University Hospitals of Leicester NHS Trust

LEICESTER HEALTH AND WELLBEING SCRUTINY COMMISSION

12th April 2017

REPORT OF UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DRAFT QUAILTY ACCOUNT 2016/17

Purpose of report

1. Quality Accounts are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. There is a legal requirement under the NHS (Quality Accounts) Regulations 2010 for all bodies who provide, or arrange to provide (sub-contract) NHS services to produce a Quality Account. This is the eighth year that we have been required to produce a Quality Account.

2. The aim of a QA is to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. These reports are for the public and report on the quality of services looking at the three domains of safety, effectiveness and patient experience.

Policy framework

3. The contents of the Quality Account is informed by Department of Health guidance (toolkit) and regulations. The toolkit has not been updated therefore the content remains largely unchanged however a letter to Chief Executives regarding 2016/17 Quality Account resulted in the following additional information being included:

    - How we are implementing the Duty of Candour
    - Our patient safety improvement plan as part of the Sign Up To Safety campaign
    - Our most recent NHS Staff Survey results for indicators KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KF21 (percentage believing that Trust provides equal opportunities for career progression or promotion) for the Workforce Race Equality Standard
    - Our CQC ratings grid, alongside how we plan to address any areas that require improvement or are inadequate and by when we expect it to improve

4. The toolkit includes the requirement for further mandatory statements following each of these NHS outcome indicators.

5. Appendix A provides a summary of the Quality Account.

6. The full Quality Account is attached at Appendix B. Although every effort has been made to populate the first draft as much as possible some further (end of year) information is required. This will be updated as soon as the information is available.

Priorities for Improvement 2017/18

7. Each Quality Account must include priorities for improvement for the forthcoming year under each of the following headings; patient safety, patient experience and care. These priorities are those identified in the 2016/17 Quality Commitment and are included in the draft Quality Account.

External Assurance of the Quality Account

8. External audit of Quality Accounts is a national requirement. KPMG will be providing a limited assurance opinion in this respect. External audit colleagues review the Quality Account against a checklist to ensure the format / content follows national guidance and also perform testing against indicators in the NHS outcome framework table (Clostridium Difficile and patient safety incidents).

9. There is a statutory requirement to share the Quality Account with the following; local Healthwatch, CCGs, Local Overview and Scrutiny Committee, who are offered 28 days to provide commentary.

10. These commentaries will be included in the final draft of the Quality Account presented to UHL's Trust Board in June.

Conclusions / recommendations

11. The Health and Wellbeing Board is invited to review the Quality Account and provide feedback by Monday 1st May 2017.

Appendix A

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

#hello my name is…

Julie Smith, Chief Nurse
Sharron Hotson, Director of Clinical Quality

2016/17 Quality Account

One team shared values

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

Background

- Eighth year we have been required to produce a Quality Account
- Look back on quality of services in 2016/17
- Balanced picture of successes and challenges
- Follows a prescribed format
- Externally audited

University Hospitals of Leicester NHS Trust

Caring at its best

Quality metrics 2016/17

- Patient safety incidents moderate harm or above: 114 year to date
- Serious incidents: 34 year to date
- Clostridium difficile: 55 year to date
- Avoidable MRSA: Zero year to date
- Avoidable pressure ulcers: 112 year to date
- Inpatient Friends and Family Test: 96% Feb 17
- A&E Friends and Family Test: 94% Feb 17

NHS
University Hospitals of Leicester
NHS Trust

Caring at its best

Challenges

- ED 4 hour wait
- Referral to treatment (RTT)
  - Continuing rise in referrals (8% increase = approximately 1,000 more new referrals per month)
  - Increase in emergency pressures and admissions resulting in high numbers of operations being cancelled in some specialities
- Cancer targets
  - Increasing demand; (approximately 6% in two week wait urgent cancer referrals on top of the previous year's 11%)

Appendix A

University Hospitals of Leicester NHS Trust

Caring at its best

Priorities for 2017/18

2017 – 18 Quality Commitment

	Clinical Effectiveness	Patient Safety	Patient Experience
Aim	Improve Patient Outcomes	Reduce Harm	Care and Compassion
	What are we trying to accomplish?		
KPI	To reduce avoidable deaths	To reduce harm caused by unwarranted clinical variation	To use patient feedback to drive improvements to services an care
	What will we do to achieve this? We will:		
2017 / 18 Priorities	• Focus interventions in conditions with a higher than expected mortality rate in order to reduce our SHMI	• Further roll-out track and trigger tools (e.g. sepsis care), to improve the management of deteriorating patients • Introduce safer use of high risk drugs (e.g. insulin) • implement processes to improve diagnostic results management	• Provide Individualised end of life care plans for patients in their last days of life (5 priorities of the Dying Person) • Improve the patient experience in our current outpatients service and begin work to transform outpatient models of care
	How will we know if we have done it?		
	SHMI ≤ 99	Reduce incidents that result in severe / moderate harm by further **9%**	>75% of patients in the last days of life have individualised EoLC plans

Organisation of care – we will:

- Align our bed capacity with expected demand (including by reducing delays through Red2Green, working more effectively to care for step down patients and increasing the medical bed base)
- Optimise processes in our new Emergency Department
- Work to separate emergency and elective work
- Transform the hospital pathway for frail complex patients
- Improve the efficiency of our operating theatres

University Hospitals of Leicester NHS Trust

Caring at its best

Next steps

- Refresh end of year data
- Feedback from stakeholders by 1st May 2017
- Trust Board to sign off Quality Account in public on 1st June 2017
- Quality Account uploaded to NHS Choices by 30th June 2017

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

Draft

Quality Account

2016/2017

Contents

1. Introduction from the Chief Executive

I am delighted to introduce to you our Quality Account and Quality Report for the University Hospitals of Leicester NHS Trust (Leicester's Hospitals) for 2016/17. Within an exceptionally challenging financial environment, we remain committed to focusing our resources and actions to providing safe services and the very highest of care for our patients and this report is an outline of our achievements and successes against our quality priorities over the past 12 months.

During 2016/17 our quality priorities were:

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

In June (20th - 23rd June 2016), the Care Quality Commission carried out a comprehensive inspection of our hospitals services. The aim of this inspection was to check whether our services are safe, caring, effective, well-led and responsive to people's needs.

The inspection team were extremely complementary about the staff they met, saying staff were universally welcoming, open and transparent. They were clearly very impressed by the compassion, professionalism and loyalty of everyone whom they encountered. I am pleased that despite the overall 'Requires Improvement' that the CQC has recognised our caring staff. The reports gave a clear message that we are going in the right direction, but have more to do.

Our focus on quality as the driving force will continue and strengthen through a reworking of our Strategic Objectives and Annual Priorities for 2017/18. An action plan has been being produced to cover the specific compliance actions in the report, but rather than create separate actions most of the improvements we need to make will be within our core improvement programmes.

Overall the CQC report shows that we have progressed or met our targets in the majority of areas however in a few areas we have not and these priorities will continue to be a focus for the coming year as part of our annual priorities and updated Quality Commitment.

During the year we have struggled with continuing operational pressures that have seen our hospitals in and out of critical incident status and bed escalation

for many months. We required a change in the way we delivered services if we were to deliver a safe and quality service that improves the experience of our patients whilst in hospital, at the level of efficiency which our commissioners and the general public demand of us. In December we introduced Red 2 Green which aims to change behaviour and identify where we can work better. We wanted to use this simple methodology to identify patients' needs, identify any problems that are blocking flow and discharge and improve the process of escalation. So far I can advise that this new process has had a positive impact.

This year as part of our Quality Commitment we have launched the country's first dedicated Emergency Department (adult) based Sepsis Team - we are leading the way in this area as no other NHS trust in the UK has a dedicated team for the recognition and management of sepsis for adults in an emergency. We have more to do and the work of this team will be spread across the Trust through 2017/18.

So despite financial challenges, constraints and the increases in patient numbers I have every confidence that during 2017/18 our continued hard work will pay further dividends and our patients, carers and visitors will see concrete improvements as we deliver more of our 5-Year Plan.

I hope 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

Electronic signature to be added prior to submission externally (31st March 2017)

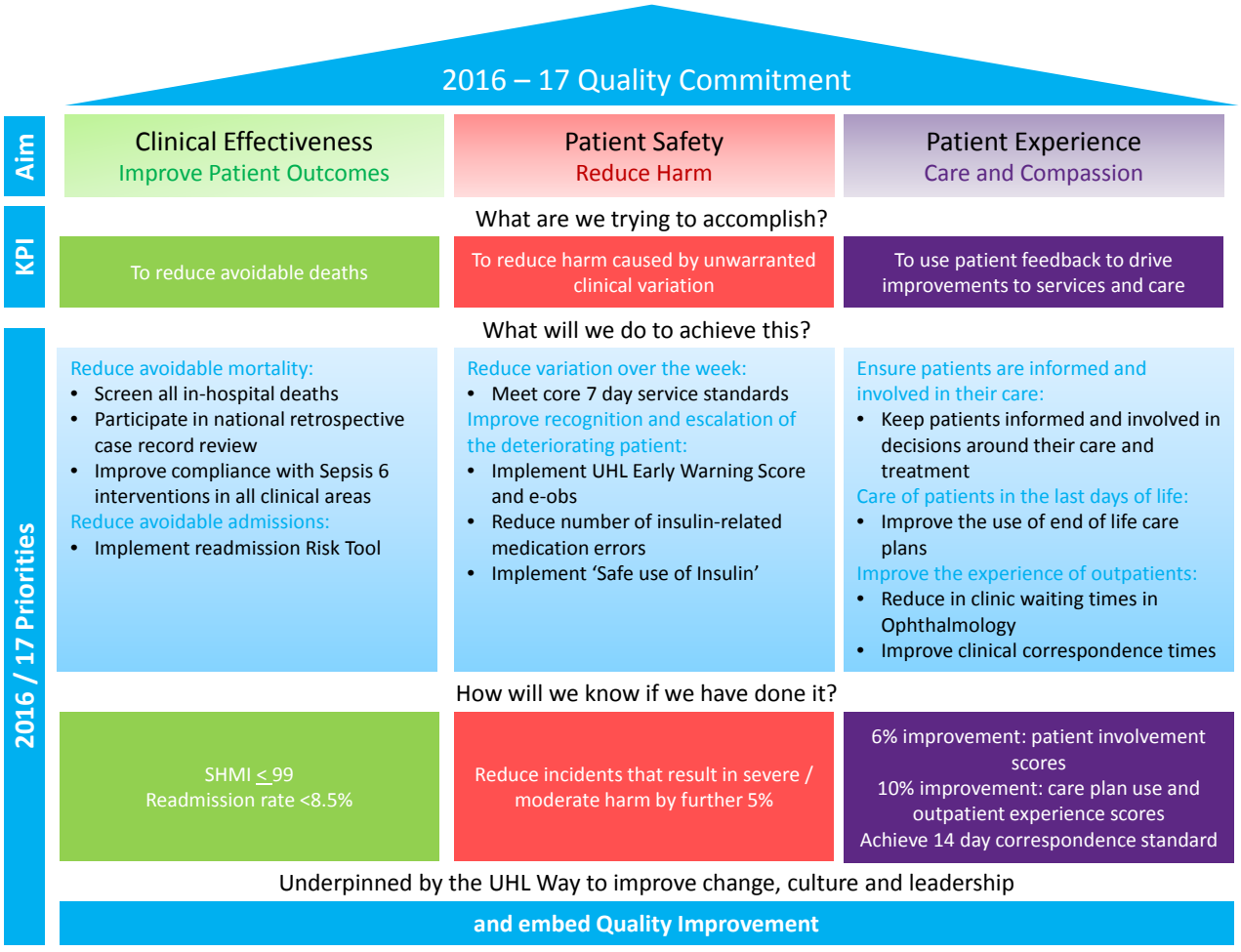
John Adler
Chief Executive

2. Review of quality performance in 2016/17

2.1 Our aims for 2016/17

Last year (2016/17) we set the following three priorities:

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



2.2 Review of last year's Quality Commitment priorities

We said we would:

Reduce avoidable deaths and reduce avoidable re-admissions

In 2016/17 we:

- Have focussed on the early recognition of sepsis and Acute Kidney Injury (AKI) through the implementation of the Sepsis Care Bundle and the AKI Bundle
- Embedded the screening of all in-hospital deaths by medical examiners. Over 800 patient records have been screened by the medical examiners (over 90% of adult deaths at the Royal Infirmary) with 20% of these being referred for further review by our speciality morbidity and mortality groups
- Have been an early adopter with our participation in the National Retrospective Case Review
- Supported daily use of PARR 30 (Patient's Risk of Re-admission within 30 days) incorporating discharge planning

Further improvements we need to make are:

- Extending the medical examiner process to the General Hospital and Glenfield
- Improving the collation of morbidity and mortality review findings
- Increasing the numbers of cases where death classification is confirmed
- Including PARR30 scores in our electronic patient information systems

Results:

- The latest published figure for Summary Hospital Mortality Index (SHMI) covers the period July 2015 to June 2016. Our SHMI is 101 which is above our Quality Commitment threshold but still within the national expected average
- For the period April 2016 to January 2017 our 30 day emergency re-admission rate was 8.5%, a reduction on the 2015/16 rate of 8.9%

We said we would:

Reduce harm caused by unwarranted clinical variation

In 2016/17 we:

- Have improved compliance with the four core 7 day service standards
- Further rollout of Early Warning Scores (EWS) and e-observations
- Implemented the Safe Use of Insulin Strategy

Further improvements we need to make are:

- Ensuring Cardiology & Respiratory emergency admissions are seen and thoroughly assessed as soon as possible but at the latest within 14 hours from the time of arrival at hospital
- Moving away from manual reporting of EWS and pilot daily electronic reporting within one clinical area
- Developing trigger and track 'clinical rules' to improve the identification of sepsis and AKI
- Increasing the number of medical staff who have completed the 'Six Steps' insulin training
- Implementing the Point of Contact system for monitoring blood glucose levels

Results:

- **At the end of December 2016 we were on track to meet our Quality Commitment target of a 5% reduction in harm by March 2017**

We said we would:

To use patient feedback to drive improvements to services and care

In 2016/17 we:

- Have improved the use of individualised care plans in keeping with the '5 priorities for care'
- Kept patients informed and involved in their care
- Reduced the 'in clinic' waiting times in Ophthalmology
- Improved clinical correspondence turnaround times

Further improvements we need to make are:

- Evaluating the role of End Of Life Facilitators in providing extra support to wards caring for the dying person
- Showing an improvement in patients feeling involved and informed in their care
- Increasing the number of patients seen within 30 minutes of their appointment time, within Ophthalmology from 23.6%
- Ensuring patients receive correspondence within 14 days of their consultation

Results:

- **At the end of December 2016 we were on track to achieve a 6% improvement in patient involvement scores**
- **Met the quarter 3 Quality Commitment target for the 14 day standard for correspondence**
- **Failed to meet the target set for reducing the number of patients wait more than 30 minutes to be seen in Ophthalmology**

2.3 Patient Safety Improvement Plan

‘Sign up to Safety’ campaign

In September 2014 Leicester’s Hospitals signed up to the national 'Sign Up to Safety' campaign. The campaign aims to halve avoidable harm and save an additional 6,000 lives over 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 2015 we were allocated £1,581,587 (one of the largest successful bids in England) from the National Health Service Litigation Authority (NHSLA) to support the delivery of our safety improvement plan.

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

In 2016/17, as part of the ‘Sign up to Safety’ campaign we have:

- Introduced electronic observations for both adults and paediatrics across all three hospitals, through the implementation of Nervecentre
- Provided structured feedback to ward clinicians for all emergency patients admitted to the Royal Infirmary Intensive Care Unit with sepsis. These sessions provide the space for continual learning from peers
- Embedded a sepsis training module into our statutory resuscitation training
- Placed Sepsis Black Boxes in all of our resuscitation trolleys
- Introduced a Red Flag Sepsis Pathway to ensure patients receive the treatment they need within 1 hour

- Developed a Patient Safety Portal to help staff adopt best practice, share information and lessons learnt from incidents and complaints and work with other departments to improve patient safety and reduce avoidable harm

- Developed a partnership with Kettering hospital to implement the Red Flag Sepsis Pathway, Sepsis Black Boxes and training

- Created an obstetric video training package to share best practice and improve patient safety

- Created human factors e-learning modules for staff undertaking investigations and all healthcare staff

Duty of Candour

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

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

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

- Developed a short training video available on the hospital's intranet

- Updated our Duty of Candour (Being Open) Policy, with templates and flowcharts

- Held face to face training and briefing sessions for all staff groups

- Created posters and mouse mats displaying key messages for staff

- Adapted our incident management system so that when incidents are reported, a mandatory 'Duty of Candour' prompt encourages staff to record the relevant information and take the appropriate action

2.4 National Patient Safety Alert compliance

The National Patient Safety Alerting System (NPSAS) is a system for highlighting patient safety risks in NHS organisations and monitoring the implementation of actions to reduce these risks.

NHS trusts who fail to comply with the actions contained within patient safety alerts (PSAs) are reported in monthly data produced by NHS Improvement and published on the NHS Improvement website. Compliance rates are monitored by Clinical Commissioning Groups (CCGs). Failure to comply with the actions in a PSA results in a red status report on the NHS Choices website and the overdue alerts remain open.

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

Within Leicester's Hospitals there is a robust accountability structure to manage PSAs. Heads of Nursing 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 is 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 2016/17 (data up to and including 20/03/17) we have received 10 alerts and no breaches of due dates.

Table 1: National Patient Safety Alerts received during 2016/17

Title	Due date	Closed date
NHS/PSA/RE/2016/003 - Patient safety incident reporting and responding to Patient Safety Alerts	3 June 2016	1 June 2016
NHS/PSA/W/2016/004 - Risk of death and serious harm from failure to recognise acute coronary syndromes in Kawasaki disease patients	22 June 2016	22 June 2016
NHS/PSA/RE/2016/005 - Resources to support safer care of the deteriorating patient (adults and children)	31 January 2017	20th January 2017
NHS/PSA/RE/2016/006 - Nasogastric tube misplacement: continuing risk of death and severe harm	21 April 2017	Remains open
NHS/PSA/RE/2016/007 - Resources to support the care of patients with acute kidney injury	17 February 2017	3rd February 2017
NHS/PSA/D/2016/008 - Restricted use of open systems for injectable medication	7 June 2017	Remains open
NHS/PSA/D/2016/009 - Reducing the risk of oxygen tubing being connected to air flowmeters	4 July 2017	Remains open
NHS/PSA/W/2016/010 - Risk of death and severe harm from error with injectable phenytoin	21 December 2016	21 December 2016
NHS/PSA/W/2016/011 - Risk of severe harm and death due to withdrawing insulin from pen devices	11 January 2017	10 January 2017
NHS/PSA/W/2017/001 – Resources to support safer care for full term babies	23rd August 2017	Remains open

2.5 Never Events 2016/17

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

In 2016/17 four incidents were reported which met the definition of a Never Event. Thorough root cause analysis (RCA) is undertaken for Never Events and robust action plans are developed to prevent a similar occurrence.

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

Never Event type	Description of incident and level of harm	Primary root cause	Key recommendations to prevent recurrence
Mis - selection of a strong potassium containing solution July 2015	Patient intravenously received a strong potassium solution rather than an intended different medication **Major patient harm**	Routine non-compliance with the IV administration policy, due to the absence of a workable local IV administration policy.	Medication Safety Lead to continue to share learning from this investigation nationally, to influence guidance and the appearance of the national supply of concentrated potassium ampoules. Consider moving to pre-filled potassium syringes, by analysing the business plan formulated during this investigation. Consider removing stock of 30mls syringes. Develop a standard operating policy (SOP) for IV administration on ITUs.
Retained Swab November 2016	Unintended swab left in situ following procedure in maternity **Minor Patient Harm**	Failure to follow Trust policies and procedures	Management of swabs, instruments, needles & accountable items' and 'Perineal or Genital Trauma following Childbirth – Identification and Repair' Policies to be sent out to all clinical staff within Obstetrics Spot check of compliance with current practice Individualised training programme for key individuals. Introduction of teaching sessions for Specialist trainees to include: 1. Counting

Never Event type	Description of incident and level of harm	Primary root cause	Key recommendations to prevent recurrence
			2. Scrubbing and donning gown and gloves correctly 3. Documentation Formation of a 'task and finish group' to: • Assess feedback regarding change to the use of large gauze swabs • Risk assess the re-introduction of tampons • Evaluate the use of short training videos on theatre etiquette and safety
Wrong site surgery January 2017	Extraction of incorrect tooth **Minor Patient Harm**	RCA still in progress	RCA still in progress
Wrong site surgery February 2017	Extraction of incorrect tooth **Minor Patient Harm**	RCA still in progress	RCA still in progress

2.6 NHS Outcome Framework Indicators

NHS Outcomes Framework domain	Indicator	2015/16	2016/17	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely	SHMI value and banding	99 Apr15-Mar16 Band 2	101 Jul15-Jun16 Band 2	100 Jul15-Jun16 Band 2	117 Jul15-Jun16 Band 1	69 Jul15-Jun16 Band 3
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator).	21.9% Apr15-Mar16	21.8% Jul15-Jun16	29.2% Jul15-Jun16	54.8% Jul15-Jun16	0.6% Jul15-Jun16
Helping people to recover from episodes of ill health or following injury	Patient reported outcome scores for groin hernia surgery	0.084 (150 records) EQ5D Index Apr15 – Mar16	0.110 (64 records) EQ5D Index Apr16 – Sep16	0.089 EQ5D Index Apr16 – Sep16	0.161 EQ5D Index Apr16 – Sep16	0.016 EQ5D Index Apr16 – Sep16
	Patient reported outcome scores for hip replacement surgery (Hip replacement Primary)	0.435 (492 records) EQ5D Index Apr15 – Mar16	0.466 (89 records) EQ5D Index Apr16 – Sep16	0.449 EQ5D Index Apr16 – Sep16	0.525 EQ5D Index Apr16 – Sep16	0.330 EQ5D Index Apr16 – Sep16
	Patient reported outcome scores for knee replacement surgery (Knee replacement Primary)	0.319 (652 records) EQ5D Index Apr15 – Mar16	0.326 (86 records) EQ5D Index Apr16 – Sep1	0.337 EQ5D Index Apr16 – Sep16	0.430 EQ5D Index Apr16 – Sep16	0.260 EQ5D Index Apr16 – Sep16
	Patient reported outcome scores for varicose vein surgery.	(no records) EQ5D Index Apr15 – Mar16	No Score (7 records) EQ5D Index Apr16 – Sep16	0.099 EQ5D Index Apr16 – Sep16	0.152 EQ5D Index Apr16 – Sep16	0.016 EQ5D Index Apr16 – Sep16
	% of patients <16 years old readmitted to hospital within 28 days of discharge	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below
	% of patients <16 years old readmitted to hospital within 30 days of discharge*	8.3% Apr15-Mar16 Source: CHKS Acute Trusts	8.3% Apr16-Dec16 Source: CHKS Acute Trusts	NHS digital data not available	NHS digital data not available	NHS digital data not available
Ensuring that people have a positive experience of care	% of patients 16+ years old readmitted to hospital within 28 days of discharge	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below	NHS digital data not available see alternative indicator below
	% of patients 16+ years old readmitted to hospital within 30 days of discharge*	9.3% Apr15-Mar16 Source: CHKS	8.8% Apr16-Dec16 Source: CHKS	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Responsiveness to inpatients' personal needs (Patient experience of hospital care)	69.6 Hospital stay: 01/07/2015 to 31/07/2015; Survey collected 01/08/2015 to 31/01/2016 Aug 2016 Publication	Results due Aug 2017	Results due Aug 2017	Results due Aug 2017	Results due Aug 2017

NHS Outcomes Framework domain	Indicator	2015/16	2016/17	National Average	Highest Score Achieved	Lowest Score Achieved
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of staff who would recommend the provider to friends or family needing care	64% Source: National NHS Staff Survey	65% Source: National NHS Staff Survey	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of admitted patients risk-assessed for Venous Thromboembolism	95.9% Apr15-Mar16 Source: UHL	95.9% Q3 2016-17 (October to December 2016) Source: NHS England	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Rate of C. difficile per 100,000 bed days	11.7 Apr15-Mar16 Source: UHL data	10.6 Apr16 - Jan17 Source: UHL data	National data not published	National data not published	National data not published
	Rate of patient safety incidents per 1000 admissions	41.5 Oct15-Mar16	38.6 Apr16 – Dec16 Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patient safety incidents reported that resulted in severe harm	0.07% Oct15-Mar16	0.18% Apr16 – Dec16 Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available

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

Where NHS Digital data as at 22/03/17 is unavailable, alternative data sources (specified) have been used

Preventing people from dying prematurely

Summary Hospital Level Mortality Indicator (SHMI)

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

For the period July 2015 to June 2016, Leicester's Hospitals SHMI was 101. This is above the national average of 100, but is still within expected average.

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

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

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

- The continued implementation of our Quality Commitment
- The continued implementation of the Pneumonia Care Bundle
- Earlier recognition of sepsis and acute kidney injury
- Increased cardiology input at the Royal Infirmary
- Improving pathway for patients admitted with gastro-intestinal haemorrhage

As part of our mortality monitoring and investigations, we will continue to make use of our medical examiners. Since July 2016 our medical examiners have reviewed over 800 patient records (over 90% of all adult deaths at the Royal Infirmary). 20% of these records have been referred for a more detailed review by speciality clinical teams to ensure the appropriate learning and actions.

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

Patient reported outcome scores

Patient reported outcome measure (PROM) is a series of questions that patients are asked in order to gauge their views on their own health. 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 NHS Trust considers 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.

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

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

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

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

The data describing the percentage of patients readmitted to hospital within 30 days of discharge 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 NHS Trust considers that this data is as described for the following reasons:

We have seen our emergency readmissions rise for a number of years which is why we decided to include it in our Quality Commitment. We have seen an improvement in performance as a result of close working with our partners in the Leicestershire Partnership Trust, Councils and CCGs and focus from the discharge and our site management teams.

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

- The introduction of a "stranded patient" dragons' den; a weekly meeting where wards discuss their three patients with the longest length of stay and highest readmission risks with Red2Green leads. This ensures these patients have appropriate support post-discharge

- Make the PARR30 score visible on the NerveCentre patient information system

- Continue to take a case management approach to patients with a high PARR30 score. This has already provided valuable insight into individual patients by visiting them in their home environment to look at factors that might be impacting on their high readmission rate

Ensuring people have a positive experience of care

Responsiveness to inpatients personal needs

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

- Were you involved as much as you wanted to be in decisions about your care and treatment?

- Did you find someone on the hospital staff to talk to about your worries and fears?

- Were you given enough privacy when discussing your condition or treatment?

- Did a member of staff tell you about medication side effects to watch for when you went home?

- Did hospital staff tell you who to contact if you were worried about your condition after you left hospital?

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

Date for 2016/17 is due to be published in August 2017.

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

- Continue to focus on the elements of care that matter most to patients

- Encourage clinical areas to review patient feedback and act upon the findings

- Display any changes that we make in response to patient feedback to improve the services we offer on the “You said we did” boards on our wards

- Continue to offer patients, carers and family members the opportunity to give their feedback on the care that they receive and act upon this feedback

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

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

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

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

- The survey conducted on behalf of the Care Quality Commission is sent to a random sample of Leicester’s Hospitals staff with the results analysed by an independent contractor and the results published nationally

- Our 2016/17 performance is based on the 2016 staff survey results, This information is presented to Leicester's hospitals Trust Board

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

- The continued implementation of the 'UHL Way'
- Through our Quality Commitment

Venous thromboembolism (VTE)

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

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

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

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

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

Clostridium Difficile (CDiff)

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

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

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

- A weekly data set of alert organism surveillance is produced by the Infection Prevention Team within Leicester's Hospital and disseminated widely throughout the organisation

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

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

Patient safety incidents

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

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

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

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

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

- The number of patient safety incidents reported within Leicester's Hospitals this year remains similar compared with the same period of the previous year. The percentage of incidents reported as resulting in severe harm or death data can be found within the NHS Outcomes framework data table. Our top three reported incidents are pressure sores, slips / trips / falls and staffing levels

- Leicester's Hospitals actively encourage a culture of open reporting and widespread sharing and learning from incidents to improve patient safety. The safety of our patients is our principal concern and we are relentless in our focus on reducing avoidable harm. We will be open and transparent about our safety work, our incidents and our actions for improvement. We will strive to make the care in our hospitals harm free

2.7 Performance against national standards

Indicators

ED 4 hour wait

Performance Indicator	Target	2016/17 YTD	2015/16	2014/15	2013/14	2012/13
A&E - Total Time in A&E (4hr wait)	95%	**79.2% (Apr-Feb)**	**86.9%**	**89.1%**	**88.4%**	**91.9%**

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

There have been significant challenges all year with providing timely care at the Leicester Hospital's emergency department (ED)

Leicester's Hospitals have not met the target to treat and discharge a minimum of 95% of patients within four hours, with attendances increasing by 5% (30 additional attendances a day) and all emergency admissions rising by less than 1%.

The high number of patients in the department at any one time has inevitably had an effect on the quality of care provided for patients 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 plan to deliver improvements ahead of the new ED floor opening in 2017/18 is being monitored at the A&E delivery board which is chaired by our chief executive.

The new Emergency Floor due to open in April 2017 will give the Emergency Department the space it needs and enhance patient and staff experience. There is a clear transition plan for Emergency Department services to move into the new space.

During 2016/17 the Urgent Care Centre continued to play a key role in supporting emergency care by utilising GPs to see patients at the start of their care. This coupled with a GP assessment unit which supports patients referred in directly from GPs has helped to reduce the growth in the number of patients requiring admissions to Leicester's Hospitals.

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

MRSA

Performance Indicator	Target	2016/17 YTD	2015/16	2014/15	2013/14	2012/13
MRSA (All)	0	2 (Apr-Feb)	1	6	3	2
MRSA (Avoidable)	0	0 (Apr-Feb)	0	1	1	2

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

For the year 2016/17 we have seen 2 patients with an MRSA bacteraemia against a national target of zero which is a significant achievement for a hospital

of this size. Although reported by Leicester's Hospitals they were attributable to a third party. A formal process to further review these 2 cases is being led by Public Health England.

Referral to treatment (RTT)

Performance Indicator	Target	2016/17 YTD	2015/16	2014/15	2013/14	2012/13
RTT - incomplete 92% in 18 weeks	92%	**91.2% (Apr-Feb)**	**92.6%**	**96.7%**	**92.1%**	**92.6%**

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

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

2016/17 has been a difficult year for the Leicester's Hospitals in terms of maintaining this elective target, the RTT incompletes standard.

Compliance with the standard was maintained from April to August and during November 2016.

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

- A continuing rise in referrals (8% increase, this equates to approximately 1,000 more new referrals per month)
- An increase in emergency pressures and admissions resulting in high numbers of operations being cancelled in some specialities

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

We continue to have capacity constraints within some key services, notably adult and paediatric ear nose and throat and ophthalmology. These are being addressed by additional resource, in particular further investment in clinical staff.

In 2016 the discovery of poor waiting list practices in some areas of ophthalmology has resulted in a thorough review of waiting list management across the Trust, this is being supported by our external auditors KPMG.

The findings and recommendations of this review will result in a comprehensive Trust wide plan. Meanwhile ongoing efforts are being made to raise the profile of the importance of good waiting list management across our hospitals, with the e-learning module for RTT along-side face-to-face training sessions being provided to all relevant staff across all three hospital sites.

Diagnostics

Performance Indicator	Target	2016/17 YTD	2015/16	2014/15	2013/14	2012/13
Diagnostic Test Waiting Times	1.0%	**0.9% (Apr-Feb)**	**1.1%**	**0.9%**	**1.9%**	**0.5%**

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

Leicester's Hospitals maintained good performance against the diagnostics tests waiting time standard of no more than 1% of patients waiting for a diagnostic test longer than six weeks, during 2016/17 with the exception of two months.

The two months of failure have been associated with two unforeseen episodes in imaging / radiology, where five machines (CT and MRI) were out of action over a period of three days due to an electrical storm. This was followed the following month by serious disruption to the departments following the implementation of a regional IT system. The service continues to need to run additional sessions and has recruited a significant number of additional consultant radiologists in 2016 to meet the ever rising demand.

Cancer targets

Performance Indicator	Target	2016/17 YTD	2015/16	2014/15	2013/14	2012/13
Cancer: 2 week wait from referral to date first seen - all cancers	93%	93.0% (Apr-Jan)	90.5%	92.2%	94.8%	93.4%
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	94.1% (Apr-Jan)	95.1%	94.1%	94.0%	94.5%
All Cancers: 31-day wait from diagnosis to first treatment	96%	93.5% (Apr-Jan)	94.8%	94.6%	98.1%	97.4%
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	99.6% (Apr-Jan)	99.7%	99.4%	100.0%	100%
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	84.9% (Apr-Jan)	85.3%	89.0%	96.0%	95.8%
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	92.5% (Apr-Jan)	94.9%	96.1%	98.2%	98.5%
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	77.4% (Apr-Jan)	77.5%	81.4%	86.7%	83.5%
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	88.8% (Apr-Jan)	89.1%	84.5%	95.6%	94.5%

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

As in the previous year, Leicester's Hospitals have struggled with cancer performance during 2016/17 and this area remains one of our highest priorities.

One of the reasons behind this failure to meet key standards is increasing demand; (approximately 6% in two week wait urgent cancer referrals on top of the previous year's 11%). This in turn has increased the number of patients requiring diagnostics and treatment for cancer.

The hospital has an agreed cancer recovery plan with the local CCGs which has resulted in some clear signs of improvement.

The 'Next steps' for cancer patients (which ensures all patients who are on a suspected cancer pathway know what their next step is and they receive the date for that within an agreed timeframe) is being extended to cover all cancer tumour sites. We are starting to see that this has significant benefits for patients primarily but also for our hospitals.

2.8 The 'UHL Way'

The 'UHL Way' is a way of building better teams, improving the things we really care about in a planned and systematic way.

The 'UHL Way' builds on the success of Listening into Action as a way of building better teams.

Better engagement

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. LiA is part of the 'UHL Way' under the Better Engagement strand.

As part of Better Engagement we launched an informal staff recognition scheme to ensure that staff feel recognised and valued for what they do. In the first two months over 200 cards and pin badges were sent out to members that wanted to recognise their hard work and dedication.

Better Change

Better change has been adopted as the 'UHL Way' of managing change projects across Leicester's hospitals. Teams that have that utilised the Better Change Methodology are:

- The Emergency Floor Transformation Programme
- The Next Steps for Cancer patients
- Vascular Services
- Time: Heart, Pacing and Rhythm Team
- The Safer Bundle of Care
- 7 Day Services

Better Teams

Better team working is important to Leicester's Hospitals, as the relationship staff have with their team can make a real difference to their experience at work and patient experience.

Taking part in the Better Teams Programme, gives our staff the opportunity to develop strong team working.

Pulse Check

In addition to the national staff survey, we undertake a more frequent Pulse Check of how staff are feeling, what behaviours they are displaying and how engaged they are. Every quarter, 25% of staff are surveyed using the Pulse Check.

2.9 Staff survey results

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

Every organisation that participated in the 2016 Staff Survey receives a report that provides organisation level results with data covering 32 areas known as 'Key Findings'

In 2016 23% of Leicester's Hospitals staff reported that they had experienced harassment, bullying or abuse from staff in the last 12 months (compared to 24.1% nationally). This compares with a score of 28% in 2015.

In 2016 84% of staff reported that they believed that Leicester's Hospitals provides equal opportunities for career progression or promotion (compared to 85.4% nationally). This compares with a score of 93% in 2015.

2.10 Freedom to Speak Up Guardian

In line with national requirement we have appointed a freedom to speak up guardian who took up post in February 2017.

2.11 How we keep everyone informed

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 YouTube, which are used to quickly and effectively share information, images and advice. The team respond quickly to issues/ concerns raised by members of the public through these forums. They also respond to comments posted on NHS Choices and Patient Opinion about our services.

Our public website (www.leicestershospitals.nhs.uk) 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.

2.12 Patient and public perspective

Patient partners

Within Leicester's Hospitals the patient voice is represented through our Patient Partners who are attached to the Clinical Management Groups. There are

currently 13 people fulfilling this role which provides a valuable independent and lay perspective on the work within the hospitals. It is anticipated a further eight people will be appointed by April, 2017.

Patient Partners are members of the public who work closely with patients and staff giving advice and feedback on a wide range of issues from changes to service and advising on new developments to examining performance figures and trends and facilitating patient focus events. Patient Partners also sit on key strategic committees, relating to finance, performance, research, safeguarding and the reconfiguration of services.

“Patient and public involvement now has a higher profile in Leicester’s Hospitals than ever before and Patient Partners have an important part to play. Significant progress has been made in relation to embedding the role although there is still work to be done in ensuring it is fully effective across all Clinical Management Groups”, said Martin Caple, chairman of the Patient Partner Group.

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

“Also, following a Leicester’s Hospital’s Trust Board Thinking Day in August 2016, attended by all local patient groups including Patient Partners, initiatives are commencing which hopefully will mean a greater sharing of information and concerns by those groups in future”.

“From a Patient Partner point of view our main concerns in the past year have been centred around the pressures and well publicised difficulties in the Emergency Department, an issue that is replicated throughout the country. We appreciate there are no easy answers to these problems but are hopeful that the new state of the art building for the Emergency Department, with enhanced facilities and systems, and to be opened shortly, will improve the situation”.

“Our other main concerns relate to cancelled operations, discharge planning, some cancer performance targets not being met, signage and way finding needing improvement and delays in outpatient clinics. The future of the Childrens Heart Hospital is of course of great concern to everyone locally and it is hoped that a successful outcome can be achieved urgently so this vital facility remains at Glenfield.”

“There have been some significant improvements in the past year. The new multi-storey car park at the Royal Infirmary has been a great success, alleviating the

long queues and stress for visitors, also, since the contract for catering, cleaning and portering has returned in-house there are encouraging signs of improvement there".

"As Patient Partners we see at first hand many positive and encouraging initiatives to address issues of concern and improve services. In particular we see a hard- working and committed workforce, ably led, who are dedicated to providing high quality patient care; a key point highlighted by the Care Quality Commission following their visit in 2016".

Trust Board engagement

There are a number of ways in which the Trust Board seeks the wider involvement of patients and the public. A quarterly Engagement Forum meeting is chaired by Leicester's Hospitals chairman and attended by the Chief Executive and other Directors. This is an open public forum which considers matters of both topical interest and strategic importance. Invitations are sent to the Trust's public membership Patient Partners put forward an agenda item for each meeting and invite senior staff to the forum to address any concerns. Naturally, the Trust Board holds the bulk of its monthly meetings in public and takes questions from public observers at the end of the public session.

Member engagement

Leicester's Hospitals manages a public membership of over 16,000 people drawn from Leicester, Leicestershire and Rutland. Analysis shows a close demographic match, in terms of ethnicity, to our local population. Members are regularly invited to participate in events, focus groups and surveys. We also ask that our hospital volunteers become members of the hospital. This has helped to attract younger people to our membership and encourages volunteers to feel part of the hospital and to be given opportunities to contribute and participate as members. Members also receive the hospitals bi-monthly magazine "Together".

Every month, the hospital holds a "Leicester's Marvellous Medicine" talk. This provides an opportunity for members to meet some of our medical consultants and engage with them about the services we provide. Each talk concludes with a question and answer session.

We also periodically send out surveys to our members. These may relate to membership itself or support services in the trust to gain a public perspective on their work. In addition to surveys generated by Leicester's Hospitals, we also

send out occasional surveys and invitations on behalf of our partner organisations.

ePartners

In November 2016 the Trust established an ePartner programme in which members of the public sign up to receive surveys online and comment on service developments and patient literature etc. We already have 234 ePartners and hope to increase this number over 2017.

Patient and public involvement (PPI) Strategy

The Trust's Commitment to PPI was strengthened recently through the approval of a new PPI Strategy. The Strategy secured further staff resource to manage the PPI agenda and advocates an expansion of the Patient Partner model and a greater emphasis on community engagement. Progress on the implementation of the strategy is reported to Trust Board on a quarterly basis.

PPI in our Clinical Management Groups (CMGs)

The hospitals services are organised in to Clinical Management Groups (CMGs). As noted above, each of our Patient Partners is attached to a CMG. Most sit on the Boards of their CMGs as well as getting involved in a wide range of activity across the services.

There are also some service specific Patient and Public Involvement groups across the hospitals. For example, some of our Biomedical Research Units have dedicated PPI groups (e.g. Cardiovascular and Respiratory) and two years ago our Cancer Centre established a user group to inform the development of cancer services.

Patient and Public Involvement within the CMGs is monitored through the Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC). The committee meets monthly and is chaired by our deputy chief nurse. It reports quarterly to the Executive Quality Board.

Engagement with Equality Groups

For over ten years the hospital has convened a quarterly meeting to support its engagement with diverse communities. The Equality Advisory Group includes among its members representatives from faith and minority ethnic communities

and from voluntary sector disability groups. The group is managed by the hospital's service equality manager and chaired by the head of chaplaincy

HealthWatch

The hospital has good links with local HealthWatch organisations and a HealthWatch representative sits on all of our Trust Board meetings. Our chief executive meets every three months with HealthWatch representatives to discuss issues that have emerged through their engagement with local communities. These meetings are also attended by the hospital's director of marketing and communications.

A Leicestershire wide review of hospital discharges, commissioned by Healthwatch Leicestershire was published in March 2017. Leicester's Hospitals will be developing an action plan to tackle this important issue.

2.13 What do our patients tell us

Leicester's Hospitals welcomes feedback from patients and/or carers or relatives that have experienced our services. Feedback that is received, both negative and positive is acted upon and 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
- Carers survey
- Patient Stories
- NHS Choices / Patient Opinion
- Compliments and complaints provided to the Patient Information and Liaison Service (PILS)
- Online through the hospital website

Friends and Family Test

The Friends and Family Test question "How likely are you to recommend our ward to friends and family if they needed similar care or treatment?", is a nationally set question that is offered to all patients, carers and relatives in all

NHS hospitals. The question is followed by an opportunity for the person to comment as to why they have given the answer that they have. The feedback that is received allows for improvements to be made and measured regarding the experience of care in our hospitals.

During 2015/16, and 2016/17 (to December 2016) Leicester's Hospitals consistently achieved on a monthly basis, 96% of respondents or above who would recommend our ward to friends and family if they needed similar care or treatment. Less than 1% of respondents would not recommend Leicester's Hospitals.

For the last two years the Friends and Family Test has shown that a majority of our patients would recommend Leicester's Hospitals services.

NHS England guidance is that the Friends and Family Test should be available to every patient, allowing them to give their feedback. At Leicester's Hospitals paper versions of the Friends and Family Test is offered in all inpatient and day case areas in the three most popular non-English languages, Polish, Gujarati and Punjabi, any feedback received is translated into English to allow the area to respond.

In the Outpatient areas and the main receptions of the three hospital sites, electronic surveys are used, these devices also allow patients, carers and relatives whose first language is not English the opportunity to give their feedback in one of the three most popular languages.

For patients, carers or relatives with learning disabilities, language or literacy issues, dementia or who are deaf, blind or partially sighted, there is the option of an easy read version of the survey. For children there is a childrens survey, known as rocket feedback.

The electronic devices include the childrens version of the survey where appropriate and in all areas there is the opportunity for the patient to use the easy read version and to make the font bigger for the partially sighted patients.

Patient Information and Liaison Service (PILS)

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

The service is responsible for coordinating the process and managing the responses once the investigations and updates are received from relevant services or individuals. They are contactable by a free phone telephone number, email, website, in writing or in person.

PILS activity (formal complaints, verbal complaints, requests for information and concerns) by financial year - April 2010 to February 2017

	2010 / 2011	2011 / 2012	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016 / 2017 (to end Feb 2017)
Formal complaints	1531	1723	1513	2030	2110	1553	1307
Verbal complaints	1289	1152	1054	1391	975	1445	1017
Requests for Information	356	434	292	203	234	433	294
Concern (excludes CCG & GP)	0	66	341	343	472	703	1198
Totals:	3176	3375	3200	3967	3791	4134	3816
Percentage change against previous year		6% increase	5 % decrease	24% increase	4% decrease	9% increase	*

*2016/2017 % increase/ decrease unavailable at time of production.

Learning from complaints

Complaints are a vital source of information about the views of our patients, families and carers about the quality of our services and standards of our care. Leicester's Hospitals Patient Information and Liaison service (PILS) administer all formal complaints, concerns, and other provider concerns to include General Practitioner (GP) concerns received from the CCGs.

From April 2016 to February 2017 we received **1,307** formal complaints, **1,198** concerns, and **537** CCG / GP complaints/concerns.

Leicester's Hospitals has achieved good performance in responding to 10, 25 and 45 day formal complaints. We have achieved 87%, 91% and 80% respectively. We are keen to listen, learn and improve using feedback from the public, HealthWatch, feedback from our local GPs and also from national reports published by the Local Government and Parliamentary Health Service Ombudsman.

Most frequent complaints themes are waiting times, medical care and appointment issues. We have continued to work jointly with the CCGs on theming the GP concerns and the most frequent themes have been the management of anticoagulation therapy and incorrect discharge information.

Reopened complaints

Number of formal complaints received and number of those reopened by financial quarter - 2016/17

	Formal complaints received	Formal complaints reopened	% resolved at first response
16/17 Q1	316	36	89%
16/17 Q2	373	28	92%
16/17 Q3	385	30	92%
16/17 Q4	233	5	98%
Totals:	**1307**	**99**	**92%**

Data correct to end of February 2017

Examples of learning from complaints and responding to patient feedback

During 2015/16 a theme of complaints regarding outpatients and in particular ophthalmology services emerged. The complaints related to delay in receiving an appointment, cancelled appointments, waiting times and failure to provide follow up appointments. When this information was triangulated with patient safety incident data this highlighted an issue with overbooking of ophthalmology clinics to meet demand and not routinely rebooking patients when cancelled which was impacting on the services ability to provide safe, high quality care.

In response to this, during 2016/17 UHL have undertaken the following actions:

- A thorough review of the outpatient administration and management of the Ophthalmology department by the deputy head of performance
- An academically-led Hierarchical Task Analysis (HTA) of the service
- Wider organisational; a review of all potentially impacted specialties
- External Audit, review of waiting list governance process and information systems and reports

Further patient feedback told us that patients were telling us that they could not easily find the ophthalmology clinic and that there were never enough chairs to be able to sit down as it was a very busy clinic. As a result, there has been a quality improvement project that has resulted in improved signage to signpost to the clinics, improved signage within the clinics and whole refurbishment of the areas to include new chairs. This has had a very positive effect on the clinic environment for patients.

Example of the actions we have taken in response to patient complaints

Reason for complaint	Action taken
Poor staff attitude of staff and failure to be flexible in approach to support a phobia	Patient given single point of contact for every clinic visit. To attend a specific clinic room at one site each time she visits to allow structure and emotional preparation for phobia.
Lack of communication and information regarding forthcoming surgery	Review and revision of patient information booklet related to that procedure.

Improving complaint handling

Throughout 2016/17 Leicester's Hospitals have continued to participate in the Independent Complaints Review Panel process. 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 both within the PILS and to the Clinical Management Groups.

Actions for 2016/17 to further improve complaints engagement and learning were:

- GP engagement event – we have worked collaboratively with the CCGs to review the themes of the GP concerns and use this information to prioritise larger scale safety improvement projects within Leicester's Hospitals. Improving the discharge of the patient on warfarin therapy is an example of this collective work

- Two community based Patient Information and Liaison (PILS) clinics – we have been working closely with Healthwatch and endeavour to arrange an initial clinic or be part of a public engagement event during 2017

- Collaboration with the University of Leicester with work on the quality of apology in our complaints response letters – this has been completed and involved a review of the existing literature on apologies and analysing a sample of our written and verbal apologies. Results from this will be used to develop training and other supportive material to support staff in providing good quality apologies both written and face to face

We continue to strive to improve our complaints process and handling of cases. Actions for 2017/18 are:-

- To undertake a new complaints satisfaction survey using new approaches

- To coach and further develop the skills of the Patient Information and Liaison Service team to improve the quality of call handling and drafting of responses using plain English

- To develop further training for staff to enable them to manage and resolve concerns locally and earlier

Parliamentary Health Service Ombudsman

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

Parliamentary Health Service Ombudsman complaints - April 2014 to February 2017

	2014/15	2015/16	2016/17	Total
Enquiry only - no investigation	3	4	4	**11**
Investigated - not upheld	6	10	9	**25**
Investigated - fully upheld	0	0	0	**0**
Investigated - partially upheld	7	4	1	**12**
Complaint withdrawn	0	0	1	**1**
No decision made yet	0	0	4	**4**
Total	**16**	**18**	**19**	**53**

The theme from the upheld case this year was a failure to provide accurate discharge information to a community health care provider.

3. Our Plans for the Future

3.1 Quality Commitment 2017/18

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

Through our Quality Commitment we aim to:

- Improve patient outcomes and provide effective care by delivering evidence based care / best practice
- Reduce harm to patients and improve safety by reducing the risk of error and adverse incidents

- Provide care and compassion and improve patient experience by listening to and learning from patient feedback

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

4. Statements of Assurance from the Board

4.1 Review of services

During 2016/17 Leicester's Hospitals provided and / or sub-contracted in excess of 120 NHS services. These include:

- Inpatient - 64 services (specialties)
- Day Case - 62 services (specialties)
- Emergency - 71 services (specialties)
- Outpatient - 88 services (specialties)
- Emergency Department, Eye Casualty and Urgent Care Centre
- Diagnostic Services – including Hearing Services, Imaging, Endoscopy, Sleep Studies and Urodynamics
- Direct access – including Imaging, Pathology, Physiotherapy and Occupational Therapy
- Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), Coronary Care Unit (CCU), Paediatric Intensive Care Unit (PICU), Obstetrics HDU, Neonatal Intensive Care Unit (NICU), Extra Corporeal Membrane Oxygenation (ECMO), Special Care Baby Unit (SCBU) and also Paediatric and Neonatal Transport Services
- A number of national screening programmes including Retinal Screening (Diabetes), Breast Screening including age extension (Cancer), Bowel Screening (Cancer) and Abdominal Aortic Aneurism (AAA), Cervical screening, foetal anomalies, infectious diseases of the newborn, newborn infants physical examination, newborn blood spot and sickle cell thalassemia
- A number of services provided in collaboration with other providers with include but are not limited to the LLR Alliance which is a service offering elective, diagnostic and outpatient services and EMPATH, which provides pathology services

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

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:

- dialysis units in Leicester, Loughborough, Grantham, Corby, Kettering, Northampton and Peterborough

- through the Alliance partnership at Ashby & District Hospital, Coalville Hospital, Fielding Palmer Hospital, Hinckley & District Hospital, Loughborough Hospital, Melton Mowbray Hospital, Rutland Memorial Hospital and St Luke's Hospital

The University Hospitals of Leicester NHS Trust has reviewed all the data available, on the quality of care in these NHS services. The income generated by the NHS services reviewed in 2015/16 represents 100% of the total income generated from the provision of NHS services by Leicester's Hospitals for 2015/16.

Examples of how we reviewed our services in 2016/17

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

- Weekly quality and performance meetings chaired by the chief nurse and medical director with the CMGs

- Service level dashboards (e.g. women's services, children's services and fractured neck of femur)

- 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 clinical audit programmes
- Outcomes from Commissioner quality visits
- Complaints, safety and patient experience data
- Review of risk registers

4.2 Participation in clinical audits

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.

During the 2016/17 period Leicester's Hospitals participated in 95% (40 out of 42) of the national clinical audits and national confidential enquiries 100% (14 out of 14) in which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in and for which data collection was completed during the 2016/17 period are listed in appendices 1.1 and 1.2 alongside the number of cases submitted to each audit or enquiry where possible.

The provider has reviewed the reports of 33 national clinical audits and 311 local clinical audits in 2016/17. University Hospitals of Leicester NHS Trust intends to take the following action to improve the quality of healthcare provided:

- All completed audits have an audit summary form which includes details of compliance levels with the audit standards and actions required for improvement including the names of the clinical leads responsible for implementing these actions. The summary forms of every audit undertaken are available to all staff on the intranet.

- There are various examples within this Quality Account of the different types of clinical audits both national and local being undertaken within our hospitals and the improvements to patient care achieved.

- Each year we hold a clinical audit competition for projects that have improved patient care and a summary of the two winners this year are below:-

Management of pain in patients with neck of femur fractures on the integrated care pathway: from the Emergency Department to the Trauma Unit. Reaudit (Orthopaedics #6652)

“Hip fracture is a common injury in the elderly and the commonest cause of accidental death in this age group. In the UK, 1.5 million bed days are used each year to treat patients with hip fractures. 1% of the NHS budget is used for treatment of hip fractures. A Hip fractures service, serves as a marker of health care provision offered to older people.

NICE has provided guidelines for the management of the hip fractures. We performed an audit to evaluate our trust’s compliance with these standards. Our initial audit performed in 2012 showed that the pain was not assessed Nor managed satisfactorily in elderly patients with hip fractures. We introduced an aide-memoire in the form of a checklist for junior doctors to manage pain in hip fracture patients.

This simple measure had a significant impact on patient care, the pain assessment increased from 4% -100%. Likewise, there was a significant improvement in the management of pain and 100% of patients received analgesia.

We observed a significant improvement in the acute care of patients with hip fracture. The checklist served as a tool to ensure compliance with NICE guidelines. In addition, this audit has improved the awareness of junior doctors

and nurses about standards of hip fracture care. Through this audit, we were able to effect a positive change in practice".

Auditing the assessment and management of paediatric burns (Emergency Department (ED) #6639)

"The paediatric burns audit was a joint venture by both the Paediatric ED and burns teams. A trainee in ED with a strong burns interest who recognised that the documentation of burns injuries did not always contain the appropriate information - both from a safeguarding point of view and also from the point of view of what the burns team needed to know. Burns in children are difficult to assess for severity due to the differing sizes of children giving different percentages of burn. An audit was performed that showed that documentation was poor and that antibiotics were still being given to children as a preventable measure.

The team designed a proforma to document all the essential information. It included the necessary body maps and prompts to remember safeguarding and also first aid and analgesia. The form also gives information on follow up and referral pathways.

After implementation our documentation improved markedly and no children were given inappropriate antibiotics. The proformas were recognised by the midlands burn team who externally audit our care, and they are keen to roll them out to other regional hospitals.

The audit findings have been presented locally and internationally.

4.3 Participation in clinical research

The number of patients receiving NHS services provided by or subcontracted by the University Hospitals of Leicester in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 9,914.

The Leicester's Hospitals were involved in conducting 957 clinical research studies. Of these 748(78%) were adopted and 209 (22%) non-adopted. 223 (23%) of the total were commercially sponsored studies. 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 2016/17 the National Institute for Health Research (NIHR)

supported 748 (78%) of the total number of research studies through its research networks. In the calendar year 2016 there were over 250 full papers published in peer reviewed journals.

In September 2016 Leicester's Hospitals and its main academic partner the University of Leicester together with Loughborough University were awarded Biomedical Research Centre status by the NIHR, building on the success of the previous three Biomedical Research Units hosted by Leicester's Hospitals.

Data refers to 01/04/16 to 28/02/17 except where stated.

4.4 Use of the CQUIN Payment Framework

A proportion of Leicester's Hospitals income in 2016/17 was conditional upon achieving quality improvement and innovation goals agreed between the hospital and the CCGs and NHSE Specialised Commissioning services. For 2016/17 the baseline value for national, local commissioning and specialised CQUINS was £16,147,504. This means that when the hospital agreed contracts with commissioners and NHSE it was agreed that a % of contract value would be received upon achieving certain quality indicators.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at:
https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/

Leicester's Hospitals did not fully meet the targets set for the Next Steps local commissioning CQUIN; this CQUIN aims to ensure that every patient on a cancer two week wait pathway knows what their next step will be, when it will be and where it will be.

Leicester's Hospitals did not fully meet the specialised CQUIN, Hepatitis C Virus Improving Treatment Pathways through Operational Delivery Networks.

Leicester's Hospitals has opted to pursue an 'in house solution' rather than subscribe to one of the 'NHSE framework companies' software' and therefore we did not meet the CQUIN threshold for Clinical Utilisation Review Tool.

As part of the national CQUIN on antimicrobial stewardship we are, as a hospital, required to make a 1% reduction in overall antimicrobial consumption. Consumption of meropenem has increased dramatically over the past 12 months as a result of the treating patients in accordance with the Sepsis 6 Pathway.

4.5 Data quality

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

- The Data Quality Forum meets monthly to have oversight of the process and gain assurance of the quality of data reported to the Trust Board and to external agencies to ensure by best endeavours that it is of suitably high quality, is timely and accurate. This process uses a locally agreed Data Quality Framework to provide scrutiny and challenge on the quality of data presented. Where such assessments identify shortfalls in data quality, risks are identified together with recommendations for improvements to ensure that the quality is raised to the required standards

- There are quarterly reports on the quality of commissioning data and Clinical Coding presented to the Executive Quality Board. These review the hospital's position compared to peer organisations within the Data Quality Maturity Index (produced by NHS Digital) and benchmarking of Coding completeness

- There is an Information Quality Improvement Group, to establish and agree priorities for improving the quality of commissioning and administrative date. Activities include audit of quality and review of documentation and training guidance

- There is Corporate Data Quality meeting every week where inaccurate and incomplete data collection is challenged. The Data Quality team action reports on a daily basis to maximise coverage of NHS Number, accurate GP registration, and ensure singularity of patient records

NHS Number and General Medical Practice Code Validity

The University Hospitals of Leicester NHS Trust submitted records during 2016/2017 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number was:

    - 99.8% for admitted patient care
    - 99.8% for out patient care

  - 98.0% for accident and emergency care

- which included the patient's valid General Medical Practice Code was:

  - 100% for admitted patient care
  - 100% for out patient care
  - 100% for accident and emergency care

The patient NHS number is the key identifier for patient records. The National Patient Safety Agency (NPSA) is concerned about the number of patient misidentification incidents reported nationally. Between June 2006 and the end of August 2008, the NPSA received over 1,300 reports of incidents resulting from confusion and errors about patients' identifying numbers. Improving the quality of NHS number data has a direct impact on improving clinical safety. Guidance on the NHS number is available at: www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber

Accurate recording of the patient's General Medical Practice Code (Patient Registration) is essential to enable the transfer of clinical information about the patient from a trust to the patient's GP. Information on the validation of the General Medical Practice Code is available at www.datadictionary.nhs.uk/data_dictionary/data_field_notes/g/general_medical_practice_code_(patient_registration)_de.asp

The source for the NHS Number and General Medical Practice Code (Patient Registration) validity percentages is the most recent provider view of the SUS Data Quality Dashboard. The dashboard presents the cumulative percentages of valid NHS numbers and GP Practice Codes in admitted patient care (APC), outpatient care (OP) and accident and emergency care (A&E) records for each acute trust. You can register to receive SUS Data Quality Dashboards at ww.ic.nhs.uk/services/secondary-usesservice-sus/using-this-service/data-quality-dashboards.

Clinical coding error rate

The University Hospitals of Leicester NHS Trust was not subject to the Payment by Results clinical coding audit during 2016/2017 by the Audit Commission.

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

records. Information about the Payment by Results Data Assurance Framework clinical coding audit is available from the Audit Commission.

4.6 Information Governance Toolkit attainment level

University Hospitals of Leicester NHS Trust's Information Governance Assessment Report score overall score for 2016/17 was 80% and was graded green / satisfactory.

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

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

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

4.7 Care Quality Commission (CQC) ratings

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

On the 20th to the 23rd June 2016, the CQC carried out a comprehensive inspection of Leicester's Hospitals services. The aim of a comprehensive inspection is to check whether the services that we are providing are safe, caring, effective, responsive to people's needs and well-led.

This inspection covered seven of the eight core services:

- Urgent and emergency services (A&E)
- Medical care (including older people's care)
- Surgery
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatient services and diagnostic imaging (such as x-rays and scans)

On Thursday 26 January, the CQC published their final reports along with their ratings of the care provided, a summary of which is:

Overall trust ratings

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

Royal Infirmary

Medical Care	Surgery	Intensive / Critical Care	Maternity & Gynaecology	Services for children & Young People	End of Life Care	Outpatients & diagnostic Imaging	Overall
Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement

General Hospital

Medical Care	Surgery	Intensive / Critical Care	Maternity & Gynaecology	End of Life Care	Outpatients & diagnostic Imaging	Overall
Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement

Glenfield

Medical Care	Surgery	Intensive / Critical Care	Services for children & Young People	End of Life Care	Outpatients & diagnostic Imaging	Overall
Good	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement

Of the 100 ratings in total (for each domain of each main service grouping), 1 is Outstanding (for the effectiveness of our East Midlands Congenital Heart service at Glenfield), 55 are Good, 41 are Requires Improvement and 1 is Inadequate (the Responsive domain of emergency care at the Royal). Two elements were unrated for technical reasons.

When the CQC carried out their inspection of our hospitals we told them that our biggest strength was our staff; your strong motivation, commitment and ambition to improve our services for our patients and for each other.

The CQC saw this for themselves and it was echoed in their feedback. They told us that they found our staff to be "*universally welcoming, open and transparent*" and they were clearly very impressed by the compassion, professionalism and loyalty of everyone they encountered. This is reflected in the fact that "Caring" has been rated "Good" across all three hospital sites.

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

The CQC has taken enforcement action against University Hospitals of Leicester NHS Trust during 2016/17 as follows:

In June 2016 Leicester's Hospitals had a Section 31 condition in place following the unannounced Care Quality Commission inspection of the Emergency Department in November 2015. This Section 31 required weekly reporting to the

Care Quality Commission against staffing in the Emergency Department, sepsis and time to assessment.

Sufficient evidence of improvement has been provided to the CQC to enable the lifting of this condition on the 15 November 2016.

University Hospitals of Leicester NHS Trust has made the following progress by 31st March 2017 in taking such action:

Since the inspection in June 2016 a number of improvements have been made and some concluded. These are captured in an improvement action plan which is monitored through our Trust Board.

5. Other Statements

5.1 Statements from our stakeholders

Statement to be provided by HealthWatch

Statement to be provided by LLR CCGs

Statement to be provided by the Leicestershire Health Overview and Scrutiny Committee

Statement to be provided by the Leicestershire Health and Wellbeing Scrutiny Commission

5.2 Statement from our External Auditors

Statement to be provided by KPMG

5.3 Statements of Director Responsibilities in respect to the Quality Account

6. Appendices

6.1 Appendix 1.1 The national clinical audits that Leicester's Hospitals were eligible to participate in during 2016-17

No	Name of Audit	Did UHL participate?	Stage	UHL Ref number
1	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Awaiting report	7923
2	Adult Asthma (BTS)	Yes	Awaiting report	7441
3	Adult Cardiac Surgery	Yes	Action Planning	7939
4	Asthma (paediatric and adult) care in emergency departments (CEM)	Yes	Awaiting report	7930
5	Bowel Cancer (NBOCAP)	Yes	Action Planning	8093
6	Cardiac Rhythm Management (CRM)	Yes	Awaiting report	7940
7	Intensive Care National Audit and Research Centre (ICNARC)	Yes	Continuous Data collection	7941
8	Child Health Clinical Outcome Review Programme	N/A	Both studies not applicable to UHL	NA
9	Chronic Kidney Disease in primary care	N/A	Not applicable to UHL	NA
10	Congenital Heart Disease (CHD)	Yes	Action Planning	7943
11	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	Yes	Awaiting report	7944
12	Diabetes (Paediatric) (NPDA)	Yes	Continuous Data collection	7945
13	Elective Surgery (National PROMs Programme)	Yes	Continuous Data collection	NA
14	Endocrine and Thyroid National Audit	Yes	Awaiting report	8656
15	Falls and Fragility Fractures Audit programme (FFFAP)	Yes	Participated in both relevant	7768, 7473, 8152

No	Name of Audit	Did UHL participate?	Stage	UHL Ref number
16	Head and Neck Cancer Audit	Yes	Continuous Data collection	8659
17	Inflammatory Bowel Disease (IBD) programme	No	No data submitted in 16/17	8208
18	Learning Disability Mortality Review Programme (LeDeR Programme)	Yes	Continuous Data collection	M&M programme
19	Major Trauma Audit (TARN)	Yes	Action Planning	7949
20	National Audit of Dementia	Yes	Awaiting report	6846
21	National Audit of Pulmonary Hypertension	N/A	Not applicable to UHL	
22	National Cardiac Arrest Audit (NCAA)	Yes	Action Planning	7964
23	National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Yes	Continuous Data collection	8339 and 8338
24	National Comparative Audit of Blood Transfusion - Audit of Patient Blood Management in Scheduled Surgery	Yes	Data collection yet to start	7965
25	National Diabetes Audit - Adults	Yes	Action Planning	8183, 7950, 7751
26	National Emergency Laparotomy Audit (NELA)	Yes	Continuous Data collection	7342
27	National Heart Failure Audit	Yes	Awaiting report	7951
28	National Joint Registry (NJR)	Yes	Continuous Data collection	8557
29	National Lung Cancer Audit (NLCA)	Yes	Action Planning	7952
30	National Neurosurgery Audit Programme	N/A	Not applicable to UHL	
31	National Ophthalmology Audit	No	Did not participate	7771
32	National Prostate Cancer Audit	Yes	Continuous Data collection	8655

No	Name of Audit	Did UHL participate?	Stage	UHL Ref number
33	National Vascular Registry	Yes	Continuous Data collection	8657
34	Neonatal Intensive and Special Care (NNAP)	Yes	Continuous Data collection	7999
35	Nephrectomy audit (BAUS)	Yes	Continuous Data collection	6580b
36	Oesophago-gastric Cancer (NAOGC)	Yes	Continuous Data collection	8658
37	Paediatric Intensive Care (PICANet)	Yes	Action Planning	6864
38	Paediatric Pneumonia	Yes	Continuous Data collection	6865
39	Percutaneous Nephrolithotomy (PCNL)	Yes	Continuous Data collection	8562b
40	Prescribing Observatory for Mental Health (POMH-UK)	N/A	Not applicable to UHL	
41	Radical Prostatectomy Audit (BAUS)	Yes	Continuous Data collection	8559b
42	Renal Replacement Therapy (Renal Registry)	Yes	Action Planning	7954
43	Rheumatoid and Early Inflammatory Arthritis	Yes	Completed	6739
44	Sentinel Stroke National Audit programme (SSNAP)	Yes	Continuous Data collection	7953
45	Severe Sepsis and Septic Shock – care in emergency departments	Yes	Awaiting report	7931
46	Specialist rehabilitation for patients with complex needs	Yes	Continuous Data collection	8662
47	Stress Urinary Incontinence Audit (BAUS)	N/A	Not applicable to UHL	
48	UK Cystic Fibrosis Registry	Yes	Awaiting report	7962b and 7962c

6.2 Appendix 1.2 The national confidential enquires that Leicester's Hospitals were eligible to participate in during 2016-17

Enquiry workstream	Enquiry Project Title	Did UHL participate?
Maternal, New-born and Infant Clinical Outcome Review Programme	Confidential enquiry into stillbirths, neonatal deaths and serious neonatal morbidity	Yes
	National surveillance of perinatal deaths	Yes
	Confidential enquiry into serious maternal morbidity	Yes
	National surveillance and confidential enquiries into maternal deaths	Yes
	Perinatal Mortality Surveillance	Yes
	Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Yes
	Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia)	Yes
	Maternal mortality surveillance	Yes
Medical and Surgical Clinical Outcome Review Programme	Perioperative diabetes	Yes
	Cancer in Children, Teens and Young Adults	Yes
	Heart Failure	Yes
	Acute Pancreatitis	Yes
	Physical and mental health care of mental health patients in acute hospitals	Yes
	Non-invasive ventilation	Yes
Mental Health Clinical Outcome Review Programme	Suicide by children and young people in England(CYP)	N/A

6.3 Feedback form

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

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

Email: sharron.hotson@uhl-tr.nhs.uk

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 □

4. Is the presentation of data clearly labelled?
   Yes, completely □
   Yes, to some extent □
   No □

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

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

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

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

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

如果您想用另一种语言或格式来显示本资讯，请致电 0116 250 2959 联系"服务平等化经理" (Service Equality Manager)。

જો તમને આ પત્રઇકાનું લેખિત અથવા ટેઈપ ઉપર ભાષાંતર જોઈતુ હોય તો મહેરબાની કરી સર્વિસ ઈક્વાલિટી મેનેજરનો 0116 250 2959 ઉપર સંપર્ક કરો.

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

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

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

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

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