

*Caring at its best*

## Quality Account 2015 / 2016



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# 1 Statement on Quality from The Chief Executive



I am delighted to introduce to you our Quality Account and Quality Report for the University Hospitals of Leicester NHS Trust (Leicester's Hospitals) for 2015/16. Despite the difficult environment which the NHS faces, both financially and operationally in terms of the demands being placed on it, we remain committed, from Ward to Board, to providing safe services and high quality care for our patients.

Our quality priorities last year were to reduce preventable mortality, to reduce the risk of error and adverse incidents and to improve patients' and their carers' experience of care.

This report is a snapshot of our achievements and successes against these priorities over the past twelve months. Whilst it shows areas we have progressed well - we achieved everything we set out to improve in terms of the experience of our patients and our mortality rate is the lowest in our history - disappointingly there are some areas where we did not achieve what we set out to and clearly areas where further improvement is still needed. These will be our focus for the coming year as part of our annual priorities and updated Quality Commitment.

'Caring at its Best' is what we aspire to do, and 'Delivering Caring at its Best' describes how we will meet that aspiration. From our Quality Commitment to our reconfiguration plans, from our IM&T Strategy to Listening into Action, there is a huge amount of work going on. Quality and safety underpins all of that work.

Throughout the year we have been up-front about our challenges against the national performance standards. The 4-hour emergency care access standard has remained a challenge. Over the past twelve months we have seen A&E attendances and admissions increase, which has affected our ambulance handover times and meant that on occasion we have regrettably had to cancel planned operations. We are seeing more patients than ever before and the complexity and frailty of patients we are treating is also much higher than it has ever been. We have been working closely with other health and social care colleagues to reduce the numbers of patients accessing our services, use alternatives to admissions where appropriate, reduce the length of time for ambulance handovers, reduce the occupancy in the Emergency Department and Clinical Decisions Unit at the Glenfield, improve access to medical beds and reduce the disruption to planned operations.

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# 1 Statement on Quality from The Chief Executive

We received an unannounced, but not unexpected visit, from the Care Quality Commission to our emergency department on 30 November 2015. During their visit the CQC identified a number of areas which needed improving. At the time of writing this Quality Account, we have actioned most of them and identified plans to ensure all the CQC's recommendations are carried out. Full details of the enforcement action taken, and the actions taken by the Trust are available on our hospitals website.

The cancer standards have also presented their own challenges and a considerable amount of work has been done recently to get those back on track so we can see and treat cancer patients quickly and appropriately.

Despite financial challenges and constraints, I am pleased that we have maintained the improvements we made last year and managed to meet our planned deficit and cost improvement plan. We have also continued to invest in improving our buildings and services. Work began in earnest on our new Emergency Department this year. It is due to be completed in winter 2016/17. We have begun work on relocating our vascular services and consolidating our intensive care units and completed work on our theatres and theatre arrivals areas. I have every confidence that during 2016/17 our continued hard work will pay further dividends and performance will improve still further and our patients and visitors will see tangible improvements as we deliver more of our 5-Year Plan.

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

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

**John Adler**

Chief Executive

Leicester's Hospitals

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## 2 Review of Quality Performance in 2015 / 16

Last year our Quality Commitment priorities were:

- ◆ To reduce preventable mortality (deaths) and to have a SHMI (Hospital Level Mortality Indicator)  $\leq 100$  ACHIEVED
- ◆ To reduce the risk of error and adverse incidents by 5% ACHIEVED
- ◆ To improve patients' and their carer's experience of care achieving FFT (Friends and Family Test) score of 97% ACHIEVED

### Quality Commitment 2015/16

QUALITY COMMITMENT			
AIM	Clinical Effectiveness Improve Outcomes	Patient Safety Reduce Harm	Patient Experience Care and Compassion
	To reduce preventable mortality	To reduce the risk of error and adverse incidents	To improve patients' and their carers' experience of care
KPI	UHL's SHMI $\leq 100$ by March 2016	Reduction in Harm Events by 5%	Trust level F&FT score to 97% by March 2016
2015 / 16 PRIORITIES	<p>Improve pathways of care:</p> <ul style="list-style-type: none"> <li>Review of all in-hospital deaths</li> <li>Use of clinical benchmarking tools</li> <li>Identify actions and work-streams where greatest potential for preventable mortality</li> </ul> <p>Improve Consistency of 7 Day Services</p> <ul style="list-style-type: none"> <li>In line with Keogh 10 Clinical Standards</li> </ul>	<p>Earlier Recognition and Rescue of the Deteriorating Patient</p> <ul style="list-style-type: none"> <li>Sepsis</li> <li>Handover</li> <li>EWS</li> <li>Acting on results</li> </ul> <p>Consistencies in Core Practices</p> <ul style="list-style-type: none"> <li>Medication Safety</li> <li>Infection Prevention</li> </ul>	<p>Further expand end of life care processes</p> <ul style="list-style-type: none"> <li>Early identification of patients requiring supportive and palliative care (SPICT)</li> <li>Strengthen bereavement support</li> </ul> <p>Improve the experience of care for older people across the trust</p> <ul style="list-style-type: none"> <li>'Fixing the Basics'</li> <li>Improve the Environment</li> </ul>
	<p>Learning and Development</p> <p>Implementation of Trust M&amp;M Database for shared learning across all areas</p>	<p>Learning and Development</p> <p>Implementation of Safety Briefings in wards and departments</p>	<p>Learning and Development</p> <p>Triangulation and review of feedback from all sources and all key characteristic groups</p>
	<p>UNDERPINNING WORK STREAMS</p> <p>I.T. Enablers - Guidance and Monitoring      Adequate Resources - Time in Job Plan and Admin Support</p> <p>Trained and Motivated Workforce - "Team Around the Patient"</p>		

## 2 Provide Effective Care - Improve Patient Outcomes

Further details of our performance are as follows:

Clinical Effectiveness – Improve Outcomes				
Aim: To reduce preventable mortality				
Overarching Key Performance Indicator:		Leicester's Hospitals SHMI ≤100 by March 2016		Achieved
Work-stream	Actions	Key Performance Indicator	Progress at third quarter	Commentary
Review of all in-hospital deaths	Establish and implement process for mortality screening / reviews	All in hospital deaths reviewed within 3 months (from September 15)	Partially achieved	55% of deaths within first quarter have been reviewed but only 32% of deaths within second quarter have been reviewed to date. Feedback at the October Morbidity & Mortality Leads Forum was that the length of the Review proforma and timely retrieval of case notes were main reasons for this. Changes have been made to the proforma and this appears to be having a positive impact on timeliness of review for third quarter but only 39% of October's deaths have been reviewed to date.  Proposal for appointing a number of 'Medical Examiners' on a sessional basis to screen all deaths (as well as complete Part 2 Cremation Forms) submitted to Executive Quality Board.
	Collate and review screening/review findings and ensure appropriate action being taken where applicable	All speciality mortality review actions on track	Partially achieved	83 cases where the Screener / Reviewer considered there were problems in care which required learning / actions to be taken. Most cases still to be discussed at Speciality M&M* meeting and actions confirmed.  M&M* Assistant and M&M* Clerk appointed and priority will be to support M&M* leads with ensuring all cases reviewed before end of March 2016 and to track action timescales.
	Theming of collated M&M* Findings to inform implementation of cross cutting learning or actions	Learning from cross cutting themes shared and actions on track	Achieved	Changes made to proforma to support easier theming of issues in care as timelines, monitoring, communication, end of life care and triggers (e.g. Deep Vein Thrombosis (DVT)). Preliminary findings suggest end of life care is the main area for improvement.
Use of Clinical Benchmarking Tools	Monitoring and review of DFI** alerts	Mortality alerts reviewed within 3 months and investigated further where applicable.	Partially achieved	Reduced number of alerts but not all reviewed within 3 months due to capacity issues within the Outcomes & Effectiveness team and specifically the Head of Outcomes & Effectiveness.

\*M&M = morbidity and mortality

\*\*DFI = Dr Foster Intelligence

## 2 Provide Effective Care - Improve Patient Outcomes

### Clinical Effectiveness – Improve Outcomes - continued

#### Aim: To reduce preventable mortality

Overarching Key Performance Indicator:		Leicester's Hospitals SHMI $\leq 100$ by March 2016		Achieved
Work-stream	Actions	Key Performance Indicator	Progress at third quarter	Commentary
	Pilot use of CRAB** mortality and morbidity triggers and correlate with M&M reviews	Correlation between CRAB** triggers and Leicester's Hospitals Morbidity & Mortality Review findings completed (March 2016)	Not achieved	Correlation work stalled due to availability of staff. Head of Outcomes & Effectiveness and Deputy Medical Director commenced smaller scale work programme.  Meeting held between CRAB** and Dr Foster to discuss pilot using both systems to investigate Dr Foster Intelligence (DFI) alerts at patient level using CRAB** tool and to correlate with Speciality Morbidity & Mortality findings.
	Review effectiveness of the 3 tools (Healthcare Evaluation Data (HED), Dr Foster Intelligence (DFI) & CRAB**) to inform on-going subscription	Evaluation submitted to Medical Research Council (MRC) (January 2016)	Achieved	Discussions held with both Dr Foster Intelligence (DFI) and Healthcare Evaluation Data (HED) to confirm costings for 2016/17. Continued need for both tools due to different functionality of each.  No plans to renew CRAB** tool contract in light of proposed use of Medical Examiners to screen all in hospital deaths and lack of 'intuitiveness' of the CRAB** tool.
Acute Myocardial Infarction (AMI)	Increase cardiology input to support management of patients admitted to the Leicester Royal Infirmary with Acute Coronary Syndrome	Reduction in SHMI for AMI (Quarter four 2015/16)	Partially achieved	AMI SHMI on a downward trend until second quarter. Cardiology Consultant 'ward rounds' for Leicester Royal Infirmary patients commenced in December on 2 days a week as a pilot.
Acute Kidney Injury (AKI)	Establish process for review and implementation of AKI care bundle for patients with Stage I and Stage II AKI	Care bundle implemented for all patients with AKI (March 2016 - % to be confirmed after baseline)	Not achieved	Lack of progress with implementation of AKI care bundle, particularly for AKI 2 patients.  AKI Nurse appointed and awareness raising/educational sessions provided across several specialities. AKI guidance being revised and improvements made to daily AKI alert reports.

\* CMG's = Clinical Management Groups

\*\* CRAB = Copeland's Risk Adjusted Barometer system tool

## 2 Provide Effective Care - Improve Patient Outcomes

### Clinical Effectiveness – Improve Outcomes - continued

#### Aim: To reduce preventable mortality

Overarching Key Performance Indicator:		Leicester's Hospitals SHMI $\leq 100$ by March 2016		Achieved
Work-stream	Actions	Key Performance Indicator	Progress at third quarter	Commentary
7 Day Services	Establish work streams to make progress against 5 of the 10 Standards (list of clinical standards available from: <a href="https://www.england.nhs.uk/">https://www.england.nhs.uk/</a> )	Progress made against Standards 1 (Patient Experience) 4 (Handover) 6 (Interventions) 9 (Transfer) and 10 (Quality Improvement)	Achieved	7 Day services issues being picked up with our Clinical Management Groups (CMGs) as part of the Models of Care work. Aim is to determine what can be done by working differently with existing resources and what needs extra investment and to develop business plans as required..
	Prepare business plans to support achieving all 10 standards in 2016/17	Plans developed and considered as part of the 2016/17 business planning process.	Achieved	Work commenced on the other 5 standards, especially in emergency medicine, general surgery. Women's and children's in line with national priorities. Leicester' Hospitals to be an early implementer site.
Learning and Development	Implement Mortality Database for shared learning across all areas	Database developed which is accessible to both Corporate and Speciality Morbidity & Mortality Leads and provides reports on learning and actions (November 2015)	Partially achieved	Development work commenced and due to be demonstrated to Morbidity & Mortality Leads Forum for implementation from end of October.  Networked Mortality Database implementation delayed due to need to make changes following revision of Mortality Review proforma. Further changes subsequently then needed in December as a result of the NHS England requirement to classify deaths. Stand alone database being used in the interim to collate Mortality Review findings.





## 2 Improve Safety - Reduce Harm

### Patient Safety – Reduce Harm

**Aim: To reduce the risk of error and adverse incidents.**

Overarching Key Performance Indicator:		Reduction in Harm Events by 5%		Achieved
Work-stream	Actions	Key Performance Indicator	Progress at third quarter	Commentary
Earlier Recognition and Rescue of the Deteriorating Patient	Sepsis	Improved compliance with the Sepsis 6 Care Bundle for patients presenting to Emergency Department with severe sepsis	<b>Not achieved</b>	Actions taken in third quarter to improve compliance but Care Quality Commission (CQC) visit on 30/11/2015 identified 3 patients not being given care in line with care bundle. Weekly reporting internally and externally shows an improving picture
		Screening of all patients admitted to Leicester's Hospitals (either via Emergency Department or Assessment Unit) with signs of infection are screened for sepsis (90% by quarter four)	<b>Not achieved</b>	Changes made to audit methodology in response to national guidance. Delays in both audit and feedback to clinical areas following Care Quality Commission visit and prioritisation of Emergency Department care bundle workstream.
		Patients admitted to Leicester's Hospitals (either via Emergency Department or Assessment Units) who have severe sepsis receive antibiotics within 1 hour of arrival (90% by quarter four)	<b>Not achieved</b>	Preliminary data suggests third quarter improvement threshold not achieved for either Emergency Department or Assessment Unit patients.
	Handover	e-Handover implemented across all Specialities for Medical Handover (March 16)	<b>Achieved</b>	Training for medical specialities continues. Training log collated.
	Early Warning Score (EWS)	Validated Leicester's Hospitals Early Warning Score Process Implemented (March 2016)	<b>Achieved</b>	Revised EWS chart rolled out in pilot areas across our 3 sites. Comments received from staff and amendments to charts made. Audits undertaken.
	Acting on Results	Development of 'Alerting and Acknowledgement of Results' process	<b>Partially achieved</b>	Policy amendments required to following submission to Policy and Guidelines Committee.

## 2 Improve Safety - Reduce Harm

### Patient Safety – Reduce Harm - continued

**Aim: To reduce the risk of error and adverse incidents.**

Overarching Key Performance Indicator:		Reduction in Harm Events by 5%		Achieved
Work-stream	Actions	Key Performance Indicator	Progress at third quarter	Commentary
Consistencies in Core Practices	Medication Safety	<p>Reduction in omissions for all medicines - Quarter four 2016/17 - 32.4%</p> <p>Reduction in omissions of critical medicines - Quarter four 2016/17 - 6.1%</p>	Achieved	<p>Baseline Quarter one = 37% All Medicines and 8.5% Critical Medicines</p> <p>Quarter two = 36% All Medicines; 9% Critical Medicines</p> <p>Quarter three = 22% All Medicines; Critical Medicines</p> <p>Anticoagulation and insulin now have specific working groups aimed at reducing harms (not specifically omissions). Project plan went to Medicines Optimisation Committee (MedOC) in January and on track to be completed.</p>
Learning and Development	Implementation of Safety Briefings in Wards and Departments	Evaluation of embedding Safety Briefings' in four clinical settings to inform 2016/17 programme	Achieved	Progress made with embedding Safety Briefings in identified areas.



## Care and Compassion - Improve Patient Experience

Patient Experience – Care and Compassion				
Aim: To improve patients' and their carers' experience of care.				
Overarching Key Performance Indicator (KPI):		Leicester's Hospitals level Friends & Family Test score to 97% by March 2016		Achieved
Work-stream	Actions	Key Performance Indicator	Progress at third quarter	Commentary
Further expand end of life care processes	Early identification of patients requiring supportive and palliative care	The AMBER care bundle which support best practice when caring for patients whose recovery is uncertain will be sustained across established areas  The use and benefits/pitfalls associate with the Supportive Palliative Care Indicators Tool (SPICt) will be evaluated	Achieved	Palliative care nurses for Wards using AMBER are attending board rounds  Wards using AMBER have been surveyed to look at what works and identify areas for improvement to help improve quality and sustainability  Work and support continues at Leicester Royal Infirmary on use of Supportive Palliative Care Indicators Tool (SPICt) on admission wards and has been highlighted to senior clinicians, uptake of SPICt is still poor. Evaluation will take place in February / March 2016.
	Training and education	Planned training for AMBER and The Priorities of the Dying Patient will be delivered	Achieved	Daily AMBER drop in sessions including priorities for care of the dying person  Monthly palliative and end of life care champion study days  Quality End of Life Care for All (QUELCA) course continues to receive positive feedback
	Strengthen bereavement support for families and carers	The bereavement support service will be developed	Achieved	Service launched in December
	Priorities for care of the dying person	Actions from the national Dying in Hospital Audit will be identified  Implementation of documentation to support the delivery for priorities of care of the dying person will be sustained	Achieved	In May 2015 Leicester's Hospitals participated in the pilot audit phase of the national Dying in Hospital Audit. Guidance developed for care of patients in the last days of life.
Improve the experience of care for older people across the Trust	Support the older peoples ward to achieve a friends and family test score of 97%	Trust level Friends & Family Test score for people over 65 years will be 97% at the end of quarter four	Achieved	Improvements to be made in line with Trust Friends & Family Test trajectory  Quarter one = 95%  Quarter two & quarter three = 96%  Quarter four = 97%
	Implement Fixing the Fundamentals quick win actions across the older peoples wards	Patient experience will be enhanced as the fixing the fundamentals action plans are developed and implemented across the older peoples wards	Achieved	The Quick win action plan has been completed and all actions implemented.

## Care and Compassion - Improve Patient Experience

### Patient Experience – Care and Compassion - continued

**Aim: To improve patients' and their carers' experience of care.**

Overarching Key Performance Indicator (KPI):		KPI Trust level Friends & Family Test score to 97% by March 2016		Achieved
Work-stream	Actions	Key Performance Indicator	Progress at third quarter	Commentary
Improve the experience of care for older people across the Trust	Implement Fixing the Fundamentals short term actions across the older peoples wards	Patient experience will be enhanced as the Fixing the Fundamentals action plans are implemented across the older peoples wards	Achieved	The short term actions plan has been completed and all actions implemented.
	Complete planning and commence implementation of the Fixing the Fundamentals long term actions across the older peoples wards	Develop the longer term actions of Fixing the Fundamentals to enhance patient experience and align to the strategic direction for frail and Older People	Achieved	Long term actions are nearing completion  A second engagement event will be planned for 20 April 2016
	Improve the environment for Older People	To enhance the ward environment for older people	Achieved	Older People's wards taking part in the 15 steps challenge. Ward 29 and 30 refurbished using the Leicester's Hospitals Guide to Dementia friendly design
Learning and development	Triangulation and review feedback from all sources and all key characteristic groups	Triangulation is undertaken including key characteristic groups.	Achieved	Triangulation is currently in progress for third quarter
		Results feedback to Clinical Management Groups and Clinical Management Groups improvement plans are in line with triangulated feedback.	Achieved	Triangulation results from second quarter 2015-16 fed back to Clinical Management Groups and presented at the Executive Quality Board and Outpatient Board. Clinical Management Groups tasked with providing evidence of actions
		Improving patient satisfaction levels and therefore the friends and family test results to 97% across services by March 2016	Achieved	Friends & Family Test Trajectory set by Trust  Quarter one = 95%  Quarter two & quarter three = 96%  Quarter four = 97%

## 2 Patient Safety Improvement Plan

### Sign Up to Safety Campaign

At Leicester's Hospitals our commitment to safety and quality is unwavering. The safety of our patients is our principal concern and we are relentless in our focus on reducing avoidable harm. As healthcare becomes more complex, so the threats to patient safety increase which is why we are now seeking to tackle safety improvement in many ways. Our safety work includes seeking to better collect, understand and use data, to focus on the crucial activities which will reduce avoidable death and harm, and to implement actions and learning from previous safety incidents. But much more than this, our safety work is also about board leadership, safety culture and human factors at work, all of which we are stepping up year on year.

As part of our commitment to improving patient safety Leicester's Hospitals signed up as a member of the national 'Sign Up to Safety' campaign in September 2014. Leicester's Hospitals are now one of more than 300+ organisations that have signed up to the campaign taking part in every care setting in the NHS in England. The 'Sign Up to Safety' campaign aims to halve avoidable harm and save an additional 6000 lives over the next three years.

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

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

In support of the campaign in 2015 Leicester's Hospitals submitted a successful bid and were allocated the full 10% incentive payment of £1,581,587 (which was one of the largest successful bids in England) from the National Health Service Litigation Authority (NHSLA). The funding helps support the delivery of our safety improvement plan.

The priorities of our 'Sign up to Safety' safety improvement plan are aimed at transforming the care of the deteriorating patient by improving recognition, escalation, response and effective on going management. Our Safety Improvement Plan priority focused on 'The deteriorating patient – womb to end of life' is considered integral to our existing and future priorities in our Quality Commitment for 2016/17.



## 2 Patient Safety Improvement Plan

### Human Factors

Leicester's Hospitals recognize the importance of the role of Human Factors (HF) in improving patient safety and quality of care. The National Human Factors Concordat: published by the National Quality Board (NQB) outlines a wider understanding of HF principles and practices will contribute significantly to improving the quality of care for patients. The Concordat describes HF in Healthcare as: *"Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organization on human behaviour and abilities and application of that knowledge in clinical settings"*.

In order to priorities Human Factors at Leicester's Hospitals, a Patient Safety Improvement Specialist with a background in Human Factors and has been appointed to support a number of projects linking in with academics at the University of Leicester including:

- The roll out of safety briefings or 'huddles' across our hospitals to improve communication and Situational Awareness (the ability to understand what is going on with each patient and to be able to anticipate and plan for future risks)
- In-depth reviews of wards to understand factors affecting patient safety using HF framework
- Patient safety culture improvement interventions to improve speaking up in Theatres
- The development of e-learning and face to face training to develop staff understanding of Human Factors and its application in healthcare.

### Duty of Candour

The statutory duty of candour (Regulation 20 Health and Social Care Act 2008) came into force on 27th November 2014 for NHS bodies and 1st April 2015 for all other health care providers regulated by the Care Quality Commission. The intention of the regulation is to ensure that providers are open and transparent with relevant persons in relation to care and treatment provided which mirrors our own desire to be entirely open and transparent to the patient and public we serve. It also sets out specific requirements to ensure patients and their families are told about 'notifiable patient safety' incidents that affect them. They receive appropriate explanations and apologies and are kept informed of any further investigations/actions if appropriate.

To ensure staff are conversant with the duty of candour requirements the following actions have been taken this year:

- Development of Leicester's Hospitals Duty of Candour policy containing templates and flowcharts for use
- Face to face training / briefing sessions for all staff groups
- Staff Roadshow events
- Monitoring of progress against Duty of Candour requirements

## 2 The National Patient Safety Alerting System (NPSA) Alert Compliance

The National Patient Safety Alerting System (NPSAS) is a system for highlighting patient safety risks in NHS organisations, and monitoring the implementation actions to reduce these risks. The NPSAS is part of the government's response to the Francis report.

NHS trusts who fail to comply with the actions contained within alerts are included in monthly data produced by NHS England and published on the NHS England website. Compliance rates are also monitored nationally by the NHS Trust Development Authority (NTDA) and locally by Clinical Commissioning Groups (CCGs). Failure to comply results in a red RAG rating (Red, Amber, Green status report) on the NHS Choices website and the overdue alerts remain open. The publication of this data is designed to provide patients and their carers with greater confidence that the NHS is able to react quickly to identified risks.

Within Leicester's Hospitals there is a robust accountability structure, with Head of Nursing taking an active role in the local management of alerts and our Executive Quality Board (EQB) and Quality Assurance Committee (QAC) providing oversight of this process. Any alert that fails to complete within the specified deadline will be reported to the EQB and QAC with an explanation as to why the deadline was missed and a revised timescale for completion.

The Risk and Assurance Manager for the Leicester's Hospitals ensures the recommended actions from these alerts are locally monitored, working closely with clinicians and managers to ensure these actions are implemented within prescribed timescales wherever possible. During 2015/16 (data up to and including 31/1/2016) we have received eight alerts and no breaches of due dates.



## 2 The National Patient Safety Alerting System (NPSA) Alert Compliance

Table 1 below lists the National Patient Safety Alerts received during 2015/16 (data January 2016)

Title	Due Date	Closed Date	Status
Risk of death or severe harm due to inadvertent injection of skin preparation solution	7/7/15	6/7/15	Closed
Harm from delayed updates to ambulance dispatch and satellite navigation systems	20/8/15	17/7/15	Closed
Addressing antimicrobial resistance through implementation of an antimicrobial stewardship programme	31/3/16	21/10/15	Closed
Risk of death and serious harm by falling from hoists	9/12/15	8/12/15	Closed
The importance of vital signs during and after restrictive interventions/manual restraint	21/1/16	20/1/16	Closed
Risk of using different airway humidification devices simultaneously	2/2/16	2/2/16	Closed
Supporting the introduction of the National Safety Standards for Invasive Procedures	14/6/16	-	Open
Support to minimise the risk of distress and death from inappropriate doses of naloxone	26/4/16	-	Open

## 2 Never Events

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

During the period 2015/16 two incidents were reported which met the definition of a Never Event. Thorough root cause analysis was undertaken to develop a robust action plan to prevent similar occurrence. (Data as of March 2016)

The following table shows a description of the Never Events together with the primary root cause and key recommendations to prevent reoccurrence. One of these incidents resulted in long term harm to the patient and both patients were informed of the subsequent investigations.

<b>Never Event 2014/2015</b>	<b>Description</b>	<b>Key Findings following occurrence</b>	<b>Key Actions to Prevent Recurrence</b>
Fall from poorly restricted window September 2015	Patient was able to exit a first floor window	<p>Failure to manage post-operative delirium</p> <p>The window the patient exited from was restricted to 160 mm and not restricted to the maximum opening of 100 mm as recommended in the Department of Health (Estates and Facilities) Alert (issued January 2013) for high risk areas</p>	<p>Dissemination and Education for the revised 'Management of Agitated Patient Guidelines' and further roll out of the Delirium Support Tools.</p> <p>Window restrictors to be fitted to ward windows and neighbouring ward.</p> <p>Trust wide window survey to be undertaken.</p> <p>Review of the 'Glazing – Fall from height from window' risk assessment and processes to revisit risk assessments where changes in clinical activity may impact on the surrounding environment.</p>
Wrong site surgery - March 2016	Patient underwent skin excision procedure to the incorrect ear	To be confirmed after the Root Cause Analysis meeting	To be confirmed after the Root Cause Analysis meeting

## 2 NHS Outcomes Framework Indicators

The NHS Outcomes Framework for 2015/16 sets out high level national outcomes which the NHS should be aiming to improve. The Framework provides indicators which have been chosen to measure these outcomes and all Trusts should be reporting against these.

An overview of the indicators is provided in the table below.

NHS Outcomes Framework domain	Indicator	2014/15	2015/16	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding (Dr Fosters)	98 Apr14-Mar15 Band 2	96 ( Oct14-Sep15) Band 2	100 Oct14-Sep15	117 Oct14-Sep15	65 Oct14-Sep15
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator).	22.4% Apr14-Mar15	22.2% Oct14-Sep15	26.5% Oct14-Sep15	53.5% Oct14-Sep15	11.7% Oct14-Sep15
Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery	0.073 (EQ5D Index)	0.048 Apr15 - Sep15 Provisional data from HSCIC	0.088 Apr15 - Sep15 Provisional data from HSCIC	0.135 Apr15 - Sep15 Provisional data from HSCIC	0 Apr15 - Sep15 Provisional data from HSCIC
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	0.429 (EQ5D Index)	0.468 Apr15 - Sep15 Provisional data from HSCIC	0.454 Apr15 - Sep15 Provisional data from HSCIC	0.520 Apr15 - Sep15 Provisional data from HSCIC	0 Apr15 - Sep15 Provisional data from HSCIC
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	0.328 (EQ5D Index)	0.357 Apr15 - Sep15 Provisional data from HSCIC	0.334 Apr15 - Sep15 Provisional data from HSCIC	0.412 Apr15 - Sep15 Provisional data from HSCIC	0 Apr15 - Sep15 Provisional data from HSCIC
	Patient reported outcome scores for varicose vein surgery.	0.091 (EQ5D Index)	- Apr15 - Sep15 Provisional data from HSCIC	0.104 Apr15 - Sep15 Provisional data from HSCIC	0.130 Apr15 - Sep15 Provisional data from HSCIC	0.037 Apr15 - Sep15 Provisional data from HSCIC
	% of patients <16 years old readmitted to hospital within 30 days of discharge	8.6% Source: CHKS	8.3% Apr15-Dec15 Source: CHKS	9.8% Apr15-Dec15 Source: CHKS	17.7% Apr15-Dec15 Source: CHKS	0.2% Apr15-Dec15 Source: CHKS
	% of patients 16+ years old readmitted to hospital within 28 days of discharge	9.0% Source: CHKS	9.3% Apr15-Dec15 Source: CHKS	7.0% Apr15-Dec15 Source: CHKS	9.4% Apr15-Dec15 Source: CHKS	3.2% Apr15-Dec15 Source: CHKS
Ensuring that people have a positive experience of care	Responsiveness to in-patients' personal needs (Patient experience of hospital care)	6.9 (CQC 2014 Report – Picker Institute Europe)	Data not available	National Results due May 16	National Results due May 16	National Results due May 16
	% of staff who would recommend the provider to friends or family needing care	56%**	64%**	National Results not yet available	National Results not yet available	National Results not yet available
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism	95.8%	96.0%* Apr15-Feb16	National Data not published	National Data not published	National Data not published
	Rate of C. difficile per 100,000 bed days	14.1 (73 Cases)	11.7* (60 Cases) Apr15-Mar16	National Data not published	National Data not published	National Data not published
	Rate of patient safety incidents per 100 admissions	46.9% (11,844) (Apr14–Sep14)	National Data not published	National Data not published	National Data not published	National Data not published
	% of patient safety incidents reported that resulted in severe harm or death	0.3% (31) (Apr14–Sep14)	0.13%* (Apr15 – Jan16)	National Data not published	National Data not published	National Data not published

\*Local data (Leicester's Hospitals). Data as of 12/04/2016.

\*\*Staff sourced from Staff Survey Coordination Centre website

Data sourced from NSCIC Indicator Portal where available. Where data is not available through NSCIC local information has been sourced.



## 2 NHS Outcomes Framework Indicators

### 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, which compares our actual number of deaths with our predicted number of deaths.

Leicester Hospitals SHMI is 98 for the period July 2014 to June 2015 which is below the national average.

The University Hospitals of Leicester considers that this data is as described for the following reason; several of the Quality Commitment work streams were as a direct response to our aim to improve our SHMI and have had a positive impact on our mortality.

The University Hospitals of Leicester intends to take the following actions to improve this and so the quality of its services, by continuing to focus on pneumonia and other areas of work which have included standardisation of the Sepsis Care Bundle across all areas of our hospitals and implementation of an Acute Kidney Injury care bundle, both of which have implications for patients across all specialities. We have also introduced a Cardiology Review Service at the Leicester Royal Infirmary site to ensure appropriate review of patients who develop cardiac symptoms after admission or were admitted to the LRI due to their other co-morbidities.

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

#### *Patient reported outcome scores*

A patient reported outcome measure (PROM) is a series of questions that patients are asked in order to gauge their views on their own health. In the examples of groin hernia, knee replacement, hip replacement and varicose vein surgery patients are asked to score their health before and after surgery. We are then able to understand whether patients see a 'health gain' following surgery.

The University Hospitals of Leicester consider that this data is as described for the following reasons; hip and knee replacement surgery; groin hernia repair surgery and varicose vein surgery PROMS outcomes are in line with the national average.

## 2 NHS Outcomes Framework Indicators

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

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

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

The University Hospitals of Leicester considers that this data is as described for the following reasons; we have seen an increase in our readmission rate which appears to correlate with the increase in emergency admissions. A "readmissions review through the Commissioning of the Quality and Innovation Payment Framework (CQUIN)" was agreed with Commissioners for 2015/16 and the review has now been completed which highlighted a need for

- Better identification of patients at risk of readmission, in order to inform discharge planning and community follow up and support
- Joint care planning for patients with Long Term Conditions and End of Life Care Needs.
- Review of the pathway for patient s with a long term urinary catheter in the community

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services; by implementing a 'Readmission Risk tool' which identifies patients at a higher risk of readmission prior to discharge. These patients are then reviewed by one of the Specialist Discharge Sisters, who look at their discharge plans and provide patient education around readmission prevention strategies. We are also working with the City Integrated Crisis Response Team who are piloting 'post discharge checks' to confirm that discharge plans have been implemented and are being effective. Actions being taken include investigating the most effective IT solution for sharing care planning between organisations in Leicester, Leicestershire and Rutland. We are also working with the District Nursing Service to confirm what services are accessed by patients with urinary catheter problems in order to inform future service delivery plans. Further review of internal data has identified some 'hot spots' amongst speciality departments, some of whom have plans in place to reduce their rates – e.g. 'Hot Gall Bladder Service' in general surgery and 'ambulatory care clinic' in the Clinical Decision Unit (CDU).

Reducing readmissions to below 8.5% is a Quality Commitment priority for 2016/17.

## 2 NHS Outcomes Framework Indicators

### Ensuring that people have a positive experience of care

#### *Responsiveness to inpatients' personal needs*

This indicator provides a measure of quality, based on the Care Quality Commission national inpatient survey.

The composite score is based on five questions:

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

The University Hospitals of Leicester considers that this data is as described for the following reasons; the composite score for 2013/14 following the 2013 survey was 6.6, there has been an improvement of 0.3 for 2014/15 following the 2014 survey as the score is 6.9. Leicester's Hospitals consider that this data is as described for the following reasons; these questions are included in the Patient Experience Surveys alongside the nationally set Friends and Family Test (FFT) question. Clinical areas are encouraged to review the results and act upon the findings. Changes that are made to improve the service offered are displayed on the "You said we did" boards on the wards.

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

- Considering the feedback received from our patients about their experience in our hospitals
- Acting on the feedback received to improve the overall experience our patients receive
- Continue to offer our patients/carers and family members the opportunity to give feedback on the care that they have received.

## 2 NHS Outcomes Framework Indicators

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

The NHS Staff Survey is conducted on behalf of the Care Quality Commission (CQC) and is recognised as an important way of ensuring that the views of staff working within the NHS inform local improvements. Analysis of the survey results are undertaken through a self-completed questionnaire by a random sample of staff selected from across our hospitals.

The University Hospitals of Leicester considers that this data is as described for the following reasons; our performance is based on the 2015 staff survey results, reported by the staff survey coordination centre and is administered and supplied by an independent contractor. This information is presented to the Trust Board.

The University Hospitals of Leicester intends to take the following actions to improve this and so the quality of its services, by continuation of demonstration of our Quality and Commitment and associated actions to improve team working including the programme of accountability into action.

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

#### Venous Thromboembolism (VTE)

*Risk assessing inpatients for venous thromboembolism (VTE)* is important in reducing hospital acquired VTE. We have worked hard to ensure that not only are our patients risk assessed promptly but that any prophylaxis is given reliably.

The University Hospitals of Leicester considers that this data is as described for the following reasons; data is presented quarterly to the Clinical Quality Review Group and matrons and lead nurses undertake a monthly review of VTE occurrence as part of the Safety Thermometer and closely associated Venous Thromboembolism Risk Assessment process.

The University Hospitals of Leicester has taken the following actions to improve this and so the quality of its services; by increasing VTE assessments to a sustained 95% of eligible patients; we provide pharmacological and/or mechanical thromboprophylaxis to all eligible patients and carry out root cause analysis for all inpatients who experience a potentially hospital acquired VTE. During the period 2015/16 an average of 96.11% (Data as of March 2016) of eligible patients were risk assessed for VTE.

## 2 NHS Outcomes Framework Indicators

### Rate of clostridium difficile (CDI)

Clostridium difficile (CDI) is a bacterial infection which can be identified in patients who are staying in hospital. For the year 2015/16 we have recorded 60 cases of CDI against a trajectory of 61 (Data as of February 2016). In 2014/15 there were 73 against a trajectory of 81 cases recorded.

The University Hospitals of Leicester considers that this data is as described for the following reasons; it is reported as part of the Quality and Performance Report presented to the Quality Assurance Committee.

The University Hospitals of Leicester has taken the following actions to improve this number, and so the quality of its services, by presenting the Post Infection Reviews (PIR) and any identified action plans that have resulted from the investigation to the Clinical Management Group (CMG) Infection Prevention Groups and CMG Quality and Safety Boards, we are ensuring that lessons learnt are disseminated within the CMG.

### Patient Safety Incidents

Patient Safety Incidents (PSI) are reported to the National Reporting and Learning System (NRLS). Themes and trends are reported quarterly to provide a national picture of patient safety incidents. National bodies (such as the Care Quality Commission, Trust Development Authority, and the National Audit Office) use these data sets to build up trend analyses in order to timetable their audit and inspection functions and prioritise resources.

The University Hospitals of Leicester considers that the data is as described for the following reasons; staff are encouraged and supported with the reporting of incidents in the organisation. The number of patient safety incidents reported within Leicester's Hospitals this year (Data as of January 2016) remains similar compared with the same period of the previous year, with the total number of incidents reported being 18,334. The percentage of incidents reported as resulting in severe harm or death accounts for 0.13% of patient safety incidents reported. The top three reported incidents are inpatient falls, pressure ulcers and incidents relating to appointments. (Data as of January 2016)

The University Hospitals of Leicester has taken the following action to improve this, and so the quality of its services, by actively encouraging a culture of open reporting and widespread sharing and learning from incidents to improve patient safety.



## 2 Performance against National Standards

	Performance Indicator	Target	2015/16*	2014/15	2013/14	2012/13
<b>Access to A&amp;E</b>	A&E - Total Time in A&E (4hr wait)	95%	87.8%	89.1%	88.4%	91.9%
<b>Infection Control</b>	MRSA (Avoidable)	0	1**	1	1	2
	Clostridium Difficile	61	60**	73	66	94
<b>Access - 18 week wait</b>	RTT - incomplete < 18 weeks	92%	93.2%	96.7%	92.1%	92.6%
	6 Week - Diagnostic Test Waiting Times	<1%	1.8%	0.9%	1.9%	0.5%
<b>Access - Cancer</b>	2 week wait from referral to date first seen - all cancers	93%	90.2%	92.2%	94.8%	93.4%
	2 week wait from referral to date first seen, for symptomatic breast patients	93%	95.0%	94.1%	94.0%	94.5%
	31-day wait from diagnosis to first treatment	96%	94.9%	94.6%	98.1%	97.4%
	31-day wait from diagnosis to first treatment – anti cancer drug treatments	98%	99.6%	99.4%	100%	100%
<b>All Cancers</b>	31-day wait for second or subsequent treatment - surgery	94%	85.7%	89.0%	96.0%	95.8%
	31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	94.7%	96.1%	98.2%	98.5%
	62-day wait for first treatment from urgent GP referral	85%	77.4%	81.4%	86.7%	83.5%
	62-day wait for first treatment from consultant screening service referral	90%	89.8%	84.5%	95.6%	94.5%

\*2015/16 data covers the period of Apr15 - Feb16

\*\* covers Apr15 - Mar16

Green = Target Achieved

Red = Target Failed

## 2 Performance against National Standards

### **Performance indicator: Emergency Department (ED) 4 hour wait performance**

While 2015/16 has been a challenging year for Leicester's Hospitals Emergency Department, there have also been some positives with progress on the new Emergency Floor and the return of the Urgent Care Centre to Leicester's Hospitals' management.

Leicester's Hospitals have not met the target to treat and discharge a minimum of 95% of patients within four hours, with attendances and admissions rising by 5% and 6.5% respectively. The high attendances and admissions have inevitably had an effect on the quality of care provided for patients and in particular this has impacted on ambulance handover times. This has been recognised as a very serious concern by both Leicester's Hospitals and East Midlands Ambulance Service NHS Trust; the handover delays are the subject of a joint action plan, which is being monitored closely by the Executive Team.

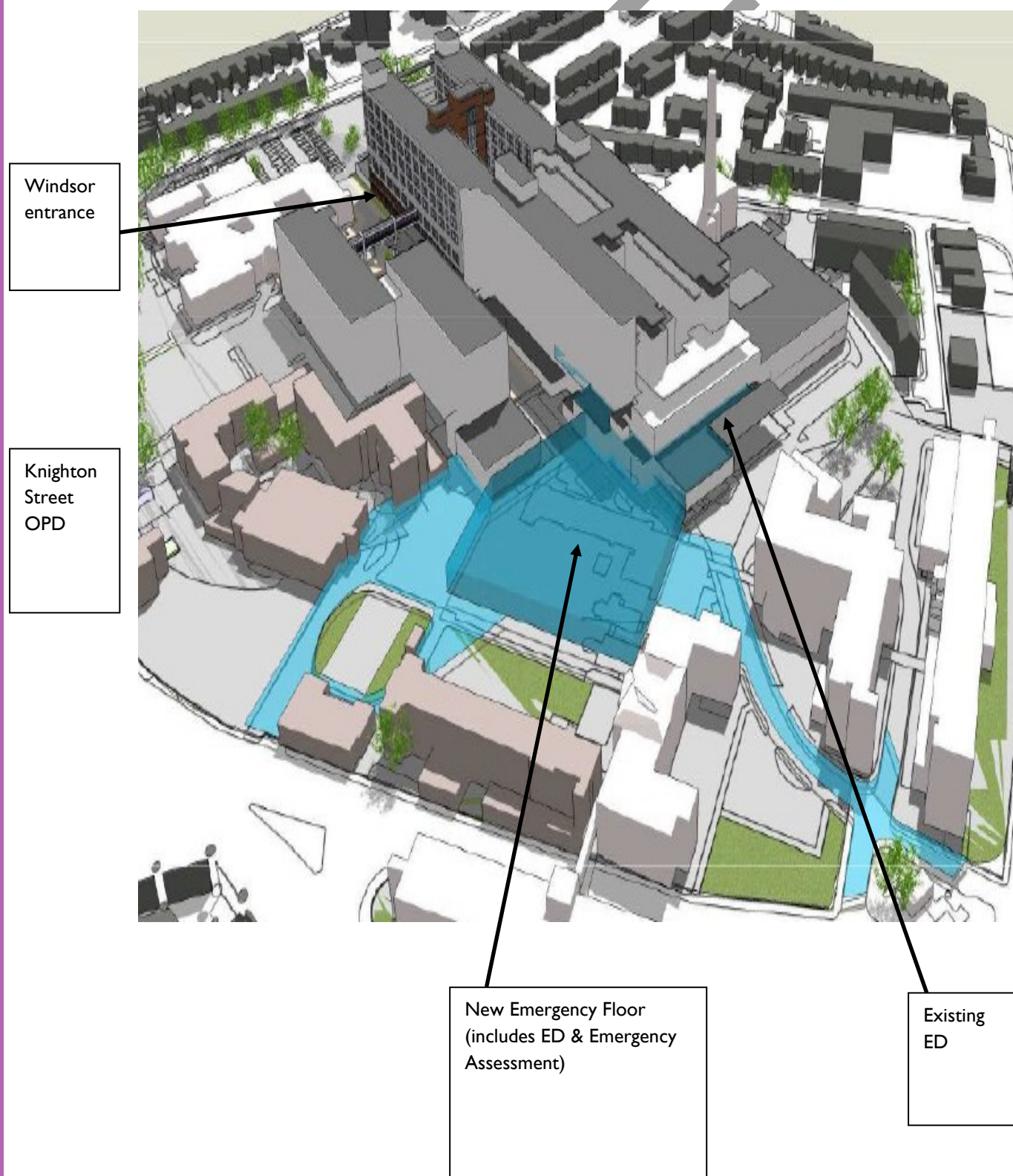
On Monday 30th November CQC inspectors visited the Emergency Department (during a major internal incident). It was a very challenging day and the inspectors witnessed over 100 patients in the department. Inspectors noted a number of concerns which they subsequently followed up by applying conditions to Leicester's Hospitals registration with the CQC. Since then, progress has been made against these conditions, which has been recognised by our external partners. The new Emergency Floor, which is due to open in February 2017, will give the Emergency Department the space it needs and enhance patient and staff experience considerably.

During 2015-16 the Urgent Care Centre transferred back to Leicester's Hospitals management from George Eliot Hospital NHS Trust; since then the service has been delivered in partnership with Lakeside Plus, an innovative GP partnership. This gives us more flexibility in terms of its delivery, and in better supporting the main emergency department; plans are developing to this effect, including the introduction of a GP based at reception to assess all admissions from the Urgent Care Centre in January 2016.

We continue to work with partners across Leicester, Leicestershire and Rutland to improve our emergency performance and the quality of care provided on the emergency care pathway. Next year will be the first full year of the Vanguard plans and we are optimistic that this coupled with our pre-existing plans will result in further improvements. Ensuring that we deliver capacity in line with our activity plans for next year is a key focus both for our hospitals and the wider health system.

## 2 Performance against National Standards

### Artist Impression of New Emergency Department Floor



## 2 Performance against National Standards

### Performance indicator: MRSA

For the year 2015/16 we have seen 1 patient with an MRSA bacteraemia against a national target of zero. We did however go for over a year without a case of MRSA bacteraemia, which is a significant achievement for a trust of this size.

### Performance indicator: CDI

For the year 2015/16 we have recorded 60 cases of CDI against a trajectory of 61. We are the most successful trust within the Midlands and East in terms of delivery of the CDI objective and one of the most successful trusts of comparable size in England.

Post Infection Reviews (PIR) are carried out by the CMGs with support from the Infection Prevention Team in accordance with the NHS Commissioning Board 'Guidance on the reporting and monitoring arrangements and post infection review process for MRSA bloodstream infection from April 2013'.

The PIR reviews and any identified action plans that have resulted from the investigation have been presented to the CMG Infection Prevention Groups and CMG Quality and Safety Boards to ensure that lessons learnt can be disseminated within the CMG.

### Performance indicator: Referral to Treatment (RTT) – 18 week performance

During 2015/16, the national rules around referral to treatment changed to focus wholly on patients with an incomplete pathway (i.e. those actively waiting for treatment). The Trust was compliant with the incomplete standard for every month of 2015/16, meaning that at least 92% of patients had to be waiting fewer than 18 weeks for treatment. This is an important achievement in light of rising referrals, increasing emergency pressures over the winter period, and capacity constraints in key services. However, we recognise the need for continuing improvements to waiting times in a small number of key specialties, such as gastroenterology, adult and paediatric ear nose and throat and orthopaedics.

Significant efforts were also made to raise the profile of the importance of good waiting list management across our hospitals. Leicester's Hospitals are the first to design and host its own e-learning module for RTT, which has so far been accessed by over 600 members of staff. Alongside this, the central RTT team provide face-to-face training sessions across all three hospital sites every six weeks. While a lot has been achieved this year, there is always more to do and this work will continue into 2016/17.



## 2 Performance against National Standards

### Diagnostics

Diagnostics performance at Leicester's Hospitals has been a challenge in 2015/16. A large number of patients were found to be overdue their diagnostic endoscopy test. This led to a breach of the diagnostic standard at our hospital level. This has required a fundamental restructuring of the endoscopy process with input from the national Intensive Support Team. A significant amount of additional endoscopy activity has been carried out at weekends to ensure that patients care is not compromised. By the end of March 2016 Leicester's Hospitals will have recovered this waiting time standard. Demand and capacity modelling has indicated that the service is short of 8-10 lists per week. Plans will be in place for the coming year to maintain adequate capacity.

The Imaging department has also experienced rising referrals, which continually stretch the service's capacity. In order to meet demand during this year, the department has been running an extended service into the evenings and at weekends.





## 2 Performance against National Standards

### Performance indicator: Cancer targets

As in the previous year, Leicester's Hospitals have struggled with cancer performance during 2015-16 and this area remains one of our highest priorities. One of the reasons behind this is increasing demand; this growth is in the order of 11% in 2 week wait urgent cancer referrals and a growth of 9% in patients requiring treatment for cancer. Therefore, Leicester's Hospitals continue to work closely with GPs to ensure the suitability of cancer referrals and is planning for continued growth in the coming year.

In the past year we have invested in more staff to help support cancer patients, including a new cancer surgeon in urology and clinical nurse specialists in a number of services. Additionally, we have invested in administrative and management resources to help pull cancer patients through the hospital systems as quickly as possible, including expanding the number of cancer navigators who track patients on a cancer day pathway, as well as appointing three cancer service managers to support the most pressured tumour sites: urology, lung and gastrointestinal (GI).

In November we held a Listening into Action event focused on improvements to cancer services. This was well attended by both staff and patient representatives and the outcome of this is a programme of work which aims to ensure that patients leave every appointment knowing what is going to happen next and with that appointment booked. This will be implemented by three pilot tumour sites in late 2015/16 with the intent to roll this out across our hospitals.

A sustainable recovery of the 2 week waiting time standard of 14 days from GP referral will be in place in 2015/16. Recovery of the more complex 62 day standard, from referral to treatment for cancer patients is anticipated by June 2016 and is the subject of a detailed hospital wide plan.



## 2 Listening into Action

### Listening into Action



Since its launch in 2013, Listening into Action (LiA) has been used by teams across Leicester's Hospitals to engage and empower staff to help transform our hospitals and deliver Caring at its Best.

The Year 3 Plan was designed to reach further, faster into Leicester's Hospitals to broaden participation in Listening into Action. Classic LiA has seen the launch of two more waves of pioneering teams along with over 90 nurse led teams that have used Nursing into Action to improve the quality of care and experience that patients receive.

Thematic LiA has been used to tackle some of the issues across our hospitals such as making improvements to the apprenticeship programme, improving care for patients on cancer pathways and dealing with the frustrations that staff have around Information Management & Technology (IM&T).



Building on the successes of Year 2, two more work streams were added: Involvement into Action and Autonomous Teams.

The LiA Team are working collaboratively with the Patient and Public Involvement Team to provide a process for engaging and involving patients in changes that are planned in our hospitals. Using a co-design approach with staff and Patient

Partners, resources are being developed that will guide and support the process of involving patients in change from the very beginning.

In July 2014, Leicester's Hospitals were announced as a successful participant for the Mutuals into Health (MIH) Pathfinder Programme which was launched by the Cabinet Office and Department of Health to explore the potential benefits of mutualisation in NHS Trusts and Foundation Trust for all or part of their services.

## 2 Listening into Action

As one of the Pathfinders, we were chosen to provide support to build on the Autonomous Teams (AT) Programme; a subsection of MIH. The Programme has been developed to explore whether allowing a team to operate in an autonomous, incentivised environment with a 'mutualised' ethos would allow the team to increase staff engagement and patient experiences and outcomes.

Trauma, Orthopaedics and Theatres are the first team to pilot the Autonomous Teams Programme at Leicester's Hospitals with the exciting opportunity to pave the way for future teams. The Leadership Board attended an LiA style launch event in February 2016.

In July 2015 five trust-wide events were held to launch Delivering Caring at its Best – our hospitals' five year plan. During the events members of staff were asked what gets in the way of them doing their job. All of the answers given were themed and through his briefings our Chief Executive is sharing 'what we are doing about it', 'what we will do about it' and 'what we can't do about it and why'.

### Themes



In February 2016 the Leicester's Hospitals introduced a new and improved pulse check. The information collected will help inform whether staff feel engaged in their work, their teams and within our hospitals. It's important to understand what works well and what could be improved, to deliver the best outcomes for patients and make Leicester's Hospitals a place where everyone is happy and proud to work. 25% of all staff will be surveyed every quarter. Also included in the new pulse check are the Staff Friend and Family Test questions.

## 2 Culture, Leadership and Workforce Capability



The Better Care Together programme and the Leicester's Hospitals Five Year Strategy articulate a vision for services in Leicester, Leicestershire and Rutland in which far more care is provided out of the hospital in primary, community and home care settings, allowing Leicester's Hospitals to concentrate on delivering care to complex patients.

This year has seen the coming together, engagement and discussions with the BCT Workforce and OD Leads to begin to develop a shared culture as part of the OD work stream led by the Director of Workforce and Organisational Development at our hospitals.

The Organisational Development Plan (2016) has been refreshed to align with our reconfiguration requirements towards achieving our hospitals Five Year Plan (2015-2020). The refresh focuses on building workforce capacity and capability to embrace new ways of working, engagement, collaboration and system wide change.

## 2 Culture, Leadership and Workforce Capability

A key component of the plan has been the adoption of the Leicester's Hospitals Way (January 2016). This incorporates three core elements:

- ♦ *Better Engagement*, which builds on our comprehensive Listening into Action (LiA) approach
- ♦ *Better Teams*, which has been adapted from the successful engagement and improvement work from Wrightington Wigan and Leigh, NHS Foundation Trust (The WWL Way), which includes a robust measurement tool of culture and a range of tools, which when used together in combination have demonstrated improved levels of engagement at WWL
- ♦ *Better Change*, which takes a 'five step' approach to change and improvement

Presented as a shared framework, these three components are supported by staff across our hospitals experienced within the fields of engagement, organisational development, quality improvement, safety and large scale change. This creates a 'virtual network or Academy' of support, knowledge and resource which will support and enable our hospitals to deliver Caring at its Best.





## 2 How We Keep Everyone Informed

Leicester's Hospitals have a wide range of communication tools to inform and engage our staff, patients and the wider public about our quality initiatives and service improvements.

We are transparent with the media when responding to complaints and negative issues and provide good news stories which are regularly featured in local newspapers, radio and television.

### Information for staff, public and patients

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

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

Our public website ([www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk)) provides patients and visitors with information about our hospitals and services. We regularly issue press releases about good news and interesting developments within our hospitals, along with 'news alerts' for those who have signed up to receive notifications.



## 2 Patient and Public Perspective

### Patient Partners

The patient and public voice is represented within Leicester's Hospitals through our Patient Partners. Previously known as Patient Advisors the name changed in April 2015, although the role is largely the same. There have been around 12 people undertaking this role for a number of years but during 2016 the intention is to increase the number to 20, with further gradual additions in the ensuing years.

Patient Partners are members of the public who provide a lay perspective on the work of all our hospitals. They are involved in a wide range of issues, from changes to services and advising on new developments to reviewing patient literature and sitting on committees. They comment and advise managers, doctors and nurses on key issues affecting patients.

"Patient Partners come from all different backgrounds so we can give an independent viewpoint and utilise our work and life experiences in our contact with staff and patients", said Martin Capple, Chairman of the Patient Partner Group.

"During the past year we feel our profile has risen within Leicester's Hospitals and we are now regularly asked to be involved and comment on, not only day to day issues, but also strategic matters and new projects, such as the expansion of the Emergency Department (ED) and future planning priorities", he added.

"Our main areas of concern in 2015/16 have been related to concerns about the cleaning and catering across Leicester's Hospitals, waiting times in clinics, cancer performance targets, (specifically the 62 day commencement to treatment measure), signage and way finding in all three hospitals, discharge planning and the delay in prescribing medication to patients after being transferred from ED to a ward."

"On a positive note we are pleased to see the long awaited improvements that are being made to the building infrastructure, particularly at the Leicester Royal Infirmary with the expansion of the ED and the building of the multi-storey car park. It is hoped that this latter facility will resolve the parking queues and problems for patients and staff alike and the early signs are encouraging."

"We understand that the well-publicised difficulties in the Emergency Department, largely attributable to capacity issues, are difficult to resolve and need support from primary care groups and the East Ambulance Service. Also we feel there is a need for an ongoing campaign of education to the general public about when to use ED. What we do see in that department and many other areas of Leicester's Hospitals is a professional, committed workforce striving to provide the best care."

## 2 Patient and Public Perspective

### Response to Patient Partners feedback

A number of the areas of concern raised by the Patient Partners are covered earlier in the Quality Account. Some will be used to inform future Quality Accounts, e.g. waiting times in clinic is included in Quality Commitment priorities for 2016/17. With respect to signage, please see the section below.

### Signage

Whilst there are a range of construction projects in progress and planned across the Leicester Royal Infirmary signage and wayfinding presents a challenge. Volunteers and reception staff are on hand to assist, however we recognise the need to ensure that patients and visitors can find their way to their destination on our sites. Maps are currently being amended and updated. Signage is taken into account in the planning and execution of any construction works. A site survey is also due to commence imminently to identify signage issues that need immediate rectification.

### Public Membership

Across Leicester, Leicestershire and Rutland more than 16,000 people have now signed up as public members of our hospitals. Recent analysis shows a very close demographic match to our local population and over the last couple of years we have been attracting an increasing number of younger members. We engage with our members in a variety of ways.

Our bi-monthly 'Together' magazine promotes opportunities for our members to get more involved in the work we do with initiatives from teams such as volunteering and fundraising. We send out opinion surveys giving everyone the opportunity to comment on our services as well as invitations to join specific engagement groups. We also run a quarterly "Engagement Forum" meeting where our members can meet with our Chairman, Chief Executive and directors to discuss issues affecting Leicester's Hospitals, reflect on our services and comment on our strategic direction. Our monthly public "Leicester's Marvellous Medicine" talks have continued throughout the year. The talks provide a great opportunity for senior clinicians to explain how their services are developing.

### Healthwatch

We continue to enjoy strong links with our local Healthwatch organisations and a Healthwatch representative sits regularly on our Trust Board. Our Chief Executive also meets every three months with Healthwatch representatives to discuss issues that have emerged through their engagement with local communities. Our patient and public involvement manager is also in regular contact with Healthwatch representatives and acts as a point of contact for our hospitals.

## 2 What Do Our Patients Tell Us?

Feedback from patients and/or carers or relatives that attend Leicester's Hospitals is welcomed. Both positive and negative feedback is acted upon; this is then displayed in the ward areas on 'You said, we did' boards.

Feedback is collected in numerous ways including:

- ◆ Patient Experience Surveys
- ◆ Friends and Family Test
- ◆ Message to Matron
- ◆ Message through a Volunteer
- ◆ Patient Stories
- ◆ NHS Choices/Patient Opinion
- ◆ Compliments and complaints provided to the Patient Information and Liaison Service (PILS)
- ◆ Online through the Trust website

### Friends and Family Test

This is a nationally set question that is offered to patients, carers and relatives in all NHS hospitals. The Friends and Family Test question is "How likely are you to recommend our ward to friends and family if they needed similar care or treatment." There is also an opportunity to comment on why they have given the answer that they have. This high level metric measures improvements in the experience of care in our hospitals.

Since November 2014 the Friends and Family Test is calculated in percentages of recommenders and non-recommenders. The charts below detail the recommended and Non-recommended scores for 2014/15 and 2015/16.

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
<b>% Recommended</b>	<b>96%</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>	<b>96%</b>	<b>97%</b>	<b>96%</b>	<b>96%</b>	<b>96%</b>	<b>96%</b>	<b>96%</b>	<b>97%</b>
<b>% Not Recommended</b>	0.9%	0.7%	0.8%	0.8%	0.8%	0.8%	0.6%	0.9%	0.8%			

	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
<b>% Recommended</b>	<b>96%</b>	<b>96%</b>	<b>97%</b>	<b>96%</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>	<b>96%</b>	<b>97%</b>	<b>97%</b>		
<b>% Not Recommended</b>	0.9%	0.7%	0.8%	0.8%	0.8%	0.8%	0.6%	0.9%	0.8%	0.8%		

Offering the Friends and Family Test in different languages adheres to guidance from NHS England that each and every patient has the opportunity to provide feedback regarding their experience. With a large Black and Minority Ethnic patient population within Leicestershire it is appropriate to devise a means for non-English speaking patients to complete a survey.

Electronic surveys are offered in Polish, Gujarati and Punjabi in all outpatients' facilities and at the main entrances to our three hospital sites.


Since October 2015, we have also provided an easy read version of the survey. Patients with learning disabilities, language or literacy issues, dementia or who are deaf or blind benefit from an easy read version. Other barriers of communication such as: side effects of illness or medication are also considered.

Leicester's Hospitals - Quality Account 2015 / 16



## 2 What Do Our Patients Tell Us?

The trust has also added a Childrens easy read version called 'Rocket Feedback'.



**Rocket Feedback**  
Ref 7780a


Ward code:

R	1	2		
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Office use only:





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We would like to know about your experience visiting this ward/department




Would you tell your friends that this is a good ward to come to?


**Please cross your answer in the box**


Yes	Maybe	No	Don't know
<input style="border: 2px solid green;" type="checkbox"/>	<input style="border: 2px solid yellow;" type="checkbox"/>	<input style="border: 2px solid red;" type="checkbox"/>	<input style="border: 2px solid black;" type="checkbox"/>
			

**What was good?**



**What was bad?**





## 2 What Do Our Patients Tell Us?

### Learning from complaints

Complaints are a very important source of information about patients, relative and carers' views regarding the quality of the services provided within our hospitals. At Leicester's Hospitals the Patient Information and Liaison service (PILS) administer all formal and verbal complaints, concerns, and Clinical Commissioning Group (CCG) and General Practitioner (GP) concerns. This year we have received 1428 formal complaints and 456 CCG concerns, this is a reduction of 26.6% within formal complaints and 32.4% within CCG compared with last year. (Data as of February 2016).

Leicester's Hospitals have achieved excellent performance in responding to 10, 25 and 45 day formal complaints. We have achieved 98%, 97% and 94% respectively which is amongst the best nationally. (Data to end of January 2016). We are keen to listen, learn and improve using feedback from complainants, HealthWatch, local GPs and also from reports published by the Health and Parliamentary Ombudsman. Based on issues from these sources, we have set out further improvements for this coming year.

The top 3 themes from the CCG concerns were waiting times for appointments, medical management of patient's care pathway and inadequate discharge communication. The following actions have been taken as a result of the CCG concerns received:

- ◆ Staff have been educated on the highest importance of discharging patients home with their DNAR (do not attempt resuscitation) paperwork
- ◆ Staff have been advised regarding sending patients home with sufficient supplies upon discharge
- ◆ In terms of administration processes, we have recognised there were delays in obtaining referrals from GPs where there were no slots on the Direct Booking System (DBS). An average waiting time of between 11-15 weeks for new referrals has been minimised by revision of the administrative processes and these have been put in place as of December 2015 to ensure referrals are regularly chased and appointments made for patients in a sequential order.

### Parliamentary Health Service Ombudsman

This year from Leicester's Hospitals there have been 17 cases referred to the Parliamentary Health Service Ombudsman of which 15 have been taken on for investigation. Out of these there 4 were not upheld, 2 were partially upheld and none were fully upheld. The others are still subject to investigation. (Data to end January 2016) Themes from the upheld cases were about discharge and care of the patient with delirium.

### Independent Complaints Review Panel

In 2014 Leicester's Hospitals, in partnership with Healthwatch and POHWER (Advice & Advocacy), held a complaints engagement event to invite patients and the public to comment on complaints handling within our hospitals. One of the actions arising from this event was to establish an Independent Complaints Review Panel. The purpose of the panel is to review a sample of complaints from the patient perspective and to report back to the PILS team on what was handled well and what could have been done better. The feedback provided by the Independent Complaints Review Panel is used for reflection, learning and improvement. The focus is on up-scale and spread of the good work and understanding and improving complaint handling where it has been identified that things could have been done better. Agreed actions for 2016/17 to further improve complaints engagement and learning are: GP engagement event, two community based Patient Information and Liaison (PILS) clinics.

## 2 New Models of Care

### The Alliance

The Alliance was formed on 1<sup>st</sup> April 2014 and is a partnership of the main health organisations in Leicester, Leicestershire and Rutland (LLR), who have come together to deliver elective care services in community and primary care settings. The Alliance is a unique and innovative approach to delivering care through a multi-agency partnership, and is a new approach to contracting for care within the NHS. The Alliance contract is now in its second year. The Alliance was formed as a collaborative vehicle to innovate to deliver better value care and redesign elective care services in line with CCG's commissioning intentions. The Alliance's objectives include delivering on the Planned Care aspects of Better Care Together and actively rebalancing elective care towards a less acute model. The Alliance's focus is on service redesign and implementing plans to move appropriate activity from Leicester's Hospitals acute sites into community and primary care settings, and developing integrated, effective care pathways. The Alliance objectives are to innovate and improve elective services, offering a high quality of outcome and experience for patients while at the same time improving productivity, to offer better value for money to the local health system.

The Alliance agreement is based on the principles of collaboration across the health system and collective risk and reward from across the commissioners and providers. The first year of the Alliance contract was heavily focused on the transfer and stabilisation of services. The focus for year two is on service redesign and implementing plans to move appropriate activity from Leicester's Hospitals acute sites into community and primary care settings, and developing integrated, effective care pathways. The Alliance is committed to building a flexible and adaptable workforce to ensure that services are fit for the future.

The Alliance agreement sets out the strategic objectives. The Alliance's aim is to deliver high quality, effective and sustainable elective care services, and to continually improve the range and quality of services provided outside acute hospital settings. The Alliance delivers the following elective care services:

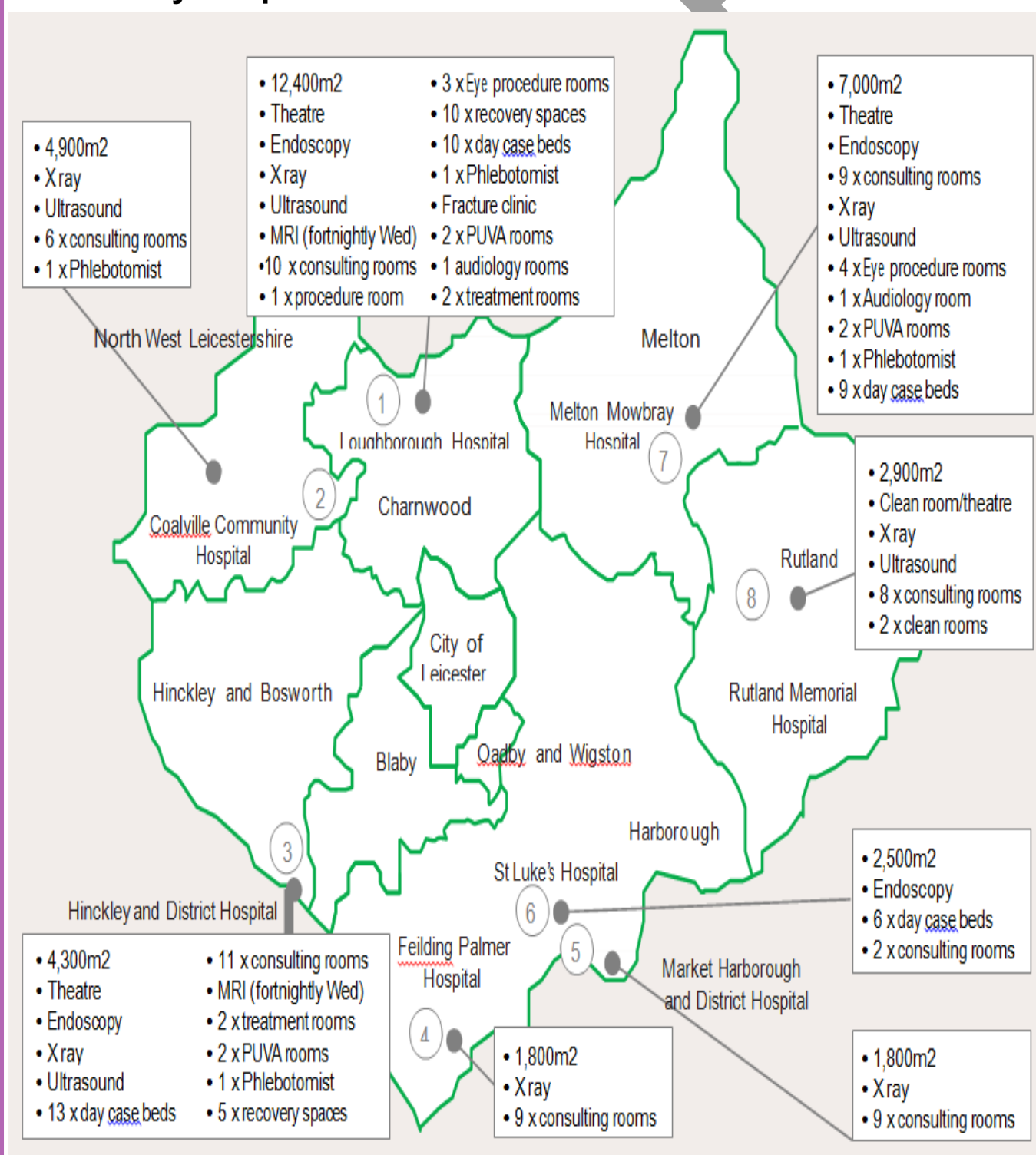
- ♦ Diagnostics: X-ray, Ultrasound & MRI
- ♦ Outpatient and day cases in: Endoscopy; General Surgery; Orthopaedics; Ophthalmology; ENT; General Medicine; Elderly care; Diabetes; Dermatology; Rheumatology; Cardiology; Gynaecology; Gastroenterology; Urology; Plastics; Neurology; Nephrology; Max Fax; Pain; Community paediatrics; Paediatric Surgery; Podiatric Surgery and Respiratory Medicine.

The Alliance has achieved consistently high levels of patient satisfaction as measured by the Friends and Family test (FFT). The FFT score 97% of patients who stated that they were either extremely likely or likely to recommend our services to their friends and family (Data as of January 2016).

## 2 New Models of Care

The Alliance has consistently achieved 100% compliance with all complaint deadlines, receiving only 1 re-opened complaint between April 2015 and March 2016. There have been no Duty of Candour breaches and the organisation has promoted a culture of openness and honesty amongst all staff groups. Two moderate incidents have been investigated in the year using root cause analysis methodology. There have been no never events.

### Community Hospitals in Leicestershire and Rutland





## Better Care Together



**Better Care Together** is an ambitious five-year programme to change the way that health and social care – from cradle to grave – is delivered across Leicester, Leicestershire and Rutland. It is a partnership of health organisations and local authorities in the region, who are committed to making changes to meet the needs of the diverse communities.

Better Care Together is aiming to:

- Support children and parents for the very best start in life
- Help people to stay well in mind and body throughout their life
- Know your history and plan for your health needs
- Care for the most vulnerable and the most frail
- Have services available when it matters and especially in a crisis
- Help to support patients and their loved one when life comes to an end
- Provide faster access, shorter waits and more services out of hospital



The programme aims to significantly change the way some services are delivered – and these will require public consultation. However a large number of improvements to services are already being realised and more are planned for the coming months and years – funding permitting. Some of these achievements are described below.



## Better Care Together - Achievements

Work-stream	Success
<b>Children's, Maternity &amp; Neonatal</b>	<ul style="list-style-type: none"> <li>• Transformational plan for children and young people's mental health and wellbeing agreed by NHS England, securing £1.89 m recurrent funding</li> <li>• Introduction of Care Navigators, working with families, young people and children to coordinate care based on individual requirements</li> </ul>
<b>End of Life</b>	<ul style="list-style-type: none"> <li>• Embedding Learning Lessons to Improve Care within the End of Life work-stream and therefore in the overall Better Care Together implementation plans</li> </ul>
<b>Frail Older People &amp; Dementia</b>	<ul style="list-style-type: none"> <li>• A new model of access to Accident and Emergency at the Leicester Royal Infirmary</li> <li>• Completed one of the most extensive pieces of engagement nationally work on the topic "What needs to happen to ensure that frail and older people live well in Leicester, Leicestershire and Rutland?"</li> </ul>
<b>Learning Disabilities</b>	<ul style="list-style-type: none"> <li>• New 'step through facility' has opened; first patients from the Agnes Unit moving in during January 2016</li> <li>• Recruitment of Outreach Team underway and the enhanced service will be fully operational by in April 2016</li> </ul>
<b>Long Term Conditions</b>	<ul style="list-style-type: none"> <li>• Expanded access to the Rapid Access Heart Failure Clinic from Emergency Department &amp; Clinical Decisions Unit (CDU) began in December 2015</li> <li>• Breathlessness pathway pilot started in November 2015</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• A new crisis house for people experiencing mental health distress opened its doors</li> <li>• New mental health urgent care clinic established</li> </ul>
<b>Planned Care</b>	<ul style="list-style-type: none"> <li>• Orthopaedic triage pilot service operational</li> <li>• Increased the amount of care provided in community hospitals and added new services, so that more patients are able to be treated closer to where they live</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>• Work began at Leicester Royal Infirmary on new £43.3 m Emergency Department, the UK's first frailty friendly emergency department, with a fully integrated mental health unit</li> <li>• Awarded Vanguard status to transform urgent and emergency care</li> </ul>
<b>Service Reconfiguration</b>	<ul style="list-style-type: none"> <li>• 40 additional Intensive Community Support beds have opened in the community; a further 40 to open in February, and another 50 in March</li> <li>• Length of stay in target cohorts at Leicester's Hospitals is decreasing</li> </ul>
<b>Primary care</b>	<ul style="list-style-type: none"> <li>• All CCGs are supporting the development of legally constituted federations / hubs</li> <li>• Activities in certain CCG areas:               <ul style="list-style-type: none"> <li>⇒ development and approval of Community Services Plan supporting integrated models of care</li> <li>⇒ extended the hours of operation of Acute Visiting Service</li> <li>⇒ increased prevalence and targeted interventions of key long term conditions supported by a general practice upskilling programme</li> </ul> </li> </ul>
<b>Adult social care</b>	<ul style="list-style-type: none"> <li>• Development of the first Adult Social Care strategy to cover the Leicester, Leicestershire and Rutland geographical area</li> <li>• The work of the three Local Authorities with health partners has made a significant contribution to:               <ul style="list-style-type: none"> <li>⇒ Reduction in delayed transfers of care and in particular those attributable to Adult Social Care</li> <li>⇒ Good performance in keeping people at home 91 days after discharge</li> <li>⇒ 7 day access to social care services</li> </ul> </li> </ul>

# 3 Our Plans for the Future - Caring at its Best

Delivering Caring at its Best includes a whole range of programmes, from the Quality Commitment to our reconfiguration plans, from our Information Management & Technology (IM&T) Strategy to Listening into Action.

The Quality Commitment has been updated for 2016/17 and the following priorities have been agreed.

*Caring at its best*

University Hospitals of Leicester **NHS**  
NHS Trust

## 2016/17 QUALITY COMMITMENT

### Clinical Effectiveness

Improve Patient Outcomes

### Patient Safety

Reduce Harm

### Patient Experience

Care and Compassion

### What are we trying to accomplish?

To reduce avoidable deaths

To reduce avoidable re-admissions

To reduce harm caused by unwarranted clinical variation

To use patient feedback to drive improvements to services and care

### What will we do to achieve this?

#### Mortality:

- All in-hospital deaths will be screened
- Participation in national retrospective case record review
- Improve compliance with Sepsis 6 interventions in all clinical areas

#### Readmissions

- Implementation of Readmission Risk tool

#### Improve compliance with:

- Core 7 day services standards

#### Implementation of UHL Early Warning Score and eObs:

- Improve recognition and escalation of the deteriorating patient

#### Implement the "Safe Use of Insulin Strategy"

- Reduce the number of insulin related medication errors

#### Keep patients informed and involved in decisions around their care and treatment

- Ensure patients are informed and involved in their care

#### Improve care of patients in the last days of life

- Increase the use of individualised end of life care plans

#### Improve the experience of outpatients

- Reduce "in clinic" waiting times in Ophthalmology
- Improve clinical correspondence times

### How will we know we are improving?

SHMI  $\leq 99$   
Readmission Rate  $< 8.5\%$

Reduce incidents that result in severe/moderate harm by 5%

6% improvement - patient involvement scores  
10% improvement - care plan use, outpatient experience & clinical correspondence times

### Embedding Quality Improvement

"UHL Way" – Culture and Leadership

## 4 Statement of Assurance from the Board

### Review of services

During 2015/16 Leicester's Hospitals provided and/or sub-contracted in excess of 120 NHS services. These include:

- ♦ Inpatient - 64 services
- ♦ Day Case - 64 services
- ♦ Emergency – 72 services
- ♦ Outpatient - 88 services
- ♦ Emergency Department and Eye Casualty
- ♦ Diagnostic Services – including Hearing Services, Imaging, Endoscopy, Sleep Studies and Urodynamics
- ♦ Direct access – including Imaging, Pathology, Physiotherapy and Occupational Therapy
- ♦ Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), Coronary Care Unit (CCU), Paediatric Intensive Care Unit (PICU), Obstetrics HDU, Neonatal Intensive Care Unit (NICU) and Special Care Baby Unit (SCBU)
- ♦ Four national screening programmes including Retinal Screening (Diabetes), Breast Screening including age extension (Cancer), Bowel Screening (Cancer) and Abdominal Aortic Aneurism (AAA)

Leicester's Hospitals comprises of three acute hospitals; the Royal Infirmary having 976 beds, the General having 390 beds and Glenfield having 412 beds. St Mary's Birthing Unit has 8 beds.

The Royal Infirmary has the only Accident and Emergency Department (A&E), which covers the area of Leicester, Leicestershire and Rutland. The General provides medical services which include a centre for renal and urology patients, and Glenfield provides a range of services which include medical care services for lung cancer, cardiology, cardiac surgery and breast care.

Services are also provided at St Marys Birthing Centre in Melton Mowbray and dialysis units in Leicester, Loughborough, Grantham, Corby, Kettering, Northampton, Peterborough, Boston and Skegness. Services are also provided through the Alliance partnership at Ashby & District Hospital, Coalville Hospital, Feilding Palmer Hospital, Hinckley & District Hospital, Loughborough Hospital, Market Harborough & District Hospital, Melton Mowbray Hospital, Rutland Memorial Hospital and St Luke's Hospital.

The income generated by the NHS services reviewed in 2015/16 represents 100% of the total income generated from the provision of NHS services by Leicester's Hospitals for 2015/16.

## 4 Statement of Assurance from the Board

### Examples of how we reviewed our services in 2015/16

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

- A Quality and Performance report (available at <http://www.leicestershospitals.nhs.uk/>) is presented at the Quality Assurance Committee and Investment Finance and Performance Committee.
- Service level dashboards (e.g. Women and Children).
- Ward performance data at the Nursing Executive Team and Executive Quality Board.
- Results from peer reviews and other external accreditations.
- Outcome data including mortality is reviewed at the Mortality Review Committee.
- Participation in training and clinical audit programmes.
- Outcomes from Commissioner quality visits.
- Complaints, safety and patient experience data.





## 4 Statement of Assurance from the Board

### Participation in clinical audits and confidential enquiries

Leicester's Hospitals are committed to undertaking effective clinical audit within all the clinical services provided and 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 with advice from the National Clinical Audit Advisory Group (NCAAG).

During the 2015/16 period Leicester's Hospitals participated in 100% (n=41/41) of national clinical audits and 100% (n=4/4) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in, and for which data collection was completed during the 2015/16 period are listed in appendices 1.1 and 1.2, alongside the number of cases submitted to each audit or enquiry.

The provider has reviewed the reports of 44 national clinical audits and 344 local clinical audits in 2015/16 (Data as of February 2016). All completed audits have an audit summary form which includes details of compliance levels with the audit standards and actions required for improvement including the names of the clinical leads responsible for implementing these actions. The summary forms of every audit undertaken are available to all staff on the intranet. There are various examples within this Quality Account of the different types of clinical audits being undertaken within our hospitals and the improvements to patient care achieved.

Examples of some of the actions taken to improve patient care during 2015/16 – national and local audits are listed on the next two pages.





## 4 Statement of Assurance from the Board

Audit Title	Key actions taken to improve patient care
National Care of the Dying Audit - Hospitals	Trust-wide education programme implemented around 5 Priorities of Care / Individualised care plan at the end of life
Asthma in Children	Written discharge advice now given to children presenting with wheeze. Peak flow meter now easily available in the Paediatric ED department.
Severe Sepsis and Septic Shock	We have implemented sepsis boxes in paediatrics & we are also making the giving of antibiotics in adult resus and majors easier by making sure equipment is readily available to staff.
Sentinel Stroke National Audit Programme	In order to get patients scanned more quickly - more of our Stroke specialist nurses can now request CT's to improve flow. We have also improved time to thrombolysis which reflects a drive to start thrombolysis in the scanner as part of our new policies.
Community Acquired Pneumonia in Adults Audit	Additional pneumonia nurses have been recruited and this has resulted in significant improvements of several care aspects. Key interventions accepted as linked to outcome are delivered in a very high proportion of patients without delay.
National Paediatric Diabetes Audit	A local diabetes database has been set up to capture all key data locally to help drive further improvements.
Myocardial ischaemia	The monthly meetings held to review all re-perfused patients who present with STEMI (ST segment elevation myocardial infarction). If there are any identifiable delays or deviations from hospital pathways these are discussed and action plans made if possible.
Chronic Obstructive Pulmonary Disease (COPD)	Plans to introduce spirometry by the team delivering the COPD care bundle.
Survey Of Central Venous Catheter (CVC) Insertion And Perioperative Use In Thoracic Surgery Patients	Requirement for a CVC should be reviewed daily on thoracic surgical ward round and CVCs that are no longer specifically indicated should be removed.
Pre-operative fasting in adult patients undergoing elective surgery at LRI	Once patients assessed pre-operatively and order of patients on list established, the latter patients should be offered a drink of clear fluid.

## 4 Statement of Assurance from the Board

Audit Title	Key actions taken to improve patient care
Operational Noise Re-Audit on Leicester Royal Infirmary AICU	The importance of muting alarms prior to taking blood samples from indwelling lines reaffirmed. Plans to reinforce the appropriate setting of alarm limits at the start of each clinical shift to decrease ambient noise and reduce the number of false alarms, increasing patient safety.
Venous thromboembolism risk assessment and prophylactic treatment for patients undergoing hand surgery	Further development of Junior doctors education around the role of VTE assessment and prophylaxis after upper limb trauma surgery.
Trust-wide do not attempt cardiopulmonary resuscitation form documentation audit	DNACPR e-learning module developed
Appropriateness of General Surgery pre-operative assessment investigations – Re-audit	The introduction of a 'Pre-op investigation calculator' has been successful in improving the level of investigation for the pre-operative assessment clinic. This calculator complies with NICE standards, is a quick and effective way of determining which investigations are required for which patients, depending on ASA grade, proposed surgery and co-morbidities.
Recording of the clinical evaluation of x-ray images	Reinforce the need to those clinical areas that do not obtain reports from Imaging the agreement and requirement for them to record an evaluation.
Prostate cancer diagnosis in needle biopsies	Standardised immunohistochemistry practice among reporting Histopathologists following a review of the audit results.
Audit of the Antenatal Infectious diseases screening programme	Continue the vaccination training programme so that more midwives are available to administer MMR when women who are non-immune leave the hospital postnatally and also to stress the importance of women being given MMR prior to discharge from hospital postnatally.
Compliance with Controlled Drug Regulations	Poster on medicines management distributed to clinical areas containing information on controlled drugs
The safe and effective use of Azathioprine in Paediatric Dermatology patients	Introduction of stickers in the clinic rooms: baseline stickers with a checklist of pre-treatment investigations; monitoring stickers to be completed at each follow-up clinic review.

## 4 Statement of Assurance from the Board

### Participation in clinical research

The number of patients receiving NHS services provided by or sub-contracted by Leicester's Hospitals in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 10,743.

Leicester's Hospitals were involved in conducting 884 clinical research studies. Of these 641 (73%)\* were adopted and 243 (27%)\* non-adopted. 198 (22%)\* of the total were commercially sponsored studies. The Leicester's Hospitals used national systems to manage the studies in proportion to risk. 54%\* of the studies given approval were established and managed under national model agreements. In 2015/16 the National Institute for Health Research (NIHR) supported 641 (73%)\* of the total number of research studies through its research networks. In 2015 there were 350\* full papers published in peer reviewed journals. In February 2016 the Trust together with its main academic partner the University of Leicester, and Loughborough University submitted the Pre-Qualifying Questionnaire in response to the call for Biomedical Research Centres – invitations from the NIHR for full submission are expected in May 2016.

\*Data as of February 2016

### Use of the CQUIN payment framework

A proportion of Leicester's Hospitals income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Leicester's Hospitals and Specialised Commissioners, through the Commissioning for Quality and Innovation payment framework (CQUIN). For 2015/16 the baseline value of the CQUINs was £4.5 m for Specialised Services (i.e. 2.4% of Specialised Service contract value). This means that when Leicester's Hospitals agreed contracts with commissioners it was agreed that 2.5% of contract value would be received upon achieving certain quality indicators. If these quality indicators were not met or the outturn contract value was lower than the baseline contract, then the monies would be withheld. A separate arrangement was made for the contract with our Clinical Commissioning Groups, where by it was agreed that Leicester's Hospitals would deliver on both the national and locally agreed CQUINs within the agreed contract value.

For 2015/16 Leicester's Hospitals received sign off by Specialised Services for 100% achieved (payment rate of 2.3%) of CQUIN monies. Almost all thresholds have been achieved for the national and local CQUIN schemes agreed with the Clinical Commissioning Groups. The 90% thresholds were missed for Quarter 4 in respect of both the Sepsis and Acute Kidney Injury national schemes and both of these are to continue as CQUINs for 16/17.

Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at <http://www.leicestershospitals.nhs.uk/>

## 4 Statement of Assurance from the Board

### Data Quality: NHS number of general practice code validity

Good quality information underpins the effective delivery of patient care and is essential to improvements in the quality of care and for patient safety. Data that is accurate, timely and relevant supports efficient patient care and reduces clinical risk. Reliable information on all aspects of performance means planning of future services can be carried out with confidence.

Data quality is managed via an established set of routine daily checks, management reporting and audit. Daily checks include:

- Researching the identity of all new patients and ensuring new registrations are not duplications of patient records that already exist. This includes checks on records with significant changes to information such as patient name, date of birth and address which are essential to assignment and verification of the NHS number for each patient. Patients with no number are typically overseas visitors or patients who were unable to provide reliable information during their hospital visit.
- Validation of General Medical Practice (GP) is undertaken, by comparing local data against national GP databases. Anomalies are amended to support good communication from our hospitals and ensure accurate commissioning of activity. Guidelines are in place to ensure that patient demographic information (address, GP etc.) is frequently checked with the patient. Outpatient appointment notification letters feed back to patients the details of their GP practice address we currently hold. This drives an additional layer of validation by the patient themselves.

**Management reports** are regularly collated to feedback on data quality to frontline services using local and external sources. Data Quality standards are reported to the Quality Assurance Committee.

**A regular programme of audit** is undertaken covering both outpatient and admitted patient data. This compares information held in the paper case notes to the electronic data collected. Validity checks on data show high compliance of national NHS code sets being accurately applied with local information systems.

## 4 Statement of Assurance from the Board

Leicester's Hospitals submit records to the Secondary Uses Service for inclusion in Hospital Episode Statistics which are included in the latest published data. Data published by the Secondary Uses Service for the period April 2015 to December 2015 shows validity of data as follows:

NHS Number	Leicester's Hospitals*	
	Admitted Patient Care	99.8%
	Outpatient Care	99.8%
	Accident and Emergency Care	99.3%

The hospital's local coverage of NHS number is higher than these figures indicate as we do not submit any identifiable information such as NHS number for patients whose attendance data contains sensitive information to the Secondary Uses Services.

General Medical Practice	Leicester's Hospitals*	
	Admitted Patient Care	100%
	Outpatient Care	100%
	Accident and Emergency Care	100%

Ethnicity Code	Leicester's Hospitals*	
	Admitted Patient Care	100%
	Outpatient Care	97.3%
	Accident and Emergency Care	89.3%

Ethnicity data coverage in our Emergency Department is 100%. The Urgent Care Centre data included in the total is collected on a separate GP computer system, as it was managed by a different NHS Trust for most of the year.



## 4 Statement of Assurance from the Board

### Clinical coding error rate

Clinical coding is the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into coded format. This is undertaken by trained clinical coders after every hospital stay and the resulting data is used for many different purposes, for example: appropriately funding for hospitals, effectively planning and clinical governance.

Leicester's Hospitals currently employ two accredited clinical coding auditors and a regular audit programme has been established. Randomised samples indicate that the trust coding function performs at a good Level 2 as measured by the Information Governance (IG) Toolkit. Error rates for the formal IG Audit in March 2015 were: Primary Diagnosis: 10%, Secondary Diagnosis: 8.8%, Primary Procedure: 7.5%, Secondary Procedure 8.2%.

### Information governance attainment tool kit level 2015/16

Leicester's Hospitals Information Governance Assessment Report score for 2015/16 was 65% and was graded as unsatisfactory (red).

We recognise the importance of robust information governance. During 2015/16, the Director of Corporate and Legal Affairs retained the role of Senior Information Risk Owner and the Medical Director continued as our Caldicott Guardian.

All NHS Trusts are required annually to carry out an information governance self-assessment using the NHS Information Governance Toolkit. This contains 45 standards of good practice, spread across the domains of:

- information governance management
- confidentiality and data protection assurance
- information security assurance
- clinical information assurance
- secondary use assurance
- corporate information assurance

The Trust achieved (at least) a minimum level 2 standard across all of the 45 standards, except in the case of:

- training : 89% of staff were trained in information governance in 2015/16 against the toolkit requirement that all staff be trained;
- data quality : the Trust needs to document and implement procedures for using both local and national benchmarking to identify and investigate possible data quality issues;
- corporate information assurance : the Trust needs to undertake an audit of corporate records in at least four corporate areas of the organisation.

An information governance improvement plan for 2016/17 has been prepared for approval by the Executive Team. Implementation will be overseen by the Information Governance Steering Group, chaired by the Senior Information Risk Owner.

During the year we reported to the Information Commissioner's Office one serious untoward incident involving a lapse of data security. Patient care was not put at risk and the data was retrieved.

## 4 Statement of Assurance from the Board

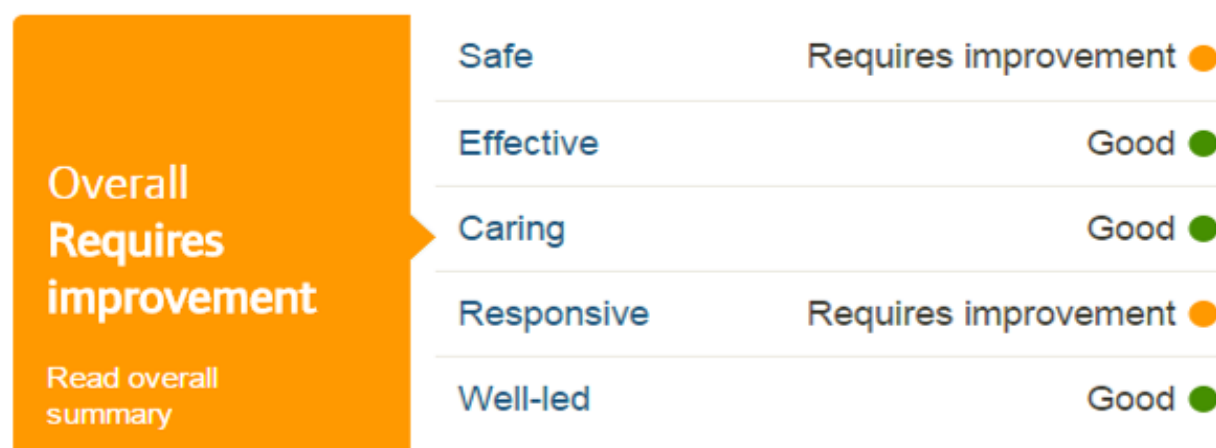
In respect of other personal data related incidents experienced during 2015/16, we have carried out investigations to ensure that the root causes are properly understood and addressed; in addition, patients have been contacted to inform them of the lapses and to provide them with assurance about the actions we have taken to prevent recurrence.

### What others say about Leicester's Hospitals: Statements from the Care Quality Commission (CQC):

Leicester's Hospitals were subject to a comprehensive inspection in January 2014 resulting in following ratings (please see the current registration status below).

An action plan was implemented to address the compliance actions and was completed in 2015. A further comprehensive inspection is planned for June 2016.

### Leicester's Hospitals



**Leicester General Hospital**

Requires improvement



**Leicester Royal Infirmary**

Requires improvement



**Glenfield Hospital**

Good



**St Mary's Hospital**

Good



In November 2015 the Emergency Department at the Leicester Royal Infirmary was subject to an unannounced inspection and this resulted in the CQC issuing Leicester's Hospitals with a notice of decision to impose conditions on Leicester's Hospitals registration as a service provider under Section 31 of the Health and Social Care Act 2008. The conditions covered included time to triage assessment, sepsis management, staffing levels and skill mix. Workstreams were established and weekly reports to the Executive Team and the Care Quality Commission have demonstrated an improvement.

## 4 Statement of Director's Responsibilities in Respect of the Quality Account

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

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

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

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

By order of the Board

xx /06/16 Karamjit Singh, Chairman

xx /06/16 John Adler, Chief Executive

## 5 Statement from our Stakeholders and External Auditors

Healthwatch

Health Overview and Scrutiny Committees – City and County Council

CCGs – Leicester City, East Leicestershire and Rutland, West Leicestershire

KPMG – Independent auditors report on annual quality account

DRAFT

## 5 Statement from our Stakeholders and External Auditors

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DRAFT

## 6 Appendix 1.1

### Appendix 1.1 The national clinical audits that Leicester's Hospitals was eligible to participate in during 2015-16

Category	Project Title	Did the Trust participate?	Audit Stage	Ref. No
Heart	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Data collection ongoing	7439
Acute	Adult Cardiac Surgery	Yes	Data collection ongoing	7497
Cancer	Bowel cancer (NBOCAP)	Yes	Data submitted	6819
Heart	Cardiac Rhythm Management (CRM)	Yes	Data collection ongoing	7442
Acute	Case Mix Programme (CMP)	Yes	Data collection ongoing	7941
Acute	Intensive Care National Audit and Research Centre ICNARC	Yes	Data collection ongoing	6358
	Child Health Clinical Outcome Review Programme	Yes	100% completed	6430
Heart	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Yes	Data submitted	6826
Heart	Coronary Angioplasty / National Audit of PCI	Yes	Data collection ongoing	7443
Long term conditions	Diabetes (Adult)	Yes	Data collection ongoing	7493
Long term conditions	Diabetes (Paediatric) NPDA	Yes	Data collection ongoing	6838
Other	Elective surgery (National PROMs Programme)	Yes	Data collection ongoing	8013
Older People	Falls and Fragility Fractures Audit Programme (FFFAP)	Yes	Data submitted	7473
Cancer	Head and Neck Cancer Audit	Yes	Data collection ongoing	7765
Long term conditions	Inflammatory Bowel Disease (IBD) programme	Yes	Data submitted	7791

## 6 Appendix 1.1

### Appendix 1.1 The national clinical audits that Leicester's Hospitals was eligible to participate in during 2015-16 - continued

Category	Project Title	Did the Trust participate?	Percentage of cases submitted	Ref. No
Acute	Major Trauma: The Trauma Audit & Research Network (TARN)	Yes	Data collection ongoing	7502
Women's & Children's Health	Maternal, Newborn and Infant Clinical Outcome Review	Yes	Data submitted	6862
Acute	Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Data collection ongoing	6965e 7370e 7706e 7980e
Heart	National Adult Cardiac Surgery Audit	Yes	Data submitted	6374
Other	National Audit of Intermediate Care	N/A	<a href="#">Link to report</a>	
Heart	National Cardiac Arrest Audit (NCAA)	Yes	Data submitted	6833
Long term conditions	National Chronic Obstructive Pulmonary Disease (COPD)	Yes	Data submitted	6841
Blood and Transplant	National Comparative Audit of Blood Transfusion programme	Yes	Data collection ongoing	6818
Acute	National Emergency Laparotomy Audit (NELA)	Yes	Data submitted	7342
Heart	National Heart Failure Audit	Yes	Data collection ongoing	7503
Acute	National Joint Registry (NJR)	Yes	Data collection ongoing	7733
Heart	National Vascular Registry	Yes	Data collection ongoing	7817
Women's & Children's Health	Neonatal Intensive and Special Care (NNAP)	Yes	Data collection ongoing	7999
Acute	Non-Invasive Ventilation - adults	Yes	Data collection ongoing	6815
Cancer	Oesophago-gastric cancer (NAOGC)	Yes	Data collection ongoing	7994

## 6 Appendix 1.1

### Appendix 1.1 The national clinical audits that Leicester's Hospitals was eligible to participate in during 2015-16 - continued

Category	Project Title	Did the Trust participate?	Percentage of cases submitted	Ref. No
Women's & Children's Health	Paediatric Intensive Care Audit Network (PICANet)	Yes	Data submitted	6864
Long term conditions	Renal replacement therapy (Renal Registry)	Yes	Data collection ongoing	7504
Long term conditions	Rheumatoid and Early Inflammatory Arthritis	Yes	Data submitted	6739
Older People	Sentinel Stroke National Audit Programme (Organisational Audit) (SSNAP)	Yes	Data collection ongoing	7458
Older People	Sentinel Stroke National Audit Programme (SSNAP)	Yes	Data collection ongoing	6848
	UK Cystic Fibrosis Registry (Adult & Paediatrics)	Yes	Data collection ongoing	7962a
	National Complicated Diverticulitis Audit (CAD)	Yes	<i>Amanda</i>	7951
	Procedural Sedation in Adults (care in emergency departments)	Yes	Data submitted	7496
	Pulmonary Hypertension Audit	N/A	N/A for our Trust	6311
	UK Parkinson's Audit	Yes	Data submitted	6847
	Vital signs in children (care in emergency departments)	Yes	Data submitted	7495
	VTE risk in lower limb immobilisation (care in emergency departments)	Yes	Data submitted	7494
Mental Health	Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	N/A	-	
Mental Health	Prescribing Observatory for Mental Health (POMH)	N/A		

## 6 Appendix 1.2

### Appendix 1.2 National Confidential Enquiries that Leicester's Hospitals participated in during 2015/16

During 2015/16 hospitals were eligible to enter data into 4 NCEPOD studies. Please find below a summary for those studies in which Leicester's Hospitals participated:

#### NCEPOD – Quality Accounts summary 2015/2016



During 2015/16 hospitals were eligible to enter data into 4 NCEPOD studies. Please find below a summary for those studies in which you participated. If you were exempt from any particular study it will not be listed.

Excluded totals shown below can be added to your included cases should it help improve return rates.

Mental Health	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	15	0	6	0	10	0	3	0
(Please note this study is still open and the figures have not been finalised)								

Acute Pancreatitis	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	10	2	6	0	10	0	3	3

Sepsis	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	10	3	7	1	10	3	3	3

Gastrointestinal Haemorrhage	Cases Included	Cases Excluded	Clinical Q returned*	Excl. Clinical Q returned*	Case notes returned*	Excl. Case notes returned*	Sites Participating	Org. Q. returned*
University Hospitals of Leicester NHS Trust	11	4	6	1	10	3	3	3

\* number of questionnaires/case notes returned including blank returns with a valid reason, questionnaires marked "not applicable", and case notes missing with a valid reason.

Ref: Bennett404772



## 6 Appendix 1.3

### Appendix 1.3: Glossary of terms

**Admission** the point at which a person begins an episode of care, e.g. arriving at an inpatient ward.

**Acute Care** is specific care for diseases or illnesses that progress quickly, feature severe symptoms and have a brief duration.

**Acuity** The measurement of the intensity of care required for a patient accomplished by a registered nurse. There are six categories ranging from minimal care to intensive care.

**Amber Care Bundle** (AMBER=Assessment, Management, Best Practice, Engagement, Recovery uncertain) supports best practice when caring for patients whose recovery is uncertain.

**Cannulation** intravenous cannulation involves putting a “tube” into a patient’s vein so that infusions can be inserted directly into the patient’s bloodstream.

**Care Plan** a plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy.

**Care Quality Commission** the organisation that make sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and we encourage them to make improvements.

**CCG (Clinical Commissioning Group)** Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

**CIP (Cost Improvement Programme)** a Cost Improvement Programme (CIP) is the identification of schemes to increase efficiency/ or reduce expenditure. CIPs can include both recurrent (year on year) and non-recurrent (one-off) savings. A CIP is not simply a scheme that saves money. The most successful CIPs are often those based on long-term plans to transform clinical and non-clinical services that not only result in a permanent cost savings, but also improve patient care, satisfaction and safety.

**Clinical Governance** is a framework that ensures that NHS organisations monitor and improve the quality of services provided and that they are accountable for the care they provide.

**Clinical Negligence Scheme for Trust (CNST)** is a scheme for assessing a Trust's arrangements to minimise clinical risk for service users and staff. Trusts need to pay 'insurance' which can offset the costs of legal claims against the Trust. Achieving CNST Levels (1, 2 or 3) shows the Trust's success in minimising clinical risk and reduces the premium that the Trust must pay.

**Clinician** is a person who provides direct care to a patient such as a doctor, nurse, therapist, pharmacist, psychologist etc.)

**Commissioning** is the process of identifying a community's social and/or health care needs and finding services to meet them.

**Community Care** aims to provide health and social care services in the community to enable people live as independently as possible in their own homes or in other accommodation in the community.

**Co-morbidity** is the presence of two or more disorders at the same time. For example, a person with depression may also have diabetes.

**CRAB (Copeland's Risk Adjusted Barometer)** system which is a unique tool to predict the clinical risk for every patient as an individual, rather than making blunt assumptions based on national statistics. This will help to identify which in-hospital deaths would be most appropriate to review.

## 6 Appendix 1.3

### Appendix 1.3: Glossary of terms

**Diagnosis** is identifying an illness or problem by its symptoms and signs.

**Discharge** is the point at which a person formally leaves services. On discharge from hospital the multi-disciplinary team and the service user will develop a care plan (see Care plan).

**Emergency Admission** when a patient admitted to hospital at short notice because of clinical need or because alternative care is not available.

**Emergency Department** is a hospital department that assesses and treats people with serious and life-threatening injuries and those in need of emergency treatment. Also sometimes called A&E (Accident & Emergency)

**Foundation Trusts** are a type of NHS hospital run by local managers, staff and members of the public, which are tailored to the needs of the local population.

**Friends and Family Test (FFT)** launched in April 2013, the FFT question asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience

**General Practitioner (GP)** is a family doctor, usually patient's first point of contact with the health service.

**Health Care Assistants** (can also be referred to as Health Care Support Workers) are non-qualified nursing staff who carry out assigned tasks involving direct care in support of a registered/qualified nurse. There are two grades of Health Care Assistants, A and B grade. A grades would expect to be more closely supervised, while B grades may regularly work without supervision for all or most of their shift, or lead on A grade.

**Human Resources** is a department found in most organisations that works to recruit staff, assist in their development (e.g. providing training) and ensure that staff work in good conditions.

**Information Management and Technology (IM&T)** refers to the use of information held by the Trust, in particular computerised information and the department that manages those services.

**Intermediate Care Services** are services that promote independence, prevent hospital admission and/or enable early discharge. Intermediate care typically provides community-based alternatives to traditional hospital care.

**Keogh 10 Clinical Standards** have been set by Sir Bruce Keogh to describe the care all patients should be able to expect, any day of the week. The standards include a process for handovers between clinical teams, which diagnostic services should always be available and how quickly hospital patients should be assessed by a consultant.

**Multidisciplinary** denotes an approach to care that involves more than one discipline. Typically this will mean that doctors, nurses, psychologists and occupational therapists are involved.

**NICE** is the National Institute for Health and Clinical Excellence, an independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

## 6 Appendix 1.3

### Appendix 1.3: Glossary of terms

**Non-Executive Director** is a member of the Trust Board. They act a two way representative. They bring the experiences, views and wishes of the community and patients to the Trust Board. They also represent the interests of the NHS organisation to the Community.

**Out of Hours (OOH)** is the provision of GP services when your local surgery is closed, usually during the night, at weekends and Bank Holidays.

**Palliative care** is an area of healthcare that focuses on relieving and preventing the suffering of patients.

**Peri-natal mortality** is the number of stillbirths and deaths in the first week of life per 1,000 live births, after 24 weeks gestation.

**Primary Care** is the care will receive when you first come into contact with health services about a problem. These include family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers.

**QIPP (Quality Innovation Productivity and Prevention)** In July 2010, the White Paper 'Equity and excellence: Liberating the NHS' set out the government's vision for the future of the NHS. The White Paper outlined the government's commitment to ensuring that QIPP supports the NHS to make efficiency savings, which can be reinvested back into the service to continually improve quality of care.

**Risk assessment** identifies aspects of a service which could lead to injury to a patient or staff member and/or to financial loss for an individual or Trust.

**Secondary care** is specialist care, usually provided in hospital, after a referral from a GP or health professional. Mental Health Services are included in secondary care (see also tertiary care).

**Serious Untoward Incidents (SUI)** is to describe a serious incident or event which led, or may have led, to the harm of patients or staff. Members of staff who were not involved in the incident investigate these and the lessons learned from each incident are used to improve care in the future.

**Supportive Palliative Care Indicators Tool (SPICT)** is used to identify people at risk of deteriorating and dying with one or more advanced conditions for palliative care needs assessment and care planning.

**Stakeholders** are a range of people and organisations that are affected by or have an interest in, the services offered by an organisation.

**Tertiary Care** is when a hospital consultant decides that more specialist care is needed. Mental Health Services are included in this (see also Secondary care).

**TTO (To-take-out)** are medicines supplied by the hospital pharmacy for patients to take with them when they are discharged (see discharge) from hospital.

**Triage** a system which sorts medical cases in order of urgency to determine how quickly patients receive treatment.

**UCC/ Urgent Care Centre** is an NHS medical centre patients can attend without an appointment

**Walk-in-Centre (WiC)** very much like an Urgent Care Centre; may not be able to do some of the tests (such as x-rays etc) that an Urgent Care Centre may have access to. Is often a different way of referring to the same type of service.

**Wayfinding** is information systems that guide people through a physical environment.

*Caring at its best*

## Feedback Form

We hope you have found this Quality Account useful.

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

Director of Clinical Quality  
Leicester's Hospitals  
The Firs  
Glenfield Hospital  
Grobby Road  
Leicester  
LE3 9QP

Email: [qualityaccount@Leicester's Hospitals-tr.nhs.uk](mailto:qualityaccount@Leicester's Hospitals-tr.nhs.uk)

Alternatively please use our online survey [LINK](#) where you will be able to respond to the following questions below. You can also scan the code at the bottom of this page with your smart phone.

1. How useful did you find this report?

Very useful ☐

Quite useful ☐

Not very useful ☐

Not useful at all ☐

2. Did you find the contents?

Too simplistic ☐

About right ☐

Too complicated ☐

3. Is the presentation of data clearly labelled?

Yes, completely ☐

Yes, to some extent ☐

No ☐

4. Is there anything in this report you found particularly useful?

5. Is there anything you would like to see in next year's Quality Account?