARENESS WEEK 2024
CELEBRATING OUR CLINICAL AUDIT HEROES
24-28 June 2024
www.hqip.org.uk   #CAAW24

Audit & Quality Improvement Programme (AQIP) Awards Evaluation Questionnaire

Award Winners

Award	Winner	Leads
AQIP improvement project	QI project: Analysis of completed waiting list forms for surgery in Ophthalmology (1st with 28% of 123 votes from delegates)	Mr Ian De Silva, Dr Ahmed Kamis
Best QI Fundamentals project	Improving patient experience and safety during induction of labour	Lara Harrison / Sarah Blackwell
Best QI advanced project	All first time shoulder dislocation patients to be assessed by Specialist Physiotherapist within 10 days of ED admission	Helen Fort
National Clinical Audit winner	Improvement Collaborative: Rheumatology Medication Delays (National Early Inflammatory Arthritis Audit)	Rheumatology Team
AQIP Speciality of the year	Respiratory Medicine	Dr Rahul Patel

We are compassionate   We are proud   We are inclusive   We are one team

The Respiratory team won speciality of the year with trophy presentation to Dr Rahul Patel, Clinical Audit Lead and Ward 16 Glenfield team.

We now hold quarterly Audit & QI programme (AQIP) awards, and the annual winner is decided at the UHL Recognition Awards.

7.4   Embedding Research and Innovation

Across the 2024/25 financial year, the Trust's Department of Research and Innovation (R&I) continued to excel. Despite operating within and against an uncertain national landscape, the team delivered demonstrable growth with several key performance indicators. In addition, the department also celebrated significant success in securing further funding for research infrastructure through several competitive grant schemes.

In 2023/24, the R&I Department recruited 17,436 study participants. Of this number, 15,253 participants participated in portfolio studies, and 510 participants engaged

with commercial projects. In 2024/25, these figures increased substantially, with 27,646 study participants recruited overall. Of these participants, 25,947 were recruited to National Institute for Health and Care Research (NIHR) studies, whilst 437 participated in commercial trials. While this demonstrates a slight decrease (14%) in commercial study recruitment, the department's total recruitment figure was 58% higher than in 2023/24, with portfolio recruitment experiencing a particularly noteworthy uplift of 70%.

In 2024/25, the department generated £55m of income, of which commercial research projects produced £5.4m. Alongside this continued growth, the Trust's Biomedical Research Centre received a capital award from the NIHR, totalling £4.736m. This funding will facilitate and support the ground-breaking research taking place within the department, contributing towards the purchase of state-of-the-art equipment such as CT scanners, echocardiographs, rehabilitation equipment, laboratory-grade freezers, ultrasounds, hyperpolarised Xenon MRI scanners, and a mass spectrometer to analyse chemicals in samples taken from patients and volunteers. This investment in cutting-edge research equipment benefits new and ongoing trials, patients, and the wider community. Across the last year, these funds have also contributed towards the set-up and maintenance of innovative projects across a range of central research themes addressed by the BRC, supporting studies in the cardiovascular, respiratory and lifestyle fields at the Leicester Royal Infirmary, the Glenfield Hospital, the General Hospital and various Integrated Care Boards (ICBs) throughout the East Midlands. The department also secured a second NIHR capital award for Aseptic Services, totalling £1.5m. Of this amount, £300,000 was received in 2024/25, to double aseptic capacity across the next 18 months. This expansion will increase the use of advanced therapies in cancer trials and will also provide immediate support to cancer care clinics.

Furthermore, after a successful tendering process, the department announced that the Trust had been chosen to host a new NIHR Commercial Research Delivery Centre (CRDC). Based at the General Hospital and replacing the Patient Recruitment Centre (PRC), the CRDC supports a network of researchers in hospitals and GP practices across Leicestershire and Northamptonshire, delivering studies centred on a range of health conditions and acting as a regional hub for pioneering clinical trials. In line with the U.K. Government's 2021 policy paper on the future of the country's clinical research delivery, the CRDC builds on the achievements of the PRC by creating opportunities to test new treatments with the latest equipment and technology. It also supports the rapid set-up of commercial studies funded by the life sciences industry, ensuring that patients can access treatments that are undergoing trials as early as possible, and contributing to the Department of Health and Social Care's (DHSC) vision of a patient-centered research program embedded into the NHS, tackling health inequalities, bolstering economic recovery and improving the lives of people across the U.K. more widely.

Highlights from across the R&I department for 2024/25 include:

- The development and launch of a new Research Reflections programme, which uses interactive strategies to gather feedback from staff across the Department. These workshops have built on data taken from the UHL 2024

Staff Survey and have provided opportunities for teams to celebrate success and identify potential areas for improvement, contributing to developing a culture of psychological safety across teams. The feedback accumulated throughout this process will be used to produce a clear action plan, ensuring that teams are accountable and transparent when developing positive approaches to change.

- The creation of a group of executive team members that have been collaborating extensively on shared approaches to working between UHL and UHN (University Hospitals of Northamptonshire). This has involved facilitating a series of key stakeholder meetings to strengthen relationships, discuss operational procedures, and share ideas for the development of a strategic plan for the interlinked future of the organisations.

- The UHL Maternity Research team's launch of the Generation Study, a national trial supported by Genomics England that centres on the early identification of more than 200 rare diseases and conditions. Through this study, new parents can learn more about their baby's genetic health, potentially accessing treatment and intervention at a much earlier stage.

- The initiation of a second round of the Research Experience Programme (REP), offering staff members the opportunity to develop their research skills, receive expert mentorship and guidance, and enhance their clinical and non-clinical skills whilst learning more about the varied career pathways available within research at the Trust.

- The success of the COPD-HELP study, which investigated whether a certain medicine could help to support people with COPD. As a condition that often gets worse over time, COPD can result in sudden flare-ups or 'exacerbations' that make breathing even more difficult. These flare-ups can be severe enough to require emergency care or hospitalisation, placing considerable economic strain on the NHS, with current healthcare costs estimated at around £2 billion annually. Given projections of a 40% increase in COPD prevalence by 2030, healthcare resources will face heightened demand, further amplifying the pressure on the NHS. This study could be a significant step forward in improving care for COPD patients, and the department saw a notable level of interest from participants, with 238 individuals choosing to participate.

- A new photography exhibition, which opened in London and featured images of UHL patients who had undergone amputations due to Peripheral Artery Disease (PAD). Created by iconic artist Rankin, these photographs formed part of a showcase revealing the scale of preventable amputations in the U.K. and exploring PAD's impact on patients and the NHS. Using the Department's Patient and Public Involvement (PPI) Registry created by Imelda Black, patients were contacted and invited to take part in the exhibition, which was highly successful.

- A collaboration between the Trust's academic researchers at the University of Leicester's Centre for Environment Health and Sustainability and the U.K. Health Security Agency (UKHSA), which secured £5.5m to fund a new research unit investigating the health impacts of chemicals, air pollutants and noise. This funding is part of £80m announced by the NIHR for research to

protect the public from both long-term threats, such as antimicrobial resistance and climate change, and acute or emerging threats, such as pandemics and chemical, biological, radiological, and nuclear incidents.

- A revolutionary asthma medication trial led by Dr Sarah Diver, which found that the use of Tezepelumab significantly reduced mucus plugs in asthmatic patients, improving lung function and levels of inflammation. The results of the study were published in the *New England Journal of Medicine* and have since led to the NICE approval of Tezepelumab for use in the U.K. as an adjunctive treatment for severe asthma in individuals aged 12 years and over, when treatment with high-dose inhaled corticosteroids plus another maintenance treatment has not worked well enough. Dr Diver's innovative work on this project saw her receive the Early Career Researcher Award at the NIHR Impact Prizes last year.

- The SHIFT project, led by researcher Professor Stacy Clemes as part of Leicester's BRC, which developed and implemented a health programme designed to promote physical activity and positive lifestyle changes to truckers. The project was shown to be effective in increasing HGV drivers' physical activity levels and reducing their daily sitting time and received a high commendation at the NIHR Impact Prizes last year.

- The 2025 National Scientific and Health Care Achievement Award from the American Diabetes Association (ADA), won by Professor Melanie Davies CBE, Director of the NIHR BRC. The award recognises exceptional contributions in patient-oriented clinical outcomes research that have had a significant impact on diabetes prevention and treatment. The competition for these prizes is such that Melanie is only the second woman to receive this prestigious award and is the first woman outside of the USA to do so.

- Researchers at Leicester Diabetes Centre (LDC) successfully starting to use the glucose clamp technique as part of COMBINE, a new diabetes research trial. This gold-standard technique measures how sensitive a person is to the hormone insulin. In the COMBINE trial, the glucose clamp technique will determine how effective a low-energy diet is in improving insulin sensitivity in a South Asian population.

- The Leicester Diabetes Centre (LDC) hosting of the prestigious European Association for the Study of Diabetes (EASD) Scientist Training Course in October of 2024. The course promoted new talents in diabetes research and aimed to foster diabetes research in centres worldwide. Last year, the course was delivered by the LDC's team of world-class experts, who are leading cutting-edge advancements in diabetes research, education, and care.

- Clinical Research Physician, Harriet Morgan, successfully completing the National Institute for Health and Care Research's (NIHR) Associate Principal Investigator (PI) Scheme. The six-month scheme aims to give healthcare professionals who would not normally have the opportunity to work in clinical research in their day-to-day role the chance to experience what it means to work on and deliver an NIHR portfolio trial under the mentorship of a local Principal Investigator (PI). Harriet joined the PRC from Tema General Hospital in Ghana in July 2023, where she began a two-year post as a Clinical Research Physician.

- The achievements of Professor André Ng, Consultant Cardiologist at UHL, who took up the role of President of the British Cardiovascular Society for a three-year term at the organisation's 2024 Annual General Meeting in Manchester.

7.5   Use of CQUIN Payment Framework

The CQUIN design criteria have been retained this year on a voluntary basis. 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 of end-of-year performance is shown in the table below:

Table 21 CQUIN Performance 2024-25

CQUIN Indicator	Indicator description	End of Year Performance	Comments
Compliance with timed diagnostic pathways for cancer services 2nd Year	Achieving (35%-55%) of referrals for suspected prostate, colorectal, lung and oesophageal-gastric cancer meeting timed pathway milestones as set out in rapid cancer diagnostic and assessment pathways.	77%	This CQUIN has been fully met
Prompt switching of intravenous to oral antibiotic 2nd Year	Achieving 15% (or fewer) of patients still receiving IV antibiotics past the point at which they meet switching criteria.	11%	This CQUIN has been fully met
Recording of NEWS2 score, escalation time and response time for unplanned critical care. 2nd Year	Achieving 30% of all unplanned ITU admissions from non-critical care wards having a NEWS2 score, time of escalation and time of critical response.	44%	This CQUIN has been fully met
Recording of Paediatric Early Warning System for patients aged <18 1st Year	Achieving 95% of all admitted paediatric inpatients having a Paediatric Early Warning System (PEWS) recorded.	74%	This CQUIN has been partially met
Achieving Progress toward Hepatitis C Elimination 2nd Year	Percentage of patients (40-75%) commencing treatment within 4 weeks of a positive diagnosis.	67%	This CQUIN has been fully met
Assessment & documentation of pressure ulcer risk 2nd Year	Achieving 80% of acute and community hospital inpatients aged 18+ have a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.	82%	This CQUIN has been fully met
Improving the timeliness and quality of submissions to the Renal Registry to support real-time analysis of patient outcomes. 1st Year	The Renal Registry data quality (DQ) score. This is an overall assessment of data quality for each provider, based on a list of key data items listed. Threshold minimum 75% to maximum 90%	86%	This CQUIN has been fully met

Key	Data Not Required	Achieved	Not Achieved	Partially Achieved	Awaiting Data

CQUIN 25-26

Quality Assurance representatives met with ICB colleagues in January 2025 regarding CQUIN 2025/26. Discussions and decisions were agreed that CQUIN for 2025/26 will be discontinued unless otherwise updated via national guidance. Currently, no replacement is planned at the national level.

7.6   Data Quality and Governance

University Hospitals of Leicester NHS Trust undertakes the following actions to ensure data quality:

- The Data Quality Forum, chaired monthly by the Group Chief Technology Innovation Officer, assures the quality of data reported to the Trust Board. The forum is a multi-disciplinary panel that includes representation from 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 to ensure that it is of suitably high quality by best endeavors. The NHS England-endorsed Data Quality Framework provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance, and completeness. Where such assessments identify shortfalls in data quality, the panel makes and tracks recommendations for improvements to raise quality to the required standards. They also provide guidance and direction to clinical management and corporate teams on how to enhance the quality of their data.

- For the management of patient activity data, there is a dedicated corporate data quality team. They respond to any identified issues and undertake daily processes to ensure the singularity of patient records and accurate GP and commissioner attribution. We have reduced GP inaccuracy by implementing automated checking against the Summary Care Record. We have a Data Quality dashboard that supports administrative leads in the specialties in reducing data inaccuracies.

- The Trust also has a dedicated elective care validation team, comprising a group that validates patient elective care pathways against the Referral to Treatment standards, and another group that performs technical validation relating to weekly and monthly submissions against national targets. This second group also trains staff across the organisation in how to manage pathways to avoid incorrect outcomes that impact on performance and patient care.

- The NHS Digital Data Quality Maturity Index is used for benchmarking against 17 peer Trusts. Data quality and clinical coding audits are conducted in line with the Data Protection and Security Toolkit, ensuring compliance with mandatory standards. For clinical coding, the Trust has several assurance processes in place to ensure that patient complexity is accurately captured. Since 2019, we have enhanced the information supply chain for

clinical coding, resulting in increased documentation availability for the Clinical Coding process. We are working with partners to explore artificial intelligence and automation solutions to address workforce capacity challenges in clinical coding.

- The Trust Leadership Team receives quarterly reports on data quality and Clinical Coding, reinforcing a commitment to continuous improvement and excellence in data management.

7.7 NHS Number and General Medical Practice Code Validity

The University Hospitals of Leicester NHS Trust submitted records from April 2024 to January 2025 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:
    - 99.9% for admitted patient care
    - 100% for outpatient care
    - 99.5% for emergency department care
- which included the patient's valid General Medical Practice Code:
    - 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 or 2024/25.

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 2022/23 and 2023/24. It is also envisaged that the 2024/25 submission will follow suit, as the baseline indicates this. The final submission for 2024/25 will be 30 June 2025.

We recognise the importance of robust information governance. During 2020/25, 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 the Caldicott Guardian to deputy roles, respectively, to ensure we support and absorb our risk management in Data Governance.

All NHS Trusts are required to carry out an annual information governance self-assessment using the NHS Data Security and 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's toolkit, the Trust is not required to meet a specified target to be considered a trusted organisation. The Trust was compliant with all mandatory assertions. Any non-mandatory assertions would require an action plan to achieve within a specific time frame set by the Trust. We also collaborate with our audit partners to ensure that our assertions are adequately supported with evidence, providing assurance to the board.

Our information governance improvement plan for 2024/25 was overseen by the Information Governance Steering Group, chaired by the Data Protection Officer, and Trust Leadership Team meetings, chaired by the Chief Executive.

7.10   Care Quality Commission (CQC) ratings

The Trust is required to register with the Care Quality Commission (CQC) and overall, the Trust has a rating of Requires Improvement. This has been in place following a well led inspection in 2022.

The Trust works closely with the CQC and provides update on performance and service through regular engagement meetings.

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

CQC Inspection Reports 2024-25

In June 2024, the CQC published its inspection reports for Maternity Services at the Leicester Royal Infirmary and the Leicester General Hospital and Urgent and Emergency Care at the Leicester Royal Infirmary, following inspection of these services on 10 and 11 January 2024. The reports reflected the improvements that had been made since both services had their previous inspections.

Maternity Services

Following the previous Maternity CQC Inspection in February 2023, when the service was rated as 'inadequate' for the safe domain and 'requires improvement' overall. The CQC issued a Section 29A warning notice to the Trust. A comprehensive improvement programme was put in place to address the concerns raised through the inspection reports and as part of the warning notice.

The CQC report published in June 2024 recognised the significant improvements that had been put in place across the Maternity Service since its last inspection and the Section 29A warning notice was lifted. Maternity Services at both the Leicester Royal Infirmary and the Leicester General Hospital had made improvements that their rating was upgraded to 'requires Improvement' for the safe domain and remains at 'requires improvement' overall.

Maternity Services is continuing to implement and embed its continuous improvement plan to ensure it improves treatment, care and services for women and birthing people.

Urgent and Emergency Care

Urgent and Emergency Care at the Leicester Royal Infirmary CQC rating remains overall as Requires Improvement as reported in June 2024. The service had received a Section 29A warning notice following its previous inspection in April 2022 and this was lifted in 2024, in response to the improvements made throughout the Urgent and Emergency Care service.

Continuous Improvement work continues in both Urgent and Emergency Care 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 and are committed to making the Trust a great organisation to receive care in and a great organisation to work for.

2024 Services Ratings

Leicester Royal Infirmary

2024	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	Requires Improvement	Not inspected	Not inspected	Not inspected	Requires Improvement	Requires Improvement

2024	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	Requires Improvement	Not Inspected	Not Inspected	Not Inspected	Require Improvement	Requires Improvement

Leicester General Hospital

2024	Safe	Effective	Caring		Well Led	Overall Rating
Urgent and Emergency Care	Requires Improvement	Not Inspected (Previously Good)	Not Inspected (Previously Good)	Require Improvement	Good	Require Improvement

Previous Inspections

Leicester Royal Infirmary

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

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)	Requires 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					

7.11 Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) Statement

University Hospitals of Leicester NHS Trust Quality Account 2024-25

Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) Statement

The LLR ICB welcome the opportunity to respond the UHL Quality Account for 2024-25 and are pleased to see the range of quality commitments that have been achieved over the past year throughout the organisation to deliver safe, effective and patient focussed services to the population of Leicester, Leicestershire and Rutland. These achievements in turn support the quality aims of the LLR Integrated Care System.

This is a comprehensive Quality Account and we appreciate the honesty this gives and note that the priorities for 2024-25 have been successfully achieved with good plans in place to address any shortcomings. As a result, we feel the Quality Account offers transparency and provides confidence and reassurance to all patients, stakeholders and staff alike. There is assurance of quality collaboration, inclusivity and innovation across the organisation in terms of their Clinical Management Groups and key areas of work and with the wider System and other partners covering all areas of quality and service delivery. These have contributed to the System's ongoing quality improvements and supported delivery of good quality care to the LLR population and during times of System challenge and pressures.

We are pleased to support UHL's priorities for quality improvement in 2025-26 and are confident that activities identified will positively continue to impact the overall quality improvement and delivery of services within their organisation to deliver patient centred and safe services and staff wellbeing whilst maintaining the collaborative relationships necessary in the LLR System.

The quality affiliation between LLR ICB and UHL is very important to the ongoing drive to deliver a high quality and patient focussed service to the people of Leicester, Leicestershire and Rutland and we look forward to this partnership continuing and developing into 2025-26.

Kay Darby
Chief Nursing Officer LLR ICB

Thursday, 19th June 2025

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

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

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

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