University Hospitals of Leicester **NHS**
NHS Trust

Meeting title:	Trust Board
Date of the meeting:	14 August 2025
Title:	**Escalation Report from the Quality Committee (QC): 26 June 2025**
Report presented by:	Dr Andy Haynes, Quality Committee Non-Executive Director Chair
Report written by:	Alison Moss, Corporate and Committee Services Officer

Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	Not applicable					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Yes. BAF risk within the remit of QC is listed below:
Quality Risks (BAF reference: 01-Quality)
1) There is a risk that a positive safety culture is not consistently embedded across services, due to underreporting and variable staff confidence in raising concerns and learning from incidents, leading to patient harm, low morale, reputational damage, and non-compliance with safety standards
2) There is a risk that hospital-acquired infections and harm do not reduce as planned, due to inconsistent delivery of fundamentals of care, overcrowding and variable protocol compliance, leading to avoidable harm, longer stays, cost pressures, and reduced confidence in care
3) There is a risk that patients, families, and carers are not fully engaged in service development and feedback, due to limited access to and responsiveness of engagement mechanisms, leading to unmet needs, dissatisfaction, and increased complaints
4) There is a risk that care for patients with mental health needs, learning disabilities, autism, dementia, or at end of life remains inconsistent, due to variable screening, staff training, and service capability, leading to poorer outcomes, readmissions, and non-compliance with national standards
5) There is a risk that patients from underserved groups continue to experience poorer access, communication, and outcomes, due to insufficient data insights, inconsistent reasonable adjustments, and language/cultural barriers, leading to continued health inequalities and dissatisfaction among diverse patient groups, missed appointments, and reputational damage

Impact assessment
N/A
Acronyms used:
CMG – Clinical Management Group
CQC – Care Quality Commission
NICE- National Institute for Health Care and Excellence
PALS – Patient Advice and Liaison Service
VTE - Venous Thromboembolism

1.   **Purpose of the Report**

To provide assurance to the Trust Board on the work of the Trust's Quality Committee and escalate any issues as required.

2.   **Summary**

The Quality Committee met on 31 July 2025 and was quorate. It considered the following items, and the discussion is summarised below:

3. **Discussion Items**

3.1 **Board Assurance Framework (BAF)**

The Committee received the BAF noting the risk scores remain unchanged. At the end of the meeting the Chair reflected that the reports and discussion covered the BAF risks in the Committee's remit.

3.2 **Organ Donation – Biannual Report**

The Committee noted the on-going successes and challenges of organ donation within UHL The target was for 12 donations per year; last year there had been 10; with three, to date, in 2025/26. The Committee requested the next report reflect demographic data for donors, and if available recipients.

The Committee's request for demographic data is highlighted to the Trust Board, for information.

3.3 **Complaints, PALS and Patient Experience 2024-2025 Annual Report** *(in mitigation of BAF Risk 1(3))*

The Committee received the Annual Report for 2024/25, which is appended.

The Committee asked about how learning was shared between CMGs, feedback about staff attitudes, feedback from virtual wards, how the team differentiates between concerns and complaints, whether PALS could be face-to-face at the three sites, and whether complainants were invited to give feedback on their experience of making a complaint.

The Committee noted that communication is an underlying theme in complaints and there is programme for developing empathy and compassion linked to the Fundamentals in Care Programme.

The Annual Report is appended to this report and highlighted to the Trust Board for information.

3.4 **Healthwatch Report – Update** *(in mitigation of BAF Risk 1(3) and 1(4))*

The Committee noted the findings of Healthwatch inspections of Gynaecology Services at Ward 8, and Learning Disability at Leicester Royal Infirmary. Progress against the actions was noted.

3.5 **Waste Management – Update**

The Committee was briefed on waste and the Trust's compliance with regulations. The Trust has seen major improvements in clinical waste segregation supported by a behavioural change programme. The actions supported the Trust's Green Plan and commitment to achieving carbon net zero (for the emissions it can control) by 2040.

The areas for more focussed work are theatres, pathology, aerosols which contain pharmaceuticals and the over treatment of domestic waste. As the Environment Agency is due to visit the Trust, a further report in six months' time was requested.

3.6 **Quality and Safety Performance Report** *(in mitigation of BAF Risks 5(1) and 5(2))*

The Committee noted that the Trust had maintained an improved position across key safety and quality performance areas.

The Committee asked about hotspots for patient falls, nurse alarms, uptake of cybersecurity training, turnaround time for complaints, VTE assessments, benchmarking for quality indicators, and blood traceability. The Committee noted the need to monitor the impact of workforce reduction on performance.

3.7   Health Equality and Inclusion Update *(in mitigation of BAF Risk 1(5))*

The Committee received a report on health equalities improvement at UHL.

A pilot project focussed on high frequency users of the emergency department had reduced attendances and 'did not wait' episodes. Whilst there is an increase in the length of stay for this cohort, it is likely to reflect improved engagement and complexity of need. The findings from the review, under the Equality Delivery System, of chaplaincy services; intermediate care; and perinatal mental health services was noted.

The Committee emphasised the importance of the System understanding the health population data and needed further discussion.

The Committee highlights the importance of data in relation to decision-making to the Trust Board, for information.

3.8   Reports from Quality Sub-committees

The Committee noted escalation reports from:
- Nursing, Midwifery and AHP Committee
- Patient Safety Committee
-

4.   Items for Noting

- **Integrated Performance Report – Month 3 (2025-26)**

- **Perinatal Surveillance Scorecard**

The latest report on the maternity heat map shows that UHL has significantly improved its position. Two years ago, it was the second worst in the region and now it is the fourth best. This is a significant achievement for a multi-site maternity service.

The Committee highlights the improved performance to the Trust Board for information.

- **Paediatric Audiology Update**
- **NICE Compliance - 2024/25**
- **Cost Improvement Programme Quality Impact Assessments: 2025/26 Quarter 1 Review**

Complaints are a vital source of information about the views of our patients, families and carers about the quality of our services and standards of our care.

The University Hospitals of Leicester Patient Advice and Liaison Service (PALS) and the Complaints teams administer all formal and informal complaints and concerns.
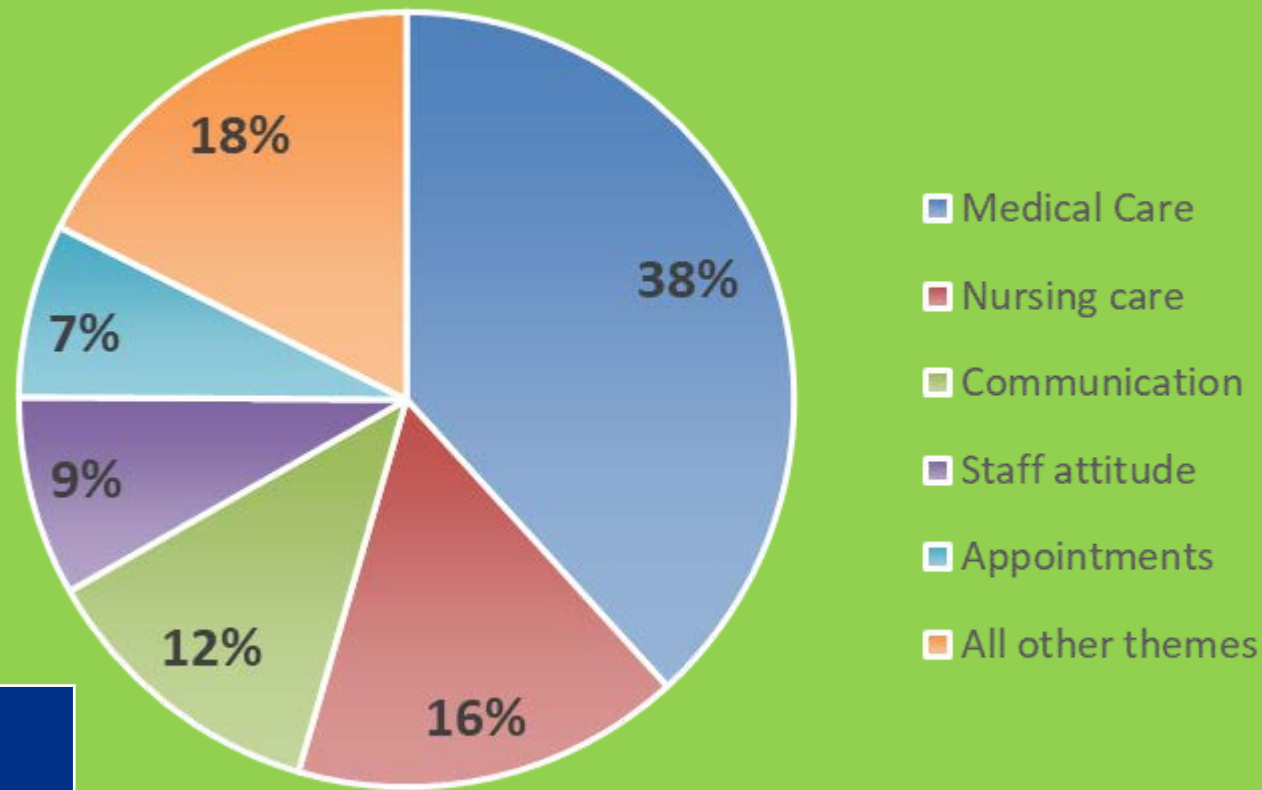
Formal complaints by CMG

- The number of formal complaints by CMG decreased from 2023-24 to 2024-25, except for UHL in the Community ("Alliance") CMG
- The number of complaints about NHS services nationally have been steadily increasing since 2020, at a rate of approximately 2% per year
- The introduction of the PALS team has positively impacted on formal complaints

Number of Formal complaints received by CMG and financial year in 2023/24 & 2024/25
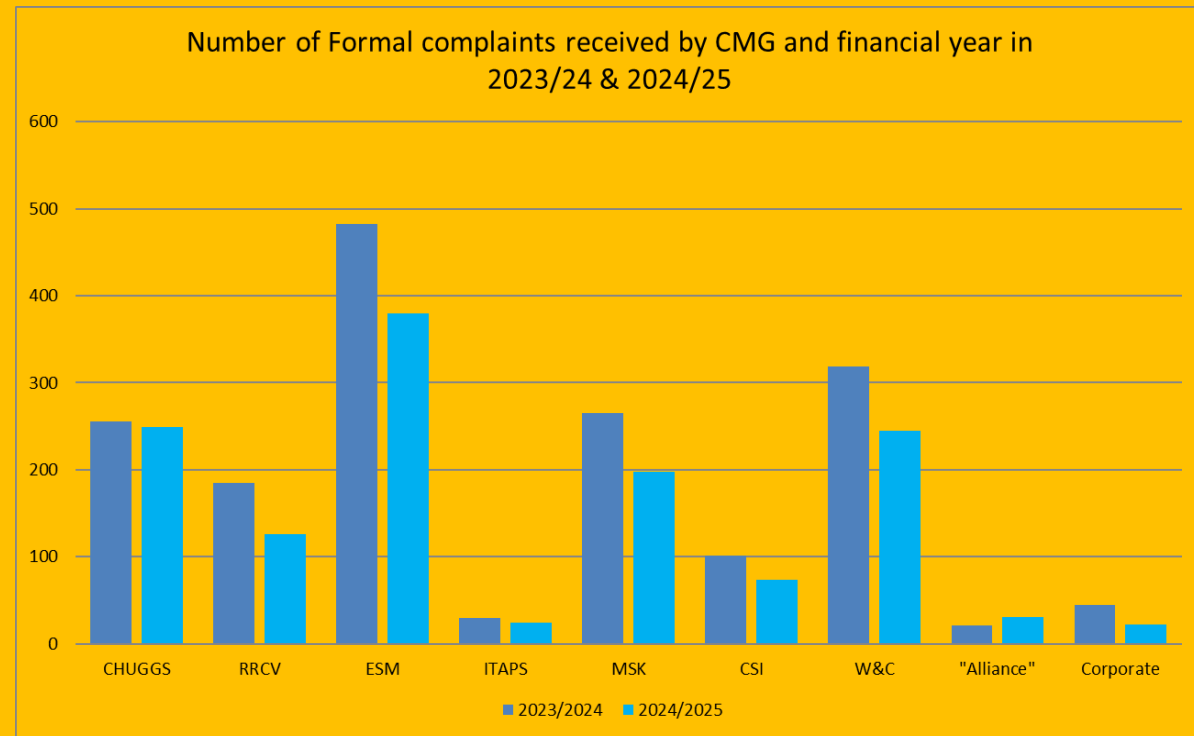
Top 5 complaint themes

Top themes sub subjects	Total 2024-25
Questions about treatment	154
Nursing care	136
Decision making	116
Communication – Medical staff	76
Delay in diagnosis	60

Pie chart legend:
- Medical Care — 38%
- Nursing care — 16%
- Communication — 12%
- Staff attitude — 9%
- Appointments — 7%
- All other themes — 18%

Medical care was the overall top theme in formal complaints, with concerns about treatments and decision making identified as the most frequent sub subjects within this theme

CMG	Performance
CHUGGS	56%
RRCV	48%
ESM	45%
ITAPS	38%
MSS	55%
CSI	60%
W&C	47%
Alliance	83%
Corporate	57%

2024-25 performance by clinical management groups (CMG)

25 working days response time

Parliamentary & Health Service Ombudsman (PHSO): outcomes of investigations
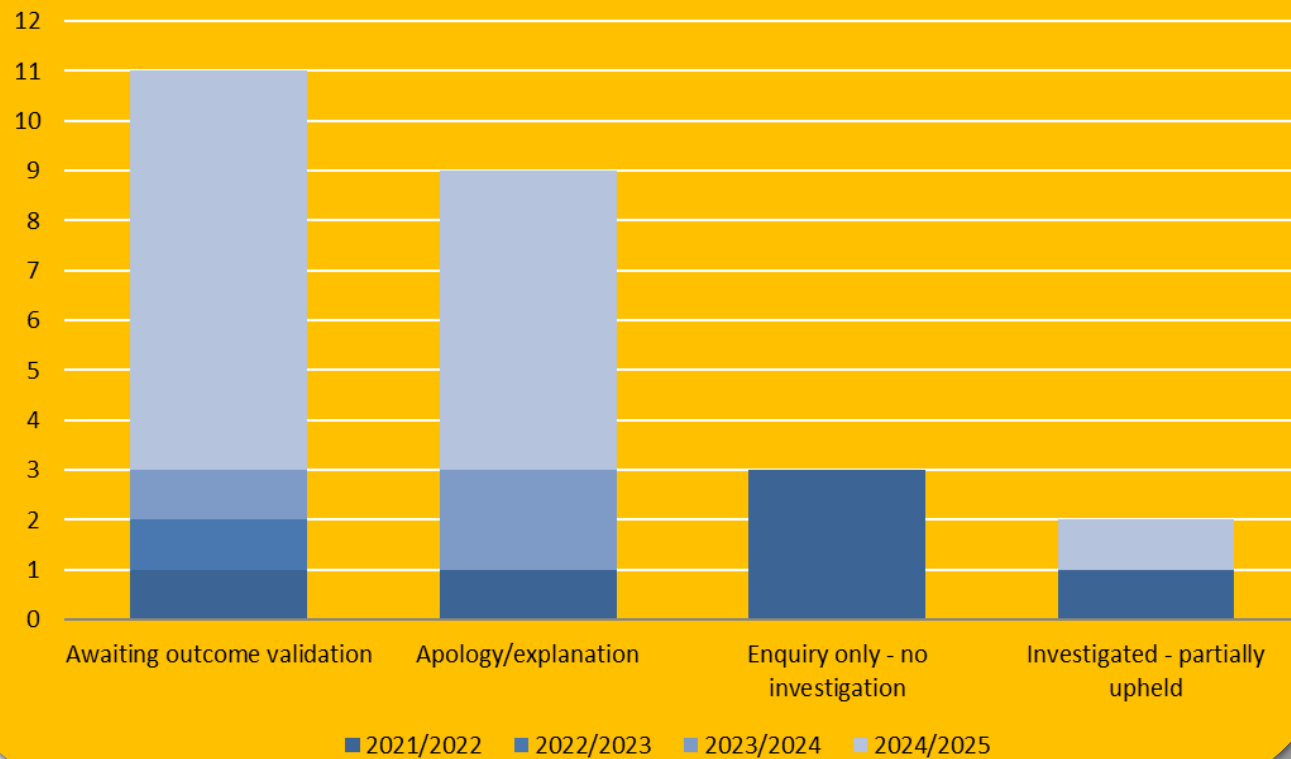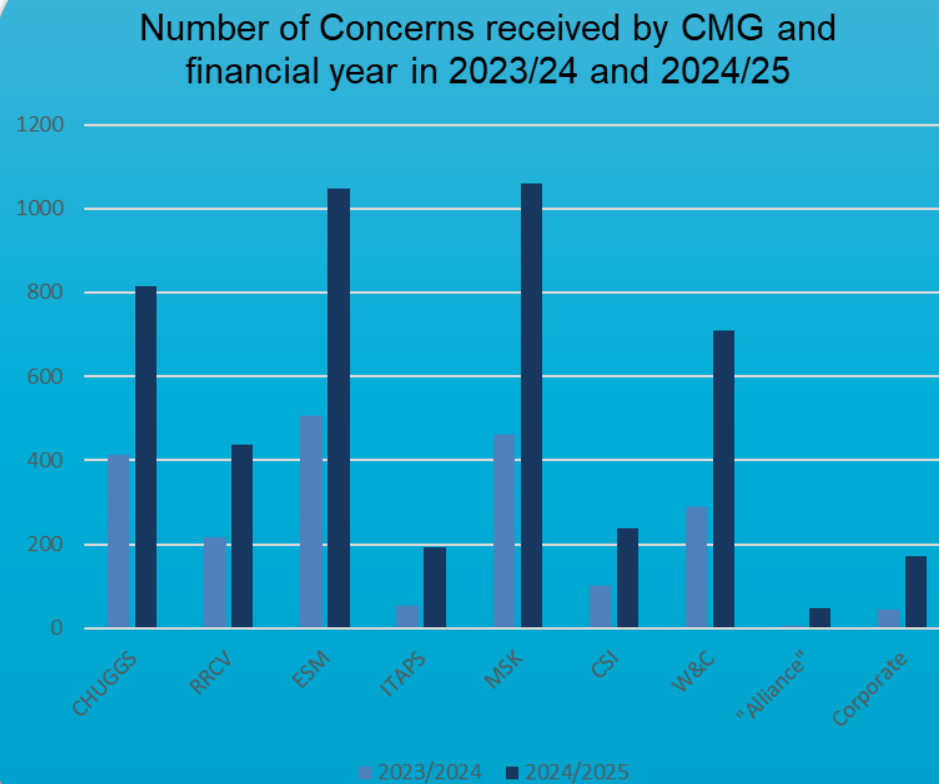
An investigation by the PHSO is the final stage of the NHS complaints process.

In 2024-25: 6 complaints were upheld and resulted in an apology/explanation and 8 are awaiting outcome validation.

The key themes in the upheld complaints were about communication with the patient/family, medical and nursing care and treatment.
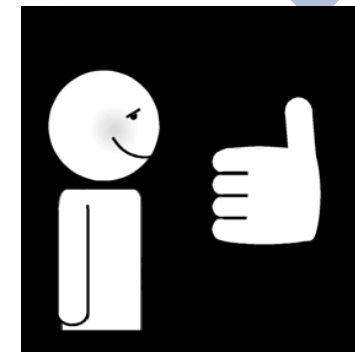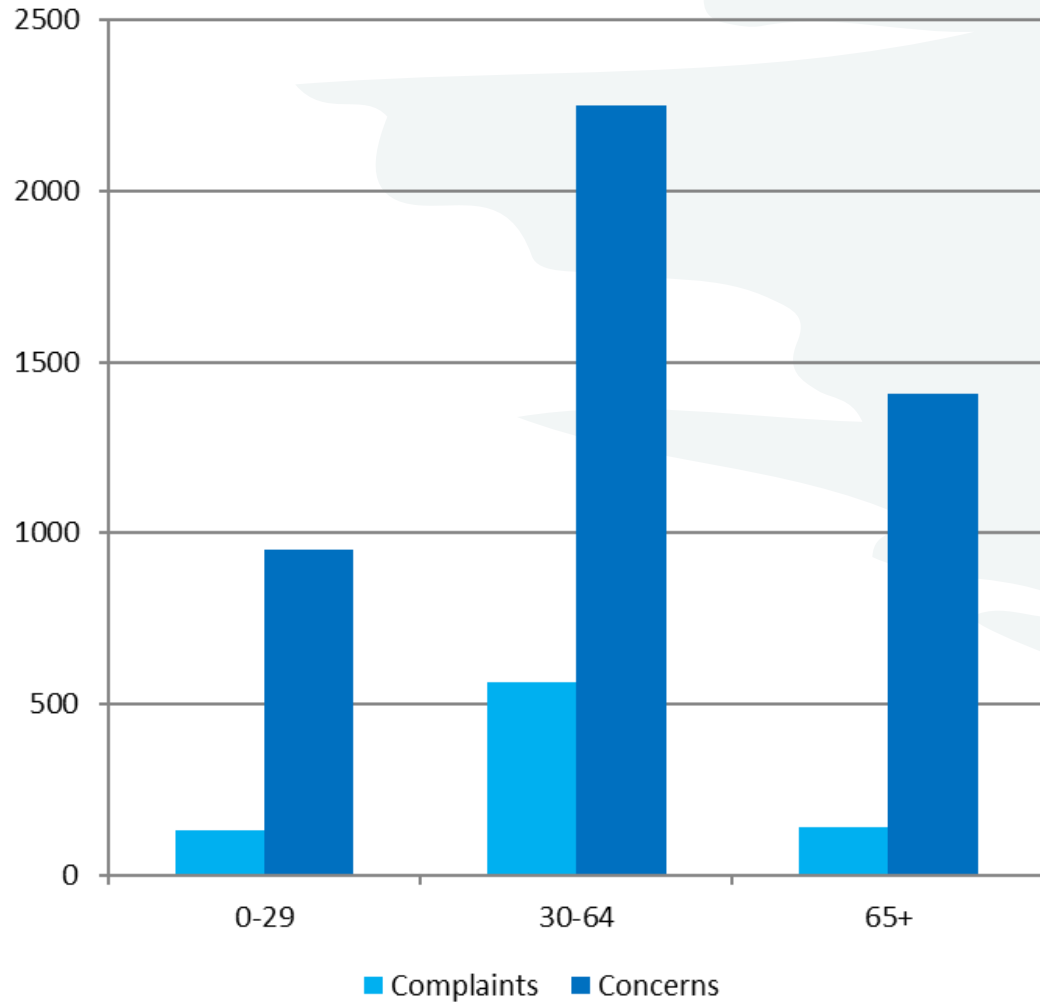
Chart data — PHSO outcomes of investigations (vertical axis 0–12):

Outcome	Value
Awaiting outcome validation	11
Apology/explanation	9
Enquiry only - no investigation	3
Investigated - partially upheld	2

Legend: ■ 2021/2022 ■ 2022/2023 ■ 2023/2024 ■ 2024/2025

PALS concerns & compliments

39 compliments received

Number of Concerns received by CMG and financial year in 2023/24 and 2024/25

Top 5 PALS concerns themes:

- **Appointments (79)**
- **Cancellations (61)**
- **Diagnosis or treatment (59)**
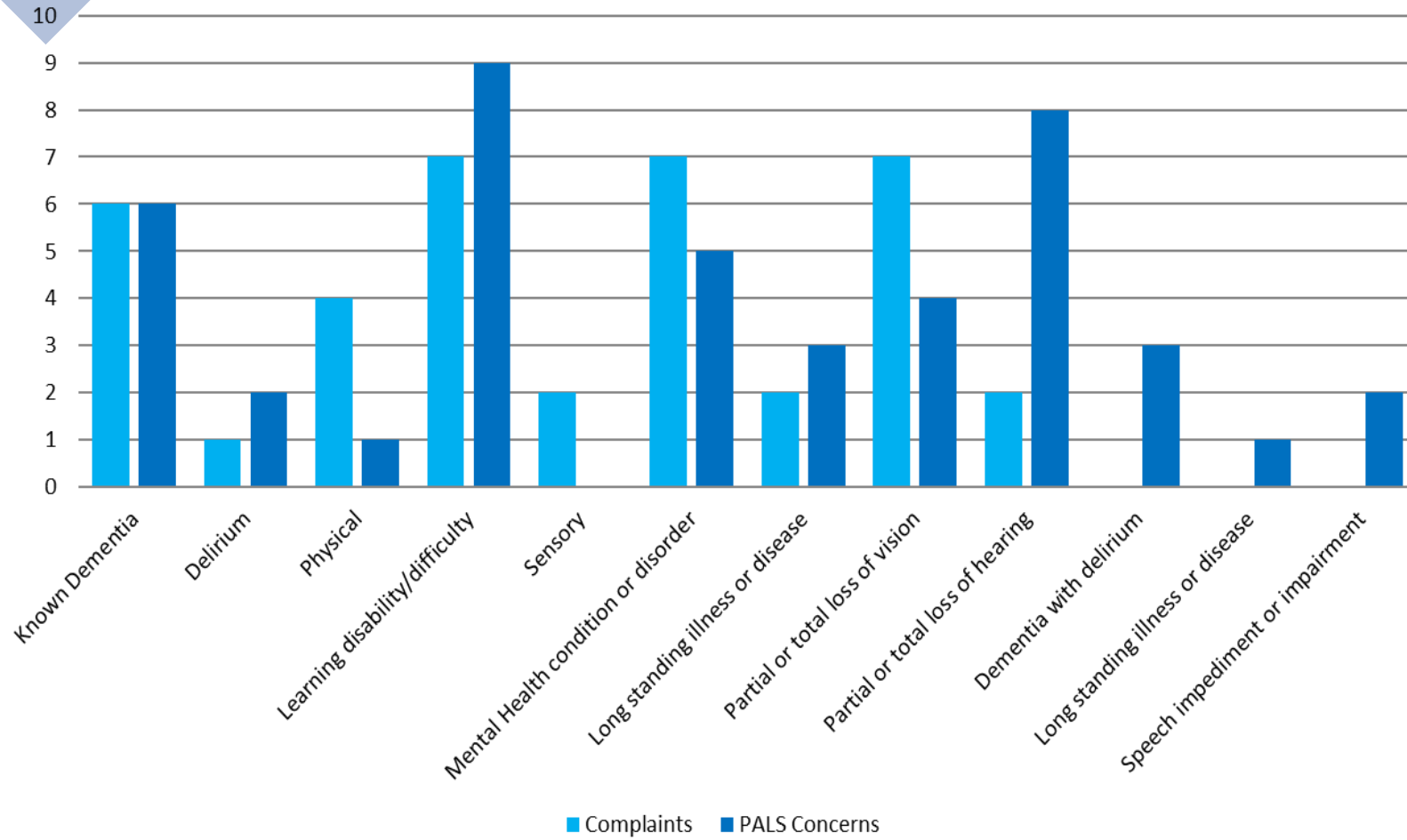- **Medical care (56)**
- **Staff attitude (35)**

Equality, Diversity and Inclusion: Complaints and Concerns Received

Complaintant age group (where stated) 2024/25

	Complaints	Concerns
0-29		
30-64		
65+		

Complainant disabilities (where stated) for 2024/25

Legend: Complaints, PALS Concerns

Complainant Gender (where stated) for 2024/25
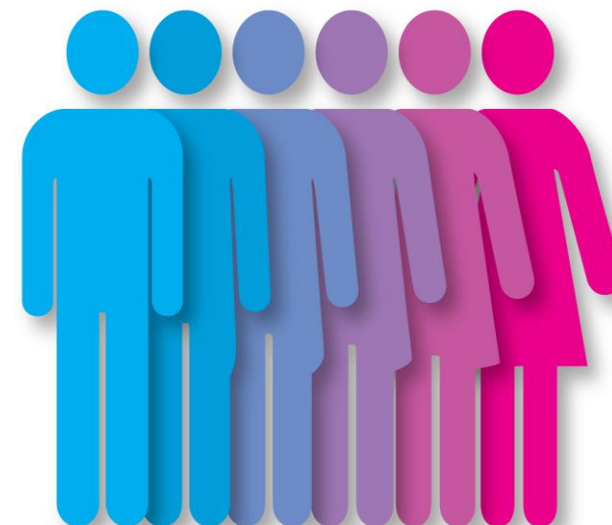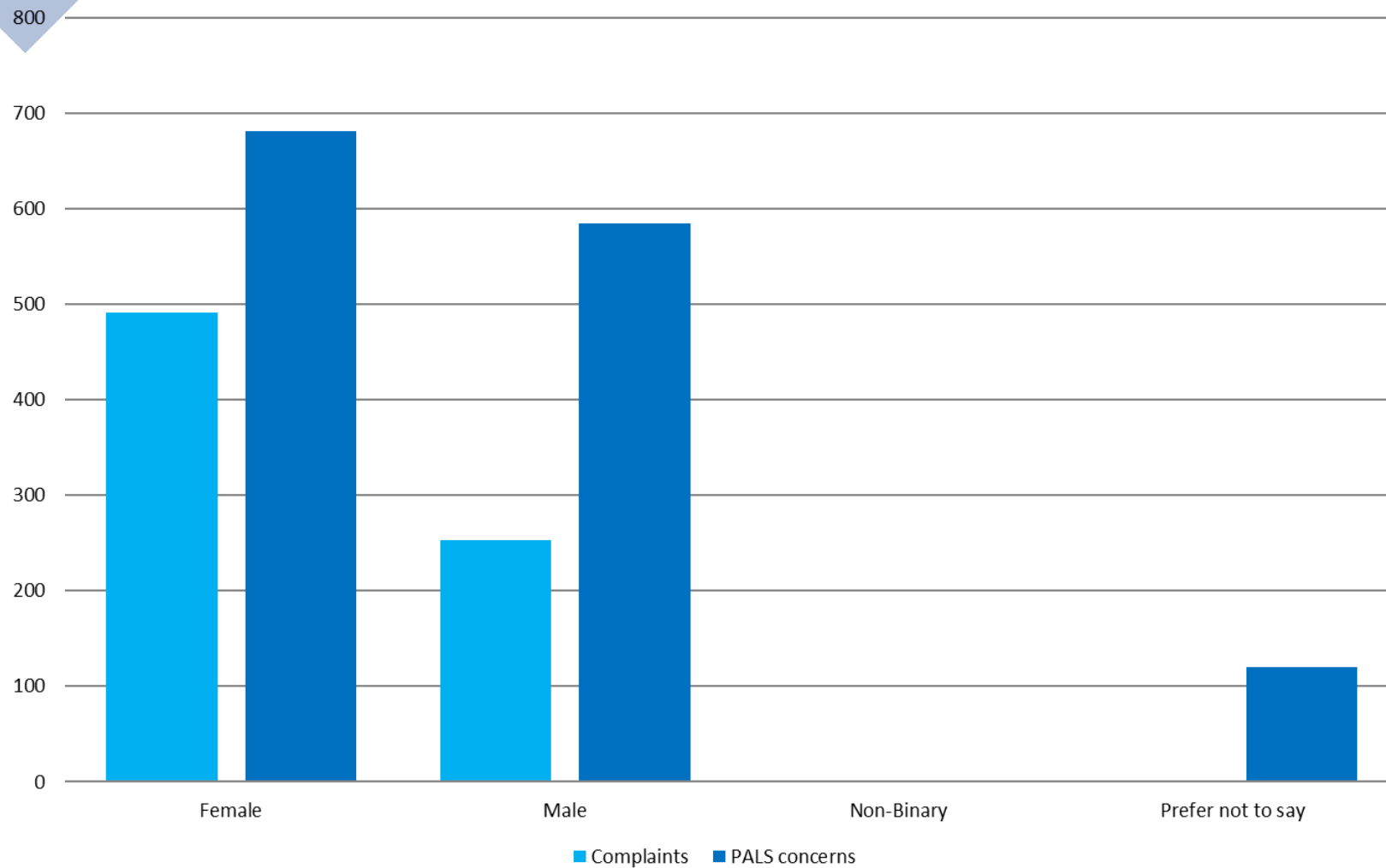
Complainant Ethnicities for 2024/25
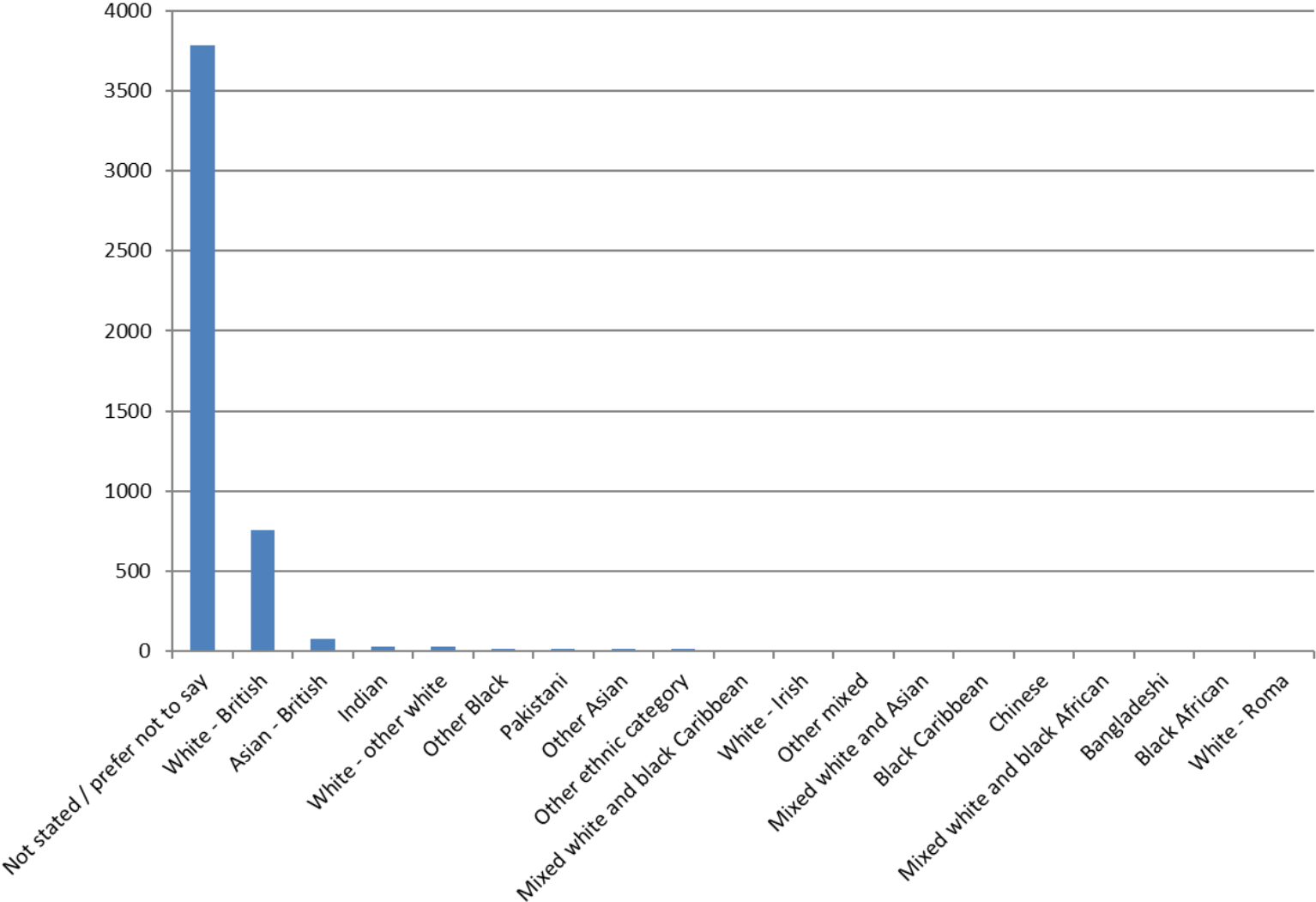
2024-25 some examples of improvements made in response to complaints and concerns:

CDU and ward teams at GGH reinforced how to book BSL interpreter for a patient

Maternity Improvement in terms of Induction of labour (IOL) changes

IOL App, use of accruryx to signposts service users with information re booked IOL: translated into 9 Languages

Partners able to stay overnight since October 2024 (Maternity)

Video developed by staff explaining IOL

Neonatal counselling/ Planning

2024-25 some examples of improvements made in response to complaints and concerns: You said we did.

Noise at Night: particularly at shift changes

Noisy at Night: staff to give ear plugs out at drug rounds

Range of food for children's meals: working in place to develop menu's for childrens

Lights being left on at night: staff reminded to turn lights off and have dimmed lights overnight

Not enough staff to help eat your meal: meal time co-ordinater

Wheelshare proposal written: needs to be taken forward

Way finding an issue: LGH APP trailed

Didn't understand what nurses and drs said at ward round: Nurse in charge to attend on ward rounds and ensure understandings

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2024

Complaints and PALS priorities for 2024 - 25

- Further reducing the number of formal complaints by utilising the early resolution actions by PALS
- Improvement in the time taken to provide complaint responses
- Closer working with the CMG's to resolve complaints and concerns at an earlier stage
- Increased complaints and concerns training for all staff groups
- Attendance and support at various CMG governance meetings

Patient Experience Priorities 2025/2026
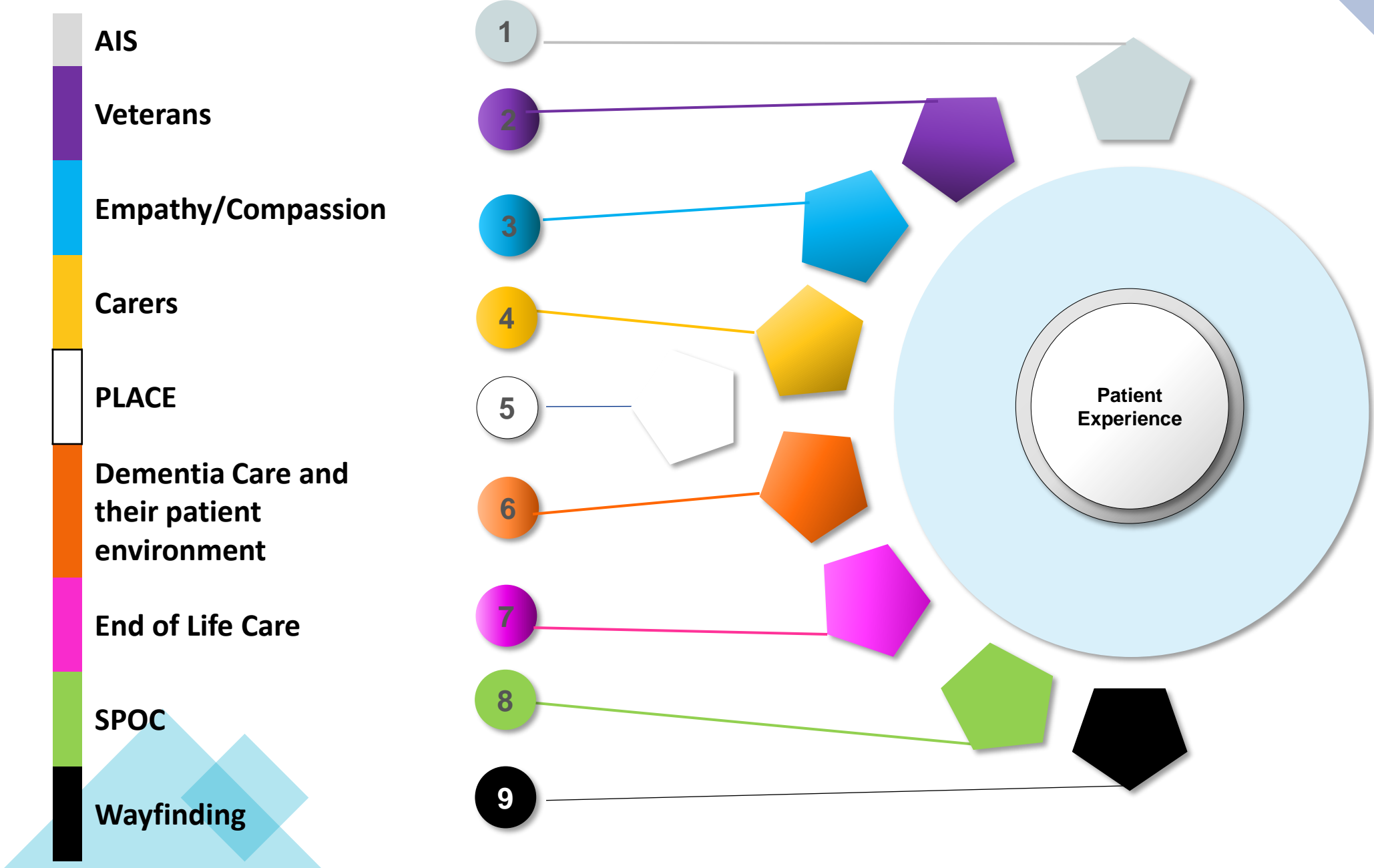
AIS - Accessible Information Standard

"Health cannot be a question of income;
it is a fundamental Human Right"

Nelson Mandela

What is the aim of the Accessible Information Standard

The standard sets out how providers and commissioners of NHS and publicly funded adult social care services need to ensure disabled people and people with impairments or sensory loss:

- can access and understand information about NHS and adult social care services;
- receive the communication support they need to use those services.

Services must have due regard when delivering services, as it supports organisation's to meet the requirements under the equality Act 2010 and the Public Sector Equality Duty.

What's New

Six steps to Implementation

Step 1 Ask

- find out if people have communication and information needs.

Step 2 Record

- record those needs in a clear and standardised way in electronic or paper based systems.

Step 3 Flag

- use alert systems to generate specific formats or to clearly indicate needs to others.

Step 4 Share

- include records as part of data sharing and treatment and referral processes.

Step 5 Act

- take steps to ensure people's information and communications needs are met.

Step 6 Review

- regularly review needs and ensure records are up to date.

Progress

Our progress to date:

- AIS stakeholder group of patients, service users and staff;

- AIS action plan outlining our actions against the AIS standard;

- Equality and Health Inequality Impact Assessment guidance and forms to mitigate adverse impact (EHqIA) and the 15 Step challenge that supported by the EHqIA process. We have piloted the process in serviec areas to mitigate adverse impact on groups of people;

- Design and development of training to raise awareness;

- Staff stories to improve patient pathways to accessing services;

- Flag on system to identify patients requiring reasonable adjustments;

- Text messaging process to ensure reach to wider groups with limited literacy levels;

- Letter in easy read format.

- AccessAble tech tool to provide easy navigation to services for patients accessing Trust sites.

- Review of lall Trust literature to start the process of simplifying information, which current is not fit for purposes.

- Possibility of introducing AI tool that helps improve communication to the wider demographics of LLR.

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Veteran Accreditation
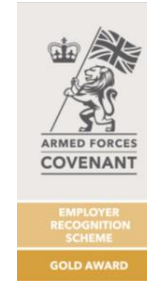
AFN – FORECAST OF EVENTS

Ser	Date	Event	Remarks
1	8 May	VE Day	Formal Ceremony at LRI and Secret Garden, Display at LRI Permanent hanging of RN, Army and RAF Flags
2	26/5-6 Jun	Dunkirk	Naval Theme display at LRI
3	29 Jun	Armed Forces Day	Tri Service Flags and Banners display at LRI
4	15 Aug	VJ Day	Peace Display. Flowers and banners at LRI – no military items
5	15 Sep	Battle of Britain	Artificial silk sky material with silhouette airplanes at LRI
6	15 Aug	Edith Cavell	Display including SOE Heroines at LRI
7	9 Nov	Remembrance Day	Poppy display at LRI. ?? Service at Secret Garden??
8	Dec	Christmas Truce	Liaising with Syston Banksy for Large footballers

Carers

- Uhl carers passport and carers strategy being rolled out across CMGS after being piloted in a ward and then MSK CMG successfully.

- Carers Passport gives certain benefits including staying on wards outside of visiting hours. Access to meal Vouchers, access to reduced car parking charges and involvement in loved ones care.

- Carers Strategy is also being rolled out across CMGS.

Dementia Care and their patient environment

- Business Case developed to Make 4 wards at LRI dementia friendly compliant: equating to £ £8 million: funding source to be identified

End of Life Care

Vale Co-ordinator in Post

Vale being rolled out at LRI

11 Vale Volunteers at LRI

375 patients and relatives supported since April 2025

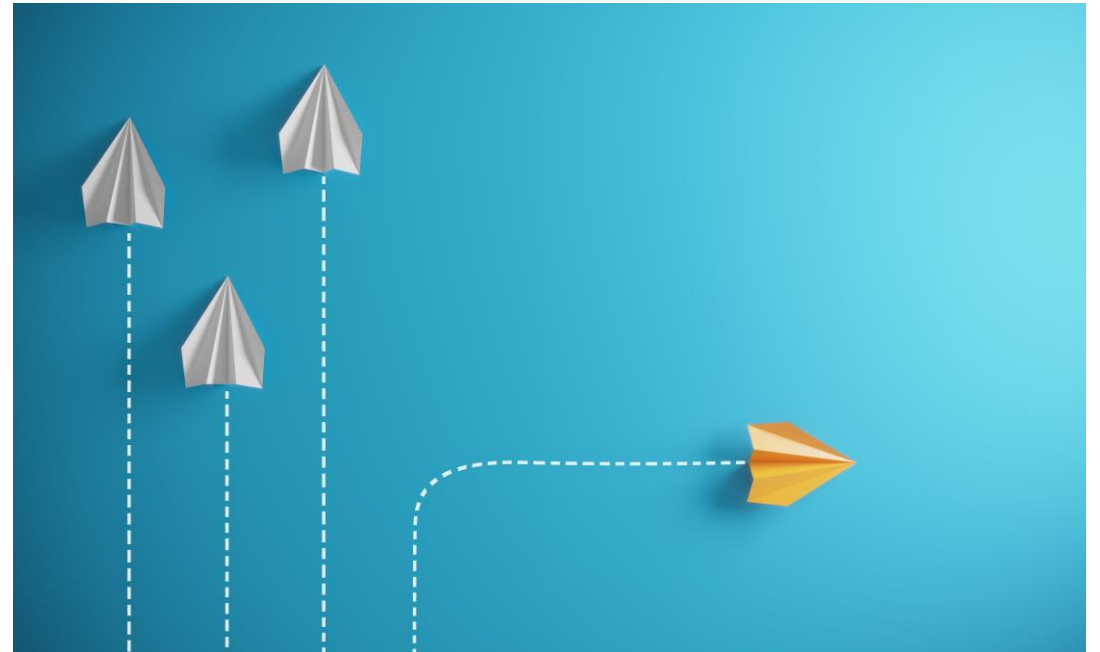Providing a total of 93 hours at the bedside.

SPOC – Single Point of Contact

- Scoping continues to look at Medical specialties and Cancer Services

Wayfinding

- Wayfinding identified as significant theme
- Steering group to be set up: Chaired by HOPE working with estates and facilities , Communication Colleagues: Focus on LGH site initially

Friends and Family Test priorities for 2025 – 26
% Coverage and collection methods

- Each Friends and Family Test area has a Trust % coverage target. This is to ensure feedback % positive scores are yielded from sufficient volumes of data that are representative of our patient population. The table below shows each areas target in 2024-25, achievement against that target and methods of collections used during the year.

AREA	2024-25 % COVERAGE TARGET	% COVERAGE ACHIEVED IN 2024-25	COLLECTION METHODS	Aims In 25-26
INPATIENT	25%	27.1%	48,200 Paper (79%) 12,957 (19%) electronic (SMS, QR, iPad)	Reduce paper
EMERGENCY	14%	12.1%	21,196 (81%) electronic (SMS, QR, iPad) 4,812 (19%) paper	Increase SMS
OUTPATIENTS	14%	12.6%	177,156 (99%) electronic (SMS, iPad, QR) 1,937 (1%) paper	Increase SMS
MATERNITY	25%	16.7%	5,166 (91%) electronic (iPad, SMS, QR) 498 (9%) paper	Increase SMS

Friends and Family Test Priorities for 2025 – 26
% Positive Score

- Each Friends and Family Test area has a Trust % positive target. This is to ensure patient experience is of a consistently good standard and any shortfalls can be highlighted and understood.

AREA	2024-25 % POSITIVE TARGET	% POSITIVE ACHIEVED IN 2024-2	2025-26 % POSITIVE TARGET	Aims In 2025-26
INPATIENT	95%	97.1%	95%	Ensure % positive maintained as SMS feedback continues to deepen the ward experience narrative. Launch updated Family, Carers & Friends Survey
EMERGENCY	80%	81.2%	81%	Update collection structure to reflect ED changes
OUTPATIENTS	95%	94.8%	95.5%	Bring non-medical UHL Community clinics online
MATERNITY	95%	93.1%	95.5%	Enhance and expand FFT data collection to drive % positive

Friends and Family Test Priorities for 2025 – 26
Expanding the picture with new surveys

SURVEY	NOTES	Launch
VIRTUAL WARDS	The new virtual ward survey launched in 2025 and includes questions specific to the patient's experience of care at home and their impressions of the technology and systems used to deliver their care. Invites sent out via SMS text using AccuRx.	April 2025
FAMILY, CARERS & FRIENDS	A revision of the Family, Carers & Friends survey (last revised during initial COVID outbreak). Sent via automated Ward SMS text message that a patient receives the day after discharge. A paper version will also be present on the wards.	TBC 2025
SAME DAY EMERGENCY CARE	SDEC areas must be reviewed against National Criteria. This new survey is sent to patients on discharge via the automated Ward SMS text , and also iPads/QR in relevant areas.	Gradual roll out in 2025
MATERNITY	A full review of the National Maternity Survey 2024 was undertaken with input from staff and the community. Offered by iPad/QR in the areas.	July 2025

Governance

- Patient experience feedback is presented via CmG quality and safety boards

- Feedback provided via Patient involvement and patient experience assurance committee (PIPEAC) to Quality Committee (QC)

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