UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 6 October 2011

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

• **Quarterly report on sealings.** Lead contact point – Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 1;**

• **Response to further questions raised after the September 2011 Trust Board meeting.** Lead contact point – Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 2;**

• **Update on progress regarding the fire damage to ward 8 Leicester Royal Infirmary.** Lead contact point – Dr A Tierney, Director of Strategy (0116 258 7991) – **paper 3**, and

• **Update on the 10 point plan.** Lead contact point – Mrs S Hinchliffe, Chief Operating Officer/Chief Nurse (0116 258 6111) – **paper 4**.

It is intended that these papers will not be discussed at the formal Trust Board meeting on 6 October 2011, unless members wish to raise specific points on the reports.

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **6 OCTOBER 2011**

REPORT BY: **DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

SUBJECT: **SEALING OF DOCUMENTS**

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1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.

2. Appended to this report is a table setting out details of the Trust sealings for the 2011-12 financial year to date (by quarter).

3. The Trust Board is invited to receive and note this information.

4. Reports on Trust sealings will continue to be submitted to the Trust Board on a quarterly basis.

Stephen Ward
Director of Corporate and Legal Affairs

List of Trust Sealings for Quarter 1, 2011/12

Date of Sealing	Nature of Document	Date of Authority and Minute Reference	Sealed by	Remarks
09/05/11	Deed of Affirmation and Confirmation (managed services) Major Variation	Trust Board – 3/3/11 Minute 69/11/3	Chief Executive/ Director of Finance	4 copies handed to Ernie Thompson, Bed and Equipment Manager
28/6/11	Transfer of Mansion House, Leicester Frith Hospital from LPT to UHL (LT380466)	Trust Board – 7/4/11 Minute 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Transfer of Land at Leicester Frith Hospital from LPT to UHL (part of LT398311)	Trust Board – 07/04/11 Minute 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Transfer of Land and buildings formerly part of Glenfield Hospital from UHL to LPT (part of LT268347)	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Transfer of land lying to the north of Groby Road, Leicester (part of LT422013) form UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Transfer of land lying to the North Side of Leicester Road, Glenfield, Leicester (part of LT422038)	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Transfer of land being two parcels forming part of the Leicester General Hospital, Gwendolen Road, Leicester (part of LT268339) from UHL to PCT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Transfer of Leicestershire Health Headquarters, from UHL to LPT (LT276825)	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of 20 Car Parking spaces, DSC building, LGH by LPT to UHL	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities

28/6/11	Lease of First Floor, Gwendolen House, LGH, Leicester by LPT to UHL	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Gardener's Compound and building, LGH, by LPT to LGH	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Hadley House, LGH Leicester by LPT to UHL	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Alfred Hill Centre, Glenfield Hospital by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Bracken House, Glenfrith Hospital by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Brandon Unit, Leicester General Hospital by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of further Education Building, Glenfield Hospital Leicester by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Garden Building, Glenfrith Hospital Leicester by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Glenfrith House, Glenfrith Hospital, Leicester, by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Kitchen, Glenfrith Hospital, Leicester, by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities

28/6/11	Lease of Mansion House and Annex Glenfrith Hospital, Leicester by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Mansion House Sub-Station, Glenfrith Hospital, Leicester by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Mobile Generator House, Glenfrith Hospital, Leicester by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Recreational Hall, Glenfrith Hospital, Leicester by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of Snoezelen Building, Glenfrith Hospital, Leicester, by UHL to LPT	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Lease of 4&6 Hospital Close, Leicester, UHL to Headway (a charity)	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities
28/6/11	Deed of Covenant relating to land at County Hall, Glenfield, between UHL, LPT and Leicestershire County Council.	Trust Board – 7/4/11 105/11/1	Chairman/ Assistant Director – Head of Legal Services	Original handed to Rob Pinsent, Director of Facilities

University Hospitals of Leicester NHS

NHS Trust

Caring at its best

Direct Dial: 0116 258 8615
Direct Fax: 0116 258 6868
E-Mail: Stephen.Ward@uhl-tr.nhs.uk

SW/db/letterwood20sept2011

20 September 2011

Malcolm Woods

Dear Malcolm

It was good to see you at the Trust's Annual Public Meeting on 17th September – thank you for joining us.

I refer to our earlier email exchanges and am pleased to now set out the Trust's responses to the questions you posed in your email dated 4th September 2911. I apologise for the delayed response.

a) **At previous Board meetings it has been said that UHL are incurring more expense due to care workers or other facilities not being available once a patient is well enough to leave hospital, I understand it is not uncommon for patients to have to wait from 6 days to 2 weeks before leaving hospital. Apart from the cost I have to wonder if when they eventually leave hospital they are as well as when they were first advised they could leave hospital, due to stress and strain not knowing when they will leave hospital as time goes on.**

What progress has been made on this situation as I understand from reports I have received the situation remains the same.

In conjunction with partner agencies, discharge processes continue to be monitored on a daily basis with some patients waiting longer than planned for community placements. Monthly patient polling is undertaken across all clinical ward areas to ascertain the views of our patients and where delays may be experienced, patients are kept informed regarding progress. Nursing metrics are also in place to monitor the discharge process on all wards.

b) **I have now attended 5 Board Meetings throughout this financial crisis I have never heard of a forecast stating when UHL anticipate they will return the balance sheet into the black. I have heard that staff are not very good at implementing the changes, not very good at forecasting, not robust enough.**

So why in view of these facts do the Board feel with the recommendations that the Consultants Deloitte and Finnamore will suggest, how can they be robustly implemented by Management and staff when they have failed to date.

We are both well aware of the financial challenges facing the Trust and, as you know, the Trust Board has been exploring ways to support the Divisions and CBUs in delivering their budgets this year.

After a carefully considered and competitive process, we have chosen to work with a partnership between Deloitte and Finnamore; two consultancy firms who have a strong track record in the NHS and in the areas in which we require most assistance.

Their brief is first to work with the Clinical Business Units (CBUs) to develop further cost reduction plans that we can all be confident we will deliver. This supports the 'stabilisation' part of our plan. Second, they will be working very closely with a number of CBUs to look at the opportunities to transform their services; which means reducing waste, maintaining and increasing quality and ultimately turning services from loss making to break even (at least), or profitable. This supports the 'transformation' part of the plan.

We have asked them to look at four main areas:

1. ***Supporting stabilisation by identifying in-year savings** With the Cost Improvement Programme (CIP) Leads, assess the deliverability of the current CIP schemes and any risks associated with delivery of those schemes this year. Help the CBUs to develop additional schemes to achieve their current year budget.*

2. ***Supporting financial transformation**: Review the current financial forecasts, support the development of revised forecasts and assist in identifying opportunities to deliver savings and reduce waste.*

3. ***Supporting service transformation**: Specific detailed reviews with some of our high potential CBUs; Medicine, Anaesthesia, Imaging, Cardiac and Cardiology, to understand what opportunities exist to reduce waste, improve quality and either create surplus, or reduce losses.*

4. ***Improving the Project Management Office, (PMO)**: Review the current PMO function, identifying opportunities to improve the PMO. Identify and assist the Trust in engaging with external key stakeholders whose support is required to deliver the financial transformation.*

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Part of their brief is to look at the entirety of the CBUs in terms of potential to transform, potential for growth and investment and the capacity of the team to deliver.

The Trust Board see this as a major opportunity to support each Division and CBU to identify and implement the necessary change and find new ways to deliver services at the right quality and at the right cost.

c) **I have checked on measure's being taken by other trusts who are attempting to save money, one of several idea's implemented has been to reduce the items on offer on the patient menu's without adverse affect but has produced a significant saving, has this been thought of by UHL.**

Yes, we are currently working with our catering suppliers to compare our patient offering with what is provided in other Trusts, and see if we can reduce the costs without impacting on the dietary requirements. The findings will be considered by the Executive Team later this month.

e) **There also appears to be a feeling within other trusts that due to both the financial situations UHL are facing and the way at present they are dealing with it Foundation Trust status now appears a long way from succeeding, and not before 2013.**

What comment do the board have on this. Also has anything been put into place or any ideas thought of for keeping those people interested in standing as a governors at present, as cost cutting appears to have reduce the options for those people, or is it a matter fact that the Board either expect them to fall away, or not keep them update with the situation.

The current financial and performance issues facing the Trust do have implications for our Foundation Trust (FT) timeline. In order to be authorised as an FT, the Trust must be able to meet three key conditions:

1) *It must be legally constituted.*
2) *It must be well governed.*
3) *It must be financially viable.*

The unplanned deficit has highlighted significant governance challenges for the Trust, particularly at CBU and Divisional level. The Trust is also currently unable to demonstrate financial viability, as measured in terms of historic financial performance and the robustness of its 5 year Integrated Business Plan (IBP) and long term financial model (LTFM).

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The Trust is therefore reviewing the current FT timeline with the Board and the East Midlands Strategic Health Authority, and an updated timeline will be discussed at the public Board meeting in November.

Any delay in the FT timetable will unfortunately mean that those people who have shown interest in becoming a governor will have longer to wait before they can 'enter the race'. Given the levels of enthusiasm and commitment we have seem from prospective governors thus far the delay will be as disappointing for them as it is for us. Nevertheless, we will do everything can to try and maintain the goodwill and interest already shown starting with an invite to those members of the public who have already shown an interest for them to come and hear about the likely delay first hand, ask their questions and hopefully give Karl Mayes and Mark Wightman some feedback on how they would like to be kept in the loop and informed as our journey to FT continues.

Further information on this session will be available shortly, once Mark returns from annual leave (w/c 26 September 2011).

f) **Patient experience forms. In my experience forms not completed by patients means they were dis-satisfied by their experience in hospital but are not prepared to put it in writing or complete forms, for fear they may have to return to hospital in the near future, and though they may not have to put their name on the form the ward will realise who they are, when completing the patient appraisals is this taken into account.**

The Trust receives over 1,200 forms of patient feedback per month through patient polling across the Trust. During the collation of feedback, patients may choose not to disclose their name or personal details. Feedback may also be given in the following ways:

❖ *on the ward area,*
❖ *on discharge to use the freestanding electronic feedback stations,*
❖ *post discharge using a feedback form,*
❖ *complete a 'Message to Matron' card,*
❖ *via email facilities for patients who have visited ED and Outpatients.*

Whilst we recognise the point you make about the potential reluctance of some of our patients to participate in the polling exercise and contribute their views, the Trust is pleased with the number of patients who are participating in the polling feedback and hopes that the numbers will grow over time.

g) **The Board meeting yet again spoke about Re-admissions which is on the agenda at every Board meeting, with the main comment being that UHL failures against other Trust are due to those trusts using different Bench Marks to UHL. I feel the point is being**

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missed. UHL are and will always have re-admissions because throughout the trust in ALL departments (some worse than others) there is a feeling of complacency, and Low morale (this shows in the number of days staff take in sick leave) But NO Board member has once said in the 5 meetings I have attended, is what affect do re-admissions have on Patients, I suggest a great deal, and this MUST be taken as a priority, Comprehensive checks will reduce re-admissions, penalties and other Trusts seeking to perform as well as UHL.

It is true there will always be readmissions – what is appropriate needs to be clinically agreed. Best practice can be informed by benchmarking with other Trusts but comparing like with like is a pre-requisite to do this.

UHL completely agrees that readmitting patients who do not need to be readmitted is not good for the patient or the NHS – UHL are absolutely not missing this point but addressing this through the actions described by the Medical Director at the Board meeting on 1 September. These include discharge planning, community re-enablement schemes, proactive early review, availability of immediate/next day clinical review.

Progress will require not only internal change but also working with external agencies (community health and social services). UHL is playing its part in those discussions.

Tackling readmissions is viewed as a priority as it is a quality issue – the money (avoidance of penalties) will follow as a result of improving the quality (the point of the penalties is of course to ensure that we improve quality, not to fine us). It is because we view it as a priority that we are monitoring it so closely.

The Medical Director sees no evidence from the clinical community that there is a feeling of complacency over this or indeed that morale is too low to tackle it –quite the reverse – the engagement is strong to improve our readmission rates.

I hope you find the Trust's responses informative and helpful.

Turning finally to the comments you make at the end of your email, I acknowledge and share your frustration at the delay in the Trust's application to become an NHS Foundation Trust. Nevertheless, I hope you are assured that the Board of Directors shares your determination to overcome our present financial challenges in order to place the organisation on a footing which is both financially viable and well-governed.

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I confirm that a copy of this letter will be included within the bulletin section of the public Trust Board papers for the next meeting to be held on 6th October 2011.

Yours sincerely

Stephen Ward
Director of Corporate and Legal Affairs

cc: Mr M Hindle, Trust Chairman

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UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
FACILITIES DIRECTORATE

REPORT TO: **UHL TRUST BOARD**

REPORT FROM: **ANDREW POWELL, DEPUTY DIRECTOR OF FACILITIES**

DATE: **6 OCTOBER 2011**

SUBJECT: **UPDATE ON PROGRESS REGARDING FIRE DAMAGE TO WARD 8, LEICESTER ROYAL INFIRMARY**

1.0 BACKGROUND

1.1   In the early hours of Thursday, 5th May, 2011, Ward 8 at the Leicester Royal Infirmary suffered a severe fire, which resulted in the safe evacuation of the ward.

1.2   As a result of this fire, extensive damage to the ward environment and services occurred.

2.0 CURRENT POSITION

2.1   Following this incident, the ward was isolated and made safe and the Loss Adjusters, GAB Robins, contacted to start the process of refurbishing the ward to enable it to be brought back into use at the earliest opportunity.

2.2   In conjunction with the Loss Adjuster and Trust Facilities staff, the appointment of professional and design services to produce detailed specifications and allow the scheme to be tendered was undertaken.

2.3   A detailed tender package was produced and, following the appropriate evaluation, Harrabin Construction Ltd has been appointed to undertake the reinstatement and refurbishment of Ward 8, at a total cost of £296,126.62 + VAT.

2.4   Due to the high priority of bringing this ward back into service before the anticipated patient activity increase due to Winter bed pressures, the order for the contractor to proceed with these works was placed on 7 September, 2011, to facilitate a completion date in mid December 2011.

2.5   In undertaking these works, the Loss Adjusters will only fund the works on a 'like for like' basis. As such, the Trust has also taken the opportunity to commit approximately £45,000 to include upgrading facilities on the ward to current infection prevention and improved privacy & dignity standards.

3.0   **CONCLUSION**

3.1   Following a severe fire on Ward 8 at the Leicester Royal Infirmary and detailed design and tendering processes, a building contractor has been appointed to undertake the refurbishment works in line with the Trust's specifications and procurement rules.

3.2   Full engagement between the Trust's Facilities and Legal teams with the Loss Adjuster is on-going and all parties have approved the current actions and solutions.

4.0   **RECOMMENDATION**

4.1   It is requested that the Trust Board note the current progress and formally document and approve the actions implemented to date regarding the refurbishment and reinstatement of Ward 8 at the Leicester Royal Infirmary.

University Hospitals of Leicester **NHS**
NHS Trust

To:	**Trust Board**
From:	Carole Ribbins, Director of Nursing
Date:	**6 October 2011**
CQC regulation:	

Title:	Caring at its Best 10 Point Plan and Nursing Achievements
Author/Responsible Director: Suzanne Hinchliffe, Chief Operating Officer/Chief Nurse	
Purpose of the Report: The Caring at its Best 10 Point Plan was launched at the end of March 2011. This plan provides a framework for nursing development that will support the delivery of safe and effective nursing care. This plan works in parallel with the UHL Nursing strategy, which was also launched earlier this year, and provides direction and focus for the coming 2 years.	

The Report is provided to the Board for:

Decision		Discussion	
Assurance	x	Endorsement	

Summary / Key Points: Part 1 provides a progress update on the introduction of the Caring at its Best 10 Point Plan within UHL. Part 2 provides examples which showcase a selection of workstreams undertaken following the launch of the Nursing Strategy in 2010.	
Recommendations: The Trust Board are asked to receive and note this report.	
Previously considered at another corporate UHL Committee? No.	
Strategic Risk Register	**Performance KPIs year to date**
Resource Implications (eg Financial, HR) None.	
Assurance Implications None.	
Patient and Public Involvement (PPI) Implications Yes – ensure patient feedback initiatives support embedding the 10 Point Plan.	
Equality Impact None.	
Information exempt from Disclosure None.	
Requirement for further review ?	

University Hospitals of Leicester NHS Trust

To: Trust Board

From: Carole Ribbins, Director of Nursing

Date: 6 October 2011

Subject: Caring at its Best 10 Point Plan and Nursing Achievements

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1.   Introduction

The Caring at its Best 10 Point Plan was launched at the end of March 2011. This plan provides a framework for nursing development that will support the delivery of safe and effective nursing care.

This plan works in parallel with the UHL Nursing strategy, which was also launched earlier this year, and provides direction and focus for the coming 2 years.

PART 1

2.   Caring at its Best 10 Point Plan

2.1   Learning through Caring at its Best - VITAL

2.1.1 Measures of Success

- All registered nurses and midwives to have completed first phase of VITAL in 2011
- Acute Care completed by July 2011
- Planned Care / Clinical Support completed by end of September 2011
- Women's and Children's specific modules to commence September 2011
- Identify and deliver focused education and training based on VITAL results
- Repeat VITAL in 2012 with 100% pass rate
- Publication of work to be achieved in journals

2.1.2 Progress Update

VITAL (Virtual Interactive Teaching and Learning) is an exciting learning and teaching innovation developed in partnership with an NHS Foundation Trust in the West Midlands to support the education of our nurses and midwives and provides the opportunity to ensure that the nursing and midwifery workforce has the core knowledge and skills to meet the needs of patient safety, and service delivery

VITAL has been developed in conjunction with nursing metrics and so provides a consistent approach to rising staff awareness of current practices. The first phase is a self-assessment of core safety standards a combination of multiple choices or short answer questions there are 13 modules in total and each module takes about 10-30 minutes to complete.

Everyone, including the Chief Nurse, Director of Nursing, staff nurses and Operating Department Practitioners are completing the self assessment of core safety standards and evidence suggests that nurses are enjoying the VITAL challenge. Feedback from wards is that it is an effective way to refresh knowledge in the core competencies of nursing with the potential in the future to reduce the need for face-to-face teaching and mandatory updates.

To date, a total of 1007 members of staff have completed VITAL and 487 members are in the process of completing. Modules for midwives, children's and neonatal nurses, are in the final phase of development and will be launched in October 2011.

Although there is no 'pass mark' the average scores for each module are comparable to our partner organisation. Scores are sent out on a fortnightly basis to all senior nurses and initial evaluation and feedback of module results to all ward managers and senior nursing colleagues will commence in October 2011.

Results for the Tissue Viability module have already been reviewed for specific wards where there has been an unexpected increase in the number of pressure ulcers. This has identified specific learning needs for areas and has supported education teams to deliver more focused and individualised training in pressure ulcer prevention.

2.2 Nurse in Charge Badge

2.2.1 Measures of Success

- Badges available across the Trust in all appropriate areas
- Spot-checks – add to Nursing metrics

2.2.2 Progress Update

The Nurse in charge Badges have been introduced across the nursing workforce very successfully. It is acknowledged that for patients and visitors it is at times confusing as to where to turn for assistance and information within the busy clinical environments.

These badges can be seen consistently across all specialities with audit results showing 100% compliance in Divisions.

Due to the service diversity of Clinical Support Division a slightly different approach is needed and in Theatres, audits have illustrated that the 'floor control' or co-ordinators are visible and 'Practitioner In Charge' Badges are worn at all times. Also in theatres, the Matrons/Lead Nurse and Head of Nursing are all wearing Burgundy scrubs as well as the red Badges so patients and visitors can clearly identify key personnel

Within the Acute Division on all sites, the presence of a Nurse in Charge Badge is monitored daily at the bed meetings by the Matrons and due to its benefit, has been extended to the commercial provider dialysis units so that there is consistency for patients.

Commencing October 2011 the Nurse in Charge Badge will also be included in the nursing metrics to ensure use is maintained across the Nursing workforce. Informal feedback via the Matrons Rounds has yielded positive feedback from patients.

2.3 Hourly Nursing Rounds

2.3.1 Measures of Success

- Adopted across all appropriate clinical areas.
- Decrease in formal complaints about nursing care
- Increased overall patient satisfaction scores
- Decrease in patient falls
- Decrease in pressure ulcer development
- Increase pain assessment and management
- Compliance via audit of hourly rounds completion
- Staff questionnaires / patient feedback in each Division specifically about this process
-

2.3.2 Progress Update

All relevant wards have been mandated to implement hourly rounds with the roll out nearing completion

Division	Implemented	Not Implemented
Planned	21	0
Women's & Children	8	0
Acute	35	2

The introduction of hourly rounds within the ward environment is a fundamental shift in how activities are managed and how team's roles are defined. Most of the clinical areas within the trust previously had a very traditional model for nursing care delivery with qualified nurses focusing upon groups of patients, agreeing a plan of care at the start of each shift and then structuring the shift in response to those needs.

These care delivery structures are embedded and these routines form the framework within which care is delivered in a timely manner. Hourly rounds have changed these deep-seated structures and an elementary change has been embraced and adopted by the nursing teams. From October 2011 hourly rounds will form part of the nursing metrics audits.

2.4 Volunteers – did we not refer to this alongside engagement of 3rd parties i.e. LINKS, volunteers Age UK etc?

2.4.1 Measures of Success

- Completion of review of Volunteer Services
- Implementation of review recommendations
- Consultation with public on expectations of volunteer service as part of review

- Feedback from patients and staff about success of review – 6 months following implementation
- Engagement with Age UK. Director of Nursing meets bi-monthly with the Chief Executive of Age UK.

2.4.2 Progress Update

At the end of September a three-month project to appraise the current volunteer service will be completed and a full report and recommendations for a future service will be provided.

For the purpose of this report some of the key issues, recommendations and outcomes identified so far are highlighted;

Volunteer Recruitment
Currently recruitment has been on a continuous basis, offering 30 places each month to first come callers. The process to interview and complete the necessary administration is both labour intensive and does not allow any form of waiting list or guarantee that the most committed individuals are becoming volunteers.

Recommendation 1
- To change the recruitment process to a successful model at external comparator trust to include a group information/recruitment session, initial registration and on the day interviews to identify appropriate prospective volunteers and reduce the amount of administration, stream line the process and improve efficiency.

Ward Volunteers
For the purpose of the review, 45 wards and departments were visited, to ascertain understanding, volunteer support and issues at local placement level. This identified the need for greater clarity regarding how the ward could both support volunteers and ensure maximum gain for patients.

Recommendation 2
- Each ward/area should allocate responsibility for volunteer support/coordination to 2 named members of staff
- Establish Ward Volunteer Folders that will contain a profile of the area, role outline, signing in sheets, rota and communication sheets etc.

Volunteer Services Team Structure
There is currently a small Volunteers Services Team, managing large numbers of volunteers (1043) in a number of different and complex roles. With an increase in demand for volunteer involvement in more diverse activities it is vital that resources are utilised effectively and the maximum benefit both to and from volunteers is achieved.

Recommendation 3
- Change to the team structure to include a volunteer recruitment and placement co-ordinator to manage volunteers in public areas and specific services. The mealtime Assistant Project Co-ordinator Post to include all ward volunteers working in partnership with wards to develop support structures, good practice for volunteers and improved patient experience.

Volunteer Value and Recognition

The trust currently adheres to Volunteer Good Practice Guidance in relation to refreshments and travel re-imbursement. Currently volunteers are offered the opportunity to gain a certificate for 50,100 or 200 hours of volunteering and on completion of 5 and 10 years service. Three separate site based 'Thank You' events are held annually for volunteers.

Recommendation 4

- To continue with the certificate recognition for completed hours and long service and add the new Trust Caring at its Best Volunteer of the year award.
- To review the provision of hospitality support
- To hold 'Thank you' event for all volunteers.

Uniform

Maintaining a good standard of dress is often difficult with some volunteers wearing multi coloured tops with scarf or tie, long sleeved cardigans over their shirts or in rarer cases no uniform at all. In public areas meet and greet volunteers are not always visible when wearing shirts and ties. It is also apparent in other NHS organisations that volunteers wear a large VOLUNTEER badge, in additional to their normal ID badge which helps to identify that they are a volunteer and a strict uniform code which enables volunteers to be clearly visible and recognisable.

Recommendation 5

- To remove the tie and scarf from use therefore requiring all volunteers to wear the polo shirt. This will create a corporate image for volunteers making them instantly recognisable.
- Give volunteers a badge that clearly says VOLUNTEER in addition to their Trust ID and polo shirt logo
- Liaise with the Polo Shirt supplier to ask if they can increase the size of the writing on the polo shirt to make it more visible.
- An example of the partnership working with Age UK is the introduction of an initiative where volunteers from Age UK will provide support to carers of older people who have long term conditions or who are at end of life.

2.5 Matron/Ward Sister Daily Ward Round

2.5.1 Measures of Success

- Adopted across all clinical areas
- Decrease in formal complaints about nursing care
- Increased overall patient satisfaction scores
- Introduction of Message to Matron with successful feedback
- Positive qualitative feedback from patients

2.5.2 Progress Update

The Numbers of Matrons undertaking daily rounds are:

Division	Matrons	Daily rounds
Women's & Children	9	✓
Clinical Support Division	4	Not appropriate
Acute	20	✓
Planned	9	✓

All Matrons across the trust are undertaking rounds within the clinical areas they cover.

To deliver these rounds to meet with relatives and visitors at the correct visiting times has required a change in the way the matrons formulate their job plans to ensure the rounds build on their key priority areas of quality.

To respond to the above, priorities and roles have been re-organised in order to enable time to be spent initiating discussions with patients and visitors.

The Message to Matron Postcard Initiative is a key way the Matron group will raise their profile. Postcards are placed on each bedside locker to allow patients to provide positive comments or suggestions for improvement, these can be anonymous if preferred. The postcards are highlighted and explained to patients by the Matron whilst she is on her daily rounds. The postcards are then collected and reviewed to allow positive feedback to be presented to ward areas or suggestions for improvement which are then actioned by the Matron and Ward Team. This initiative is going well with posters and postcards evident in:

- Planned Care Division
- Women's and Children's Division
- Clinical Support Division
- Acute Care Division (Glenfield and Renal are the last areas to have their Boards fitted – should be complete by end of September 2011)

2.6   Accountability

2.6.1 Measures of Success

- All grades of nurses to attend briefing by the Chief Nurse on role accountability and expectation
- All grades of qualified nurses access to briefing by Divisonal HoN / Director of Nursing and Assistant Director of Nursing

2.6.2 Progress Update

Following the Nursing Forums held by the Chief Nurse where all Divisional nursing staff, matrons and ward sisters were required to attend, a series of forums were then held for Staff Nurses which attracted an attendance of 712 staff over three weeks.

This has continued with similar nursing forums enabling professional debate and discussion to occur.

All qualified nursing staff have had the Nursing and Midwifery code of conduct issued together with discussions with line manager re accountability.

These activities have very much raised awareness and elicited a more pro-active responsive approach to dealing with under performance.

2.7 Dashboard

2.7.1 Measures of Success

- Introduction of Caring at its Best dashboard (Trust) – August 2011
- Caring at its Best dashboard for every ward – Sept 2011
- Lead Nurse/Head of Nursing identify actions from dashboard output quarterly

2.7.2 Progress Update

Further to the introduction of the 'Health-check' earlier in the year for underperforming ward areas, wider discussion together with additional performance metrics are duly presented and discussed at Divisional Board and the Quality and Safety Meeting. Additionally, ongoing concerns are also addressed through the development of agreed objectives set with the ward sister and matron, monitored by the Lead Nurse and Divisional Head of Nursing with any recurring or unresolved quality or performance issues being communicated to the Chief Nurse and Director of Nursing.

Complimenting the above, the Divisional Patient Experience dashboards introduced in April 2011 have also assisted Divisions in identifying ward areas requiring further support.

In order to bring together the Health-check and patient experience feedback, into one dashboard, the 'Caring at its Best' Ward Dashboards are to be launched on the 3rd October for every ward. An example is attached at Appendix 1.

Training has already begun in assisting clinical staff in interpreting the outcomes from these dashboards and a guide has been developed to support staff awareness.

2.8 Reward/Awards

2.8.1 Measures of Success

- Launch of quarterly Caring at its Best Awards by early October 2011 with an event to open nominations for the Awards
- Annual Caring at its Best Awards take place in 2012

2.8.2 Progress Update

Led by the Human Resources Team, the quarterly "Caring at its Best Awards" are being launched on 21st September and reflect six categories, one for each of our values and one public nominated:

- The Caring at its Best Award for treating people how we would like to be treated.
- The Caring at its Best Award for doing what we say we are going to do.
- The Caring at its Best Award for focussing on what matters most.
- The Caring at its Best Award for being one team who are best when we work together.

- The Caring at its Best Award for being passionate and creative in our work.
- The Caring at its Best Award – public nominated

During the launch event awards will be given to staff members who have recently excelled during major incidents at the LRI and LGH Site.

The UHL Annual Awards will be referred to as the 'Annual Caring at its Best Awards'. The first of these will take place in 2012. At the event the Trust will honour the winners and runners up in the quarterly awards and also award an overall winner in each category along with one additional award category to recognise the 'volunteer of the year'.

2.9   Communication

2.9.1 Measures of Success

- Implementation of internal / external communications campaign to support the 10 point plan which will be assessed through patient feedback initiatives.

2.9.2 Progress Update

All Matrons and Ward Sisters have had a presentation of the 10-point plan with resulting discussion and debate. In addition this has been shared with Educational teams from Nursing across the Trust.

Divisional Forums are held on each site quarterly and patient experience is a standing item.

On all Divisional walk abouts, staff within areas are asked to update the Divisional Team about aspects of this plan.

2.10   Targeted Action

2.10.1 Divisional Caring at its Best Projects

Measures of Success
- Implementation of the four Caring at its Best Projects action plans
- Improvement in patient experience survey questions
- Achievement if key milestones within Caring at its Best project plans

Progress Update

All Divisional action plans are on course, with individual projects being presented at the Quality Performance and Management Group to ensure progress and that milestones are achieved.

This paper contains a brief update from each division, more detail available via the Quality and Performance Management Group reports:

Planned Divisional Update - Pain and Comfort Management
- Workbook produced by pain specialists to roll out trust wide to all qualified nurses.

- Work stream commenced led by Dr Collett to review analgesic elements of patient pathway.
- Work underway to create web site for staff to have easy access to information.
- Work stream in place to review bowel management guidelines for trust.

Women's and Children's Division - Attitudes and Behaviours
- Division is leading regular customer care training
- Next month we will pilot a new mystery shopper approach in the division to see how visitors to ward areas are greeted.
- Message to Matrons provides positive feedback regarding the attitudes and behaviours of many staff members (includes MDT) and feedback is provided to individuals by the matron team.

Acute Care Division - Noise at Night
- Focus on medicine, matrons working late shifts into night to audit and monitor implementation of standards of care at night.
- Audit tool developed, and being utilised by all divisions
- Scoring green in patient survey results across the Trust, however, in medicine CBU red, so this is where the focus is
- New quiet closing bins have been installed on all wards in the Children's CBU
- Earplugs being used across the trust

Clinical Support Services - Patient Information
- Trialling a sheet for use on discharge identifying patient's medication and who to contact on discharge if concerned.
- New discharge information being trailed on the Admission Units

2.10.2 Staffing Review

Measures of Success
- Acuity review completed in in-patient areas during September 2011 and repeated in March 2012. Professional debate about distribution of nursing resource

Progress Update

Utilising the AUKUH and GOSHman PANDA alongside professional judgment and benchmark our data with a comparator Trust, the acuity/dependency work has commenced in September 2011; this work will take place for a four week period and will be repeated in January / February 2012.

Midwifery is also exploring the implementation of a specific labour ward based acuity tool to monitor dependency and acuity.

3. Overall Care Improvements

Since March 2011 the 10 Point Plan has been implemented across inpatient areas and this has brought about a wide variety of improvements in terms of both nursing metrics and patient satisfaction.

Nursing Metrics

Compared to performance in March 2011, over 35% of inpatient wards have demonstrated improvements in the August 2011 reporting round.

Metrics Indicator	March 2011	August 2011
Patient Observations	94%	96%
Pain Management	90%	96%
Falls Assessment	85%	94%
Pressure Area Care	91%	95%
Nutritional Assessment	90%	93%
Medicine Prescribing	99%	99%
Resuscitation	83%	82%
Controlled Medicines	100%	99%
VTE	79%	85%
Dignity	99%	99%
Infection Prevention	94%	97%
Discharge	60%	80%
Continence	90%	98%

Pressure Ulcers

Patient Pressure Ulcers in March and August 2011 by CBU grouped by Division		
	April	August
Acute Care	17	3
Medicine	9	1
Cardiac, Critical Care and Renal	3	2
GI medicine, Surgery, Urology	5	0
Respiratory and Thoracic	0	0
Planned Care	3	4
Specialist Surgery	0	2
GI medicine, Surgery, Urology	1	1
Cancer, Haematology, Oncology	0	0
Musculoskeletal	2	1
Clinical Support	0	0
Anaesthesia (Pain Mgt and Sleep)	0	0
Women's and Children's	0	0
Women's	0	0
Children's	0	0
Totals:	20	7

Patient Experience

Compared to performance in March 2011, over a third of inpatient wards have demonstrated improvements in the August 2011 reporting round.

Area for Development	Acute Care	Patient Experience Survey Question	Mar 11	Aug 11
Noise at Night		Q10a – Were you ever bothered by noise at night from other patients?	65	71
		Q10b – Were you ever bothered by noise at night from hospital staff?	84	85
Staff Attitudes and Behaviours	Women's and Children's	Q13a – When you had important questions to ask the doctors did you get answers that you could understand?	88	89
		Q14a – Did any of the doctors talk in from of you as if you were not there?	89	90
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN	77	77
		Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN	79	81
Providing Information	Clinical Support	Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	85	85
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN	92	95
		Q24 – Has a member of staff told you about medication side effects to watch when you went home? CQUIN	73	75
		Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? CQUIN	70	77
Pain	Planned Care	Q19 – Do you think the hospital staff did everything they could to help control your pain?	91	91
		Q28 – Overall, how would you rate the care you received?	84	85

Examples of High Performing Wards

			Patient Experience			Nursing Metrics		
			Mar-11	Aug-11	DOT	Mar-11	Aug-11	DOT
Acute Care	Medicine	Ward 15/AMU, LRI	77	88	▲	66	98	▲
Acute Care	Cardiac, Renal & Critical Care	Ward 17, LGH	87	89	▲	73	91	▲
Acute Care	Medicine	Ward 16/AMU, LRI	85	89	▲	81	99	▲

			Pressure Ulcers			Complaints		
			Apr-11	Aug-11	DOT	Mar-11	Aug-11	DOT
Acute Care	**Medicine**	**Ward 15/AMU, LRI**	0	0	◀▶	0	0	◀▶
Acute Care	**Cardiac, Renal & Critical Care**	**Ward 17, LGH**	0	0	◀▶	0	0	◀▶
Acute Care	**Medicine**	**Ward 16/AMU, LRI**	0	0	◀▶	1	1	◀▶

PART 2

4. Nursing Strategy and Achievements

Further to a series of briefings and consultation with nursing staff during 2010, the Nursing Strategy was launched in 2011. which encompasses the vision, values and strategic objectives of the Trust and sets the strategic direction for nurses and midwives within UHL. The following examples showcase a selection of work streams undertaken:

Caring at its Best/Quality Standards
The Trust Quality Strategy will compliment the delivery of Caring at its Best, reflecting the key contribution of nursing staff ensuring patient safety and clinically effective practice.

- SACU LGH nursing metrics have been at 100% consistently for 6 months.
- Peer review with QMC theatres undertaken and sharing of UHL theatre metrics
- The Lung Cancer Specialist Nurse Team were winners of the National Lung Cancer Forum for Nurses Annual Award 2010 due to the End Of Life Care Project improving communication and referral pathways across primary and secondary care for patients with Lung Cancer
- There has been a complete review of Cancer Patient Information addressing the patient information needs of patients and carers.
- The End of Life Care Strategy (2008) identifies that 'patients wishing to die at home are able to do so' and recognise that for this to be possible there is a need for 'suitably trained care workers or nurses to be available at short notice; easy access to medicines and equipment; and mechanisms for rapid 'discharge to die' from hospital or hospice. A one year project between 2009 and 2010 (funded by the LNR Cancer Network) highlighted that there is a group of patients in hospital or hospice whose situation changes rapidly, with sudden deterioration in condition, and urgent requests are made to enable discharge of those patients to die at home. However, due to the complexity of the patient's condition, care needs and historical operational barriers, discharge from hospital or hospice is often difficult to coordinate and hence achieve. The Leicester, Leicestershire and Rutland End of Life Strategy 2010 – 2014 acknowledges this and in line with the End of Life Care Strategy 2008 has set out to achieve the outcome measure of ensuring all patients with a 2 day prognosis will go home on the same day and will receive support from Hospice at Home.
- The Nursing Directorate are carrying out quantitative research to provide evidence about the extent to which the introduction of dashboards have resulted in improvements in patient care through time. Alongside this the Nursing Directorate will carry out qualitative research (observations and interviews) to generate evidence of how and why this is the case and about whether there are unintended desirable or

undesirable consequences associated with dashboards. This is being led by the Director of Nursing in conjunction with Leicester University.

- Responding to improvement in Pressure Ulcer management Ward 17 at the LRI have reduced the number of pressure sores through greater liaison by the tissue viability nurse, introducing a tissue viability poster for education purposes and also a tissue viability audit. Staff awareness has also been raised via safety cross and board reviews.
- The Dignity "Retreat" Room initiative is funded by Leicester Hospital Charities to improve family access to private spaces across the Trust. Identified space via the Releasing Time to Care team has enabled five rooms to now be available with a further 20 rooms identified for improvement over the coming year.

Patient Experience
Nurses are at the centre of shaping patient experience and delivering compassionate care that reflects Trust values and respects patient choice.

- Improvements in the Integrated Anticoagulation Service:
  - 30% reduction in Home visits following review of patient requirement and ability to attend a clinic.
  - All patients see a specialist nurse in clinic resulting in improvements in the time taken to achieve a therapeutic range.
  - Separation of activity in clinics, i.e. education, monitoring, home visit, self testing and bridging to allow an improved patient pathway through service, reducing wait times and increasing efficacy.
  - Home Visits arranged via postcode area to utilise staff activity/availability.
  - Direct e-mails to GP practices of patients INR results at the time of dosing.
- Sickle Cell and Thalassaemia Community Service has been integrated into UHL which has improved transitional programme from children's to adult services and this has won an award from The Queens Nursing Institute for work to improve the healthcare of children with Sickle Cell Disease.
- Nurse led prolonged jaundice screening - 550 babies have been seen on the Children's Day Care Unit since the service became nurse led in May 2010 with only seven patients requiring admission.
- Adolescent pain management group – a series of six sessions is run by the pain specialist nurse and clinical psychologist to support adolescents living with chronic pain. "At first I was apprehensive and unsure if this was for me; but I can honestly say that this group allowed me to build bridges with others who know exactly how I feel- which for teens with chronic pain is rare and very special" – feedback from a 16 year old patient.
- Nurse led telephone clinic for dermatology patients – advice and support to enable families to manage their child's condition which replaces an outpatient appointment.
- Ward 26 at Glenfield organised an event for previous patients and their carers to feed back about their experience. Themes for the events are based around:
  - Communication and information giving
  - Visiting
  - Privacy and dignity
  - Hospital facilities and environment
  - Infection control
  - The patient journey

- Nutrition Nurse Specialists have identified the needs for creating a learning disability general anaesthetic Percutaneous Endoscope Gastrostomy pathway which serves patients who lack capacity and their relatives/carers. This initiative was driven forward by the NSN who secured support from Anaesthetic leads, gastroenterologists, Radiologists, Endoscopy, theatre matrons, Surgical managers, pre-assessment, Independent mental capacity Advocates, Equality and Learning disability nurse specialists in combination with the community dental teams. The complex 36 point pathway creates an elective template ensuring appropriate clinical assessment and preparation combined with strict adherence to the Mental Capacity Act in order to make the patients overnight visit to hospital as short and safe as possible. It can also be adapted for use with emergency admissions.

- Development of Living With Lung Cancer Support Group – A group aimed at addressing patients unmet needs after completing initial Cancer Treatment with an emphasis on the Macmillan Survivorship Agenda and promoting self care has been developed by the Lung CNS Team.

- Virtual Solitary Pulmonary Nodule Clinic – Developed with medical colleagues - a nurse led pulmonary nodule clinic, which uses telemedicine as an alternative to out patient visits for patients being monitored on a 2 year CT surveillance programme, resulting in no outpatient attendances for this patient group.

- Cardiac rehabilitation nurses have undertaken a complete review of how they deliver their patient information and education as part of the rehabilitation programme provided in UHL. This was in response to patient focus group activity. This project has been adopted by the DOH NHS improvement as a national project.

- Ward 15 have introduced a ward based discharge co-ordinator role. By having this one point of contact communication has dramatically improved on the ward to ensure that complex discharges are safe and efficient. This allows the ward sisters to attend to their other commitments and also to be highly visible to patients and relatives providing direct care. There has been very positive consultant feedback, reduction in readmission rates and complaints, and nursing staff reporting that they have more time to care for their patients knowing that there is support for their potential discharges, improved communication with all members of the MDT.

- The Neonatal Unit at the LRI have created a purpose built emergency equipment bag in a rucksack format to ensure quick location of items improving the time taken to respond to emergencies.

- Following feedback through patient experience questionnaires where a lack of robust information for new parents regarding discharge home with a new baby was identified, Ward 30 and the Delivery Suite at LGH have created and implemented an innovative DVD which contains specific targeted discharge information.

- Over the last year gathering feedback from patients on the services provided has become an integral element. With approximately 400 Surveys returned from patients in July 2010 this has increased to over 1,400 surveys in August 2011. Services are now using patient experience results in the planning and development of patient services.

- Over the last 18 months staff have worked hard to develop and embrace a same sex culture across the organisation resulting in an improvement in the overall patient experience feedback in relation to same sex facilities and a 100% compliance in this arena

The current hospital theatre gown supplied by Sunlight has often been highlighted as a "dignity issue for patients" over the last few years. Although functional it provides inadequate coverage for patients when mobilising or walking to theatre. Staff have been using "two" of the previous gowns to get adequate coverage and dignity for patients. Due

to this problem the Facilities team along with health care representatives across the Trust have worked in collaboration with Sunlight to provide an alternative to the current product. A recent pilot on the Day of Surgery Unit and Endoscopy at the LRI introduced a new wraparound style of gown supplied by Sunlight. The staff and patient feedback proved that this new style of gown provides better coverage and a major improvement in dignity for patients.

Education and Workforce
Our staff deserve high quality and patient focused education and training, which supports new roles and ways of working for a flexible and competent nursing workforce.

- The Burns and Plastic Surgery Specialist Nursing team have developed an 'Outreach' service. This service improves the patient experience as patients can receive specialist care within their own home. Working in close partnership with the community teams improves the transition from hospital to home making it quicker and run more smoothly and also, preventing re-admission and many unnecessary follow ups.
- Nurses have developed Plastic Surgery minor operations services. This innovation is one of the first of its kind within the Trust, moving small procedures away from main theatres into a clinical environment within Burns and Plastics dressings clinic. With the help and support from theatres, nurses have completed all their scrub practitioners competencies and now run this service independently. Due to the recent success of this, the service is increasing to 2 theatres lists. Specialist Nurses provide continuity from preparing patients for their procedure, looking after the patients during their procedure and ensuring they are safe for discharge - 'A one stop service'
- Surgery and urology emergency services and surgical triage have merged reducing emergency admissions by 30%. This is now being extended to urology and carried out and led by senior nurses at LGH. There are also plans to extend and implement this at the LRI site.
- Six successful candidates commenced on the inaugural Advanced Health Care Assistant course in September via the Open University.
- The cardiac rehabilitation (CR) nurses have been proactively involved in the development of a web based CR programme. The evidence suggests that CR can favourably influence health care utilisation and survival. Furthermore the intervention improves participants' quality of life and empowers individuals to manage their own disease.
- A renal nurse completed clinical research for her MSc and presented the findings at the British Renal Society, the Kidney Education Network annual study day and at the Midlands Pre dialysis nurse forum. The work has led to the development of a patient booklet 'A Guide to Managing Chronic Kidney Disease' which has been translated into Gujarati and Punjabi meeting the needs of BME groups.

Professional Practice and Inspirational Leadership
The Trust will develop strong leadership and clinical skills within the nursing workforce to enable nurses to influence effectively at all levels of the organisation.

- A nurse has developed an assistive technologies product, a flexible and lockable arm that is designed to present the user with key elements (fluids, breathing tube, books or mobile computing devices) for daily living, to enhance the quality of life for severely disabled people and their care staff. There is a viable market for this product and she

is seeking investment to complete the product development programme and launch the product.

- A Nurse led service has been launched where complex changes of catheters using a guide wire is now undertaken by the urology nurse specialist who has completed training.

- The Cardiac Rehabilitation nurses are working in collaboration with a research physiotherapist undertaking a study looking at early rehabilitation intervention in heart failure patients to reduce Length of Stay and prevent emergency re-admission by empowering and helping patients self manage their long term conditions, improve their quality of life and functional capacity.

- A nurse led initial contact service has been introduced in Fracture Clinic. Nurse Specialists undertook the 4th year medical student module in orthopaedics, rheumatology and oncology. They also attended the fracture management course aimed at registrars. This service involves assessing patients, making a diagnosis and prescribing care. Prior to the introduction of this service, patients were seen by the on-call orthopaedic registrar and could have long waits of several hours. With the introduction of this service an appointment system was set up. GPs referring patients are given a phone number, the patient rings this and an appointment made. This system has reduced waiting times, released the on-call registrar to deal with emergencies quicker and improved work flow for the staff in the department. The notes and x-rays are reviewed by the on-call consultant to ensure correct diagnosis and treatment, and patient follow-up is decided. Further proposals to develop the role include undertaking procedures such as manipulations under local block and joint aspirations are now planned.

- High-level lessons learned from RT2C:
  - The enthusiasm and motivation that the programme generates is very positive
  - Planning ahead and thinking through implementation supports the approach
  - Engagement and support from the Board Members and Senior Teams supports motivation
  - Early engagement of key stakeholders from within the immediate team and all other Divisions that will be affected by the programme, e.g. facilities, catering is essential
  - Being open and receptive to the continual learning and improvement of the programme during its implementation and roll-out
  - Communication and networking to share lessons learned and access to peer support and challenge as a critical friend has been invaluable.

5.   Recommendations

The Trust Board are asked to receive and note this report.

University Hospitals of Leicester **NHS** NHS Trust

Caring at its best

Caring at its best

Patient Experience and Ward Care USER GUIDE

Ward Quality of Care and Patient Experience Dashboard

Ward Name

A Short Guide on How to Use the Dashboard

University Hospitals of Leicester **NHS** NHS Trust

Caring at its best

UHL Quality of Care and Patient Experience Dashboard   **Month: July 2011**

PERFORMANCE SUMMARY

CURRENT MONTH PERFORMANCE

CASE STUDY WARD

Bar chart — Cleanliness, Physical Comfort esp. Pain Control, Getting the Right Information, Consistent Timely Co-ordinated Care, Treated with Respect by all staff, Treated with Compassion, Treated with Honesty & Involved in Care, OVERALL

D
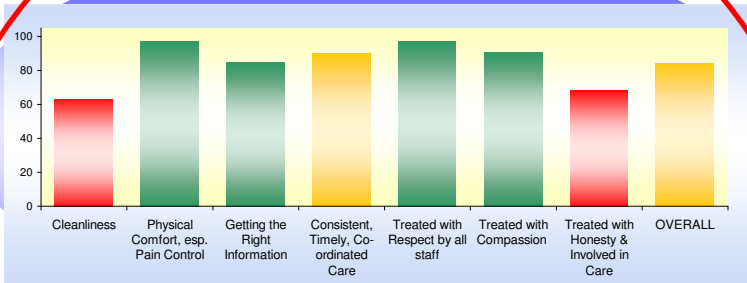
	Current Month	YTD	Trend	Trend value	Red threshold	Green threshold	For Detail See..
Cleanliness	63	63	▼	-1	82	91	Page 3
Physical Comfort, esp. Pain Control	97	89	▲	+2	76	86	Page 4
Getting the Right Information	85	80	▼	-15	65	73	Page 5
Consistent, Timely, Co-ordinated Care	90	88	▲	+3	82	91	Page 6
Treated with Respect by all staff	97	94	▲	+3	82	91	Page 7
Treated with Compassion	91	88	▼	-8	69	79	Page 8
Treated with Honesty & Involved in Care	68	71	▼	-8	82	88	Page 9
Overall	84	82	▼	-3	77	86	-

UHL Patient Experience Overall Performance - Current Month

A

84%

Patient Survey Results

B

79%

Nursing Quality Metrics

C

98%

ACTIVITY SUMMARY

ELECTIVE Activity and Length of Stay — Inpatient Activity, Daycase Activity, Elective LOS (Nights)

NON ELECTIVE Activity and Length of Stay — Non-elective Activity, Non-elective LOS (Nights)

Average patient Age (years)

Patient Age — 8%, 0%, 22%, 70%
0-16 yrs, 17-64 yrs, 65-74 yrs, 75+ yrs

Patient Gender — 52% 48%
Male, Female

Use the graph to identify the areas where the ward is performing well (the GREEN bars) and the areas that need improvement (the RED bars).

The data table **(D)** below shows more detail giving the value for the most recent month (CURRENT MONTH), the Financial Year to Date (YTD), whether performance in that area has improved or declined when compared to the previous month (TREND) and by how much (TREND VALUE). For more detail on the individual indicators that make up each performance area go to the relevant page listed in the table.

Case Study Example: Overall rating is AMBER (84%). Performance is fairly consistent compared to previous month, except for 'Getting the right information' which has seen a big drop in performance. ACTION: Go to page 5 to find out why. Also look at page 3 & 9 to find out more about the worst performing areas.
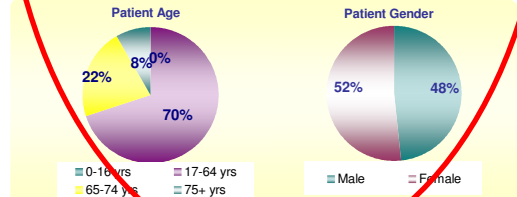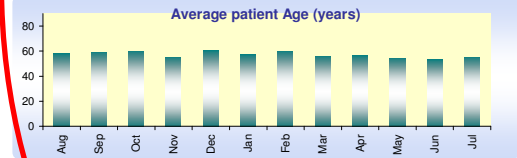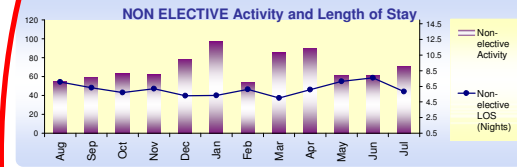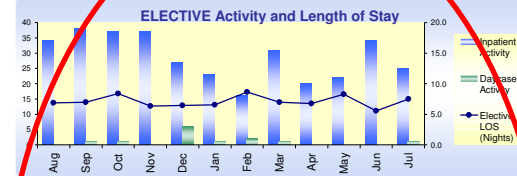
This section shows key ward performance figures for the current month

A) Overall Score (Covers ALL indicators) e.g. 84% - AMBER

B) Patient Survey (Patient Polling results only) e.g. 79% - AMBER

C) Nursing Quality (Nursing Quality metric data only) e.g. 98% - GREEN

Additional context about the patients cared for on the ward to help better understand ward performance.

The charts show numbers of elective & non-elective patients admitted to the ward together with their average length of stay (LOS) in nights. The circular charts show the age & gender of patients on the ward.

Case Study Example: The ward treats mostly emergency patients together with elective patients. LOS is fairly stable. Daycases are rare. There is an even split between male and female patients. Most patients (70%) are aged between 17-64 years.
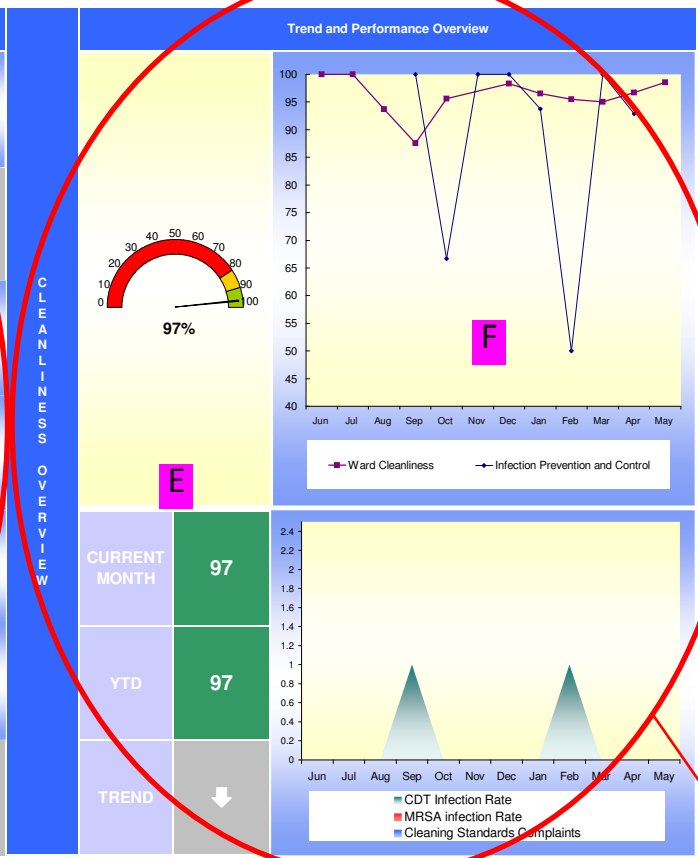

The area of performance the indicators listed below relate to.

1. Cleanliness

	A Current Month	B YTD	C Trend	D Trend against threshold
Ward Cleanliness	99	95	↑ 1.9	
Maximiser Audits	n/a	n/a	n/a	No DATA available
Infection Prevention and Control	93	96	↓ -7.1	
Hand Hygiene	100	100	↔ n/a	
MRSA Infection Rate - Hospital Acquired (rate per 1000 admissions)	0.0	0.0	↔ 0.0	
CDT Infection Rate (rate per 1000 admissions)	0.0	0.0	↔ 0.0	
Cleaning Standards and Frequency Complaints (no. of complaints)	0.0	0.0	↔ 0.0	No DATA available

CLEANLINESS OVERVIEW

Trend and Performance Overview

97%

F

E

CURRENT MONTH	97
YTD	97
TREND	↓

Ward Cleanliness — Infection Prevention and Control

CDT Infection Rate — MRSA infection Rate — Cleaning Standards Complaints

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This section outlines each of the individual indicators that make up the overall score for the performance area (i.e. there are 7 indicators that make up the are 'Cleanliness' in this example).

The images give information on where the data has come from. For example the the Nursing Quality Metric data is shown by the symbol 🌡

Data shown here helps to understand which indicators are contributing to good or weak performance for the area as a whole. Use the CURRENT MONTH (A) and the YTD (B) score to assess performance this month and for the year to date. Keep an eye out for RED scores.

The TREND and TREND VALUE (C) show whether performance for the indicator has improved or declined when compared to the previous month, and by how much. Look out for big changes, particularly downwards. The graphs (D) show how the indicator has changed over the last 12 months.

Case Study E.g: All indicators listed are GREEN for both current month and YTD showing good performance. Infection Prevention has gone down by 7 this month (see (C)) and the chart (D) shows scores have gone up & down a lot over the last few months. ACTION: Look into why this is to try and keep infection prevention at a consistently good level.

This section summarises ALL of the indicators listed to the left giving the average performance for the area of as a whole (i.e. cleanliness in this example). It gives data for the most recent month (CURRENT MONTH=97), the Year to Date (YTD=97), and whether performance has improved or declined when compared to the previous month (TREND=Down) (E). These figures are also on the Performance Summary (page 2). But are also shown here so you can see how each of the individual indicators influences the score for the area as a whole (e.g. here all indicators are green and the cleanliness rating overall is also green).

The graphs on the far right are designed to help you see if patterns or links exist between other indicators indicators of cleanliness.

Case Study E.g: Cleanliness is a strong area for this ward as it is GREEN (97) for both the current month & YTD. It is on a downward trend but performance is good so this does not need further investigation. It looks like a link may exist between patient views of ward cleanliness & CDT infection rates.

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1. What is the overall performance of this performance area for the current month and how does this compare to the Year to date? (E) Which indicators have been strong or weak and therefore impacted on overall performance?

2. Which indicators are strong for this area this month? (A) i.e. where are the GREENs? Do I need to take action to ensure these areas are maintained?

3. Which indicators need improving? Where are the REDs? Is performance weaker this month or has it been low all year? (A) and (B)

4. Look at AMBER indicators and use the graphs (D) to see if the score is close to the red threshold line. Indicators near to the red threshold line need to be monitored closely to ensure they don't become RED.

5. For each indicator examine how the current month compares to the YTD score - if there is a big difference in the scores use the trend charts to see which months have had better or worse performance. Why was this?

7. Is performance getting better or worse? Look at the trend arrows and trend values (C). Are there any big trends upwards or downwards (more than +5 or -5?) This would indicate a change in performance to investigate.

8. Look for big fluctuations in the graphs (D) which indicate increases or decreases in scores. Lots of variation will indicate that performance for that indicator varies from month to month. Investigate what is causing the inconsistency in performance.

9. Examine the charts on the right (F) to look for links or patterns in performance between different indicators.