ULHT QUALITY ACCOUNT 2020-21

NHS
United Lincolnshire Hospitals
NHS Trust

OUTSTANDING CARE
personally DELIVERED

GLOSSARY OF ABBREVIATIONS

AAA	Aortic Abdominal Aneurysm
ACP	Advanced Clinical Practice
AIMS	Acute Illness Management
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BAUS	British Association of Urological Surgeons
BTS	British Thoracic Society
CABG	Coronary Artery Bypass Graft
CAF	Cyber Assessment Framework
CCG	Clinical Commissioning Group(s)
C. diff	Clostridium Difficile
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus
CPA	Care Programme Approach
CPAP	Continuous Positive Airway Pressure
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computed Tomography
CT/MR	Computed Tomography/Magnetic Resonance (Imaging)
DATIX	Incident Reporting System
DDIPC	Deputy Director Infection Prevention & Control
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DSP Toolkit	Data Security and Protection Toolkit
DToC	Delayed Transfer of Care
DVT	Deep Vein Thrombosis
e-BUS	Endobronchial Ultrasound
E. coli	Escherichia coli
ED	Emergency Department
eDD	Electronic Discharge Document
EMAS	East Midlands Ambulance Service
FFAP	Falls and Frailty Audit Programme
FFT	Friends and Family Test
FLO	Front Line Ownership
GDH	Grantham and District Hospital
GIRFT	Getting It Right First Time
GP	General Practitioner
HEE	Health Education England
HES	Hospital Episode Statistics
HQIP	Health Quality Improvement Partnership
HSMR	Hospital Standardised Mortality Ratio
IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care National Audit and Research Network
ICS	Integrated Care System
IG	Information Governance
IIP	Integrated Improvement Plan
ILS	Intermediate Life Support
IP&C	Infection Prevention and Control

IPCG	Infection Prevention Control Group
IPCT	Infection Prevention Control Team
KPI	Key Performance Indicator
LCH	Lincoln County Hospital
LeDeR	Learning Disability Mortality Review Programme
LOS	Length of Stay
LUCADA	Lung Cancer Audit (National)
MADE	Multi-Agency Discharge Event
MBRACE	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MI	Myocardial Infarction
MINAP	Myocardial Infarction National Audit Programme
MorALS	Mortality Assurance and Learning Strategy Group
MRSA	Methicillin-Resistant Staphylococcus Aureus
MVP	Maternity Voices Partnership
N/A	Not Applicable
NAIF	National Audit Inpatient Falls
NBCA	National Bowel Cancer Audit
NCEPOD	National Confidential Enquiry into Patient Outcomes and Death
NELA	National Emergency Laparotomy Audit
NHS	National Health Service
NHSi	National Health Service Improvement
NHSLA	National Health Service Litigation Authority
NIS	Network and Information Systems
NICE	National Institute for Health and Care Excellence
NICOR	National Institute for Cardiovascular Outcomes Research
NIHR	National Institute for Health Research
NIV	Non-Invasive Ventilation
NJR	National Joint Registry
NNAP	National Neonatal Audit Programme
NPCA	National Prostate Cancer Audit
NIHR	National Institute for Health Research
NRLS	National Reporting Learning System
NVD	National Vascular Database
O-G	Oesophago-Gastric
OSCE	Objective Structured Clinical Examination
PALS	Patient Advice and Liaison Service
PCR	Polymerase Chain Reaction
PE	Pulmonary Embolism
PHB	Pilgrim Hospital Boston
PHSO	Parliamentary and Health Service Ombudsman
PICANet	Paediatric Intensive Care Audit Network
PROMs	Performance Reported Outcome Measures
QGC	Quality Governance Committee
QSIR	Quality, Service Improvement and Redesign
RCEM	Royal College of Emergency Medicine
RCP	Royal College of Physicians
RCPH	Royal College of Paediatricians and Child Health
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment

RSU	Respiratory Support Unit
SARS-CoV-2	Coronavirus
SDEC	Same Day Emergency Care
SHMI	Standardised Hospital-Level Mortality Indicator
SHOT	Serious Hazards of Transfusion
SOP	Standard Operating Procedure
SSNAP	Sentinel Stroke National Audit Programme
STP	Sustainability and Transformation Programme
SUPERB	Single Unified Patient Experience Reporting Board
TAP	Thanks And Praise
TARN	Trauma Audit Research Network
TCS	Terms and Conditions of Service
ULHT	United Lincolnshire Hospitals NHS Trust
VBAC	Vaginal Birth After Caesarean
VTE	Venous Thromboembolism
WM2Y	What Matters to You
WTE	Whole Time Equivalent
7DS	Seven Day Services

CONTENTS

NHS
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NHS Trust

PART 1

OUTSTANDING CARE
personally DELIVERED

CHIEF EXECUTIVE'S STATEMENT

Welcome to the Quality Account for United Lincolnshire Hospitals NHS Trust for 2020/21. This document provides an overview of all of the activity that has been taking place within our hospitals on the quality agenda over the past year.

During the year, we continued to monitor and improve the quality of care that we provide to our patients, whilst also dealing with unprecedented demands on our services during the COVID-19 pandemic.

It is fair to say that this has been the most challenging year ever experienced in the history of the NHS, and the way teams have pulled together has been nothing short of incredible. The resilience, teamwork and compassion shown by everyone has made us even more proud to work for the NHS than we already were.

There have been sacrifices made by everybody – annual leave cancelled, staff working extra hours and supporting different areas, whilst our patients have faced appointment cancellations and restrictions on visiting.

There have been some extraordinary efforts made – rolling out virtual appointments, introducing new ways of working, moving services to other parts of the county, making and delivering thousands of meals and keeping as much care and treatment going as possible.

In April 2020, the Trust's new Integrated Improvement Plan (IIP) was launched and looks to simplify our ambition as an organisation and how we will work together to improve for the future. Part of this is our simple vision, which is to provide 'Outstanding care, personally delivered'.

We had already begun to make some great improvements following our last CQC inspection and the recommendations that came from this. Changes to our Board and to senior leadership within the Trust have built us a good foundation on which to continue to improve staff morale and, as a result, patient experience.

A number of quality improvements were achieved during the challenges of the COVID-19 pandemic:

- Planned and implemented a deep clean programme
- Mortality rates remain in the expected range
- Improved performance in Duty of Candour
- Decrease in the number of staff vacancies across the Trust

Despite the pressures we have been under and multiple changes to services, we have also been able to make some great improvements in our estates and the environments in which our staff work to deliver care to the people of Lincolnshire. This includes the approval and beginning of the development of the Urgent Treatment Centre (UTC) at Lincoln County Hospital, ward refurbishments and multiple investments in new equipment and electronic systems.

For the year ahead we will continue to focus on the improvements we need to make as part of our Integrated Improvement Plan. We believe that we are moving in the right direction and that, with our excellent staff, we can really make the changes needed to improve the quality and safety of care that we deliver to the people of Lincolnshire.

On the basis of the processes the Trust has in place for the production of the Quality Account, I can confirm that to the best of my knowledge the information contained within this report is accurate.

Andrew Morgan,
Chief Executive

United Lincolnshire Hospitals NHS Trust

PART 2

PRIORITIES FOR IMPROVEMENT IN 2021-22

Deciding our quality priorities for 2021-22

In order to determine our quality priorities we have consulted with a number of stakeholders including our Trust Quality Governance Committee (QGC). The QGC on behalf of the Trust Board approved the priorities and there will be regular reports on progress to QGC throughout the year.

We have ensured that our quality priorities are aligned with the Trust's Integrated Improvement Plan (IIP). We have taken into account our progress throughout the year against last year's priorities to help decide which priorities need an ongoing focus within this year's Quality Account. Respiratory and Safety Culture will continue for a second year as the Trusts quality priorities for 2021-22 as they continue to be a high priority for the Trust.

The following improvement priorities for the Trust have been identified for particular focus in 2021-22. These priorities may be extended over the coming years to ensure they are fully embedded within our organisation. Each of the priorities have been selected as they are really important for patient experience and they all encompass the Care Quality Commission (CQC) domains as demonstrated below.

PRIORITY 1 – IMPROVING RESPIRATORY SERVICES

Why have we selected this Priority?

The Improving Respiratory Services Programme is an IIP priority programme of work aligned to the Trust's strategic framework. The programme is built on a vision to want to transform services based on previous incidents, CQC outcomes and Getting It Right First Time (GIRFT) recommendations. The ambition of the GIRFT programme is to identify examples of innovative, high quality and efficient service delivery. Conversely, it also looks at areas of unwarranted variation in clinical practice and / or divergence from the best evidence-based care. The work culminates in a set of national recommendations aimed at improving the quality of care and reducing expenditure on complications, litigation, procurement and inappropriate treatments.

Our aim is to develop a Trust Wide Respiratory service that provides safe, effective and quality care; and which meets all local and national standards and guidelines. With an aim to bring our model of Respiratory service in line with that of our peers, by investing in recruitment and retention of staff, training for all, service re-design and configuration to British Thoracic Society (BTS) standards.

Respiratory was a quality priority for the Trust in 2020-21, however, we did not achieve all of the deliverables expected due to COVID-19 and respiratory remains as a quality priority for 2021-22 for the Trust.

Our Current Status:

This programme of work is one of only a few which have continued despite the COVID-19 pandemic operational pressures. There are nine work streams currently active, all with nominated clinical or business unit leads. Engagement with patients and our Clinical Commissioning Groups (CCG) partners is in place and a dedicated Respiratory Task & Finish Group with divisional programme governance has been established. Recruitment for additional nursing, Acute Care Practitioners (ACPs) and Respiratory consultants is in place and active at the present time.

There are plans in place to establish a dedicated Respiratory Support Unit on the Lincoln site which will offer four negative pressure rooms and which will provide an optimal facility

for the safe delivery of Non Invasive (NIV) therapy. There will also be dedicated pleural procedure treatment rooms on both the Lincoln and Pilgrim sites which will provide invasive treatment.

Phase 2 will see the establishment of a dedicated Respiratory Support Unit facility on the Boston site, ensuring that Respiratory care across the Trust is delivered in a standardised and equitable manner.

What will success look like?

1. **Non-Invasive Ventilation (NIV)**
    - Total elapsed time from Type 2 Respiratory Failure (T2RF) suspicion to commencement of NIV <120mins
    - Start time for NIV <60mins from Arterial Blood Gas (ABG)
    - NIV progress for all patients to be reviewed (once NIV commenced) < 4hours

2. **Ward Metrics**
    - <20% reduction in falls with moderate / severe harm for respiratory patients
    - Zero serious incidents relating to chest drain management
    - Zero serious incidents relating to tracheostomy suction management
    - Zero moderate and severe harm incidents of pressure damage related to medical devices

3. **Pleural Procedures**
    - Zero serious incidents relating to patients with pleural effusions
    - 100% of pleural procedures to be delivered by appropriately qualified respiratory specialists
    - 90% of patients to have continuous observations for the first 15minutes after having received a chest drain
    - Zero incidents of pleural procedure room being used inappropriately

How will we monitor progress?

Progress will be monitored through a defined approach of data analysis and review. Key Performance Indicators (KPI) and metrics agreed as part of the Respiratory Task and Finish Group, will be developed into a dashboard, which will provide a means of tracking progress and trends against the baseline and targets for each of the success measures.

Data will be pulled from a variety of sources, including (but not limited to):

- Incident Reporting System (Datix)
- Mortality data (Dr Foster)
- Complaints and PALS
- Single Unified Patient Experience Reporting Board (SUPERB)
- National Asthma and COPD Audit Programme (NACAP)
- Local audits / clinical notes review

Progress will be monitored by:

- The Respiratory Task & Finish Group
- The IIP Group
- Quality Governance Committee

PRIORITY 2 – DEVELOPING A SAFETY CULTURE

Why have we selected this Priority?

The 'NHS Patient Safety Strategy: Safer culture, safer systems, safer patients' was published in July 2019 and provides the framework by which NHS organisations will use patient safety initiatives and responses to enable a transition from blame to learning. This approach will result in patient safety initiatives and responses that are primarily based on what can be learned rather than who should be held accountable.

By building on the foundations of a patient safety culture and a patient safety system, the NHS can achieve its safety vision, which is to continuously improve patient safety.

Safety culture remains a key priority for the Trust and will remain as a quality priority for 2021-2022.

Our Current Status:

Embedding sustained delivery within a safety culture is key to supporting the Trust in achieving the strategic objective it has set for patients which is to 'deliver high quality, safe and responsive patient services, shaped by best practice and our communities'.

ULHT has recognised that a key step in becoming a high reliability organisation is to change our safety culture. We need to develop the conditions required to consistently ensure and maintain the safety of our patients, in order for staff to understand, collaborate, develop and share learning in relation to patient safety across the organisation.

What will success look like?

1. **Communication plan and rebranding of Safety Culture**
    - Secure funding to enable external support with communication message
    - Develop briefing to support procurement process for external support
    - Develop dedicated intranet webpage specifically for Safety Culture
    - Monthly newsletter developed and circulated through communications and uploaded onto intranet page

2. **Development of Faculty of Train the Trainers to deliver and roll out training to all staff groups**
    - There will be an annual plan to deliver one day workshops for all staff groups to enable foundation knowledge in Human Factors
    - Two further cohorts of Human Factors Trainers will be completed by Quarter three 2021-2022
    - Explore options of system wide approach to develop System Faculty of Trainers

3. **Safety Culture**
    - Recruitment into all vacant posts of the Safety Culture team by September 2021
    - A programme of enhanced safety visits / safety conversations in Theatres will empower our staff to review and discuss redundant or flawed systems and processes
    - Pascal Safety Culture survey will be undertaken in Emergency Areas across the Trust
    - All work streams will be aligned through a Patient Safety Framework

How will we monitor progress?

Progress will be monitored by:

- The Safety Culture task and finish group
- The IIP Group
- Quality Governance Committee

PRIORITY 3 – IMPROVING PATIENT EXPERIENCE

Why have we selected this Priority?

Communication is the most critical requisite within healthcare as it directly affects safety, quality, effectiveness and experience of care. We know that within our organisation our staff and our patients report instances of poor communication and that we could (and indeed should) do better. Communication is also about listening, and listening is about taking that patient voice and learning from it. Listening is not just understanding the words of the question a patient may have asked, but to understand why the question was asked in the first place. To be listening to our patient they have to have a voice and to do this we need to ensure as an organisation that voice is sought and heard throughout all we do.

Engaging and involving our patients as partners in care is central to patient-centred care. Involvement is a factor across the continuum of care and can be general day-to-day care through to key information giving and the opportunity to ask questions. Patient-centred care means ensuring we respect individual preferences, we listen, provide support, comfort and compassion and we involve family, friends and carers.

There is rich evidence that people who have experience of using services are uniquely placed to help plan and develop those services and demonstrates the importance and impact of working in partnership with people with lived experience. It also demonstrates how engaging with our patients and carers, learning from them and working with them leads to better outcomes for all involved.

Our Current Status:

We have a wealth of data across a range of sources and using our Single Unified Patient Experience Reporting Board (SUPERB) database this enables us to triangulate the data. Our PALS and Complaints data is recorded onto the incident reporting system (called DATIX) which enables analysis into the main subjects and sub-subjects across a number of categories and similarly we can drill down into our Friends and Family Test (FFT) data and Care opinion stories. National survey reports show us performing worse than or close to worse than other Trusts across 15 questions that relate to communication. In summary our patients are telling us, very clearly, that communication needs to be improved.

Our national survey scores are in some areas ‘about the same’ or ‘worse than’ other Trusts and when looking across our national surveys and our feedback through complaints and PALs concerns, involvement in decisions about care and treatment are a core feature.

In addition to concerns raised through complaints, PALs and through FFT feedback and stories on Care Opinion, when we look across our national surveys Privacy, Dignity & Respect is a concern. We are in the process of launching our Dignity Pledges, this is a key feature in the new Nursing & Midwifery Framework and applies to all staff and patient groups. These pledges have been developed in collaboration with staff and patients.

We need to think differently about how we enable our patients and families to communicate with us, such as using technology and developing creative ways to give feedback, to be involved and raise issues, questions and concerns. Asking our patients what this could look like is the first step.

What will success look like?

1. **Improving Communication**
    - A new training programme will be launched using Objective Structured Clinical Examination (OSCE) style methodology involving our patients as participants and observers
    - Staff survey returns will demonstrate an improvement in raising concerns about poor communication
    - There will be a reduction in communication being cited as a negative factor in Friends and Family Test
    - There will be fewer complaints and PALs concerns citing poor communication

2. **Increasing involvement in decisions and discussion about care and treatment**
    - The ‘What Matters to You’ Initiative will be rolled out from the initial 12 forerunner areas
    - Complaints and concerns referring to lack of involvement in decisions will reduce

- Introduction of Real Time Surveying which will tell us they feel involved and considered and describe person centred care
- There will be fewer complaints and PALs concerns citing lack of involvement in discussions and decisions about care and treatment

3. **Improving dignity and respect**
    - Dignity Pledges launched across the Trust
    - We will see a reduction in negative scores and feedback in Friends and Family Test relating to lack of dignity and respect
    - Introduction of Real Time Surveying will tell us they were treated with dignity and respect
    - Staff will be aware of and follow the principles of the Dignity Pledges (compliance will be seen through a survey)

4. **Improving engagement and communication with patients and the public**
    - A diverse Patient Panel will be in place with specialist subgroups including Sensory Impairment, Traveller community, BAME and Eastern European communities
    - We will introduce ‘Experts by Experience’ within a number of specialties to act as expert partners in service development and evaluation
    - We will have explored the best way to engage with hard to reach groups, children, young people and their parents / carers
    - We will have developed connections with existing groups including:
        - Maternity Voices Partnership
        - Neonatal Voices Partnership
        - Treat Me Well Action Group
        - Carers Partnership
        - Cancer Collaborative
        - Stroke Survivors Group

How will we monitor progress?

Progress will be monitored by:

- The Patient Experience Group who meet monthly

- The IIP Group
- Quality Governance Committee

Progress with the priorities will be measured using a variety of sources:

- Patient Experience metrics through our SUPERB Dashboard
- Thematic analysis of subjects and sentiments featured within our data sources
- Patient stories
- Evaluation of engagement activities such as the Patient Panel and specialist sub-groups
- Real Time Surveying
- Local and national surveys
- Healthwatch Feedback

LOOKING BACK: PROGRESS MADE SINCE PUBLICATION OF 2019-20 QUALITY ACCOUNT

This section of the Quality Account presents in summary the Trust's progress since the publication of last year's account against the identified improvement priorities.

These were:-

1. Care of Respiratory Patients
2. Safe Discharge of our Patients
3. Care of the Deteriorating Patient
4. Delivering Harm Free Care - Developing our Safety Culture
5. Infection Prevention and Control

Introduction

The Quality Account for 2019-20 outlined the Trust's proposed quality improvements for the year ahead (2020-21). These priorities were identified following engagement with patients, the public, staff and external stakeholders. During the year 2020-21 we have been monitoring our progress against these priority ambitions through our governance framework. The priorities that we have not carried forward will become 'business as usual' and we will have defined work streams to enable the Trust to deliver on the improvements not achieved in 2020-21.

The Trust has not fully achieved all its priority ambitions however there is evidential progress in several areas with sustained patient safety improvements. COVID-19 has had an impact on the delivery of our quality account priorities. We set ourselves ambitious targets and have achieved 43% of the individual elements, however 18% were superseded, 33% were partly achieved and 5% not achieved. Through our governance arrangements we aim to improve our delivery of the priorities by holding the identified leads to account on the delivery of their priorities. The priorities have also been aligned with the Trust Integrated Improvement Plan. The quality priorities in 2020-21 will become business as usual and will be monitored through our governance processes.

Trust performance

This section provides detail on how the Trust has performed against the four priority ambitions of 2019-20. Results relate to the period 1st April 2020 – 31st March 2021 or the nearest period available. Mechanisms of measurement vary by priority and by the availability of national benchmark.

Benchmark

- Milestone achieved
- Milestone partially achieved
- Milestone not achieved
- Milestone superseded

PRIORITY 1 2020-21 – CARE OF RESPIRATORY PATIENTS

WE SAID WE WOULD:	
Success Measure	**Result**
Our Non-Invasive Ventilation (NIV) services are in line with national standards and patient outcomes monitored	
25% increase in patients having their blood gas checked 2 hours post commencement of NIV	
25% increase in patients having their NIV commenced within 1 hour at the Lincoln site	
A Trust-wide options appraisal for in-reach NIV service to ED will be developed – this is inclusive of identifying and managing patients with COVID-19	
A competency framework for ED staff	
100% of ward staff to have completed their NIV competencies	
Trust-wide protocol fast track pathway for NIV to meet British Thoracic Society (BTS) standards	
The asthma service will be reviewed	
Asthma pathway to be process mapped	
Asthma bundles are aligned to national guidance and patient outcomes monitored	
Pathway standardised operating procedure (SOP) for asthmatic patients will be developed and implemented	
100% of asthma patients to have been referred to a Respiratory Specialist within 24 hours (Monday – Friday)	
Data Source: Internal from the Project Management Office who are leading on this IIP.	

WHAT MORE DO WE NEED TO DO TO ACHIEVE OUR SUCCESS MEASURES?

The success measures identified within the Respiratory Quality Account of 2020/21 were set prior to establishment of the IIP Improving Respiratory Services Programme.

NIV services - NIV services and pathways have been reviewed and ring-fenced beds have been allocated on wards at both Pilgrim and Lincoln. The standard operating procedure for NIV has been revised, and pathways for NIV developed along with a supporting poster which meet BTS standards. These are still pending Divisional Clinical Cabinet approval once agreement on

the provision for NIV in ED has been reached. These latter discussions require Programme Senior Responsible Officer involvement with ED and Respiratory colleagues. Patient outcomes will be measured via audits and ongoing monitoring of KPI's. Success against full implementation will be established once the new pathways have been embedded.

25% increase in blood tests and commencement of NIV - These have been superseded following the Improving Respiratory Project by the key performance indicators developed through the Respiratory Task & Finish Group.

Trust-wide options appraisal - Following the NIV In-reach pilot it has been agreed that Respiratory will be supporting ED to develop their recognition and management of Type 2 Respiratory Failure. A pilot has been trialled, and the review following the pilot suggested that due to the required staffing this was not an appropriate approach to be undertaken. The Respiratory team continue to work closely with our ED colleagues to develop and agree an approach.

Competency Framework - This has been superseded with the approach taken above.

100% of ward staff to have completed their NIV competencies - In progress-training and competencies document to be produced for all respiratory pathways. Current Nursing NIV competencies, there are new starters in the team that have been booked onto the next study day.

Protocol Fast Track Pathway - New ED NIV pathway has been developed and is subject to formal Divisional Clinical Cabinet approval. The new pathway will help to identify those patients with Type 2 Respiratory Failure who need fast tracking. The Trust have also invested in a new Respiratory Support Unit for the Lincoln site which is currently being installed and which will provide a ring-fenced bed option for NIV. This is phase one of a two phased approach. Once delivered at Lincoln then Phase two will see the development of a Respiratory Support Unit on the Boston (Pilgrim) site. All pathway changes have been developed in line with current British Thoracic Society guidelines.

PRIORITY 2 2020-21 – SAFE DISCHARGE OF OUR PATIENTS

WE SAID WE WOULD:

Success Measure	Result
Reduced length of stay (LOS)	
Increased proportion of patients discharged before 10am	
Reduced Delayed Transfer of Care (DToC) rate	
Reduced ward moves for new patients admitted	
Increased proportion of patients discharged with their electronic discharge document (eDD)	
SAFER Patient Flow Bundle utilised in all wards	
Multi Agency Discharge Event (MADE) strategy to be implemented on a permanent basis and MADE events to be held with system partners	
Fewer incidents relating to unsafe discharge	
Lincolnshire Collaborative will meet 6 weekly to review inappropriate admissions and work with our system partners to reduce these	
Our SHMI data will be analysed to identify themes for patients who die within 30 days of discharge	

Data Source:

Trust internal data sources and Dr Foster.

WHAT WE NEED TO DO TO ACHIEVE OUR SUCCESS MEASURES?

Due to the impact of COVID-19 all milestone within this priority have not been reached.

Reduced LoS – Due to the COVID-19 pandemic patients unfortunately had to be moved to different wards depending on their COVID-19 status. Patients initially also had to wait in hospital until their swab status was known prior to discharge. Patients are now swabbed on arrival to ED and results are available within 30 minutes which ensures patients are moved to the appropriate wards initially.

Discharge pre 10am – The Trust are working in collaboration with NHSEI on the campaign to discharge patients before 5pm. The Trust currently discharges 10% at Lincoln and 7% for Pilgrim pre-midday and pre 5pm the Trust discharges 59% at Lincoln and 60% at Pilgrim.

DToC – Due to a change in national guidance the Trust is no longer expected to report on this.

Reduced Ward Moves – Due to COVID-19 patients were moved depending on their COVID-19 status and this increased the number of ward moves for the patients. Ward moves will reduce post COVID-19.

SAFER Bundle – The majority of wards are utilising the bundle, however, an audit is required to ensure these are completed accurately and consistently across all wards.

Multi Agency Discharge Event (MADE) strategy – Due to COVID-19 there were no face to face meetings, this will be re-established post COVID-19.

PRIORITY 3 2020-21 – CARE OF THE DETERIORATING PATIENT

WE SAID WE WOULD:

Success Measure	Result
Early detection and treatment of deteriorating patients. 100% clinical members of the resuscitation team to be identified as a potential instructor for the Intermediate Life Support (ILS) course to maximise number of available instructors across all sites, thereby increasing potential course enrolments	
Acute Illness Management (AIMs) course adopted within the Trust, and all four senior resuscitation practitioners will become full instructors to deliver this course	
90% compliance for 'Sepsis 6'	
Improve sepsis learning throughout the Trust with the introduction of a train the trainer scheme. Assessment criteria to be formulated for trainers to be examined against to maintain repeatable standards across the Trust	
Introduce a fluid balance e-learning package for non-registered staff	
.. Effective process for Trust and system wide dissemination to share learning and joint working. This will be overseen by the deteriorating patient group	
ReSPECT process is being utilised across the Trust and becoming embedded into practice. To audit compliance on 10 sets of notes within the emergency admission wards to improve quality	

Data Source:

Internal data sources and sepsis data is captured on our internal system WebV

WHAT MORE DO WE NEED TO DO TO ACHIEVE OUR SUCCESS MEASURES?

Sepsis Learning: This was on hold due to COVID-19, assessment criteria and train the trainer documentation is drafted and being presented at core learning panel in May 2021.

Trust and system wide dissemination to share learning and joint working: The Trust has since implemented the following to help share learning:

- Implementation of quarterly 'Learning to Improve' Bulletins for each Division and an overarching Trust bulletin to share learning within and across Divisions & the Trust commenced in October 2020.

- Patient Safety Briefings are circulated via email to all clinical staff when significant transferrable learning is identified from a complaint, incident, or other source. These briefings are also uploaded to the Clinical Governance Intranet page.
- Monthly triangulation meetings in place for each Division
- Relaunch of the “Analysing and Learning” policy will be undertaken in the first quarter of 2021. In addition to this, the Trust is developing an aggregated analysis report of all patient safety incidents, complaints, claims and Coroners inquests

ReSPECT process: The Trust Clinical Lead for ReSPECT had previously co-ordinated a regional audit reviewing the completion of the ReSPECT forms, unfortunately throughout COVID-19, the Trust have paused these audits to reduce the footfall through the wards in line with the Trust guidance. Resuscitation Services are developing a qualitative audit focusing on the admission units, initially at Pilgrim and Lincoln, to focus on the quality of the information within the forms. This has commenced and the outcome of the audits will be presented at the Trust's Deteriorating Patient Group to decide next steps.

PRIORITY 4 2020-21 – DELIVERING HARM FREE CARE: DEVELOPING OUR SAFETY CULTURE

WE SAID WE WOULD:

Success Measure	Result
Deliver the requirements of the National Patient Safety Strategy for 2020-21	
Have a theatre safety group to ensure safe care is delivered and to protect our patients from errors, injuries, accidents and infections	
There will be a programme of enhanced safety visits / safety conversations in Theatres to empower our staff to review redundant or flawed systems and processes to empower our staff to discuss redundant or flawed systems and processes	
A safety culture survey (from a recognised provider) will be undertaken in Theatres and Emergency Departments	
Introduce new mechanisms and ways to improve how learning and continuous improvement is shared and spread	
There will be zero surgical Never Events	

Data Source:

The data was produced by the Safety Culture Lead and Head of Risk, Quality & Compliance

WHAT MORE DO WE NEED TO DO TO ACHIEVE OUR SUCCESS MEASURES?

Enhanced safety visits - These were restricted due to COVID-19. Safety visits are part of the Theatre Recovery Action plan.

Safety Culture - Wave One - Theatres completed. Wave Two - Emergency Department commenced in April 2021.

PRIORITY 5 2020-21 – INFECTION PREVENTION AND CONTROL

WE SAID WE WOULD:	
Success Measure	**Result**
90% return rate and 95% compliance of the metrics for the Front Line Ownership (FLO) audit	
95% return rate and 95% compliance of metrics for the hand hygiene audit	
100% of policies to be updated (total of 27 policies)	
5% reduction in all Healthcare Associated Infection (except COVID-19)	

Data Source:

Internal from Infection Control & Prevention Team

WHAT MORE DO WE NEED TO DO TO ACHIEVE OUR SUCCESS MEASURES?

It is recognised that some of the scores and compliance below were impacted by the COVID-19 pandemic. Assurance and monitoring processes however continued to progress via the implementation of a ward assurance log on a daily basis.

90% return rate and 95% compliance - The FLO audit tool went live for:

- Wards from August 2020
- Theatres from October 2020

Trust wide returns (for the areas that were required to carry out the audits) and taking into account the above dates for the period Aug 20 – Mar 21 was 58%.

From the 58% that submitted audit results; 49% achieved 95% or more for the period Aug 20 - Mar 21.

The FLO dashboard is reviewed by the Divisional Nurses / Clinical Lead for Clinical Support Services and monitored at Site and Trust Infection Prevention Control Group (IPCG).

Emphasis has been on reviewing themes and lessons learned.

For the coming year more emphasis will be placed on the areas that have not submitted any audits. Dashboards are to be posted directly on to the intranet page for easier access.

95% return rate and 95% compliance of hand hygiene audit - Trust wide return for hand hygiene audit was 58% for the period April 2020 to March 2021. From the 58% that submitted audit results 80% achieved over 95% score.

The hand hygiene dashboard is reviewed by the Divisional Nurses / Clinical Lead for Clinical Support Services and monitored at Site and Trust IPCG. For the coming year more emphasis will be placed on the areas that have not submitted any audits. Dashboards are to be posted directly on to the intranet page for easier access.

100% of policies to be update - 20 policies were updated (including 4 that were ratified at the April 2021 IPCG meeting). There are 10 polices that remain outstanding (including 3 x Occupational Health, 3 x Surgery, 1 x CSS, 3 x IPC). All policies will be updated by the end of May 2021. In addition, 12 new 'Guidance at a Glance' documents have been drafted and ratified.

5% reduction in all Healthcare Associated Infection - Summary of mandatory hospital associated infections:

- MRSA bacteraemia: 2019/20 = 3 / 2020/21 = 4 increase 33%
- C.diff: 2019/20 = 69 / 2020/21 = 66 decrease 4.3 %
- MSSA bacteraemia: 2019/20 = 18 / 2020/21 = 19 increase 5%
- E.coli bacteraemia: 2019/20 = 51 / 2020/21 = 35 decrease 31%
- Klebsiella bacteraemia: 2019/20 = 17 / 2020/21 = 31 increase 82%
- Pseudomonas bacteraemia: 2019/20 = 19 / 2020/21 = 18 decrease 5.2%

For 2021-22, a review of the process for investigations and root cause analysis has been carried out which will result in a strengthened approach by the Divisions of each case and will be overseen by the Deputy Director Infection Prevention & Control (DDIPC) / IPCT.

STATEMENT OF ASSURANCE

Review of services

During 2020-21, the United Lincolnshire Hospitals NHS Trust (ULHT) provided and/or subcontracted 67 relevant health services.

The ULHT has reviewed all the data available to them on the quality of care in 67 of these relevant health services.

The income generated by the NHS services reviewed in 2020-21 represents 82.6% of the total income generated from the provision of NHS services by the ULHT for 2020-21.

PARTICIPATION IN CLINICAL AUDITS

During 2020-21 48 national clinical audits and 2 national confidential enquiries covered relevant health services that ULHT provides.

During that period ULHT participated in 97.5% of national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that ULHT was eligible to participate in during 2020-21 are as follows: (see tables below). Action plans are developed to enable the Trust to achieve full compliance.

The national clinical audits and national confidential enquiries that ULHT participated in, and for which data collection was completed during 2020-21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audits	ULHT Participation	Reporting Period	Number and % Required
Peri- and Neonatal			
Perinatal Mortality Surveillance ○ Stillbirths and Neonatal Deaths in Twin Pregnancy ○ UK Perinatal Deaths for Births (MBRRACE-UK) ○ Saving Lives Improving Mothers Care ○ Maternal Death and Morbidity ○ Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK March-May 2020 (MBRRACE-UK)	Yes	2018 - 2019 Published January 2021	(case ascertainment is not reported)
Neonatal Intensive and Special care (NNAP)	Yes	1st January – 31st December 2019	Neonatal Intensive and Special care (NNAP)

National Audits	ULHT Participation	Reporting Period	Number and % Required
Children			
National Children's & Young Peoples Asthma Audit	Yes	1st June 2019- 30th November 2019	National Children's & Young Peoples Asthma Audit
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	1st April 2018 – 31st March 2019 (report published March 2020)	277 cases submitted (case ascertainment is not reported)
National Epilepsy 12 Audit	Yes	5th July 2018 – 30th November 2019	National Epilepsy 12 Audit
Acute Care			
National Emergency Laparotomy Audit (NELA)	Yes	1 December 2019 - 30 November 2020 Report awaited	Cases submitted PHB - 39 LCH - 78
Cardiac Arrest (National Cardiac Arrest Audit) ICNARC	Yes	1 April 2020 - 31 December 2020	(case ascertainment is not reported)
Intensive Care National Audit Research (ICNARC)	Yes	1 April 2020 - 31December 2020	Total - 660 LCH - 415 PHB - 245
Care of Children in EDs (RCEM)	Yes	1 August 2019 – 31 January 2020 Report published February 2021	Total - 371 LCH - 230 PHB - 141
Mental Health Adults ED (RCEM)	Yes	1 August 2019 - 31January 2020 Report published February 2021	Total - 257 LCH -188 PHB - 69
Assessing Cognitive Impairment in Older People (RCEM)	Yes	1 August 2019 - 31 January 2020 Report published February 2021	Total - 326 LCH -178 PHB -148
Fracture Neck of Femur ED (RCEM)	Yes	October 2020 – March 2021 Report awaited	LCH 96/125 (77%), PHB 118/125 (95%)
Infection Control ED (RCEM)	Yes	October 2020 – March 2021 Report awaited	LCH 20/125 (16%), PHB 98/125 (78%)
National Adult Asthma Audit	Yes	1 April 2019 – 31 March 2020 Report published January 2021	Total - 266 LCH -118 PHB -112 GDH - 36 (case ascertainment is not reported)
Chronic Obstructive Pulmonary Disease (COPD) Royal College Physicians	Yes	14 September 2018 - 30 September 2019 Report published July 2020	Total -1025 LCH - 497 PHB - 414 GDH -147 (case ascertainment is not reported)

National Audits	ULHT Participation	Reporting Period	Number and % Required
Long Term Conditions			
Diabetes (National Adult Diabetes Audit)	Yes	1 January 2019 – 31March 2020	(case ascertainment is not reported, data is linked to local CCG)
Diabetes (National Adult Diabetes Inpatient /Survey/ Audit HARMs)	Yes	September 2019 Report published November 2020	LCH - 84 PHB - 75 GDH -11 (case ascertainment is not recorded)
National Diabetes Audit Integrated Specialist Survey	Yes	1 October 2020 Report awaited	Not applicable refers to the service
National IBD Registry Ulcerative Colitis & Crohn's Disease	No	2020 - 2021	No data submitted
Elective Procedures			
BAUS Urology Nephrectomy	Yes	1 January 2017 - 31 December 2019 Report published June 2020	161 / 210 (77%)
BAUS Urology PCNLS/Percutaneous Nephrolithotomy	Yes	1 January 2017 – 31 December 2019 Report Published May 2020	(case ascertainment is not reported)
Cardiac Arrhythmia (NICOR)	Yes	April 2017 - March 2018 Report published July 2020	588 (case ascertainment is not reported)
Coronary Angioplasty (NICOR Adult Cardiac Interventions Audit)	Yes	1 April 2018 - 31 March 2019 Report published January 2020	1038 eligible cases (case ascertainment is not reported)
National Vascular Registry including NVD - Carotid Interventions Audit)	Yes	1January 2017 - 31 December 2019 1 January 2019 - 31 December 2019 Report published November 2020	43 cases Infra-renal AAA 18 cases Emergency Repair Ruptured AAA 177 cases Lower Limb Bypass 176 cases Lower Limb Angioplasty 162 cases Major Limb Amputation 52 cases Carotid Endarterectomy (case ascertainment is not reported)
Rheumatoid and Early Inflammatory Arthritis	Yes	8 May 2019 - 7 May 2020	54 (case ascertainment is not reported)

Hip, Knee, Ankle, Elbow and Shoulder Replacements (National Joint Registry) NJR Data Quality Audit	Yes	1 January - 31 December 2019 Report published September 2020	1515 - procedures by operation date (case ascertainment is not reported)
National Audits	**ULHT Participation**	**Reporting Period**	**Number and % Required**
National Elective Surgery Patient Reported Outcome Measures (National PROMs Programme) Overall patient participation rate Participation by each PROM 1.Hip Replacement 2.Knee Replacement	Yes	PROMs April 2019 - March 2020 Provisional report Published August 2020 Patients who completed a pre-operative questionnaire	906/1272 (71.2%) 19/20 1. 389 (72.7%) 2. 517 (70.1%)
National Ophthalmology Database (NOD) Audit	Yes	September 2018 - August 2019	1888 (53%)
Cardiovascular Disease			
Stroke Care (National Sentinel Audit of Stroke) SSNAP	Yes	1 April 2020 - 31 March 2021	960 / 986 (97.4%)
Acute Myocardial Infarction & Other Acute Coronary Syndrome (MINAP)	Yes	1 April 2018 - 31 March 2019. Report published December 2020	1244 / 1089 (114.23%)
Heart Failure	Yes	April 2018 - March 2019 Report published December 2020	1252 (113%)
Cancer			
Prostate Cancer (NPCA)	Yes	1 April 2018 - 31 March 2019 Report published January 2021	689 (100%)
National Audit of Breast Cancer in Older Patients	Yes	January 2018 - December 2018	213 (case ascertainment is not reported)
Lung Cancer (LUCADA) National Mesothelioma Audit	Yes	Patients diagnosed with lung cancer first seen between 1 January 2018 and 31 December 2019 Patients diagnosed with pleural mesothelioma January 2016 - December 2018	453 (no case ascertainment is reported) 65 (no case ascertainment is reported)
Bowel Cancer (NBCA)	Yes	Patients diagnosed between 1 April 2018 and 31 March 2019	LCH + GDH 115 (44%), PHB 138 (88%)
Oesophago-Gastric Cancer (National O-G Cancer Audit)	Yes	Patients diagnosed between 1 April 2017 and 31 March 2019	241 (85-100%) (tumour records submitted)

		Report published December 2020	
National Audits	**ULHT Participation**	**Reporting Period**	**Number and % Required**
Trauma			
Hip Fracture (National Hip Fracture Database)	Yes	1 January 2019 - 31 December 2019	806 cases submitted, PHB - 352 (103.2%) LCH - 454 (94.8%)
National Audit Inpatient Falls (NAIF)	Yes	Facilities Audit completed 31/03/2021	Report awaited
Trauma Audit Research Network (TARN) Trauma	Yes	1 January 2020 - 31 December 2020 (TARN data)	PHB - 214 (75%) LCH - 314 (85%)
Blood Transfusion			
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	April 2020 - March 2021	24 / 24 (100%) LCH -10 PHB -13 GDH -1

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

During 2020-21 hospitals were eligible to enter data in up to 2 NCEPOD studies. Below is a summary of those studies in which ULHT participated. Studies for which ULHT were exempt are not listed. Action plans are developed for any areas not achieving the recommended standards.

National	ULHT Participation	Reporting Period	Number and % Required
Confidential Enquiries			
Dysphagia	Yes	2020-2021 Clinical questionnaire Case note (only one requested) Organisational questionnaire completed	 10/12 (83.3%) 1/1 (100%) 3/3 (100%)
Physical Health in Mental Health	Yes	2020-2021	100%

The reports of 32/40 national clinical audits were reviewed by the provider in 2020-21 and ULHT intends to take the following actions to improve the quality of healthcare provided (see tables below).

Descriptions of outcomes and improvements from a sample of the national audits:

National Audit	Headline Results and Actions Taken
MINAP (heart attack and ischaemic heart disease)	• Lincolnshire Heart Attack Centre 24/7 continues to provide good quality care year on year latest national report published December 2020 • Procedure to open up blocked heart vessels quickly to restore coronary blood flow latest figure 96.6% of patients met the door to balloon time of 90 minutes • Collaborative work with EMAS continuing to ensure eligible patients are taken directly to the Heart Attack Centre • Prescribing preventative medications above the national average for all eligible patients ULHT has been sustained at 100% • Patient outcomes are good with timely interventions and secondary prevention prescribing, improves patients quality of life
TARN (Trauma)	• Trauma meetings held at Lincoln and Pilgrim to discuss findings and share learning continue

	• Transfer to Trauma Centre is reviewed with the Trauma Network to ensure eligible patients are transferred for specialist care ongoing • Standards with updated reports and dashboards actions discussed at the Trauma meeting. • Rate of Survival - additional survivors out of every 100 patients 2.7 PHB 2.7 LCH 2.3
Hip Fracture	• Best practice shared across the trust to improve the patient pathway data is available via site dashboards which records data live • Patients who did **not** develop a pressure ulcer nationally is 95.7%, PHB 99.1% LCH 97.1% • Physiotherapist assessment by the day of surgery nationally is 97.1%, PHB 100% LCH 98.4% • Overall hospital length of stay in days nationally is 16.7 days, PHB 12.1 days LCH 12.0 days
Stroke	• Improving compliance with NICE standards strategy in place to improve areas requiring improvement • Results are shared at the speciality Governance meetings • Change on the patient pathway form April 2020 • Scoring A-E used for stroke units with A being the highest score to achieve, latest published report October 2020 - December 2020 shows Pilgrim as an 'A' and Lincoln as a 'C' • Data submissions is working well with case ascertainment of a high standard 90%+ • Mortality review presented to the Patient Safety Group
Cardiac Arrest	• Education and training around deteriorating patient is on-going
Bowel Cancer	• Review of outcomes completed and reported • Process for submitting data reviewed • Data quality reviewed action data from the MDT will be recorded and submitted at the time of the MDT and data issues highlighted for early completion
PROMs	• Ongoing recruitment of patients for hip and knee replacement surgery via pre-assessment clinics to complete the questionnaire before surgery 71.2% of patients completed a pre-operative PROM during 2019/2020

	• Data is reported every four months to monitor progress with participation rates and outcome measures • The joint replacement procedure is explained to patients to ensure patients are aware of the risks and benefits of the surgery • Elective routine surgery for joint replacement is undertaken on the Grantham site, more complex joint surgery is undertaken at the Pilgrim and Lincoln sites
Hip, Knee and Ankle Replacements (National Joint Registry NJR)	• On-going review of NJR process to improve quality of data submission to the national database • Annual data quality audit completed 31 March 2021 • Improve timely data submission monthly review of submissions compare to number of operations completed • Consultants have access to clinician feedback to review their own practice and compare to peers
Falls Audit	• Falls risk assessment in place • Inpatient falls linked to the national hip fracture database automated notification to the site Consultant lead • Review of inpatient falls with a fracture neck of femur by a Consultant lead data submitted on line
Chronic Obstructive Airways Disease (COPD)	• Data validation process in place • Care bundle in place in-line with British Thoracic Society (BTS) best practice standards further update April 2020
National Vascular Registry	• Aortic Abdominal Aneurysms Infra-Renal: 100% discussed at MDT compared to 85% nationally, Formal anaesthetic risk assessment 98% compared to 95% nationally Pre-op CT/MR angiography 98% compared to 91% nationally • Carotid Endarterectomy patients receiving surgery within seven days of referral 69% compared to 51% nationally • Data reviewed by the clinicians in line with outcome reporting
National Emergency Laparotomy Audit (NELA)	• Review of data submissions with Surgeons and Anaesthetists • Validation of data quarterly taking place
Intensive Care National Audit (ICNARC)	• Good compliance with the quality metrics • 10/11 metrics within the expected • Ongoing data collection and review of the metrics by Intensive care units

	• Quarter four data January to March 2021 report awaited for compliance with the metrics

Local Clinical Audit

The reports of 98 local clinical audits were reviewed by the provider in 2020-21 and ULHT intends to take the following actions to improve the quality of healthcare provided: (see tables below):

The local audit plan is linked to National Institute for Health and Clinical Excellence (NICE), CQC, Best practice and key priorities for the Trust.

Examples of actions taken locally:

Local Audit	Actions - Improvements
Improving safety and efficiency of insulin pump clinic documentation	• All patients were Type 1 diabetics, all were meeting the NICE criteria • Major proportion of patients (8/14) for whom the initial HbA1c data is available for comparison, improved their HbA1c by >10 mmol/mol • Mean HbA1c reduction of 14 mmol/mol achieved • Good achievement when compared to the expected mean reduction as per previous trials (7.9 mmol/mol) • Hypoglycaemia score documentation improved from 0 to 100% • Documentation of having a ketone meter with test strips improved from 0% to 100% (we would like to prevent pump malfunction induced DKA) Documentation of pump specific sick day rules improved from 53% to 68% • Documentation of cannula site observations improved from 33% to 68% • Documentation of cannula site change every 2-3 days 53% to 95% • Documentation of DVLA rule leaflet given from 13% to 68%
Re-audit on improving CT adrenal protocols	• New protocol implemented following the first audit • Adequate time interval of scanning for portovenous phase followed in 100% of cases and for delayed phase followed in majority of cases (93%) indication good standard of practice
Vaginal birth after caesarean section (VBAC)	• Good complaince with the Royal College of Obstetricans and Gynaecologists guidance
Omalizumab for the treatment of chronic spontaneous urticaria (CSU)	• 100% compliance with NICE TA339 guidelines

PARTICIPATION IN CLINICAL RESEARCH

Clinical research is an essential part of maintaining a culture of continuous improvement. Our Research and Innovation Department has a strong record of patient recruitment, as well as collaborative working with other organisations including the National Institute for Health Research (NIHR) Clinical Research Network East Midlands. There are plans in place to ensure that high-quality research is a part of the culture of ULHT.

The number of patients receiving relevant health services provided or sub-contracted by ULHT in 2020-21 that were recruited during that period to participate in research approved by a research ethics committee is 3299.

The total number of participants recruited to NIHR portfolio research in 2020-21 was 3,337. These participants were recruited through 29 studies from a range of research specialties including: Urgent Public Health (COVID-19), Gastroenterology, Cancer (including Haematology), Non-malignant Haematology, Cardiovascular, Mental Health, Reproductive Health & Childbirth, Children's, Trauma & Orthopaedic, Neurological Disorders, Critical Care, Metabolic and Endocrine.

The Trust is delivering trials within a wide variety of specialities, although 2020-21 was unique as the Research Department responded to the pandemic situation, by pausing many studies to put resource behind the delivery of Urgent Public Health research. There has been a re-start of the portfolio of studies whilst continuing to deliver COVID-19 research. This increasing level of participation in clinical research demonstrates ULHT's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. In addition, by participating in NIHR portfolio trials and recruiting patients, the Trust is playing an important role in improving patient care and in developing new and innovative drugs, treatment and services. Research evidence shows that hospitals that participate in clinical trials have been shown to improve patient care and outcomes.

Due to the increased number of commercial and non-commercial trials, Lincolnshire patients are benefitting by receiving the latest medications and treatment options. The Trust has implemented the findings of trials which has helped the Trust in improving patient care, as well as achieving cost savings.

Since the establishment of the NIHR, the Trust has been using the national system for approving all studies (portfolio and non-portfolio) and to carry out risk assessments. In 2020-21, the Trust has approved 26 portfolio studies.

The Research and Innovation Department has a three-year strategy in place, which will see the Trust further develop the delivery of research across all four of its clinical divisions.

USE OF THE COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) FRAMEWORK

A proportion of ULHTs income in 2020-21 was conditional on achieving quality improvement and innovation goals agreed between ULHT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers.

Due to COVID-19, NHS England stated that Trusts do not need to implement CQUIN requirements, carry out CQUIN audits or submit CQUIN performance data. The proposal is to reinstate CQUINs from 1 October 2021.

CARE QUALITY COMMISSION (CQC) STATEMENTS

The Care Quality Commission (CQC) are the regulators of quality standards within all NHS Trusts. They monitor our standard of care through inspections, patient feedback and other external sources of information. The CQC publishes which Trusts are compliant with all the essential standards of care they monitor and which organisations have 'conditions' against their services which require improvements to be made.

ULHT is required to register with the Care Quality Commission (CQC) and its current registration status is registered. ULHT has the following conditions on registration: ULHT currently has Section 31 conditions on its registration relating to some aspects of its urgent and emergency care provision. Since the conditions were imposed the Trust has taken a number of improvement actions and awaits the CQC's assessment of the effectiveness of those improvement actions with a view to the removal of the Section 31 conditions in due course.

ULHT has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period. The CQC has not taken enforcement action against ULHT during 2020-21. However, the Trust is subject to a Section 29a Warning Notice from July 2019 in relation to 'treatment of disease, disorder or injury / diagnostic and screening procedures / surgical procedures' in the Children's and Young Peoples core service. Throughout 2020-21, the Trust has submitted evidence to the CQC outlining progress towards meeting the actions needed to address the warning notice. The Trust is looking forward to the CQC visiting the service in order that the improvements can be demonstrated.

The Trust received its final report in October 2019 which rated the Trust as 'Requires Improvement' overall, however to remain in 'Special Measures' so the Trust can receive the support required to make further improvements.

The Trust's ratings for whether its services were safe, effective, caring, responsive and well-led remained the same as in 2018. Services for safe, effective, responsive and well-led all remained as 'Requires Improvement' and 'Good' for caring.

The CQC made an unannounced visit to ED at Lincoln County Hospital and Pilgrim Hospital on the 6 and 7 January 2020 which was to follow up actions the Trust had taken following the CQC focused inspection on the 11 June to 18 July 2019. The report was published on 27 February 2020.

Throughout 2020-21 the Trust has worked hard to deliver the comprehensive action plan to address the improvement recommendations identified following our 2019 and 2020 inspections, to continuously improve the quality and safety of our services. Progress is monitored regularly through the Trust's internal governance arrangements, with oversight by the Quality Governance Committee and Trust Board. Updates are also shared regularly with our CQC inspection team as part of our routine engagement agenda.

The Trust is preparing for re-inspection of its services in early 2021-22 and is striving to achieve an overall quality rating of 'Good'; building on the improvements in the quality and safety of our services demonstrated in the last inspection. The Trust has developed the Integrated Improvement Plan which aligns the CQC 'Should Do' and 'Must Do' actions to the Trusts key priorities. The Integrated Improvement Plan (IIP) is the single vehicle that ULHT will adopt to deliver improvements for patients, staff and ULHT as an organisation.

The Trust actively participates in regular engagement meetings with CQC inspectors; the purpose of which is to facilitate more timely and manageable exchange of information and therefore response to risk or concerns. In 2020-21 the Trust has established strong working relationships promoting an open and transparent culture to drive continuous improvement against our regulatory requirements.

The CQC domains were reported as:

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
REQUIRES IMPROVEMENT	REQUIRES IMPROVEMENT	GOOD	REQUIRES IMPROVEMENT	REQUIRES IMPROVEMENT

DATA QUALITY

NHS Number and General Medical Practice Code Validity

United Lincolnshire Hospitals NHS Trust submitted records during April 2020 to February 2021 at the Month 11 inclusion date to the Secondary Uses service for inclusion in the Hospital Episode Statistics (HES), which are included in the latest published data. The percentage of records in the published data:

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

- 99.8% for admitted patient care (National performance 99.4%)
- 99.9% for outpatient care (National performance 99.7%)
- 99.3% for accident and emergency care (National performance 97.9%)

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

- 100.0% for admitted patient care (National performance 99.7%)
- 100.0% for outpatient care (National performance 99.6%)
- 100.0% for accident and emergency care (National performance 98.8%)

Information Governance Toolkit Attainment Levels

All organisations that have access to NHS patient data and systems must complete the Data Security and Protection Toolkit (DSP Toolkit) to demonstrate that they are practicing good data security and that personal information is handled correctly. The DSP Toolkit encompasses the 10 National Data Guardian's data security standards as set out in the Data Security and Protection Standards for health and care. It also includes the requirements of Cyber Essentials and the key elements of the Network and Information Systems (NIS) Regulations 2018 Cyber Assessment Framework (CAF).

There are no longer attainment levels, instead the toolkit works on either 'standards met' or 'standards not met'. All organisations are expected to achieve 'standards met' on the DSP Toolkit.

ULHT's toolkit publication for 2019-20 was 'standards met'.

Clinical Coding

ULHT was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Data Quality

Data quality is an important element of safe, quality care at acute sites and is a continuing focus for improvement. United Lincolnshire Hospitals NHS Trust will be taking the following actions to improve data quality:

- A review of the main Key Performance Indicators (KPIs) that are reported to the Trust Board and Board Committees has been undertaken, including the addition of new metrics for the “Executive Scorecard” and “Divisional Scorecard” that underpins the Integrated Improvement Plan. This will come into effect for April 2021 reporting in May 2021. This involves understanding the metric itself, how it is calculated and assurance around underlying robustness of the metric, data source and collation/publishing.

- The work on the review of metrics last year led to the introduction of a Data Quality Kite Mark, assigned to individual KPIs, alerting the end user to 4 indicators: Timeliness, Completeness, Validation and Process. Further work will ensure that all metrics are assigned a kite mark, and those assigned already are reviewed and updated as required.

- Work is ongoing to test upgrades to the latest version of Medway.

- The Clinical Coding Department continues to work closely with the Clinical Divisions and Specialty Business Units; looking at what improvements can be made, including internal audit and training, and improved engagement with the Clinical Divisions.

- An example of this is the “Coding Triangle”, which is a clinician, manager and clinical coder working together on a particular pathway or dataset to ensure that what happens to the patient is recorded accurately by the clinician and interpreted and coded correctly by the Clinical Coder.

- The structure of the Data Quality function and wider Information Services team is being reviewed to ensure we support the needs of the Trust. A business case is being developed to support this additional resource requirement.

- Ongoing development of the data warehouse and front-end visualisation tools that will enable more timely reporting of information and assist with data quality reporting throughout the Divisions in the Trust. This includes the adoption and wider use of Microsoft PowerBI.

LEARNING FROM DEATHS

In March 2017, the National Quality Board (NQB) introduced guidance for NHS providers on how they should learn from the deaths of people in their care. The purpose of the guidance is to help standardise and improve the way acute, mental health and community Trusts identify, report, review, investigate and learn from deaths, and engage with bereaved families and carers in this process.

Measure	QTR 1 Apr 20– Jun 20	QTR 2 Jul 20 – Sep 20	QTR 3 Oct 20 – Dec 20	QTR 4 Jan 21 – Mar 21	Comments
Number of patients that have died within ULHT	608	514	912	801	During 2020-21, 2835 of ULHT patients died. This comprised of the following number of deaths which occurred in each quarter of that reporting period:
Number of deaths that have had a case record review/investigation For 2020-21 the reviews and investigations are conducted as one however this will change in the future	561	494	909	800	By March 2021, 2764 case record reviews and investigations have been carried out in relation to 2835 of deaths included above. In 382 of cases a death was subjected to both a case record review and an investigation. This measure illustrates the number of deaths in each quarter for which a case record review or an investigation was carried out. In addition, 241 cases were also discussed within the Governance Meetings.
Number/percentage of deaths that escalated with problems in care In relation to each quarter, this consisted of: 14 representing 2.5% for the first quarter 23 representing 4.7% for the second quarter 49 representing 5.4% for the third quarter 55 representing 6.9% for the fourth quarter	14	23	49	55	141 deaths representing 5.1% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. These numbers have been estimated using the grading system that highlights potential areas of concern in care. All cases that are graded 2 and 3 automatically have a Structured Judgement Review completed.

Summary of what ULHT has learnt from case record reviews and investigations conducted in relation to deaths

ULHT have learnt from case note reviews and from completing in-depth reviews on Dr Foster Diagnosis Alerts. We have disseminated learning on a number of thematic lessons using a modality of communication systems including Patient Safety Briefings, Learning to Improve Newsletters, presentations at meetings and in discussion at Governance Meetings.

- Since the implementation of the Medical Examiner office at ULHT, all deaths have been reviewed by the Medical Examiners and any death the Medical Examiner has highlighted with potential care delivery issues is referred for a Structured Judgement Review (SJR) or to the Risk Team for completion of a Serious Incident if significant concerns have been escalated. The Medical Examiner also discusses the care with the deceased's relative to ensure all questions are answered. If any concerns are raised, these are referred to PALS who contact the family to help resolve the concerns identified.
- During the course of the year a number of issues have been highlighted for local reflection and learning, including instances where excellent practice has been observed.
- Communication with families during COVID-19 was highlighted as an issue as families were not able to visit their loved ones. The Patient Experience Lead has completed a review on the communication issues identified and developed key work-streams across the Trust to reduce these issues.
- During the review of Dr Foster alerts documentation was highlighted as a concern. The Quality & Compliance Lead is reintroducing the 'Clinical Coding Masterclass' to highlight the importance of documentation and the impact that poor documentation has on the Trust. The Trust is also in the process of reviewing the documentation.

Description of actions that ULHT have taken in 2020-21, and proposes to take forward in consequence of what the ULHT has learnt

ULHT have taken the following actions to promulgate learning throughout the Trust:

- Increased the number of Medical Examiners to enable all deaths to be reviewed.
- In the process of recruiting Medical Examiner Officers (MEO).
- Forty staff across the Trust have completed Structured Judgement Review Training (SJR) by the Royal College of Physicians. The plan is to have the completion of SJRs undertaken by a multi-disciplinary team.
- Implementation of Mortality Assurance Learning Strategy Group (MorALS) to review themes and identify learning across the Trust. Each Division presents their data and learning from the previous month.
- All mortality reviews are completed on our Internal Incident Reporting System (Datix).
- The development of the Deteriorating Patient Group.
- Reviewing the Mortality Reduction Strategy to ensure it is reflective of current practice.

Assessment of the impact of actions which were taken by ULHT during 2020-21

From actions taken, ULHT have appreciated and recognised the impact of Medical Examiners at the Trust. During 2019/20 the Trust established a Medical Examiner Office to further support the bereaved. Medical Examiners began scrutinising deaths in 2019 and have been expanding the coverage of the service with full roll out since August 2020, in line with the expectations of the National Medical Examiner. In 2020/21 the focus will be on refinement of the Medical Examiner service to include the appointment of Medical Examiner Officers and planning the extension of scrutiny to deaths that occur outside of hospital.

The Trust has reviewed the mortality processes and have incorporated the Medical Examiner screens and the Structured Judgement Reviews within Datix to enable a complete overview of the reviews completed. This has enabled the Clinicians reviewing the case as part of the Structured Judgement Review to have the comments from the Medical Examiner.

Measure	QTR 1 Apr 20– Jun 20	QTR 2 Jul 20 – Sep 20	QTR 3 Oct 20 – Dec 20	QTR 4 Jan 21 – Mar 21	Comments
Number of reviews/ investigations completed which took place before the start of the reporting period	96	81	31	30	238 case record reviews and investigations completed after 31st March 2020 which related to deaths which took place before the start of the reporting period.
Number/Percentage of deaths that are judged likely not to be problems in care	86	73	31	29	219 representing 93.6% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the grading system below.

United Lincolnshire Hospitals NHS Trust have been using a grading of avoidability since January 2016. The review grading is outlined below:

- Grade 0 - Unavoidable Death, No Suboptimal Care
- Grade 1 - Unavoidable Death, Suboptimal care, but different management would not have made a difference to the outcome
- Grade 2 - Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)
- Grade 3 - Suboptimal care, different care WOULD REASONABLY BE EXPECTED to have affected the outcome (probable avoidable death)

Measure	QTR 1 Apr 20– Jun 20	QTR 2 Jul 20 – Sep 20	QTR 3 Oct 20 – Dec 20	QTR 4 Jan 21 – Mar 21	Comments
A revised estimate of Number/Percentage of deaths that are judged likely not to be problems in care	N/A	N/A	N/A	N/A	0 representing 0% of the patient deaths during 2020-21 are judged to be more likely than not to have been due to problems in the care provided to the patient. All are included in the table above.

REPORTING AGAINST CORE INDICATORS

The following data relating to national reporting requirements in the Quality Account are provided by NHS Digital. NHS Digital provide data for 15 mandatory indicators, based upon the recommendations by the National Quality Board. The last two previous reporting periods available on NHS Digital for ULHT are to be reported within the Quality Account.

Domain 1: Preventing people from dying prematurely

The data made available to the Trust by NHS Digital with regard to - The value and banding of the Summary Hospital-level Mortality Indicator (SHMI) for the Trust for the reporting period

Description	Nov 19 – Oct 20	Dec 19 – Nov 20	ULHT
ULHT SHMI / Band	109.90/2	110.57/2	110.57/2
National Average	100.12	100.19	100.19
Best(B) / Worse(W) National Performance	67.82(B)/ 117.75(W)	69.51(B)/ 118.69(W)	69.51(B)/ 118.69(W)

The data made available to the Trust by NHS Digital with regard to - The percentage of patient deaths with palliative care coded at either diagnoses or speciality level for the Trust for the reporting period

Description	Jan 19 – Dec 19	Nov 19 – Oct 20	Dec 19 – Nov 20
ULHT %	29	24	24
National Average %	36	36	36
Best(B) / Worse(W) National Performance %	59(B)/ 10(W)	59(B)/ 8(W)	59(B) / 8(W)

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

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

The ULHT intends to take the following actions to improve this mortality rate and so the quality of its services, by:

Appointing Medical Examiner Officers.

The function of the Mortality Group has been reviewed, along with the terms of reference. The group from July 2020 is chaired by the Deputy Medical Director and is focusing further on palliative care due to our lower percentage coded compared to the national percentage.

The ReSPECT system to understand an individual patient's wishes and preferences around end of life, DNACPR and ceilings of treatment is being piloted to support learning and conversations.

Domain 3 Helping people to recover from episodes of ill health or following injury

The data made available by NHS Digital with regard to the Trust's patient reported outcome measures scores for - Total/Primary Hip replacement surgery & Knee replacement surgery-EQ:5D Index

Description	2018 - 19	2019 - 20	2020 - 21*
ULHT EQ:5D index Hip Replacement surgery - (L) Low, (H) High	0.45(L)/0.46(H)	0.46(L)/0.47	N/Av
National Avg EQ:5D index Hip Replacement surgery - (L) Low, (H) High	0.46(L)/0.47(H)	0.45(L)/0.46(H)	N/Av
ULHT EQ:5D index Knee Replacement surgery - (L) Low, (H) High	0.32(L)/0.33(H)	0.32(L)/0.32(H)	N/Av
National Avg EQ:5D index Knee Replacement surgery - (L) Low, (H) High	0.34(L)/0.34(H)	0.33(L)/0.34(H)	N/Av

The data made available by NHS Digital with regard to the Trust's patient reported outcome measures scores for - Total/Primary Hip replacement surgery & Knee replacement surgery-VAS Index

Description	2018 - 19	2019 - 20	2020 -21*
ULHT VAS index Hip Replacement surgery - (L) Low, (H) High	12.85(L)/13.16(H)	12.72(L)/12.83(H)	N/Av
National Avg VAS index Hip Replacement surgery - (L) Low, (H) High	14.10(L)/14.40(H)	14.0(L)/14.2(H)	N/Av
ULHT VAS index Knee Replacement surgery - (L) Low, (H) High	6.04(L)/6.31(H)	7.38(L)/7.86(H)	N/Av
National Avg VAS index Knee Replacement surgery - (L) Low, (H) High	7.50(L)/7.60(H)	7.8(L)/7.0(H)	N/Av

The data made available by NHS Digital with regard to the Trust's patient reported outcome measures scores for - Total/Primary Hip replacement surgery and Knee Replacement Surgery-Oxford Score

Description	2018 - 19	2019 - 20	2020 - 21*
ULHT Oxford hip surgery score - (L) Low, (H) High	20.83(L)/21.01(H)	21.61(L)/22.10(H)	N/Av
National Avg Oxford Hip surgery score - (L) Low, (H) High	22.30(L)/22.70(H)	22.3(L)/22.7(H)	N/Av
ULHT Oxford Knee surgery score - (L) Low, (H) High	16.48(L)/16.54(H)	16.7(H) – Low data not available	N/Av
National Avg Oxford Knee surgery score - (L) Low, (H) High	17.2(L)/17.30(H)	17.4(L)/17.5(H)	N/Av

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

The data is taken from NHS Digital PROMs data set.

The ULHT intends to take the following actions to improve PROMS outcomes and so the quality of its services by:

Ensuring that the results are regularly reviewed by the Governance Meetings in order to inform and support multi-professional team working.

*Data not available for 2019-20 at this time

The data made available to the trust by NHS Digital with regard to the percentage of patients aged— (i) 0 to 15 - Readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the trust during the reporting period (emergency readmissions)

Description	2018 - 19	2019 - 20	2020 - 21*
ULHT readmitted within 30 days: 0-15	11.5%	11.4%	14.0%
*National Average: 0-15	N/Av	N/Av	N/Av
Best(B) / Worse(W) National Performance: 0-15	1.8%(B) / 69.2%(W)	2.2%(B)/ 56.7(W)	N/Av

The data made available to the trust by NHS Digital with regard to the percentage of patients aged— (ii) 16 or over - Readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the trust during the reporting period (emergency readmissions)

Description	2018 - 19	2019 - 20	2020 - 21*
ULHT readmitted within 30 days: 16+	11.9%	12.2%	N/Av
**National Average: 16+	N/Av	N/Av	N/Av
Best(B) / Worse(W) National Performance: 16+	2.1%(B) / 57.5%(W)	1.9%(B) / 37.7%(W)	N/Av

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

The data is taken from the Trust's Patient Administration System (Medway).

The ULHT intends to take the following actions to improve this indicator and so the quality of its services by:

Continuing to work with our 'Multi Agency Discharge Event's' (MADEs) which have input from Social Care, Clinicians, District Nursing, GP's to ensure patients are discharged to the most appropriate place for their care in a timely manner.

To increase the use of the care portal which is a shared system to enable a complete picture of the patient is obtained.

**Data not available for 2020-21 at this time*
*** National Performance data is not available*

Domain 4 Ensuring people have a positive experience of care

The data made available by NHS Digital with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period

Description	2018 - 19	2019 - 20	2020 - 21*
ULHT	64.6	61.3	N/Av
National Average	67.2	67.1	N/Av
Best(B) / Worse(W) National Performance	85(B) / 58.9(W)	84(B) / 59.5(W)	N/Av

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

The data is provided by the national survey contractor.

The ULHT intends to take the following actions to improve this indicator and so the quality of its services by:

Ensuring complaint responses are in time and a high quality response is formulated.

Quality metrics include reviewing responsiveness to call bells ringing.

Care opinion stories are reviewed, discussed and responded to.

*Data not available for 2020-21

The data made available by NHS Digital with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period - Who would recommend the Trust as a provider of care to their to family and friends

Description	2019	2020	2021*
ULHT Strongly agree(SA) /Agreed (A)	10%(SA)/ 40%(A)	9%(SA)/ 41%(A)	N/Av
National Average Strongly agree(SA) /Agreed(A)	21%(SA)/ 49%(A)	21%(SA)/ 52%(A)	N/Av
Best(B) / Worse(W) National Performance	(B) 44%(SA)46%(A) (W) 6%(SA)/45%(A)	(B) 42%(SA)/ 50%(A) (W) 9%(SA)/41%(A)	N/Av

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

The data has been sources from NHS Digital and compared to published survey results.

The ULHT intends to take the following actions to improve this indicator and so the quality of its services by:

FFT rates are monitored at ward and service level.

Ensuring we feedback on 'you said we did'.

Reviewing themes and sharing learning.

*Data not available for 2021

The data made available to the Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2). Patients who would recommend the Trust to family and friends: % recommended

Description	Dec 2019	Jan 2020	Feb 2020
ULHT ED / National Avg/ Best(B)-Worst(W)	83 / 84 / 100 (B) 50(W)	82 / 85 / 100 (B) 34(W)	82 / 82 / 99 (B) 40(W)
ULHT Inpatients/National Avg/ Best(B)-Worst(W)	93 / 96 / 100 (B) 82(W)	93 /96 / 100 (B) 80(W)	93 /96 / 100 (B) 73(W)
ULHT Maternity /National Avg/ Best(B)-Worst(W)	100 / 97 / 100 (B) 65(W)	99 /97 / 100 (B) 80(W)	97 /97 / 100 (B) 86(W)

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

The data has been sources from NHS Digital and compared to published survey results.

The ULHT intends to take the following actions to improve this indicator and so the quality of its services by:

Identifying 'FAB' experience champions within ED.

Identifying themes and strengthening the ED patient experience.

Domain 5 Treating and caring for people in a safe environment and protecting from avoidable harm

The data made available to the Trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Description	Q2 2020 - 21	Q3 2020 - 21	Q4 2020 - 21
ULHT %	98.2%	97.9%	97.8%
**National Avg %	N/A	N/A	N/A
**Best(B) / Worst(W) National Performance %	N/A	N/A	N/A

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

The data has been sourced from NHS Digital and compared to internal data.

The ULHT intends to take the following actions to improve this indicator and so the quality of its services by:

Reviewing local policies and guidelines on diagnosis and management.

Review literature available to patients on importance of VTE prevention and symptoms and signs.

** National Performance data is not available

The data made available to the Trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over during the reported period

Description	2018 - 19	2019 - 20	2020 - 21*
ULHT	13.1	10.2	N/A
National Avg	12.2	13.6	N/A
Best(B)-Worst(W) National Performance	0(B) / 79.7(W)	0(B) / 51.0(W)	N/A

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

The data has been sourced from NHS Digital and compared to internal data.

The ULHT intends to take the following actions to improve this indicator and so the quality of its services by:

A review of the process for investigations and root cause analysis has been carried out which will result in a strengthened approach by the Divisions of each case.

*Data not available for 2020-21

The data made available to the Trust by NHS Digital with regard to the number and, where available, rate of Patient Safety Incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death

Description	Oct 17 - Mar 18	Oct 18 - Mar 19	Oct 19 - Mar 20
ULHT %	1.55	0.75	0.47
**National Avg %	N/A	N/A	N/A
ULHT Total No of Incidents (T) / Severe or Death (SD)	6,399(T) / 99(SD)	6,291(T) / 47 (SD)	5,914(T) / 33(SD)

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

The data has been sourced from NHS Digital and compared to internal data.

The ULHT intends to take the following actions to improve this indicator and so the quality of its services by:

All safety incidents that result in severe harm or death are reviewed to assess if they meet the Serious Incident criteria.

All deaths are reviewed by the Medical Examiner and any deaths where care has fallen below the expected are subject to an additional review.

** National Performance data is not available

Explanatory Notes

All data published as descripted and provided from NHS Digital website correct at time of reporting for the periods available.

https://digital.nhs.uk/data-and-information/indicators/indicator-portal-collection/quality-accounts

Summary Hospital-level Mortality Indicator SHMI

This is an indicator which reports on mortality at Trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by NHS Digital with the first publication in October 2011. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. SHMI is reported every 6 months and has a 6-month time lapse and in hospital death rate should mirror HSMR therefore HSMR can be a predictor for this. NHS Digital does not retrospectively refresh data from the previous reporting period.

Patient Reported Outcome Measures (PROMS)

PROMS is an optional questionnaire that is filled out in pre-operative surgery and a follow up questionnaire is sent post-surgery. The measures required for the Quality Account is to report on the Adjusted Average Health Gain for Hip Replacement Primary, Total Hip Replacement, Knee Replacement Primary and Total Knee Replacement, rounded to two decimal places. The data does not include Knee or Hip replacement revisions.

NHS England undertook a consultation on the national PROMs programme in 2016. As a result of the findings of that consultation, NHS England has taken the decision to discontinue the mandatory varicose vein surgery and groin-hernia surgery national PROM collections. As a result of the NHS England consultation, the Trust has not participated in the collection of the varicose vein and groin hernia surgery due to the low number of patients that would be available for this cohort which would not allow for sufficient modelled records to equate for an adjusted health gain.

Readmission within 28 days of discharge

This is a measure of readmissions within 28 days of a patients discharge. There are two metrics required to be reported 0-15 years and 16+ years, the indicator measure taken for the last two periods is the “Indirectly age, sex, method of admission, diagnosis, procedure standardised percent.”

Responsiveness to inpatients personal needs

The indicator value is based on the average score of five questions from the National Inpatient Survey, which measures the experiences of people admitted to NHS hospitals.

Staff Survey

This data has been taken from the Staff Survey Question 21d results that have been published upon NHS Staff Survey website.

Friends and Family Test

This data has been taken from the Friends and Family Test responses received for the Trust as published on NHS Digital for the last two reporting periods. The National Average for England is excluding independent sector providers. Maternity data has been taken from Trust Question 2-asked in birth setting. This is relevant to Pilgrim and Lincoln sites only.

Clostridioides Difficile Infection

The data is taken from table 8b of the NHS Digital published annual table for the last two reporting periods and the metric is the infection rate per 100,000 bed days.

Clostridioides difficile is a gram-positive bacteria that causes diarrhoea and other intestinal disease when competing bacteria in a patient or person's gut are wiped out by antibiotics. Clostridioides difficile infection can range in severity from asymptomatic to severe and life threatening, especially among the elderly. People are most often nosocomially infected in hospitals, nursing homes, or other institutions, although Clostridioides difficile infection in the community and outpatient setting is increasing.

The description is the rate of Clostridioides difficile infections per 100,000 bed days for patients aged two or more on the date the specimen was taken during the reporting period.

The data definition is described as:

- Numerator: The number of Clostridioides difficile identified within a trust during the reporting period.
- Denominator: The number of bed days (divided by 100,000) reported by a trust during the reporting period.

The scope of the indicator includes all cases where the patient shows clinical symptoms of Clostridioides difficile infection, and has a positive laboratory test result for Clostridioides difficile recognised as a case according to the trust's diagnostic algorithm. A Clostridioides difficile episode lasts for 28 days, with day one being the date the first positive specimen was collected. A second positive result for the same patient, if collected more than 28 days after the first positive specimen, should be reported as a separate case, irrespective of the number of specimens taken in the intervening period, or where they were taken. Specimens taken from deceased patients are to be included.

The following cases are excluded from the indicator:

- people under the age of two at the date the sample of taken; and
- where the sample was taken before the fourth day of an admission to the trust (where the day of admission is day one).

Venous Thromboembolism (VTE) Risk Assessment

Venous Thromboembolism (VTE) is a term that covers both deep vein thrombosis (DVT) and its possible consequence: pulmonary embolism (PE). A DVT is a blood clot that develops in the deep veins of the leg. If the blood clot becomes mobile in the bloodstream it can travel to the lungs and cause a blockage (PE). The risk of hospital-acquired VTE can be greatly reduced by risk assessing patients on admission to hospital and taking appropriate action to prevent a VTE from occurring. Where clots happen the assessment, prescription and administration of appropriate medication is assessed to see if this has all been done correctly.

NICE guidance has given advice on the scope of who to include within the cohort - surgical inpatients, in-patients with acute medical illness, trauma inpatients, patients admitted to Intensive Care Unit, cancer inpatients, patients undergoing long term rehabilitation, patients admitted to a hospital bed for day-case or surgical procedure and private patients attending NHS hospital.

The patients out of scope are patients under 18 years (however in March 2018 NICE updated their guidelines and have lowered the age to 16 years and above from 18 years), people attending outpatients and people attending ED who are not admitted. The Trust signed up to the Midland and East Cohort agreement. The National target is for at least 95% of patients to be risk assessed for VTE within 24 hours of admission. The results are collated through an electronic system known as Medway.

Patient Safety Incidents

This metric is the number and where available, rate of patient safety incidents that occurred within the Trust during the reporting period, and the percentage of such patient safety incidents that resulted in severe harm or death as published in the Patient Safety Indicators latest file on NHS Digital. The national average is not available as the England reporting is not within the same timeframes.

OMITTED NOTE: The following Domains and metrics were not applicable for ULHT reporting:

Domain 1

- Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay - **Mental Health Community**
- Category A telephone calls (Red 1 and Red 2 calls); emergency response within 8 minutes - **Ambulance**
- Category A telephone calls; ambulance response within 19 minutes **- Ambulance**
- Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle (Domain 1 and 3) **- Ambulance**
- Patients with suspected stroke assessed face to face who received an appropriate care bundle (Domain 1 and 3) **- Ambulance**

Domain 2

- Admissions to acute wards where the Crisis Resolution Home Treatment Team were gate keepers**-Mental Health Community**

Domain 4

- Patient experience of community mental health services **- Mental Health Community**

PART 3

NHS
United Lincolnshire Hospitals
NHS Trust

OUTSTANDING CARE
personally DELIVERED

PATIENT SAFETY

The safety of our patients is central to everything we want to achieve as a provider of healthcare. We are committed to continuously improving the safety of our services, and will focus on avoiding and preventing harm to patients from the care, treatment and support that is intended to help them. We will do this by successfully implementing proactive patient safety improvement programmes and by working to better understand and improve our safety culture. We will also continue to conduct thorough investigations and analyses when things go wrong, identifying and sharing learning, and making improvements to prevent or reduce the risk of a recurrence. We will be open and honest with patients and their families when they have been subject to a patient safety incident, and will strive to eliminate avoidable harm as a consequence of care we have provided.

Coronavirus (COVID-19)

During March 2020, a global outbreak of Coronavirus (COVID-19) initiated a national incident across the UK. For Lincolnshire's hospitals this meant the Trust had to implement a range of nationally mandated measures to ensure we were prepared for the number of patients we would see.

We continued to work closely with national health bodies to inform our plans and ensure that both our patients and staff remained safe and well-cared for, following Public Health England guidance at all times around the appropriate use of Personal Protective Equipment (PPE).

Patient pathways were reviewed to consider the impact a surge in patients may have on services. Some areas in our hospitals were segregated, outpatient appointments and non-urgent operations were cancelled as recommended nationally to ensure that plenty of capacity was created in our hospitals. The Trust also reviewed which meetings and reports were key to continue and which could be ceased during the pandemic. The Grantham 'Green' site arrangements were put in place in June 2020 in response to the COVID-19 pandemic. This enabled us to continue to deliver essential cancer and urgent surgery and outpatient's activity to the people of Lincolnshire during the COVID-19 pandemic.

For our patients we introduced the use of video consultations for a number of services. This meant that patients were still able to attend appointments and access medical care.

The Trust had to implement the national guidance to suspend patient visiting to help protect staff and patients from any increased risk of exposure to the virus. This applied to all areas apart from in specific circumstances. As part of our response to this, we created a Family Liaison Team to ensure that patients were able to keep in touch with loved ones and receive items they needed. From 3 May 2021 the Trust reinstated patient visiting.

We are moving to a new phase where we have to manage COVID-19 not as a pandemic, but as endemic in our society. This means managing COVID-19 as part of our everyday working processes, in much same way that we do other seasonal infections such as influenza and norovirus.

As we have moved through the pandemic, national guidance has been published, refined and updated enabling ULHT to respond in an evidence-based manner to change the way we configure our services and ward areas, whilst at the same time keeping staff, patients and visitors safe. Part of this work includes reviewing the future of services on the Grantham site creating a simpler patient care pathway that is clear for all to follow.

ULHT is expected to move to a single risk classification for all patients - High, Medium or Low for all infection prevention and control matters. All patients will be categorised in this way, which means isolating infectious patients (high risk) no matter what the infection. We are now introducing these three new classifications across our clinical areas, which provides an opportunity for us to return to specialty-specific wards for patient care, meaning the right people will be cared for in the right areas with staff who have the speciality skills for that specific ward environment.

As we continue to work through COVID-19 being an infection that is endemic in our society, we are also looking at the ways we help support our patients during their hospital stay:

- All patients must be tested at emergency admission, whether or not they have symptoms.
- All patients admitted directly to any wards must have a lateral flow test taken on arrival.
- Patients with symptoms of COVID-19 must be retested with a PCR test at the point symptoms arise after admission.

- Patients who test negative upon admission must have a second PCR test three days after admission, and a third PCR test 5-7 days post admission.
- All patients must have a PCR test 48 hours prior to discharge directly to a care home and must only be discharged when their test result is available. Care homes must not accept discharged patients unless they have that person's test result and can safely care for them.
- Elective PCR patient testing must happen within three days before admission and patients must be asked to self-isolate from the day of the test until the day of admission.

During 2020-21, ULHT's wellbeing team have created a host of wellbeing initiatives to help and provide support to colleagues during these difficult and rather uncertain times.

Integrated Improvement Plan (IIP)

The Integrated Improvement Plan (IIP) is our 5-year Improvement Plan. It identifies the key priorities for the Trust over the next 5 years 2020-2025; ensuring we are focused on the right areas for both our patients and our staff. The Trust is now seeking to move from a short term, reactive approach to quality and safety to a more comprehensive and planned approach. This streamlined approach will help to make a real difference for our patients and support our staff to deliver the high standards of care to which we all aspire. Effective partnerships across the Lincolnshire health community are vital for achieving our overall goals and we are committed to working as one health and care system.

Within the Trust IIP the strategic framework 2020-2025 provides our future direction:

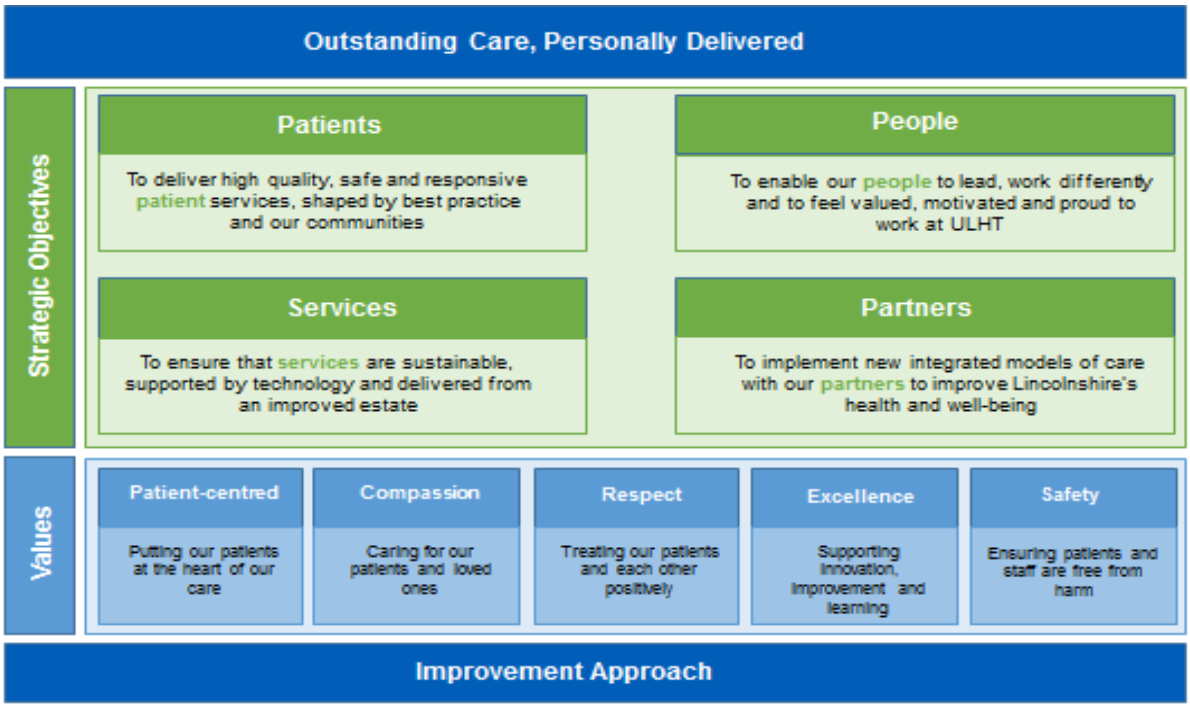
Patients - To deliver high quality, safe and responsive patient services, shaped by best practice and our communities.

People - To enable our people to lead, work differently and to feel valued, motivated and proud to work at ULHT.

Services - To ensure that services are sustainable supported by technology and delivered from an improved state.

Partners - To implement new integrated models of care with our partners to improve Lincolnshire health and well-being.

Our strategic framework 2020-2025 provides our future direction:



The Trust has been monitoring and providing assurance reports on the delivery of the Integrated Improvement Plan throughout 2020-21. There were 74 work streams, originally identified, with 54 currently live. There has been support for each work stream by a Senior Responsible Officer (SRO) from the Programme Management Office (PMO), with tracking of progress. There has been notable progress against each of the work streams, which are aligned to the four strategic objectives, Patients, People, Services and Partners.

The Director of Improvement and Integration is leading the improvement priorities for the Trust. There has been identification of 30 proposed priority improvements for 2021-22. These priorities have been shared with the Executive Leads and the Divisions, with meetings taking place to ensure they are aligned with the proposed priority improvements.

Seven-Day Services

The seven-day hospital services (7DS) programme was developed to support providers of acute services to deliver high quality care and improve outcomes on a seven-day basis for patients admitted to hospital in an emergency.

ULHT is committed to delivering high-quality services that ensure equity of access for all patients 24 hours a day, seven days a week. The Trust has been participating in the national audits for seven-day hospital services against the four clinical priority standards:

Priority Clinical Standards	• Standard 2: Time to Consultant Review • Standard 5: Diagnostics • Standard 6: Consultant Directed Interventions • Standard 8: On-going Daily Consultant Directed Review		
Standard 2 All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital	**Standard 5** Access to Consultant-directed Diagnostics within one hour if critical, 12 hours if urgent and 24 hours for non-urgent patients • Within 1 hour for critical patients • Within 12 hours for urgent patients	**Standard 6** Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols	**Standard 8** Patients with high dependency needs should be seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least once every 24 hours

We continue to face challenges in achieving these standards, however benchmarking across the East Midlands and the country demonstrates we are within national and regional parameters.

The Trust currently has multiple work-streams dedicated to the delivery of improved patient flow through the organisation. Whilst many services are delivered on a seven-day basis, in other services there remains a differential between weekdays and weekends. There is however clear clinical commitment to move towards seven-day services within our Divisions.

Internal Audit

The Trust participated in four internal audits for 2020-21, which is a reduction from previous years due to COVID-19. The four internal audits all received partial assurance with improvements required. All four reports will have an action plan developed to ensure the recommendations are made and progress will be monitored by the Audit Committee.

The four areas that were reviewed by internal audit were:

- Incident Reporting and Investigation / Learning from Incidents (awaiting Management comments)
- Complaints (awaiting Management comments)
- Pharmacy and Medicines Management
- Governance - High Level Assurance Framework

Performance

The second wave of the Covid-19 pandemic impacted significantly against the Trust's plans, posing challenges across both non-elective and elective pathways, including cancer, and resulting in the intermittent pausing of the green pathways at both Lincoln and Pilgrim hospitals. The Grantham Green Site has remained in operation.

The Trust's ED services continue to operate under pressure with more attendances and emergency admissions. A number of schemes have been put in place to support the known times of pressure but unfortunately these have not been able to meet the underlying demand and additional growth. Work continues to reduce overall ambulance conveyances to the Trust. Dedicated Project Management resource has been supported by the Improvement and Integration Team, to support sustainable change with a particular focus on Same Day Emergency Care (SDEC) to aid improved bed flow.

The Trust is working with the whole Lincolnshire health and care system – engaging with the whole community on proposals for improvements to services, where patients can be seen and treated rapidly in the right care setting, first time. This includes current thinking around the centralisation of some services to provide centres of excellence. The public's top health concerns include self-care, prevention, cancer and mental health and the Trust will look at how it can work with the wider system to support these concerns.

It is hoped that during 2021, the system will be in a position to consult with the public on some of these changes, changes that will not require capital investment to affect, and that will also address the fragility issues of some services.

Patient Experience

During the COVID-19 pandemic we worked hard to ensure families and patients could keep in touch with the following initiatives:

Letters to a Loved One

Following feedback from relatives who needed to keep in contact with loved ones during restricted visiting, we introduced 'send a letter to a loved one' - https://fabnhsstuff.net/fab-stuff/sending-a-letter-to-a-loved-one-at-ultimateulht

Feedback from those sending letter in has been very positive and report it is a great service. The project continues to operate.

Family Liaison Team

During the first wave of the pandemic we set up a Family Liaison Team with volunteers and redeployed staff who arranged and supported video and phone calls and received property to deliver to patients.https://fabnhsstuff.net/fab-stuff/covid-19-family-liaison-team https://www.ulh.nhs.uk/news/new-family-liaison-team-launched-to-connect-hospital-patients-and-their-families/

Hearts for COVID & patient activity bags

The Trust worked with local charities and organisations to make knitted, crocheted and fabric hearts that were given in pairs to patients and family members to act as a source of comfort and a token of connectedness whilst they were apart. Thousands of hearts were made and distributed and very warmly received.

We also created individual fabric bags filled with pens and pencils, crossword and activity books, tissues and hand cream and other kind donations that have been given to patients whilst they have been isolated. There were hundreds of donations and the patient experience team ensured they were safely distributed across all our wards.

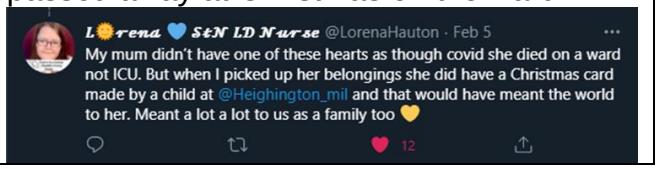
Christmas cards from Lincolnshire schools

Over the Christmas period, we engaged with Lincolnshire school children to make Christmas cards and over 5,000 cards were received. The cards were given to patients who are in hospital overnight on Christmas Eve, as we knew that these patients were isolated from their family and

friends and would not see them as planned at Christmas. Each card had a Christmas message inside from the child that made the card to bring some cheer to our patients at that difficult time.

ITV news article - https://www.itv.com/news/calendar/2020-12-10/children-across-lincolnshire-bring-christmas-joy-to-hospital-wards?fbclid=IwAR2YGUfP8Dx7Nz1pEPpByhiLMPZnjZ1yso2G7MtN1cmzTyWjpr2KRoGZX1c

Twitter post from a member of the public whose family member received a Christmas card in hospital from the pupils of Heighington Primary Academy before she passed away at Christmas on the ward.



Video calling

IPads have been deployed to ward to all patients to connect with their families via video calling and a member of the Patient Experience Team leads this for any troubleshooting and support required.

Supporting visiting during the Pandemic

Clearly restrictions have been in place in keeping with national guidance. Procedures, Quality, Equality Impact and full risk assessments have been completed and put in place to support this. Exceptions to visiting restrictions have been introduced and updated as required through an SBAR model to meet changing risks.

Patient Panel

The Patient Panel was formed in September 2020 and acts as an expert reference group to enable patients, their families and carers and their communities to make an effective contribution to the running of ULHT. The panel is responsible for working with the Trust to ensure that patient and public views and experiences are sought, heard and taken into account. Four members of the panel also attend Patient Experience Group to provide updates and assurance.

Patient stories

We have moved to a digital model for patient stories to Trust Board stories in last year to ensure that despite the pandemic patient and staff voices are still heard. Stories in the last financial year include:

- Reading stories to children – Children's palliative care specialist nurses.
- Patients experiences of video consultations
- Experience of non-clinical staff redeployed to support ward areas

Looking across national surveys

A tool has been developed to draw out themes that feature across the inpatient, urgent & emergency care, maternity and cancer national surveys. This thematic review highlighted the need to review communication and dignity across the Trust ad dedicated pieces of work have been undertaken.

Discharge experience

Our national surveys and other patient feedback data has demonstrated very clearly that many of our patients have had a poor discharge experience relating to information, involvement in decisions and delays. This was explored through the Outstanding Care Together programme with a view to a whole Trust approach to identifying and delivering improvements. Improvements activities in progress include: reintroduction of the Ticket Home initiative, and a patient 'communication clipboard'.

What Matters to You

Though delayed in year due to the Pandemic 12 ward staff are participating in the QSIRv programme to implement the What Matters to You (WM2Y) initiative in their teams. Each is approaching this in a different way but all with the aim of greater involvement in decisions and discussions about their care and treatment. This is a factor that has featured significantly within our patient feedback as being an area requiring improvement.

Thanks and Praise

ULHT joined up to a new social media platform called Thanks & Praise – TAP in November 2020. This is a platform for the public to leave thanks publicly and to date has had over 500 postings. https://thankandpraise.com/thankingwall/lincolnshire-nhs-trust/

Academy of FAB NHS Stuff

Following receiving Academy accreditation in October 2019 we have continued to champion and showcase the Academy with engagement in the national #FabChange20 where four staff participated in the Global online conference and more than fourteen ‘shares’ of ULHT work on the national Academy website.

Projects commenced but paused due to COVID-19 but now being re-energised:

- Real Time Patient Surveying
- Evidence Based Co-Design
- Experts by Experience
- Reaching out to communities – meetings scheduled with Sensory Impairment Group, Traveller community and Black, Asian, and Minority Ethnic (BAME) communities.
- Developing an online library of Patient Stories

Working with Healthwatch

The Trust enjoys a good relationship with Healthwatch Lincs who are stakeholders on the Patient Experience Group and also have a member on the Patient Panel. In addition, they collect patient feedback and send this through to our PALS team each month who seek feedback and responses to issues raised. These reports are then circulated through Patient Experience Group.

Working with partner agencies

In addition to Healthwatch who are members of the Patient Experience Group we also have:

- Carers First – The provider of Carer Support across the county and an important voice in ensuring carers needs are heard and considered.
- Maternity Voices Partnership – Though a new member of the Patient Experience Group MVP has had a strong relationship with maternity services.

Complaints

The Trust recognises that sometimes things can go wrong and people wish to complain and it is the Trust’s duty to undertake a full investigation of the complaint in-line with the Trust’s constitutional responsibility. The complaints process is an important mechanism for patients to provide feedback regarding the quality of our services. This feedback is highly valuable and the Trust works hard to use this to improve services.

The Trust has improved its response times and quality of responses in the complaints process over the past year, which had previously been a significant challenge. Since this change, we have received positive experiences of the process from both complainants and staff.

The changes the Complaints Team have implemented in 2020-21 are:

- Complaints Team have been allocated to a Division, which enables a greater relationship to be fostered.
- Weekly Divisional trackers are produced detailing the number of complaints and the status of each complaint.
- All complaint responses are reviewed by the Senior Management Team in Clinical Governance prior to sending to the Divisional Senior Management Team for approval. All complaint responses are signed-off by the Executive Team.
- Complaints Team have received external accredited training to improve the quality of responses.
- Complaint actions will be signed off by the Divisional Senior Management and the Complaints Team will ensure these have been completed.

Number of complaints received and response rates:

	Target	2018-19	2019-20	2020-21
New complaint received	N/A	739	721	555
Acknowledged within 3 working days	95%	95%	100%	100%
Response Rates	100%	56%	40%	32%

The Trust has seen a reduction of 166 complaints in 2020-21 compared to 2019-20. This may in part be due to COVID-19. The response rates have deteriorated as the Complaints Team were only utilising the 35 days response timeframe despite the complexity of the complaint. The Complaints Team are now utilising 50 days for the more complex cases.

Learning from complaints

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

Each Division produces a quarterly report which identifies themes, trends and suggestions for improvement based on a variety of feedback (complaints, friends and family test, social media,

patient choices, Patient Advisory Liaison Service (PALS)). These reports are discussed at the Patient Experience Group. A quarterly complaints and PALS report is produced and presented at the Patient Experience Group and Quality Governance Committee. An annual complaints report is also produced.

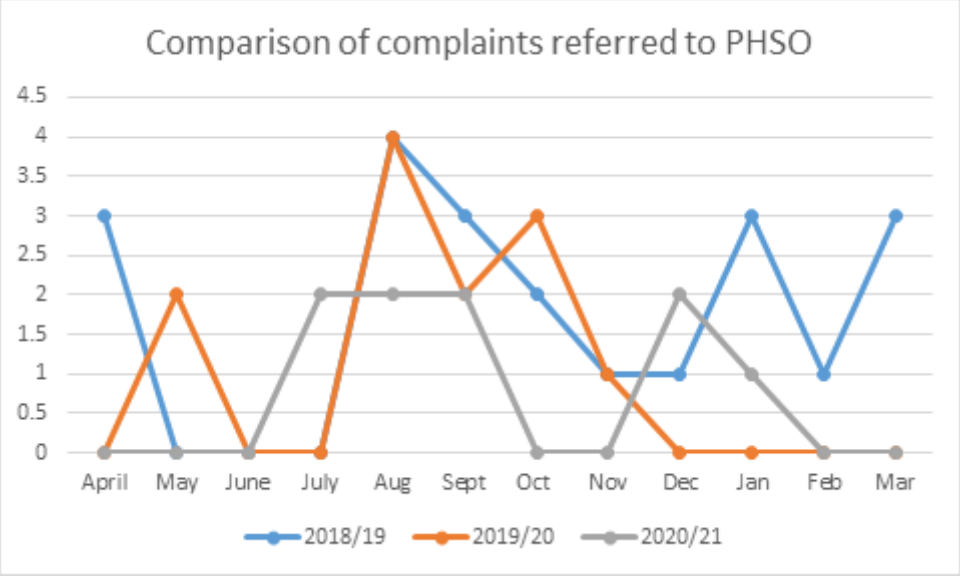
Many of the actions identified from complaints form part of wider programmes of work such as safe and timely discharge work-stream and improving communication work-stream.

Parliamentary and Health Service Ombudsman (PHSO)

The Trust aims to resolve complaints at local level following thorough investigations, written responses, meetings with complainants and in some cases seeking an external opinion from a clinician outside the organisation. However, when local resolution has been exhausted, the complainant can refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for consideration and investigation.

The Trust has seen a year-on-year reduction of complaints referred to PHSO, however, during 2020-21 the Trust has seen fewer patients due to COVID-19:

- 2018-19 = 21
- 2019-20 = 12
- 2020-21 = 9



Incident Reporting

Our aim is to provide care that is safe, effective and high quality for all patients and service users. The Trust's incident reporting and risk management system is designed to support this aim and is based on an open, honest and transparent culture of learning from experience underpinned by a systematic approach to managing patient safety incidents. This cultural approach fully adheres to national guidance from a staff and patient perspective.

Never Events

There have been two Never Events declared in 2020-21:

- A retained foreign object post-procedure (retained guidewire from an NG tube)
- A mis-placed nasogastric tube

The Trust is committed to learning lessons from all incidents and we take the learning from Never Events extremely seriously. In each Never Event, a comprehensive investigation has been undertaken using a human factors and systems-based approach to identify the root cause and contributory factors. This informed the development and implementation of robust action plans to strengthen the systems to prevent the incident happening again. We continue to monitor the success of these actions through our quality assurance process. We have also used these events as important simulations in our on-going education and training where possible.

Duty of Candour

All incidents are subject to ongoing review to validate the level of harm. Those incidents deemed to have caused moderate, severe or catastrophic harm are required to be followed up in line with the Duty of Candour legislation and Trust policy. The clinical divisions receive regular reports highlighting the moderate and greater harm incidents and actions required to confirm compliance with the process. This is reported at local governance meetings and Quality Governance Committee.

Throughout 2020-21, a dedicated member of the Risk and Incident Team focused on supporting divisions with improving duty of candour compliance, chasing evidence and overdue incidents. By the year-end in March 2021, we achieved on average 88.3% recorded compliance with the verbal stage of the duty of candour on clinical incidents of moderate and greater harm.

Maternity Services Assessment and Assurance – Response to the Ockenden Report

Following an independent review of maternity services at a different Trust, the Secretary of State for Health and Social Care, produced the Ockenden Report in December 2020. The report assessed the quality of investigations relating to avoidable neonatal and maternal deaths and harm and made system-wide suggestions and recommendations for action to improve maternity care.

Our Maternity Services have increased partnerships with neighbouring Trusts to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight. We have a Safety Improvement Plan which is reported to the Trust Board on a monthly basis. Structured reporting mechanisms are also in place to ensure that any urgent issues are escalated to the Trust Board and a monthly maternity report is presented to the Quality Governance Committee.

Our maternity services have robust mechanisms for gathering service user feedback ensure that women and their families are listened to with their voices heard. The Trust works with its service users through our active Maternity Voices Partnership (MVP) which has been established since 2017. We also have a Neonatal Voice Partnership established in 2018 (which was the first in the country) and a Military Voice Partnership established in 2020. The MVP chair and members are involved in all Maternity Transformation work streams. We have a designated Non-Executive Director who acts as a Board-level Safety Champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard.

Our overarching Maternity Services Education Strategy and Training Needs Analysis outlines the training requirements for all members of the maternity multidisciplinary team (MDT) and describe the annual mandatory training programme content and its delivery.

We have robust pathways in place for managing women with complex pregnancies and provide care in line with current guidelines identifying high risk pregnancies and referring as indicated. We have a dedicated Lead Midwife with demonstrated expertise to focus on and champion best practice in fetal monitoring and are planning to implement a Lead Fetal Monitoring Obstetrician.

In the most recent Annual CQC maternity survey the Trust was shown to be ‘better that expected ’in questions around choice and information.

Healthcare Safety Investigation Branch (HSIB) Maternity Investigations

The Secretary of State for Health asked HSIB, a national and independent investigating body, to lead the maternity investigation programme which is part of the national plan for “Safer Maternity Care”. The ambition aims to halve the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur soon after birth, by 2025. Work started in April 2018 and full national coverage was achieved in April 2019. All NHS Trusts with maternity services in England refer incidents to HSIB.

Approximately 1,000 independent maternity safety investigations are being undertaken to identify common themes and influence systemic change. There is set criteria for referrals which must be met for cases to be accepted by HSIB. All cases are reported externally, as an independent investigation.

On completion of the investigation, a report is submitted to the Trust with recommendations. These are addressed by the Trust and an action plan created accordingly. While the HSIB investigation is ongoing, ULHT identifies and takes steps to respond to urgent and immediate actions. This is uploaded on our Incident Reporting Framework (Datix) and are managed in line with all other serious investigation actions.

For the year 2020-2021 there were 2 cases from ULHT that were investigated by HSIB:

- 1 baby required active cooling (4 cases of “active cooling” in 2019-2020)
- Intrapartum stillbirth

Equality Diversity and Inclusion

As a Trust, we value equality and human rights in everything we do, and are committed to working with our stakeholders to reduce health inequalities and value equality and diversity within our services and across the health community. We aim to ensure that the services we deliver meet the needs of the population we serve regardless of their age, disability, gender, race, religion/ belief, sexual orientation, marriage and civil partnerships, transgender and pregnancy/maternity.

We aim to continually develop and ensure that equality is incorporated into everything we do, as 'the golden thread' to all our activity. We value equality, diversity and inclusion and have set out our approach in our policies and practices with the aim of ensuring dignity and respect for all. Since 2018, the Trust has had an inclusion strategy which includes our equality objectives for the duration of the strategy 2018-2021. Our inclusion strategy can be accessed on the Trust website: https://www.ulh.nhs.uk/about/equality-diversity/equality-objectives/

In April 2020, the Equality and Human Rights Commission suspended all equality related reporting for the 2020-2021 financial year, although the general duties to ensure the elimination of equality related discrimination remained. As the financial year 2021-2022 commences the Trust is revising its equality strategy and objectives and reinstating its equality-related reporting.

Freedom to speak up

In October 2016, the Trust complied with the NHS Contract requirement to nominate a Freedom to Speak Up Guardian. As an organisation, we are committed to investigating and taking appropriate action where concerns are raised with us, and have arrangements, including the Guardian to ensure staff who raise concerns are fully supported to do so. The Trust Freedom to Speak Up Guardian has lead responsibility to ensure that the appropriate handling of concerns is in place and the effectiveness of the local systems is considered by the board. The Trust has a Freedom to Speak Up Policy which describes the different ways staff can speak up and assures them that staff who speak up will not suffer detriment. The opportunity to feedback is given through a feedback question offered when a speaking up matter is concluded. In 2021, the Trust has agreed a plan to appoint a dedicated Freedom to Speak Up Guardian to demonstrate the Trust commitment to supporting and listening to staff who speak up.

How does the Trust support staff to speak up:

- Through it's Voicing Your Concerns Policy
- Through the Freedom to Speak Up Guardian
- Through the 13 Freedom to Speak Up Champions who have been engaged to support speaking up across all staff groups and geographical sites
- Through the commitment of the Board to champion the importance of raising concerns. The Board receives a quarterly report on speaking up and has completed the self-assessment
- The FTSU Guardian meets regularly with the Trust Chief Executive / Chair and Non-Executive Champion for Speaking Up

What should staff do if they have a concern?

- Where possible speak to their line manager
- Contact anyone named in the Voicing Your Concerns Policy
- Contact the Trust Freedom to Speak Up Guardian through the dedicated confidential email address freedomtospeakguardian@ulh.nhs.uk
- Make use of one of the national whistleblowing helplines for advice

Wellbeing Guardians

The official guidance on Wellbeing Guardians was produced in October 2020 by the NHS England/Improvement Expert Advisory Board. This set out recommendation for Trusts to create a Board level Assurance role which supports the explicit responsibility of the CEO and Board members in ensuring the health and wellbeing of 'NHS people'.

The Wellbeing Guardian takes on an assurance role at Board level, in which they look at the organisation's activities through a holistic health and wellbeing lens. Their purpose is to:

- Question decisions which might impact on the wellbeing of ULH staff
- Challenge behaviours which are likely to be detrimental
- Challenge the Board to account for its decisions and their impact on the health and wellbeing of ULH staff.
- Remind the board to consider any unintended consequences of organisational actions and review them with a view to mitigating these

Taking into account the impact that the pandemic has had on our staff, the need to ensure that the organisation responds appropriately to the health and wellbeing of the workforce and to indicate the importance that the Trust Board attaches to this issue the Trust Chair will take on the role of Wellbeing Guardian.

The Chair will work closely with the Director of People and Organisation Development (OD) to ensure priority actions are embedded across the Trust. The People and OD Committee will receive regular reports on progress and these will be reported to the Board.

Guardians of Safe Working

The Guardian of Safe Working will support safe care for patients through protection and prevention measures to stop doctors working excessive hours. The Guardian of Safe Working

oversees the exception reporting process and has the power to levy financial penalties where safe working hours are breached. The role sits independently from the management structure, and the Guardian is responsible for protecting the safeguards outlined in the 2016 Terms and Conditions of Service (TCS) for doctors and dentists in training. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and / or employer, as appropriate; and will provide assurance to the Trust Board or equivalent body that doctors' working hours are safe. During the last financial year, the Guardian has employed a permanent 0.6 WTE administrative post to support them in this role.

The office of the Guardian continues to hold regular Junior Doctor Forums on a two monthly basis and doctors have felt comfortable to raise issues at these meetings which have been escalated further and addressed by senior management. The Guardian has also set up and held the first educational / clinical supervisor training session over teams and this has received positive feedback from those who attended. These will be held approximately twice a year (March and September) by the Guardian to increase awareness of exception reporting, support the Educational / Clinical Supervisors in the reporting mechanism and also give them a chance for any feedback on issues they wish to raise.

The Guardian reports quarterly to the People and Organisational Development Committee meeting. Within these reports, the details of the numbers of exception reports, split by speciality, grade of doctor and common themes are documented, which can then be used to improve the experience of Junior Doctors within the Trust.

The Resourcing Advisors and the wider Human Resources Team continue to work closely with the clinical leads and managers to fully understand the requirements of the different grades of Junior Doctors in training within each specialty. This enables a targeted approach to reducing rota gaps to be developed through focused recruitment and the pro-active recruitment of Trust Grade doctors. Whilst the Resourcing Advisors continue to resource fixed term backfill to rota gaps the centralised bank and agency team continue to explore temporary staffing solutions as appropriate. In addition, the Trust continues to ensure that there is ongoing communication with Health Education England (HEE) to ensure early identification of gaps to enable the Trust to take a pro-active approach to the filling of the gaps.

In addition, the Trust has recognised the need to invest in the overall Junior Doctors experience at ULHT and has therefore approved a rota cell project which will ensure a Trust wide review of all Junior Doctors rotas to ensure delivery of best practice in rostering and ongoing compliance with the Junior Doctors' contract. The aim is to work collaboratively with the Junior Doctors themselves on the design of rotas which meet best practice, delivers reasonable working patterns for the doctors and which meets service needs. By doing this and equipping Rota Co-ordinators with the skills and knowledge in best practice this should help reduce rota gaps and therefore reliance on medical agency which supports the delivery of a safe service and a good experience for the Junior Doctors.

NHS
United Lincolnshire Hospitals
NHS Trust

ANNEX 1

OUTSTANDING CARE
personally DELIVERED

STAKEHOLDER COMMENTS

NHS Lincolnshire Clinical Commissioning Group (Lead Commissioner)

NHS Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the United Lincolnshire Hospitals NHS Trust (the trust) Annual Quality Account 2020 – 21.

The Quality Account provides comprehensive information on the quality priorities that the Trust has focussed on during the year including targeted work on Delivering Harm Free Care and the Safe Discharge of Patients. Unfortunately the Covid pandemic has impacted on the trusts capacity to deliver on a number of the quality priorities although progress has been made across a number of the priorities.

The commissioners are pleased that a number of these important priorities are evolving into the coming year which will maintain the trusts focus on patient safety and quality improvement, these include:

- Developing the Respiratory Service so that it aligns with the trusts peers and achieves local, national and British Thoracic Society Standards, this will greatly benefit patients

- Developing a Safety Culture which builds upon the NHS Patient Safety Strategy is welcomed particularly; the “train the trainer” programme of work which will embed patient safety in all areas of the trust

- The trust recognising that patients are partners in the provision of healthcare and are committed to Improving Patient Experience with a number of initiatives these include improving communication with patients and involving patients by listening to their preferences

The Quality Account has numerous examples of the good work undertaken by the organisation over the past year including comprehensive information relating to clinical audit and research & development. A number of the research activities related to the treatment of Covid which the commissioner is particularly pleased with as the development of new clinical

procedures ensures patients can be assured that the most clinically relevant and timely treatments are being used.

Towards the end of the Quality Account there are a number of good news stories from the year with the following being of particular note:

- The trusts commitment to shortly appoint a Freedom to Speak up Guardian will allow staff to raise concerns without fear of reprisals and this work is noted to be a vital element of continuous improvement for patient outcomes

The trust worked hard during the Covid lockdown when restrictions were placed on visiting patients. Ensuring patients did not feel isolated from family and carers a number of initiatives were introduced including Letters to a Loved One, Christmas cards from Lincolnshire schools and (knitted) Hearts for COVID & patient activity bags.

The Trust has not been subject to a trust wide Comprehensive Care Quality Commission inspection during the past year. The most recent comprehensive trust wide inspection published in February 2020 rated the organisation as “Requires Improvement” and the trust remains in “Special Measures”. Like the Trust, we are disappointed at this rating but we are committed to support and work with the Trust to address the required improvements prior to the next CQC inspection.

The commissioners would like to thank the United Lincolnshire Hospitals NHS Trust who have worked collaboratively with partners in the Lincolnshire Health System during the COVID-19 pandemic to ensure patients’ needs are met in this challenging time.

NHS Lincolnshire CCG looks forward to working with the Trust over the coming year to further improve the quality of services available for our population in order to deliver better outcomes, and the best possible patient experience.

Pamela Palmer
Associate Director of Nursing
NHS Lincolnshire Clinical Commissioning Group

Healthwatch Lincolnshire

United Lincolnshire Hospital Trust Quality Account Statement 2020-21

Healthwatch Lincolnshire Quality Account working group: Dean Odell (Contract Coordinator), Pauline Mountain (Healthwatch Steering Group Vice Chair), Lyndy Moulder (HSG Member), Julie Evans (Information Signposting & Safeguarding Officer), Tim Barzycki (Project Officer).

Healthwatch Lincolnshire would like to thank Bernie Gallen and Kathryn Helley or presenting the ULHT Quality Account and meeting with our representatives.

Healthwatch Lincolnshire share all relevant patient experiences we receive with ULHT and thank you for responding which is generally within 20 working days. Your responses are shared in turn with the patient, carer or service user who raised the issue where possible, in many cases providing them with a level of closure they may not otherwise receive. We believe learning through patient feedback and experiences is an essential part of any service improvement.

Commentary relating to the previous year's Quality Accounts.

Priority 1 – Care of Respiratory Patients. Improvements have been made in relation to Asthma services and pathways, however not all deliverables were achieved, and we welcome respiratory remaining a quality priority for 2021-22 for the Trust to continue the improvements across all respiratory services.

Priority 2 – Safe discharge of our patients. We do appreciate the impact of COVID-19 on this priority where all milestones have not been met, however over the last few years Healthwatch Lincolnshire has highlighted safe discharge as an area of concern, we are aware that this is something ULHT have been working on improving, we will continue to share patient experience of hospital discharge and continue to monitor this area.

Priority 3 – Care of the deteriorating patient. Many of the priority targets have been successfully implemented and as noted in the accounts there is more work to do with staff training and to embed this learning into everyday practice. We are looking forward to seeing improved patient experience in this critical area as a result of the ULHT efforts for improvement.

As part of the presentation given to us, we were reassured that where last year's priorities were not met, they will continue to feed into business as usual to provide the improvements to patients and service users, and as Healthwatch we will continue to provide patient insight to assist with improvements across ULHT.

Priorities and challenges for the forthcoming year 2021/22

Over the last 12 months we have continuously heard from patients that are waiting for hospital treatment, this we know is a national concern but effects many Lincolnshire people and were therefore surprised that this was not top of the Quality Account Priority list, yet we understand that this is a huge part of the recovery plan.

We would like to highlight that we found this year's Quality Account Priorities easy to read and it was very useful as a watchdog organisation that the sections What will success look like? and How will we monitor progress? have been included this allows us to hold ULHT to account and monitor progress throughout the year.

It was noted that this year's Quality Account had a sense of going back to basics for the trust with Developing a Safety Culture and Improving Patient Experience, much of which focused on improved communication, as a result will see improvements in care, staff attitudes and patient experience as well as making sure family and carer's are involved throughout the patient journey. We are conscious that ULHT still remains as Requires Improvement (CQC rating) and has much work to do which goes beyond the three Quality Priorities stated below.

Priority 1 – Improving Respiratory Services. Not all the deliverables were achieved during 2020 -21and therefore remains a priority for 2021-22. Healthwatch Lincolnshire would like to see the inclusion of patient experience focused measure of success for this priority. We welcome the investment in a new Respiratory Support Unit at Lincoln site which is currently being installed which will provide a ring-fenced bed option for Non- Invasive Ventilation (NIV).

Priority 2- Developing a Safety Culture. As part of this priority ULHT strive for empowering and giving staff confidence to raise safety concerns - We would suggest that if implemented effectively ULHT should see an improvement from previous poor staff survey results.

Priority 3 – Improving Patient Experience. Healthwatch Lincolnshire very much welcomes improvement of patient experience within ULHT. As an organisation who provide ULHT with much patient insight we would welcome the inclusion of a 'You said – We did' style public communication, so patients can understand the improvements made, and that their feedback is taken on board and actioned.

Healthwatch Lincolnshire, in our Watchdog role, plan to benchmark your 2020/21 priorities during the coming year against patient and carer feedback. As part of this process, we will be inviting ULHT to provide periodic performance updates against them. We believe this approach will help to bring more relevance and support to our involvement in responding to future Quality Accounts.

Healthwatch Themes and Trends for ULHT – The last 12 months

The sentiments below are shared to give example of service-related comments.

General lack of communications in relation to: -

- At the height of Covid-19 pandemic, patients had a good understanding of the restrictions applied by the Trust to ensure safety of patients, family and staff, however, felt communications could have been better when relatives/loved ones were admitted onto a ward.
- Many appointments were cancelled due to Covid-19, patients concerned due to poor communication.
- 2 week wait Breast appointments waiting as long as 5-6 weeks, adding anxiety and stress for patients.

- Patients told us of cannulas in place on discharge on several occasions, having to get these removed after being discharged.
- Patients who spoke to us felt well cared for during their stay in a ULHT hospital in different departments and were kept well informed.
- Family members found it intolerable that relatives/loved ones were having to go through the trauma of cancer diagnosis on their own but did understand the reasoning.

Finally, we continue to see our relationship with ULHT develop positively and look forward to continued engagement with the Trust in the coming year.

Lincolnshire COUNTY COUNCIL *Working for a better future*	**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**

Statement on United Lincolnshire Hospitals NHS Trust's *Quality Account* for 202-21

This statement has been prepared by the Health Scrutiny Committee for Lincolnshire.

Covid-19

The Health Scrutiny Committee would like to record its thanks to all the staff, who have continued to provide services during the last year, not only in direct response to the pandemic, but also in maintaining and restoring other services such as cancer care.

Progress on Priorities for Improvement for 2020-21

Given the impact of the pandemic, the Committee commends the Trust's progress on its five priorities for improvement for 2020-21. In relation to Priority 2 (Safe Patient Discharge), the Committee recognises the various planning and processes to be completed before discharge. However, there are some concerns that too many patient discharges are still being delayed by prescriptions not being ready; or the availability of patient transport.

Priorities for Improvement for 2021/22

We acknowledge the rationale for the selection of the three priorities for improvement for 2021/22, which support the Trust's five year integrated improvement plan. The following comments are put forward on each priority:

- Priority 1 – Improving Respiratory Services – The Committee welcomes the planned opening of the respiratory support units in both Boston and Lincoln in the coming year.

- Priority 2 – Developing a Safety Culture – The Committee stresses the importance of staff being able to raise safety (as well as other) concerns. The Committee notes the roles of the freedom-to-speak-up guardian and the freedom-to-speak-up champions and would like to see all staff, irrespective of status or rank, feeling confident to escalate concerns using the Trust's own processes in the first instance, rather than contacting people outside the organisation.

- Priority 3 – Improving Patient Experience – The Committee notes the Trust's commitment to improving communications with patients. One example is where letters inviting patients to appointments are not issued and appointments are missed. The Committee understands that alternatives to letters, such as telephone, email or text message, are being explored. However, improvements have included the approach whereby letters from consultants to GPs are copied directly to patients.

The Committee notes the wealth of data available to the Trust on the patient experience, which includes the patient panel, established in September 2020, on which the Committee will be seeking more information in the coming year.

Specific Issues

The Committee would also like to record its comments on the following specific topics:

- Grantham Green Site – The temporary conversion of Grantham Hospital to a green site was a success in maintaining the treatment of patients with cancer and other conditions requiring urgent care.

- Grantham A&E Overnight Closure – Grantham A&E has been closed overnight on a temporary basis since August 2016. The Committee would like to see resolution of this issue, as part of an overall plan for the hospital, and looks forward to consultation on the Lincolnshire Acute Services Review, on the longer term arrangements.

- A&E Services – The Committee recognises the extraordinary challenges faced by A&E services during the last year. Initiatives to minimise attendance at A&E by 'non emergency' patients are acknowledged, but a challenge remains in ensuring that patients arriving by ambulance are transferred to the care of A&E staff as soon as possible.

- Outpatient Appointments at Community Hospitals – This topic emerged during the last year, but the Committee accepts that no substantial changes will be made to appointment provided by the Trust at community hospitals without consultation.

- Board Meetings – Holding public Trust Board meetings remotely has enabled many more members of the public to engage with the Trust. The Committee encourages this approach.

Care Quality Commission

While there have been no formal reports from the CQC since 2019, the Committee understands that regular meetings are taking place between the Trust and the CQC as part of the CQC's inspection arrangements during the pandemic.

Engagement with the Health Scrutiny Committee for Lincolnshire

During 2020-21, frequent engagement with the Health Scrutiny Committee for Lincolnshire has continued, with the focus largely on the Covid-19 pandemic and the restoration and maintenance of services. This has included the temporary arrangements, such as the Grantham hospital green site, which during the summer of 2019 attendance by clinicians at the Committee as part of the presentations on the Healthy Conversation 2019 engagement exercise, which provided the Committee with a deeper understanding of the rationale for each preferred option.

We look forward to continued engagement with the Trust's senior managers, and where appropriate clinicians, in the coming year. This will be particularly important as the Trust, together with the rest of the local NHS, balances the challenges of responding to covid-19 with restoring care and treatment to non-covid-19 patients.

Presentation of the Document

We are again pleased to see a well presented document. For example, there is a clear indication as to whether the success measures for the actions supporting each priority have been achieved.

Conclusion

The Committee is grateful for the opportunity to make a statement on the draft Quality Account. The Committee looks forward to progress with the three priorities in the coming year and will continue to seek to engage the Trust at its meetings. The Committee would again like to record its thanks to all the Trust's staff and volunteers who have strived to respond to the challenges and maintain services during the pandemic.

NHS
United Lincolnshire Hospitals
NHS Trust

ANNEX 2

OUTSTANDING CARE
personally DELIVERED

STATEMENT OF DIRECTORS' RESPONSIBILITIES

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011, 2012 and 2017 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

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

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

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

Andrew Morgan

Chief Executive Officer

Elaine Baylis

Chair, Trust Board