NHS
United Lincolnshire Hospitals
NHS Trust

United Lincolnshire Hospitals NHS Trust Quality Account 2023-24

OUTSTANDING CARE personally DELIVERED

Glossary of Abbreviations

AAA	Abdominal Aortic Aneurysm
ADHD	Attention Deficit Hyperactivity Disorder
ASR	Acute Service Review
BAUS	The British Association of Urological Surgeons
BTS	British Thoracic Society
CDC	Community Diagnostic Centres
C. Diff	Clostridium Difficile
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus disease caused by the SARS-CoV-2virus
CPA	Care Programme Approach
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DATIX	Internal Reporting System for Risk, Incidents, Complaints/PALS and Mortality
DKA	Diabetic Ketoacidosis
DSPT	Data Security and Protection Toolkit
DVT	Deep Vein Thrombosis
EBE	Experts by Experience
ED	Emergency Department
EDI	Equality Diversity and Inclusion
EPR	Electronic Patient Record
ePMA	Electronic Prescribing and Medicines Administration
FPSG	Falls Prevention Steering Group
FFT	Friends and Family Test
FTSUG	Freedom to Speak Up Guardian

GDH	Grantham and District Hospital
GIRFT	Getting It Right First Time
HES	Hospital Episode Statistics
HSMR	Hospital Standardised Mortality Ratio
IBD	Inflammatory Bowel Disease
ICB	Integrated Care Board
ICNARC	Intensive Care National Audit and Research Centre
IG	Information Governance
IIP	Integrated Improvement Plan
KPI	Key Performance Indicator
LCH	Lincoln County Hospital
LEDs	Locally Employed Doctors
MAP	Mean Arterial Pressure
ME	Medical Examiner
MINAP	Myocardial Infarction National Audit Programme
MorALS	Mortality Assurance and Learning Strategy Group
MRSA	Methicillin-Resistant Staphylococcus Aureus
N/A	Not Applicable
NACEL	National Audit of Care at the End of Life
NAIF	National Audit of Inpatient Falls
NAoME	National Audit of Metastatic Breast Cancer
NBCA	National Bowel Cancer Audit
NCEPOD	National Confidential Enquiry into Patient Outcomes and Death
NEIAA	National Early Inflammatory Arthritis Audit
NELA	National Emergency Laparotomy Audit
NHS	National Health Service

NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
NICOR	National Institute for Cardiovascular Outcomes Research
NIHR	National Institute for Health Research
NJR	National Joint Registry
NNAP	National Neonatal Audit Programme
NOD	National Ophthalmology Database
NPCA	National Prostate Cancer Audit
NQB	National Quality Board
NRAP	National Respiratory Audit Programme
NVD	National Vascular Database
OBD	Occupied Bed Days
O-G	Oesophago-Gastric
OSCE	Objective Structured Clinical Examination
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PE	Pulmonary Embolism
PEIG	Patient Experience & Involvement Group
PEOL	Palliative End of Life
PHB	Pilgrim Hospital Boston
PHSO	Parliamentary and Health Service Ombudsman
PIAG	Patient Information Approval Group
PROMs	Performance Reported Outcome Measures
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Investigation Response Framework
QC	Quality Committee

RCEM	Royal College of Emergency Medicine
RCPH	Royal College of Paediatricians and Child Health
SHMI	Standardised Hospital-Level Mortality Indicator
SHOT	Serious Hazards of Transfusion
SIG	Skin Integrity Group
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Uses Service
TARN	Trauma Audit Research Network
TCS	Terms and Conditions of Service
T&O	Trauma & Orthopaedics
ULHT	United Lincolnshire Hospitals NHS Trust
UTC	Urgent Treatment Centre
VAS	Visual Analog Scale
VTE	Venous Thromboembolism
WTE	Whole Time Equivalent
YCWCC	You Care, We Care to Call
7DS	Seven Day Services

Contents

Part 1: Chief Executive's Statement

Welcome to the Quality Account for United Lincolnshire Hospitals NHS Trust for 2023-24. This document provides an overview of all of the activity that has been taking place within our hospitals over the past year, with a focus on improving the quality of care that we provide to our patients.

This past year has not been without its challenges. We have seen multiple rounds of industrial action which have had an impact on our services and has meant that patient appointments have been cancelled. This paired with pressure on our emergency departments, long waits and delayed ambulance handovers has been demanding on our services and staff.

The Trust also underwent an unannounced CQC inspection of our children and young people's services at Lincoln County Hospital after they received information of concern about the safety and quality of the service. However, their reports described the services positively and our previous rating of 'Good' remains in place.

Estates issues including flooding and loss of water supply also resulted in a number of patient appointments being delayed.

We have overcome a lot, all whilst continuing to be on track to deliver £28.1m in cost improvements. There is still more for us to do, but as we see the organisation come together as a Group with Lincolnshire Community Health Services NHS Trust, we can have even more focus on making things better, both for those who receive care and also for those who work in both of our organisations.

We want to be able to provide more streamlined, effective and efficient services that are easier for patients to understand and access. Already we are seeing some great Group working across our services for the benefit of our patients and staff.

There is much to be proud of and celebrate when it comes to improvements in quality and delivering the best possible care to our patients. Our staff have yet again gone to unprecedented lengths to look after our patients, day in and day out, and the progress we have made is testament to that dedication.

Our achievements over the past year have included:

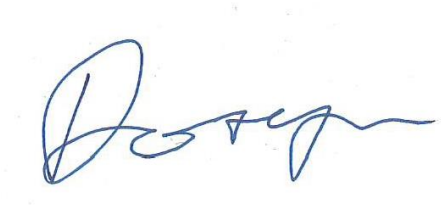
- Beginning construction of the multi-million-pound emergency department at Pilgrim Hospital, Boston
- Opening of Grantham UTC to provide care to the local population 24/7
- Consolidation of Stroke services onto the Lincoln site
- Agreement to establish a Group model to simplify patient pathways and deliver great care for the Lincolnshire population

- Secured an investment of £41m to develop and operate Community Diagnostic Centres at three sites in Lincolnshire
- Invested £19m into a new Endoscopy Unit at Lincoln
- Achieved and maintained the national target for pathway 0 (non-complex discharge) length of stay at 4.5 days from 7.4 days
- Shortlisted in the national FAB Awards for work with our Patient Panel and care partners
- Developed therapy services at the front door to enable earlier access to treatment for patients
- Increased our use of Patient Initiated Follow Up
- Reduced the number of patients waiting more than six weeks for an echocardiogram from 5,650 in April 2023 to 1,660 in January 2024
- Exceeded our plan for the number of clinical areas achieving the Diamond Award in Quality Accreditation
- Invested £15m into the Emergency Department at Lincoln to improve flow
- Implemented the first ever staff menopause service in the NHS
- Received approval to procure an electronic patient record (EPR) which will transform how we manage patients records
- Reduced the number of people waiting over 12 hours in our EDs by 18%
- Fully implemented the digital solution for Electronic Prescribing and Medicines Administration (ePMA)
- Delivering above and beyond the national ask to increase diagnostic activity levels of 100% by 2025
- Invested £2.4m into medical education facilities at Pilgrim and Lincoln to accommodate a growth in student numbers for Lincolnshire.

We also continue to involve our patients in discussions and decision making in the Trust, with our successful Patient Panel taking part in regular consultation and discussions about the development and improvement of services.

For the year ahead, we want to ensure that the Group model is fully implemented and is helping us progress in our quality improvement journey for the benefit of our patients.

We hope to continue with our plans to expand and develop our services even further and we want to ensure we have empowered staff who continue to go above and beyond every day for their patients and their colleagues.



Andrew Morgan,

Chief Executive

Part 2: Deciding our Quality Priorities for 2024-25

In order to determine our quality priorities, we have consulted with several stakeholders including our Trust Quality Committee (QC). The QC on behalf of the Trust Board approve the priorities and there will be regular reports on progress to QC throughout the year.

We have ensured that our quality priorities are aligned with the Trust's Integrated Improvement Plan (IIP) and the themes identified from the Patient Safety Incident Response Framework (PSIRF). 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.

The following improvement priorities for the Trust have been identified for particular focus in 2024-25. These priorities may be extended over the coming years to ensure they are fully embedded within our organisation. Each of the priorities has been selected as they are a key component of the patient experience.

Priority 1 – End of Life Care

Why have we selected this Priority?

End-of-life care is the term used to describe the care and support in the final weeks and months of life (or for some conditions, years), and the planning and preparation for this. It aims to ensure that people have access to the care that they want and need in all care settings. It also includes advice on services for carers.

Being able to live as well as possible until we die is something that we all value. The needs of people of all ages who are living with dying, must have their priorities, preferences and wishes accounted for. Personalised care in the last year of life will result in a better experience, tailored around what really matters to the person and their family.

The term ‘end of life care’ refers to the last year of life.

Our Current Status:

In 2022, HWLincs with the support of the NHS Lincolnshire Palliative End of Life Program Cell conducted a survey to gather post-bereavement views on palliative end-of-life care in Lincolnshire. The overarching theme was that care across the county was inconsistent and that the experience was somewhat of a “postcode lottery”.

Work is ongoing to review, co-ordinate and standardise (where appropriate) end of life care across the Lincolnshire system. This quality priority will focus on:

- Timely recognition and identification of people in their last year of life
- Education Programme for staff
- Review of end-of-life documentation across the Lincolnshire system
- Review of a shared end of life strategy across Lincolnshire
- Explore how end of life care metrics can be captured within the Quality Accreditation programme within the Trust
- Improve responses to the staff reported measure within the annual National Audit of Care at the End of Life (NACEL) survey to increase staff voice
- Improving communication between services

What will success look like?

- A task and finish group will have reviewed the standards and processes across the system to improve timely recognition and identification of people in their last year of life
- There will be an education programme for end-of-life care rolled out across the Trust
- End-of-life documentation will have been reviewed across the Lincolnshire system and standardised as appropriate
- End-of-life care will be captured within the Trust's Quality Accreditation programme
- There will be an increase in the number of staff responding to the staff survey within the annual NACEL survey to increase the staff voice in the care of end-of-life patients
- Raised awareness of the shared end of life strategy across Lincolnshire and map progress through PEOL

How will we monitor progress?

Progress will be monitored within the Palliative & End of Life Group (PEOL) which is chaired by the Medical Director

Priority 2 – Hear it Your Way

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. In February 2021, the Patient Experience Team undertook a review across all data sources to understand what our patients were saying about communication. We also triangulated our other data sources such as Care Opinion, Friends & Family Test (FFT) and national surveys our patients were telling us, very clearly, that communication needs to be improved.

Our Current Status:

Following the initial deep dive, a task and finish group was convened to develop improvement plans; this has continued and now developed into a more formal Communication Improvement Group. At an early task and finish group meeting, colleagues from Trauma & Orthopaedics (T&O) identified the following six themes from analysing their complaints and concerns information:

1. Clinician to clinician
2. Clinician to patient
3. Clinician to relatives/carers
4. Department to department
5. Secondary care to primary care
6. Orthopaedics to other specialties

The team developed an OSCE (Objective Structured Clinical Examination) type training programme for their staff. This consisted of a practical assessment designed to assess the skill, performance and competence of all staff in a range of communication skills. Five scenarios from genuine complaints were designed that had patient actors in role and staff went to each station and were observed with how they handled the situation. The observers were not ‘scoring’ staff to avoid the potential of it being perceived as an assessment rather than a reflective piece and so ratings were designed and the observed themes and trends from the observers could then be used as general feedback.

The assessment criteria was structured around the Trust values and both staff participants and observers completed evaluation and feedback forms to enable subsequent review.

After further discussions and presentations to Patient Experience Group and other forums there has been an appeal to provide this beyond T&O and to make it available Trust wide.

What will success look like?

To develop a Hear it Your Way Faculty within the Trust.

How will we monitor progress?

The Communication Improvement Group will report to the Patient Experience and Involvement Group (PEIG).

Priority 3 – Diabetes Pathway

Why have we selected this Priority?

The Getting It Right First Time (GIRFT) report for diabetes estimate that more than 4.7 million people have diabetes in the UK and the number is growing. Alongside this, almost a quarter of Trusts were found to not have a single inpatient diabetes specialist nurse.

Our Current Status:

GP practice data shows the percentage of patients with diabetes in Lincolnshire to be consistently higher than the national average. There was a Diabetes and Endocrinology Specialty Review on the 13 June 2023 that highlighted the strengths and areas for improvement for diabetic patients. The clinical teams developed a set of priority objectives which they believe will improve clinical outcomes and patient safety and patient experience in the short (1-2 years), medium (3-4 years), and long term (5 years).

What will success look like?

The following objectives will be delivered:

Getting the Basics Right

- Digital Transformation - The service will work with Information Technology teams and Health Innovations East Midlands to further develop access to digital solutions to ensure it is efficient and maximises the opportunity to support care delivery across the integrated care system

Defining Service Models

- Strategy and Planning Team to undertake a benchmarking exercise to understand the models and pathways used
- Implementation of Virtual Ward for Diabetes

Improving Quality and Safety

- Undertake workforce review if an extension of service is to be implemented
- A Patient Safety Incident Investigation (PSII) will be undertaken to understand how the systems and processes within the Group have impacted on the care provided to diabetic patients

Service Development

- Review Lipid Specialist Nurse Service at other providers to understand the benefits and services offered and to establish a funded service system wide, as appropriate

Sustainable and Multi-professional Workforce

- Strategy and Planning to undertake a benchmarking exercise to understand the Diabetic Specialist Nurse workforce provision system wide

How will we monitor progress?

- Progress will be monitored at the Diabetes & Endocrinology Governance meetings
- The Strategy and Planning team will support with bi-annual meetings to review progress and next steps and support with the progress of key pieces of work
- The Improvement Academy will also be available to support with quality improvement methodology and skills development for key projects

Looking Back: Progress made since publication of 2022-23 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. **Implementation of our 'you care, we care to call' programme across 38 wards**
2. **Improve clinical effectiveness and best practice principles by prioritising Cardiovascular pathways**
3. **Maximise safety of patients in our care, through learning from incidents**

Introduction

The Quality Account for 2022-23 outlined the Trust's proposed quality improvements for the year ahead (2023-24). These priorities were identified following engagement with patients, the public, staff and external stakeholders. The priorities have also been aligned with the Trust Integrated Improvement Plan (IIP). During the year 2023-24 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 2023-24.

Trust performance

This section provides detail on how the Trust has performed against the three priority ambitions. Results relate to the period 01 April 2023 – 31 March 2024 or the nearest period available. Mechanisms of measurement vary by priority and by the availability of national benchmark.

Priority 1:

We said we would: Implement 'you care, we care to call' programme across 38 wards

The 'you care, we care to call' (YCWCC) project aimed to ensure we keep relatives up to date with important information without the challenges of getting through to the right person on the ward.

We knew that staff were busy and phone calls were being missed or not answered as our families were telling us this. YCWCC turns this around through proactively calling relatives ourselves; this not only aims to reduce phone traffic but also, most importantly, communicates more effectively with families.

Different wards have adopted different approaches appreciating that ward timetables and structures are different; some for example discuss at board rounds, others at team handovers and huddles. The project lead has worked with each ward to help them find a fit best for them. The principle is to first confirm who needs an update phone call, when and how frequently, what information needs to be shared and to establish the best person to make that call. In reality the nursing staff invariably make the calls but depending on the information needing to be shared it could be a doctor or therapist. The team then document that the call has been made so that everyone is aware and up to date on information shared.

The target was to roll out YCWCC in 38 wards across the trust. With a starting point of 5 wards engaged during the project trial phase this called for 3 new wards each month. As the table below shows this has been exceeded and at the time of this report 41 wards have engaged.

Type	Description		Monthly performance											
			2023						2024					
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Progress	Number of wards adopting YCWCC	Target	8	11	14	17	20	23	26	29	29	32	35	38
		Actual	5	9	11	14	22	26	29	32	32	37	37	41

Data Source: YCWCC steering group

What more do we need to do to achieve our success measures?

The Trust has achieved the priority, however, during the process a number of other initiatives were identified by the steering group and work continues to explore and embed these, which include:

- Introduction of call queuing on ward phones

- Widening staff engagement to other professional groups
- Supporting staff, particularly newly qualified and internationally educated staff to have confidence in making calls
- A campaign encouraging families to identify a single contact to minimise the number of calls for each patient
- Exploring the call traffic data to better understand demand and responsiveness.
- Piloting the use of hands-free headsets for ward-clerks
- A campaign to create a culture that values responsiveness to a ringing telephone. Considering something such as a ‘no pass zone’ responding to a ringing phone whether they are nurses, doctors, managers, chaplains or therapists. Answering a phone is a proxy for how much the relative thinks we care and we want to implement a culture where you don’t walk by ringing phone no matter who you are. While a non-ward member is not going to be able to answer specific questions from the caller or give out specific information, they are perfectly capable of taking a message and finding the person who can or taking details for a call back.

Priority 2:

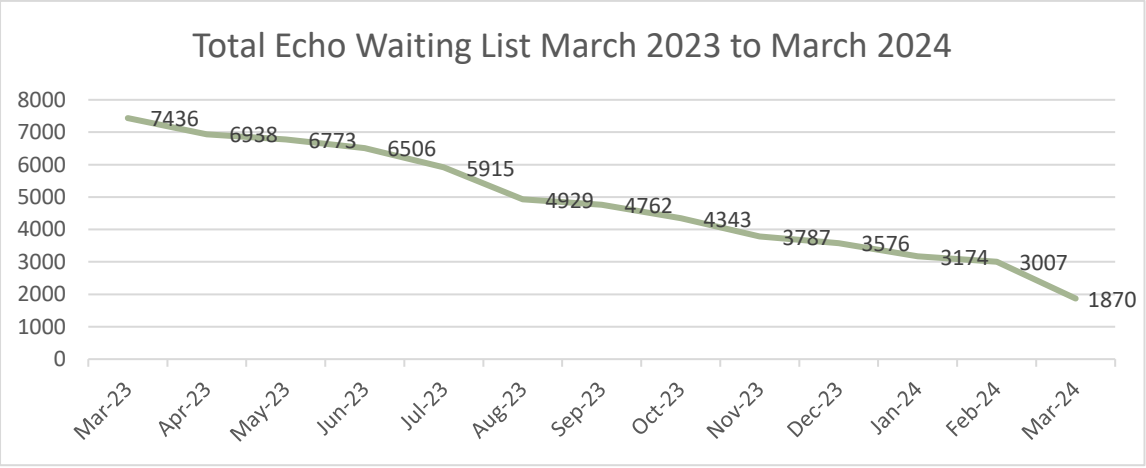
We said we would: Improve clinical effectiveness and best practice principles by prioritising Cardiovascular pathways

There were two elements to this priority:

- Reduce waiting list for Echocardiography with an ambition to have zero patients waiting less than 6 weeks by March 2024
- Reduce length of stay for Stroke patients (reduce to 10 days)

Reduce waiting list for Echocardiography with an ambition to have zero patients waiting less than 6 weeks by March 2024.

The Trust have made significant improvements in reducing the number of patients waiting for an Echocardiography, however, we did not fully achieve the priority. As of 31 March 2024, the Trust had 636 patients waiting over 6 weeks and 1234 under 6 weeks. The Trust are aiming to achieve no patients waiting over 13 weeks by the end of June 2024. The issues identified in not achieving the priority was due to capacity issues within the specialist echocardiography services.



The following actions were taken to address the Echocardiography backlog:

- Community Diagnostic Centres (CDC) funding commenced in March 2023. The Trust has worked collaboratively with the CDC team to insource additional capacity (currently completed over 3000 scans)
- Booking of Echocardiography scans was brought back ‘in-house’ to the Cardiovascular Business Unit (previously managed by the Choice & Access department in conjunction with the clinic team)
- In-house validation of patient referrals/pathways

- Twice-weekly meetings with booking teams to ensure maximisation of capacity and monitoring patients who do not attend their appointment
- Standardisation of booking rules
- Weekly meetings with Senior Cardiac Physiologist to discuss progress and issues

Reduce length of stay for stroke patients (reduce to 10 days)

The Trust have made significant improvements in reducing length of stay for Stroke patients, however, we did not fully achieve the priority. The length of stay achieved was 13.92 days in comparison to 16.5 days in 2022-2023. The average length of stay in March was 12.49 days. Pilgrim Hospital, Boston Stroke Unit closed in September 2023 following the outcome of the Lincolnshire Acute Services Review (ASR) which has impacted on the length of stay. The Trust are developing a business case to extend the current Stroke Unit at Lincoln County Hospital to provide a 35-bed Hyper-Acute Stroke Unit.

The following actions were taken to improve the length of stay:

- System-Wide ASR Stroke Oversight Group in place meeting regularly
- Stroke team are working with the Thrombolysis in Acute Stroke Collaborative (NHS Elect) aimed at thrombolysis being given to at least 20% of patients who could benefit from the intervention
- Stroke Consultant Nurse working with the Group Operational Lead on the thrombolysis pathway to reduce call to needle times
- There are 11 Acute Care Practitioners (some in training) which has enabled the Trust to cover consultant shortfall in the Stroke on-call rota
- As a Group model we are exploring options to fund 8 Community Stroke beds to avoid delays to stroke patients waiting in the acute hospital setting for rehab and placements

Data Source: Cardiology Business Unit

What we need to do to achieve our success measures?

- Recruitment and Retention package for clinical physiologists commenced in March 2023 to attract new substantive staff
- Recruitment of staff from overseas
- East Midlands Integrated Stroke Delivery Network are working towards introducing pre-hospital video triage for East Midlands Ambulance Service/ULHT to:

- Reduce the time taken to a Computerised Tomography (CT) scan on arrival at hospital
- Improve access to thrombolysis
- Allow direct referral to Transient Ischaemic Attack clinics where appropriate

Priority 3:

We said we would: Maximise safety of patients in our care, through learning from incidents

Electronic Prescribing and Medicines Administration (ePMA) has been implemented into all our adult inpatient areas except maternity. This means almost all of our prescribing and medicines administration is now done digitally. It allows our Doctors and non-medical prescribers to prescribe, our nursing staff to administer medications, pharmacists to clinically review and reconcile medications and pharmacy technicians to input drug histories and order medicines. It is a digital system that will link ward activities with the Pharmacy department and will revolutionise how the Trust manages medication to support in providing high standards of patient care.

This Digital system presents a huge opportunity to ensure accuracy and safety throughout the patient journey. Time previously used for transcriptions can now be put into patient care and unnecessary traveling to the ward is avoided by remote prescribing. Nurses benefit from the clear medication administration records. Legible prescriptions, dispensing and administration and the ability to request and order medicines from the ward ensures a reduction in medication errors and following up incidents is a lot easier. There is also instant access to drug charts from previous admissions preventing a delay in treatment.

The Trust has implemented the Patient Safety Incident Response Framework (PSIRF) which has replaced the Serious Incident Framework as it makes no distinction between ‘patient safety incidents’ and ‘Serious Incidents’. As such it removes the ‘Serious Incidents’ classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement. The PSIRF:

- Advocates a co-ordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected by patient safety incidents
- Embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management

There are 4 elements included within priority 3:

- Reduce incidents resulting in harm relating to medication incidents/omission
- Reduce incidents resulting in harm relating to Diabetic ketoacidosis (DKA)
- Reduce incidents resulting in harm which occur in ED
- Reduction in incidents resulting in harm relating to falls

Reduced incidents resulting in harm relating to medication incidents/omission

There has been a reduction of medication incidents resulting in harm by 63 incidents from the previous year

All Patient Medication Incidents resulting in harm 2022/23	2 - Low Harm	3 - Moderate Harm	4 - Severe Harm	5 - Death	Total
Medication/Biologics/Fluids	350	18	2	2	372

All Patient Medication Incidents resulting in harm 2023/24	2 - Low Harm	3 - Moderate Harm	4 - Severe Harm	5 - Death	Total
Medication/Biologics/Fluids	294	8	4	3	309

There has been a reduction of omitted incidents resulting in harm by 40 from the previous year

Omitted Medication resulting in harm 2022-23	2 - Low Harm	3 - Moderate Harm	4 - Severe Harm	5 - Death	Total
Failure to administer	89	5	1	1	96
Incorrect frequency of dose (omitted dose)	2	0	0	0	2
Medication not prescribed	14	2	0	1	17
Total	105	7	1	2	115

Omitted Medication resulting in harm 2023-24	2 - Low Harm	3 - Moderate Harm	4 - Severe Harm	5 - Death	Total
Failure to administer	25	2	0	0	27
Incorrect frequency of dose (omitted dose)	8	0	0	0	8
Medication not prescribed	14	1	0	0	15
Omitted dose	25	0	0	0	25
Total	72	3	0	0	75

Reduced incidents resulting in harm relating to Diabetic ketoacidosis (DKA)

The Trust has achieved this element of the priority as there was a reduction from 32 incidents in 2022-2023 to 24 in 2023-2024

	2022-2023	2023-2024
2 - Low Harm	26	17
3 - Moderate Harm	6	6
5 - Death	0	1
Total	**32**	**24**

Reduced incidents resulting in harm which occur in ED

The Trust has achieved this element of the priority as there was a reduction from 636 incidents in 2022-2023 to 631 in 2023-2024

	2022-2023	2023-2024
2 - Low Harm	602	596
3 - Moderate Harm	19	22
4 - Severe Harm	8	10
5 - Death	7	3
Total	636	631

Reduction in incidents resulting in harm relating to falls

The Trust has achieved this element of the priority as there was a reduction from 792 incidents in 2022-2023 to 650 in 2023-2024

	2022-2023	2023-2024
2 - Low Harm	749	610
3 - Moderate Harm	17	14
4 - Severe Harm	25	24
5 - Death	1	2
Total	**792**	**650**

Data Source: Datix Web and Datix CloudIQ

What more do we need to do to achieve our success measures?

There will be a Thematic Patient Safety Incident Investigation (PSII) for medicines which will focus on the following:

- What is the prevalence and level of harm caused to patients from omitted and delayed medications whilst in the care of ULHT?
- What factors increase or decrease the likelihood of medications being omitted and delayed?
- What can the Trust learn from incidents of omitted and delayed medications in order to reduce harm from future incidents?

Statement of Assurance

Review of services

During 2023-24, the United Lincolnshire Hospitals NHS Trust (ULHT) provided and/or subcontracted 69 relevant health services.

The ULHT has reviewed all the data available to them on the quality of care in 69 of these relevant health services.

The income generated by the NHS services reviewed in 2023-24 represents 89% of the total income generated from the provision of NHS services by the ULHT for 2023-24.

Participation in Clinical Audits

During 2023-24, 53 national clinical audits and 4 national confidential enquiries covered relevant health services that ULHT provides.

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

The national clinical audits and National Confidential Enquiries that ULHT participated in, and for which data collection was completed during 2023-24, 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			
UK Perinatal Deaths for Births (MBRRACE-UK)	Yes	January 2021 - December 2021 Published September 2023	No case ascertainment reported
State of the Nation Report Perinatal Confidential Enquiry (MBRRACE –UK)			
Comparison of Asian and White Women who experience Still Birth or Neonatal Death (MBRRACE-UK)	Yes	Published December 2023	No case ascertainment reported
Comparison of Black and White Women who experience Still Birth or Neonatal Death (MBRRACE-UK)			
Saving Lives Improving Mothers Care	Yes	2019 - 2021 Report published October 2023	No case ascertainment reported
Neonatal Intensive and Special care (NNAP)	Yes	1st January - 31 December 2022 Report V2 Published December 2023	LCH 58 PHB 23

National Audits	ULHT Participation	Reporting Period	Number and % Required
Children			
National Children & Young Peoples Asthma Audit	Yes	2021 - 2022 Report published February 2023	Case ascertainment is not yet reported
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	01 April 2022 - 31 March 2023 Report due to be published April 2024	Case ascertainment is not yet reported
National Epilepsy 12 Audit	Yes	2020 - 2022 Round 4 Cohort Report published July 2023	99/99 (100%)
Acute Care			
National Emergency Laparotomy Audit (NELA)	Yes	01 April 2023 - 31 December 2023 Report published monthly	PHB 76 LCH 109 Case ascertainment is not reported
Cardiac Arrest (National Cardiac Arrest Audit) ICNARC	Yes	01 April 2022 - 31 March 2023 Report published June 2023	LCH 75 PHB 52 GDH 4 Case ascertainment is not reported
Intensive Care National Audit and Research Centre (ICNARC)	Yes	01 April 2023 - 31 December 2023	LCH 411 PHB 325 Case ascertainment is not reported
Pain in Children in EDs (RCEM)	Yes	04 October 2021 - 03 October 2022 Report published April 2023	LCH 184 PHB 153
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	22 June 2023 - one day (24hour survey)	LCH 62 PHB 45 Case ascertainment is not reported

National Audits	ULHT Participation	Reporting Period	Number and % Required
		Report published November 2023	
National Audit of Care at the End of Life (NACEL)	Yes	April 2022 - October 2022 Organisation audit, staff survey, bereaved relatives/carers survey. Report published July 2023	PHB 50/50 (100%) LCH 50/50 (100%)
Consultant Sign Off ED (RCEM)	Yes	01 April 2022 - 03 October 2022 Report published April 2023	LCH 90 PHB 188
Infection Control ED (2021-2022) (RCEM)	Yes	04 October 2021 - 03 October 2022 Report Published April 2023	LCH 311 PHB 161
Infection Control ED (2022-2023) (RCEM)	Yes	04 October 2022 - 03 October 2023 Report Published March 2024	LCH 177 PHB 280
British Thoracic Society (BTS) Respiratory Support Audit	Yes	01 February 2021 - 31 May 2023 Report published July 2023	Not applicable as this is an organisation of service audit
Long Term Conditions			
Diabetes (National Diabetes Core Audit)	Yes	01 January 2022 - 31 March 2023 Report published links to ICB data	Case ascertainment is not reported (data is linked to local CCG/ICB)
Diabetes (National Diabetes Inpatient Safety Audit)	Yes	Awaiting report	Case ascertainment is not recorded

National Audits	ULHT Participation	Reporting Period	Number and % Required
National Gestational Diabetes Mellitus Audit	Yes	Awaiting report	Case ascertainment is not recorded. Data collected via the Maternity Services dataset (MDS)
National Pregnancy in Diabetes Audit	Yes	01 January 2021 - 31 December 2022 Report published October 2023	LCH 40 PHB 20 Case ascertainment is not reported
National Diabetic Foot Care Audit (NDFA)	Yes	Data submitted awaiting report	Case ascertainment is not reported
National IBD Registry Ulcerative Colitis & Crohn's Disease	Yes	2023-2024 Summary reports	Data submission quarterly
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	01 April 2022 - 31 March 2023 Report published October 2023	40 case ascertainment is not reported
National Adult Asthma Audit	Yes	01 April 2021 - 30 March 2022 Report published January 2023	LCH 79 PHB 92 GDH 16 Case ascertainment is not reported
Chronic Obstructive Pulmonary Disease (COPD) Royal College Physicians	Yes	01 April 2021 - 30 March 2022 Report published January 2023	LCH 381 PHB 505 GDH 26 Case ascertainment is not reported
UK National Parkinson's Audit	Yes	01 May 2022 - 30 September 2022 Data dashboards published May 2023	LCH 20 PHB 20 Case ascertainment is not reported

National Audits	ULHT Participation	Reporting Period	Number and % Required
National Audit of Dementia R5	Yes	September 2022 - December 2022 Report published August 2023	LCH 79 PHB 56
National Audit of Dementia R6	Yes	August 2023 - November 2023 Report awaited	LCH 41 PBH 40
National Chronic Kidney Disease Renal Registry	Yes	Report awaited	Case ascertainment is not reported
National Renal Registry Acute Kidney Injury	Yes	Data up to 31 December 2022 Report published December 2023	Case ascertainment is not reported
Elective Procedures			
BAUS Nephrostomy Audit	Yes	01st October 2023 - 30 November 2023 & 01 February 2024 - 28 February 2024 Report awaited	Case ascertainment is not reported
Cardiac Arrhythmia (NICOR)	Yes	April 2021 - 31 March 2022 2023 report published July 2023	Case ascertainment is not reported
Coronary Angioplasty (NICOR Adult Cardiac Interventions Audit)	Yes	01 April 2021 - 31 March 2022 2023 report published July 2023	852 Case ascertainment is not reported
National Vascular Registry including NVD - Carotid Interventions Audit)	Yes	01 January 2022 - 31 December 2022	29 AAA of which 13 were EVAR 176 cases Lower Limb revascularisation

National Audits	ULHT Participation	Reporting Period	Number and % Required
		01 January 2022 - 31 December 2022 Report published November 2023	145 Lower Limb Angioplasty 18 Major Limb Amputation 52 Carotid Endarterectomy Case ascertainment is not reported
Hip, Knee, Ankle, Elbow and Shoulder Replacements (National Joint Registry)	Yes	01 January 2022 - 31 December 2022 Report published October 2023	GDH 748 PBH 70 LCH 130 Case ascertainment is not reported
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	01 April 2022 - 31 March 2023 Report awaited from NHSE	Case ascertainment is not reported
National Ophthalmology Database (NOD) Audit	Yes	01 April 2021 - 31 March 2022 Report published August 2023	1281 (94.9%)
Cardiovascular Disease			
Stroke Care (Sentinel Stroke National Audit) SSNAP	Yes	01 April 2022 - 31 March 2023 Report published November 2023	948 (>90%)
Acute Myocardial Infarction & Other Acute Coronary Syndrome (MINAP)	Yes	01 April 2021 - 31 March 2022.	LCH 987 (94.3%) PHB 176 >100%

National Audits	ULHT Participation	Reporting Period	Number and % Required
		2023 report published July 2023	
National Heart Failure Audit	Yes	April 2021 - March 2022 2023 report published July 2023	LCH 540 PHB 370 GDH 21 Case ascertainment is not reported
Cancer			
National Prostate Cancer Audit (NPCA)	Yes	01 April 2020 - 31 March 2023 - Report published January 2024	455 (100%)
National Audit of Primary Breast Cancer (NAoPri)	Yes	01 October 2019 - 30 September 2022 Report due April 2024	Case ascertainment is not yet available
National Audit of Metastatic Breast Cancer (NAoME)	Yes	01 October 2019 - 30 September 2022 Report due April 2024	Case ascertainment is not yet available
National Lung Cancer Audit (NCLA)	Yes	Patients diagnosed with lung cancer between 01 January 2020 and 31 December 2021 Report published April 2023	405 Case ascertainment is not reported
National Bowel Cancer Audit (NBOCA)	Yes	Patients diagnosed between 01 April 2021 and 31 March 2022 Report published December 2023	LCH + GDH 160 (<50%), PHB 186(>80%)
National Oesophago-Gastric Cancer Audit (National O-G Cancer Audit)	Yes	Patients diagnosed between 01 April 2020 and 31 March 2022 Report published January 2024	240 (85-100%)

National Audits	ULHT Participation	Reporting Period	Number and % Required
Trauma			
Hip Fracture (National Hip Fracture Database)	Yes	01 January 2022 - 31 December 2022 Report published September 2023	LCH 448 (100%) PHB 438 (100%)
National Audit of Inpatient Falls (NAIF)	Yes	Report published November 2023	LCH 448 (100%) PHB 438 (100%) 6 case ascertainment is not reported
Trauma Audit Research Network (TARN) NHSE replacing with a new National Major Trauma Registry (NMTR)	Yes (partial) due to national web tool not available	01 April 2023 - 31 May 2023 Data being collected but not submitted	No data submitted since June 2023, data collected on paper awaiting new National Major Trauma Registry to be implemented by NHSE 2024
Blood Transfusion			
National Comparative Audit Blood Transfusion - 2023 Bedside Transfusion Audit	Yes	Data collection to be completed May 2024	Data currently being submitted
National Comparative Audit of Blood Transfusion (NICE Quality Standard QS138)	Yes	01 January - 31 March 2023 Report published February 2024	Case ascertainment is not reported
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes	01 April 2023 - 31 March 2024	18 (100%) PHB 11 LCH 5 GDH 2

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

During 2023-24 hospitals were eligible to enter data in up to 4 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			
Crohn's Disease	Yes	2022-2023 Organisational questionnaire Clinical questionnaire completed Report published 13 July 2023	3/3 (100%) 9/9(100%)
Community Acquired Pneumonia	Yes	2022-2023 Organisational questionnaire Clinical questionnaire completed Report published 14 December 2023	3/3 (100%) 5/5 (100%)
Testicular Torsion	Yes	2022-2023 Organisational questionnaire Clinical questionnaire completed Report published 08 February 2024	2/2 (100%) 7/7 (100%)
Endometriosis	Yes	2023-2024 Organisational questionnaire	3/3 (100%)

National	ULHT Participation	Reporting Period	Number and % Required
		Clinical questionnaire completed Report due Summer 2024	6/10 (60%)

The reports of 20 national clinical audits were reviewed by the provider in 2023-24 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
Hip, Knee and Ankle Replacements (National Joint Registry NJR)	• 948 joint replacements completed across the Trust • Outcomes are within the expected range • Majority of joint replacements take place at Grantham Hospital elective surgical hub • Ongoing review of the data submissions • Pre-operative assessment team to ensure NJR consent forms are completed prior to surgery • Orthopaedic surgeons to check completed on the relevant joint form • Grantham hospital achieving 100% compliance with completion of the NJR forms
National Ophthalmology Database (NOD)	• ULHT submitted 1281 eligible operations to the NOD Audit, which is an estimated 94.9% case ascertainment, an increase from 89.1% in the 2020 audit year • The 1281 eligible operations were performed by 24 surgeons • 86.8% of cases had recorded preoperative Visual Acuity (VA) data, which is an increase from 51.9% in 2020 • 62.1% of cases had recorded postoperative VA data, which is an increase from 47.2% in 2020. • Implementation of the Electronic Eye care Referral System
National Respiratory Audit Programme (NRAP) Adult Asthma and COPD	• Almost 100% of our asthma and COPD patients received a Respiratory Specialist review during their hospital admission • 92% of asthma patients received a discharge care bundle; and 94% of COPD patients. Both much higher than national average • We have achieved much higher than the national average in all elements of the asthma discharge care bundle • Similarly achieved this, in the COPD discharge care bundle • Consultant ACP for Respiratory now in post who will be reviewing Respiratory services • Recent review of existing bundle to reflect 'Discharge care bundle elements' such as consideration of emergency medication pack • Ongoing work with the Trust with regards to non-invasive ventilation pathway - Now have Respiratory Support Unit at Lincoln

National Audit	Headline Results and Actions Taken
	• Reinforced communications and education regarding oxygen prescription • Further education in the Emergency Department around peak expiratory flow monitoring on arrival to hospital and use of acute care bundles
MINAP (heart attack and Ischaemic heart disease)	• Lincolnshire Heart Attack Centre 24/7 provides a good service to the patients of Lincolnshire • Secondary prevention prescribing of medications remains good between 99.80% -100% above the national average of 89% • Timely intervention to open up blocked heart vessels within 90 minutes of arriving to hospital is 92.47% above the national average of 84%
National Bowel Cancer Audit (NBOCA)	• Review of outcome data continues with the Multidisciplinary Team • The National Cancer Audit Collaborating Centre is in place to capture Trust data via the existing data sets collected nationally
National Lung Cancer Audit (NLCA)	• Data quality reviewed • The National Cancer Audit Collaborating Centre is in place to capture Trust data via the existing data sets collected nationally

Local Clinical Audit

The reports of 131 local clinical audits were reviewed by the provider in 2023-24 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
Evaluating the Early Results of the Implementation of Robotic Surgery in Kidney Cancer Management in ULHT	• Implementation of new surgical platform robotic kidney cancer surgery • Patients treated in a minimally invasive way no more open radical nephrectomies • Reduced length of stay and reduced blood loss • Slightly higher transfusion rate but as the number of procedures increases this will improve
Monitoring and Targeting Mean Arterial Pressure (MAP) in ICU Patients with Sepsis/Septic Shock	• Achieving MAP ≥ 65 mmHg within two hours: 90% (first cycle 85%) • Maintaining a MAP of 65-75 mmHg: 80% (first cycle 65%) • Target MAP recorded on daily reviews: 85% (first cycle 15%) • There was a 5% increase in number of patients with MAP ≥ 65 mmHg within 2 hours of admission in the second cycle • There was a 15% increase in number of patients with MAP maintained between 65-75 mmHg in the second cycle • There was a 70% increase in the number of patients with their target MAP documented in their daily reviews in the second cycle. The re-audit showed an improvement as a result of the actions taken
Catheter Lab (Heart Centre) Compliance to Ionising Radiation (Medical Exposure) Regulations IR(ME)R Procedure 3- Pre procedure Pregnancy Status Check - Re Audit	• The re-audit has demonstrated that there is a good culture in checking patient pregnancy status prior to procedure as per national IR(ME)R requirements. • Following the first audit all pregnancy declaration forms to be scanned onto the radiology sytem • Re-audit demonstrated an increase in checking rate following previous recommendations. 58 Patients rquired the pregnancy check to be completed. 56 patients had the correct documented evidence that this had been done • Target 95% achieved 96.60% compared to 82.5% previously
Autism assessment for children accepted under the Attention Deficit Hyperactivity Disorder (ADHD) pathway	• Assessment of social skills, communication skills and behaviour using an Autism specific tool to gather information (NICE) 100% compliant with NICE guidance • Local Autism Multi-agency team has been set up compliant with NICE guidance

Cooling for Neonatal Encephalopathy Audit 2022-2023	• Ensuring neonates are appropriately managed following identiifcation of Hypoxic Iscahemic Encephalopathey standard 100% achieved • Ensuring rectal temperatures are adequeste prior to transfer to cooling centres standard 100% achieved • All babies were cooled within 6hr window that is standard practice with the transport cooling team from specialist centres
Sips until Send	• If there is no contraindication, all patients should be allowed to drink water until they are called down to the theatre - standard >90% achieved 100% • Prospective study of 50 patients in November – December 2023. Feedback was received from 56 patients. • Majority of patients had no acid reflux • Majority of patients had less stress • Majority of patients had reduced dryness of mouth • 0% of patients were unsatisfied • 0% thought it was unnecessary or unsafe practice

Participation in Clinical Research

Clinical research is an essential part of ULHTs aspiration to become a University Teaching Hospital. Our Research and Innovation Department has a strong record of patient recruitment, as well as collaborative working. There are plans in place to ensure that high-quality research is a part of the culture of ULHT. 2023-24 has seen an incredible bounce back from the difficult 2022-23 year.

The number of patients receiving relevant health services provided or sub-contracted by ULHT in 2023-24 that were recruited during that period to participate in research approved by a research ethics committee is 1805.

The total number of participants recruited to National Institute for Health Research (NIHR) portfolio research in 2023-24 was 1805. These participants were recruited through 64 studies from 23 research specialties including: Cardiovascular Disease, Critical Care, Musculoskeletal Disorders, Anaesthesia, Perioperative Medicine and Pain Management, Cancer, Stroke, Trauma and Emergency Care, Ophthalmology, Health Services Research, Gastroenterology, Neurological Disorders, Dermatology, Renal Disorders and Haematology, additionally this year we have recruited to Ageing, Children, Metabolic & Endocrine disorders, Surgery and Diabetes.

The Research and Innovation department is delivering against its 3 year Research & Innovation strategy and is developing Trust-wide initiatives to demonstrate its commitment to improving the quality of care and contributing to wider health improvement, through research. It is also linking in as an active partner of the Lincolnshire Integrated Care Board (ICB) strategic development of research and innovation in the county. The Trust continues to play 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 being given more opportunities to receive 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. As the system continues to develop, it is hoped that even more benefits from research will be realised across the county.

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 2023-24, the Trust has approved 51 portfolio studies, an increase on 38 studies in 2022-23.

Use of the Commissioning for Quality and Innovation (CQUIN) Framework

The CQUIN payment framework is designed to support the cultural change to place quality at the heart of the NHS. CQUIN schemes contain goals for quality and innovation that have been agreed between the Trust and various Commissioning Groups. Listed below are the CQUIN schemes which were agreed with the commissioners for 2023-24. At the time of writing this Quality Account, the Trust is still awaiting the outcome of quarter 4 for the Vascular CQUIN from the National Vascular Registry (NJR). A summary of the achievements of the CQUIN milestones for 2023-24 are demonstrated below. The Trust is committed to the delivery of CQUINS and recognises these are key to improving patient outcomes and experience.

There were five ICB CQUINs valued at £6,762K and three Specialist Commissioner CQUINs valued at £588,367 for 2023-2024.

ICB CQUINs

CQUIN	Q1	Q2	Q3	Q4	COMMENTS
Supporting patients to drink, eat and mobilise (DrEaM) after surgery	89%	93%	89%	90%	Achieved all quarters
Prompt switching of intravenous to oral antibiotic	19.87%	18%	25.96%	24.31%	Achieved all quarters
Identification and response to frailty in emergency departments	5%	96%	82%	91%	CQUIN not achieved in Q1, however, from Q2 onwards Frailty Score has been made mandatory on Careflow and CQUIN achieved thereafter
Recording of and response to NEWS2 score for unplanned critical care admissions	64%	84.6%	75%	75%	Achieved all quarters
Assessment and documentation of pressure ulcer risk	98%	97%	90%	96%	Achieved all quarters

Specialist Commissioner CQUINs

CQUIN	Q1	Q2	Q3	Q4	COMMENTS
Achievement of revascularisation standards for lower limb Ischaemia	37%	<5 cases	28%	Not yet available	Not achieved for any quarter The Improvement Team are working with the Vascular Team to help redesign processes. Q4 data not yet available from National Vascular Registry

Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	N/A	95%	N/A	98%	There was no data required to be submitted for Q1 and Q3. CQUIN achieved in Q2 and Q4
Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	94.7%	100%	90%	100%	Achieved all quarters

Green – Achieved

Red – Not Achieved

The 2024-25 CQUIN scheme has been paused nationally while a wider review of incentives for quality is undertaken.

Care Quality Commission (CQC) Statements

The Care Quality Commission has not taken enforcement action against United Lincolnshire Hospitals NHS Trust during 2023-24.

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.

The Trust is required to register with the CQC and its current registration status is registered. The Trust has no conditions on its registration. ULHT has not participated in any special reviews or investigations by the CQC during the reporting period. The CQC has not taken enforcement action against ULHT during 2023-24.

The Trust was last inspected during 2021 which resulted in the inspection report being published in February 2022.

The inspection resulted in the following ratings:

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement Jan 2022	Good Jan 2022	Good Jan 2022	Requires Improvement Jan 2022	Good Jan 2022	Requires Improvement Jan 2022

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
County Hospital Louth	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Lincoln County Hospital	Requires Improvement → ← Jan 2022	Good ↑ Jan 2022	Good → ← Jan 2022	Requires Improvement → ← Jan 2022	Requires Improvement → ← Jan 2022	Requires Improvement → ← Jan 2022
Pilgrim Hospital	Requires Improvement ↑ Jan 2022	Good ↑ Jan 2022	Good ↑ Jan 2022	Requires Improvement → ← Jan 2022	Requires Improvement → ← Jan 2022	Requires Improvement → ← Jan 2022
Grantham and District Hospital	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Overall trust	Requires Improvement Jan 2022	Good Jan 2022	Good Jan 2022	Requires Improvement Jan 2022	Good Jan 2022	Requires Improvement Jan 2022

During 2023-24, the Trust have continued to work to embed improvements from the inspection and have engaged with the CQC throughout the year as part of regular engagement meetings.

Improvements made during 2023-24 include:

- Improvements in the processes in place when the Trust's Emergency Departments are under pressure and facing high demand and patient numbers, especially in

respect of patients waiting with ambulance crews. This has improved the process of triaging patients on ambulances to reduce the risk of patient deterioration, therefore improving the safety of the service.

- The Trust's Emergency Departments have improved the safety of their service when assessing children at risk of abuse through the embedding of the Child Protection Information System and how this functions and is acted upon.
- The maternity service have invested in additional equipment to better monitor temperatures where medicines are stored to reduce any risks to their efficacy. Where consistent temperature excursions have been identified, the service have purchased additional cooling cabinets to manage this to ensure consistent temperatures are maintained.

Following a period of consultation and in response to a change in strategy, the CQC have moved to a new assessment framework referred to as the 'Single Assessment Framework'. This framework commenced in the Lincolnshire area from the 23 January 2024. The new framework retains the 5 key questions (Safe, Effective, Caring, Responsive and Well-Led) but includes a number of new features:

- Quality statements: 34 in total that are subdivided within the 5 key questions to underpin what patients and service users would expect high quality services to consist of and what CQC will use to assess organisations.
- Whilst CQC will continue to use on-site inspection and observation, this will not be the only methodology used to inspect and make judgements. Instead, CQC have provided specific evidence categories that will enable them to assess and make judgements based on different types of evidence. There are 6 evidence categories:
    - People's Experience
    - Feedback from staff and leaders
    - Feedback from partners
    - Observation
    - Processes
    - Outcomes

The Trust continues to work alongside CQC to understand the new framework and participate when requested.

Data Quality

NHS Number and General Medical Practice Code Validity

United Lincolnshire Hospitals Trust submitted records during April 2023 to January 2024 at the Month 10 inclusion date to the Secondary Uses Service (SUS) for inclusion in Hospital Episode Statistics (HES), which are included in the latest published data.

The percentage of records in the published data:

- Which included the patient's valid NHS number was:
  - 99.92% for admitted patient care (National performance 99.6%)
  - 100% for outpatient care (National 99.8%)
  - 99.64% for accident and emergency care (National 98.3%)

- Which included the patient's valid General Medical Practice Code was:
  - 99.92% for admitted patient care (National performance 99.8%)
  - 99.92% for outpatient care (National 99.5%)
  - 99.94% for accident and emergency care (National 99.4%)

Data Security and Protection Toolkit (DSPT)

The Data Security and Protection Toolkit (DSPT) is an annual online self-assessment tool via NHS England that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. As data security standards evolve, the requirements of the DSPT are reviewed and updated to ensure they are aligned with current best practice. Organisations with access to NHS patient data must therefore review and submit their annual assessment each year before the deadline.

All organisations that have access to NHS patient information must provide assurances that they have the proper measures in place to ensure that this information is kept safe and secure. Completion of the DSPT is therefore a contractual requirement specified in the NHS England Standard Conditions contract and it remains Department of Health and Social Care policy that all bodies that process NHS patient information for whatever purpose provide assurances via the DSPT.

Completion of the DSPT is also necessary for organisations which use national systems such as NHSmail and the e-referral service.

ULHT's 2022/23 DSPT was submitted as 'approaching standards'. An approaching Standards' assessment, indicates that the Trust have demonstrated good progress but have not yet reached 'Standards Met'. The Trust must develop and deliver to an improvement plan for those areas where work is needed and delivery of this is monitored through National Health Service England (NHSE).

Clinical Coding

ULHT did not conduct a Payment by Results clinical coding audit during the reporting period, but is looking to conduct one in the early part of 2024/25 as part of the Data Security & Protection Toolkit requirements.

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:

- An annual review of the main Key Performance Indicators (KPIs) that are reported to the Trust Board and Board Committees is being undertaken, including the addition of new metrics for the "IIP Scorecard" and "Divisional Scorecard" that underpin year 5 of the 5 year Integrated Improvement Plan. This will come into effect for April 2024 reporting in May 2024. 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 over the past few years 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 was completed to upgrade to the latest version of Careflow PAS (Patient Administration System) (formerly known as Medway). We will also test upgrades to enable our submissions to NHS England continue to be compliant to CDSv6.3 and ECDSv3
- The Clinical Coding department continues to work closely with the four Clinical Divisions and underlying Specialty Business Units; we are looking at what

improvements can be made, including internal audit and training, and improved engagement with the four 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 will be developed to support this additional resource requirement.
- We have adopted Microsoft PowerBI as the preferred visualisation tool for the Trust. Ongoing development of the data warehouse, coupled with PowerBI, will enable more timely reporting of information and assist with data quality reporting throughout the Divisions in the Trust.

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.

Implementation of the National Learning from Deaths guidance is key to the way in which the Trust can maximise the learning opportunities from the review of care delivered to our patients in the days leading up to their death. Improvements as a result of this learning will in turn provide better care for our living patients. To fully support this mortality agenda the Trust has continued to develop the wider mortality systems and processes to enable us to get a clear understanding of the care delivered to patients, their families and loved ones at what is a very emotional and difficult time.

The Trust has an embedded process to screen, review and investigate inpatient deaths. Each Division has an embedded mortality review process to undertake reviews on any death to identify learning. The Mortality Meeting (MorALS) provides Executive-led scrutiny of mortality surveillance to ensure the Trust is driving quality improvement by using a systematic approach to mortality review and learning from death. The Group reports monthly to the Clinical Effectiveness Group and to the Quality Committee and the Trust Board, via a quarterly Learning from Deaths report.

Measure	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Comments
Number of patients that have died within ULHT	606	534	652	679	During 2023-24, 2471 of ULHT patients died. This line indicates the number of deaths which occurred in each quarter of that reporting period
Number of deaths that have had a case record review/investigation	606	534	652	656	By March 2024, 2448 case record reviews and investigations have been carried out in relation to

					2471 of deaths included above. In 915 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, 166 cases were also discussed within the Governance Meetings.
Number/percentage of deaths that escalated with problems in care	1	2	5	2	10 deaths representing 0.4% 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 used for all cases that have been graded a 3.

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

The Trust recognises that learning from the care given to patients in their final days of life enables us to understand where we have provided excellent care but also where there are opportunities for learning and improvement. It is vital to recognise that acknowledging the care given to patients at such a difficult time will improve the standard of care for all patients.

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.

- The majority of mortality reviews that were undertaken identified good care for patients. It was found that a multi-disciplinary team approach to care, with early senior input for patients, and frequent ward rounds were valuable and aided the Junior Doctors in identifying the deteriorating patient earlier. It also found that this approach ensured that end of life care discussions were held in a timely way and if appropriate, Palliative care teams were involved. We are continuing to embed this approach into the care for all patients.
- Communication with families was highlighted as an issue. 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. A Hear it Your Way Faculty is being developed to help improve communication across the Trust.
- There is a Palliative End of Life (PEOL) oversight group which is responsible for supporting improvements through education and learning to recognise when a patient is approaching end of life or palliative.

Description of actions that ULHT have taken in 2023-24, and proposes to take forward in consequence of what the ULHT has learnt

- Continuing to improve the governance processes around learning from deaths and working closely with other teams e.g. patient safety, complaints, and patient experience, to optimise learning opportunities.
- Build on the effectiveness of the Trust's Mortality Group (MorALS), widening the remit to include contributions from partner provider organisations to improve the approach to learning from deaths from a system perspective.
- Rolled out the Structured Judgement Review tool (proforma used to complete mortality reviews) on Datix CloudIQ.
- Further support our staff with a series of master classes where experiences and issues are discussed to support continuous improvement.
- Reviewing all Mortality & Morbidity meetings to ensure learning is promulgated throughout the Trust.

Assessment of the impact of actions which were taken by ULHT during 2023-24

The Trust have been able to support a larger number of timely reviews of deaths that meet the criteria defined within our Learning from Deaths policy. These include:

Deaths where the Medical Examiner has identified a potential concern

Deaths where bereaved families, or staff, had raised a significant concern

Deaths of inpatients with learning disabilities

Deaths of inpatients with a clinical diagnosis of autism

Deaths of inpatients with severe mental illness

Deaths where the patient was not expected to die including all deaths following elective admission

Deaths which occur during or within one year of pregnancy, childbirth or abortion (Maternal Deaths)

For any death where there was significant concern, the case was escalated immediately to be considered if a serious incident or Patient Safety Incident Investigation (PSII), or other, investigation was required. Significant problems of care, whether or not it affected the outcome, were highlighted to the clinical team for discussion and local learning in their Mortality and Morbidity meetings.

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	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Comments
Number of reviews/ investigations completed which took place before the start of the reporting period	217	117	62	36	432 case record reviews and investigations completed after 31st March 2023 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	216	116	62	34	428 representing 99.1% 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 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	Dec 2021 – Nov 2022	Dec 2022 – Nov 2023
ULHT SHMI / Band	1.0267 / 2	1.0325
National Average	0.9997	1.0033
Best(B) / Worse(W) National Performance	0.7173 (B) / 1.2219 (W)	0.9578 (B) / 1.2564 (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	Dec-21 – Nov-22	Dec-22 – Nov-23
ULHT %	33%	32%
National Average %	40%	42%
Best(B) / Worse(W) National Performance %	66% (B) / 13% (W)	66% (B) / 16% (W)

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

Information relating to mortality is monitored monthly and used to drive improvements.

The mortality data is provided by an external source (Dr Foster).

The data is reviewed by the mortality team, interrogated in line with the key lines of enquiry identified by the team and has reporting and governance arrangements in place.

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

Continually reviewing our mortality processes and reviewing our data.

Mortality Team continue to monitor palliative care coding against national best practice in order to ensure the number of expected deaths is accurately recorded.

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	2019-2020	2020-2021	2021-2022
ULHT EQ:5D index Hip Replacement surgery (L) Low, (H) High	Pre Op (L) -0.349 (H) 1.0 Post Op (L) -0.074 (H) 1.0	Pre Op (L) -0.484 (H) 0.796 Post Op (L) –0.264 (H) 1.0	Pre Op (L) -0.319 (H) 0.796 Post Op (L) 0.186 (H) 1.0
National Avg EQ:5D index Hip Replacement surgery (L) Low, (H) High	Pre Op (L) -0.594 (H) 1.0 Post Op (L) -0.594 (H) 1.0	Pre Op (L) -0.594 (H) 1.0 Post Op (L) -0.594 (H) 1.0	Pre Op (L) -0.594 (H) 1.0 Post Op (L) -0.594 (H) 1.0
ULHT EQ:5D index Knee Replacement surgery (L) Low, (H) High	Pre Op (L) -0.349 (H) 1.0 Post Op (L) -0.239 (H) 1.0	Pre Op (L) -0.074 (H) 0.796 Post Op (L) 0.516 (H) 1.0	Pre Op (L) -0.319 (H) 0.76 Post Op (L) -0.016 (H) 1.0
National Avg EQ:5D index Knee Replacement surgery (L) Low, (H) High	Pre Op (L) -0.594 (H) 1.0 Post Op (L) -0.594 (H) 1.0	Pre Op (L) -0.594 (H) 1.0 Post Op (L) -0.594 (H) 1.0	Pre Op (L) -0.594 (H) 1.0 Post Op (L) -0.594 (H) 1.0

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	2019-2020	2020-2021	2021-2022
ULHT VAS index Hip Replacement surgery - (L) Low, (H) High	Pre Op (L) 10 (H) 100 Post Op (L) 15 (H) 100	Pre Op (L) 25 (H) 95 Post Op (L) 51 (H) 95	Pre Op (L) 0 (H) 90 Post Op (L) 45 (H) 100
National Avg VAS index Hip Replacement surgery - (L) Low, (H) High	Pre Op (L) 0 (H) 100 Post Op (L) 0 (H) 100	Pre Op (L) 0 (H) 100 Post Op (L) 0 (H) 100	Pre Op (L) 0 (H) 100 Post Op (L) 0 (H) 100
ULHT VAS index Knee Replacement surgery - (L) Low, (H) High	Pre Op (L) 5 (H) 100 Post Op (L) 10 (H) 100	Pre Op (L) 40 (H) 85 Post Op (L) 35 (H) 99	Pre Op (L) 29 (H) 95 Post Op (L) 35 (H) 93
National Avg VAS index Knee Replacement surgery - (L) Low, (H) High	Pre Op (L) 0 (H) 100 Post Op (L) 0 (H) 100	Pre Op (L) 0 (H) 100 Post Op (L 0 (H) 100	Pre Op (L) 0 (H) 100 Post Op (L 0 (H) 100

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	2019-2020	2020-2021	2021-2022
ULHT Oxford hip surgery score (L) Low, (H) High	L – 0 H - 48	L – 3 H - 48	L – 3 H - 48
National Avg Oxford Hip surgery score (L) Low, (H) High	L – 0 H – 48 (Actual High and low)	L – 0 H - 48 (Actual High and low)	L – 0 H - 48 (Actual High and low)
ULHT Oxford Knee surgery score (L) Low, (H) High	L – 0 H - 48	L – 5 H - 48	L – 4 H - 46
National Avg Oxford Knee surgery score (L) Low, (H) High	L – 0 H - 48	L – 0 H - 48	L – 0 H - 48

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

The data is taken from NHS Digital PROMS data set.

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

Continuing to focus on improving participation rates for those surveys which we have responsibility for and by continued oversight of the feedback provided by the elective orthopaedic team.

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	2020-2021	2021-2022	2022-2023
ULHT readmitted within 30 days: 0-15	13.2%	12.9%	12.4%
*National Average: 0-15	11.9%	12.5%	12.8%
Best(B) / Worse(W) National Performance: 0-15	B - 2.8% W - 64.4%	B – 3.3% W – 46.9%	B – 3.7% W – 302.9

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	2020-2021	2021-2022	2022-2023
ULHT readmitted within 30 days: 16+	12.96	11.9	11.4
National Average: 16+	15.9	14.7	14.4
Best(B) / Worse(W) National Performance: 16+	B – 1.1 W – 112.9	B – 2.1 W – 142.0	B – 2.5 W – 46.8

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

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

The data is consistent with Dr Foster's standardised ratios for re-admissions.

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

Working to ensure we treat and discharge patients appropriately, so they do not require an unplanned readmission. Working with partners in the system to address long-standing pressures around demand, capacity and patient flow and working closely with system partners to ensure safe discharge practice.

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	2018-2019	2019-2020
ULHT	64.6	67.1
National Average	67.2	61.3
Best(B) / Worse(W) National Performance	B – 85.0 W – 58.9	B – 84.2 W – 59.5

*Latest data available

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

The data is provided by the national survey contractor.

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

Continuing to collect real-time feedback from patients as part of its inpatient survey, working to increase the FFT response rate this year and expanding the work of the Patient Experience Team.

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 family and friends

Description	2021	2022	2023
ULHT Strongly agree(SA) /Agreed (A)	43.5%	42.7%	44.3%
National Average Strongly agree(SA) /Agreed(A)	67.0%	61.9%	63.3%
Best(B) / Worse(W) National Performance	89.5% (B) 43.5% (W)	86.4% (B) 39.2% (W)	88.8% (B) 44.3% (W)

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

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

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

Continuing to encourage participation in this survey and by developing local action plans and responses to the feedback received.

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 - 2023	Jan - 2024	Feb - 2024
ULHT ED / National Avg/ Best(B)-Worst(W)	ULHT – 76% National – 78% 100% (B) 54% (W)	ULHT – 76% National – 78% 98% (B) 48% (W)	ULHT – 71% National – 77% 94% (B) 58% (W)
ULHT Inpatients/National Avg/ Best(B)-Worst(W)	ULHT 89% National – 94% 100% (B) 73% (W)	ULHT – 91% National – 94% 100% (B) 74% (W)	ULHT – 89% National – 94% 100% (B) 78% (W)
ULHT Maternity /National Avg/ Best(B)-Worst(W)	ULHT – 100% National – 93% 100% (B) 65% (W)	ULHT – 98% National – 93% 100% (B) 62% (W)	ULHT – 100% National – 94% 100% (B) 72% (W)

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

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

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

Improving our communication and keeping our patients informed and updated on their care and treatment.

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.

This data collection was paused at the beginning of the Covid-19 pandemic.

Description	2019-20 Quarter 1	2019-20 Quarter 2	2019-20 Quarter 3
ULHT %	97.19%	97.58%	97.93%
National Avg %	95.56%	95.40%	95.25%
Best(B) / Worst(W) National Performance %	(B) 100% / (W) 69.76%	(B) 100% / (W) 71.72%	(B) 100% / (W) 71.59%

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.

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

Continuing with our VTE programme aims to reduce preventable harm to our patients by promoting timely and accurate VTE risk assessment and ensuring thromboprophylaxis is prescribed accurately and administered effectively when required.

Provide VTE risk assessment data to clinical areas.

Employ a VTE Nurse Specialist.

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	2020-2021	2021-2022	2022-2023
ULHT	30.95	24.60	25.08
National Avg	45.62	43.73	43.58
Best(B)-Worst(W) National Performance	(B) 0 / (W) 140.54	(B) 0 / (W) 138.38	(B) 0 / (W) 133.64

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.

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

Focusing on improving hand hygiene; adopting national and local campaigns including visual prompts.

Training staff on infection prevention and hand hygiene; focusing on high standards of cleanliness, screening of emergency and elective patients and focusing on effective antibiotic stewardship and ensuring that patients are effectively isolated and monitoring and feeding back on cases where inappropriate prescribing is a possible contributory factor.

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 2018 - Mar 2019	Apr 2019 - Sep 2019	Oct 2019 - Mar 2020
ULHT %	(T) 27.9% (SD) 0.21%	(T) 28.3% (SD) 0.11%	(T) 27.5% (SD) 0.13%
National Avg %	(T) 47.0% (SD) 0.15%	(T) 51.3% (SD) 0.15%	(T) 51.5% (SD) 0.15%
ULHT Total No of Incidents (T) / Severe or Death (SD)	(T) 6,291 / (SD) 47	(T) 6,413 / (SD) 25	(T) 5,914 / (SD) 28

*Latest data available

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.

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

Providing staff training in incident reporting and risk management.

Undertaking comprehensive investigations of and utilising varying forums for learning such as huddles and Trust Communications and Safety Bulletins.

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 Careflow.

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: Review Quality Performance

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.

Integrated Improvement Plan

In 2020, we launched our five-year Integrated Improvement Plan (IIP) – our strategic plan to help us move forward as a Trust and ensure we were focusing on the right things for our patients and our staff. Our plan recognised the considerable time and effort already taken to address some immediate improvements and urgent quality and safety issues, while supporting our ambitions to move to a more comprehensive and planned approach for the future.

In 2022-23, we refreshed our plan to reflect our changed operational environment from the COVID-19 pandemic.

As we continue into the fourth year of our IIP, we have renewed our annual priorities for 2023-24 to help us to achieve our vision of Outstanding Care Personally Delivered. Our Integrated Improvement Plan for 2023/24 sets out our commitment to continual improvement and a realistic map for the next stages of our improvement journey. Our purpose is plain and simple. Putting patients first is our key focus.

We have five values which demonstrate what we stand for, and how we behave.
The strategic objectives are simple and focus on our patients, our people, our services and our partners. The annual Integrated Improvement Plan will detail the work we will progress and the actions we will take this year.

We pledged to have continuous quality improvement, productivity and efficiency, to be at the heart of what we do to support us to deliver better patient outcomes, improve operational and financial sustainability.

Hospitals Charity

United Lincolnshire Hospitals Charity strive to make a real difference by providing additional equipment, services and amenities for our patients, our visitors and our staff. This goes beyond the NHS budget and supports and invests in pioneering research that will improve the care received and health outcomes across Lincolnshire.

The charity has funded the following initiatives:

Patient Entertainment System

As part of the charity's support for the Patient Entertainment System that has been rolled out across the Trust, they have funded a whole host of tablet devices so patients who do not have their own device can still watch films, play games or keep up to date with the latest news.

Each Ward will have a stock of devices on hand to loan to patients. Patients who have smart devices can connect directly through the Wi-Fi Spark portal.

Milk and Cookies for Nutrition and Hydration Week

Patients were provided with a bedtime snack to acknowledge Nutrition and Hydration week, a delicious cookie and some fresh milk. Nutrition and Hydration week is an annual event which aims to highlight, promote and celebrate improvements in the provision of nutrition and hydration, locally and globally.

Garden Improvements

Across the Trust the Charity have funded garden improvements that will support our staff, visitors and patients. Most recently a garden at Lincoln County Hospital has been completed which is located close to wards ensuring it will benefit our patients. This has been part funded alongside NHS Charities Together. A garden at Pilgrim Hospital, Boston and Grantham and District Hospital will be due to open in Spring 2024. This will become a rolling piece of work for the United Lincolnshire Hospitals Charity to support.

Diamond Award Quality Accreditation Programme

Our Diamond Award Quality Accreditation Programme re-started as a new model based on a continuous assessment process in April 2021 and recognises wards and departments that can demonstrate consistent standards and evidence of their improvement journey. All levels within the programme require teams to achieve a number of core criteria which demonstrate all of the standards and outstanding care we aspire to meet for our patients and staff. These standards align to the four principles within our Nursing and Midwifery Framework: improve patient safety; ensure a positive patient experience; enhance professionalism; and improve clinical leadership closest to patients.

Wards and departments are able to make an application to be considered for Diamond Award status when they have achieved an overall minimum outcome of quality standards for a specific number of months. High standards of quality audit practice and environmental cleanliness must be maintained and teams are required to provide a portfolio of evidence which demonstrates examples of improvement work, learning from incidents, harm free care actions and how patient, learner and staff feedback is consistently responded to with evidence of listening.

Quality Accreditation Diamond Award status is awarded through an application and panel assessment process where clinical teams are invited to share their story and present the portfolio of evidence for their improvement journey to a panel of senior nurses, patient representative and health professionals. Bronze, Silver and Gold Diamond award levels are available so teams can continue to progress and build on their achievements.

Achievements

We aim to ensure we provide clinically safe services through an increased volume of Diamond Accredited wards. Our ambition was to have 8 new wards/departments achieving a Diamond Award, this was exceeded and 11 wards have been successful in achieving an award during the past year.

Measurement	Measurement Definition	2023-24 Ambition	Achieved
Quality Accreditation	Number of clinical areas achieving the Diamond award	8	11

Aims for 2024-2025

To further increase the number of clinical areas achieving both Bronze and Silver awards.

Patient Safety Incident Response Framework (PSIRF)

The Trust has successfully implemented Patient Safety Incident Response Framework (PSIRF) as of 01 October 2023.

The framework is a major step towards establishing a safety management system that embeds the key principles of a patient safety culture, introducing a focus on understanding how incidents happen, rather than apportioning blame; allowing for more effective learning, and ultimately safer care for patients.

A key aim of PSIRF is to allow organisations to focus learning response resources on areas where improvement will have the greatest impact. Based on their local incident profile and existing improvement work, organisations will identify areas that will benefit most from patient safety incident response, to create their patient safety incident response policy and plan.

PSIRF removes the requirement that all / only incidents meeting the criteria of a 'serious incident' are investigated. This enables resources to be focused more effectively on the identified areas with the greatest potential for patient safety improvement; and enable responses to look at incidents that wouldn't have met the serious incident criteria but where important learning can still be gained.

Published alongside the framework, the 'Guide to engaging and involving patients, families and staff following a patient safety incident', also sets out expectations for how those affected by an incident, for example, patients, families and staff, should be treated with compassion and involved in any investigation process.

The table below shows progress in relation to thematic Patient Safety Incident Investigations (PSIIs) for 2023-2024 and some of the identified themes above will be reviewed as part of the local PSII programme of work.

Investigation	Theme/Individual	Progress
Omitted/delayed medications	Theme	In progress – due for completion end July 2024
Hospital acquired DKA	Theme	In progress – due for completion end July 2024
Diagnostics	Theme	In progress – due for completion end August 2024
End of Life / ReSPECT	Theme	On Hold / Not yet started
Falls	Theme	On Hold / Not yet started

Never Events

There were 3 Never Events declared in the 2023-2024.

The table below shows the details of each of the Never Events declared in 2023-2024:

Declared	Division	Incident Description	Harm Level
April 2023	Surgery	Unintended retention of a guidewire following insertion of a central line	Moderate
August 2023	Surgery	Removal of incorrect skin lesion from patient's back	Low
September 2023	Surgery	Administration of wrong side regional nerve block	Low

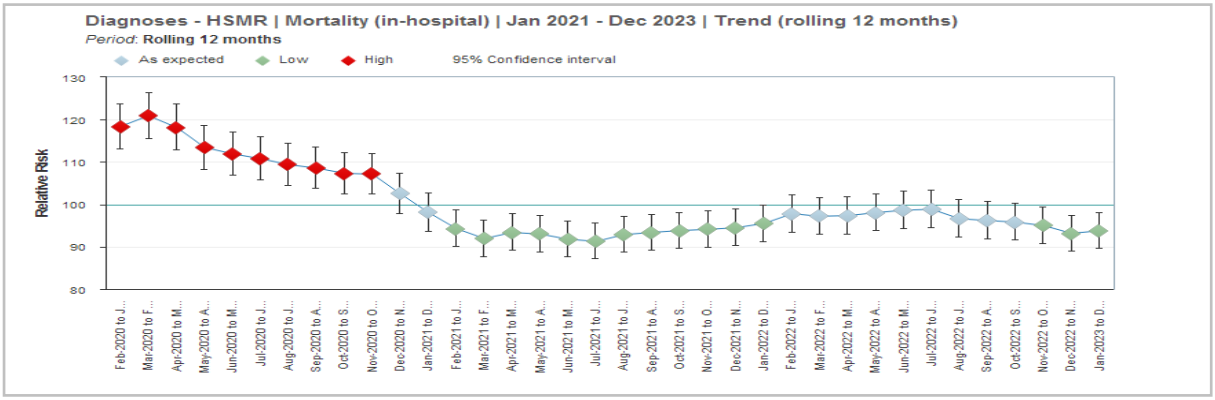
4 actions remain open relating to Never Events with 1 of these being overdue. All actions relate to incidents within the Surgery division. 3 of the remaining 4 actions are due for completion by the end of June 2024.

Key Actions

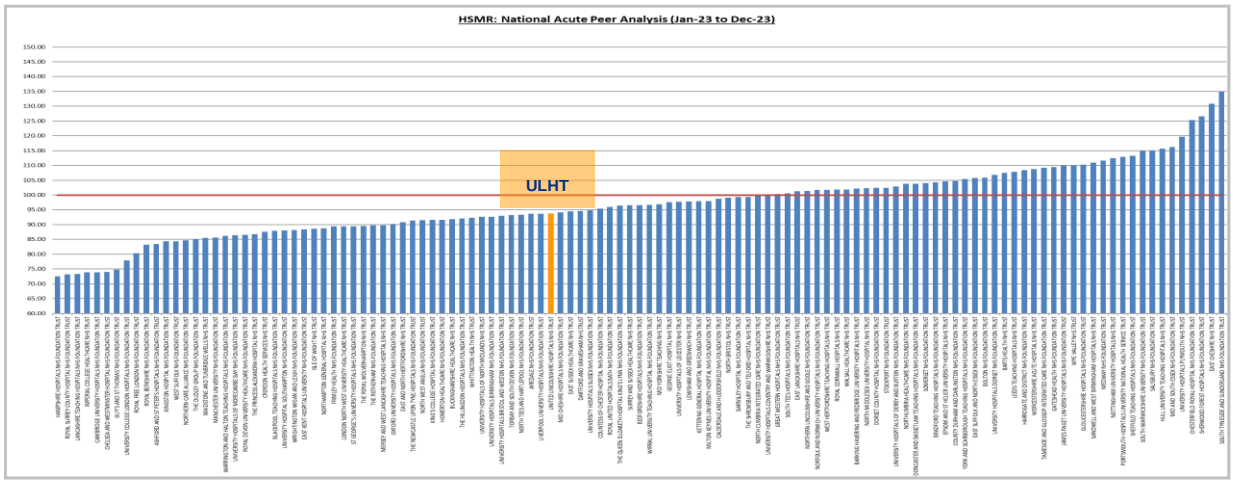
- Time limited task and finish group to implement the principles of the revised national NatSSIPS2 framework, which will strengthen the surgical safety checklist process for all procedures.
- Mandatory training for all theatre staff to undertake Human Factors Training.

HSMR/SHMI

HSMR is an indicator of healthcare quality that measures the ratio of observed deaths to expected deaths, and whether the number of deaths in hospital is higher or lower than would be expected. At the time of writing the latest HSMR for the Trust relates to the March 2024 Dr Foster report. HSMR for the rolling 12-months is 93.76, which places the Trust in the 'Low' banding. As demonstrated on the table below, the Trust's HSMR was elevated during the COVID-19 pandemic, however, the HSMR returned to as expected from January 2021.

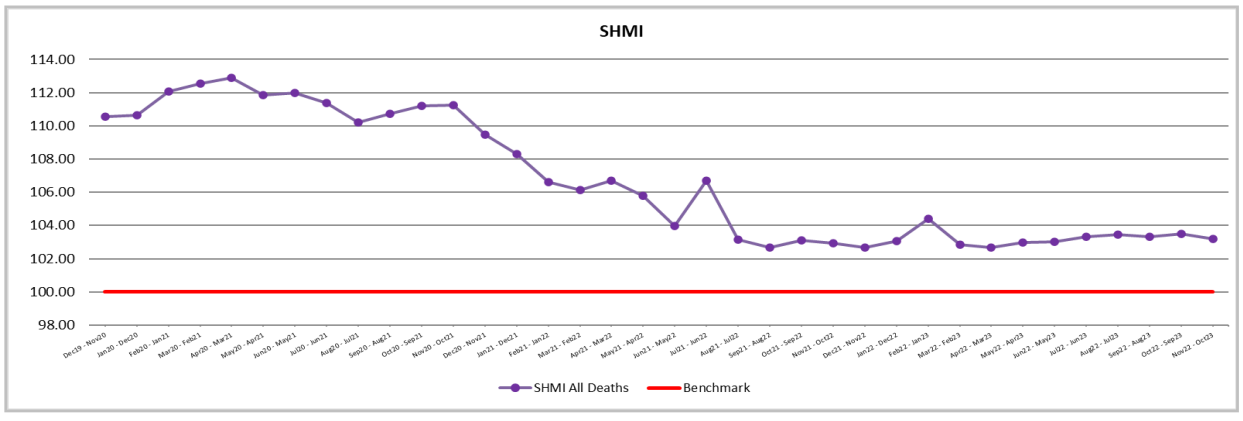


The table below depicts ULHT position in comparison to all other Trusts within England



SHMI

The Summary Hospital Level Mortality Indicator (SHMI) is a mortality measure that takes account of a number of factors, including a patient's condition. It includes patients who have died while having treatment in hospital or within 30 days of being discharged from hospital. The SHMI score is measured against the NHS average which is 100, a score below 100 denotes a lower than average mortality rate. It is recognised that SHMI cannot be used to directly compare mortality outcomes between Trusts. The Trusts SHMI from November 2022 to October 2023 (there is a 6 month data lag) is 103.19 which is 'As expected'.



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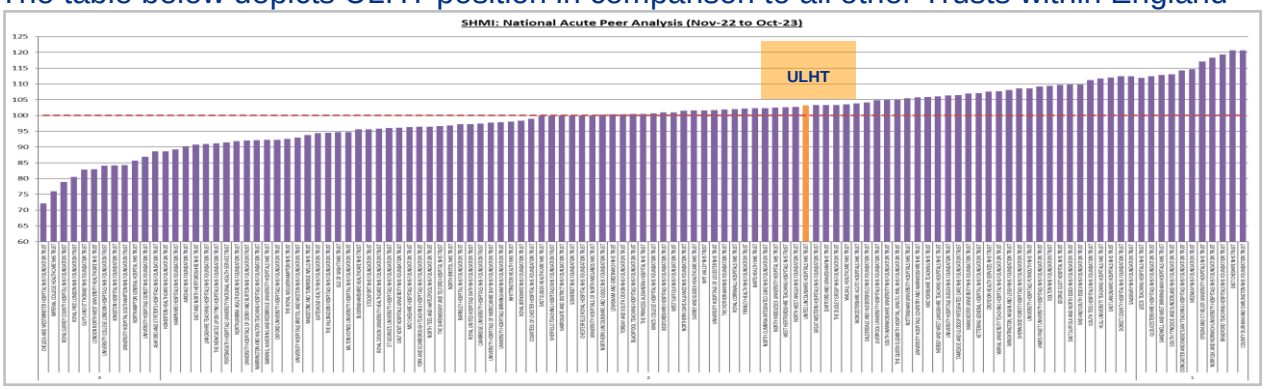


Mortality Assurance (MorALS) Group

The Mortality Assurance Learning Strategy (MorALS) Group meet every month and has oversight of the activities of all mortality review processes across the Trust, including the activities of Learning from Deaths and promoting the learning from mortality reviews. The meeting provides an opportunity to discuss any issues arising and to help support the development of learning culture in the organisation in line with our Learning from Deaths policy. The monthly outputs from the Divisions are described in this meeting and the targeted areas for improvement reviewed. The development of this group into something that has greater oversight of the Trust-wide mortality review process has been the focus of our energies. It is also responsible for ensuring the Trust has oversight of the key mortality measures for the Trust and reporting on any concerns arising, which it does via a monthly report to the Clinical Effectiveness Group, which upwardly reports to Quality Committee and Trust Board.

Medical Examiner

During the year the Medical Examiner (ME) service continued to scrutinise 100% of all non-coronial deaths. The service continued to support accurate and consistent certification of death and to support the bereaved. Where the ME identified potential governance issues that need to be further explored these have been raised through the Trusts governance processes.

The purpose of the medical examiner system is to:

- Provide greater safeguards for the public by ensuring independent scrutiny of all non-coronial deaths
- Ensure the appropriate direction of deaths to the coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data.

This year the service has prepared for the expansion of the service to encompass the scrutiny of all deaths that occur within Lincolnshire. Through collaboration with colleagues in primary care, the service have agreed a pilot in several practices prior to the introduction of the statutory system on 9 September 2024.

Patient Stories

Each month a digital patient story is presented to Trust Board and these are all now available to all staff within our new Patient Story Library on the intranet. There are currently 31 digital stories available. Patient stories are also presented to Patient Experience Group as part of divisional assurance reports and many clinical business units and governance groups have a story to start their meetings.

The following are example stories shared at Trust Board during 2023-2024

Caitlin's Story

This tells the story of Caitlin, a patient who was cared for on Medical Emergency Assessment Unit at Lincoln County Hospital and who was able to have her autism assistance dog Clara on the ward with her to help her communicate and be cared for. Caitlin spoke about how having Clara with her helped her to communicate with those caring for her, and calmed her at a stressful time and is an example of staff being responsive to patient's needs, making reasonable adjustments and tailoring care to the individual.

https://youtu.be/NZBwaxOg8sw

Fran's experience in Emergency Department - 36 hours and counting.

In this story we hear from Fran who attended an Emergency Department (ED) having been directed by NHS 111. She describes the experience and her concerns about nutrition and fears about hydration. We also then see the initiatives that staff across our EDs have implemented to improve nutrition and hydration for patients.

https://youtu.be/RuISdsz3O7U

Welcome to Neonatal services

The story of Neonatal services and their journey to come out of special measures and in 2022 achieved Local Neonatal Unit status. The patient story tells of Missy-Lou who was born at 24 weeks gestation and weighing in at 540g (19oz) at Leicester Royal Infirmary but was finally transferred to Lincoln Neonatal Unit. Her mum Teri tells of the amazing support from all of the staff and the medical care provided meant that Missy-Lou thrived and she finally went home.

https://youtu.be/JBkciZXRweI

Pauline & Ernie's Story - Endoscopy

Pauline's story dates back to August 2023 where over the course of one week she became unwell. She suffered from fatigue, swollen throat glands and within a week had facial swelling and was showing signs of sepsis. Her GP referred her to A&E where she was seen, had various tests including bloods and diagnosed with a viral infection causing Bell's Palsy. She was prescribed medication and the team referred her for an ultrasound of her abdomen, a colonoscopy and gastroscopy The story also incorporates ULHT extensive plans to extend and upgrade the Endoscopy units across the hospitals

https://youtu.be/veB06Hwaw3k

Patient Panel

The Patient Panel put our patients at the beginning and at the centre, giving them a valued voice in decision-making; engaging and involving from the outset and not just informing them afterwards. They assist us to drive, deliver and demonstrate Trust wide measurable improvement and continuous learning in outcomes, delivery, performance, sustainability and transformation in Patient Experience. Attendance averages at 18 patients per meeting and continued recruitment has seen new members join in the last year. Topics discussed continue to be varied and 29 presentations were received and discussed during 2023-2024.

A first face to face event was held in May 2023 when panel members got to meet executive directors and discuss key issues and topics. The day also scoped topics of interest for the coming year and participants had a training session on Human Factors.

In addition standalone codesign workshops were held for:

- Car Parking:
    - Blue badges & disabled parking spots.
    - State of car parks.
    - Car parking capacity including lack of spaces & being late for appointments
    - In light of clinical strategy / centralising services
    - Alternative options – including Park and Ride & public transport
- Outpatients letters:
    - 3 workshops were held that included a complete review of letter templates and supporting information.

Experts by Experience (EBE)

Two new Expert Reference Groups commenced in 2023.

Improvement Academy Expert Reference Group has 9 members. The group meet with Improvement Academy colleagues and programme participants to hear their project thinking and outlines to ensure consideration of patient's voices and experiences at the outset. The proposal is that through masterclass engagement methodology our staff will codesign their improvement activities with patients.

Digital Transformation Expert Reference Group has 9 members. The group exists to be involved in supporting the organisation in the delivery of the Digital Strategy through receiving, reviewing, commenting, codesigning, questioning and responding to proposals and discussions about the projects and work streams. The principle is that our patients' voices and their experiences should influence the thinking and direction at the outset and throughout the programme ensuring the impact on patients is sought out and considered. Previously patient representatives were struggling at different workstream groups to see across the whole programme; this expert groups gives the more strategic perspective and is proving very valuable.

Improving Communication

The Communication Improvement Group was established in 2023 and has continued to take forward a number of initiatives which include:

- Ward communication folders which have been re-issued to wards
- A Patient Experience training programme that has a focus on communication skills that has been delivered to over 500 staff
- A survey of staff seeking their wants and needs in relation to communication training that is now leading to a suite of training offers and support in different formats
- The development of a faculty to roll out the successful Trauma & Orthopaedics 'Hearing it You Way' communication training programme. This is still in development with the aim to deliver the first session in June 2024
- The launch of divisional Patient Experience Groups has enabled practice based local improvements

- Development of a thematic overarching national survey action plan has focused hearts and minds on communication across a patient's journey
- Launch of a nationally recognised 'Let's Talk Cancer' training programme that focuses on all aspect of communication; whilst initially produced as a cancer related initiative it is entirely transferable to all communication scenarios. As such, initial plans to introduce a communication related Always Event has been realigned to the tenets within the Lets Talk Cancer programme. Work has just started on this and we look forward to introducing this in the coming months
- We have explored two approaches to helping patients prepare for clinical discussions; one called 'PREPARE' that encourages patients to write down what they want to ask clinicians at an appointment or when on a ward; and alongside this another national initiative called 'Ask 3 things' which works in a similar way. We are currently working on bringing these together

National Patient Surveys

All Trusts participate in a programme of surveys run nationally by the Care Quality Commission. These include inpatients, urgent & emergency care, maternity, children and young people and cancer patients. Whilst we have action plans to address each of these we recognised there were themes across the suite that needed a cross divisional approach to achieve improvements and have developed an overarching thematic action plan to address this. This is a great example of Trust wide working to improve patient experience.

Our 2022 National inpatient survey which reported in the summer of 2023 shows we have made continued improvements.

- 2019 we were in the extremely disappointing position of having seen 38 questions worsened from the year before
- 2020 we saw improvement with 18 questions improving though we had 7 questions where we were ranked worse than other Trusts
- 2021 there were some changes to the rankings but we could still see that improvement journey and those 7 'worse than' questions had reduced to just 3
- 2022 report shows further improvement to just 1 question worse than other Trusts and all our other questions ranked as 'about the same'

Trusts Ranking in comparison to other Trusts

- 2020 the Trusts overall ranking was 125th out of all Trusts
- 2021 the Trust moved up to 114th
- 2022 the Trust are 74th which is a move of 51 places

In relation to Dignity and Respect we have again seen notable improvements

- 2020 the Trust were 119th out of 137 Trusts
- 2021 the Trust had improved by 16 places to 103
- 2022 the Trust improved by a further 38 places to 65th out of 134 Trusts

The Family & Friends Test (FFT) feedback where dignity is mentioned, showed 607 pieces of positive feedback versus 54 that were neutral or negative = 91% positivity.

Patient Information

A full review and refresh of all our patient information has been taking place following a 'should do' recommendation from the CQC. The Patient Information Approval Group (PIAG) was established in March 2023 with the core aim of reviewing all of our almost 600 existing leaflets as well as considering new ones being submitted. One of the first things PIAG did was to look at what information is already 'out there'. Is there a leaflet or information already available from a reputable body or organisation that we can use? And if so does that information meet our standards in relation to authorship, evidence base, accessibility and that it is reviewed. From this we created a database of trusted sources following a rigorous assessment and where indicated direct staff to these information providers to reduce the need for internal development. Achievements of the PIAG task group include:

- Process for using patient information entirely reviewed and a suite of flowcharts for production and review of information produced
- Patient Information database repaired and restored - 549 leaflets
- Developed trusted source process including how we assess level of trust and appraised and approved 52 from a possible 98 sites, asking whether information can be sourced from a trusted source is now the initial step for all information reviews
- Reviewed & updated Patient & Carer Written Information Policy and created flow charts for developing and reviewing all information
- Explored copyright & images and developed process and guidance

- Established PIAG as a formal subgroup of Patient Experience Group (PEG) upwardly reporting quarterly
- Secured a Patient Information provider for our Emergency Departments
- Launched the ReciteMe tool on our Trust website to enable accessible information and language options and created posters with QR codes for patients to easily access our online repository

Caring for Carers

Having been selected as one of 13 national pilot sites for the development of a new national Care Partners Policy we have continued to drive forward our work on caring for carers and have launched our Care Partners Policy, relaunched Carers Badges and provided resource boxes for every ward. The NHSE leads visited ULHT in November, the first site visit of this national work, and we had great engagement from across the Trust in appreciative enquiry workshops with 38 people involved. We were delighted that our visitors brought graphic illustrators with them and provided us with a pictorial record of our discussions.

In January 2024 we cut the ribbon on our new Care Partner Hub located at Pilgrim Hospital in Boston. Funded by ULH Charity, the hub is a refurbished and repurposed space on the 6th floor of the tower block and aims to be an information and support point for carers. Working in partnership with Carers First and Lincolnshire County Council the hub will be supported day to day by trained volunteers who can help providing information and guidance to carers and to staff who have carers within their wards. The model is based on the successful Macmillan Information services. At this time we are busy recruiting volunteers and hope to have the hub fully operational by May 2024.

Enhancing Patient Experience – The Wardrobe

The Wardrobe is a clothing facility on each of the main sites Lincoln, Boston and Grantham where donated adult clothing is stored and can be accessed by any staff member to ensure a patient in need is able to be provided with suitable clothing. This may be in readiness for discharge or whilst still in hospital, for example needing clothes for therapy sessions.

The Wardrobes have been opened at Lincoln and Boston and will be opened soon at Grantham once a location is secured. Clothes have been donated by staff and in the coming weeks systems will be in place to seek and receive donations from the public. ULH Charity has generously supported the initiative through funding for the fittings and fixtures and donation bins. The Wardrobes will be managed by our volunteers supported by the Patient Experience Team.

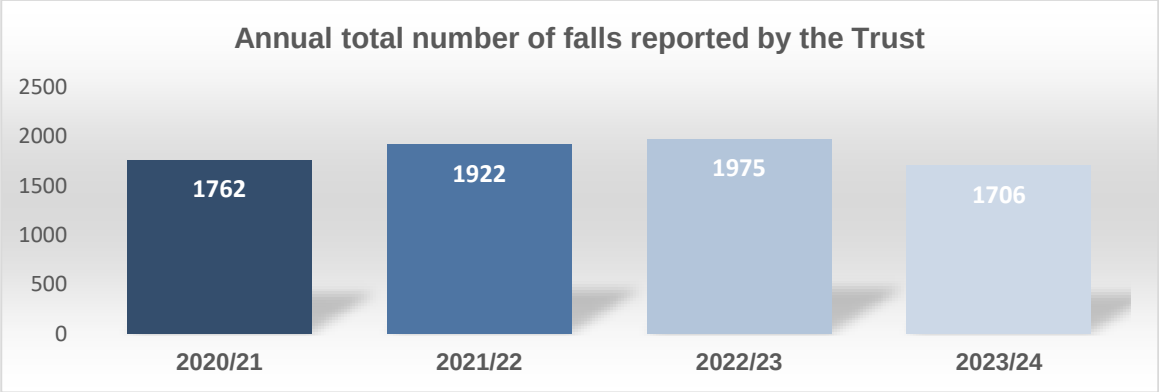
NHS
United Lincolnshire Hospitals
NHS Trust
The Wardrobe

Patient Falls

Falls prevention continues to be a key patient safety focus for the organisation. The Trust aims to reduce our rate of avoidable falls and continue our quality improvement journey through collaborative working across the organisation and with our system partners.

Falls amongst inpatients has historically been the most frequently reported safety incident in NHS hospitals with 50% of patients over 80 estimated to fall at least once a year, and 30% of over 65's. Approximately 30-50% of falls result in some form of injury and fractures occur in 1 to 3% of incidents. Our annual falls numbers did show a gradual increase between 2020 and 2023, however throughout 2023-24 the number of falls has reduced. This progress, especially in the context of a continued rise in admissions and increase in the number of patients admitted with complex care needs and additional vulnerabilities placing them at an increased risk of experiencing a fall, is an encouraging position. Reducing the number of patients who fall in our care and reducing the risk of harm associated with a fall are key quality and safety issues and a priority for improvement for the Trust.

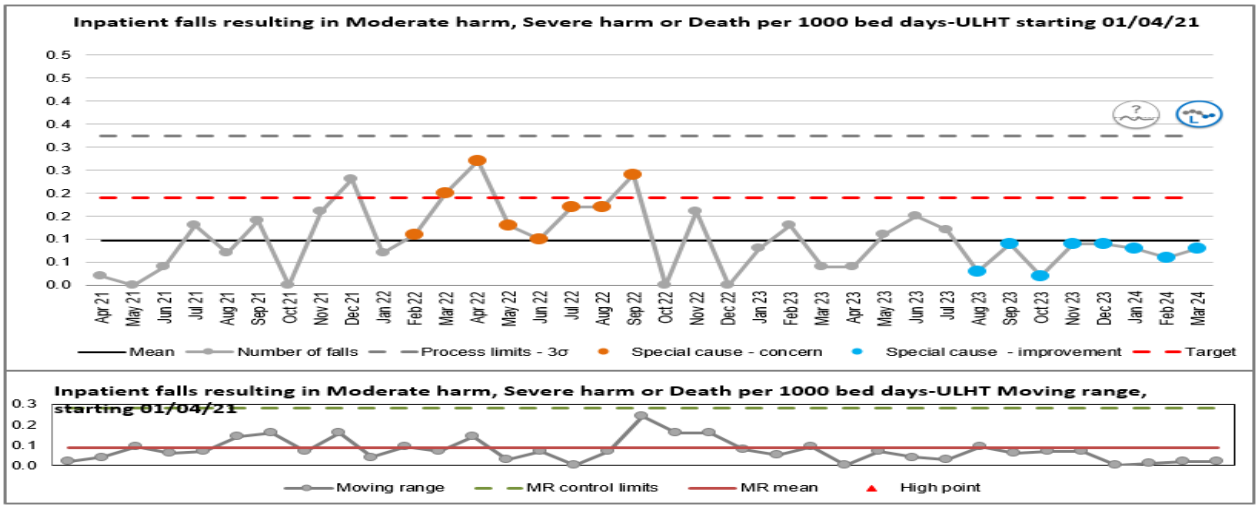
ULHT annual falls performance 2020-2024



Reducing avoidable harm from patient falls

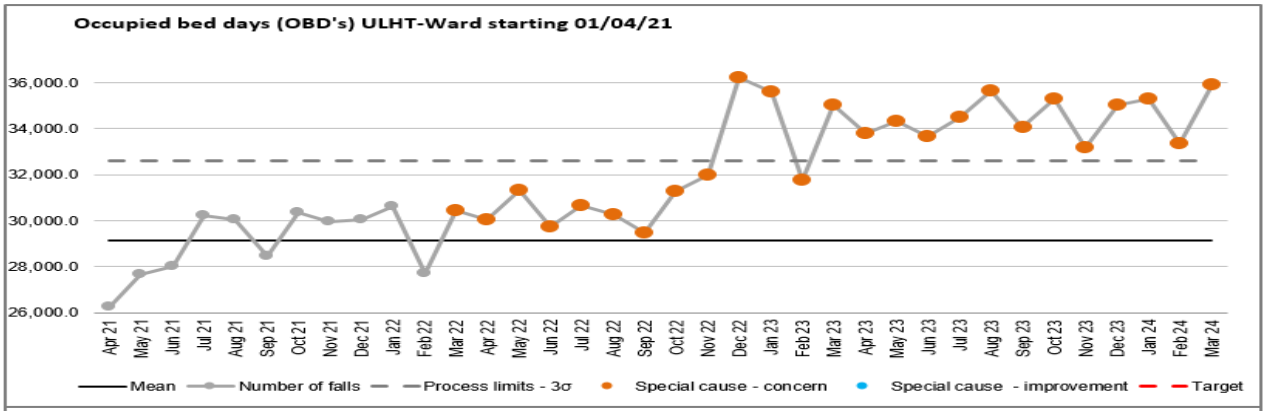
Falls incidents can result in psychological and physical harm, also having a substantial financial impact to the NHS. Falls resulting in harm are more likely to occur in acute Trusts like ours. These incidents may affect patient confidence, and the resulting injuries could mean a longer stay in hospital. In some cases, following a fall, a patient cannot be discharged to their usual place of residence which is a significant life change.

Falls resulting in moderate, severe harm and death per 1000 bed days April 2021 – March 2024



The Trust target for falls resulting in moderate, severe harm and death is 0.19. The Trust has been below this target for thirty two of the thirty six months from 2021 to 2024. The pattern for the data detailed above is very different from the pattern in which our occupied bed days (OBD) rate has changed over the previous 3 years.

The chart below demonstrates an increasing trend since 2021 as we have been recovering following the pandemic. The months demonstrating highest OBD's do not have correlating peaks of falls resulting in level 3 harm or above, illustrating that actions in place across the organisation to mitigate and prevent falls, are positively impacting on the safety of our patients.



Key Achievements

- The Falls Prevention Steering Group (FPSG), continues to meet monthly and is well established. The group has a multidisciplinary membership and provides oversight, monitoring and accountability of the ongoing improvement work around prevention of falls. Patient stories are regularly shared at FPSG to ensure wider learning.

- Falls prevention documentation and care is reviewed in the weekly Ward/Department Leader's assurance and monthly Matrons audits as a component of the Quality Accreditation Programme. The monthly Quality Metrics review meeting chaired by the Deputy Director of Nursing monitors ward and departments' performance relating to falls.
- This year saw the first falls prevention and awareness away day. This was well attended by staff from across the organisation. A number of wards shared patient stories and the day included interactive sessions and workshops on key learning from incidents that are areas of focus to improve including , safe mobilisation and use of equipment, human factors in relation to falls and safeguarding for falls prevention. The aim of this was to continue to raise the level of awareness of falls, support the understanding of falls risks and encourage conversations and discussions about the importance of accurate patient assessment and timely interventions.
- Publication of updated Enhanced Care and Falls Prevention and Management policies.
- Publication of new patient and care partner information on how to prevent falls and explaining enhanced care processes.
- The Adult in Patient Risk Assessment booklet and Falls Prevention Daily Assessment documentation that was introduced in 2022, to support staff to perform more comprehensive falls assessments and implement timely preventative interventions, have now been embedded across the Trust.
- The falls icons on the electronic ward board Web V have been reviewed and now align with the falls documentation and provide a visual indicator for the wider multidisciplinary team to highlight when a person is more vulnerable to falling.
- Representatives from the Trust clinical and quality teams have been participating in a system wide falls prevention quality improvement programme of work.
- Clinical areas have been actively participating in deconditioning games events.
- We had successful Trust wide events during 'Focus on Fundamentals' Falls Awareness month in July 2023 and Falls Awareness Week in September 2023. This included events linking in with the national campaign, use of Trust social media sites and communications channels to maximise awareness for all staff, celebrate successes and share improvement ideas.
- We have introduced a monthly Falls Prevention Bulletin as a series of educational guides to support our clinical team's knowledge regarding falls prevention including

topics such as appropriate use of bedrails and the safe application of enhanced care for patients.

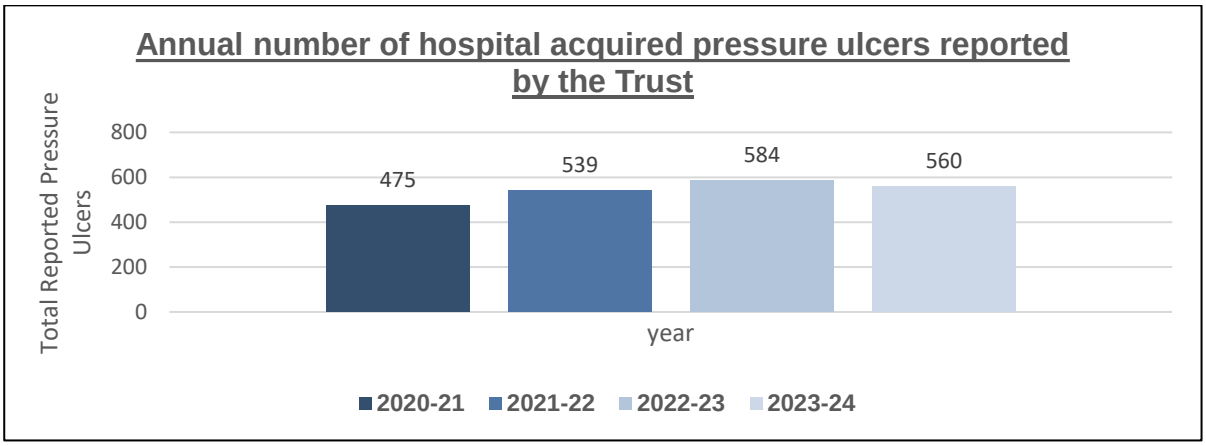
- Introduction of a multidisciplinary falls prevention quality council who continue to work collaboratively on identified quality improvements and to join up the work being undertaken within individual divisional falls prevention forums.
- Successfully migrated the falls investigation processes and learning to the new Patient Safety Incident Reporting Framework.
- Quarterly falls prevention and management newsletters have been introduced, to ensure learning and good practice is shared and provide staff with an oversight of current national and local priority topics, share and celebrate team's improvement initiatives, and provide dates for up and coming Trust events relating to falls prevention.

Aims for 2024-25

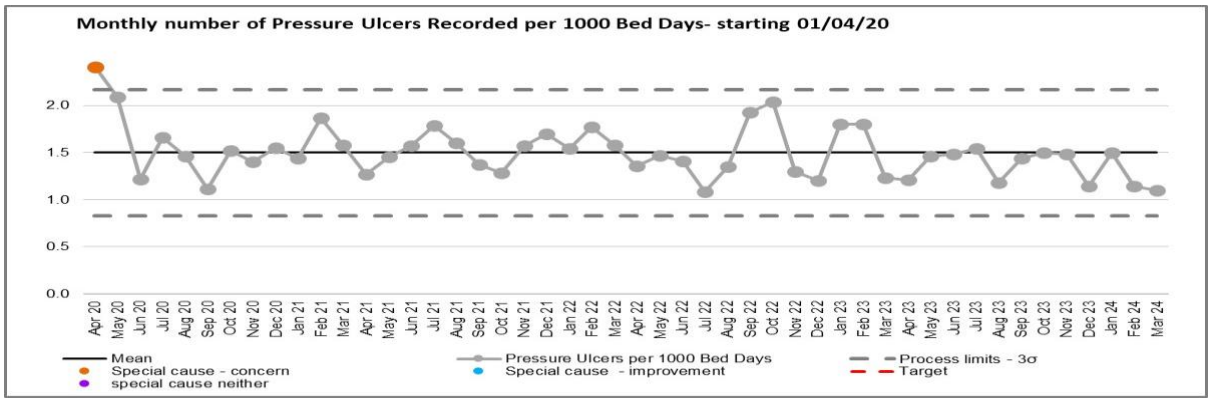
- Continue with our quality improvement work and focus on reducing falls and the severity of harm across the organisation.
- To continue to review and build on our existing falls prevention education and training including a specific human factors falls prevention offer.
- Introduce Focus on Falls Improvement and Learning forums.
- Explore the opportunities for the use of digital and technology solutions within our falls prevention work.

Pressure Ulcers

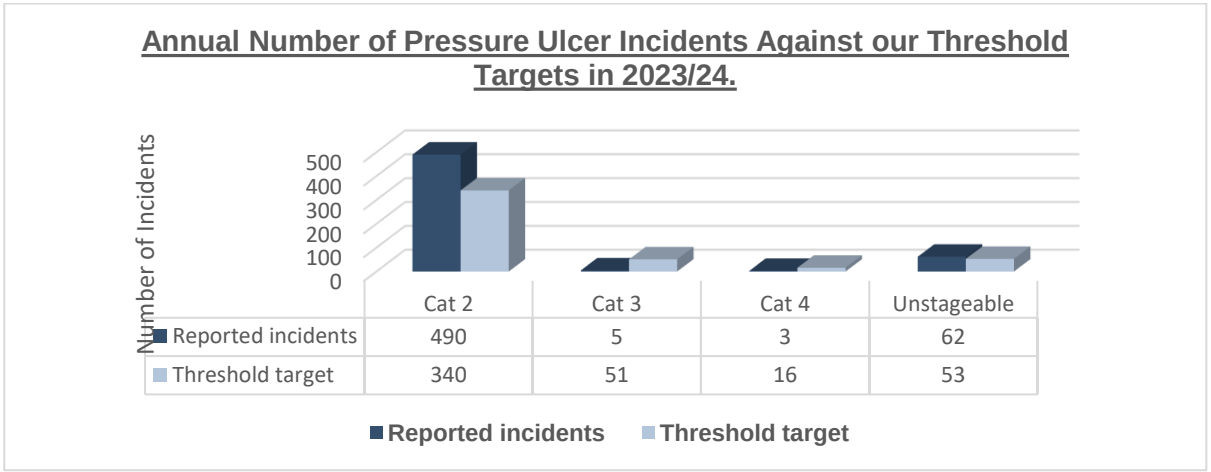
Pressure ulcer prevention remains a key priority for the organisation. The Trust aims to reduce our rates for hospital acquired pressure ulcers through quality improvement work and continues to focus on education, training and staff awareness. Throughout 2023/24 the overall number of hospital acquired pressure ulcers decreased. This progress, especially in the context of a continued rise in admissions and increase in the number of patients admitted with complex care needs and additional vulnerabilities placing them at an increased risk of developing skin damage, is a positive position. Pressure ulcer prevention continues to be a patient safety priority and area of focus for the Trust.



*Total number of pressure ulcers recorded includes categories 2, 3, 4, and Unstageable combined.



Whilst the thresholds set for our Category 2 and Unstageable pressure ulcers were exceeded this year, the overall number and size of the pressure ulcers being reported within these categories have both reduced compared to the previous year. During 2023/24 both Category 3 and 4 pressure ulcer incidents achieved our ambition against the threshold targets the Trust had set. This demonstrates that the preventative and supportive measures in place are having a positive effect on reducing the severity of patient harm from pressure ulcers.



Key Achievements:

- Skin Integrity documentation and care is reviewed in the weekly Ward/Department Leader's assurance and monthly Matrons audits as a component of the Quality Accreditation Programme. The monthly Quality Metrics review meeting chaired by the Deputy Director of Nursing monitors ward and departments' performance relating to pressure ulcers.
- As part of the Quality Accreditation programme Harm Free certificates continue to be awarded to those areas which have had periods with no pressure ulcer related incidents. This year we have celebrated an impressive 19 areas achieving a whole year of providing pressure ulcer harm free care, and 1 area achieving 2 years harm free care.
- In line with the National Wound Care Strategy Programme recommendations for best practice, the Trust continues to review and adapt its guidance and practice relating to pressure ulcer prevention and management.
- The Skin Integrity Group (SIG) continues to meet monthly and is now well established. The group has a multidisciplinary membership and provides oversight, monitoring and accountability of the ongoing improvement work around prevention of pressure ulcers. Patient stories are regularly shared at SIG to ensure wider learning.
- We had a successful Trust wide 'Focus on Fundamentals' Tissue Viability month in November 2023. This included events to promote "International Stop the Pressure Day", use of social media and Trust communications to promote the activities, celebrating success and encouraging staff to have a conversation about skin integrity. The Quality Matron and Tissue Viability teams facilitated an International Stop the Pressure Day for skin integrity ambassadors and clinical staff. The day included interactive sessions and workshops on the key themes that have been identified from incidents and are focus areas to improve.
- The Adult in Patient Risk Assessment booklet and Pressure Ulcer Prevention Daily Assessment documentation that was introduced in 2022, to support staff to perform more comprehensive skin assessments, have now been embedded across the Trust.
- Mandatory Tissue Viability E-learning training for all staff was implemented in 2021. This year we have consistently maintained a Trust compliance level of >90%.
- The Tissue Viability Ambassador programme was relaunched in 2022. The Tissue Viability and Quality Matrons introduced a competency based training programme for all Tissue Viability Ambassadors which includes dedicated time working with the

Tissue Viability team. The aim of the programme is to develop confidence, knowledge and skills and enable individuals to become a proactive and effective resource for cascading learning across their clinical teams. We currently have 30 ambassadors trained with a number of other staff members booked in to complete their training. In those areas who have a Tissue Viability Ambassador there has been some reduction in pressure ulcer incidents observed.

- We have introduced a monthly Pressure Ulcer Prevention Bulletin as a series of educational guides to support our clinical team's knowledge regarding pressure ulcer prevention including topics such as medical device management and conducting accurate risk assessments.
- Following an increase in operational demands in our Urgent and Emergency care departments, we have conducted some focused work with these departments, reviewing processes and documentation. A number of skin integrity care quality improvements have been introduced including new pressure relieving chairs within the Emergency Departments.
- Comfort packs, containing skin care products for patients to support the prevention of moisture associated skin damage have been introduced into our Emergency Departments.
- Representatives from the Tissue Viability and Quality teams have been participating in a system wide pressure ulcer improvement programme of work.
- Successfully migrated the pressure ulcer prevention investigation processes and learning to the new Patient Safety Incident Reporting Framework.
- We launched a quarterly newsletter called "Tissue Viability Matters" to provide staff with an oversight of current national and local priority topics, share and celebrate team's improvement initiatives, and provide dates for up and coming Trust events relating to Tissue Viability.

Aims for 2024-25

- Continue with our quality improvement work and focus on reducing pressure ulcers across the organisation.
- Continue working towards an ambition to eliminate all Category 4 pressure ulcers.
- Continue to work collaboratively with the Digital Team on improving electronic resources relating to tissue viability and pressure ulcer prevention including clinical photography.
- Implement the National Wound Care Strategy Programme recommendations.

- To continue to review and build on the skin integrity education and training offer.
- Introduce Tissue Viability Matters Improvement and Learning forums.
- Review and update the pressure relieving mattresses and cushions provision.

Complaints

Complaints and enquiries are a key source of feedback for the Trust and informs us about our patients' views regarding the quality of services and care provided which enables us to examine our services and make improvements. All formal complaints received are responded to appropriately on an individual basis and are fully investigated through the Trust's complaints procedure. All staff are encouraged to respond to concerns raised by patients and relatives as soon as they become aware of them, rather than waiting to receive a formal written complaint and our PALS services support this.

The Trust ensures that complainants have the option to have their concerns dealt with informally or formally, via the NHS Complaints Procedure. All complaints, whether formal or informal, are monitored to identify if there are any trends and to provide a consistent approach for patients, carers and the public.

A national review of the NHS Complaints Standards has been undertaken by the Parliamentary Health Service Ombudsman (PHSO) on how NHS services should approach complaints handling. The Trust has reviewed our position against the draft national standards and we have started to make improvements.

To enable the timely resolution of complaints and improve learning, the Trust has introduced an Early Resolution pilot which enables the complainants to receive a telephone call initially to explain the process and if they are happy to proceed. The Early Resolution process enables the complainants to receive a response to their complaint without having to wait for a letter to be generated which enables the complainants to receive the answers to their concerns within 25 days, with the majority being responded to within 7 days. Since the inception for the Early Resolution Team in October 2022, they have responded to 56% of all formal complaints. The feedback received has been very complimentary and are very appreciative that they can speak to a person and that they are listening to them and resolving their concerns quickly.

Each complaint is treated individually. Although the issue raised may be similar to others, the circumstances are often different for the individual concerned. The Trust aims to respond to complaints within 35 or 50 working days, dependent on the complexity and nature of the complaint, and the number of issues raised. If the timescale cannot be

achieved, the complainant is informed of when they may expect their response. A quarterly report is produced and presented the Patient Experience and Involvement Group and Quality Committee.

Number of complaints received:

	2021-22	2022-23	2023-24
New complaint received	627	835	1,044

During the COVID-19 pandemic the Trust saw a reduction in the number of complaints received, however, for 2023-2024 there has been an increase in the number of complaints received which aligns the Trust to the number of complaints received prior to COVID-19.

Learning from complaints

Complaints are an essential source of information on the quality of our services and standards of care from the perspective of our patients, families, and carers. We are keen to listen, learn and improve using feedback from the public, Health Watch, local GPs and other providers as well as from national reports published by the Parliamentary Health Service Ombudsman (PHSO).

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

Complaint data is triangulated with other information such as incidents, mortality reviews, inquest conclusions and claims information to ensure a full picture of emerging and persistent issues is recognised and described. Many of the themes and actions identified from complaints form part of wider programmes of work within the IIP.

These are some examples of learning that occurred as a result of complaints:

- Advanced Communication Skills Training is being provided to Cancer Clinical Nurse Specialists to improve and support better communication with patients and family members
- Divisional skills days for staff have been incorporated by the Medicine Division based on themes of complaints and PALS to increase staff acknowledgement and recognition of patient experience.
- Due to the number of complaints and claims regarding lost personal items, property bags will be available for items taken into safekeeping either at ward level or with cashiers - these bags will have unique ID numbers to ensure they are tracked and logged and will replace the envelopes currently used. Property boxes are being sourced that can be used for patients with dementia, delirium, confusion or cognitive impairment. These boxes, successfully tested and implemented at a

number of Trusts with significant reductions in lost property, are designed to be kept by the patient. They are approximately the size of a shoe box and brightly coloured therefore easily noticed, and patients use these to keep all their smaller items safely. The boxes are single use and patients take them with them in the event of a ward move.

- Call queuing is a system which advises the caller where they are in the queue when they are calling the wards/departments: “The line is engaged, you are number one/two in the queue”. This is currently in place on 22 Wards and is being rolled out further across the remaining wards. This has proven to prevent those calling from becoming frustrated with a constant ringing phone and gives assurance that their call will be answered but at that time it is currently engaged.

Patient Advice and Liaison Service (PALS)

PALS are a first stop service for patients, their families and carers and offers impartial advice and support. The service is confidential and aims to help resolve enquiries and concerns by working in partnership with services to respond as quickly as possible. During 2023-24 PALS dealt with 4,391 contacts were from patients, families and carers where support and investigation has been provided by the PALS team to enable resolution of their concerns in a timely manner. The resolution of these concerns by the PALS team has enabled the patient, families and carers to obtain the answers they require, therefore, reducing the number being escalated to a formal complaint.

An additional 3903 contacts were related to requests for information about hospital services and putting people in touch with the correct service, department or individual who could help them.

PALS collate all comments, concerns and suggestions made and share this feedback directly with services and departments or by the patient experience feedback mechanisms available throughout the hospital.

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	Standard 5	Standard 6	Standard 8
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	Access to Consultant-directed Diagnostics within one hour if critical, 12 hours if urgent and 24 hours for non-urgent patients	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	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

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.

Equality Diversity and Inclusion

The Trust recognises that everyone is different, and values the unique contribution that individual experiences, knowledge and skills make in delivering safe, high quality, patient-centred healthcare and fulfilling the NHS People Promise.

We continue to promote equality and challenge discrimination in all service provision, recognising and meeting the needs of the diverse communities we serve, seeking to better-understand and address health inequalities.

We continue to work towards providing an environment in which people want to work and recommend the Trust as an employer, and to fulfil the NHS People Promise. We are also committed to enabling each member of staff to achieve their full potential in an environment characterised by dignity and mutual respect. Our 2022 and 2023 National Staff Survey data reflects our progress with this.

We do not tolerate unlawful discrimination, victimisation, bullying or harassment based on age, disability, gender reassignment and gender identity, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation. Any action

found to be in breach of any of these will be addressed in accordance with the Trust's policies and procedures.

The Trust's current Equality Objectives, which are aligned to the Trust's Integrated Improvement Plan are published on the Trust's internet at: Our equality objectives - United Lincolnshire Hospitals (ulh.nhs.uk)

The Trust fully-completed all Public Sector Equality Duty and National Health Service England (NHSE) mandatory reporting and action planning for the 2023 cycle, and these are published on the Trust's internet at: Equality, diversity and inclusion - United Lincolnshire Hospitals (ulh.nhs.uk) under the relevant report heading.

The Trust has an active governance and assurance route for Equality Diversity & Inclusion (EDI), through EDI Operational Group and Patient Experience Group (Patient Equalities), then upwards to People and Organisational Development Committee. For all statutory and mandatory reporting and action-planning, these are approved by the Trust Board.

Externally, the Senior Equality & Human Rights Manager (Arden & GEM CSU) reviews this work and provides external assurance, through the Lincolnshire Integrated Care Board (ICB) Equality & Human Rights Forum, with no issues or concerns raised at last review. Also, in 2023 an external EDI governance audit was undertaken and the Trust was given the following rating, with no urgent or important actions to follow-up on.

Freedom to Speak Up

Since 2016, the Trust has complied with the NHS contract requirement to appoint a Freedom to Speak Up Guardian (FTSUG). In 2021, the Trust appointed a full time Freedom to Speak Up Guardian to demonstrate their commitment to supporting and listening to staff who speak up. 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 incorporated the new national NHSE/I Freedom to Speak Up policy into it's local 'Voicing your concerns' policy, which describes the different ways to speak up and who to speak up to, the process and an appendix, which provides assurance to staff that anyone speaking up with genuine reason should not suffer detriment/disadvantageous behaviour and the process to follow. To complete the Speak Up process, feedback questions are asked to gain assurance that actions have been taken or questions answered and to highlight any potential service improvements/learning.

A database and dashboard have been produced for intelligence, to capture metrics, including: number of cases, thematic information, who is speaking up and protected characteristics. The database will measure all open cases, feedback and follow up from closure of a case over a twelve month period to establish any detriment/disadvantageous behaviour.

Drop in sessions, twilight and weekend shifts have been organised to capture staff across all sites, covering day and night staff and weekend workers.

Speak Up, Listen Up and Follow Up training has been approved as core learning and will be included on all new starters' induction.

The Chair, Chief Executive, Directors and Non-Executive Directors attended the FTSU board development session (Follow up module) and self-assessment (reflection and planning tool) to ensure any gaps can be actioned.

How does the Trust support staff to speak up:

- Voicing Your Concerns Policy
- Freedom to Speak Up Guardian
- 51 Freedom to Speak Up Champions from across different staff groups and staff networks, who have been engaged to promote speaking up and signpost to the appropriate person or relevant policy
- The commitment of the Board to champion the importance of speaking up
- The Board receives a quarterly report on speaking up and has completed the speaking up self-assessment (Reflection and Planning Tool)
- The board have completed a board development session on FTSU follow up training
- The Non-Executive Champion for FTSU completed the National Guardians Office training development session
- The Freedom to Speak Up Guardian meets monthly with the Trust Chief Executive, Trust Chair, Director of Nursing, Human Resources Director and Non-Executive Champion for Speaking Up, also has direct access if needed.
- Mandatory Core Learning for all staff and new starters induction
- Virtual drop in session held with the Non-Executive Director / FTSUG for neonates & maternity

- There are promotional material which includes posters / pens and post it notes with FTSUG / Champions contact details
- FTSU intranet page
- Promotes through Chief Executive / Directors blogs
- Information is included within the Communications round up
- Information on contacting FTSUG on the Trust internal incident reporting tool (Datix)
- Promotional events across the wider organisation

What should staff do if they have a concern?

- Approach their line manager or senior divisional manager or any appropriate manager
- Contact anyone named in the 'Voicing Your Concerns Policy'
- Contact the Freedom to Speak Up Guardian through the dedicated confidential email address freedomtospeakguardian@ulh.nhs.uk , telephone number 07471110490, via Teams or in writing
- Contact a Freedom to Speak Up Champion
- Contact the Non-Executive Director for Freedom to Speak Up
- Contact the National Guardians Office

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. The Guardian has 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 also continues to hold Educational / Clinical Supervisor training / update sessions over Teams; these are well attended and have received excellent feedback. The training sessions are held approximately twice a year (March / April and September / October). The purpose of these sessions is to increase awareness of exception reporting, support the Clinical / Educational Supervisors in the reporting mechanism and give supervisors opportunity to feedback on issues they may have.

The Guardian reports quarterly and annually to the People and Organisational Development Committee meeting. The reports contain the number of exception reports submitted per quarter, split by speciality, grade of doctor and the issue, such as working hours, work pattern, educational issues and immediate safety concerns. Common themes are documented, which can then be used to improve the experience of the Trainee Doctors within the Trust. Trainee Doctors are continually encouraged to submit exception reports, to help identify where rotas and working patterns differ from those described in the doctor's individual work schedule. The Trust is committed to supporting Trainee Doctors who raise exception reports and ensuring that they are confident to raise issues where necessary.

The Guardian's Office has continued its commitment to ensuring that Locally Employed Doctors working within the Trust are supported in the same way as the Trainee Doctors. The Trust is working towards streamlining the processes and ensuring that all Locally Employed Doctors (LEDs) have a Clinical Supervisor to support them and be able to exception report through the allocate system. In the interim period there is a temporary solution for LEDs to submit exception reports and the Guardians office have created a generic email box SafeWorkingGuardian@ulh.nhs.uk for any issues or exceptions by these doctors.

We continue with our proven method of clinical recruitment. The Resourcing Advisors and Medical Recruitment Team work closely with the Clinical Leads and Managers to understand the resource requirements relating to Doctors in Training within each specialty. We additionally are enhancing the on-boarding experience for international Doctors by using the same approach that resulted in the Trust gaining a national award for international Nurse on-boarding. We have continued to enable a targeted approach to reducing rota gaps through focused recruitment of Locally Employed Doctors. In addition the Medical Workforce Team continue to work closely with Health Education England East Midlands (now NHS England) to ensure timely receipt of rotas from the Clinical Business Units and to ensure that accurate work schedules are issued in accordance with the Code of Practice.

The Medical Workforce Project is in 3rd year now. This group oversees key projects relating to the medical workforce including right sizing of rotas and the implementation of the Healthmedics digital rostering and leave system. The Healthmedics system for annual leave for all doctors including Junior doctors is now fully embedded. This has enabled greater visibility of leave bookings and removed the need for manual systems and spreadsheets.

Part of the project is focused on reviewing the junior doctor rotas. Work was carried out using the methodology in the Royal College of Physicians Safe Staffing Report. The new

rotas provides enhanced safety and quality benefits, including greater continuity of care to our patients and increased workforce satisfaction and work life balance. A key element of the introduction of the improved rota has been the recruitment of additional Locally Employed Doctors. The move to Healthmedics has also delivered significant benefits for this group of doctors which has resulted in the removal of spreadsheets for medical rotas and is the first step towards standardisation across the Trust. We have also developed a 'BOT' that takes shifts created by vacant lines from the rotas on Healthmedics which then automatically sends these shifts to bank to fill.

We now move into surgery focussing on right sizing the rotas for Trauma & Orthopaedic and General Surgery.

The new Medical Workforce team is now fully functional after we have received additional funding for new posts to expand our service. We have presence at junior doctor's forum and we work collaboratively with British Medical Association colleagues, Guardian of safe working, Medical Directors office and Strategy and Planning.

We are currently working on a self-service page on the intranet to be able to support not only our doctors but our management teams and rota coordinators.

Annex 1: Stakeholder Comments

NHS Lincolnshire Integrated Care Board

NHS Lincolnshire Integrated Care Board (ICB) is pleased to review and provide feedback on the United Lincolnshire Hospital NHS Trust (the Trust) Annual Quality Account 2023/24. The Quality Account provides a comprehensive summary of the Trust's key quality priorities.

The ICB acknowledges the progress made by the Trust in implementing last year's three quality priorities. There was full achievement in two of the priorities and one was partially achieved. Whilst the Trust did not meet their own ambitious outcomes in priority two (Improve clinical effectiveness and best practice principles by prioritising cardiovascular pathways) there was significant improvement made in the two elements that made up this priority, with waiting list for echocardiography reducing from nearly 7500 in March 2023 down to 1870 in March 2024 and average length of stay for stroke fell to 12.49 days from 16.5 in 2022/23. We note that the Trust continues to work on these areas and expects to meet the original standard that they set early within the forthcoming financial year.

This year's Quality Account highlights a number of accomplishments. The internal ward accreditation process has seen eleven wards being awarded Diamond Accreditation against a trajectory of eight. The ICB is invited to all ward accreditation visits and have been delighted to witness the commitment of staff to excellent patient care and the clinical leadership that is evident across sites. The ICB watched with interest the implementation of a proof of concept for early resolution in complaints with the support of clinical complaint managers and were delighted to see the impact this had in bringing down complaint resolution times and the positive feedback given by complainants. Complaints are an important part of organisational learning, and people do not complain lightly so it is important the process is timely and effective. It is positive to hear the pilot has been evaluated as a success and is now embedded fully.

We are delighted to see the Trust commitment to carers having been selected as one of thirteen national pilot sites for the development of a new national Care Partners Policy and the opening of the new Care Partner Hub at Pilgrim Hospital is a welcome innovation.

The Trust is moving into the fourth year of the Integrated Improvement Plan and the annual priorities have been reviewed in order to achieve the vision of Outstanding Care Personally Delivered.

The ICB notes the Trust achieved implementation of the Patient Safety Incident Response Framework (PSIRF) and has been a trailblazer within the system. The focus on learning from incidents, engaging with patients and families and optimising resource allocation demonstrates its positive approach. We are grateful to the Trust's system leadership on implementation. The ICB are invited to sit on the Trust Patient Safety Incident Investigation (PSII) Executive Oversight Group which demonstrates the Trusts openness and a learning culture.

The ICB recognise the challenges the Trust has faced. There have been episodes of industrial action which have had an impact on services and has meant that patient appointments have been cancelled at a time when the Trust and system have been working hard to reduce waiting list backlogs. There has also been pressure on emergency departments with long waits and ambulance handover delays impacting on patients and staff.

We acknowledge the Trust's commitment to promote equality and challenge discrimination in all service provision, and in seeking to identify where there may be health inequalities and take steps to address these in collaboration with system partners.

Looking ahead to 2024/25, the ICB notes three new quality priorities identified by the Trust. These are End of Life Care; Hear it Your Way; and Diabetes Pathway. The ICB supports these priorities, as they align with the ambitions of the Lincolnshire Integrated System.

The Trust are fully engaged with the ICS palliative and end of life care programme and are also linked in with the children and young people palliative and end of life care programme. Transition pathways for young people into adult services are embedded into this.

Poor and ineffective communication is a theme that runs through patient complaints and feedback, and we are therefore delighted that the Trust is looking at some focused work to address this within their quality priorities through the Hear it Your Way project.

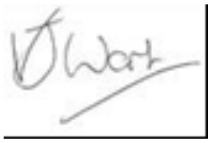
Diabetes is again a system priority for both adults and children. The Trust have been fully engaged with this work. Whilst we welcome this being identified as a quality priority, we feel that identifying transition pathways as part of this would strengthen the Quality Account further.

The ICB support the Trust in the move to a Group Model with Lincolnshire Community Health Services and our view is aligned that this can only strengthen patient care with opportunities to move to a more joined up way of working across services. We recognise Andrew Morgan's leadership in taking the Group Model forward and wish him well in his forthcoming retirement. We are grateful to Andrew's many years of service within the Lincolnshire system.

The ICB expresses gratitude to United Lincolnshire Hospitals NHS Trust for their unwavering dedication within the Trust and with partnering services to meet patients' needs and provide safe and effective healthcare services during another challenging year where demand has continued to grow.

As an Integrated Care Board, we eagerly anticipate working alongside the Trust and Group in 2024/25 on the continual improvement journey of excellence in patient experience and safety.

Yours sincerely



Vanessa Wort
Associate Director of Nursing and Quality

United Lincolnshire Hospital Trust Quality Account Statement 2023/24

Healthwatch Lincolnshire share all relevant patient experiences with ULHT and thank you for responding within 20 working days. Your responses are shared in turn with the patient, carer or service user who raised the issue, in many cases this provides 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.

Overall, the report is comprehensive and very informative.

Commentary relating to the previous year's Quality Accounts

We acknowledge the work ULHT have achieved over the past 12 months to improve overall performance and to achieve the previous years priorities. We would like to thank the ULHT team for their hard work and dedication in achieving this, we appreciate the challenges and work being done to improve patient and staff experience.

Priorities and challenges for the forthcoming year 2024/25

Priority 1 – End of Life Care – It is great to see that as a result of the feedback shared through the HWLincs survey, palliative end-of-life care will be a priority for 2024/25. Enhancing end-of-life care and ensuring equitable experiences for all individuals is of utmost importance. There is only one opportunity to provide compassionate and dignified care at the end of life, and negative experiences can have lasting emotional impacts on families and loved ones for years to come.

Priority 2 - Hear it Your Way – Poor communication is an issue frequently raised with us, so we support the inclusion of this priority. We are pleased it considers both internal and external communication as both are frequently raised as concerns to us by patients and carers.

Priority 3 - Diabetes Pathway – We welcome opportunities for Healthwatch to be involved in providing patient and carer feedback to monitor changes and improvements.

Healthwatch Themes and Trends for ULHT – The last 12 months

In the past 12 months Healthwatch Lincolnshire have received 44 feedback comments. Out of the 44 comments. 47% were negative, 20% were positive and 8% were neutral or unclear. Many of the comments we received from patients relating to ULHT were very specific to each individual case, all of which have already been shared with ULHT. Some broad themes from the feedback were waiting times for appointments and at A&E. There was some confusion around access and lack of awareness of Grantham Urgent Treatment Centre in terms of opening hours and service provision.

There was also concern about timely access to acute stroke services and what impact having to travel further for treatment would have. As with previous years, concerns were also raised around communication and administration including difficulties and delays in test results and the confusingly high number of different letters used for outpatient appointments.

Positive comments over the past 12 months related to the high quality of care from staff in Orthopaedics, the mobile diabetic retinopathy unit and the breast cancer service.

Statement on United Lincolnshire Hospitals NHS Trust's *Quality Account* for 2023/24

The Committee is grateful to the Trust's Deputy Director of Clinical Governance and Head of Clinical Effectiveness and Complaints for attending the Committee's working group, which considered this document. This provided an opportunity for immediate explanations of the document's content.

Priorities for Improvement

Progress on Priorities for Improvement for 2023-24

We are pleased to see that the targets for all three priorities were met during 2023/24, with further work still planned to consolidate the progress made. One of these priorities saw a reduction in the number of patients waiting more than six weeks for an echocardiogram from 5,650 in April 2023 to 1,660 in January 2024.

Priorities for Improvement for 2024/25

The Committee supports the selection of the three priorities for improvement for 2024/25 and believes that focusing on three priorities will enable progress to be made. Priorities 1 *(End of Life Care)* and 2 *(Hear It Your Way)* emphasise both compassion and communication as important elements in the treatment and care of patients, which we strongly support. The rationale for selecting Priority 3 *(Diabetes Pathway)* on the basis of higher levels of diabetes in Lincolnshire is understood.

National Priorities

Aside from the Trust's care improvement priorities in this document, we would like to refer to two national priorities:

Elective Waiting Lists

We welcome the fact that during 2023/24 the Trust eliminated waiting times for elective care of 78 weeks or more, and there were only 300 patients waiting over 65 weeks by March 2024. The Trust outperformed regional and national averages, and this occurred in spite of industrial action during the year. We look forward to the Trust meeting the national ambition to eliminate waits over 52 weeks by March 2025, but recognise that waiting times of one year inevitably impact on the overall wellbeing of patients.

Urgent and Emergency Care

Meeting the four-hour A&E performance target has remained one of the greatest challenges across all the NHS, and the Committee is aware of the targets set locally towards performance recovering this national standard. This has been against a background of increased attendances at A&E overall, and increased acuity of those patients attending. While there has been progress towards achieving the targets, we accept that A&E is dependent on other factors such as the timely discharge of patients, who no longer need hospital care. We understand plans are in place for the coming year to continue with improvements.

Other Achievements During 2023/24

The Committee welcomes the achievements for 2023/24 listed in the Chief Executive's statement, in particular the capital investment at Pilgrim Hospital for its new A&E department, improvements at A&E at Lincoln County Hospital, and the new endoscopy unit also in Lincoln. In addition, a third community diagnostic centre is planned for the county in the coming year.

Complaints

We note the Trust is piloting an early resolution process for complaints, with most complainants receiving a phone call within seven days from the early resolution team, which seems to be leading to quick wins for the Trust. We note the explanation for the increase in the number of complaints over the last two years, and we look forward to the level of complaints at least stabilising, or even falling, in the year ahead. An example of the learning from complaints is the introduction of 'property boxes', which should contribute to a reduction in lost property complaints.

Rural Lincolnshire and its Hospitals

We accept there is an inevitable emphasis on services at the Trust's two main sites, in Boston and Lincoln, where most patients receive treatment, but we want to highlight the important services provided by the Trust at Grantham and District Hospital, and Louth County Hospital, and look forward to the Trust's continued commitment to these two sites.

Engagement with the Health Scrutiny Committee for Lincolnshire

During 2023-24, engagement with the Health Scrutiny Committee for Lincolnshire has continued, with various representatives of the Trust attending at five of the eleven meetings of the Committee during the year. We look forward to continued engagement with the Trust's managers, and where appropriate clinicians, in the coming year.

Presentation of the Document

We are pleased to see a well presented and easy-to-read document. For example, there is a glossary at the beginning to enable the public to understand the abbreviations and information is clearly presented in an easy-to-read format, with technical jargon avoided as much as possible.

Conclusion

The Committee is grateful for the opportunity to make a statement on the draft Quality Account. The Committee looks forward to the Trust's progress with the three priorities in the coming year and will continue to seek to engage the Trust at its meetings.

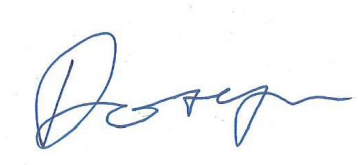
Annex 2: Statement of Directors' Responsibilities

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:

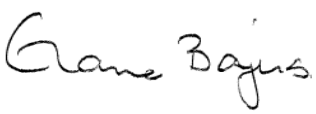
- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included 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



Elaine Baylis

Chair, Trust Board