NHS University Hospitals of Northamptonshire NHS Group

NHS University Hospitals of Leicester NHS Trust

Boards in Common Paper K1

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together					
Date of the meeting:	11 June 2026					
Title:	5.4 (Paper K1) UHL Quality Account 2025-26					
Report presented by:	Julie Hogg Chief Nurse					
Report written by:	Jenny Kay Head of Quality Assurance Nicky Deakins Deputy Head of Quality Assurance					
Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture	X	Deliver our financial plan	x
Where this report has been discussed previously	UHL Trust Leadership Team 26.05.26 UHL Quality Committee 28.05.26					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Yes – the Quality Account provides assurance that key risks to the quality of care are actively managed, supported by clear evidence of improvement and ongoing oversight. The report demonstrates a strong, structured approach to quality through its Quality Strategy, with a clear focus on patient safety, clinical effectiveness, patient experience, and equitable care. There is evidence of sustained quality improvement, including reductions in harm (e.g. pressure ulcers, falls, infections), shorter diagnostic waits, improved maternity safety outcomes, and high compliance with safety processes such as VTE risk assessments and patient safety alerts. Robust governance arrangements – including PSIRF implementation, audit programmes, mortality reviews, and Board-level oversight – provide assurance that risks are systematically identified, monitored, and addressed. The embedding of continuous improvement methodologies (e.g. LEAF, QI programmes) and the strong use of patient feedback further demonstrate a culture focused on improving care quality. While the report acknowledges ongoing risks such as waiting times, workforce pressures, and service demand, overall, it provides assurance that these are being actively mitigated through targeted quality improvement initiatives and strategic planning, indicating a mature and embedded approach to quality management.

Impact assessment
The Quality Account demonstrates a clear and positive impact on the quality of care, with measurable improvements in patient safety, clinical outcomes, and patient experience. Evidence within the report shows reductions in avoidable harm, improved diagnostic waiting times, strong compliance with safety processes, and enhanced maternity outcomes, alongside high levels of patient feedback and engagement. The implementation of the Quality Strategy, robust governance frameworks, and a well-embedded quality improvement approach further strengthen the Trust's ability to deliver safe, effective, and equitable care. However, the overall impact is moderated by ongoing challenges in access to services and workforce pressures, meaning that while improvements are evident, some benefits to care quality are still developing.

Purpose of the Report

This report provides information on the University Hospitals of Leicester NHS Trust Quality Account for 2025-26. The Quality Account will be published on Leicester Hospitals Website no later than June 30th, 2026, and the web page link will be sent to NHS England in line with the publication deadline.

The quality account was approved by the Quality Committee; a supporting infographic and easy read version will be created to support dissemination to our patients and the public.

Recommendation

The UHL Trust Board is asked to approve UHL's Quality Account for 2025-26 for publication.

NHS University Hospitals of Northamptonshire NHS Group

NHS University Hospitals of Leicester NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARD OF DIRECTORS
11 JUNE 2026

Summary

The aim of the Quality Account is to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. Quality Accounts are for the public and report on the quality of services provided by services looking at three domains:

- Safety
- Effectiveness
- Patient Experience.

Quality Accounts (QA) are annual reports to the public from providers of NHS healthcare about the quality of services they deliver. Under the NHS (Quality Accounts) Regulations 2010, all bodies that provide or arrange to provide (sub-contract) NHS services are legally required to produce a Quality Account.

Quality Accounts must be published on 30th June each year on the Trust's external website and uploaded to NHSE/I. Work on the UHL Quality Account has been in progress throughout 2026 and in line with the regulations will be presented to the Trust Board for sign-off prior to publication.

Main report detail

1.0 Background

1.1. The Quality Account is an annual report from healthcare providers about the quality of service delivered.

1.2 The quality account reports on the Quality Priorities set for 25-26 and lays out the quality Priorities for 26-27, in line with the Trusts Priorities and the Quality Strategy.

2.0 Structure of the Quality Account

2.1 The content of the Quality Account is informed by Department of Health guidance (toolkit) and regulations. The toolkit has not been updated; therefore, this year's content remains unchanged.

2.2 The Quality Account is structured in the following way:

- A review of quality performance for 2025-26
- Priorities for improvement for 2026-27
- A series of mandated statements

Assurance of Data Quality

3.1 The content of the Quality Account is consistent with internal and external sources of information, in that it reflects information presented in Board minutes and papers, papers relating to quality reported to the Board (and quality committees).

3.2 The Quality Account presents a balanced picture of the Trust's performance for 2025-26 and reports back on the Quality Priorities set in the Quality Account for 2025 -26 as well as other quality indicators, including those from the NHS outcomes framework.

3.3 Data in the Quality Account has been taken from NHS Digital unless otherwise specified. The Trust data has been sourced via the business intelligence team.

3.4 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 Department of Health toolkit has been reviewed, and all mandatory statements have been included.

3.6 The performance information reported in the Quality Account is reliable and accurate: The collection of performance information for the Quality Account has been subject to internal checks and balances, including:

- Triangulation with other data sources/reports
- Review by individual contributors to ensure the most up-to-date validated information has been included
- Data included in the Quality Account is subject to national reporting

4.0. External audit assurance of the Quality Account

4.1 NHS England & NHS Improvement publishes guidance on the NHS Website, setting out requirements for Quality Accounts. The deadline for the preparation and publishing of accounts, with assurances in 2025-26 remains the 30th of June.

4.2 There was no requirement for Quality Accounts in 2025-26 to be externally audited.

Supporting documentation

Quality Account. Guidance is available on the NHS England and NHS Improvement website. Please note this has not been updated from the 2023-24 guidance for providers

https://www.england.nhs.uk/financial-accounting-and-reporting/quality-accounts-requirements/

Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) Chief Nursing Officer Statement on UHL's Quality Account 2025–26

LLR ICB welcomes University Hospitals of Leicester NHS Trust's Quality Account for 2025–26 and thanks the Trust for the opportunity to comment. The account provides a clear overview of quality across acute, and specialist services and reflects the Trust's continued commitment to improving safety, effectiveness and patient experience.

We note the progress made in the first year of the refreshed Quality Strategy, including the continued embedding of PSIRF and the transition to the national LFPSE system. Improvements in maternity, such as strengthened triage, increased staffing and reductions in stillbirths and neonatal brain injury, are particularly important and provide assurance of positive movement in a high-risk area.

We welcome the Trust's strengthened approach to patient, family and carer voice. Increased use of real-time feedback, multilanguage surveys, live patient experience dashboards, improvements in complaints handling and the wider rollout of the Carers Passport which all support more responsive and inclusive care.

We also recognise the developing collaborative work with University Hospitals of Northamptonshire. Alongside progress in maternity, joint work across several fragile and specialist services including plastics, spinal care, nuclear medicine, haematology, imaging and pathology with shared approaches to frailty and digital development are beginning to support greater sustainability and more consistent access across the wider geography.

We are pleased to see the Trust's increasing use of modern service frameworks to guide pathway redesign and strengthen consistency across services. This provides a clearer foundation for improvement, supports shared expectations across the Group model and aligns well with system ambitions for more standardised, reliable and equitable care.

The account also reflects areas where challenges remain, including urgent and emergency care pressures, variation in cancer treatment waits and fragility in some specialist services. We are assured that the Trust is addressing these through strengthened oversight, partnership working and continued focus on improvement.

UHL's priorities for 2026/27 set a clear and practical direction, with an appropriate focus on access, safety, digital development and tackling inequalities. We look forward to continuing to work with the Trust as these priorities are taken forward.

Maria Laffan

NHS
University Hospitals of Leicester
NHS Trust

Quality Account

2025/26

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1.0 An Introduction from UHL Chief Executive, Richard Mitchell

I am pleased to present our Quality Account for 2025/26. They evidence our continued commitment to improving the safety, effectiveness, and experience of care across Leicester, Leicestershire, and Rutland.

This year, we have aligned our work to our three strategic priorities: delivering high-quality care for all, being a great place to work, and ensuring financial sustainability to protect and strengthen our services for the future. In this document, you will see examples of how UHL colleagues have delivered outstanding care, as well as areas where we know we must improve. We remain honest and transparent about the challenges we face and are determined to learn from every experience - positive or otherwise - to drive improvement across our hospitals and services.

Patients, their families, and our communities continue to be at the heart of everything we do. Listening to their voices, alongside those of our colleagues, helps shape our approach to quality and informs the improvements we make. This includes our work to reduce avoidable harm, enhance patient outcomes, and ensure personalised, equitable care.

We also know great care depends on great people. Through our People Strategy, we are creating an environment where colleagues feel supported, included, and able to thrive. At the same time, we are continuing to take responsible decisions to ensure our services are financially sustainable - securing the future of care in Leicester, Leicestershire, and Rutland.

Our 10 goals for 2025/26 build on these priorities. We will continue to focus on delivering safe and compassionate care, supporting our workforce, and strengthening our financial position - all with the shared ambition of making UHL the best it can be for patients, colleagues, and future generations. This will require accelerating progress, deepening our collaboration across health and care, and preparing for the transformative change set out in the soon to be released NHS 10 year plan.

Thank you to colleagues, volunteers, partners, and local communities for your ongoing support and trust. Together, we remain focused on delivering care we are proud of and a health service fit for the future.

Our Vision and Values

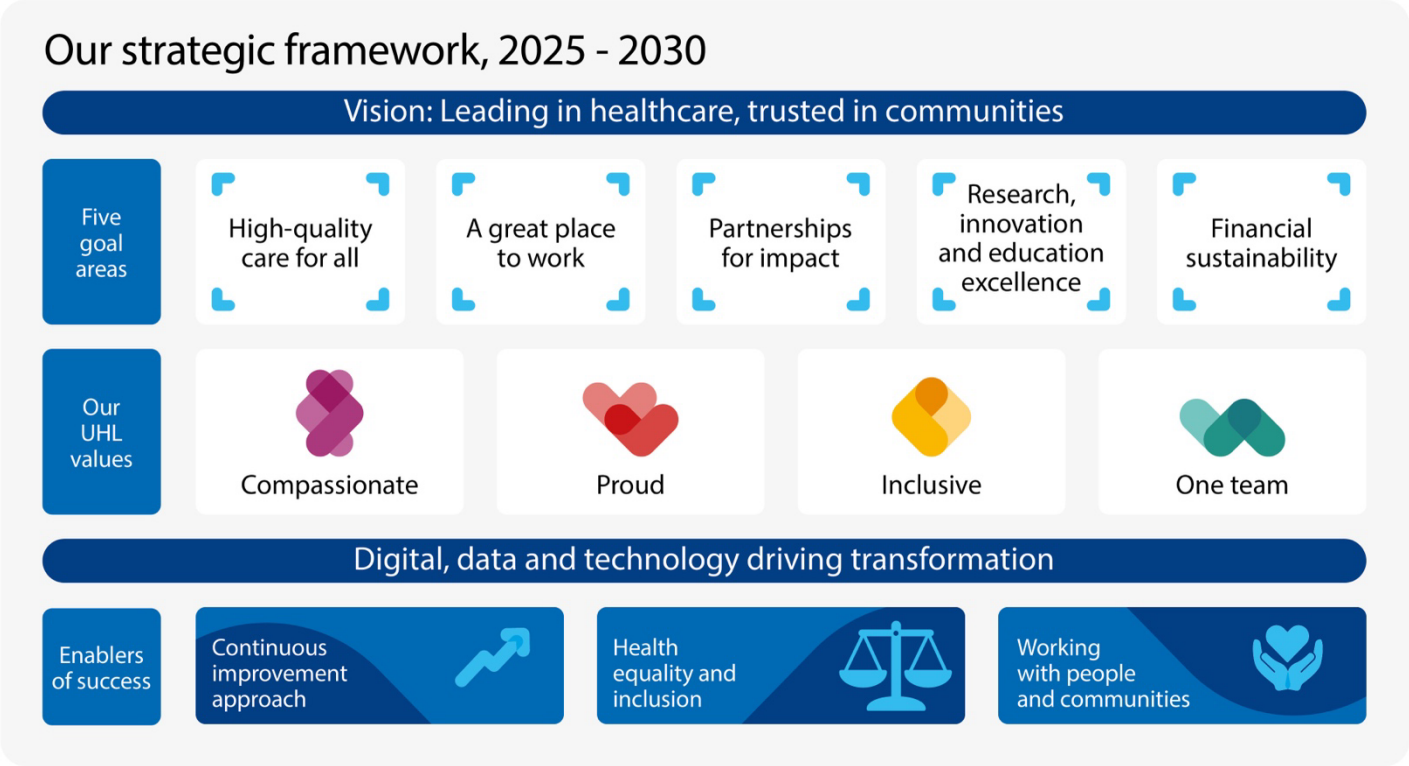
In 2023, we developed and launched our new vision and strategy to act as our compass for the next seven years (2023-2030). Our vision is to be '***Leading in healthcare, trusted in communities***'.

We have four primary goals:

- High-quality care for all,
- Being a great place to work,
- Partnerships for impact, and
- Research and education excellence.

Our strategy and goals are supported by a commitment to embedding health equality in all we do and underpinned by a refreshed set of values:

- We are compassionate,
- We are proud,
- We are inclusive, and
- We are one team.



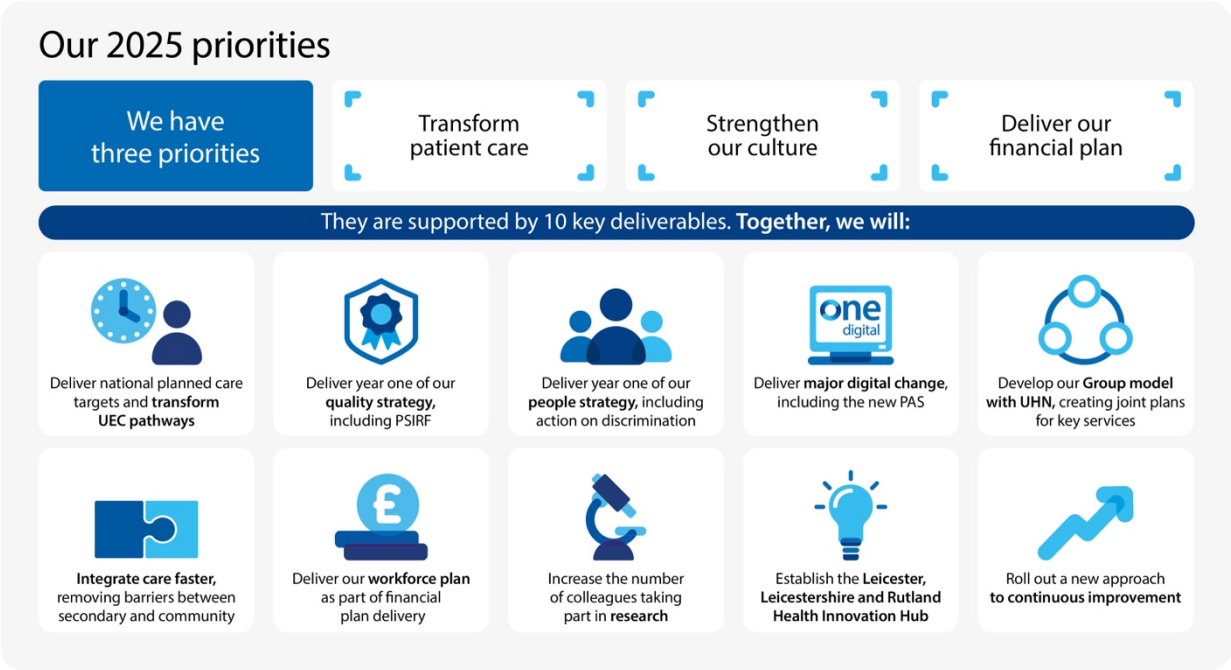
Our Senior Directors

(Non-Executive Directors, Associate Non-Executive Directors, Executive Directors)

Andrew Moore ..... Chairman
Richard Mitchell ..... Chief Executive
Mr Gang Xu ..... Medical Director
Julie Hogg ..... Chief Nurse
Simon Barton ..... Deputy Chief Executive
Helen Hendley ..... Chief Operating Officer
Lee Bond ..... Chief Financial Officer
Becky Cassidy ..... Director of Corporate and Legal Affairs
Clare Teeney ..... Chief People Officer
Dr Ruw Abeyratne ..... Director of Health Equality and Inclusion
Will Monaghan ..... Group Chief Digital Information Officer
Emma Casteleijn ..... Director of Communication and Engagement
Dr Andrew Haynes ..... Vice Chair and Non-Executive Director
Andrew Inchley ..... Non-Executive Director
Jill Houghton ..... Non-Executive Director
Scott Adams ..... Non-Executive Director
David Moon ..... Non-Executive Director
Professor Ivan Browne ..... Non-Executive Director
Professor Tom Robinson ..... Non-Executive Director
Steve Harris ..... Associate Non-Executive Director

2.0 Review of performance in 2025-2026

2.1 Our aims for 2025/26



We have agreed on three priorities for 2025:

- Transform patient care
- Strengthen our culture
- Deliver our financial plan

We have ten deliverables that underpin our three priorities and will drive improvements.

2.2 Progress updates against the 2025/26 deliverables

2.2.1 Deliver national access targets in planned care and transform pathways to safely reduce the number of people accessing urgent and emergency care (UEC) in our hospitals.

Our emergency departments continue to experience significant and growing demand, and we recognise the impact this can have on patient experience. Despite these pressures, there have been encouraging improvements in both access and satisfaction. The percentage of patients seen within four hours in A&E increased from 58% in March 2024 to 66% in December 2025, alongside improved patient satisfaction scores. Through the delivery of our Neighbourhood Care Model and

Urgent and Emergency Care (UEC) Improvement Plan, we will build on this progress, including our ambition to achieve the national target of 78% of patients being seen within four hours.

We have also achieved a significant reduction in outpatient did not attend (DNA) rates, falling from 7% in March 2024 to 5.5% in December 2025. This improvement reflects targeted actions to improve booking processes, patient communication and appointment flexibility.

There has been substantial progress in reducing long waits for diagnostic tests. The number of waits exceeding 13 weeks has reduced from 2,611 in March 2024 to 1,106 in December 2025, representing a 58% reduction. While this is a notable improvement, further work is required to eliminate long waits entirely and to meet the national standard of 95% of patients receiving a diagnostic test within six weeks. As of December 2025, performance was 82%, an increase from 74% in December 2024.

Referral-to-treatment (RTT) performance remains below the national standard, at 55% as of December 2025. This position is largely driven by a change in monthly submissions, which now exclude pathways awaiting triage. These account for approximately 10,000–12,000 patients each month, the majority of whom have pathways under 18 weeks, and work is underway to improve pathway validation and flow.

Improving cancer diagnostic and treatment waiting times remains a key priority. Performance against the 28-day Faster Diagnosis Standard throughout 2025/26 has been broadly in line with the national average, with a monthly average of 75% between March 2024 and November 2025. A temporary decline to 65% in August 2025 reflected demand exceeding capacity in specific specialities, including Breast, Skin and Head and Neck services. Performance has since improved following targeted recovery actions, including the introduction of a one-stop triple assessment clinic for breast services across Leicester, Leicestershire and Rutland, offering same-day imaging and biopsy where clinically appropriate.
While performance against the 31-day and 62-day treatment standards remains below the national average, sustained improvement has been achieved in recent months and remains a focus of our recovery plans.

2.2.2 Deliver year one of our quality strategy, which includes PSIRF and the perinatal safety programme.

This year, we have continued to embed the Patient Safety Incident Response Framework (PSIRF), following our transition in April 2024. Four Patient Safety Specialists oversee implementation, supported by a full programme aligned to the NHS Patient Safety Strategy and strengthened governance.

UHL transitioned to the national Learning from Patient Safety Events (LFPSE) system in 2024. Mandatory Level 1 patient safety training ('Essentials of Patient

Safety') was embedded into e-learning, with 95% of colleagues completing the module.

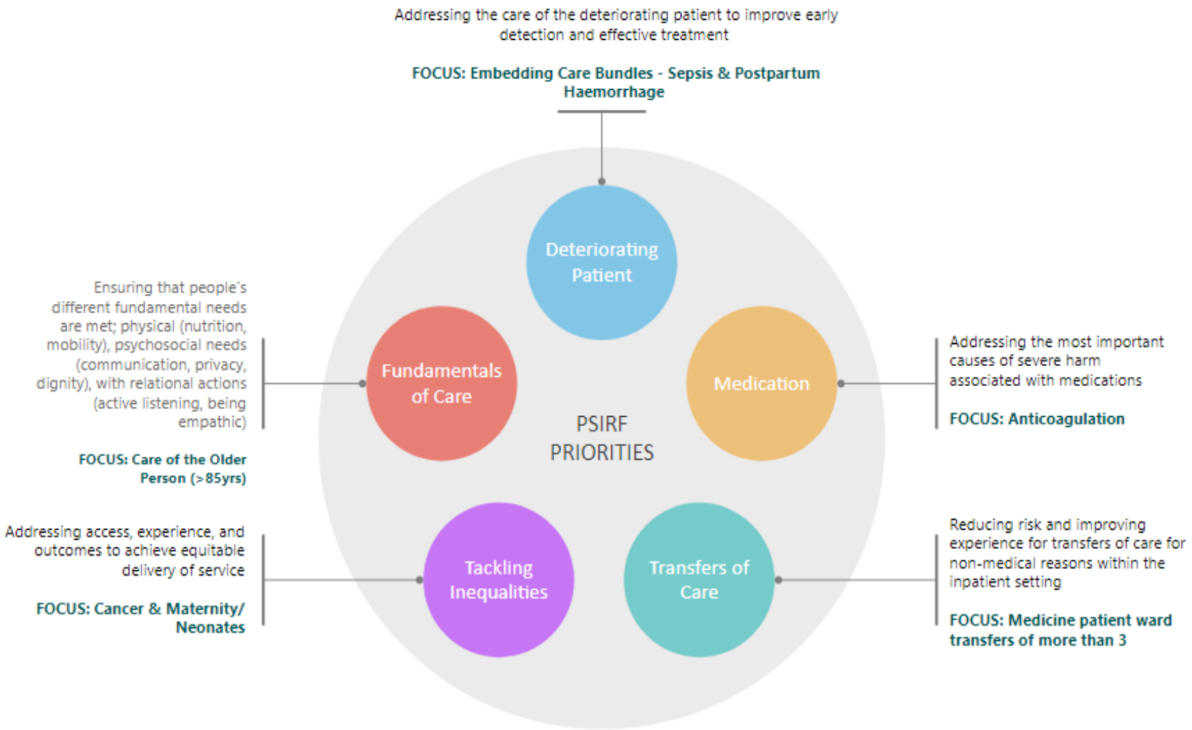
Two Patient Safety Partners have been recruited to ensure the patient voice is embedded in safety discussions and Patient Safety Incident Investigations (PSIIs). We continue to promote a just and restorative culture, supporting patients, families and colleagues affected by safety incidents.

An internal audit confirmed that PSIRF is operating effectively, with agreed actions implemented in response to six recommendations.

Significant improvements have been delivered, including enhanced telephone triage, increased staffing, strengthened safeguarding supervision and improved ward environments. This builds on compliance with the Saving Babies' Lives Care Bundle, delivery of Maternity Incentive Scheme actions, reductions in stillbirths and neonatal brain injury, and culture improvement through the Empowering Voices programme. These changes are reflected in improved regional maternity safety metrics and improved CQC Maternity Experience survey results.

Our PSIR Plan safety priorities

PSIRF has enabled a focused approach to locally agreed safety priorities, informed by learning from PSIIs and incident data.



Deteriorating patient – focus on care bundles

Sepsis

- ✓ Embedding of new adult sepsis guidance has been approved
- ✓ Implementation of a trigger for patients with potential sepsis for screening within Nervecentre
- ✓ Updated e-learning for all staff
- ✓ Skin perfusion education
- ✓ Started to develop dashboards for clinical areas to monitor sepsis performance and sepsis screening

Post Partum Haemorrhage (PPH)

- ✓ Creation of a live PPH data insights dashboard, which will include population / wider determinants monitoring of data (Q4 2024/2025 – Q1 2025/2026)
- ✓ Bi-Monthly audit of 10% of PPH Cases to review OBS Cymru Care Bundle Compliance with findings informing Workstream Actions
- ✓ Identify a Medical, Midwifery, Governance, and PSIP lead. Currently, we are reaching out to Research and University Stakeholders to inform plans and support analysis.
- ✓ Updated theatre team briefing documentation
- ✓ A focused equity-based deep dive into cases involving Black and Asian women

Medication safety – focus on anticoagulation

- ✓ Development of patient guidance involving our PSPs
- ✓ Appointment of an anticoagulation pharmacist
- ✓ Staff education – development of an anticoagulation safety e-learning package for all staff
- ✓ Monitoring of missed doses and anticoagulation/VTE patient safety incidents
- ✓ Work commenced with Nervecentre to support solutions in EPMA to reduce risk in relation to paused medication

Tackling Inequalities

Maternity

- ✓ Listening to all voices- FFT in different languages and interpreter feedback
- ✓ Asylum Seekers: Focused work to ensure antenatal and postnatal continuity of care for asylum seekers and refugees, meeting CQC requirements of 80%
- ✓ Improved equity insight into Datix reviews
- ✓ Strengthening EDI

Cancer

- ✓ Work has been undertaken to improve the identification of LD and autism patients, using primary care and then manually adding to our Cancer

Registry. There is a flag system now in place to inform the LD and Autism team of patients receiving care at UHL

- ✓ LD patients now have the involvement of the LD and Autism team

Fundamentals of Care – focus on older persons >85 years old

- ✓ The Fundamentals of Care Handbook and supporting resources have been published and distributed to Nursing and HCSW staff alongside the Fundamentals of Care Promise. Version 2 of the book is currently in development, specifically for AHPs and Paediatric colleagues.
- ✓ The Fundamentals of Care programme has been delivered across Specialist Medicine, CHUGGS, RRCV, Women's, MSS, Emergency Medicine and ITAPS. The programme is currently being delivered within Children's services
- ✓ Continued quality assurance visits & actions fed back to HONs, DHONs and Matrons for continuous improvement and to enable appropriate action plans to be developed
- ✓ Redesign of nursing metrics to reflect updated practice and standards

Transfers of Care – focus on patient ward transfers >3 for non-clinical reasons

- ✓ Data being captured on bed moves and reported through PIPEAC as data shows a theme of moving patients out-of-hours, with a number being dementia and end-of-life patients
- ✓ An outlying project is being undertaken to improve the communication of patients suitable to be moved
- ✓ Working group set up looking at bed moves out of hours and establishing a form of escalation for patients not to be moved. Outlying Policy has been reviewed.
- ✓ New patient safety and experience report being presented to the UEC Transformation Board each month to show the impact on patients being cared for in an inappropriate care location

2.2.3 Act on the 2024 staff survey feedback and deliver year one of our People Strategy, which includes action to tackle bullying, discrimination, and harassment.

We placed particular emphasis on inclusion and respectful behaviours. We strengthened clear routes for speaking up, expanded guidance for colleagues and leaders, and progressed targeted work on sexual safety, reducing violence and aggression, and improving reporting. This work was aligned to national NHS expectations and our People Strategy priorities, and included Trust-wide campaigns, development resources, the introduction of an anti-racism statement, and focused action in areas identified through staff survey and other workforce data.

Progress and impact have been monitored through regular reporting to the Trust Leadership Team and the Trust Board. Our latest staff survey data indicate a

reduction in the proportion of colleagues who experience discrimination from other colleagues, with UHL now scoring above the benchmark average. While there has been a slight increase in reported experiences of bullying and harassment, this mirrors the NHS average, and UHL continues to score above the national average. Staff survey results also show improved willingness among colleagues to report experiences of bullying and harassment, enabling the Trust to better target interventions and tackle unacceptable behaviours. Despite these improvements, reducing instances of bullying, discrimination and harassment remains a key priority as we continue to build a stronger, more inclusive culture at UHL.

2.2.4 Deliver major digital change, including the new Patient Administration System (PAS), BadgerNet in maternity services, and automation of workforce systems.

Patient Administration System (PAS)

The Trust successfully implemented a new Patient Administration System (PAS), which went live in June 2025. To ensure the system continues to support safe, efficient patient care, a dedicated PAS Product Team has been established. This team provides ongoing oversight, support and continuous improvement of the system following implementation.

BadgerNet Maternity

The BadgerNet Maternity digital maternity record system went live in October 2025, providing more joined-up, accessible maternity information. Integration with cardiotocography (CTG) monitoring systems was not included in the initial delivery. A plan is currently being developed to introduce this functionality during 2026/27, further strengthening maternity safety and clinical assurance.

Automation of Workforce Systems

The Trust has made strong progress in automating medical workforce processes to improve efficiency, data quality and patient safety.
All five Medical Workforce automation solutions have been developed and are currently undergoing User Acceptance Testing (UAT), alongside integration with Trust systems.
Early testing shows significant improvements in performance, for example reducing Bank Shift Validation to around nine minutes end-to-end, supporting timely and accurate staffing decisions.
Testing has identified a key data quality and governance issue, relating to around 4,000 non-direct clinical care (DCC) activities that are labelled inconsistently across Clinical Management Groups. These need to be standardised before go-live to ensure accuracy, reliability and clinical confidence.
Work is underway to agree standard activity definitions with clinical leaders, update rotas accordingly, and complete testing and assurance.

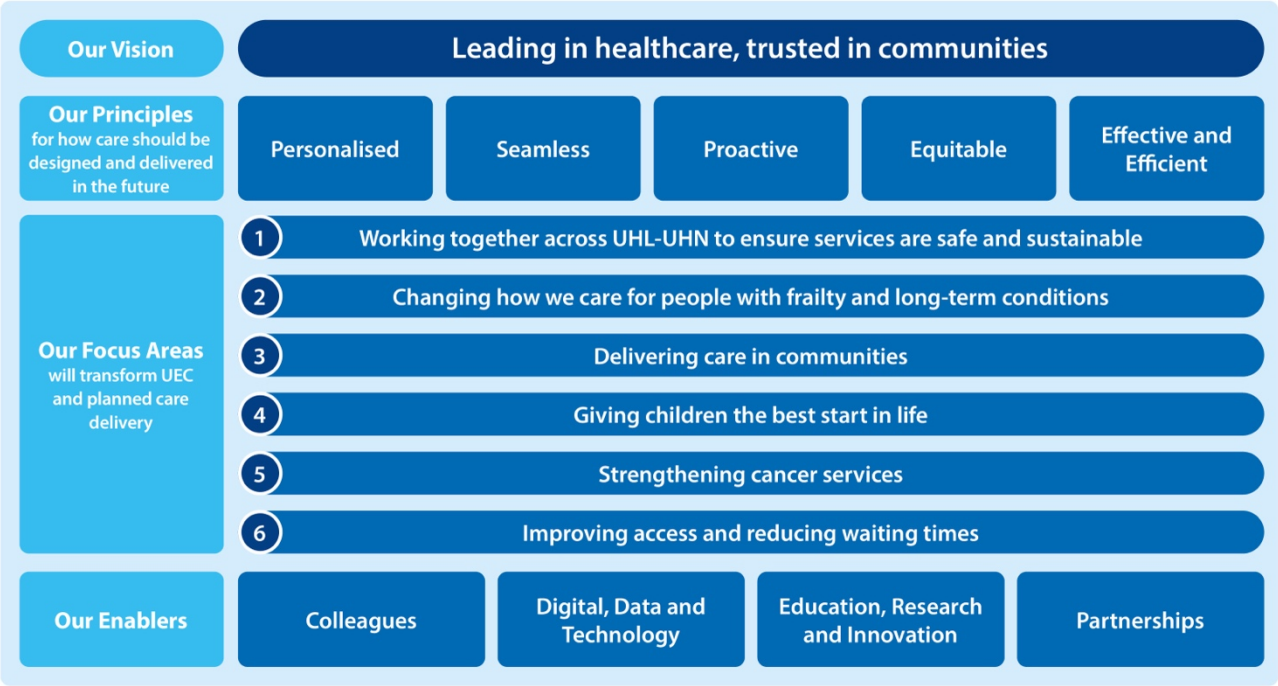
Subject to completion of these actions and formal sign-off, the Trust plans a phased implementation from April, supported by training, operational readiness checks and

ongoing monitoring of benefits. These include improved DCC compliance, better workforce utilisation, and reduced reliance on bank staffing, all of which contribute to safe, high-quality patient care.

2.2.5 and 2.2.6 – Group model development and integrated care

Develop our Group model with University Hospitals of Northamptonshire (UHN) to improve productivity through joint clinical and corporate service planning (2.2.5), while accelerating the integration of patient care by removing barriers between secondary and community services to enable more seamless care pathways (2.2.6).

The foremost of our enabling strategies, our Group Clinical Strategy (2025-30), shaped through extensive co-creation with stakeholders across UHL, UHN and the wider system, sets out how we will apply our collective assets and resources to tackle shared challenges - rising demand, workforce shortages, financial pressures, and quality variation - and deliver long-term improvement. Building on our strong and continuously evolving partnership, we will tackle the 6 key areas of focus outlined below.



A brief overview of each key focus area (priorities, progress to date, and next steps) is below:

Safe and Sustainable Services

Waiting times, outcomes and patient experience currently vary across the Group, influenced by how and where services are delivered. Service configuration across

sites can create duplication and inefficiency, and some services are fragile due to workforce and sustainability challenges.

The Group model provides opportunities to improve sustainability, reduce variation and manage risk through service consolidation, integration and the use of virtual and digital care. The Safe and Sustainable Workstream focuses on identifying and addressing service fragility, inefficiency, clinical risk, and variation in access and outcomes. This includes developing Group-wide speciality clinical plans to support closer working across University Hospitals of Leicester (UHL) and University Hospitals of Northamptonshire (UHN), alongside redesigned care models that enable adoption of AI and emerging technologies.
This work is underpinned by a strong focus on patient safety, quality and experience, ensuring consistent, high-quality care wherever patients are treated. This includes initiatives such as single points of access, shared patient tracking lists, a shared Electronic Patient Record, and consistent clinical policies and processes across the Group.

Progress to date includes:

Plastics: Implementation of the agreed UHL–UHN Target Operating Model is underway, including appointment of a UHL plastics locum consultant to stabilise the UHN service as a first step towards a joint service.
Patient impact target: June 202

Spinal services: Following system-wide agreement on a new spinal service model, a UHL locum consultant will support Northamptonshire patients. Governance arrangements with the Integrated Care Board are in place, with further work progressing on triage, physiotherapy and theatre provision.
Patient impact target: August 2026

Nuclear medicine: A Group working group has been established to deliver a transition to a single Group model, including workforce transfer, joint demand and capacity planning, and standard operating procedures across sites.
Patient impact target: August 2026

Haematology: A joint action plan is being implemented to stabilise services at Kettering and standardise care across the Group, including shared pathways, joint workforce planning, strengthened nurse-led services, shared leadership and education.
Patient impact target: Q3 2026–27

Imaging: A joint UHL–UHN action plan is focused on stabilising fragile services and standardising the adoption of AI and other technologies across the Group to improve productivity and support effective capital investment.
Patient impact target: Q3 2026–27

Pathology: A draft Target Operating Model has been developed, with opportunities identified to reduce duplication, streamline services, manage capital investment and repatriate outsourced work. Further development and implementation planning is underway.
Patient impact target: Q3 2026–27

Frailty and Long-term Conditions

The prevalence of long-term conditions is increasing and is expected to rise further as the population ages. Nationally, the number of people living with major illness is projected to increase significantly by 2040, and locally 3 in 5 respondents to the 2024 GP Survey in LNR reported living with at least one long-term condition.

A Group-wide Target Operating Model (TOM) for frailty has been developed, setting out a shared approach to early identification, proactive management and coordinated support across the LNR system. The model aligns with the LNR ICB strategy and establishes a common framework so that patients experience consistent, high-quality care regardless of setting. It shifts the focus from reactive, hospital-centred care to prevention, personalised care planning and community-based support, with the aim of maintaining independence and preventing avoidable deterioration.

The TOM describes an end-to-end frailty pathway, from proactive care and early deterioration through to crisis response, rehabilitation and end-of-life care. For UHL and UHN, this includes strengthened rapid access and decision-making for frail patients through services such as acute frailty units, Same Day Emergency Care, hospital at home and virtual wards, alongside closer working with primary, community and social care to support admission avoidance and timely discharge. The model assumes consistent use of tools, shared care records, clear escalation routes and MDT-led coordination to support continuity of care.

Delivery will be supported by clear Group and system governance, including a proposed Frailty Steering Group, agreed standards and SOPs, shared workforce development, and improved data and dashboards. The initial focus is on agreed improvement priorities, rapid test-and-learn areas and longer-term investment, followed by phased implementation during 2026–27.

The TOM will be approved through Trust and Group governance, with a delivery action plan implemented following sign-off.
Patient Impact Target - Q3 2026/27

Neighbourhoods

This workstream aims to ensure residents are cared for in the lowest acuity setting appropriate to their needs, receiving timely, safe and proportionate care – thereby supporting improved population health and reducing demand on urgent and emergency care. As a result, the number of people attending our Emergency Departments will be reduced to a safe and sustainable level, allowing us to focus our emergency care capacity on those who need it most. As part of this, the workstream aims to support enhanced community-based care and establish the ‘digital front door’ as the primary route of accessing care, with ‘digitally enabled care’ transforming how care is delivered.

Since October 2025, the focus has been on working with system partners to shape neighbourhood care priorities across LLR and Northamptonshire. In LLR, this includes supporting a neighbourhood site in West Leicestershire focused on respiratory care and analysing urgent and emergency care demand to identify four

neighbourhood hotspots in Leicester with high low-acuity attendance. Targeted work is underway to understand and address the drivers of this variation, including exploration of social prescribing models from the emergency department.

Over the next six months, targeted neighbourhood plans will be developed and implemented, alongside coordination of the Group's wider approach to population health management.

Patient Impact Target – Q4 2026/27

Maternity, Neonatal, Children and Young People

UHL-UHN provides maternity, neonatal and paediatric services to a population of 1.9 million, supporting around 17,000 births annually. Some services are fragile due to workforce pressures, while demand and complexity have increased significantly. Children's health needs, including obesity, dental decay and diabetes, continue to rise.
This workstream aims to ensure services are safe, high-quality, equitable and sustainable, with consistent experiences for families across the Group and a resilient, skilled workforce.
Since October 2025, an evidence-based review of service quality, safety and sustainability has been completed, including workforce analysis, demand and capacity modelling, and mapping of current provision. Modelling has identified options for the future configuration of maternity, neonatal and children's services. Clinician engagement has been strong, with surveys and workshops used to co-produce a shared vision, priority improvements and reconfiguration options.
Key priorities include aligning Group policies and pathways, strengthening digital integration, improving workforce planning and sharing expertise, improving emergency flow for children, strengthening neighbourhood-based care, and improving referral and advice pathways. Delivery is being progressed through dedicated maternity/neonatal and children and young people working groups using a pathway-based approach.
Patient Impact Target – Q3 2026/27

Strengthening Cancer Services

Cancer incidence and referrals continue to rise across LNR, placing significant pressure on services already affected by workforce shortages and constrained capacity. Collaborative working through regional and Group partnerships has demonstrated clear benefits.
Our ambition is to establish an integrated South-East Midlands cancer service, delivering high-quality, equitable care across the full cancer pathway, close to home where possible, and in line with NHS standards.

Since October 2025, a joint UHL–UHN approach has been developed. Key challenges have been identified, including workforce sustainability, pathway variation and fragmented digital systems. Agreed priorities include accelerating non-medical workforce models, prioritising oncology-critical digital enablers, standardising pathways and strengthening Group leadership and governance.

Delivery of these priorities is underway, supported by increased cross-site working and capacity initiatives. A joint cancer strategy conference was held in April 2026 to review progress and shape next steps.
Patient Impact Target – Q2 2026/27

Improving Access

UHL-UHN delivers the highest volume of elective care in the NHS and has made significant capital investments to expand capacity. Despite this, demand continues to grow, requiring sustained improvements in productivity and utilisation.
This workstream aims to ensure at least 92% of patients are treated within 18 weeks of referral, with care delivered as close to home as possible and increased use of virtual consultations where clinically appropriate.
Since October 2025, planned care leaders across the Group have agreed shared priorities for outpatient and elective transformation. Draft improvement priorities include better use of digital and AI solutions, improved referral and advice pathways, and pathway redesign. Over the next six months, these priorities will be confirmed and translated into a clear, resourced delivery plan with defined accountabilities.

2.2.5 Deliver our workforce plan as a key component of financial plan delivery.

Sustainable healthcare depends on a skilled, supported workforce working within a compassionate, inclusive and high-performing culture that reflects our Trust values of being compassionate, proud, inclusive and one team. Colleague experience has continued to improve, with UHL now performing in the top quartile nationally on key NHS Staff Survey measures. Further improvement is required, particularly in reducing bullying, harassment and discrimination, and in strengthening a culture of learning and development.

2.2.6 Increase the number of colleagues taking part in research activities by 10%.

In 2024-25, Research and Innovation (R&I) recruited 27,646 study participants. Within this number, 25,947 took part in National Institute for Health and Care Research (NIHR) studies, while 437 were recruited to commercial trials. In 2025-26, slightly lower figures have been attained, with a total of 22,319 participants recruited to date. Of these participants, 20,805 have taken part in portfolio projects, and 457 have been recruited into commercially sponsored studies. While these numbers evidence a 17% decrease in study recruitment overall; they also demonstrate a 5% uplift in commercial recruitment.

Paid research time within consultant, nursing, and AHP job plans exceeded the agreed target. In Quarter 3, there was a significant increase in the proportion of commercial trials delivered to time and target, reflecting the impact of the R&I Directorate's intensive "turbo-charging" improvement programme.

2.2.7 Work with partner organisations to establish a Healthcare Innovation Hub for Leicester, Leicestershire, and Rutland.

We are working with local university partners to establish a Healthcare Innovation Hub for LLR. Our target is to raise a £100K investment fund through commercial and industry partnerships.

Income

Over the past five months, the Health Innovation Hub has secured **£78,765** and submitted applications for a further **£349,000** in external funding. Over the last 5 months, we have focused on establishing a strong financial foundation, with a clear trajectory to grow income to at least **£150,000** by the end of the calendar year, representing an approximate 3:1 ROI in Year 1 for the Health Innovation Hub.

Innovation

Our website was created and finalised in Month 3, and we are now in the final stages of agreeing on the triage plan (3rd May).

We are currently also supporting 7 core innovations, including 1 pilot and 2 commercialisation opportunities.

Next Steps April-June

- **Strengthen the Foundations**
  Embed a system-wide triage and governance model to enable safe, efficient delivery, while increasing Hub visibility through stronger collaboration with Health Innovation East Midlands (HIEM), One Digital, UoL, UHN and Leicestershire and Northamptonshire Academic Health Partners (LNAHP) partners

- **Implement and Scale Innovations**
  Implement priority innovations (AirEmail, OMS VR, i-IMPACT) into **frontline** use, with clear evaluation and scaling plans, and work with LNAHP partners to drive adoption across UHL and expand into UHN.

- **Create an Investable Portfolio**
  Develop a single, investable innovation portfolio with LNAHP partners, showcasing the innovations we have implemented and the benefits they are delivering for staff and patients. This will include a clear pipeline of future opportunities aligned to these outcomes, creating a strong proposition to present to corporate partners such as Nik Kotecha for potential investment.

2.2.8 Roll out our new continuous improvement approach, providing teams with the tools to improve care, experience, and productivity.

Through evidence-based, proactive workforce planning that triangulates affordability, activity, and performance plans, and directly involves the service's leaders and managers, we will ensure that we have the right number of people with

the right skills to deliver high-quality care. This will be supported by accelerating our use of digital (systems, processes and skills).

What we aim to achieve

We will roll out our new approach to continuous improvement, providing teams with the tools to improve care, experience and productivity. To achieve this, our target is to achieve Level 2 on the NHS Impact Continuous Improvement Cultural Maturity Self-Assessment.

How are we doing?

Based on our latest self-assessment group sessions with delegates, we are now seeing level 2 “developing” as the highest response category at 43.9%. Actions underway include QI Capability training (2% achieved vs the target of 4%), leadership training, re-development of the appraisal process, and roll-out of 5S (Sort, Set in Order, Shine, Standardise, and Sustain) and process huddle boards via the Leicester Excellence Accreditation Framework (LEAF). We currently have 328 delegates with 108 projects underway and receiving coaching.

2.3 UHL Quality Strategy 2025-30

This year, we launched our UHL Quality Strategy to ensure we deliver safe, high-quality, and clinically effective care in a compassionate, equitable, and person-centred way, with a focus on the specific needs and preferences of each individual patient.

The Strategy supports the delivery of the Trust’s Organisational Strategy’ Leading in Health Care, Trusted in Communities’(2023-2030), in particular the goal to deliver High Quality Care For All. The Quality Strategy sets out how we will achieve and maintain quality through our four key goals:

1. Relentless Focus on Safety
2. Strengthened Patient Voice
3. Outstanding Care Quality
4. Equitable Care Experiences

Quality

Strategy 2025-28

NHS
University Hospitals of Leicester
NHS Trust

Relentless focus on safety

Embed a safety culture of openness, transparency and continuous learning, prevent hospital-acquired injuries and infections and achieve a CQC rating of 'good' for the safety domain in maternity services and overall.

We will:

- Monitor performance on the key patient safety questions from the Staff Survey and introduce a quarterly 'pulse-check'.
- Simplify our incident reporting form and actively encourage staff to also report Good Care events into LFPSE.
- Drive delivery of our PSIRF plan and ensure compassionate engagement and involvement of those affected by patient safety incidents.
- Further develop and progress targeted Harm Free Care programmes, focusing on preventing incidences of HAPUs, CAUTIs, bloodstream infections, and falls.
- Share findings and co-produce improvement plans to monitor progress against the CQC's quality statements.
- Deliver our Perinatal Safety Improvement Programme.

Strengthened Patient Voice

Make it easier for patients, families and carers to raise concerns and share feedback, ensuring that concerns are responded to in a timely way and feedback is used to shape service development.

We will:

- Extend our Patient Advice and Liaison Services (PALS) to the Glenfield Hospital and Leicester General Hospital sites and provide a 7-day service.
- Continuously undertake thematic reviews of patient feedback tools and services to identify opportunities for improvement.
- Review our formal complaints process to identify and enact opportunities to improve the quality and timelines of our complaint responses.
- Roll out Carers' Passport to support the early identification of carers and support them to be well–informed and actively involved in care decisions.
- Regularly monitor and address feedback received from sources such as Friends and Family Test Surveys.

Outstanding Care Quality

Improve care quality and experiences for people with mental health needs, learning disabilities and/or autism, patients with dementia and/or delirium, their families and carers and consistently deliver personalised, quality, timely and compassionate End of Life Care.

We will:

- Continuously promote Oliver McGowan Training completion.
- Further embed social prescribing through piloting the 'JOY' app on three pilot sites.
- Identify and share best practice in dementia and delirium care by participating with the National Audit of Dementia and aligning our policies, training and guidance with Getting It Right First Time, the British Geriatric Society and NICE guidelines.
- Ensure trust-wide completion of End-of-Life Care training.
- Deploy digital solutions to enhance the early recognition of patients in their last year of life, support safer prescribing and enhance communication.

Equitable Care Experiences

Engage communities to better understand health inequalities and co-produce improvement plans and enhance the accessibility of information and advice to patients, families and carers.

We will:

- Expand our community engagement around health inequalities, including increasing the membership of our UHEP.
- Encourage and support our clinical specialties to identify inequalities in their service access and outcomes and deliver quality improvement through a health equity lens.
- Continuously seek and act upon feedback from our communities to enhance the accessibility of our patient communications, information and advice.
- Ensure demographic data required to identify potential reasonable adjustments (e.g., preferred language, protected characteristics) is captured within our new Electronic Patient Record (EPR) and Patient Administration System (PAS).

Key achievements against the four strategic aims

1. Relentless focus on patient safety

UHL has maintained a strong and sustained focus on patient safety, supported by the implementation of the Patient Safety Incident Response Framework (PSIRF) and targeted harm-reduction programmes.

Key achievements include:

- Continued implementation of PSIRF, including quarterly learning-response audits and the embedding of structured feedback mechanisms for staff involved in patient safety incidents, with patient and family feedback incorporated into investigation processes.
- Delivery of harm-reduction programmes with sustained performance below national averages for hospital-acquired pressure ulcers (HAPUs) and inpatient falls, supported by improved governance, multidisciplinary validation, and targeted education.
- Completion of key infrastructure to support further safety improvements, including a trust-wide rollout of an electronic urinary-device module to support future Catheter Acquired Urinary Tract Infection (CAUTI) surveillance and prevention.
- Significant improvements in perinatal safety outcomes, including reductions in postpartum haemorrhage, third- and fourth-degree perineal tears, and neonatal admissions, alongside high compliance with national maternity safety programmes.

- Strengthening of delirium, dementia, and frailty safety through the launch of cognitive assessment and delirium bundles, enhanced screening, and improved digital flagging to support safer clinical decision-making.

2. Strengthened Voice of Patients, Families, and Carers

We have continued to prioritise listening to and learning from patient, family, and carer feedback, ensuring that insight is timely, accessible, and directly linked to service improvement.

Key achievements include:

- Trust wide implementation of automated Friends and Family Test (FFT) text messaging across inpatient and day case areas, significantly increasing the volume and timeliness of patient and carer feedback.
- Introduction of live patient experience dashboards, enabling ward leaders to identify good practice and respond quickly to areas for improvement.
- Expansion of tailored feedback mechanisms, including maternity, virtual wards, same-day emergency care, catering, and elective care surveys, improving inclusivity through Multilingual emergency care, catering, and elective care surveys, improving inclusivity through Multilanguage options.
- Continued development and rollout of the Carers Passport, now available across adult inpatient wards, supporting improved recognition and involvement of carers in care planning.
- Improved complaints handling through revised internal processes, stronger clinical engagement, and routine review of themes and learning at Clinical Management Group Quality and Safety Boards.

3. Outstanding Care Quality

The Trust has continued to deliver improvements in clinical effectiveness, workforce capability, and care standards, supported by strong governance and multidisciplinary collaboration.

Key achievements include:

- Delivery of high compliance with key training programmes, including maternity multidisciplinary training, newborn life-support training, and Oliver McGowan mandatory learning for learning disability and autism awareness.
- Strengthening of dementia, delirium, and frailty care through new governance structures, the establishment of a Frailty Action Board, and improved use of data and dashboards to drive improvement at specialty level.
- Ongoing development of end-of-life care initiatives, including progress with SWAN rooms and the VALE service, supporting more compassionate care and improved patient and family experience.
- Continued engagement with the Care Quality Commission (CQC), including timely responses to information requests, preparedness for inspections, and assurance against the CQC quality statements.

- Integration of quality improvement workstreams within core Trust governance arrangements, ensuring alignment between operational delivery, quality risks, and strategic priorities.

4. Equitable Care Experiences and Outcomes

Reducing health inequalities and ensuring equitable access, experience, and outcomes remain a core component of the Quality Strategy.

Key achievements include:

- Embedding of a Pro-Equity Framework within quality improvement processes to ensure that service redesign considers the needs of diverse and disadvantaged populations.
- Targeted maternity equity work informed by MBRRACE findings, including analysis of disparities affecting Black and African Caribbean women and delivery of culturally responsive improvement initiatives.
- Continued progress against the NHS anti-racism framework, achieving bronze level accreditation and establishing plans for further progression.
- Strengthening compliance with the Accessible Information Standard, including development of supporting policies, partnership working with community organisations, and implementation of staff training and system-based alerts.
- Ongoing engagement with the UHL Health Equality Partnership and local communities to support co-production, despite constraints on face-to-face engagement.

2.4 Never Events 2025-26

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

Never Events are defined as incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available nationally and should have been implemented by all healthcare providers. Strong systemic protective barriers are defined as barriers that must be successful, reliable and comprehensive safeguards or remedies – for example, a nationally unique designed connector that prevents a medicine from being given by the wrong route. The importance, rationale, and good-practice use of relevant barriers should be fully understood and robustly sustained throughout the system.

Each Never Event has the potential to cause serious patient harm or death. However, Never Events often cause no harm or only minor harm to patients, and the priority becomes reviewing and strengthening the protective barriers in place to prevent similar incidents in the future and sharing lessons with staff.

In 2025-26, four incidents were reported that met the definition of a Never Event. Thorough systems analysis is conducted for Never Events, and action plans are developed to strengthen protective barriers to prevent similar occurrences.

Incidents were reported under the following categories: wrong-site surgery, wrong implant/prosthesis, and retained foreign object post-procedure. Patients and/or their families were engaged in the subsequent investigations and supported throughout the process. In line with PSIRF, each Never Event is examined using a System Engineering Imitative for Patient Safety (SEIPS) framework, including an on-site walkthrough, with active engagement of affected areas to encourage curiosity and drive changes in practice.

Themes from our Never Events learning continue to feed into the Safe Surgery Group's improvement work.

2.5 National Patient Safety Alert Compliance

National patient safety alerts are issued via the Central Alerting System, a web-based cascading system for issuing patient safety risks, alerts, important public health messages, and other safety-critical information and guidance to the NHS and other organisations.

- NHS trusts that fail to comply with the actions contained within patient safety alerts may increase the risk of patient harm and are reported in monthly data produced by NHS England and published on their website. Compliance rates are monitored externally by the Integrated Care Board (ICB) and the Care Quality Commission. The publication of this data is intended to give patients and their carers greater confidence that the NHS is proactive in managing patient safety and risk.
- Within Leicester's Hospitals, there is a robust accountability structure to manage national patient safety alerts. The Medical Director and Chief Nurse oversee the management of all national patient safety alerts, and the Heads of Nursing take an active role in how Clinical Management Groups manage alerts at operational and service levels. The Patient Safety Committee and the Quality Committee monitor performance and assurance. Any alert that fails to close within the specified deadline is reported to the Executive Team and Quality Committee, explaining why the deadline was missed and a revised timescale for completion.
- During 2025/26, the trust received nine National Patient Safety alerts. All alerts had the required actions taken and were closed by the deadline, except for two with 2026/27 deadlines that are still ongoing but will meet them.

Table 1- National Patient Safety Alerts 2025-26

Reference	Title	Issue Date	Due Date	Current Status
NatPSA/2023/014/NHSPS	Identified Safety Risks with the Euroking Maternity Information System	07/12/2023	24/12/2024	Action Completed
NatPSA/2024/004/MHRA	Reducing risks for transfusion-associated circulatory overload	04/04/2024	04/10/2024	Action Completed
NatPSA/2024/005/MVA	Shortage Of Erelzi (Etanercept) 50mg Solution for Injection in Pre-Filled Pen	03/05/2024	10/05/2024	Action Completed
NatPSA/2024/006/DHSC	Shortage Of Orencia Clickject (Abatacept) 125mg/1ml Solution for Injection Pre-Filled Pens	23/05/2024	06/06/2024	Action Completed
NatPSA/2024/007/DHSC	Shortage of Pancreatic enzyme replacement therapy (PERT)	24/05/2024	10/06/2024	Action Completed
NatPSA/2024/008/DHSC	Shortage Of Kay-Cee-L (Potassium Chloride 375mg/5ml) (Potassium Chloride 5mmol/5ml) Syrup	26/07/2024	12/08/2024	Action Completed
NatPSA/2024/009/DHSC	Shortage of Human Albumin 4.5% and 5% dose vials	30/07/2024	07/08/2024	Action Completed
NatPSA/2024/010/NHSPS	Risk Of Oxytocin Overdose During Labour And Childbirth	24/09/2024	31/03/2025	Action Completed
NatPSA/2024/011/DHSC	UPDATE Discontinuation of Kay-Cee-L (potassium chloride 375mg5ml) (potassium chloride 5mmol5ml) syrup	21/10/2024	31/10/2024	Action Completed
NatPSA/2024/012/DHSC	Shortage of Molybdenum99/Technetium-99m generators	25/10/2024	08/11/2024	Action Completed
NatPSA/2024/013/DHSC	Shortage Of Pancreatic Enzyme Replacement Therapy (Pert) - Additional Actions	18/12/2024	31/01/2025	Action Completed
NatPSA/2025/001/DHSC	Discontinuation of Promixin®(colistimethate) 1-million unit powder for nebuliser solution unit dose vials	17/03/2025	30/04/2025	Action Ongoing

2.6 NHS Outcome Framework Indicators

NHS Outcome Framework (NHS OF) indicators are a set of metrics used to measure and track the performance of the NHS in England, aiming to drive transparency, quality improvement, and outcome measurement, ultimately holding the NHS accountable for its performance.

Where NHS Digital data is unavailable, alternative data sources (specified) have been used.

Table 2: NHS Outcome Framework Indicators

NHS Outcomes Framework domain	Indicator	2025/26	2024/25	National Average	Highest Score Achieved	Lowest Score Achieved
Preventing people from dying prematurely		95	100	100	140	72
	SHMI value and banding	Nov24-Oct25	Nov23-Oct24	Nov24-Oct25	Nov24-Oct25	Nov24-Oct25
		Band 2	Band 2	Band 2	Band 1	Band 3
	% of admitted patients whose deaths were included in the SHMI and whose treatment included palliative care (contextual indicator)	43% Nov24-Oct25	43% Nov23-Oct24	44% Nov24-Oct25	69% Nov24-Oct25	18% Nov24-Oct25
	Patient-reported outcome scores for hip replacement surgery (Hip replacement Primary)	NHS digital data not available after March 2022	12.8 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	15.0 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	22.9 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	9.3 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*
	Patient-reported outcome scores for knee replacement surgery (Knee replacement Primary)	NHS digital data not available after March 2022	10.1 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	8.5 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	12.6 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*	3.1 (2021/22 EQ VAS Measure) *ICB data taken from PROMs NHSE dashboard.*
	% of patients <18 years old readmitted to the hospital within 28 days of discharge	8.8% Source: UHL data	8.1% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients <18 years old readmitted to hospital within 30 days of discharge	9.1% Source: UHL data	8.3% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patients 18+ years old readmitted to hospital within 28 days of discharge	10.4% Source: UHL data	9.0% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available

	% of patients 18+ years old readmitted to hospital within 30 days of discharge	10.7% Source: UHL data	9.3% Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs (Patient experience of hospital care)	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of staff who would recommend the provider to friends or family needing care	Source: National NHS Staff Survey 2024	62.5% Source: National NHS Staff Survey 2024	64.3% Source: National NHS Staff Survey 2024	89.6% Source: National NHS Staff Survey 2024 (Benchmark Group)	39.7% Source: National NHS Staff Survey 2024 (Benchmark Group)
Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk- assessed for Venous Thromboembolism	97.3% Apr25 –Mar26 Source: UHL	98.2% Apr24 – Mar25 Source: UHL	NHS digital data not available	NHS digital data not available	NHS digital data not available
	Rate of C. difficile per 100,000 bed days	14.66 (UHL Avg) Apr 25-Mar 26 Source: UKHSA HCAI DCS	21.74 (UHL Avg) Apr 24-Mar 25 Source: UKHSA HCAI DCS	19.72 Apr 25- Mar 26 Source: UKHSA HCAI DCS	51.08 Apr 25- Mar 26 Source: UKHSA HCAI DCS	0.0 Apr 25- Mar 26 Source: UKHSA HCAI DCS
	Rate of patient safety incidents per 1000 admissions (IP, OP and A&E)	18.4 Apr25 – Mar 26 Source: UHL data	18.2 Apr24 – Mar 25 Source: UHL data	NHS digital data not available	NHS digital data not available	NHS digital data not available
	% of patient safety incidents reported that resulted in severe harm and death	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available	NHS digital data not available

2.7 Preventing people from dying prematurely.

2.7.1 Summary Hospital-Level Mortality Indicator (SHMI)

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

Leicester's Hospitals' SHMI was 94 from January to December 2025, which is within the expected range.

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

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

The University Hospitals of Leicester NHS continues to reduce mortality and improve the quality of its services by implementing our Quality Improvement priorities, specifically through our mortality monitoring and review process, using feedback from the Leicester, Leicestershire & Rutland Medical Examiner Office and UHL's Bereavement Support Nurses.

At the end of March 2026, our Medical Examiners had screened nearly 3,000 UHL patient records. Six per cent of all adult deaths were referred for a Structured Judgment Review as part of the Speciality Mortality and Morbidity process, and three per cent of adult deaths were referred for clinical review by the patient's clinical team for learning and action. All Child and Neonatal deaths have been subject to mortality reviews as part of the national Child and Perinatal Mortality Review processes.

2.8 Helping People to Recover from Episodes of Ill Health following Injury

Patient-reported outcome measures scores (PROMS)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from a patient perspective. Currently, PROMs cover two clinical procedures; PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys

The two procedures are:

- Hip replacements.
- Knee replacements.

PROMS have been collected by all NHS providers of NHS-funded care since April 2009. Through a series of questions, patients are asked to gauge their view on their own health. A UK Competition and Markets Authority (CMA) order in 2014 mandated the collection of PROMS for privately funded care, with data reported to the Private Health Information Network (PHIN) from September 2016. Participation rates and outcome data are published by NHS Digital.

The University Hospitals of Leicester NHS Trust (UHL) considers that the data are as described for the following reasons:

Patients undergoing elective inpatient surgery for a hip or knee replacement, whether NHS-funded or privately funded, are asked to complete a voluntary questionnaire before and after their operations to assess improvement in health as perceived by the patients themselves. The data below are for the final Patient Reported Outcome Measures (PROMs), April 2025-March 2026, and include a small number of privately funded patients.

There were 1050 eligible hospital episodes and 850 pre-operative questionnaires returned, a participation rate of 80% for UHL

2.9 Ensuring people have a positive experience of care

Leicester's hospitals actively seek feedback from patients, family members, and carers. The feedback received is reviewed by the clinical and senior management teams, which then helps to shape services for the future. The overall aim of collecting feedback is to improve the experience of our patients and visitors.

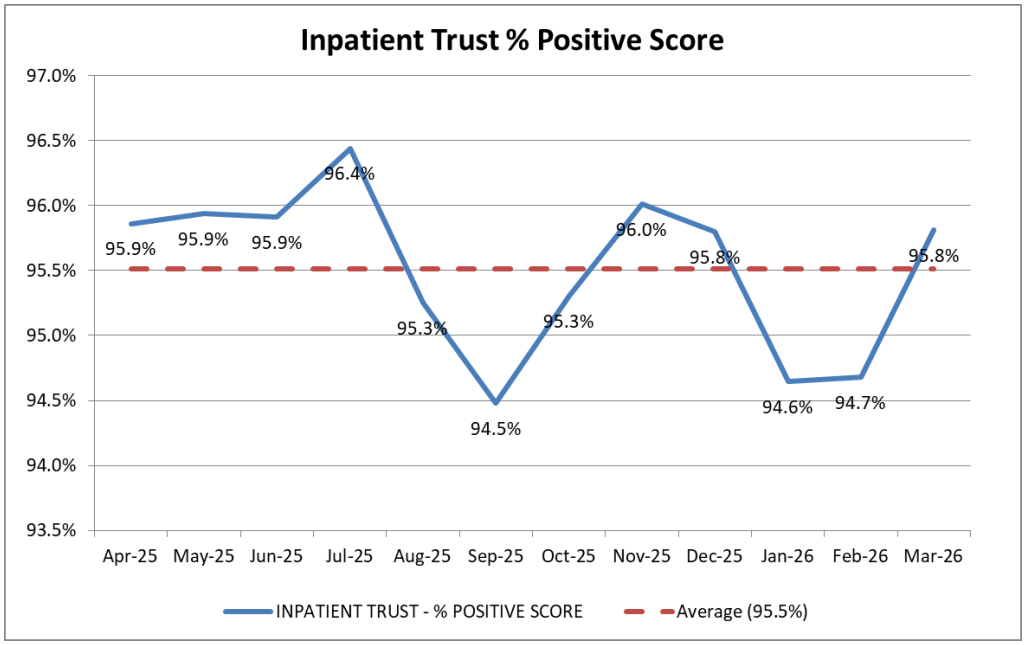
Friends and Family Test

The FFT is a nationally set question asked in all NHS hospitals, specifically: "Thinking about our ward…overall, how was your experience of our service?" The patient, family member, or carer is then able to explain why they have given their answer and state whether there is anything we could have done better. The responses received are monitored in real-time at the ward/department level, which helps shape and plan improvements.

To ensure the Friends and Family Test is inclusive, it is also available in the top three languages in Leicester, Leicestershire, and Rutland: Gujarati, Punjabi, and Polish. There is also an easy-read version for those with a learning disability, visual impairment, literacy issues or whose first language is not English.

The Trust monitors the Friends and Family Test to see how services are viewed from a patient's perspective. The Friends and Family Test score can be viewed at the ward, clinic, and Trust levels. Looking at the Friends and Family Test score for all inpatient wards across the Trust, the graph below illustrates the high levels of satisfaction with care.

Chart 1: Friends and Family Test Scores for all Inpatient wards



Venous Thromboembolism (VTE)

Assessing inpatients to identify those at increased risk of venous thromboembolism (VTE) is important to help reduce hospital-associated VTE. We work hard to ensure that our patients' risks are assessed promptly and that any indicated thromboprophylaxis is administered reliably.

Table 3: Venous Thromboembolism Risk Assessment data

Treating and caring for people in a safe environment and protecting them from avoidable harm	% of admitted patients risk-assessed for Venous Thromboembolism **Target 95%**	Q1 Apr-June 25	Q2 July-Sept 25	Q3 Oct-Dec 25	Q4 Jan-Mar 26	Full Year 25-26
		98.08%	97.81%	98.15%	97.10%	97.79%

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

- VTE risk assessment rates are reviewed by University Hospitals of Leicester NHS Trust VTE nurse monthly, presented at the Trust Thrombosis Committee 6 weekly and presented to the Patient Safety Committee quarterly. UHL also reports this data to NHSE quarterly.
- UHL VTE nurse reviews the electronic patient record for all inpatients who experience a potential hospital-associated VTE. This is a VTE that occurs during admission or within 90 days following discharge.
- Upon review, where a VTE is thought potentially avoidable, an in-depth review is conducted by the VTE nurse along with a senior member of the Trust Thrombosis Committee. This will include any further information from relevant case notes. If, following this review, it remains the case that this may be a hospital-associated VTE, a DATIX report (risk management and reporting software) is raised. This is reviewed by the patient's treating team and, if upheld, the patient is informed, and any lessons learned are reported via the Thrombosis Committee and Patient Safety Team.

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

- Keeping VTE risk assessment data under review and updating software to improve safety where changes to clinical practice/guidelines are required.
- Continued to refine VTE-related
- electronic assessments in our electronic patient record and further developed patient safety prompts and alerts regarding VTE pharmacological prophylaxis.
- Complete an annual Trust-wide VTE Prevention audit to confirm our performance against NICE Quality Standard 201 (previously NICE Quality Standard 3).
- Central reporting of VTE risk assessment rates to NHS Improvement for national scrutiny. Statistics » VTE risk assessment 2025/26

Clostridium Difficile (CDiff)

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

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

- Clostridium difficile numbers are collected as part of alert organism surveillance. Numbers are reported to and collated by Public Health England on behalf of the NHS.
- The infection prevention team within Leicester's Hospital produces a weekly data set on alert organism surveillance and disseminates it widely throughout the organisation.

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

The weekly data set is used to inform clinical governance and assurance meetings. Clinical teams can then direct their actions and interventions to ensure infection numbers remain as low as possible.

Patient Safety Incidents

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

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

- Patient safety incidents are captured on Leicester's Hospitals patient safety incident reporting system, Datix and are also uploaded to the national Learning from Patient Safety Events service (LFPSE).
- Moderate, major and death harm incidents are validated by the patient safety team, and this process is subject to external audit.
- Themes and trends are reported monthly and quarterly to provide a local picture of patient safety incidents.

The University Hospitals of Leicester NHS Trust has taken the following action to improve the percentage of harm incidents:

Having a clear focus on the issues that have caused the most preventable harm to patients as safety priorities within our Patient Safety Incident Response Plan. This year, we have developed our second plan following stakeholder engagement, including our PSPs, and a review of our patient safety incident profile, triangulating these with a thematic analysis of multiple data types to agree on our local priorities.

Implementing our Quality Strategy, which sets out how we will achieve and maintain quality through 4 key goals:

- Relentless Focus on Safety
- Strengthened Patient Voice
- Outstanding Care Quality
- Equitable Care Experiences

Having a dedicated Harm Free Care and ward accreditation programme

Having a detailed Perinatal Safety Improvement programme

Having a strong focus on patient-centred care and medicines safety via our Medicines Optimisation work programme, particularly around time-critical medication.

Further embedding of PSIRF and actively encouraging a culture of open reporting and widespread sharing of learning from incidents to improve patient safety.

Being open and transparent with our staff and patients about our incidents and our actions for improvement

Continuing to work with the Maternity and Neonatal Safety Investigations (MNSI) team and other organisations to maximise our efforts to reduce preventable harm and Never Events

Triangulation of patient safety incident data with complaints, claims and learning from deaths and inquests

Our focus on strengthening the patient/family voice in keeping patients safe. This year, we have further embedded Martha's Rule.

Duty of Candour

On 1 April 2015, the statutory Duty of Candour (Regulation 20 of the Health and Social Care Act 2008), regulated by the Care Quality Commission, came into force for all healthcare providers. The regulation aims to ensure that providers are open and transparent about the care and treatment they provide. It also sets out specific requirements to ensure patients and their families are told about 'notifiable patient safety' incidents that affect them.

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

- Undertaken organisation-wide communications to promote our Duty of Candour support material, which includes a short training video and letter guidance on our hospital intranet.
- Included duty of candour and the importance of engaging and involving patients and families in the PSIRF training for all staff.

To monitor compliance, we:

- Have a mandatory duty of candour prompt on our incident management system so that when incidents are finally approved as moderate harm or above, staff are directed to record the relevant information and take the appropriate action.
- Ensure that Clinical Management Groups are provided with any gaps in compliance so they can address them in their weekly reports and at their monthly Quality and Safety Board meetings.

Report any gaps in compliance in our monthly Quality and Safety Performance report to the Patient Safety Learning and Improvement Committee, the Patient Safety Committee and the Quality Committee.

2.10 Learning from Deaths

During Quarters 1 to 4 in 2025-26, just over 3,000 patients were part of Leicester's hospitals' Learning from Deaths process (this includes deaths within our Emergency Department and Inpatient deaths).

Details are as follows:

Table 4: Number of deaths included in the UHL Learning from Deaths process in 205-26

TIME PERIOD	NUMBER OF DEATHS
April 25 to March 26	3021
Q1	739
Q2	718
Q3	771
Q4	793

By the end of March 2026, 89 case record reviews (Structured Judgment Reviews) and three investigations by the patient safety team had been completed in relation to the 2,917 adult deaths. There are 87 adult cases where the structured judgment reviews of adult deaths have yet to be completed. All deaths of children under 18 years of age (104) have been subject to a mortality review either as part of the Child Death Review or Perinatal Mortality Review process

Table 5: Number of case record reviews during 2025-26

TIME PERIOD	NUMBER OF DEATHS
April 25 to March 26	176
Q1	72
Q2	55
Q3	47
Q4	3

Four (0.13% of 3,012 deaths reviewed or investigated (as at the end of March 2026) were judged 'to be more likely than not to have been due to problems in care provided to the patient'.

The patient safety team has investigated or is still investigating all reviewed deaths considered more likely than not to have been due to problems in care.

Table 6: Number of deaths reviewed or investigated during 2025/26 (to date) and judged to be more likely than not due to problems in the care provided to the patient.

2025/26	deaths reviewed or investigated were judged 'to be more likely than not to have been due to problems in care provided to the patient'
Q1	0 (0%) Data not yet complete
Q2	1 (0.14%) (Data not yet complete)
Q3	2 (0.26%) Data not yet complete
Q4	1 (0.13%) (Data not yet complete)

Learning identified through our case record reviews has included:

- Theatre capacity - for 'urgent' but not 'life-threatening' procedures
- Follow-up post-emergency admission where patients are on the elective waiting list

- Documentation and Communication – specifically around MDT Discussions
- Monitoring and Escalation
- Ward Round Reviews and Handover of care between clinical teams

In most cases reviewed, actions focused on raising awareness and disseminating lessons learned to clinical teams.

Learning identified through mortality reviews will inform the priorities for Year 3 of our Patient Safety Incident Response Framework.

In 2025-26, 364 deaths were subject to case record review as part of the speciality mortality and morbidity review.

After submission of our 2024-25 Quality Accounts, 183 case record reviews and investigations of deaths during 2024-25 were completed.

Following the completion of these additional 183 case record reviews, 5 out of 3,114 Inpatient/ED deaths in 2024-25 (0.16%) were more likely than not due to problems in care.

2.11 Performance against National Standards

Indicators:
Urgent and Emergency Care (UEC)

Whilst UEC has been challenged during 2025/26, we are proud that by working in partnership within UHL and across the wider Leicester, Leicestershire and Rutland area, we have seen improvements across the patient's pathway.

In 2025/26, we have:

- Expanded our Same Day Emergency Care pathways and seen an increase of 10% from 2024/25
- Completed the business case for a new co-located Urgent Treatment Centre at the Leicester Royal Infirmary, with building commencing in March 2026.
- Developed direct admission pathways with our Ambulance provider to ensure patients can be taken directly to the place they need care, avoiding attendance at the Emergency Department
- Developed our medical day case services into one location at the Leicester General Hospital, freeing up ward capacity to support winter.
- Expanded specialist input into the Emergency Department at the Leicester Royal Infirmary
- Opened a new Frailty Same Day Emergency care unit at the Leicester Royal Infirmary
- Increased Cardiorespiratory Same Day Emergency care at the Glenfield Hospital

- Improved our discharge processes to get people home, or to the right place for their onward care, discharging c. 10,900 more patients than in 24/25.
- Reduced Length of Stay for our Emergency patients from 7.32 days to 7.22 days, resulting in patients being able to go home quicker.
- Improved our 4-hour access performance from 59% in 24/25 to 66.4% in March 2026

During 2025/26, we were challenged by ambulance handover times, which affected our ability to receive patients from ambulances and admit them to our emergency department. This improved from December to March, with the average handover time decreasing by 26 minutes. Our ambulance performance over the year showed a reduction in hours lost to ambulance delays, particularly during winter. Our 12-hour performance was 10.61% in March 2026, up from 7.68% in March 2025. This demonstrates the need to further improve our UEC performance. Our demand increased by 5,000 attendances at our Emergency Department, and we admitted 4,893 more patients to our hospitals than in 2025/26. Due to increased pressures in our UEC pathways and capacity and flow challenges, patients often waited for a bed in our emergency department longer than we would have liked.

Our strategy for improving emergency care performance remains focused on ensuring patients always receive the right care in the right place. This includes:

1. Flow into UHL: ensuring that patients only present at our hospitals when they need to and ensuring appropriate provision of services outside the hospital to meet patient needs.
2. Flow through UHL: ensuring a quick access to diagnostics and specialities, so that patients can get the care they need to be readied for discharge.
3. Flow out of UHL: ensuring timely discharge when patients are ready to go home or to onward care.

In 2026/27, we will:

Improve the quality of our services through:

- Implement the Modern Service Frameworks for Cardiovascular, SEPSIS, Dementia and Frailty
- Implement the Paediatric Early Warning System in the Emergency Department by April 2027*
- Implement new ways of working at the Glenfield Hospital with speciality medical input to improve waiting times.

Digitally Enabled through:

- E-Triage in the Emergency Department
- Develop our IT system to improve flow through the hospital

- Develop our IT system to reduce the reliance on paper through the whole emergency pathway
- Expand our electronic referring system to support timely access to specialist support when needed

Be more Productive by:

- Reduce Inpatient Length of Stay for Adults and Children
- Develop our Same Day Emergency Care services further with the implementation of appointment slots
- Implement the National Clinical Operational standards for first 72 hrs
- Implement the National Model Emergency Department framework
- Improve our Discharge Process
- Complete the build of the co-located Urgent Treatment Centre in August 2027.

Work in partnership on:

- Establish a Mental Health emergency centre collocated with the Emergency Department
- Work with our partners on the development of Neighbourhood models and Primary care same-day access for urgent appointments
- Work with our partners to develop our frailty services in the community and in our hospitals

This will enable us to deliver our local strategy of transforming patient care, strengthening our culture and supporting the delivery of our financial plan

Within our organisation, progress is overseen by the UEC Transformation Group and the Operations and Performance Committee.

Planned Care

Our focus on reducing our waiting list this year has led to achievements, including:

- The elimination of 78-week waiters this year, with exceptions only in particularly complex cases or to accommodate patient choice. In March 2026 our final reported 78-week waiter position was 1, due to significant clinical complexity.
- Continued reduction in 65-week waits, on March 26, this was 47.
- Improved productivity metrics by 6%, placing UHL in the upper quartile of all Trusts.
- Capped theatre productivity improved 3.75% to 81.5%.

Table 7: Performance against the referral to treatment

Performance Indicator	Target	2024/25	2025/26
RTT - incomplete 92% in 18 weeks	92%	55.2%	58.6%
RTT - waiting list size	99,985	107,620	113,973

Key: Green = Target Achieved Red = Target Failed

We are very proud of these achievements; however, we accept that people are still waiting for longer than we would like on our waiting lists.

- Patients waiting over a year for treatment (52 plus weeks) unfortunately increased across the year, ending 2026 with 2,239 patients. This represents 2% of the total waiting list.
- Our total waiting list increased between April 2025 and March 2026 and now stands at 113,973. Much of this reflects a change in referral recording following the introduction of NerveCentre: e-RS referrals are now registered on the electronic patient record on receipt, rather than after clinical triage; this also now includes any referrals later returned to primary care.

As we move into 2026/27, we will continue to focus on reducing waiting times, as this is one of the key expectations in the NHS Elective Reform Plan, which aims for a return to the national 18-week wait standard by March 2029.

The key tenets of the operational plan for planned care in 2024/25 fell into five key themes: improving productivity (making our processes as efficient as possible), increasing capacity (ensuring we have the right services and facilities in place), outpatient transformation, process fundamentals and partnership (building strong links with our partners).

Our areas of focus this year included:

- Increasing day case activity and use of procedure rooms
- Improving theatre booking and scheduling
- Reducing non-attendance rates for appointments
- Increasing the use of our community capacity
- Standardising outpatient clinic templates across specialities
- Scoping and procuring ambient voice technology to improve the time patients receive consultation correspondence
- Developing a case to automate the calling and booking of appointments
- Launching advice and guidance in all specialities to support primary care and offer patients the right test, the first time.
- Identification of specialities that will move to an advice and refer model to support primary care, which will avoid duplicate referrals where other management may be more appropriate.
- Moving to electronic referrals for all specialities
- Centralised procurement of orthopaedic kit to reduce variation and ensure best value
- Standardisation of pathway outcome data capture in the new Patient Administration System to improve reporting and understand areas of opportunity

- Moving gynaecology, surgery and urology to a centralised pre-operative assessment model to improve clinic utilisation, reduce variation and improve workforce efficiency
- Re-named community sites to UHL in the Community (UHLiC) to improve public awareness that these clinics and theatres are run by UHL clinicians, in a community setting.
- Continued to roll out single waiting lists between community and acute sites to offer patients the first available appointment, which may be at another location.
- Repatriating cataracts and hernias to UHL from the Independent Sector
- Ran a series of training events to outline the key components of planned care redesign, with a focus on reducing low-value follow-ups in line with national guidance. This will support focused work in 2026/27 to deliver our planning assumption of a 5% reduction in outpatient follow-up activity.
- We have enhanced our digital innovation initiatives. Including: Ambient Dictate for specific services, introduced 'Isla' for additional support, implemented Federated Data Platform, which is used across the NHS to optimise the booking and scheduling of theatre lists, and encouraged the use of the NHS App to enable patients to manage their appointments more efficiently.

This work supports the progression of our operational plan to reduce the time patients wait for their diagnosis and treatment.

Plans for 2026/27

For 2026/27, our focus remains on building on the foundations we have laid over the last 4 years to continue delivering improvements.

By April 2026, we aim to improve by 12% percentage points the number of patients waiting less than 18 weeks for treatment and for a first appointment. Whilst we aim to have zero patients waiting over 52 weeks, as a minimum, our plan should see this number of patients move to less than 1% of the total waiting list.

All of our planned care plans (including cancer and diagnostics) for 2026/27 are underpinned by digital and estate enabling schemes and are built around three key pillars:

- Improving **Productivity and Efficiency**, ensuring value for the patient as well as money.
- Building strong **Partnerships and Equity,** moving care from the acute to the community.
- **Prevention and Early Diagnosis,** moving treatment to prevention.

More specifically, our elective aims are to:

- Standardise Outpatients and Pre-operative processes
- Reduce "Did Not Attend" to below 5% by March 26
- Improve Day case and theatre session utilisation rates to 85% by March 26
- Improve our elective surgical admissions' length of stay to the upper quartile nationally

- Move to single waiting lists across UHL sites and review delivery of services by location.
- Continue to focus on reducing waits for diagnostic tests
- Complete a full musculoskeletal pathway review with a specific focus on back pain, community physiotherapy and rheumatology by January 26.
- Introduce Advice and Refer (A&G) across 5 specialities across the year, starting with Gastroenterology and HPB from April 26.

Cancelled Operations and patients booked within 28 days.

Table 8: Performance against the cancelled operations targets

Performance Indicator	Target	2024/25	2025/26
Cancelled operations on the day	<5%	9.0%	8.62%
Patients cancelled and were not offered another date within 28 days	0	Not available	Not available

Key: Green = Target Achieved Red = Target Failed

On-the-day cancellations remain above the target of less than 5%. While there has been a small improvement from 9.0% in 2024/25 to 8.6% in 2025/26, performance remains above the expected level.

Review of 2025/26 data shows that the main drivers remain patient non-attendance, including patients not attending on the day or declaring themselves unfit for surgery. Capacity-related pressures also remain significant, particularly the lack of ward beds and emergency admissions. These issues are most pronounced at the LRI site, although there has been a slight increase at LGH this year, largely linked to medicine outlying into orthopaedic surgical capacity during the winter period. A further proportion of cancellations relates to pre-operative readiness, including incomplete pre-assessment, incomplete optimisation, and outstanding investigations.

Reducing on-the-day cancellations, therefore, remains a priority and is a key focus of the Theatre Productivity Board in 2026/27. The main actions in progress include:

- Improving patient communication to reduce non-attendance, including telephone confirmation of TCI, clearer and more consistent pre-procedure information, and exploration of automation to reduce administrative and booking pressures.
- Strengthening pre-operative readiness through improved triaging and pre-operative assessment, clearer validity periods, reinforced “keeping in touch” processes, and alignment with regional best practice. This includes issuing TCI only once patients are confirmed fit following pre-operative assessment.
- Improving list planning and operational efficiency through consultant-specific base timings, earlier consultant review of lists with clearly identified and clinically approved golden patients, and reducing late starts via automated release of the first patient. Consultant-based timings are planned to be supported by AI-enabled tools, with tender and evaluation currently in progress.
- Addressing capacity pressures through the 2026/27 theatre timetable review, including redirecting suitable low-risk day-case surgery to UHL in the Community

hospital sites. This has released additional emergency and trauma capacity across acute sites, with further work underway to review job plans and ensure alignment with the revised timetable.

Diagnostics

Table 9: Performance against the diagnostic waiting times target

Performance Indicator	Target	2024/25	2025/26
Diagnostic Test Waiting Times	8%	**15.4%**	12.3%

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

Waiting times to receive a diagnostic test have reduced for the second year running. The number of patients waiting over 6 weeks has decreased by 6.4% since the start of the year, to 2,902, with 87.7% of patients receiving a test within 6 weeks. The new Endoscopy unit at the Leicester General Hospital, which opened in November 2025, is a major investment in new capacity, enhancing the patient experience and supporting a meaningful reduction in test wait times in the year ahead.
Additional capacity has led to a significant reduction in wait times for MRI, Sleep, and Echocardiography services.
There has been a reduction in DNA (did not attend) in both MRI and CT, and high utilisation of our capacity in cystoscopy, urodynamics and Paediatric sleep studies, supporting improvements in productivity, although there is more to do across services to align with peer benchmarking.

What we are proud of in 2025/26

- The Hinckley Community Diagnostic Centre officially opened in June 2025, expanding access to a wide range of diagnostics and contributing to reduced MRI waits.
- We opened the new Endoscopy unit at the Leicester General Hospital, with all sites now JAG-accredited.
- Invested £1.4m into new and replacement diagnostic equipment and digital technology, including a second DEXA scanner.
- With our managed equipment service partners, we installed a state-of-the-art 3T Supreme MRI scanner, expanding capacity and offering 3 T-level imaging across all three of our main hospital sites.
- Expanded the range of tests primary care can request directly for women's and children's health, with more to be introduced this year.

Our plans for 2026/27

- To increase the number of straight-to-test pathways to get patients to the right test, the first time.
- We have bid for capital investment to expand into a 3rd community diagnostic centre access in the city.

- Improve endoscopy session utilisation and reduce waits to less than 6 weeks.
- Deliver a minimum of 93% of patients waiting less than 6 weeks and zero 13+ week waits for the 15 key tests by the end of the year.

Cancer Targets

In March 2026, **63.8%** of patients with a confirmed cancer diagnosis began treatment within 62 days, compared with 60.3% in the previous year. The number of patients treated on a 62-day pathway increased by 3.1% this year, and with a small reduction in waiting times, fewer patients waited beyond 62 days than at the start of the year. Despite some progress, we still need to do better, and performance against the 62-day standard remains under pressure.

Gynaecology, Head & Neck, Skin and Urology services have all demonstrated improvements, with fewer patients waiting over 62 days than in 2024/25.

Referrals to Urgent Suspected Cancer pathways have continued to increase, rising by **3.9%** compared to last year.

During 2025/26, some specialities experienced an unexpected reduction in capacity due to staffing levels falling below those required to meet demand. As a result, the proportion of patients diagnosed within 28 days of referral fell from an average performance of **80%** in Q4 last year to **67.6% in March 26.**

Against the 31-day standard, radiotherapy performance has improved by 27.7% to 86.6%, and drug treatment has maintained delivery above the National target of 96%. Access to surgical treatment within 31 days delivered an improvement of 6.1% compared to March last year. Monthly performance remains variable, and work to improve this will be a priority in 2026/27.

What we are proud of in 2025/26

- Improved waiting times for patients with prostate and breast cancer receiving hormone therapy prior to radiotherapy.
- With £3.9m investment and support from the East Midlands Cancer Alliance and NHSE, commenced an improvement programme to streamline MDT processes and secured additional capacity to strengthen resilience and reduce operational risk.
- Extensive diagnostic audits in Cancer pathways to understand delays and plan staging investigations earlier in the pathway
- Secured funding to continue with the Non-Specific-Symptoms pathway. So far, this has supported 158 patients receiving an earlier cancer diagnosis.
- FIT tests are now distributed and processed by UHL, providing quicker results
- The liver surveillance programme has been extended for a further year to support earlier identification of cancer.
- Expanded our robotic surgical programme in line with the National NHS and Cancer plans – this means offering patients less invasive surgery, reduced length of stay, reduced complications, less pain and faster return to normal activities.
- Continued to work collaboratively with University Hospitals of Northamptonshire to provide mutual aid support for Oncology patients across both counties.

- Reduced the time patients are waiting on the day for oncology treatments through improved scheduling.
- An additional 3,211 patients have been remotely monitored as part of their personalised stratified cancer follow-up or cancer monitoring, bringing the current total number of patients being monitored to 9,000.
- In preparation for the commencement of Lung Cancer Screening to commence in 2026/27, outlined the requirements to meet the needs of people who receive an earlier diagnosis through this programme.
- Through our digital programme, we commenced the work to integrate our patient administration system with the cancer database and introduced paperless planning in Radiotherapy.
- Upgraded our Brachytherapy equipment with state-of-the-art. The unit also received a visit from HRH Prince Edward.
- Continued to improve cancer outcomes and services dataset (COSD) compliance, which is used to influence the requirements for cancer diagnosis and treatment nationally.

Table 10: Performance against the cancer targets

Performance Indicator	Target	2024/25	2025/26
Total referrals seen within 28 days	77%	79.3%	71.0%
Total referrals seen within 31 days	96%	79.8%	76.5%
Total referrals seen within 62 days	85%	57.4%	54.8%

Key: Green = Target Achieved Red = Target Failed

Our plans for 2026/27

- Embed “Days Matter” and reduce the number of steps in a pathway to improve time to treatment
- Increase the number of straight-to-test pathways to enable earlier diagnosis
- Expand active surveillance and opportunities to monitor patients remotely, reducing the need for patients to attend the hospital
- Roll out MDT streamlining programme
- Strive to improve patient experience, including pre-diagnosis accessibility and information
- As part of the digital programme, advance the interfaces between databases to improve efficiency in patient tracking and the timeliness of data transfer between providers
- Reduce time to 1st appointment in Breast by increasing the triple assessment clinic capacity

MRSA

Table 11: Performance against MRSA Targets

Performance Indicator	Target	2024/25	2025/26
MRSA (All)	0	4	8

Key: Green = Target Achieved Red = Target Failed

In 2025/26, there were 8 Methicillin-Resistant Staphylococcus aureus (MRSA) bloodstream infections reported, against a trajectory of zero cases.

It should be noted that two results were from the same patient with an intractable infection, which, due to the way the organism is counted within the national framework, counts as two cases.

A Post-Infection Review (PIR) of all patients with a Trust- or non-Trust-identified MRSA BSI is undertaken. This is in accordance with the standard national process and involves a multiagency review of the patient's care to determine if there have been any lapses of care which would have contributed to the infection and where lessons may be learned to prevent further occurrence.

2.12 Mental Health

NHS England completed a review of mental health provision at the LRI Emergency Department in November 2025 and made recommendations to system partners to improve response times and wait times for people requiring mental health assessments. This work is led by the collaborative, and the Trust will work with them to support the implementation of the action plan and monitoring.

2.13 Equality, Diversity, and Inclusion (EDI)

The Trust has a dedicated Equality, Diversity, and Inclusion Strategy and Plan: Together We Can – Achieve a Sense of Belonging for All (2025–2030).

The EDI Strategy and Plan is underpinned by the Trust's Strategic Framework and aligned to our People Strategy, A Great Place to Work. It sets out our commitment to anti-racism and anti-discrimination—not as a symbolic statement, but as an active guide to building a genuinely fair, compassionate, and inclusive organisation for all staff, patients, and the communities we serve.

We know from longstanding national evidence that staff from diverse backgrounds continue to experience disproportionate levels of unfairness, particularly in areas such as recruitment, promotion, career progression, and overall workplace experience.

We know from local data that while representation of Black and Minority Ethnic (BME) staff in the NHS workforce has increased to more than 28% in some regions, significant disparities remain.

Additionally, we are aware that White candidates were 2.49 times more likely to be appointed from shortlisting than BME applicants - an increase compared to the previous year - highlighting ongoing inequities in recruitment outcomes. These

findings mirror wider inequalities reported across groups protected under the Equality Act 2010.

Although ethnic diversity within the NHS continues to grow, these patterns show that inequalities in staff experience, progression, and treatment persist, reinforcing the need for focused and sustained improvement.

At UHL, we're proud of the progress we've made - but our ambition is greater. We are building a culture where every colleague experience fairness, equity, and psychological safety, every day. Discrimination in any form - including inappropriate language, exclusion, stereotyping, unequal treatment, harassment, or barriers to opportunity - has no place here. Together, we will create an environment where everyone feels respected, valued, and able to thrive.

As a Trust, we are committed to actively identifying and removing the systemic barriers that can limit opportunities for individuals and groups across our diverse workforce. We are equally committed to ensuring that inclusion is something we live and demonstrate every day - not a tick-box exercise.

Our ambition is for every colleague to feel a strong sense of belonging, to be recognised and valued for their unique strengths, and to be empowered with equitable opportunities to grow, succeed, and realise their full potential.

Our initiatives aim to ensure that all staff are skilled, supported, and able to reach their full potential. To achieve this, we continue to deliver actions across the five pillars of our EDI Strategy, which focus on:

- Empowering teams and leaders with the right tools, support, and forums to drive meaningful improvement.
- Using EDI data and dashboards to identify inequalities and inform targeted, evidence-based actions.
- Developing policies, environments and processes that proactively remove barriers and improve accessibility.
- Strengthening inclusive leadership, enhancing staff networks, and embedding inclusive standards across development pathways.
- Building a representative workforce that reflects our diverse communities by ensuring fairness in recruitment, progression, and development.

Our work continues to be shaped by the national NHSE EDI Improvement Plan, strengthened by insights from the NHS Staff Survey and aligned with national reporting standards.

This year, we will further strengthen our accountability by reporting against both the Ethnicity Pay Gap and Disability Pay Gap standards. The NHS Staff Survey remains a core tool for tracking disparities and assessing progress against the NHS EDI High Impact Actions.

Celebrating Inclusion at UHL

For the second consecutive year, UHL hosted its internal Inclusion Summit, bringing together more than 150 colleagues, face-to-face and online. The event featured influential external speakers who shared valuable insights and best-practice approaches across the EDI agenda.

The summit concluded with an awards ceremony celebrating UHL colleagues for their impactful work in advancing inclusion, recognising their exceptional commitment and contributions to creating an equitable and inclusive culture.

3.0 Patient and Public Perspective

3.1 Engagement with Public and Patients

The Trust continues to align much of its Patient and Public Involvement (PPI) activity with its commitment to reducing health inequalities. Addressing inequalities in health outcomes across our local population remains a clear organisational priority. To support this work, we established the University Hospitals of Leicester Health Equality Partnership (UHEP). The Partnership brings together more than 40 local voluntary and community sector organisations, representing communities that are known to experience poorer health outcomes and barriers to accessing care. UHEP is jointly led by the Trust's Directors of Health Equality and Inclusion and Communications and Engagement.

The Trust maintains regular communication with its public membership, which now includes over 6,500 people across Leicester, Leicestershire, and Rutland. Members receive updates on Trust developments, information about services, and opportunities to get involved in engagement activity and events. A key element of this programme is our monthly online public lecture series, Leicester's Marvellous Medicine. These well-attended sessions are delivered by Trust consultants and cover a wide range of clinical topics. They provide an opportunity to showcase clinical expertise, highlight current research, and promote Trust services, while enabling members of the public to ask questions and share feedback directly with clinicians. Topics over the past year have included back pain, hormones, breast cancer, and emerging research into potential treatments for Type 1 diabetes.

During the last year, the Trust also undertook a programme of community engagement to test a new Artificial Intelligence (AI)-based video translation tool. Trial videos were produced and translated into five community languages using the software. With support from UHEP partners, community focus groups were held in each language to explore both the accuracy of the translations and levels of trust in AI-generated content. This work is being formally evaluated by Health Innovation East Midlands.

Targeted patient and carer engagement activity was also delivered, focusing on experiences of planned hospital care and on what patients identify as the fundamental components of high-quality care. In addition, the Trust's Chief Executive and Chairman hosted a listening event with carers from local South Asian communities. The event provided an opportunity to hear carers' experiences directly and to share information about the support available to carers across the Trust.

In response to the rapid pace of digital and AI-enabled innovation in healthcare, the Trust established a dedicated Digital Patient Reference Group. The group ensures that patient perspectives are embedded in the design and implementation of new

technologies. Members have already contributed to work on AI-generated patient letters, the introduction of self-check-in kiosks, and the development of a proposed AI-supported appointment booking system. The group meets monthly, with plans in place to expand its membership.

Across the Trust, staff support a range of patient groups that help shape services, provide peer support, and improve patient education. For example, renal services are supported by a long-established patient group that actively participates in service development. Several cancer specialities also have well-developed patient groups, and the Children's Hospital continues to work closely with its Youth Forum to inform service evaluation and future planning. Work is ongoing to establish additional patient groups across other clinical areas.

The Trust's Communications Team manages several social media channels, including X (formerly Twitter), Facebook, and Instagram. These platforms are used to share information, news, imagery, and health advice, and to respond to questions or concerns raised by members of the public. The team also monitors and responds to feedback posted on the NHS website about Trust services.

The Trust's public website www.leicestershospitals.nhs.uk provides patients, carers, and visitors with accessible information about hospitals and services. We continue to work closely with local media to share news, highlight service developments, and communicate key messages to the wider public.

3.2 Patient Feedback

Leicester's Hospitals actively seek feedback from patients, family members and carers. Feedback received is reviewed by the clinical and senior management teams, which then helps to shape services for the future. The overall aim of collecting feedback is to improve the experience of our patients and visitors.

Hot boards are used in clinical areas to display monthly Friends and Family Test scores, and the changes or actions staff have taken in response to feedback on a "You said, we did" display. This can be used when there are suggestions for improvement or when the feedback is positive, as both learning points and outstanding practice can be shared and reinforced.

During 2024-25, circa 271,922 feedback forms/surveys were received from patients. These surveys included the Friends and Family Test question, and of the 271,922 responses, 255,551 were positive, 9,076 included suggestions for improvement, and 7,295 were neither positive nor negative. During 2024-25 there have been 1,457 completed Family, Carers and Friends feedback forms received within the Trust.

Feedback is collected from patients, families and carers using the following well-established methods:

Table 12: Feedback mechanisms

Area	Paper forms	Automated Text message to mobile
Emergency	FFT, Message to matron	Sent on the day after visit
Inpatient & Daycase Wards	FFT, Message to Matron	Sent on the day after discharge
Outpatients	None	Sent following attendance
Maternity	FFT forms in the community only	Sent at 36 weeks and 10 days post birth

- All areas also collect feedback via QR scan, and touch screen devices in some areas
- All electronic surveys offered in English, Polish, Gujarati and Indian Punjabi
- Patient stories, positive and negative, are recorded and discussed at senior trust forums to ensure learning and sharing are optimised

Patient Recognition Awards

This award recognises staff who patients, family, and carers have mentioned by name in the Friends and Family Test feedback comments. These comments detail the positive impact the staff member has had on their experience during their hospital stay. During 2024-25, there have been eight winners: three nurses, four midwives, two consultants and a healthcare assistant. Some examples of 2024-25 winners are pictured below.

Midwife	Staff Nurse	Registered Nurse
Mariam Issa	Augustin Raj	Charlotte Gardner

3.3 Volunteer Services

Volunteer Services at UHL continue to play a vital role in supporting patients, visitors and staff across the Trust. The service is currently supported by 342 active volunteers, contributing an estimated 1,026 hours each week. Volunteers provide a

wide range of support, enhancing patient experience through both practical assistance and compassionate, non-clinical interaction.

Volunteers remain central to improving accessibility and navigation across hospital sites. Meet-and-greet volunteers continue to support patients and visitors in public areas, helping them find their way and reassuring those who may need additional assistance. Feedback from recent volunteer team meetings indicates that this area of work consistently receives high praise from patients. Meet and Greet volunteers are also highly valued by reception teams, who rely on them during busy periods to support patient flow, provide reassurance and to help ensure patients reach their destinations safely and efficiently.

Both indoor and outdoor buggy services are increasingly utilised across UHL, with staff regularly using them to support patients with mobility and navigation around sites. To improve responsiveness and accessibility, new phones have been introduced, and volunteers have proactively engaged with departments to raise awareness of the service and ensure teams know how to access support when needed. Throughout 2025, the buggy service has supported over 6,247 passengers, with numbers expected to increase further through 2026. Feedback has been overwhelmingly positive, with some patients describing the experience as “like an airport ride rather than a hospital visit.” While light-hearted, this reflects the meaningful impact of the service, helping to reduce anxiety and make hospital visits feel less overwhelming, more supported and more human.

Patient Visiting Volunteers continue to make a significant impact in reducing social isolation and enhancing the overall patient experience. Through meaningful conversations and a compassionate presence, they help patients feel less alone during their hospital stay. The team has grown and includes volunteers who speak multiple languages, supporting more inclusive communication and helping patients feel more comfortable, understood and at ease. Volunteers are also well placed to recognise when individuals may benefit from additional support and help connect them with other services we provide. This often includes referrals to services such as Time for Retreat and Pets as Therapy (PAT) visits, ensuring patients receive additional comfort, wellbeing support and moments of joy during their stay.

The VALE (Volunteers at End of Life) service has provided compassionate support to 1,390 patients and families during 2025. Volunteers offer comfort, presence, and reassurance during some of the most difficult moments in people’s lives, ensuring patients and their loved ones feel supported and not alone throughout end-of-life care. Early in 2025/26, the VALE project also transitioned to Glenfield Hospital, enabling this important support to continue and grow.

More recently, the service has focused on improving accessibility by developing a hearing impairment awareness initiative. This includes training and guidance for volunteers, staff and visitors, supporting UHL’s ambition to be a more inclusive and accessible environment. Work is also underway to introduce a dedicated comfort role within a children’s ward to address identified gaps in emotional support.

Volunteer-led services such as the shop trolley at Glenfield remain popular, supporting patient independence and choice, while the Volunteer Champion network continues to strengthen engagement across the Trust, with staff actively supporting and promoting volunteering in their areas.

Despite ongoing challenges in volunteer recruitment and retention, the service continues to grow and evolve, aiming to reach 400 active volunteers. Plans are also

in place to deliver a volunteer thank-you event to recognise the significant contribution volunteers make, strengthening appreciation and retention.

Volunteers at UHL continue to demonstrate exceptional commitment, compassion and generosity. Their contribution remains invaluable, not only in supporting services during a period of financial challenge, but in enhancing the overall experience of care for patients, families and staff across the Trust.

3.4 Dementia Care

Hospital admission can be particularly challenging for people living with dementia and their families, increasing distress, anxiety and risk of harm. UHL has a well-established approach to supporting this group, with the Meaningful Activities service and Admiral Nursing service brought together in 2024 under a single Dementia services structure.

The aim of Dementia services is to improve the experience and safety of people living with dementia and their carers through specialist, person-centred support.

Overview of Services

Meaningful Activities Service

The Meaningful Activities Service provides Tier 1 and Tier 2 support for inpatients with dementia or delirium, promoting cognitive stimulation, independence and emotional reassurance. This helps reduce distress, prevent deconditioning and support safer, shorter admissions.

Admiral Nursing Service

The Admiral Nursing Service provides Tier 3 specialist dementia nursing for complex cases, offering expert clinical input and emotional support for patients and families, and improving continuity of care across services.

Activity and delivery (2025–26)

2025–26 was the first full year operating under the unified Dementia services model. The workforce comprised a department leader, one Admiral Nurse and Meaningful Activities facilitators delivering Trust-wide support.

- Admiral Nurses supported **151 patients**
- Meaningful Activities service supported **4,899 patients**, including **2,882** seen initially in the Emergency Department

Services operated Trust-wide on weekdays, with seven-day Meaningful Activities coverage in Emergency Care.

Quality improvement and assurance

UHL participated in Round 6 of the National Audit of Dementia, with findings highlighting delirium recognition and carer experience as key areas for improvement. In response, UHL has:

- Updated the Dementia Guideline
- Introduced a Delirium Assessment Bundle (January 2026)
- Begun development of a new Delirium policy
- Added dementia-specific questions to the Inpatient Survey
- Improved Meaningful Activities documentation to strengthen consistency and quality

Training and engagement

Dementia services deliver Trust-wide education on dementia and delirium, including monthly training sessions attended by up to 100 colleagues. Bespoke sessions support staff working with frail older people, palliative care and cognitive impairment. The Older People and Dementia Champions Network continue to grow, with over 1,600 champions, and will transition to a hybrid delivery model in 2026/27.

Patient and carer experience

Qualitative feedback consistently highlights the kindness, compassion and person-centred approach of the Dementia services teams, and the positive impact on patient wellbeing and family experience.

Key achievements 2025–26

- Successful first year of unified Dementia services
- Over **4,800 patients** supported
- Launch of the Delirium Assessment Bundle
- Expanded dementia training and champion engagement
- Strong positive patient and carer feedback

Priorities for 2026–27

- Finalise and implement the Delirium policy
- Improve dementia and delirium metrics and reporting
- Strengthen use of patient and carer feedback
- Introduce refresher training to maintain workforce competence
- Enhance family and carer communication pathways
- Improve activity data completeness for Meaningful Activities services

Enhanced Patient Observation Team

Enhanced Patient Observation (EPO), previously known as one-to-one (1:1) care, or Enhanced Therapeutic Observation and Care (ETOC), is an essential component of safe and effective patient management within acute hospital settings. EPO provides enhanced therapeutic support for patients who are at risk of harm to themselves or others, delivered through compassionate, person-centred, recovery-focused care.

In 2023, University Hospitals of Leicester (UHL) adopted a revised EPO model in response to a significant increase in demand for enhanced observation previously met through temporary staffing, including bank, agency, and security personnel. To ensure safer, more consistent and therapeutic care, UHL transitioned away from reliance on temporary staffing and established a dedicated, trained, permanent EPO workforce with clear governance, defined standards, and improved clinical oversight.

Nationally, NHS England continues to focus on standardising Enhanced Therapeutic Observation and Care (ETOC) practice to ensure safe, equitable and evidence-based support for vulnerable patients across the NHS. UHL's EPO model aligns with this direction, promoting recovery, preserving dignity, and maintaining a

holistic, person-centred approach while ensuring patient safety, autonomy and respect.

EPO within the acute setting is typically required when patients present with behavioural expressions of need, often linked to delirium, dementia, acute illness, mental health conditions, substance withdrawal, or cognitive impairment. These expressions may be temporary or permanent, and patients frequently fall under legal frameworks such as the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS).

EPO SERVICE AT UHL

The Enhanced Patient Observation (EPO) Service launched in November 2023 following a comprehensive review of 1:1 care.

Initial expansion has focused on Leicester Royal Infirmary (LRI), where the need is greatest. Progress in 2025–26 has been deliberately paced due to the Trust-wide recruitment freeze and necessary increases in the registered nurse establishment.

Areas brought into the EPO service during this period include:

- Ward 31 (January 2026)
- Emergency Department and Emergency Floor (February 2026) – for sectioned mental health patients awaiting a bed
- Ad-hoc support to ESM wards in exceptional clinical circumstances

The service currently covers:

CHUGGS:	Wards 16, 21, 22, 39, 40, 41, OAU, 42, 43, BMTU
MSS:	Wards 9, 17, 18, 32, Kinmonth
Specialist Medicine (Older People's):	Wards 23, 29, 30, 31
Emergency Floor:	AFU, 15/AMU South, ED and related areas

All new wards receive focused support during the transition to EPO, including education, expectations, and role clarity for managing enhanced care needs.

Workforce

The service consists of 42.3 WTE HCSWs, increased from 38 WTE in Q4 2025, delivering a 24/7 rota.

To support ongoing expansion and clinical oversight, the registered nurse workforce has increased from 4 to 6 WTE (two Department Leaders and four Deputy Department Leaders), providing daily assessments and reviews between 08:30–20:00.

Further expansion is planned for 2026–27, including full rollout to:

- remaining adult inpatient wards
- children's wards
- Leicester General Hospital
- Glenfield Hospital

Retention within the service remains excellent:

- HCSW retention exceeded 90% in 2024–25, attributed to wellbeing focus, flexibility, compassionate leadership, and involvement in service development
- Registered staff retention has remained strong, with one leadership change in September 2024

ETOC FRAMEWORK

UHL's EPO service is structured around the four pillars of NHS England's 2024 ETOC Framework:

1. Effective Leadership and Oversight

- EPO Registered Nurses (RN) perform a comprehensive, holistic assessment, including:

a) Identification of potential unmet needs (e.g. pain contributing to agitation)

b) Legal frameworks (e.g. MCA, DoLS)

c) Clinical documentation (e.g. altered behaviour charts, falls risk)

d) Environment and staffing levels in the patient's area.

- The EPO RN on duty undertakes daily reviews of new and existing EPO patients to ensure observation levels remain appropriate.
- The EPO RN provides support to HCSWs on every shift.
- The service is overseen by the Lead Nurse for Enhanced Care and the Matron for Restrictive Practice.
- Local policies align with national legislation and guidance.

2. Effective, Person-Centred, and Safe Therapeutic Care

- All referrals are submitted through NerveCentre with initial assessment details.

EPO RNs perform comprehensive, holistic assessments, including:

- identifying unmet needs (e.g., pain, distress, environment)
- confirming MCA and DoLS status
- reviewing clinical documentation (e.g., altered behaviour charts, falls risk)
- assessing environmental and staffing context

The EPO RN assessment includes personalised recommendations to address unmet needs and reduce behavioural expressions of need, supporting de-escalation, comfort, safety, and recovery through therapeutic, person-centred approaches.

Other key elements include:

- Clear documentation in the patient record for all enhanced care support
- A personalised "role card" to guide staff
- Monthly metrics to assure safety and quality
- Feedback gathered via online surveys for patients/relatives

3. Effective Education and Training

- All HCSWs complete the National Care Certificate
- Three days of advanced training provided by senior nurses and MDT partners

- De-escalation, Management and Intervention two-day course plus annual refreshers
- Ongoing competency portfolio and daily supervision
- Learning needs identified via metrics or feedback are addressed immediately
- Training delivered across the Trust, including Professional Nurse Forums, CMG-specific sessions, Safer Staffing days, and Nurse in Charge development
- Presentations delivered to regional and national ETOC networks
- Close partnership with the Meaningful Activities Service

4. Effective Workforce Planning and Deployment

- Daily monitoring of staffing levels with escalation through red flag processes
- Matching staff to patient needs (e.g., gender, therapeutic skills)
- Active recruitment to support Trust-wide rollout
- High number of applications and internal expressions of interest received

REFERRALS

When expanding into a new clinical area, an initial surge in referrals is expected as ward teams adjust to new processes. These variations are anticipated and planned for during service rollout.

METRICS

Monthly EPO metrics monitor key areas including:

- Delirium recognition and care
- Preservation of dignity and personalised care
- Prevention of deconditioning
- Nutrition and hydration monitoring

Ten randomly selected patients are reviewed monthly.

Key improvements have included enhanced documentation and the redesign of the Behaviour Chart Booklet, with a pilot implemented in January 2026 and revisions now underway.

SERVICE DEVELOPMENT

The EPO service has demonstrated notable cost savings (including reduced use of temporary staffing), reduced safeguarding referrals, and reduced harms through its patient-centred, holistic approach. A variety of clinical areas have benefitted from training provided by the EPO RNs, Matron, and Lead Nurses, including:

- Professional Nurse Forums
- Ward- and CMG-specific training sessions/days, such as Band 6 nurse training, team meetings, time-out days
- Safer Staffing training days
- Nurse in Charge training days

The lead Nurse and Matron have provided focused education to the regional and national ETOC Network, notably on the quality of processes in place at UHL and a specialist training programme.

The service has supported shadowing opportunities from within and outside of UHL to improve the identification of unmet needs that may contribute to agitated behaviours and behaviours that challenge.

The EPO HCSWs work closely alongside the Meaningful Activities Facilitators, who also specialise in providing holistic patient activities for patients with dementia and/or delirium.

FEEDBACK

Given that the service supports a vulnerable group of patients, it has been important to understand how it affects the people it cares for. In 2025/26, 100% rated the service as good or excellent, and 92% would recommend it to others.

Some examples of the feedback received from patients' relatives:

"Absolutely fundamental service. [EPO] has completely changed my dad's experience. Whenever [EPO] is around, my dad is no longer frustrated and instead is very happy and relaxed."

"Excellent, caring. Explained to my brother what his wife's been doing, so very comforting that when he leaves, he knows someone is there for her".

"[EPOs] have been outstanding and have provided excellent care so far. My dad praised them both for the kindness they have shown, and he felt extremely well looked after. He seems to have made progress in his general well-being. Thank you both for making my dad smile."

"My mum was in a place where I didn't recognise her; she was attacking patients and staff. However, with [EPO's] kindness, my mum is now returning to her old self. I can't express how grateful I am to [EPO]! The amount of love and trust my mum has towards her makes me happy to leave her each day."

"The patients they both have with my father go above and beyond & the kindness they show towards my mother, who is struggling, is fantastic. I cannot praise them enough & the fact that they are regularly with my dad, I believe, is helping with his confusion to see familiar faces."

"All are exceptional".

EPO Service – Priorities for 2026–27

- Complete the full rollout of the EPO service to remaining adult inpatient areas, children's services, LGH and GH.
- Continue strengthening governance, documentation and assurance processes across all sites.
- Finalise and embed the revised Behaviour Chart Booklet following the 2026 pilot.
- Expand training and shadowing opportunities to enhance therapeutic responses to behavioural expressions of need in children and mental health.
- Maintain strong HCSW retention through wellbeing, development, and compassionate leadership.
- Support Trust-wide consistency by continuing to contribute to regional and national ETOC networks and supporting partner Trusts.

3.5 Falls Safety

The University Hospitals of Leicester (UHL) Falls Safety Service supports high-quality, safe inpatient care across all three hospital sites. The service comprises 2 WTE specialist nurses who provide clinical leadership, specialist assessment, and evidence-based guidance for all adult inpatients, with a particular focus on patients aged 65 years and over who are at increased risk of falling.

Key functions of the service include:

- Delivery of specialist falls prevention support Monday to Friday across all sites
- Medical Consultant Lead oversight
- Monitoring, analysing, and reporting inpatient falls data to the Quarterly Nursing and Midwifery Board
- Submission of eligible injury data to the National Audit of Inpatient Falls
- Embedding the Patient Safety Incident Response Framework (PSIRF) in fall reviews to identify systemic causes
- Providing training and education for staff and maintaining an active Link Nurse network
- Collaboration with other trusts to share learning and maintain best practice
- Leading quality improvement projects aligned to KPIs
- Coordinating the Falls Steering Group and delivering the Fall's annual workplan

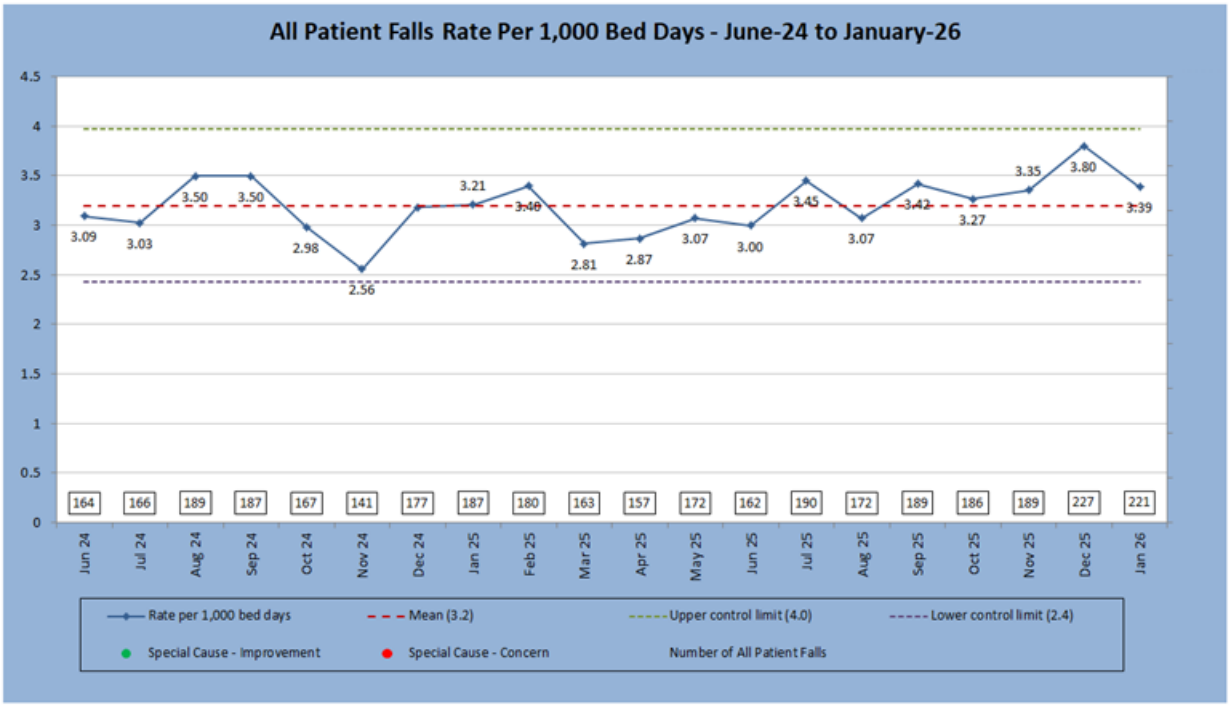
Performance Summary

The inpatient falls rate has remained consistently below the UHL target of 4.5 falls per 1,000 bed-days (down from 5.5 in May 2024). Between June 2024 and January 2026, rates ranged from 2.56 to 3.80, with a mean of 3.2, demonstrating strong and sustained performance.

All monthly rates remained within statistical control limits, with no special-cause concerns. Variation observed during the period is within expected limits, and even the highest monthly rate remained comfortably below target.

This stable performance indicates that UHL's falls prevention processes are embedded, effective, and consistently meet required standards. No further escalation is required beyond routine monitoring and continuation of current improvement work.

Chart 2: The chart below shows the rate of falls per 1,000 bed-days from June 24 to January 2026.



3.6 National Learning Disability Improvements Standards

The Learning Disability Acute Liaison Nursing Service consists of three registered learning disability nurses and is overseen by a matron specialising in learning disability nursing. The remit of the team is to support individuals aged 18 and over who have a learning disability and require inpatient or outpatient hospital care. This includes working collaboratively with internal and external partners, families, and individuals with learning disabilities to provide advice, training, and support to reduce health inequities and improve the quality of care.

During 2025/26, the team has been unable to operate at full capacity due to NHS reforms, reduced funding, and staffing changes. As a result, this has affected the delivery of some targets set for the year.

Despite this, the team continues to support individuals with learning disabilities who are inpatients across the three hospital sites, while outpatient support has been prioritised based on clinical need. The clinical flag system for identifying individuals with learning disabilities remains in use, and later this year, the Reasonable Adjustment flagging system will go live. This will ensure all staff can clearly see what reasonable adjustments are required and act accordingly.

UHL continues to work with the LLR Learning Disability and Autism Collaborative to further enhance support for people with learning disabilities and autistic people. This collaboration adopts a system-wide approach to service improvement and reducing health inequities.

A particular achievement this year has been the launch of a community-based service at Loughborough Hospital, offering venepuncture under sedation for individuals with learning disabilities who require it. This service aims to reduce health inequities by ensuring timely and accessible venepuncture for those who previously found it challenging to access standard services.

UHL remains committed to ensuring all staff complete the Oliver McGowan Mandatory Training, which equips staff with the knowledge and skills required to support people with learning disabilities and autistic people. Currently, 95% of UHL staff have completed the online component of the training. Completion rates for the patient-facing element are lower, at approximately 50%, though this is an improvement over the previous year. A discrepancy has been identified between UHL records and those held by the training provider, and work is underway to resolve it to ensure accurate compliance.

3.7 Complaints/Patient Advice and Liaison Service

Complaint activity 2023 – 2026 shown below:

Table 13: Total number of formal complaints received, and number reopened by quarter, April 2023-March 2026.

Reporting period	Formal complaints	Reopened complaints	Resolved at first response	% resolved at first response
1.4.23 – 31.3.24	1,719	77	1,642	**95.5%**
1.4.24 – 31.3.25	1,356	68	1,288	**95.0%**
1.4.25 – 31.3.26	1,383	114	1,269	**91.8%**

Learning from Complaints

Complaints provide important insight into the quality and safety of care from the perspectives of patients, families, and carers. The Trust is committed to listening to feedback, learning from concerns raised, and using this intelligence to improve services. Learning from complaints occurs at both local and Trust-wide levels, with services identifying immediate actions and themes being reviewed corporately. Complaint data is triangulated with other sources of intelligence, including patient safety incidents, Freedom to Speak Up information, inquest findings, claims data, and external reports, such as those from the Parliamentary and Health Service Ombudsman.

An annual complaints report is produced and published on the Trust's public website to support transparency and organisational learning.

Improving complaint handling

During 2026–27, complaints will continue to provide a key source of intelligence about the quality, safety, and experience of care from our service users.

The Trust will continue to strengthen complaint handling, with a clear focus on improving response timeliness and quality, and on the early resolution of concerns. Complaints are recognised as a vital source of insight into patient experience, safety, and quality of care, and are handled with openness, compassion, and clear communication.

Improvements will focus on supporting services to resolve concerns at the earliest possible stage, strengthening the quality assurance of complaint responses, and reducing the number of complaints reopened following the initial response. This will be supported by clearer standards, enhanced oversight, and targeted learning when themes or recurring issues are identified.

Complaint intelligence will continue to be triangulated with other sources, including patient safety incidents, Freedom to Speak Up information, inquest findings, claims data, and external reviews, to support a proactive, joined-up approach to identifying risk and driving improvement.

Parliamentary Health Ombudsman Service (PHSO)

The PHSO is the last stage in complaints about the NHS, and a complainant can approach the PHSO at any stage to ask for an independent complaint investigation.

In 2025–26, 19 contacts from the PHSO were received:

Category	
Cases under current investigation	2
Requests for information	12
Provisional decisions reached	1 (Upheld)
Cases closed after preliminary investigation	1
Requests to reopen a complaint	1
Requests for evidence in complaint action plans	1
Compensation payments	1 payment (£400 – recognition of distress)

Patient Advice and Liaison Service (PALS)

PALS contacts	Total
2023–24	2,094
2024–25	4,716
2025–26	5,497

The Patient Advice and Liaison Service team (PALS) provide confidential advice, support and information to patients, families and carers. The service offers an accessible first point of contact for people with questions, concerns, or who need help navigating hospital services.

PALS works with clinical and non-clinical teams to resolve issues quickly and informally wherever possible, helping patients to feel heard and supported. The service also provides guidance on next steps where concerns cannot be resolved immediately, including advice about the formal complaints process where appropriate. Feedback received through PALS is used to identify themes and support service improvement across the Trust.

During 2026–27, PALS will continue to focus on early resolution, compassionate communication, and supporting patients at the earliest opportunity. The service will prioritise timely responses, clear explanations, and collaborative working with services to prevent concerns escalating into formal complaints wherever possible.

In response to rising demand and evolving patient expectations, PALS will also explore technology to enhance accessibility and responsiveness. This will include consideration of digital tools to provide timely information, clearer signposting, and

support for patients outside traditional contact routes. As part of this work, the Trust will explore the potential role of a chatbot or similar digital solution to help answer common queries, guide patients to appropriate services, and support early resolution where appropriate, alongside existing PALS contact channels.

PALS will continue to strengthen its role in identifying emerging themes, contributing to Trust-wide learning, and supporting service improvement. As the service continues to mature, PALS will play a key role in promoting a listening culture, supporting patient confidence, and improving overall patient experience across the University Hospitals of Leicester.

3.8 Transferring Care Safely (GP concerns)

The Transferring Care Safely (TCS) process remains an important mechanism for engaging with primary care and other providers to improve safety and experience during patient transfers between secondary and primary care. GPs and other providers are able to raise a concern about patients via this process, which is responded to in line with the agreed response times. In 2025/26 there has been a 16% decrease compared to 2024/2025 numbers.

The most frequent TCS concern theme is around discharge (either from inpatient stays or outpatient consultations), with a little over half of concerns falling into this category. The main issue is UHL staff making inappropriate requests of GPs and other providers under the Clinician-to-Clinician Policy and Transferring Care Safely Guidelines. The most common examples are asking GPs to make referrals or requests for GPs to complete urgent tests (defined in the Transferring Care Safely Guidelines as <3 weeks post-discharge.

Table 14: Number of GP concerns by financial year

Financial Year	Number of Concerns
2019/20	1,107
2020/21	774
2021/22	1,556
2022/23	1,707
2023/24	2,308
2024/25	2,650
2025/26	2,234

The Trust's TCS team continue to engage with specialities that receive the highest number of concerns to identify themes and actions. A report is provided each month to the system-wide Transferring Care Safely Meeting.

3.9 Healthwatch Leicester, Leicestershire and Rutland – Improving Hospital Discharge

Healthwatch Leicester and Leicestershire (HWLL) acts as the public voice for health and social care, gathering feedback from patients and carers to help improve services. In 2025, HWLL carried out a follow-up study on hospital discharge experiences, building on earlier work from 2019 and 2020. The project aimed to

assess progress, collect patient and carer feedback, and provide recommendations for improvement.

Findings showed mixed experiences. While 58% of respondents felt involved in discharge discussions and 76% felt ready to go home, many reported issues. Over a third (38%) did not receive clear information about follow-up care, and medication delays were a common frustration. Although most patients received discharge summaries, some contained errors. Carers were often overlooked, with only 16% informed of their right to a Carers Assessment.

Key themes included poor communication, medication delays, limited carer involvement, and confusion about aftercare. Despite these challenges, many patients praised the staff for their compassion and professionalism.

Overall, while there have been improvements - such as better discharge lounge environments - long-standing issues remain, particularly around communication, coordination, and support after leaving the hospital.

The report recommends improving patient and carer involvement, reducing medication delays, strengthening communication, ensuring proper aftercare arrangements, and enhancing coordination between services. It concludes that improving hospital discharge requires collaboration across hospitals, community services, social care, and carers to create a more consistent and supportive experience.

4.0 Staff Perspective

4.1 Implementing our fair and equitable People strategy

The Trust continues to deliver its People Strategy – A Great Place to Work 2025–2030 – aligned to the NHS People Promise, the NHS Long Term Workforce Plan and UHL's strategic objectives. The strategy underpins delivery of safe, effective and compassionate care by ensuring colleagues are supported, developed and enabled to perform at their best with the core aims to:

1. Promote a **culture** that embodies our Trust values and behaviours.
2. Harness and develop the talents of all our people, to ensure we are a high-performing, **capable** and skilled organisation.
3. Use our resources well to ensure that we are maximising our organisational **capacity** to optimise productivity.

Highlights for 2025 / 26

Considerable work has been delivered across core workforce areas over the last 12 months, and this work has been discussed and reported separately to various Executive Boards and Trust Committees, with key highlights below.

Looking after our people

Health and Wellbeing

UHL has continued to invest significantly in colleague health, wellbeing and psychological safety. Amica, the Trust's in-house counselling and psychological support service, provided 2,619 attended one-to-one psychological support appointments and 155 drop-in clinics during 2025–26. Feedback from colleagues and managers consistently highlights the value of a confidential service embedded within the Trust, with satisfaction remaining high at 4.8 out of 5 and outcome data showing meaningful reductions in distress.

Targeted wellbeing initiatives included Trauma Risk Management (TRiM), which supported over 350 colleagues following potentially traumatic incidents, the launch of the Menopause Support Service during World Menopause Week, culturally sensitive wellbeing support, and delivery of a flu vaccination programme that achieved more than a 10% increase in uptake compared with the previous year.

Occupational Health

The Occupational Health service continues to play a vital role in supporting staff health and patient safety. The service retained its Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation following independent review in November 2025. During the year, Occupational Health undertook over 3,500 employment checks, provided approximately 3,150 management referrals and delivered around 11,500 vaccinations and health tests in line with Occupational Health standards.

Training and Development

Learning and Development activity focused on strengthening workforce capability and supporting safe practice. Mandatory training compliance stood at 94% as at 31 March 2026, supported by expanded e-learning provision. During the year, more than 230,000 e-learning modules were completed by colleagues, ensuring timely access to essential knowledge and skills.

Apprenticeships remain a core component of workforce sustainability. During 2025–26, 226 colleagues enrolled onto apprenticeship-funded programmes, with 617 colleagues actively in learning and 149 successfully completing their apprenticeships. These programmes support recruitment, retention, progression and succession planning while building skills that directly underpin quality patient care.

Delivering new ways of working and growing for the future

Automation

People Services has progressed the introduction of automation to support productivity, quality and compliance. Recruitment process automation was implemented to reduce the administrative burden, improve the candidate experience, and strengthen assurance. Automation of vacancy creation, shortlisting, appointment, and pre-employment checks is freeing up capacity within teams, enabling greater focus on candidate support and service improvement.

Culture, equality and inclusion

The Trust launched its Equality, Diversity and Inclusion Strategy and Plan in November 2025, setting out a clear anti-racism and anti-discrimination commitment. The strategy focuses on strengthening representation, reducing inequalities in

experience and opportunity, embedding inclusive culture and leadership, and improving accountability at all levels of the organisation.

One of the Trust's key deliverables during 2025–26 was to address feedback from the NHS Staff Survey relating to bullying, harassment and discrimination. A coordinated Trust-wide response strengthened routes for speaking up, expanded guidance for leaders and colleagues, and progressed targeted programmes on sexual safety, reducing violence and aggression and improving reporting. Latest survey data indicate reduced discrimination among colleagues and greater confidence to report concerns, supporting a safer and more inclusive working environment.

Staff experience and engagement

The annual NHS Staff Survey achieved a response rate of 58.7%, with 11,500 colleagues providing feedback. Over 60% of respondents said they would recommend UHL as a place to work, and 60.9% would be happy with the standard of care provided. While scores declined slightly across all People Promise elements compared with the previous year, UHL continues to exceed the benchmark average in every domain, reflecting a sustained commitment from colleagues despite ongoing operational pressures.

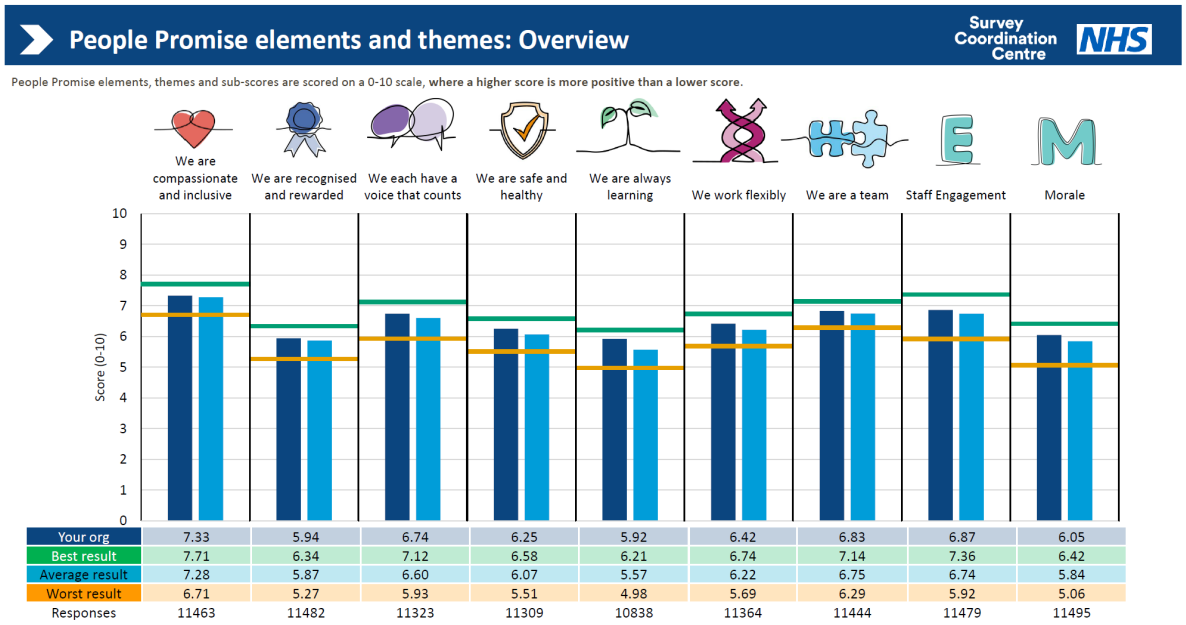
Conclusion

By supporting colleagues' wellbeing, inclusion, capability, and productivity, People Services makes a direct contribution to patient safety, experience, and outcomes. Delivery of the People Strategy will continue throughout 2026–27, recognising that high-quality care is underpinned by a supported, skilled and engaged workforce.

4.2 National NHS Staff Survey 2025

The Annual NHS Staff Survey was conducted between September and November using a full-census approach, inviting all colleagues to participate. The Trust continues to achieve a strong response rate, with 58.7% of colleagues (11,500) providing feedback, remaining well above the national average for Acute and Acute & Community Trusts. The survey also generated a substantial volume of anonymous free-text comments, providing rich qualitative insight into colleagues' experiences across the organisation.

Chart 3 – Staff survey results



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.33	5.94	6.74	6.25	5.92	6.42	6.83	6.87	6.05
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	11463	11482	11323	11309	10838	11364	11444	11479	11495

While UHL's scores across all 9 domains of the staff survey remain above the benchmark average for similar NHS trusts, our scores declined in each area compared with last year. This reflects the significant pressures experienced locally and across the NHS.

Over 60% of colleagues responding to the survey said they would recommend UHL as a place to work, which is higher than the average for similar trusts. Whilst the percentage of colleagues who would be satisfied with the quality of care has dipped slightly to 61%.

Table 15 – Two key indicators contained within the staff survey are:

	Trust 2024	Trust 2025	Average result
q25c Would recommend the organisation as a place to work	65.50%	60.30%	57.80%
q25d. If a friend/relative needed treatment, they would be happy with the standard of care provided by the organisation	63.50%	60.90%	60.80%

We continue to score strongly for staff engagement and compassionate leadership. Our results place us as the best teaching hospital in the Midlands and the second-highest acute provider in the East Midlands region as a place to work. We are also the best in the region for colleagues to feel safe and healthy.

Overall, the results demonstrate a comparatively strong and stable national position in colleague experience.

4.3 Freedom to Speak Up Guardian

Freedom to Speak up Guardians

UHL wanted to enhance the service so that it had full independence and could provide contact with colleagues 24/7, 365 days a year.

was established in 2013 by the National NHS Patient Champion in response to The Francis Report. They provide colleagues with an **external**, **impartial**, **independent**, **and confidential 24/7 service to raise concerns, worries, or risks in the** workplace. It covers patient care and safety, bullying, harassment, discrimination and all work grievances.

Our dedicated **Freedom to Speak up Guardians (FTSUGs), Rachel and Sheela**, offer a free service for all staff, regardless of grade, who have any concerns about work. Their company, GSL, is commissioned by UHL, not employed by them. The aim of the service is to support you in raising and resolving concerns, sharing your experiences, and enabling a learning culture where speaking up is business as usual.

The Freedom to Speak up Guardians (FTSUG) role is to act in an independent capacity, to support the Trust in becoming a more open, transparent place to work, creating a culture based on learning rather than blame, and to listen to and support all workers in raising concerns.

Speaking up enhances all our working lives and improves the quality and safety of care. Listening to and acting on matters raised means that Freedom to Speak Up will help us be the best place to work.

Mechanisms for speaking up to FTSUG

- Phone: 0333 733 5488.
- Email: contact@theguardianservice.co.uk
- Junior Doctor Gripe Reporting tool

The role of the FTSUG is:

To act as a point of contact for colleagues to raise concerns, if they feel they are unable to speak to a line manager or, where appropriate, other routes such as dialogue with a line manager have not been successful.

- To ensure that all individuals who raise a concern are heard, listened to and responded to. In addition, they support the Trust to learn from concerns
- To support individuals who may have experienced detriment as a result of speaking up

The FTSU Guardians will:

- Try to work with the person raising the concern and their managers to attain a local resolution.
- Forward the concern for formal review (with agreement of the staff member) if the issues cannot be locally resolved or the member of staff does not want to adopt a discursive process.
- Work with concerns that are given anonymously.
- Support staff who raise concerns by ‘walking along’ side them and advocating for them during any meetings or investigation process.

- Raise high-risk concerns immediately with clinical managers or other appropriate senior/executive managers to ensure safety is maintained at all times.
- Monitor the outcome of the process to ensure that no negative effects are experienced by the staff member raising the concern.
- Visit wards and teams formally and informally to discuss any concerns they may have and to gain an understanding of the general experiences of staff in those departments.
- Hold listening to meetings within CMGs and Trust-wide corporate services to encourage an open conversation to resolve any issues through an informal process.
- Share generic issues and concerns (where appropriate) with managers of the service so that they are aware of pressures within services and can instigate remedial action.
- Provide feedback to the staff member raising the concern and the findings to the Trust Board via a report outlining issues raised, causes, and actions taken.
- Ensure that the role and outcomes of the work of the FTSUG are known widely across the Trust by publication of newsletters, Connect pages, visibility of the Guardians around the Trust, both face to face and virtually and also including information in Chief Executive Friday blogs.
- Ensure that FTSU concerns are measured (themes and trends), monitored, and published to the People and Culture Committee and Trust Board on a quarterly basis. Also, report quarterly to the National Guardians Office.

Junior Doctor Gripe Reporting Tool:

The Junior Doctor Gripe tool enables Doctors to report, in confidence, any concerns they have regarding patient safety, staffing issues, and anything that is impacting their ability to deliver quality patient care.

Junior Doctors can access the tool through the UHL intranet; Connect, and it is communicated at every induction/rotation to ensure that Junior Doctors joining the trust are aware of this mechanism.

Junior Doctor Gripes:

- Are diverted to the FTSUG's
- Are escalated to the appropriate Manager/Leader as agreed between the Guardian and the member of staff.
- Actions are agreed upon towards a resolution
- Data and feedback are provided for publication in the Junior Doctor Newsletter

The table below shows the shift in data trends as the new independent service came into effect from 9th October 2023.

Table 16 - FTSU data trends

	2017-2028	2018 2029	2019 2020	2020 2021	2021 2022	2022 2023	2023 2024	2024 2025	2025 2026
FTSUG	77	93	88	160	170	171	225	405	412
Jr Dr Gripe	0	0	0	64	47	37	17	14	13
Totals	**135**	**131**	**128**	**249**	**231**	**190**	**246**	**419**	**412**

There has been a continuing steady increase of concerns being reported from 2024/2025 to 2025/2026. This could be attributed to the independent 24/7 service, returning staff members, sharing Guardian contact numbers with colleagues, continued Guardian support through to end of case, regular updates provided to staff members, increased briefings and presentations, marketing and communications, engagements and presence with staff of all levels and targeted areas of need across the trust whilst working with the Executive and CMG leadership teams.

4.4 Doctors' Rotas

UHL has continued to work with NHSE East Midlands to expand the number of trainees in our training programme year on year. Since August 2025, UHL has created an FY3 programme to support trainee doctors who have completed foundation training and have not yet secured another training post. This has provided a cost saving to UHL due to reduced reliance on Locum spend, better continuity of care for patients, and improved team stability.

Our well-established recruitment model for Locally Employed doctors offers any doctor, from within the UK or an International Medical Graduate, a high-quality, two-year training programme for those seeking experiential, service-based learning outside the standard UK NHSE training programmes. Our programme offers the following to all doctors and has a number of benefits for UHL, including increased retention, fewer vacancies, and a well-designed model to support doctors through the CESR/Portfolio pathway to become consultants.

The Programme offers doctors outside a UK NHSE training programme all the support provided to trainees in an official training programme.

- There is an overall executive-level Clinical Lead accountable for the Programme.
- There are clinical tutor equivalents who are responsible for the running of the Programme in their respective areas.
- There are Leads, one or more within each speciality.
- Each doctor is allocated a Clinical Supervisor as well as an Educational Supervisor.
- An approved medical appraiser, who has been trained in the medical appraisal requirements to support revalidation, will be allocated to each doctor.
- The posts are 80% clinical and 20% education/research.
- Each doctor receives a Trust Induction, a bespoke enhanced induction, a local induction, and the IMG induction training.

- Every doctor will be supported under the provision aligned to the NHS Employers standards set out in their publication of June 2022, Welcoming and valuing international medical graduates
- Doctors are booked onto the Welcome to UK Practice workshop delivered on-site
- Each doctor is provided with the appropriate Royal College e-Portfolio
- Each doctor has an allocated study leave allowance that mirrors the trainee doctor's allowance
- Each doctor will complete the appropriate membership examinations
- Each doctor is funded to study up to and including master's level in one of four areas: Leadership and Management, Teaching and Learning, Research, or Clinical Specialism.
- Each doctor is encouraged and has protected teaching time to attend trainee teaching and simulation appropriate to their grade

For those short-term rota gaps that do occur, we have an App based system through partnership with "Locums Nest" which allows doctors to book onto vacant shifts. This has a number of advantages which include swifter payment of sessions and transparency and significantly reduced paper-based processes.

The health and Well-Being of our workforce is a priority, and the following support roles focus on improving the working lives and well-being of medical staff whilst improving retention.

SAS Advocate

SAS Tutor

LED Tutor

Associate Medical Director - Medical Workforce

Deputy Medical Director - Medical Workforce

Clinical Lead for Medical Workforce - Clinical Fellowship Programme

CESR / Portfolio pathway Champions

Engagement officer

5.0 Quality Improvement at Leicester's Hospitals

During 25/26, QI and the development of a Continuous Improvement Culture have continued to strengthen both through strategic initiatives and delivery.

In 2023, we published our Trust Strategy 2023-2030. It listed a "Continuous Improvement Approach" as an "enabler of success".

To facilitate the development of this, the **Continuous Improvement (CI) Development strategy** was launched and contains our approach and objectives over the next 3 years to develop an improvement culture across the Trust, which are covered by 6 goal areas:

1. Patient First mindset
2. Building a Shared Purpose and Vision
3. Building Improvement Capability
4. Developing Leadership Behaviours for Improvement
5. Investing in Culture and People
6. Embedding a Quality Management System

The strategy is informed by NHS Impact, which itself draws on learnings from the NHS collaboration with Virginia Mason. It is also informed by an improvement culture from world-class examples outside of the healthcare sector.

The strategy can be accessed through this link or via the UHL Connect site.

The strategy also introduces "**myQI**", the name for our Quality Improvement methodology framework, which has been developed over the past 2 years and is used both in training our staff and in our data-led improvement approach.

To help build awareness of the CI Strategy, rolling out a new approach to continuous improvement has been one of the 10 key deliverables for 2025.

In collaboration with our communications team, the "myQI" campaign was launched early in October and showcased eight improvement projects designed to build awareness of the myQI approach through story-led examples of how a QI, data-led team approach can

deliver marked benefits for improved, sustained outcomes.

Each poster includes a link (via QR code on physical posters) to a brief story that shares the improvements made and the approach used.

Chief Respiratory Physiologist, Steve Corkill and Admin Team Leader, Kerrie Parker

This has generated a high degree of internal and public engagement, including interest in activities linked to TAVI pathway improvement, interest from the Leicester Mercury in Improved Mastectomy care, and interest from the BBC and Financial Times in the Frailty SDEC project. Future campaigns will continue on an individual project basis.

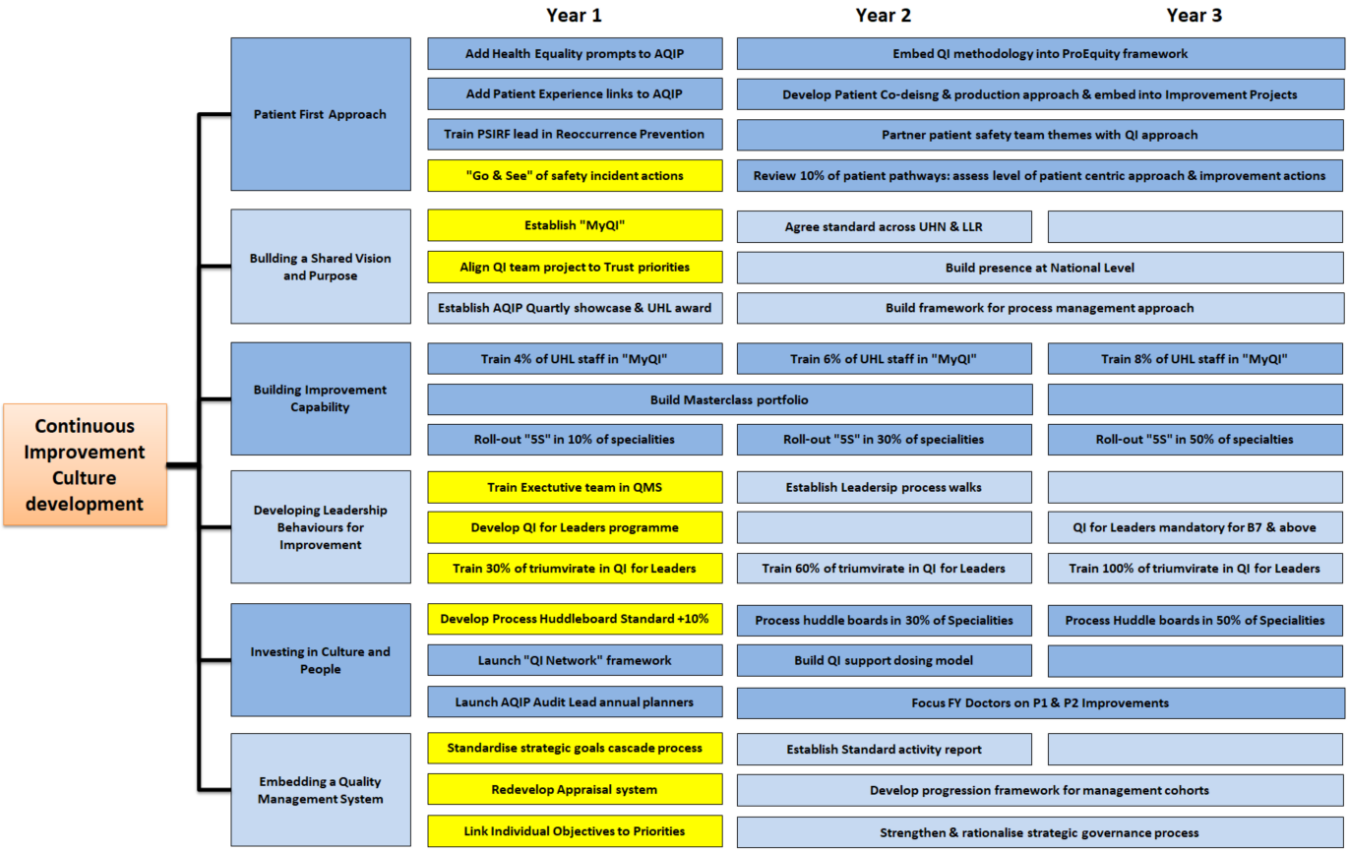
In delivering the CI Strategy and other responsibilities, UHL's QI Team and Clinical Audit team activities can be grouped into 4 key areas:

1. Systemising Improvement Culture
2. Developing QI Capacity and Capability
3. Delivering with Impact
4. Improving governance and performance to National Clinical Standards

What follows is a summary of progress over the last 12 months in these 4 areas.

1. Systemising Improvement Culture

- Continuous Improvement Culture Strategy Development. As already detailed, the CI Strategy was launched during 25/26. The summary below details year 1 objectives for the 3-year CI strategy plan:



Of the 19 objectives listed for year 1, 10 have been completed or are on plan. Summary of selected updates:

Trust Appraisal System Redesign with Organisational Development

The cross-functional working group has developed a proposal to redevelop the Trust's appraisal process, which includes the following elements:

- Revised and simplified appraisal documentation via digital portal
- Annual appraisal timing window aligned to facilitate strategic goals cascade
- Application of distribution curve logic when assigning appraisal grading
- Review of organisational structure to ensure quality of appraisal discussion
- Embedding of the National Management and Leadership Development Framework (MALD) competencies.

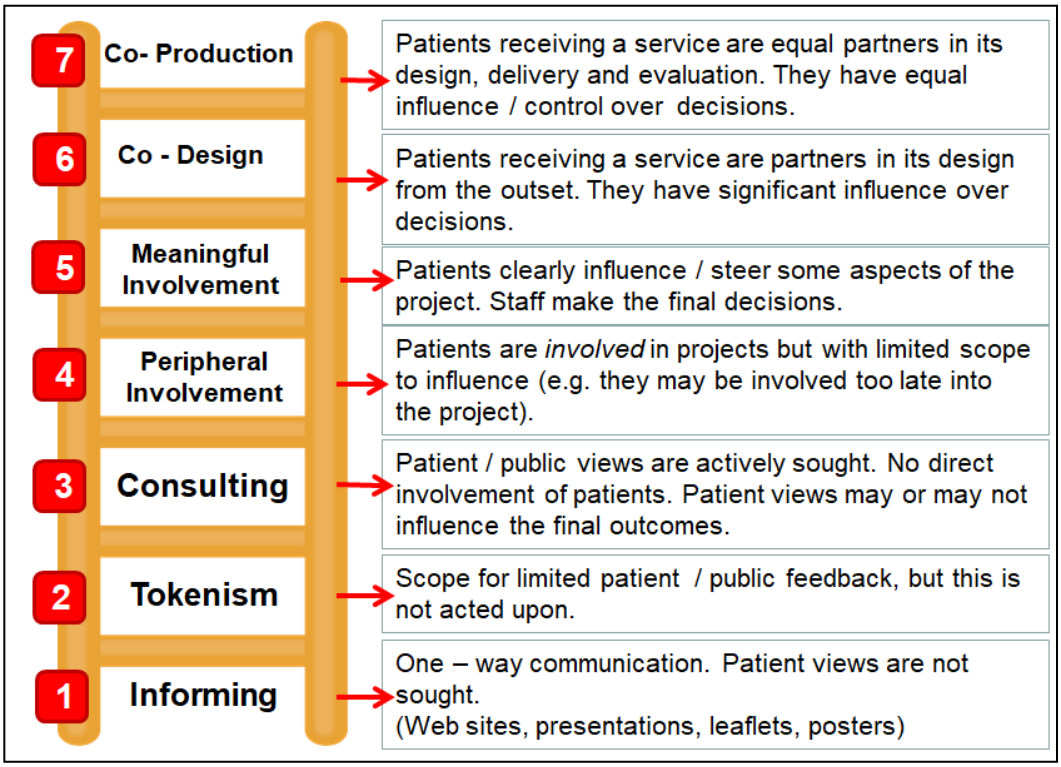
Implementation of these elements will be phased over the next 2 years.

Patient Co-design and Co-production embedded within QI projects.

Whilst health equality considerations and prompts have been embedded into our Audit and Quality Improvement Programme (AQIP) materials, further work is in progress to implement:

- A standard process whereby Improvement Project leads can engage the patient voice as part of their projects where appropriate.
- Standardised evaluation of the 9 protected characteristics within the Improvement Project data analysis to ensure health equity consideration and actions taken where appropriate.

Work is now underway to develop a protocol which will identify an appropriate level of patient involvement in this process and embed it within the AQIP process. A monthly working group has been established to deliver the required tools and resources within 26/27.



QI training for General Managers.

Whilst the training and development of our Executive team is paused until the second half of 26/27, the "QI For Leaders" will commence from September 26 with the General Manager cohort as part of the Operational Excellence Programme.

QI for Leaders will contain the following 2 modules:

- QI Methodology and thinking way: A General Manager's role in creating an environment for Continuous Improvement Culture development.
- Process Improvement: How to identify and eliminate waste and optimise process efficiency.

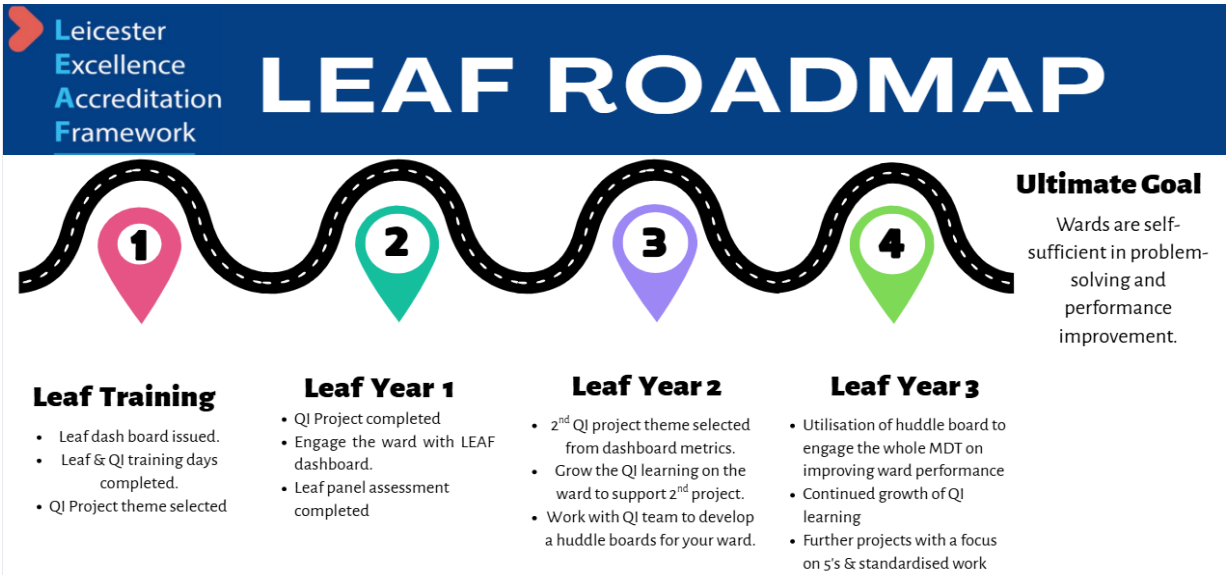
Developing the General Manager cohort is a key part in sustaining and supporting the QI training that staff across the Trust have received. This is to ensure data-led improvement continues beyond the initial training and improvement project delivery following the QI courses.

LEAF ward Improvement culture development

The Leicester Excellence Accreditation Framework (**LEAF**) is UHL's trust-wide approach to driving continuous improvement in patient care. Developed with and for multi-professional teams, LEAF brings together real-time data, quality improvement principles, and shared governance to empower teams to lead meaningful change.

MyQI training and development has been embedded and delivered within The Leicester Excellence Accreditation Framework (LEAF) programme across all adult in-patient wards during year 1, and benefits to patient outcomes, safety, process efficiency, and staff morale are already being achieved.

The next steps are to build on this; consequently, the roadmap below has been developed to embed an improvement culture in everyday job roles.



Consequently, wards which have achieved their initial accreditation following implementation of QI and other elements of LEAF will now move forward with the development of the following:

- Process Huddle board
- 5S area management
- Standardise work development (where appropriate)

This began with the original 6 pilot wards on February 26.

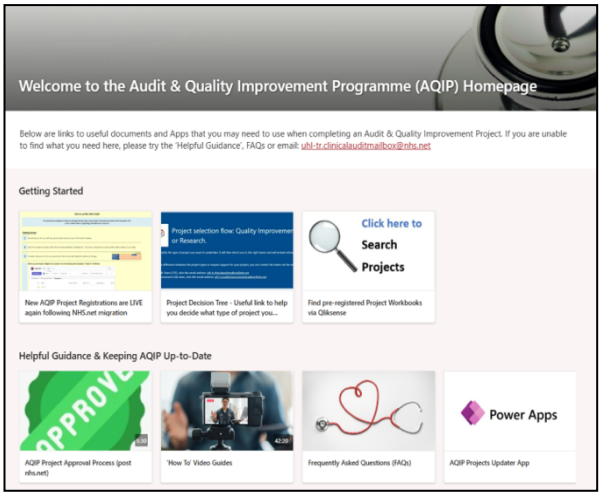
1. Systemising Improvement Culture

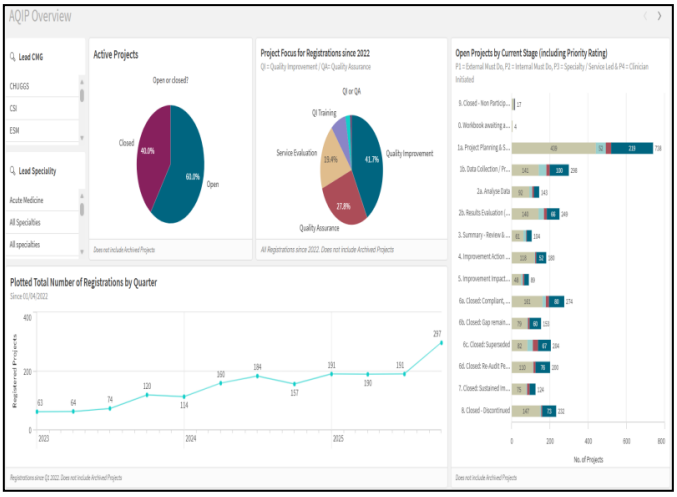
- Audit and Quality Improvement Programme (AQIP)

Since its launch in late 2023, AQIP has provided a common, standardised platform for Trust-wide Audit, Service Evaluation, and Improvement Projects. It has been developed by UHL's Clinical Audit and QI team, leveraging existing software available across the Trust.

By strongly linking Clinical Audit with Quality Improvement, it provides a platform for Continuous Improvement Culture development through our existing Audit Network across the Trust, whilst providing the means to help close the gap on compliance with clinical

standards where they may exist. During 25/26, this approach has been recognised as exemplar by NHSE Deputy Medical Director for Secondary care and quality Stella Vig.





The AQIP system provides standardised audit and improvement tools, supports data protection and eliminates email traffic through the use of Power Apps and Power Automation. It also includes the "myQI" methodology in the project documentation.

Since 2024, open projects have included **56.5% Improvement focussed**, with 42.7% being either Audit or Service Evaluation. LEAF now accounts for 3.4% of projects.

For Audit projects, we can see that the ratio of Priority 1 projects (which are typically National audits) has increased Vs P3 and P4 since 2024. This is due to ongoing initiatives by the Clinical Audit team to help prioritise Resident Doctor resources on these types of projects and align with Trust priorities.

This will continue to be a key focus for the Clinical Audit team for this year in line with our AQIP policy.

2. Developing QI Capacity and Capability

- QI Training and development

The QI team has developed a QI training framework called "MYQI", which offers flexibility to provide appropriate training based on the delegate's role and experience.

It is underpinned by a LEAN improvement approach throughout each offer and incorporates the Model for Improvement.

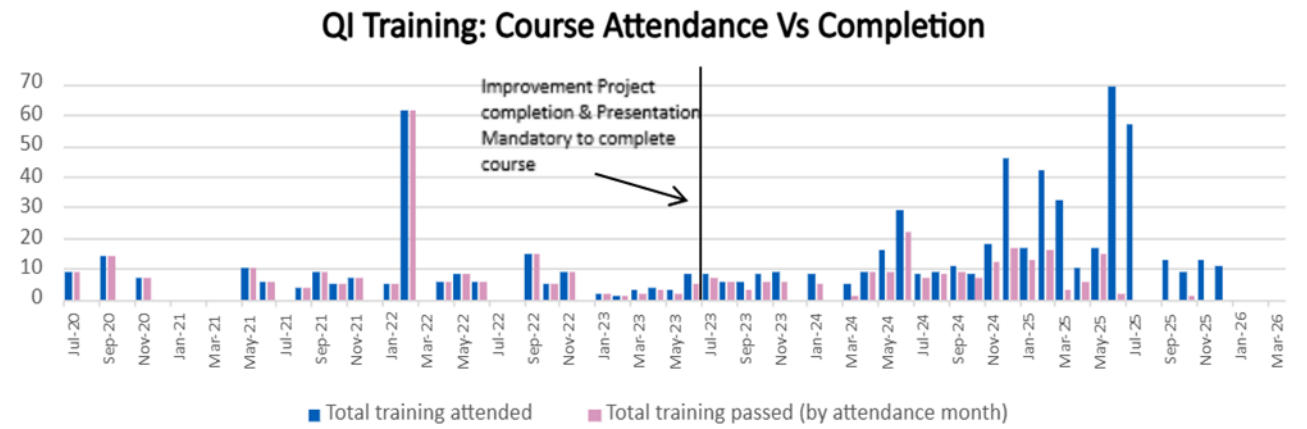
For QI Fundamentals and QI Advanced, each delegate receives initial classroom-based training and an accompanying workbook, followed by 1-2-1 coaching from a member of the QI team to help them deliver an improvement project in their area.

The overall QI training status is shown below.

	This report	Last Report
Total staff received QI Training	503	735
Total staff completed training with the QI project delivered (new criteria since May '23)	280	391
Total staff currently in Coaching to deliver the QI project	158	321

Number of course delegates currently in training or coaching:	321
Total live projects	124
Total successfully attended training to date:	735
Total completed Training to date (with project):	391

	FY23	FY24	FY25
Total completed attendance training:	65	245	199
Total delegates completed training (with project):	44	132	24
Total Work in Progress (with project):	0	67	162



321 delegates (which now include those from the System) have completed a QI course, with a project outcome representing 1.8% of the organisation's total.

735 in total have received QI training, including those before the completion of a project became mandatory and those with an improvement project in progress. This represents **4.0%** of the organisation; however, it includes staff we have trained, some of whom have since left the Trust.

Delegates present their project and are assessed to ensure key learning has been embedded.

In addition to the training framework outlined, QI training has been embedded in many other initiatives across the Trust, including the following areas:

Further developments over the last 12 months include:

- Integration of QI training into the Chief Nurse Fellowship (now the Quality Improvement Fellowship) programme.
- Development of the annual improvement symposium in conjunction with Northampton, Kettering hospitals, LLR and NFT Systems.
- Establishment of the myQI Quarterly Showcase events and the annual UHL award to recognise Audit and Quality Improvements made by our staff.

3. Delivering with Impact

- Improvement projects led and coached by the QI Team

In addition to QI capability training and coaching, QI capability and improvement culture is achieved through direct intervention led by the QI team in areas that are struggling to achieve improvement breakthroughs.

These breakthrough projects are typically aimed at improving some or all of the following:

- Patient safety
- Process efficiency
- Productivity
- Patient flow
- Length of Stay Reduction
- National Clinical Audit Compliance

For 25/26, projects that the QI team have led on or provided coaching to complete have achieved a combined CIP value of over £6m. As can be seen from the table below, this has been achieved through a combination of Productivity (e.g., length of stay reduction) and Income (e.g. completing more procedures with the same resource leading to increased tariff income).

Table 16 - Projects of note during 25/26:

Location / Area	Improvement Activity	Outcomes	CIP Achieved
ESM	Ward 24 LRI length of stay reduction (LEAF)	• 1.7-day LoS reduction for patients discharging home through earlier mobilisation process changes	£895, 670 Productivity
ESM	Frailty SDEC	• Establishment of Frailty SDEC to improve patient flow from ED • Admission avoidance of frailty patients	Approx £2.6m Productivity **Latest data shows £14m**

Location / Area	Improvement Activity	Outcomes	CIP Achieved
CSI	Imaging Hub (In progress)	• Reduction of out-sourcing imaging reports • Current monthly spend £191,000 (including OP).	In Progress – approx. £600,000
CHUGGS	W17 MDC	• Increased utilisation of Medical Day Case Unit (MDCU) on W17	15 - 20% Utilisation Improvement
CHUGGS	EMPCC MDCU	• Increased utilisation of MDCU in EMPCC	20% Utilisation Improvement
ESM	Stroke Wards	• LoS reduction through increased rehab bed capacity & other improvements	£1.2m LoS reduction through productivity

Table 17 - Notable projects which the QI team have supported the lead with guidance / QI Coaching:

Location / Area	Improvement Activity	Outcomes	CIP Achieved
CHUGGS	Endoscopy Utilisation (Exploring Vanguard reduction)	• Evening lists for GGH Endoscopy are not fully utilised. Demand and Capacity Study = 1 list reduction with the evening team. Identified not to renew Vanguard 3rd party contract & staff hour changes to day shift replacing the need for Bank staff. • Vanguard contract not renewed. Captured as part of GM overarching CIP	£227,000
RRCV	Reduce the time spent preparing paperwork for Cardiology clinics	• Reduce Cardiology Consultants' reliance on paper patient notes prepared by Clinic Coordinators	£36,366.67 (pay) £72,733.33 (Productivity)
CSI	Increase in patient facing time for therapy team	• Scheduled approach to seeing patients on their ward has increased direct patient facing time	£14,932.71 (Productivity)
CHUGGS	Theatre Utilisation within Urology	• Improving Urology theatre utilisation by looking at reducing the number of on the day cancellations by consultants	£211,979.00 (productivity)
CHUGGS	Improving the stock control to reduce the wastage in endoscopy.	• Reduce time to locate items & convert 3x stock locations to 1 x location. Identified excess stock, which meant no needed to order for the next 6 months	£27,000 (pay)
ESM	Enhancing the discharge process through strategies of improving inefficiencies identified within the discharge process	• 53mins saved per discharge x 80 discharges per month with pharmacy	£13,478

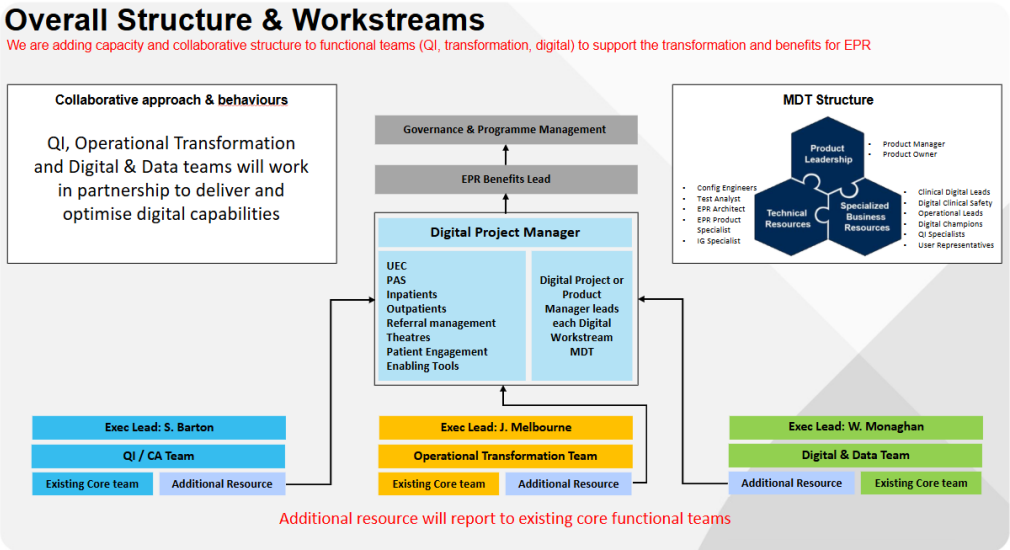
Table 18 - Projects already in progress which will mature during 26/27

Location / Area	Improvement Activity	Outcomes	CIP Achieved
Cardiology	PLICS – Finance improvement	• Coding deep dive and improvements based on expenditure and income	tbc
Cardiology	Admission Avoidance	• Implementation of Admission avoidance protocols and Hot-slot pilot from 2024	Est £3m
T&O	PLICS – Finance improvement	• Coding deep dive and improvements based on expenditure and income	Tbc
Multiple	Digital Transformation	• Patient kiosk self-check-in	Tbc
Multiple	Digital Transformation	• Ambient AI Scribe	Tbc
Multiple	Digital Transformation	• Internal Referrals process improvement	Tbc
Multiple	Digital Transformation	• Ward Action for Discharge process improvement	Tbc
Multiple	Digital Transformation	• Trust Wide documents digitisation	Tbc

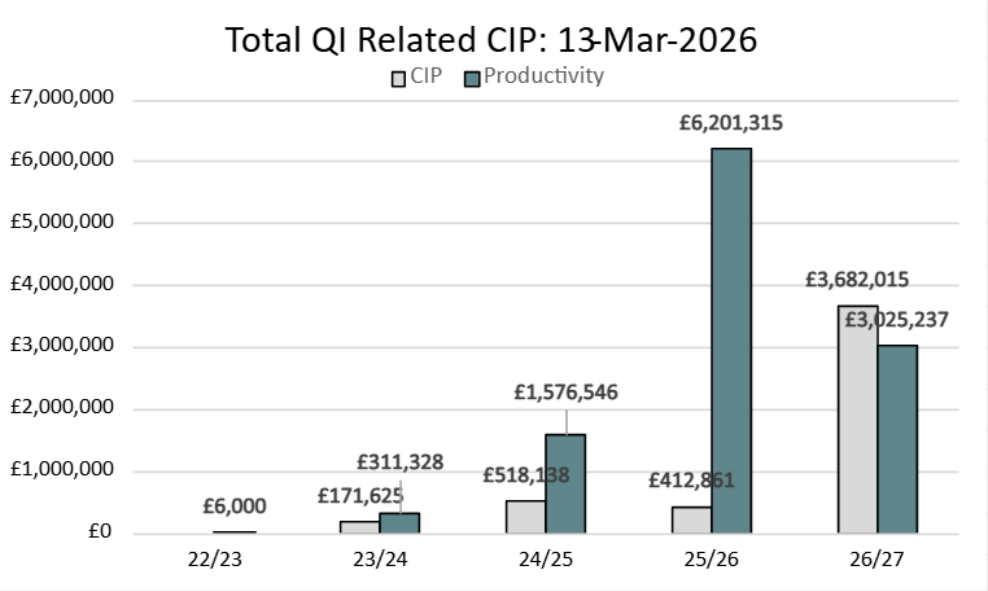
Whilst digital innovation represents huge potential for the NHS and UHL, there is a growing realisation that to realise the benefits of new digital systems and tools, development and improvement is also required in our process and how we work.

Consequently, a collaborative approach including Operational Transformation, QI and Digital transformation teams is being developed to ensure UHL realises the full benefits of digital transformation and optimises our processes in order to be fit for the future.

The basic structure outlined below started on September 1st.



The best improvement projects will typically result in better patient care and outcomes and improvements for staff, productivity and efficiency. An increasing trend is evident of CIP linked to these projects:



4. Clinical Audit Governance

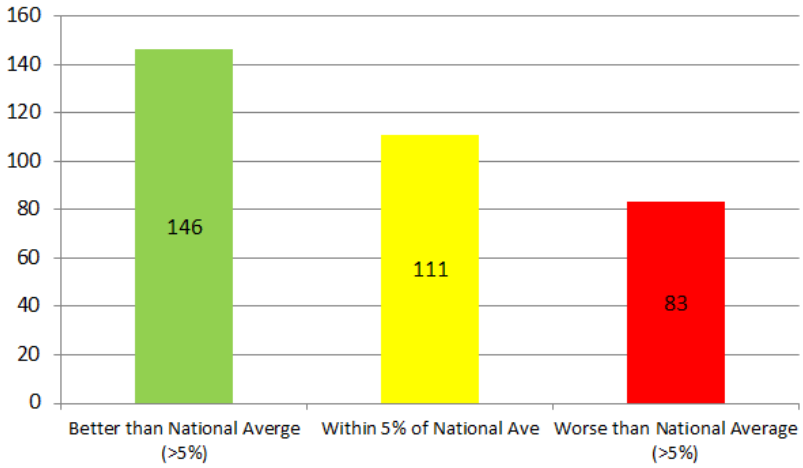
- Improvement to National Audit Standards Compliance

During 25/26, governance of the National Audit programme has significantly improved as a consequence of the AQIP programme becoming more embedded and optimised.

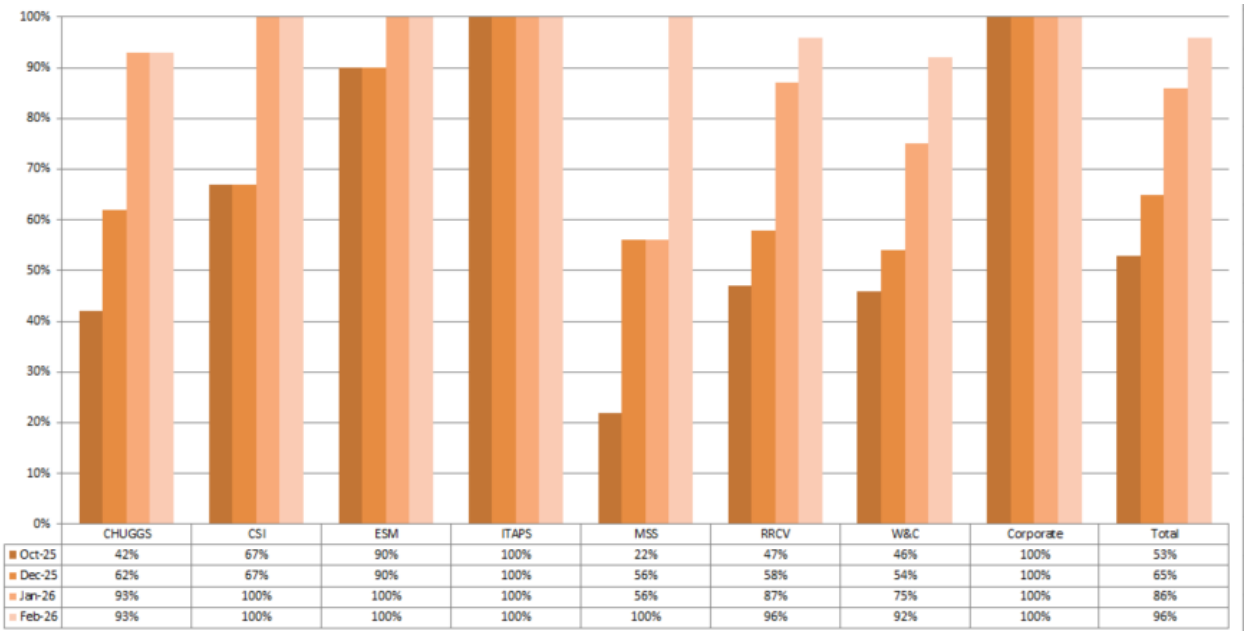
As of March 1st, 2026, there is now a plan in place for the majority of National Audits for 25/26 (96%). Remaining gaps are followed through PRM and Q&S meetings with individual CMGs.

In addition, the Clinical Audit team have now received 91% of summaries from CMGs for published National Audits, detailing our relative position and any required improvement actions. Again, these will be followed through individual PRM and Q&S meetings – PRMs in particular have helped to improve responses.

Of the 340 metrics covered by the National Audits, 79% are within 5% of the national average or better.



As the chart below shows, across all CMGs, 96% of audits are now running on schedule, demonstrating continued improvement over the last 5 months. Any gaps are escalated to the appropriate PRM for follow-up/action.



	CHUGGS	CSI	ESM	ITAPS	MSS	RRCV	W&C	Corporate	Total
Oct-25	42%	67%	90%	100%	22%	47%	46%	100%	53%
Dec-25	62%	67%	90%	100%	56%	58%	54%	100%	65%
Jan-26	93%	100%	100%	100%	56%	87%	75%	100%	86%
Feb-26	93%	100%	100%	100%	100%	96%	92%	100%	96%

The clinical Audit team, with support from the Medical Director, has now revised and standardised the governance process for National Clinical Audits. This supports the timely resolution of issues that affect NCAs running to schedule and also closing gaps to compliance, the Clinical Audit team covering specific steps such as:

- Initial National audit request and expectations to Heads of Service
- Reporting framework
- Escalation and support process in the event of completion delays/problems

This new process has now gone live as of the start of 2026 and has already shown a positive impact by ensuring that the mandated national audits are visible to the relevant Clinical Director, enabling appropriate resources to be provided for the year and ensuring timely completion.

National Clinical Audits

National clinical audits are largely funded by the Department of Health and commissioned by the Healthcare Quality Improvement Partnership (HQIP), which manages the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

Most other national audits are funded from subscriptions paid by NHS provider organisations. Priorities for the NCAPOP are set by the Department of Health.

During 2025/26, Leicester's Hospitals participated in 97% of eligible national clinical audits (71 out of 73). Of the 4 national confidential enquiries, Leicester's Hospitals has participated in 100% of the studies to which it is eligible.

The national clinical audits and national confidential enquiries that Leicester's Hospitals participated in, and for which data collection was completed during the 2025/26 period, are listed below, alongside the current stage and/, the reasons for not taking part in each audit or enquiry.

Table 19: National Clinical Audits and National Confidential Enquiries

Ref	Programme / Workstream	Provider Organisation	Do UHL participate?	Stages/ % of cases submited
1	British audit Of the investigatiOn and referral of woMen with rEcurrent uRinary trAct infectioN using recent Guidance (BOOMERANG)	The British Association of Urological Surgeons (BAUS)	Yes	Data submitted
2	Evaluating the Management Pathway for Suspected Testicular Cancer Referrals (EMPAST)	BAUS	Yes	Data submitted
3	Breast and Cosmetic Implant Registry	NHS England	Yes	Continuous data collection
7	British Hernia Society Registry	British Hernia Society	NA	UHL not part of the pilot
4	British Spine Registry (BSR)	BSR	Yes	Continuous data collection
5	Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	Yes	Continuous data collection
6	Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Yes	Data currently being collected
7	Cleft Registry and Audit NEtwork (CRANE) Database	Royal College of Surgeons of England (RCS)	Yes	Continuous data collection
8	Adolescent Mental Health	Royal College of Emergency Medicine RCEM	Agreed not to participate	We have local QI project in this area
9	Care of Older People	RCEM	Agreed not to participate	We have local QI project in this area
10	Mental Health Self Harm	RCEM	NA	
11	Time Critical Medications	RCEM	Yes	Data currently being collected

12	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People1	Royal College of Paediatrics and Child Health	Yes	Continuous data collection
13	a) Fracture Liaison Service Database (FLS-DB) Falls and Fragility Fracture Audit Programme (FFFAP)	Royal College of Psychiatrists (RCPsych)	NA	
14	b) National Audit of Inpatient Falls (NAIF) (FFFAP)	Royal College of Physicians (RCP)	Yes	Continuous data collection
15	c) National Hip Fracture Database (NHFD) (FFFAP)	RCP	Yes	Continuous data collection
16	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	NHS England	Yes	Continuous data collection
17	Maternal, Newborn and Infant Clinical Outcome Review Programme	University of Oxford / MBRRACEUK collaborative	Yes	Continuous data collection
18	Medical and Surgical Clinical Outcome Review Programme	NCEPOD	Yes	Data currently being collected
19	Mental Health Clinical Outcome Review Programme	The University of Manchester / National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	NA	
20	National Diabetes Core Audit (NDA)	NHS England	Yes	Continuous data collection
21	Diabetes Prevention Programme (DPP) Audit (NDA)	NHS England	Yes	Continuous data collection
22	National Diabetes Footcare Audit (NDFA) (NDA)	NHS England	Yes	Continuous data collection
23	National Diabetes Inpatient Safety Audit (NDISA) (NDA)	NHS England	Yes	Continuous data collection
24	National Pregnancy in Diabetes Audit (NPID) (NDA)	NHS England	Yes	Continuous data collection

25	Transition (Adolescents and Young Adults) and Young Type 2 Audit (NDA)	NHS England	Yes	Continuous data collection
26	Gestational Diabetes Audit (NDA)	NHS England	NA	
27	National Audit of Cardiac Rehabilitation	University of York	Yes	Continuous data collection
28	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	NHS Benchmarking Network	NA	
29	National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	Yes	Continuous data collection
30	National Audit of Dementia (NAD)	RCPsych	Yes	Data submitted
31	National Audit of eating disorders (NAED)	RCPsych	NA	
32	National Bariatric Surgery Registry	British Obesity & Metabolic Surgery Society	Yes	Continuous data collection
33	National Audit of Metastatic Breast Cancer (NAoMe) - National Cancer Audit Collaborating Centre (NATCAN)	RCS	Yes	Continuous data collection
34	National Audit of Primary Breast Cancer (NAoPri) - (NATCAN)	RCS	Yes	Continuous data collection
35	National Bowel Cancer Audit (NBOCA) - (NATCAN)	RCS	Yes	Continuous data collection
36	National Kidney Cancer Audit (NKCA) -(NATCAN)	RCS	Yes	Continuous data collection
37	National Lung Cancer Audit (NLCA) -(NATCAN)	RCS	Yes	Continuous data collection
38	National Non-Hodgkin Lymphoma Audit (NNHLA) -(NATCAN)	RCS	Yes	Continuous data collection
39	National Oesophago-Gastric Cancer Audit (NOGCA) -(NATCAN)	RCS	Yes	Continuous data collection
40	National Ovarian Cancer Audit (NOCA) -(NATCAN)	RCS	Yes	Continuous data collection

41	National Pancreatic Cancer Audit (NPaCA) - (NATCAN)	RCS	Yes	Continuous data collection
42	National Prostate Cancer Audit (NPCA) -(NATCAN)	RCS	Yes	Continuous data collection
43	National Cardiac Arrest Audit (NCAA)	ICNARC	Yes	Continuous data collection
44	National Adult Cardiac Surgery Audit (NACSA) - National Cardiac Audit Programme (NCAP)	National Institute for Cardiovascular Outcomes Research (NICOR)	Yes	Continuous data collection
45	National Congenital Heart Disease Audit (NCHDA) - (NCAP)	NICOR	Yes	Continuous data collection
46	National Heart Failure Audit (NHFA) - (NCAP)	NICOR	Yes	Continuous data collection
47	National Audit of Cardiac Rhythm Management (CRM) - (NCAP)	NICOR	Yes	Continuous data collection
48	Myocardial Ischaemia National Audit Project (MINAP) - (NCAP)	NICOR	Yes	Continuous data collection
49	National Audit of Percutaneous Coronary Intervention (NAPCI) - (NCAP)	NICOR	Yes	Continuous data collection
50	UK Transcatheter Aortic Valve Implantation (TAVI) Registry - (NCAP)	NICOR	Yes	Continuous data collection
51	Left Atrial Appendage Occlusion (LAAO) Registry - (NCAP)	NICOR	Yes	Continuous data collection
52	Patent Foramen Ovale Closure (PFOC) Registry - (NCAP)	NICOR	Yes	Continuous data collection
53	Transcatheter Mitral and Tricuspid Valve (TMTV) Registry - (NCAP)	NICOR	Yes	Continuous data collection
54	National Child Mortality Database (NCMD)	University of Bristol	Yes	Continuous data collection
55	National Clinical Audit of Psychosis (NCAP)	RCPsych	NA	

56	Major Haemorrhage audit (National Comparative Audit of Blood Transfusion)	NHS Blood and Transplant (NHSBT)	Yes	Data currently being collected
57	National Early Inflammatory Arthritis Audit (NEIAA)	British Society for Rheumatology	Yes	Continuous data collection
58	National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists (RCA)	yes	Continuous data collection
59	NELA - No Laparotomy	RCA	yes	Continuous data collection
60	National Joint Registry	Healthcare Quality Improvement Partnership (HQIP)	Yes	Continuous data collection
61	National Major Trauma Registry (Previously TARN)	NHS England	Yes	Continuous data collection
62	National Maternity and Perinatal Audit (NMPA)	Royal College of Obstetricians and Gynaecologists (RCOG)	Yes	Continuous data collection
63	National Neonatal Audit Programme (NNAP)	RCPCH	Yes	Continuous data collection
64	National Obesity Audit (NOA)	NHS England	Yes	Continuous data collection
65	Age-related Macular Degeneration Audit (National Ophthalmology Database (NOD))	The Royal College of Ophthalmologists (RCOphth)	Yes	Continuous data collection
66	Cataract Audit (NOD)	RCOphth	Yes	Continuous data collection
67	National Paediatric Diabetes Audit (NPDA)	RCPCH	Yes	Continuous data collection
68	National Perinatal Mortality Review Tool	University of Oxford / MBRRACEUK collaborative	Yes	Continuous data collection
69	National Pulmonary Hypertension Audit	NHS England	Yes	Data currently being collected

70	COPD Secondary Care - National Respiratory Audit Programme (NRAP)	RCP	Yes	Continuous data collection
71	Pulmonary Rehabilitation (NRAP)	RCP	Yes	Continuous data collection
72	Adult Asthma Secondary Care (NRAP)	RCP	Yes	Continuous data collection
73	Children and Young People's Asthma Secondary Care (NRAP)	RCP	Yes	Continuous data collection
74	National Vascular Registry (NVR)	RCS	Yes	Continuous data collection
75	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	University of Warwick	NA	
76	Paediatric Intensive Care Audit Network (PICANet)	University of Leeds / University of Leicester	Yes	Continuous data collection
77	Perioperative Quality Improvement Programme	RCA	Yes	Continuous data collection
78	Improving the quality of valproate prescribing in adult mental health services - Prescribing Observatory for Mental Health (POMH)	RCPsych	NA	
79	Use of clozapine - (POMH)	RCPsych	NA	
80	Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services - (POMH)	RCPsych	NA	
81	Sentinel Stroke National Audit Programme (SNNAP)	King's College London	Yes	Continuous data collection
82	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Serious Hazards of Transfusion (SHOT)	Yes	Continuous data collection
83	UK Cystic Fibrosis Registry - Adults	Cystic Fibrosis Trust (CFT)	Yes	Continuous data collection
84	UK Cystic Fibrosis Registry - Children	CFT	Yes	Continuous data collection

85	UK Interstitial Lung disease ILD registry	BTS	Yes	Continuous data collection
86	UK Parkinson's Audit	Parkinson's UK	Yes	Data submitted
87	UK Renal Registry Chronic Kidney Disease Audit	UK Kidney Association (UKKA)	Yes	Continuous data collection
88	UK Renal Registry National Acute Kidney Injury Audit	UKKA	Yes	Continuous data collection

We are committed to conducting effective clinical audit across all clinical services and recognise that this is a key element in developing and maintaining high-quality, patient-centred services.

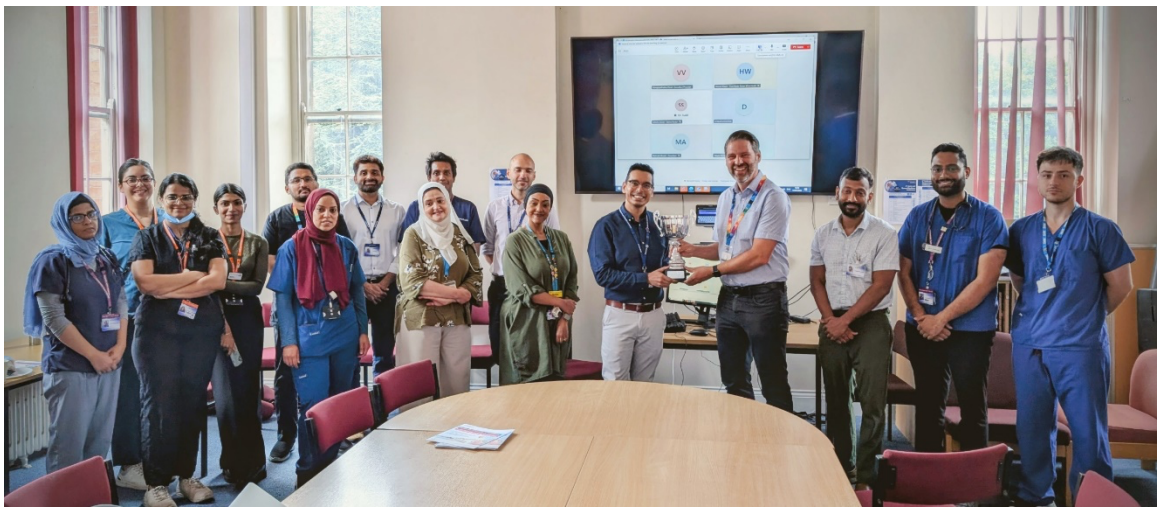
Leicester's Hospitals have reviewed reports from 59 national and 454 local clinical audits in 2024/25.

University Hospitals of Leicester NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Summary forms are completed for all clinical audits (and other QI/Service Evaluation projects) and include details of compliance with the clinical audit standards and the actions required for improvement, including the names of the clinical leads responsible for implementing them. These summary forms are available to all staff on our intranet or, for external use, on request.

This Quality Account includes examples of the different types of clinical audits, both national and local, undertaken in our hospitals, and the improvements to patient care achieved.

We now hold quarterly Audit & QI programme (AQIP) awards, and the annual winner is decided at the UHL Awards.



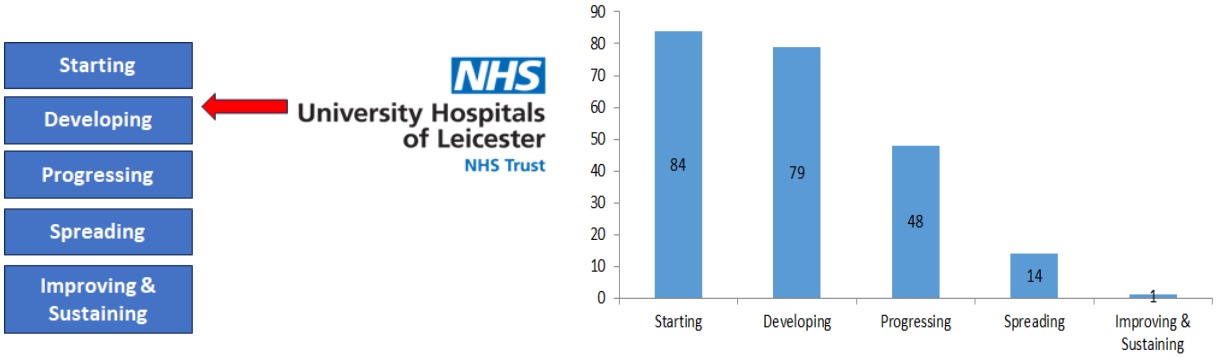
General Medicine (GM) won our Clinical Audit speciality of the year (see above for the trophy presentation to Dr Raunak Singh, Clinical Audit Lead, and the GM team from Carl Walker, Clinical Audit Manager).

CI Maturity Assessment

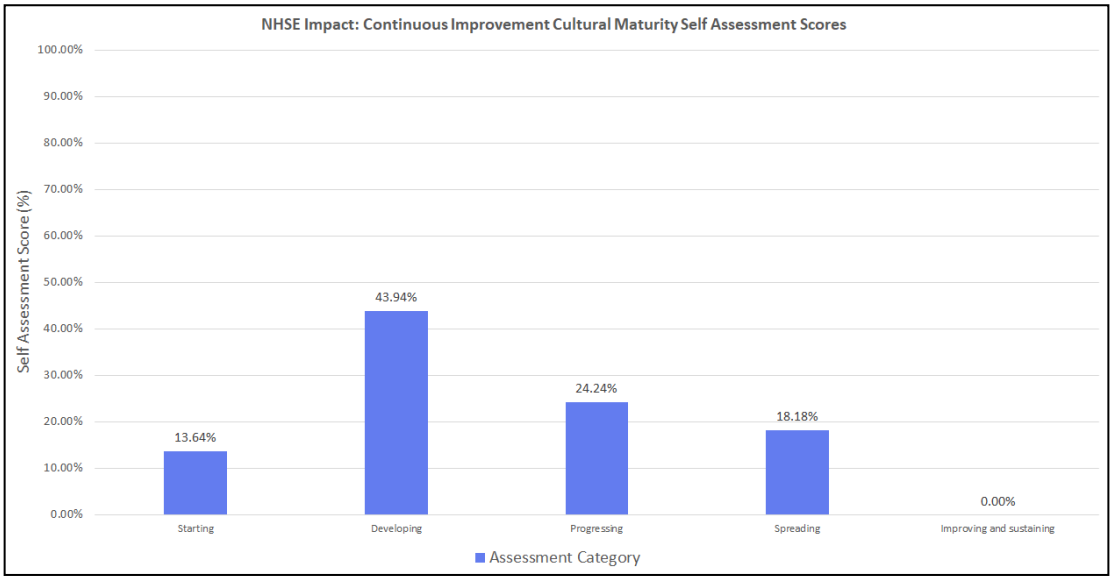
During 2023, NHS Impact published a CI maturity self-assessment so Trusts could self-appraise their existing behaviours and routines against the characteristics of organisations with a mature, established culture for continuous improvement.

A self-assessment of QI capability and capacity was initially conducted as a baseline late in 2023. It identified UHL as between starting and developing in its QI maturity.

Since the initial baseline was established, the QI team have been conducting quarterly workshops with representatives from different CMGs, Specialities, job roles and bandings to understand how improvement behaviours and understanding are developing across the Trust.



The latest results show we are starting to see a shift in self-assessment scores. This approach will continue in 26/27, with a focus on increasing the number of feedback items to build a more comprehensive representation across the Trust.



6.0. Our Plans for the Future

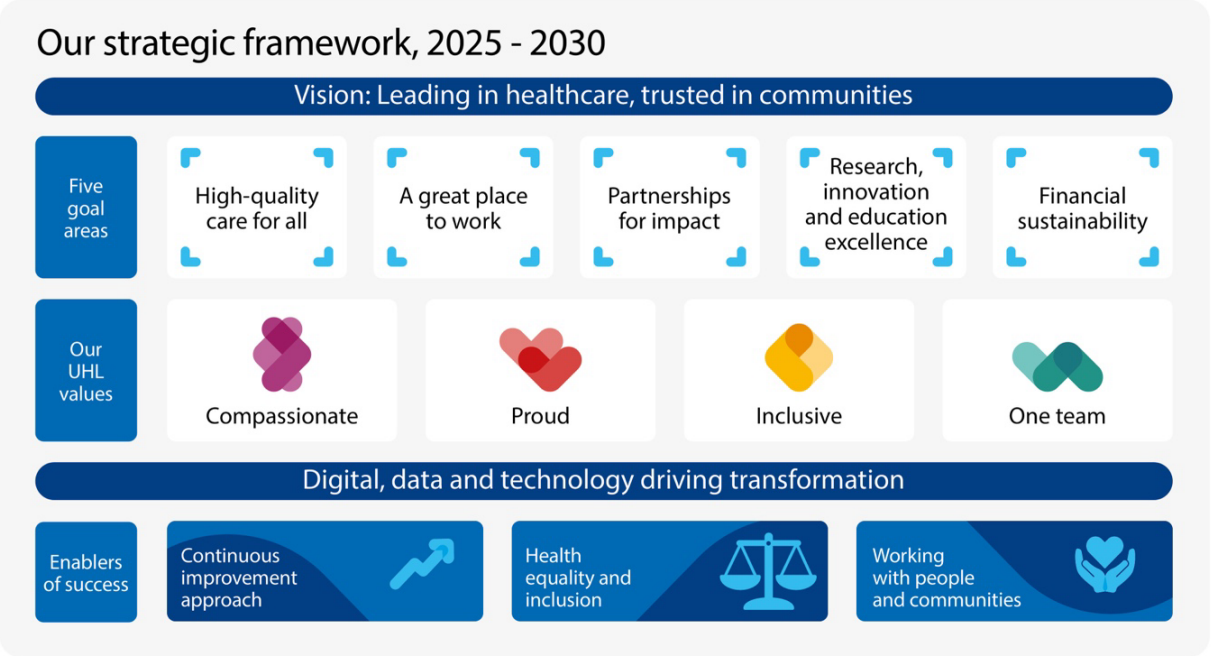
Since 2023, UHL and UHN have been working together as a formal NHS Group. By working together, we can deliver more consistent, higher-quality care for the people we serve, better support colleagues, and tackle shared challenges - improvements neither organisation could achieve alone.

Together, we provide high-quality healthcare across five major hospital sites serving the populations of Leicester, Leicestershire and Rutland (LLR), and Northamptonshire. Each of our hospitals delivers essential general services, including three busy Emergency Departments (EDs) that support some of the region's most pressing acute needs. In addition, we operate from 19 smaller community hospitals, delivering care closer to home. Increasingly, we are embracing virtual care models and delivering services in people's homes - supporting independence and preventing unnecessary hospital admissions.

With a combined annual spend of £2.9 billion and a dedicated workforce of nearly 30,000 colleagues, we are one of the largest NHS Groups. Our size and scale bring opportunity: we can standardise and improve services, share learning, attract and retain talent, and build innovative pathways of care across the region.

Organisational Strategy and Annual Priorities

The Group Organisational Strategy (2023-30), 'leading in healthcare, trusted in communities', shaped through extensive internal and external stakeholder engagement, outlines four goals for the Group to achieve and a set of values which guide the way in which we work and deliver services. The Strategy also sets out our aim to advance health equity – addressing inequalities in service access and outcomes. Underpinning the delivery of this strategy are a series of 'enablers of success'.



To ensure clarity and specificity of the Group's short- to medium-term strategic objectives, the Group annually sets out priorities and deliverables for the year ahead, along with associated targets, workstream initiatives, and programmes. The 2025/26 priorities are set out below (2026/27 priorities will be published imminently).

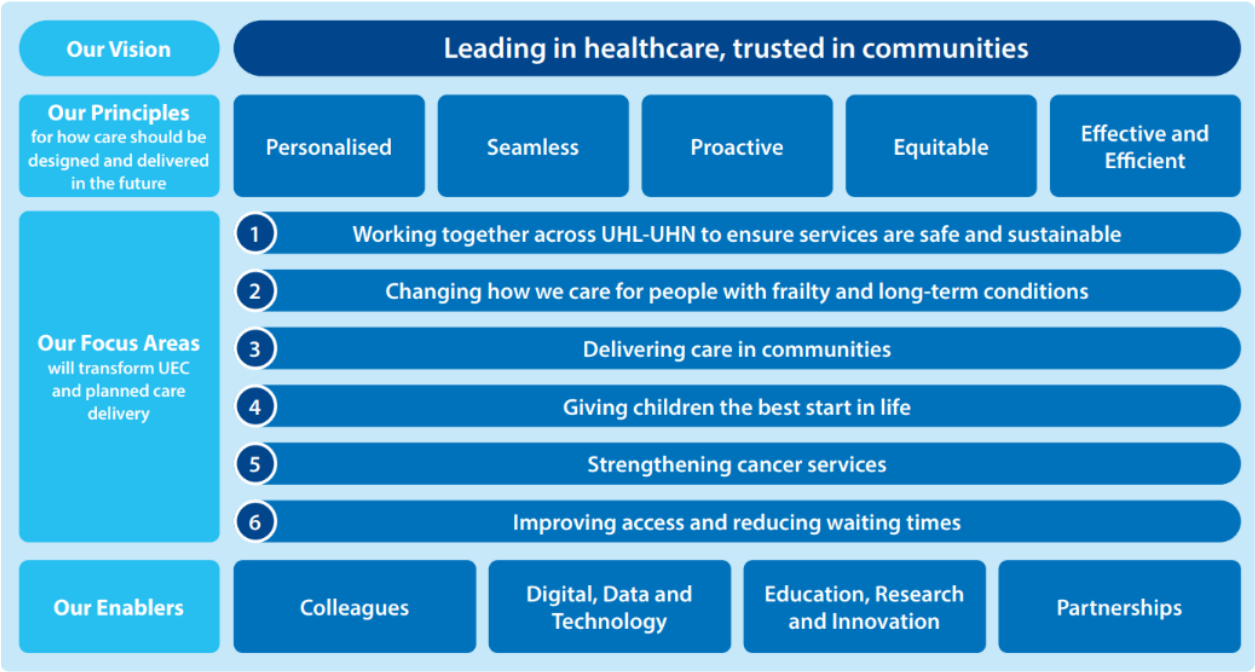
Within UHL, the delivery of the Group Organisational Strategy and annual priorities is underpinned by a series of 12 key 'enabling strategies' that set out in further detail the Trust's priorities across key areas and how they will be delivered. All 12 strategies were developed in 2025/26 and are reviewed annually to ensure their ongoing relevance.

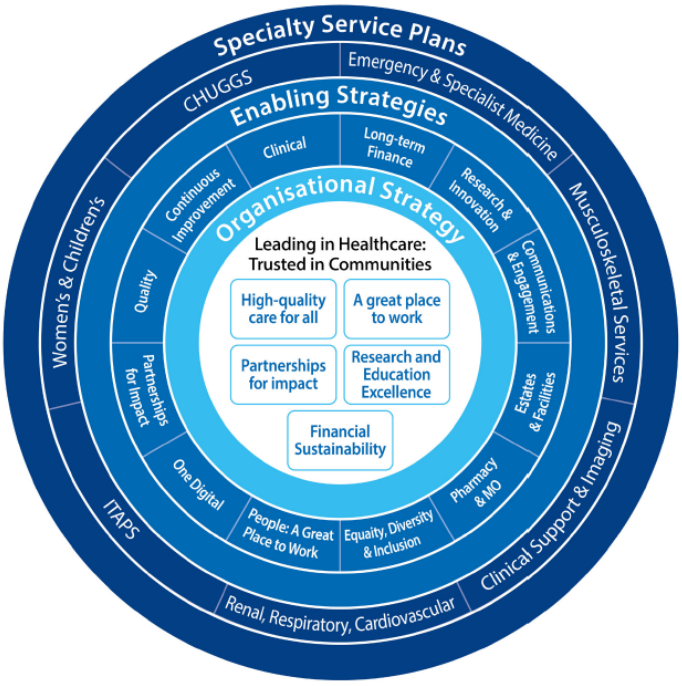
To support strategic alignment between Trust-level strategy and clinical service delivery and operations, the Trust established a new clinical speciality service planning process in 2023/24. This has enabled each speciality to develop and implement its own service plan, contributing to the delivery of the Trust's strategic priorities. Progress in delivering service plans is monitored every six months, with key achievements and challenges for each speciality shared with clinical and operational management teams. The Trust Leadership Team also receives quarterly updates on progress towards the Group Annual Priorities.

Group Clinical Strategy (2025-30)

The foremost of our 12 enabling strategies, our Group Clinical Strategy (2025-30), shaped through extensive co-creation with stakeholders across UHL, UHN and the wider system, sets out how we will apply our collective assets and resources to tackle shared challenges - rising demand, workforce shortages, financial pressures, and quality variation - and deliver long-term improvement. Building on our strong and continuously evolving partnership, we will tackle the 6 key areas of focus outlined below.

This will include reviewing the configuration of our services, such as maternity, paediatric and neonatal services, to ensure they best meet the needs of local communities, remain safe and sustainable, and support 'left shift' from hospital to community. This reconfiguration will be informed by our wider Perinatal Safety Improvement Programme (PSIP) and the findings from the Independent Maternity and Neonatal Investigation, ensuring service models reflect contemporary safety standards, population needs, health inequalities, and rising clinical complexity. We will use enhanced digital capabilities (including BadgerNet and perinatal data dashboards), strengthened multi-professional workforce models, and evidence from redesign initiatives such as neonatal home care, enhanced triage, and the Maternity Day Assessment Unit to shape future-proofed, community-enabled pathways that deliver personalised and equitable care.





7.0. Statements of assurance from the board

7.1 Review of Services

Leicester's Hospitals comprises three acute hospitals: the Leicester Royal Infirmary, the Leicester General and Glenfield Hospital, and services are provided at a number of local satellite and Community Hospital Sites. The Emergency Department (ED) at Leicester Royal Infirmary covers the whole area of Leicester, Leicestershire and Rutland and is the only ED in this area. The General provides medical services, including a centre for urology patients, and Glenfield provides a range of services, including medical care for lung cancer, cardiology, cardiac surgery, renal and breast care.

During 2025-26, Leicester's Hospitals provided and/or sub-contracted in excess of 461 NHS services. These include:

- Day case – 82 services (specialities)
- Elective IP – 92 services (specialities)
- Non – Elective – 91 services (specialities)
- New Outpatient – 98 services (specialities)
- Follow-up Outpatient – 98 services (specialities)
- Emergency Department and Eye Casualty
- Diagnostic Services (Hearing, Imaging, Endoscopy, Sleep and Urodynamics)
- Screening programmes-Bowel Cancer, Abdominal Aortic Aneurysm (AAA), Diabetic Eye Screening services, Breast Screening, Cervical Screening and Antenatal and newborn screening programmes (ANNB) which covers the following NHS Infectious Diseases in Pregnancy Screening Programme,
- NHS Fetal Anomaly Screening Programme (including trisomy screening and 20-week scan), NHS Sickle Cell and Thalassaemia Screening Programme,
- NHS Newborn Blood Spot Screening Programme, NHS Newborn Hearing Screening Programme, NHS Newborn and Infant Physical Examination (NIPE) Screening Programme,
- Direct access (Imaging, Pathology, Specialist direct to test pathways, Cancer, Allied health services)
- Critical Care Services in Intensive Therapy Unit (ITU), High Dependency Unit (HDU), Post Anaesthesia Care Unit (PACU), Adult Critical Care Transport Service ACCOTS, Coronary Care Unit (CCU), Paediatric Intensive Care Unit (PICU), Obstetrics HDU, Neonatal Intensive Care Unit (NICU), Extra Corporeal Membrane Oxygenation (ECMO), Special Care Baby Unit (SCBU),Paediatric and Neonatal Transport Services and also Neonatal Outreach Services

Services are also provided at:

1. Dialysis units in Leicester General Hospital, Hamilton, Grantham, Skegness, Boston, Kettering, Northampton and Peterborough.
2. Spire Hospital: Cardiology.
3. UHL in the Community. Coalville Community Hospital, Hinckley & Bosworth Community Hospital, Loughborough Hospital, Melton Mowbray Hospital, Rutland Memorial Hospital, Evington Centre and St Luke's Hospital. Community Subcontractors are LPT for Dietetic Clinical Sessions & Health & Safety support service, and IT support service. Also, Whitwick Road Surgery for Phlebotomy support.
4. UHL at Ashton (until August 2025)
5. Leicester Partnership Trust (LPT): CEW (Children's Excess Weight) Clinic, Children's SALT, Medical Psychology, Neuropsychology, Orthopaedic Prehabilitation Service, Paediatric Psychology, Podiatry, Podiatry (Sports Medicine), Tier 3 Weight Management Service
6. NHS Blood and Transplant: Retrieval of Ocular Tissue, Stem Cell Donation, Specialist Nurses, NTMRL Testing (NAT Testing), Ocular Transplant Tissue
7. NTT Data: IT Services
8. Birmingham Children's Hospital: Primary Ciliary Dyskinesia.
9. Kettering General Hospital NHS Foundation Trust: Paediatric Cystic Fibrosis

UHL has outsourced the following clinical services:

- Modality (ENT and General Surgery)
- Spire Hospital (Cardiology)
- The Health Suite (Urology)
- DMC Healthcare Limited (Radiology Reporting)
- Teleconsult UK (Radiology Reporting)
- Medica (Radiology Reporting)
- Outpatient Network Limited (General & Bariatric Surgery)
- Modality LLP (General Surgery)
- Your Medical Services (Sleep Studies)

7.2 Examples of how we review our services

A variety of performance and quality information is considered when reviewing our services. Examples include:

A Quality and Performance report is available on our website at https://www.uhleicester.nhs.uk/ and is presented during a joint session between the Quality Committee and the People and Culture Committee.

Monthly Clinical Management Group Assurance and Performance Review Meetings are chaired by the chief operating officer.

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

Ward performance data at the Nursing, Midwifery and AHP Committee and Trust Leadership Team.

The Assessment and Accreditation process.

Results from peer reviews and other external accreditations.

Outcome data, including mortality, is reviewed at the Mortality Review Committee.

Participation in clinical audit programmes.

Outcomes from commissioner quality visits.

Complaints, safety and patient experience data.

Review of risk registers.

Annual reports from services, including the screening programmes.

7.3 Embedding Research and Innovation

Throughout the 2025/26 financial year, the Department of Research and Innovation (R & I) at the University Hospitals of Leicester NHS (UHL) continued to evolve, despite operating under sustained national pressures characterised by shifting regulatory expectations and heightened system- wide demand for research performance. Despite these expectations, the Department has continued to generate high- impact research. Activity has reached broader and more diverse participant groups, and research outputs have attracted greater visibility and press attention, reinforcing UHL' s position as a leading centre for research excellence. In 2024/25, the R & I Department recruited a total of 27, 646 study participants. Of these, 25, 25,947 took part in National Institute for Health and Care Research (NIHR) studies, whilst 437 were recruited to commercial trials. In 2025/26, slightly lower figures have been recorded, with a total of 22, 319 participants recruited to date. Of these participants, 20, 20,805 have taken part in portfolio projects, and 457 have been recruited into commercially sponsored studies. Whilst these numbers indicate a 17% decrease in overall study recruitment, they also show a 5% uplift in commercial recruitment. In 2025/26, the Department has generated £30.8 m in income to date, of which £5m has come from commercial research projects. In addition, the Institute for Excellence in Healthcare hosted a highly successful and well- attended conference, drawing strong multi- site participation from across the city and beyond, whilst the Research Experience Programme has continued to expand, and a new round of consultant P. A. allocations has been completed with careful consideration of service and research needs. We also pledged to increase staff engagement with research by 10% and have made strong progress towards this goal by launching two new digital newsletters, one internal and one external. Each monthly issue now achieves a combined readership of more than 2,500, providing clear evidence of increased reach and engagement at the proposed rate. The newsletters continue to evolve, incorporating new sections and content shaped by staff feedback, ensuring they remain responsive to our colleagues' needs.

Alongside this continued growth, R&I at UHL also received significant national investment. In September 2025, the NIHR announced that UHL would host the UK-wide Commercial Research Delivery Centre (CRDC) Network, a £6.5 million public-private partnership established in collaboration with the pharmaceutical industry. With UHL delivering the strategic coordination of 21 CRDCs across the four nations, the Network aims to build research capacity, modernise clinical trial infrastructure, and offer more patients the opportunity to receive the latest innovative treatments, in line with the Government's ambition to streamline study set-up in the UK. The NIHR also announced a £157 million investment to support ten Applied Research Collaborations (ARCs) across England over the next five years, with UHL as the host organisation. From April 2026, the new ARCs will support the transformations set out in the NHS 10 Year Plan, the Life Sciences Sector Plan and the Government's Health and Growth Missions, tackling some of the UK's most pressing health and social care challenges through high-quality applied research. They will also drive effective interventions and models of care into practice at pace.

Highlights from across the R&I Department for 2025/26 include:

1. Professor Gerry McCann is being awarded the role of British Heart Foundation (BHF) Professor of Cardiology. This prestigious recognition has been accompanied by a five-year award of £1.265 million, underscoring both the significance of Professor McCann's work and UHL's ongoing commitment to advancing world-class cardiovascular research.
2. The successful launch of two new digital research newsletters, delivered via the internal UHL Connect platform and externally through LinkedIn. Published monthly, these newsletters have quickly become an effective channel for showcasing research activity, opportunities, and achievements across the organisation. Engagement has grown rapidly, with each subscriber base now exceeding 1,000 users and spanning local and international audiences.
3. Cardiology expert Professor Sir Nilesh Samani is being honoured with a City of Leicester Civic Award in recognition of his outstanding and far-reaching contributions to improving lives in Leicester and beyond. At a ceremony attended by Councillors, family and dignitaries, Professor Samani was given a special medal by the Deputy Lord Mayor, Councillor Bhupen Dave. The award was particularly poignant as the nomination was made by the late Councillor and former Lord Mayor Manjula Sood, reflecting the deep impact of Professor Samani's work across the community.
4. The launch of a new Diabetes Model of Care Toolkit, developed through more than a decade of collaboration between the NHS Leicester, Leicestershire, and Rutland (LLR), UHL, the NIHR Applied Research Collaboration (ARC) East Midlands, and the EDEN team at the Leicester Diabetes Centre. This resource sets out a clear and practical approach to improving diabetes care at scale, bringing together the expertise of clinicians, educators, commissioners and community partners to support more effective and sustainable diabetes care.
5. The launch of the British Heart Foundation Leicester Centre of Research Excellence, which aims to accelerate medical innovation and bring cutting-edge cardiovascular research closer to patient care. Opened by Professor André Ng

on the 8th of September 2025, the Centre represents a major investment in advancing heart health and is backed by £3 million in funding from the British Heart Foundation's competitive Research Excellence Award scheme, alongside match funding from the University and additional support from UHL, bringing the total investment amount to around £7 million.

6. The achievements of Professor Melanie Davies CBE, Director of the NIHR Leicester BRC, who received a 2025 National Scientific and Health Care Achievement Award at the American Diabetes Association (ADA)'s 85th Scientific Sessions Conference in Chicago on 23rd June 2025. Professor Davies is only the second woman to receive this prestigious award and is the first woman outside of the USA to do so.

7.4 Data Quality and Governance

University Hospitals of Leicester NHS Trust undertakes the following actions to ensure data quality:

The Data Quality Forum, chaired monthly by the Assistant Director of Business Intelligence and Information, provides assurance on the quality of data reported to the Trust Board. The forum is a multi-disciplinary panel that includes representation from information, safety and risk, clinical quality, nursing, medicine, finance, clinical outcomes, workforce development, performance and privacy. The panel receives an overview of data collection and processing for each performance indicator, to the best of its endeavours, and is assured that the data are of a suitably high quality. The NHS England-endorsed Data Quality Framework provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness. Where such assessments identify shortfalls in data quality, the panel issues and tracks recommendations to improve quality to the required standards. It also offers advice and guidance to clinical management and corporate teams on improving data quality.

For the management of patient activity data, we have a dedicated corporate data quality team. They address any identified issues and undertake daily processes to ensure the integrity of patient records. Our Patient Administration System matches our local patient records against the National Spine (National Summary Care Record) to ensure accurate GP attribution. We have a Data Quality dashboard that supports administrative leads in the specialities in identifying and reducing data inaccuracies.

The Trust also has a dedicated elective care validation team comprising a group that validates patient elective care pathways against the Referral to Treatment standards, and another group that performs technical validation of weekly and monthly submissions against national targets. This second group also trains staff across the organisation to manage pathways and avoid incorrect outcomes that affect performance and patient care.

The NHS Digital Data Quality Maturity Index is used for benchmarking against 17 peer Trusts. Clinical coding audits are conducted in line with the Data Protection and Security Toolkit to ensure compliance with mandatory standards. For clinical coding, the Trust has an increasing number of assurance processes in place to ensure that patient complexity is accurately captured. We have improved the information supply chain for clinical coding, resulting in more documentation available for the Clinical Coding process. We are working with partners to explore artificial intelligence and automation solutions to address workforce capacity challenges in clinical coding.

The Our Future Hospitals and Transformation Committee receives quarterly reports on the Data Quality and Clinical Coding, reinforcing a commitment to continuous improvement and excellence in data management.

7.5 NHS Number and General Medical Practice Code Validity

The University Hospitals of Leicester NHS Trust submitted records from April 2025 to January 2026 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data:

- which included the patient's valid NHS number:
  - 99.9% for admitted patient care
  - 100% for outpatient care
  - 99.5% for emergency department care
- which included the patient's valid General Medical Practice Code:
  - 100% for admitted patient care
  - 100% for outpatient care
  - 100% for emergency department care

7.6 Clinical coding error rate

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

The University Hospitals of Leicester NHS Trust was not subject to a Payment by Results clinical coding audit in 2025/26.

7.7 Data Security and Protection Toolkit Score

University Hospitals of Leicester NHS Trust's Data Security and Protection Toolkit score for 2024-25 was "Approaching Standards". It is also expected that the 2025-2026 submission will follow suit, as the baseline indicates. The final submission for 2025-2026 will be on 30 June 2026.

We recognise the importance of robust information governance. From 2024 onwards, the Group Chief Digital Information Officer assumed the role of Senior Information Risk Owner, and the Medical Director continued as our Caldicott Guardian. We have since extended training for the SIRO and the Caldicott Guardian to their respective deputy roles to ensure we support and embed our risk management within Data Governance.

All NHS Trusts are required to carry out an annual information governance self-assessment using the NHS Data Security and Protection Toolkit. This contains 47 areas of standards of good practice, spread across the 5 domains of:

A) Managing Security Risk

B) Protecting against Cyber Attack

C) Security Monitoring

D) Minimising Impact

E) Using and Sharing Data Appropriately

As with the previous year's toolkit, Leicester's Hospitals are not required to meet a specified target to be considered a trusted organisation. Leicester's Hospitals were compliant with all mandatory assertions. Any non-mandatory assertions would require an action plan to achieve within a specific time frame set by Leicester's Hospitals. We also collaborate with our audit partners to ensure our assertions are adequately supported by evidence, thereby providing assurance to the board.

Our information governance improvement plan for 2025-26 was overseen by the Information Governance Operations Group, chaired by the Data Protection Officer, and Group Leadership Team meetings, chaired by the Group Executive Information Officer.

7.8 Care Quality Commission (CQC) ratings

The Trust is required to register with the Care Quality Commission (CQC) and, since November 2022, has had an overall rating of Requires Improvement.

The Trust works closely with the CQC and provides updates on performance and service overviews through regular engagement meetings.

University Hospitals of Leicester Overall CQC Rating

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement → ← Nov 2022	Good → ← Nov 2022	Good → ← Nov 2022	Requires Improvement ↓ Nov 2022	Requires Improvement ↓ Nov 2022	Requires Improvement ↓ Nov 2022

CQC Inspection Activity 2025-26

The CQC undertook a comprehensive, unannounced inspection of the Medicine and Surgery core services at Glenfield Hospital in June 2025. The Surgery draft report was shared with the Trust in February 2026, and Factual Accuracy was completed and returned to the CQC. The Outcome of the Factual Accuracy

Submission is not currently known. At the same time, the CQC notified the Trust that they were unable to send a draft report for the Medicine Inspection because it had failed their internal quality assurance processes, and that they would be returning to reinspect the service.

In November 2025, the Trust submitted a self-assessment questionnaire and supporting documentation as part of a thematic review of IR(ME)R compliance PET/CT Pathways. IR(ME)R didn't identify any improvement actions for the Trust.

As part of the CQC's Winter Pressures programme. The Emergency Department had an unannounced Inspection on 17th and 18th February 2026. The CQC inspection team's feedback included seeing caring, compassionate staff putting patients at the centre of all they did throughout the inspection, and vibrant, inclusive leadership and culture in all areas. The Inspectors noted the continuous improvement in the ED performance metrics, given the high demand from such a diverse local community. They saw innovation led by clinical expertise, robust safeguarding understanding, and escalation processes in all areas. The post-inspection data request has been returned, and the Trust awaits the draft report.

The CQC returned to reinspect the medicine core service at Glenfield Hospital on 2nd and 3rd March 2026. The inspection team's feedback was that they had seen and felt a compassionate, confident, caring, and highly competent medical care service. They had seen many examples of great person-centred, compassionate care, and they saw an experienced local leadership team supporting all staff and patients inclusively, with excellent MDT working across specialities.

The CQC completed their winter pressures inspection on the 30th and 31st March 2026, during which they inspected medicines at the LRI. This will be an unrated inspection as it did not cover all key questions. The focus of the inspection was on pathways for respiratory patients, frailty and care of the older person. Feedback post-inspection noted caring and compassionate staff, committed and compassionate leadership, and holistic and person-centred approaches to the care of older people.

1 2024 Services Ratings

Leicester Royal Infirmary

2024	Safe	Effective	Caring		Well Led	Overall Rating
Urgent and Emergency Care	Requires Improvement	Not Inspected (Previously Good)	Not Inspected (Previously Good)	Requires Improvement	Good	Requires Improvement
2024	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	Requires Improvement	Not inspected	Not inspected	Not inspected	Requires Improvement	Requires Improvement

Leicester General Hospital

2024	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	Requires Improvement	Not Inspected	Not Inspected	Not Inspected	Requires Improvement	Requires Improvement

Previous Inspection ratings

Leicester Royal Infirmary

2022	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Urgent and Emergency Care	Requires Improvement	Not rated	Not rated	Requires Improvement	Not rated	Requires Improvement
Medical Care (including older people's care)	Requires Improvement	Not rated	Not rated	Requires Improvement	Not rated	Requires Improvement
Rated 2016- 19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Surgery	Good	Good	Good	Requires Improvement	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
End of Life Care	Good	Requires Improvement	Good	Good	Good	Good
Out patients	Requires Improvement	N/A	Good	Requires Improvement	Requires Improvement	Requires Improvement
Diagnostic Imaging	Requires Improvement	N/A	Good	Good	Requires Improvement	Requires Improvement

Glenfield Hospital

2022	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Surgery	Requires Improvement	Not Inspected (Previously Good)	Not inspected (Previously Good)	Requires Improvement	Inspected but not rated	Requires Improvement

Rated 2016-19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Critical Care	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Outstanding	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Outpatients & Diagnostic Imaging	Good	N/A	Good	Requires Improvement	Requires Improvement	Requires Improvement

Leicester General Hospital

Rated 2016-19	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Medical Care (including older people's care)	Requires Improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires Improvement	Good	Requires Improvement
Critical Care	Requires Improvement	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Good	N/A	Good	Good	Good	Good
Diagnostics Imaging	Requires Improvement	N/A	Good	Good	Requires Improvement	Requires Improvement

St Mary's Birth Centre

2023	Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Maternity	Good	Not Inspected (Previously Good)	Not Inspected (Previously Good)	Not Inspected (Previously Good)	Requires Improvement	Good

Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔ ←	↑	↑↑	↓	↓↓

Month Year = Date last rating published

If you would like this information in another language or format such as EasyRead or Braille, please telephone **0116 250 2959** or email **uhl-tr.equalitymailbox@nhs.net**

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

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All information is accurate at time of publishing (May 2026).