University Hospitals of Leicester NHS

NHS Trust

Cover report to the Trust Board meeting to be held on 5 July 2018

	Trust Board paper L

Report Title:	**Quality and Outcomes Committee – Committee Chair's Report** (formal Minutes will be presented to the next Trust Board meeting)
Author:	Helen Stokes, Corporate and Committee Services Manager

Reporting Committee:	**Quality and Outcomes Committee (QOC)**
Chaired by:	Ian Crowe, Non-Executive Director
Lead Executive Director(s):	Andrew Furlong, Medical Director Eleanor Meldrum, Acting Chief Nurse
Date of last meeting:	28 June 2018
Summary of key matters considered by the Committee and any related decisions made:	

This report provides a summary of the key issues considered at the Quality and Outcomes Committee on 28 June 2018:

- **Quarterly EWS/sepsis performance report (Quarter 4 of 2017-18)** – winter 2017-18 staffing/capacity issues had now largely been addressed, with a corresponding improvement in performance. Progress continued towards a paperless (NerveCentre based) system, and once that was embedded the current (fortnightly) frequency of the sepsis meetings would likely reduce.

- **Draft policy: discharging patients prior to TTO medicines being available** – QOC considered this draft policy, which was en route to the Medicines Optimisation Committee and then to Policy and Guidelines Committee. Noting the need for appropriate governance of this issue, the policy therefore set out the steps to be followed when there was an urgent need to discharge a patient prior to the TTO medicines being available. This situation was limited to discharging a patient to a residential home, care home, or community hospital and did not apply to discharge home. In response to a QOC query, this exclusion of discharge home was explained in more detail. The QOC Non-Executive Director Chair requested the policy make clear that Site Duty Flow and Capacity Managers were responsible for selecting and booking the necessary transport. In general terms, QOC also noted the wider need to improve availability of TTO medicines prior to discharge.

- **Estates and facilities progress update (Quarter 4 of 2017-18)** – although patient catering continued to perform well, the report showed a general continued 'plateau'ing' of performance on other indicators. The Director of Estates and Facilities highlighted some infrastructural estates challenges – drainage issues were a particular issue, and QOC was advised of the very significant wider impact of 2 recent blockages (resulting from the flushing of inappropriate material down Trust toilets). Preliminary reading of the most recent PLACE results indicated a very positive result on cleaning (full report to be presented to the August 2018 QOC). The Trust's Head of Facilities had recently won a national sector award, which would be appropriately publicised. In response to a query, the Director of Estates and Facilities advised that improvements in cleaning performance were expected to be driven through the facilities management LLP later in the year and that the new organisation would have cleaning as a key performance metric.

- **Infection prevention update** – ahead of a performance review meeting with NHS Improvement, paper F provided high level assurance on UHL's compliance with the Health and Social Care Act 2008: Code of Practice for the Prevention of Infection and Control. The report focused on 5 key areas, and confirmed UHL's compliance with the Hygiene Code. QOC particularly discussed the estates challenges of infection prevention within UHL, receiving assurance that the Director of Estates and Facilities and the Acting Chief Nurse continued to work closely on these issues. QOC requested that future iterations of the report include further explanation of the 'red' rated areas of the IP scorecard and of the related remedial actions, and also asked for a briefing outside the meeting on those red areas within the current report. The Acting Chief Nurse advised that such information would also be provided in the Infection Prevention Annual Report scheduled for the July 2018 QOC.

- **Safeguarding assurance report** – an action plan was in place to address the safeguarding elements from the March 2018 CQC Well-Led report. With regard to recording of safeguarding training, QOC suggested that further assurance on HELM data be sought through the People, Process and Performance Committee. The Trust Chairman complimented the Trust's (small) safeguarding team on its work.

- **Safeguarding children and adults annual report 2017** – QOC welcomed this report which set out the 2017-18 work of the Trust's child, adult and maternity safeguarding teams, and recommended it for approval by the Trust Board (see attached report).

- **Reports from the Director of Safety and Risk** – specific discussion took place on the revised never events action plan, particularly in the context of an increased number of such events. QOC emphasised the need to

communicate and embed key messages to all staff, to change behaviours, increase local accountability, and reiterate the "never" nature of never events. How best to drive this key issue had also been discussed at the June 2018 Executive Performance Board, potentially involving a 'positive confirmation' approach. QOC further emphasised the need to learn from such events, and suggested exploring the use of short 'personal learning' [video] stories by staff on what had happened and what had been learned (although recognising that some staff might find this challenging). Efforts must also be taken to 'design out' as much scope for human error as possible, and introduce appropriately robust safety checks. QOC asked that never events be a renewed focus in the Chief Executive's staff briefings, and also noted the benefits of learning good practice lessons from other Trusts in reducing never events. During discussion on the other reports from the Director of Safety and Risk, QOC voiced support for UHL's Freedom to Speak Up Guardian and queried how to ensure she had appropriate support from the Trust as a single-handed practitioner.

- **Annual Fire report 2017-18** – QOC welcomed this positive report, particularly noting an 86% increase in the number of fire risk assessment reviews following the Trust's introduction of a 'positive confirmation' approach. QOC noted ongoing issues with the recording of training compliance figures. Noting Health and Safety Committee comments on the key importance of fire training, the Director of Safety and Risk suggested a need for further discussion at Executive level if the option of on-line training only was to be extended beyond October 2018. The QOC Non-Executive Director Chair emphasised his wish for 100% fire warden coverage, and he also considered that there were learning points for staff in terms of fires started by patients with dementia or delirium. QOC endorsed the annual fire report 2017-18, and recommended it for Trust Board approval as attached.

- **Nursing and Midwifery Quality and Safe Staffing Report (April 2018)** – the Acting Chief Nurse briefed QOC on a change to the reporting of nursing vacancies, to improve the quality and accuracy of that reporting. From this report and going forward, the vacancy data presented was therefore based on staff in post in month rather than also including applicants who had been successful at interview but who were waiting to start. Vacancies had increased (to 668.7 WTEs in April 2018), and the Acting Chief Nurse noted an intensive recruitment drive planned over the summer period. Queries raised by Ms V Bailey, Non-Executive Director, re: the establishment/vacancy figure would be discussed further outside the meeting. In discussion, Non-Executive Directors noted the need to identify wards which needed protected staffing during winter pressures, given that different patient cohorts could require different staffing skillsets.

- **Insulin safety update and dashboard** – QOC queried the usefulness of this dashboard, and noted that further work was in hand to review its format. A further report on this issue was scheduled for the July 2018 EQB.

- **Never events –** QOC received a useful learning summary of two separate never events, re: (i) inadvertent connection onto medical air as opposed to oxygen therapy, and (ii) a retained throat swab. Processes had changed as a result in both cases, and QOC welcomed the action taken to prevent recurrence and the format of the information presented.

- **CQC update** – a Trust-wide action plan was in development, for discussion at the July 2018 EQB. The CQC update at paper O covered the focused CQC inspection of 29 May 2018, advised members that the section 29A warning notice for insulin safety had now expired, and provided QOC with a copy of the CQC's latest "Insight Report", for information.

- **Compliance assessment and analysis system (CAAS) quarterly update** – performance against these input-driven metrics showed a slight downwards trend from the last such report, although the Director of Estates and Facilities did not consider any of the issues raised to be of significant concern. The CAAS was a useful tool, and would assist UHL in evidencing its Premises Assurance Model position.

- **QOC annual workplan 2018-19** – noted as per paper Q.

- **Items for information: (i) NIPAG annual report 2017-18, and (ii) claims and inquests quarter 4 update**

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-
  (a) safeguarding children and adults annual report 2017-18;
  (b) fire annual report 2017-18.

Items highlighted to the Trust Board for information:
  (a) the discussion on never events (see "reports from the Director of Safety and Risk" above).

Matters referred to other Committees:
Training figures assurance – to People, Process and Performance Committee

Date of next meeting:	**26 July 2018**

Col (Ret'd) I Crowe – Non-Executive Director and QOC Chair

UHL Annual Safeguarding Report
Author: Michael Clayton
Sponsor: Carole Ribbins

Executive Summary   Quality and Outcomes Committee 28 June 2018 - Paper H

Context

It is a regulatory requirement for the Trust Board to receive an annual safeguarding report which outlines the work of the Adult, Child and Maternity safeguarding teams within the Trust.

The report contains performance data, information about safeguarding initiatives and future priorities

The report also gives a summary of the achievements and developments to support vulnerable people

Questions

1. What does the data show in relation to safeguarding performance in the past year
2. Can the Trust be assured that the Trust is meeting its statutory requirements in relation to safeguarding practice
3. What are the future priorities for safeguarding work within UHL

Conclusion

1. There has been an increase in the number of safeguarding referrals to the Adult and Maternity safeguarding teams. The number of DoLs applications has increased and whilst there has been a slight reduction in the number of cases seen by the safeguarding children's team this is due changes in the way activity is recorded. The complexity of cases is increasing as awareness of safeguarding increases across the workforce.
2. The report outlines how the Trust meets its statutory requirements in relation to safeguarding practice, the report details the work and activity of safeguarding and the level of scrutiny of work. This confirms that regulatory requirements are being met
3. The report outlines future priorities of the safeguarding team, in particular work to achieve PREVENT training requirements and Child Information Sharing project. Due to the increasing workload of the team future work will focus on options to manage this in the future.

Input Sought

We would welcome the board's input to formally note the content of the report and to acknowledge the increasing activity and complexity of safeguarding work within the Trust

For the board to endorse and support the future priorities of safeguarding work, and the importance of multiagency working to safeguard people.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare   [Yes]
Effective, integrated emergency care   [Not applicable]
Consistently meeting national access standards   [Not applicable]
Integrated care in partnership with others   [Yes]
Enhanced delivery in research, innovation & ed'   [Not applicable]
A caring, professional, engaged workforce   [Yes]
Clinically sustainable services with excellent facilities [Yes]
Financially sustainable NHS organisation   [Not applicable]
Enabled by excellent IM&T   [Not applicable]

2. This matter relates to the following **governance** initiatives:

   a.Organisational Risk Register   Not applicable]
   If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

   If NO, why not? Eg. Current Risk Rating is LOW

   b.Board Assurance Framework   [Yes /No /Not applicable]
   If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk No.	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken not applicable

4. Results of any **Equality Impact Assessment**, relating to this matter not applicable

5. Scheduled date for the **next paper** on this topic: April 2019

6. Executive Summaries should not exceed **1 page**.   [does not comply]

7. Papers should not exceed **7 pages.**   [/does not comply]

University Hospitals of Leicester **NHS**

NHS Trust

Caring at its best

ANNUAL REPORT

SAFEGUARDING CHILDREN AND ADULTS

January 2017 – December 2017

NEGLECT	Trafficking	PREVENT
Child Sexual Exploitation	Female Genital Mutilation	Mental Capacity Act
Sexual Abuse	Hate Crime	Deprivation of Liberty Safeguards
Physical Abuse	Domestic Abuse	Modern Slavery
Serious Case Reviews	Organisational Abuse	Domestic Homicide
C-PIS	Emotional Abuse	Forced Marriage

SAFEGUARDING CHILDREN AND ADULTS ANNUAL REPORT

January 2017- December 2017

1 INTRODUCTION

Welcome to the UHL Annual Safeguarding Report which seeks to inform the Board and wider stakeholders of the work undertaken to protect people from harm and abuse who access services provided by the Trust.

1.1 Safeguarding Vulnerable People in the Reformed NHS:

Accountability and Assurance Framework (NHS England 2015) sets out the safeguarding roles, duties and responsibilities for all NHS organisations and this report describes the role of UHL within this.

As part of the requirement all NHS Trust Boards must produce an annual report which provides an assurance about the systems in place to protect individuals, treat them with dignity and respect and safeguard them from abuse.

The Trust is committed to these principles and recognises that many people who access our services will have experienced or know of someone who has experienced abuse or neglect.

The Trust is committed to working closely with people, partner agencies and professionals to protect people from harm, as well as raising awareness of new initiatives to safeguard people.

The report describes the continuation of service improvement within the Trust during 2017 to safeguard our most vulnerable people and ensure that safeguarding remains part of the Trust's core business.

1.2 What People Are Telling Us:

The most important aspect of our work in safeguarding is to listen to the views of people where work has been undertaken to protect them.

These are a few of the comments we have received in the last year:

"Thank you so much for listening to me and supporting me so that I can see my baby be born"

This was a case where a father had behavioural problems but desperately wanted to see his baby at the birth. The mother wanted him to be there. The safeguarding team worked together to help him modify his behaviour to protect the baby and mother and to support potential on-going safe relationships

'*we feel reassured that you have met with us and have listened to our concerns about mum's care, we are really pleased that you have learned from this and have taken steps to change practice'.*

This feedback came following an adult safeguarding enquiry on one of our wards.

'I am pleased that you took my issues seriously and that a full investigation has been completed. I am pleased that there have been actions put in place for further training as one of my main wishes was that "this would not happen again". I am happy that you have taken steps to monitor the staff member's future performance'.

These were the 'Making Safeguarding Personal' conclusions from a patient who raised some concerns about staff practice whilst on one of our wards.

It is now part of the core business of the Trust's Safeguarding Assurance Committee to take into account the views of patients and discuss professional dilemmas that can be integrated to safeguarding work, including the contribution from our patient partner. The introduction of a professional dilemma discussion and debate into the Committee has been well received. Patient stories have also been used to ensure the voice of service users is heard.

2 KEY ACHIEVEMENTS

2.1 During 2017

- We successfully introduced a hospital 'independent domestic violence advisor' (IDVA) into the Emergency Department at the Leicester Royal Infirmary. The IDVA has been instrumental in supporting the team to secure refuge for a woman who had no recourse to public funds due to her circumstances. The IDVA has also ensured that a number of patients have received specialist domestic abuse support before leaving the department.
- We transferred all of our safeguarding records for maternity, children and adults onto an electronic database to ensure data is kept in one place. This means that the team have ready access to cases and information, to enable us to cross reference information that the Trust holds on safeguarding concerns
- We delivered face-to-face PREVENT WRAP training to over 2,900 staff as part of a plan to train 85% of clinical staff by June 2018, as part of our NHS England contractual requirements
- We embedded the principles of Making Safeguarding Personal into the core business of adult safeguarding. This means that the adult safeguarding nurses can ensure the wishes of the adult are central to our investigations.
- We completed IT preparatory work to support the implementation of the Child Information Sharing Project (C-PIS) by April 2018. This national programme will provide real-time alerts about children who are known to be Looked After or on a Child Protection Plan,
- We have worked with safeguarding partner agencies to complete 5 multi-agency audits. In terms of adult and child safeguarding we were fully compliant in all 3 multiagency audits over the past year. For example, we demonstrated that the team understand and appropriately apply the local adult safeguarding thresholds which means that people are protected from the risk of abuse and neglect. In child safeguarding we were able to demonstrate that we have effective processes to share information about children considered at risk with police and social care.
- We have promoted the use of the NHS England Safeguarding App. This means that staff using the App have immediate access to consistent

information about safeguarding and the wider agenda such as Mental Capacity Act.

- We have worked with local authority partners to review the system for undertaking internal safeguarding adult investigations, and to provide assurance that this is compliant with the Care Act. This means that we have good arrangements in place to appropriately investigate adult safeguarding concerns which occur within the Trust, and that we can demonstrate lessons identified and learned.

3   SAFEGUARDING PERFORMANCE INDICATORS

As part of a multi-agency partnership, we have been assisting in developing a comprehensive tool for collating and scrutinising meaningful safeguarding data in order to create indicators of safeguarding practice. Much work has taken place to ensure that the data collected provides a true reflection of safeguarding work and quality of the service we provide, which in turn will be used to monitor safeguarding performance.

The following data shows key safeguarding activity:

Number of DoLS applications

Year	No of applications
2015	548
2016	635
2017	753

Number of Safeguarding Adult Enquiries to the UHL Safeguarding Team

Year	No of Enquiries
2015	1274
2016	1359
2017	1618

Number of Safeguarding Children Enquiries to the UHL Safeguarding Team

Year	No of Enquiries
2015	11,686
2016	11,924
2017	9,302

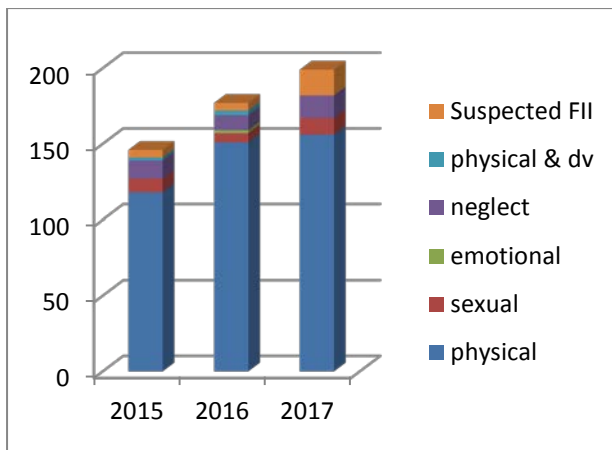A breakdown of Safeguarding Children figures is provided below:

Fig 1. Child Protection cases managed in the Safeguarding Children Team

It is of note that the number of child protection cases are increasing each year, but experience is also showing that the complexity of each of these cases and the time required to manage them is significantly increasing. Data will be collated in 2018 to demonstrate the impact this is having on the workload of the Safeguarding Children Team.
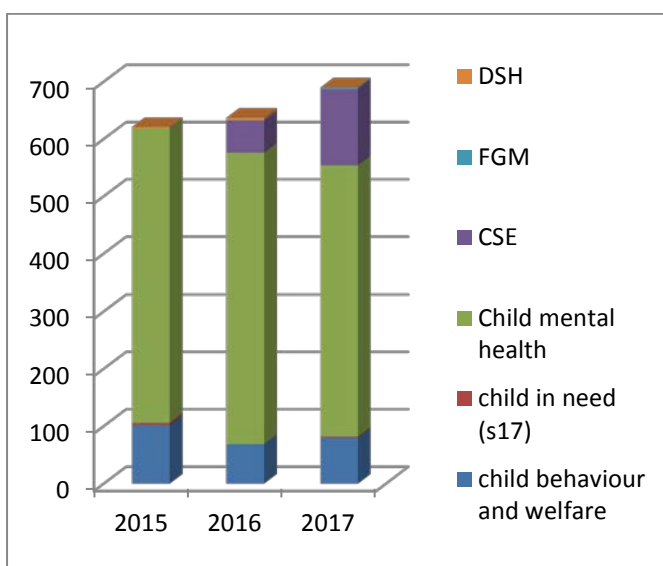

Fig 2. Safeguarding Children cases

As the single point of contact for both UHL staff and external agencies for Safeguarding Children work, a significant volume of work is generated outside of direct case work as demonstrated above.
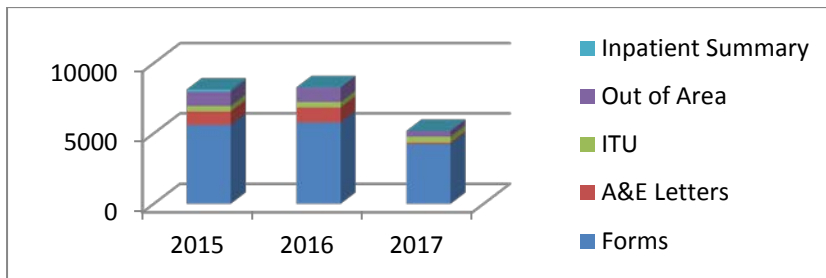

Fig 3. Liaison service case data

The Safeguarding Children Team also runs the Hospital Liaison Service. In 2017 inappropriate referrals made through this route were no longer recorded. This has resulted in a significant reduction in cases recorded on the system. However, it should be noted that these forms still require input from nursing staff in the Safeguarding Children Team to assess and scrutinise the information received prior to deeming a referral as inappropriate and as such the nursing work load for liaison has not in practice, decreased.

Number of Safeguarding Maternity Enquiries to the UHL Safeguarding Team

Year	No of Enquiries
2015	863
2016	1019
2017	1150

Number of Serious Case Reviews for Adults/Children/Domestic Homicide Reviews

Year	No of Enquiries
2015	13
2016	16
2017	15

3.1 Training Compliance Data

DoLS/MCA/Consent compliance: 79.07%
(this training is essential to job role for all patient facing clinical staff)

Safeguarding Children Training compliance: 91.50%
(please note that due to revisions to HELM during 2018, it will be possible to extract data for Level 3 Safeguarding Children's Training)

Safeguarding Adult Training compliance: 89.03%

PREVENT (WRAP) Training compliance: 34%

4   GOVERNANCE ARRANGEMENTS

The Trust has a monthly Safeguarding Assurance Committee which is chaired by the Deputy Chief Nurse and is attended by UHL Safeguarding Leads, representatives from CMG's, a Patient Partner, a Deputy Medical Director and a Designated Safeguarding Nurse representing the local CCG's. A monthly safeguarding report is provided for this Committee from the Head of Safeguarding and a quarterly update report from this Committee is provided to the Trust's Quality Assurance Committee

The Safeguarding Assurance Committee acts as the forum where all safeguarding activity is reviewed, considered and approved and includes ratification of policies and procedures and submissions to outside agencies. During 2017, the remit of the Committee was extended to include an opportunity for professional debate on safeguarding issues.

The Care Quality Commission reviews the effectiveness of safeguarding as part of their inspection process,. At the time of writing this report, the CQC are in the process of undertaking a Well Led Inspection of the Trust. This includes a series of unannounced visits and interviews.. At the current time there are no restrictions/conditions in place in relation to safeguarding practice.

The Leicester City Clinical Commissioning Group oversee UHL Safeguarding arrangements on behalf of the three local CCG's. The Trust is required to provide assurance to them as part of the quality review process. The CCG also undertake quality visits to Trust sites to review the effectiveness of safeguarding practice.

Safeguarding is a multi-agency process where agencies work together to have an oversight of local arrangements to protect people from harm and abuse. UHL is a member of four safeguarding boards:

- Leicester City Children's Safeguarding Board
- Leicester City Adults Safeguarding Board
- Leicestershire & Rutland Safeguarding Children's Board
- Leicestershire & Rutland Safeguarding Adults Board

The Trust is represented at these boards by the Deputy Chief Nurse to support the work of the safeguarding boards. There are number of sub-groups where the Trust

is represented by the Head of Safeguarding and the Named Safeguarding Professionals.

During 2017 the local safeguarding board embarked on a number of initiatives which included prioritising the following areas of practice:

- Disabled children
- Raising awareness of domestic abuse
- Trilogy of risk
- Children's Mental Health

The Trust is required to provide assurance to all the safeguarding boards that it has robust systems in place for safeguarding adults and children. To support this, the Trust has completed three safeguarding assurance returns to the safeguarding boards. In addition, an assurance paper was presented to the Leicestershire & Rutland Safeguarding Board to provide assurance regarding adult safeguarding processes.

Within UHL the Chief Nurse is the Executive Lead for safeguarding and is supported by the Deputy Chief Nurse, Head of Safeguarding and Named Safeguarding professionals. The Trust has dedicated safeguarding teams for children, adults and maternity who act as the point of contact for Trust staff and outside agencies to deal with safeguarding concerns and enquiries. The portfolio of the safeguarding teams also covers PREVENT, the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), Liaison services and child death process

5   QUALITY ASSURANCE

NHS England and the Care Quality Commission set out standards that all NHS Trusts are required to meet. As part of the Trust's internal assurance processes, oversight of these standards is through the Trust's Safeguarding Assurance Committee.

During 2017 a number of developments have taken place to enhance the quality and to provide assurance about safeguarding practice as outlined below:

5.1   NHS Improvement – Review of Actions Taken in Response to the Lampard Reviews (Savile Enquiry)

The Trust has confirmed that during 2017 revisions were made to the Trust policy in relation to the receipt of gifts from external donors which completes all outstanding actions from the review and confirms compliance with all the recommendations

5.2   Leicester City CCG Safeguarding Assurance Framework

In 2017 a revised Safeguarding Assurance Tool was developed and submitted in October 2017 by the Trust. The Self-Assessment and subsequent CCG review identified the following developmental areas:

- To improve compliance with PREVENT WRAP Training
- To explore further methods to capture the 'Voice of the Child'
- Finalise the revised UHL Safeguarding Supervision Policy and Management of Allegations Against Staff Policy.
- The UHL Safeguarding Supervision Policy has been re developed in line with changes in practice.

In response to this the following work has taken place –

A revised training strategy for PREVENT training was developed together with a monthly performance monitoring tool, to ensure that relevant staff attend PREVENT training

In conjunction with the Patient Experience Team and Womens and Childrens CMG, further data was collated to demonstrate how the Voice of the Child is captured

The Trust has also developed and updated policies in relation to the "Management of allegations against staff" and "Safeguarding Supervision Policy"

5.3 Quarter Three Submission

Leicester City/Leicestershire & Rutland Safeguarding Board Self-Assessment

- During 2017 the Trust has submitted a Children's Self-Assessment audit
- Participated in four multi-agency case file audits
- Completed an Adult multi-agency self-assessment

The purpose of these has been to inform the future work of the safeguarding Boards. These have identified that they systems in UHL are consistent with local practice. These reviews have highlighted areas of multiagency practice where further work is required to support victims of domestic abuse and how information is shared about safeguarding cases between partner agencies. Work will now progress across the partnership to strengthen work in the areas of information sharing and domestic abuse.

5.4 NHS England PREVENT

NHS England required all NHS Trusts to deliver PREVENT Training to 85% of the workforce by April 2018. Towards the end of 2017 further revision to NHS guidance has been made and the Trust has reviewed its approach to training in light of this . This has led to a large scale training initiative with NHS England monitoring performance monthly. At the end of December 2017 the Trust had trained 2,917 staff using the revised face-to-face approach to PREVENT training and anticipate meeting the NHS England target of 85% in June 2018.

5.5 Leicestershire & Rutland Domestic Abuse Initiatives

A priority of the local multi-agency partnerships is to strengthen arrangements to support people experiencing domestic abuse. An Executive Domestic Abuse and Sexual Violence Group was established in 2017 comprising of CCG, Local Authority and Police representation to ensure robust commissioning arrangements and a strategy for domestic abuse and sexual violence. To support this work, the Trust submitted a self-assessment of its services to inform future commissioning arrangements.

6 POLICY DEVELOPMENT

As safeguarding practice develops and changes it is important that policies and procedures reflect the most current guidance. The Trust's safeguarding policies for child and adult safeguarding remain up to date. During 2017 the following policies were updated:

- Safeguarding Supervision Policy
- Management of Allegations Against Staff

7 LOCAL AND NATIONAL DRIVERS

Over the past year the focus of safeguarding practice has been the provision of services for people at risk. In addition following revised government proposals the structure of Local Safeguarding Boards was debated. Information below provides a summary of the current local and national safeguarding policy drivers.

7.1 Changes to Working Together to Safeguard Children 2018

At a National level there is currently a consultation about the future of children's safeguarding boards and also developing the concept of safeguarding partners, these being the Police, Local Authority and Clinical Commissioning Groups. This would negate the need for an Independent Chair and significantly reduce the current membership of existing safeguarding boards. Locally, similar discussions are taking place regarding the constitution of adult safeguarding boards. It is likely that as a result further discussions will take place in 2018 to review the existing safeguarding board arrangements in line with national policy.

7.2 Child Information Sharing Project (C-PIS)

It is a National initiative to enable all health urgent care settings to check whether a child is subject to a child protection plan or is looked after. In collaboration between NHS Digital and NHS England, Trusts are being encouraged to integrate this new digital system. Within UHL work is progressing to integrate the new system in April 2018 into the Trust's Emergency Department.

7.3 PREVENT

In 2017 the Country experienced a number of terrorist attacks and as a consequence of this a review of the National Counter Terrorism Strategy took place. In the NHS, staff may come into contact with people who are being radicalised and PREVENT training aims to raise awareness amongst staff of the common signs and what can be done to address this. NHS England expects that all staff working for the NHS should have an awareness of PREVENT and have set training targets for all NHS organisations. Within the Trust there is a training plan in place to ensure these targets are achieved.

7.4 Domestic Abuse

Across Leicester, Leicestershire and Rutland work is progressing to strengthen the existing services that are available to support people at risk of domestic abuse. In August 2017 the Trust appointed a hospital Independent Domestic Violence Advisor (not advocate) (IDVA). Their role is to provide individualised support to victims of domestic violence. The role has been developed as part of a collaboration between Leicester Women's Aid and the Trust using charitable funds. To date 53 victims have benefitted from this service.

Locally it is recognised that the current systems available to support victims of domestic abuse are at an early stage and require greater focus. A strategic multi-agency executive group has now been established for domestic violence and will develop a local multi-agency strategic plan for domestic abuse and sexual violence.

8   LISTENING TO THE VOICE OF VICTIMS OF ABUSE

The effectiveness of safeguarding is assessed by ensuring that the individual views of victims are listened to. During 2017 a number of new approaches were introduced to strengthen the voice of people who have reason to access the safeguarding service.

Making Safeguarding Personal is a framework used in adult safeguarding to ensure that the views and wishes of patients are always sought during safeguarding investigations. This approach is fully embedded into the Trust's Adult Safeguarding practice and was extended in the autumn of 2017 into all serious incident investigations to ensure the voice of the victim is heard.

The Hospital IDVA's role is focussed on ensuring that the needs and wishes of victims of domestic abuse are recognised.. Since the introduction of the role in the Trust over 53 people have benefitted from individualised support and assessment which has meant that personalised support is offered to victims of domestic abuse.

Children's safeguarding prompts are included in all standard assessments to ensure that the child's views and understanding of the reason for admission to hospital is captured. Within the design of the new Children's Emergency Department children and their views were taken into account. For example within the design there is a

separate area for adolescents and families to improve the access for disabled children.

9   TRAINING COMPLIANCE

The Trust is committed to ensuring that the whole workforce receives training and development in safeguarding and associated subjects.

Through the Trust's Safeguarding Assurance Committee training compliance is monitored monthly for:

- Adult Safeguarding
- Children's Safeguarding
- Mental Capacity Acts/DoLS and consent
- PREVENT

In April 2017 the system for recording training migrated from E-UHL onto HELM, the following data demonstrates training compliance at the end of December 2017

Children's Safeguarding – 91.50%
Adult Safeguarding – 89.03%
Mental Capacity Act/DoLS and Consent – 79.07%
PREVENT – 34%

10   SERIOUS INCIDENTS/CASE REVIEWS

It is a statutory duty for the Trust to co-operate and input into multi-agency serious case and domestic homicide reviews. These take place following death or serious harm to an individual as a result of domestic abuse or deliberate harm.

Tragically there were two murders in 2017 as a result of domestic abuse which are now subject to domestic homicide reviews. One adult safeguarding review and 4 child serious case reviews commenced in 2017.

In addition a number of multi-agency reviews have taken place.

The learning from each of these reviews is shared with the workforce through the Trust's Safeguarding Assurance Committee.

One particular theme that has arisen from the reviews is the impact of mental health and the affect this has on relationships and risks to individuals. Further work is underway to consider how best to minimise risk. Furthermore, the effect of poor information sharing between agencies remains a theme.

The Trust Board is provided with an update of the progress on case reviews and media plans are put in place prior to publication of any report.

10.1 Mental Capacity Act and DoLS

The application of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) is an area of practice which continues to present us with challenges. There have been a number of changes to DoLS following evolving case law over the past few years which have changed practice and in some cases caused confusion to staff. This is both a local and national issue.

The law commission are currently reviewing the current DoLS legislation with a view to making recommendations for revisions to the law.

At the current time local authorities find it difficult to meet the statutory requirement to authorise DoLS applications within the required timeframes. The Trust's Safeguarding Adult Team maintains the most up to date information and are a valuable resource for the Trust's clinical teams.

11 KEY CHALLENGES

The Annual Report has outlined the work of safeguarding within University Hospitals of Leicester NHS Trust. In the next year work will continue to strengthen and protect the needs of individuals and to protect them from harm.

In the next year the following areas with present challenges to the UHL Safeguarding Services will be:

11.1 PREVENT Training

The Trust is required to achieve an 85% target by June 2018 to meet its NHS contractual requirements. To enable the Trust to achieve this, resources will continue to have to be prioritised to release staff to attend training and for trainers to be released to deliver training.

11.2 Team Capacity

Due to the changing nature of safeguarding work the complexity and number of cases is increasing. In view of this in 2018 resources available to manage cases will be reviewed taking into account referral patterns and activity data. An option appraisal will be completed during 2018 to determine the required resource and team structure to deliver the future safeguarding service.

11.3 Impact of Changing Commissioning Arrangements.

Following changes to CCG commissioning arrangements in 2017 a dedicated paediatric liaison service was reviewed. This service aimed to enhance communication between secondary and primary care for families regarding early help and support. An alternative service will commence in early 2018 which will be reliant on frontline practitioners. It will be important to ensure that this new service ensures that families receive early support in a timely manner

11.4 Impact of Statutory Arrangements

It is expected that revised statutory guidance for Working Together to safeguard children will inform the future structure of safeguarding childrens boards and will be published in April 2018. Across Leicester, Leicestershire & Rutland partner agencies have expressed a view that when considering future structures for children's safeguarding boards, it would be prudent to review the structure of the local adult safeguarding boards at the same time.

The changes have the potential to alter existing partnerships and the Trust is keen to be involved in any discussion which will affect future safeguarding working arrangements.

12   CONCLUSION

The aim of the UHL Annual Safeguarding Report 2017 has been to outline the work, activity and changes to safeguarding practice over the past year.

A huge amount of safeguarding activity has taken place in the past year which underpins some of the plans for 2018.

The Annual Report provides an insight into the broad spectrum of safeguarding work undertaken within the Trust. In doing so provides assurance to the Trust's Board that we remain fully committed to meet out statutory safeguarding duties and exceed these to minimise the risk of people being intentionally harmed.

Michael Clayton and the UHL Safeguarding Team
February 2018

University Hospitals of Leicester Annual Fire Report 2017/18

Author: Michael Blair–Head of QSHE Compliance (Fire Manager)   Sponsor: Darryn Kerr   Date: 28/06/18

Executive Summary   **Paper J**

Context

The University Hospitals of Leicester (UHL) NHS Trust has a statutory duty to ensure that all of the premises owned and operated by the Trust comply with current Fire Safety legislation, and Department of Health guidance on Fire Safety.

The Trust must ensure that effective arrangements are in place for the management of Fire Safety and implement any necessary improvements or adjustments required which relate to an increased fire risk potential.

The purpose of this report is to inform the Quality Outcomes Committee of the current level of Fire Safety provisions across the Trust portfolio, highlight where improvements have been made and indicate where further Fire Safety related improvements and investments are necessary.

Questions

1. How reflective and relevant is the current UHL Fire Safety Policy?
2. What is the current status of the Fire Risk Assessment programme?
3. Is the Fire Safety Training provided fit for purpose and relevant to Risk?
4. Aside from prioritising and addressing backlog Fire Safety issues what areas of improvement have been identified and included in the work plan for the year 2017/18?

Conclusion

1. Following a full re-write of the Fire Safety Policy approval was granted by the Policy and Guideline Committee in October 2017. Its focus has shifted to defining specific roles, introducing new ones and clarifying responsibilities at all levels within the Trust.

   The main objective is to return the Fire Safety Policy to a high level document approved at Board level and to develop further a comprehensive set of Fire Safety Protocols to provide the necessary guidance on all issues relating to Fire Safety within the organisation.

2. Overall there has been an 86% increase in the number of Fire Risk Assessment reviews and re-inspections undertaken in the reporting period. This is attributable to the increase in resource from January 2017 with the appointment of a replacement Fire Officer and as a direct result of uncovering locations within the Trust that previously were not in possession of a suitable and sufficient Fire Risk Assessment as required by the Regulatory Reform (Fire Safety) Order and therefore not included in the original schedule. We are pleased to report that the programming of Fire Risk Assessment introduced in 2014/15 has now concluded its first full three year cycle (inpatient areas – annually, outpatients – biennially and admin / clerical – triennially)

3. Fire Safety training continues to be offered at a capacity and delivered in a variety of ways to ensure compliance, however, these figures do not appear to be reflected on the current compliance Dashboard hosted by HELM.

4. There are a number of areas that are to be focused on in the coming year within the Fire Safety Team as listed below: This list is not exhaustive
    I.   Improved recording and reporting of all Fire Signals by Switchboard (including response and escalation protocols);
    II. Development of Fire Safety Protocols to supplement and support the New Policy;
    III. Review current Fire Safety Training offerings and provision relative to risk / staff group;
    IV. Development of documented and tested local evacuation procedures;
    V.   Continue the roll out of suitably training Fire Wardens across the Trust;
    VI. Development and implementation of local Fire Log books

In addition the intention is also to work closely with the Capital team to prioritise any new works identified via the Fire Risk Assessment review process.

For Reference

Edit as appropriate:

1.   The following **objectives** were considered when preparing this report:
         Safe, high quality, patient centred healthcare   Yes
         Effective, integrated emergency care   Yes
         Consistently meeting national access standards   Yes
         Integrated care in partnership with others   No
         Enhanced delivery in research, innovation & ed'   No
         A caring, professional, engaged workforce   Yes
         Clinically sustainable services with excellent facilities   Yes
         Financially sustainable NHS organisation   Yes
         Enabled by excellent IM&T   Yes

2.   This matter relates to the following **governance** initiatives:

3.   Related **Patient and Public Involvement** actions taken, or to be taken

4.   Results of any **Equality Impact Assessment**, relating to this matter:

5.   Scheduled date for the **next paper** on this topic: [TBC]

6.   Executive Summaries should not exceed **1 page**.   [My paper does not comply]

7.   Papers should not exceed **7 pages.**   [My paper does not comply]
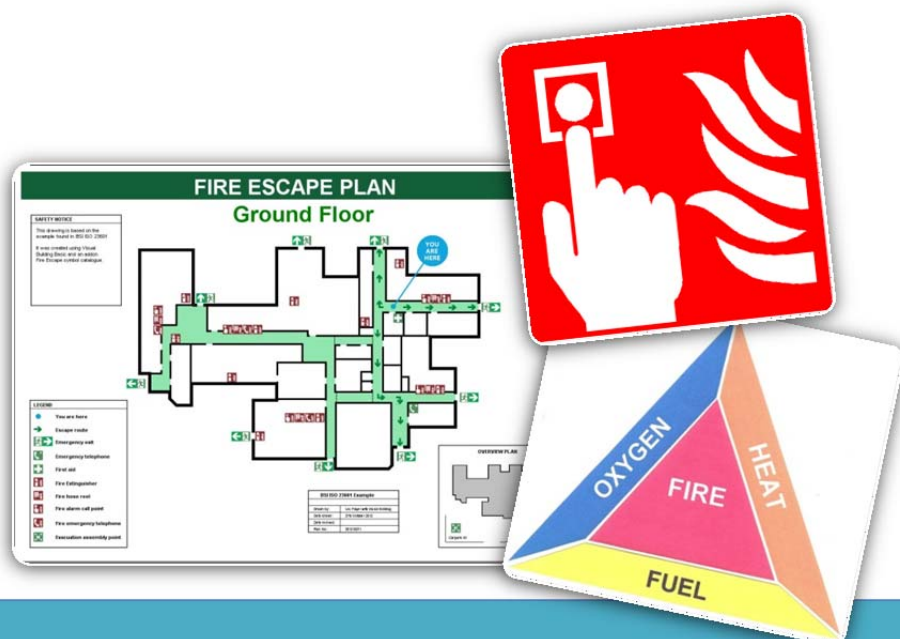
Annual Fire Report

University Hospitals of Leicester
2017/18

09 May 2018
University Hospitals of Leicester NHS Trust
Michael Blair – Head of QSHE Compliance (Fire Manager)

Contents

1.0   Introduction

1.1   The University Hospitals of Leicester (UHL) NHS Trust has a statutory duty to ensure that all of the premises owned and operated by the Trust comply with current fire safety legislation. This is achieved by following Department of Health Guidance.

1.2   The Trust must ensure that effective arrangements are in place for the management of fire safety and implement any necessary improvements or adjustments required which relate to an increased potential risk of fire.

1.3   The purpose of this report is to inform the Trust Board, all other stakeholders and interested parties of the current state of fire safety provision in all Trust premises, and indicates where further fire safety related improvements are necessary.

2.0   Executive summary

2.1   The year 2017/18 has once again seen a great deal of development and improvement in the Fire Safety Service across the Trust.

2.2   The Fire Safety Policy (Trust Reference A7/2002) was approved by the Policy and Guideline Committee in October 2017 and is available on 'In-Site'. The Policy is due for review in October 2020.

2.3   The Fire Risk Assessment (FRA) register continues to show high levels of compliance. A total of 212 FRAs were undertaken in the reporting period. This equates to an increase of approximately 86% on the previous year and exceeds the total of 171 in 2014/15. This was achieved with the introduction of the new FRA structure.

2.4   Whist training provision continued to be provided at the required capacity to allow all required staff to complete 'Face to Face' Fire Training, it is disappointing that the number of personnel completing Fire Training has reduced. This has been discussed in the Fire Safety Committee and reported to the parent Health and Safety Committee and will be brought to the attention of the Trust Executive by virtue of this report.

2.5   Fire Wardens training was delivered to 146 staff members across 11 training sessions. This training has impacted significantly on how Fire Safety is managed proactively at a local level. Fire log books are now being maintained within the Departments and issues are being raised at the earliest opportunities which provide Estates & Facilities with the potential for more rapid completion of works.

2.6   The majority of Departments are now in possession of the newly created Fire Evacuation Procedure template. This is their document and they are required to annotate it with the appropriate local information. Support and guidance is provided where necessary. This template has also been added as an Appendix to the Fire Risk Assessment templates and included within the revised Fire Safety Policy.

2.7   Changes in available staff resources may require an adjustment as to how the Fire Safety provision is managed and provided until recruitment takes place. This is underway.

3.0 Fire Safety Policy

3.1   The Fire Safety Policy has seen a full re-write and is now in place; the Policy is dated October 2017 and is due for review in October 2020.

3.2   The main objective of the re-write was to return the Fire Safety Policy to a high level document approved at Trust Board level and to develop further a comprehensive set of Fire Safety Protocols to provide the necessary guidance on all issues relating to Fire Safety within the organisation.

3.3   The development of Fire Safety Protocols has been identified as a priority in the 2018/19 work plan.

4.0 Fire Safety Committee

4.1   The UHL Fire Safety Committee continues to act as a subcommittee to the UHL Health and Safety Committee chaired by the Director of Safety and Risk for the Trust. The meetings which are now chaired by UHL's Head of Estates are planned quarterly to enable any issues raised to be escalated to the Health and Safety Committee in a timely manner.

4.2   Since the re-launch the meeting has been fairly well represented across the CMGs, Corporate and Facilities Directorates. The intention in 2018/19 is to increase this further to ensure full consultation and participation from the Trusts clinical and nursing teams. Attendance will be monitored as set out within the revised Terms of Reference. To assist, the Fire Safety Manager has requested to attend the CMGs Quality and Safety Meeting to improve communication links, especially if operational staff are not able to attend the meetings.

5.0 Fire Risk Assessment (FRA)

5.1   In the reporting period 2017/2018 a total 212 Fire Risk Assessments (FRAs) were undertaken and completed across the three acute sites (including five of the remote Renal Units).

5.2   The total number of FRAs highlights an 86% increase in FRAs compared to last year (2016/2017). This can partially be attributed to the increase in resources from January 2017 with the appointment of a new Fire Safety adviser but also to the discovery of locations within the Trust that previously were not in possession of a suitable and sufficient FRA in line with the Regulatory Reform (Fire Safety) Order.

5.3   Chart 01: Fire Risk Assessments completed

Total Number of Fire Risk Assessments completed by Year

Year	Number
2013/14	39
2014/15	171
2015/16	136
2016/17	114
2017/2018	212
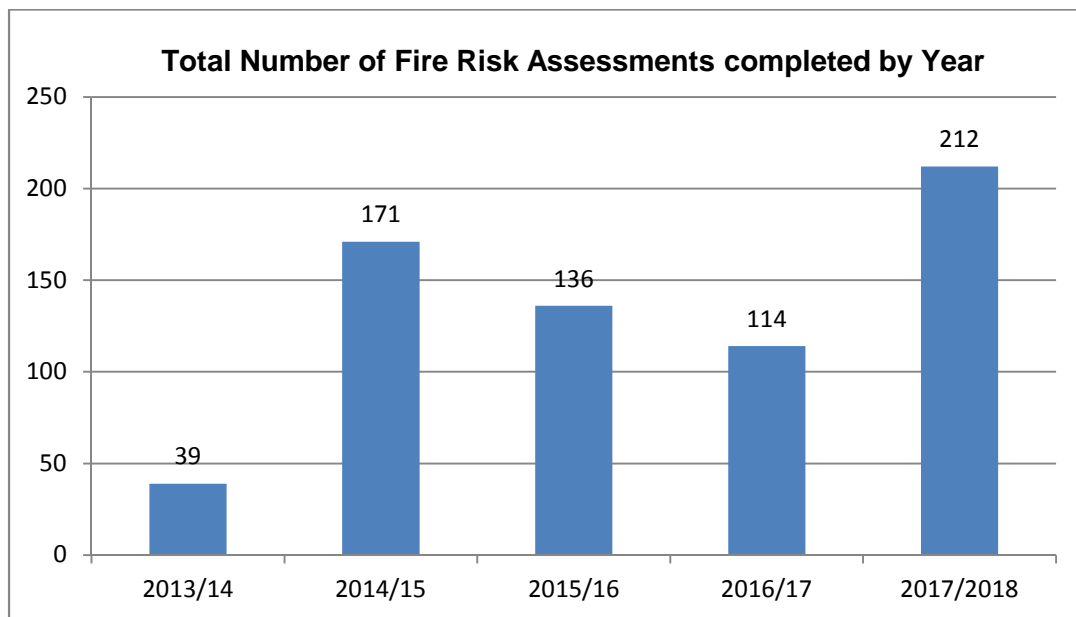
5.4   The graph above demonstrates the progress that has been made in relation to confirmation of Fire Safety compliance. The second column (2014/15) represents the significant increase in output that was required to bring the Trust to a level where all previously identified Wards / Compartments / Departments were in possession of a current Fire Risk Assessment.

5.5   In 2014/2015 a decision was made to improve the system used for completing Fire Risk Assessments. The new system saw inpatient areas undertaking a Fire Risk Assessment yearly, Outpatient areas every two years and administrative areas every three years. This cycle has now been completed which also attributes to the 86% increase in Fire Risk Assessments.

5.6   The Fire Risk Assessment audit is only one part of the process to ensure that the Trust has robust Fire Safety Procedures, and in some cases it is only the first step in identifying what needs to be addressed, rectified and in some cases replaced. It also drives both backlog maintenance and capital expenditure. It also identifies training needs and drives policy development and implementation.

5.7   Chart 02 illustrates the distribution in workload across the Trust sites with respect to Fire Risk Assessments. The greatest shift is evident at the LRI where the output has increased significantly across all the years illustrated.

5.8   **Chart 02**

Fire Risk Assessments Completed by Site

A grouped bar chart showing Fire Risk Assessments Completed by Site across years. Legend: Royal (blue), General (red), Glenfield (green), Other (purple).

- 2013/14: Royal 5, General 17, Glenfield 17
- 2014/15: Royal 99, General 31, Glenfield 41
- 2015/16: Royal 77, General 28, Glenfield 31
- 2016/17: Royal 57, General 30, Glenfield 26
- 2017/2018: Royal 97, General 57, Glenfield 53, Other 5

6.0   Common Themes Fire Risk Assessments

6.1   Analysis of the Fire Risk Assessment findings has identified that there are a number of common themes being reported by the Fire Safety team. Examples of which are listed below:

  a) Compartment door sets not meeting FR60 standard as a minimum; mostly at Glenfield and LGH.
  b) Fire Door sets being wedged or held open by irregular means.
  c) Insufficient mimic fire alarm control panels in certain clinical areas.
  d) Fire detection coverage not meeting L1 standards in certain clinical areas.
  e) Poor housekeeping as a result of insufficient storage space / local management.
  f) Poor management and storage of oxygen in clinical areas.
  g) Insufficient numbers of Fire Wardens (trained).
  h) Lack of local documented fire evacuation procedures.
  i) Fire Drills not being undertaken.
  j) Lack of consultation / notification of planned change of use of wards / rooms etc.

6.2   These examples are provided for illustrative purposes and should be taken in context with the significant volume of items collated as part of the risk assessments over what is a comprehensive and vast Estate.

6.3   All backlog maintenance and capital investment works are identified as part of the FRA process and forwarded to the relevant departments to plan, cost and rectify any compliance issues. All deficiencies are assessed on a 'risk to compliance / cost basis'.

6.4   The Fire Safety and Capital Projects team meet regularly to assess the risks identified and prioritise work streams for the current and subsequent financial years.

6.5   Concerns raised at a local management level continue to sit with the identified responsible person at ward level to ensure adherence to policy and legislation.

6.6   Any identified risks considered significant are also logged on the Estates and Facilities Risk Register via the Senior Management Team and where required onwards to Executive Meetings and/or Trust Board for consideration in line with established governance arrangements. The Trust Health and Safety Committee are also advised of any such risks via the output of the Fire Safety Committee

6.7   Regular review of the Risk Assessment findings is also used to drive the current work plan.

7.0   Capital works

7.1   The Fire Safety Team is actively engaged in determining the priorities for the Estates and Facilities capital programme. They use their local knowledge to compliment the fire risk assessments and action plan data to set the programme of works balanced against available capital.

7.2   Below is a brief outline of the Capital Projects that the Fire Safety Team were actively engaged in supporting during 2017/18; in some cases these schemes continue into the 2018/19 Capital programme.

7.3   Table 01

Site	Building/Department	Open/Closed
LRI	New Emergency Department Phase 2	Due completion in April 2018 and occupation in June 2018.
GH	New Interventional Radiology (IR) Scheme	Planning stage only; Initial plans have been signed off and planning is on-going.
GH	Roof Top Modular Wards	Planning stage only; Initial plans have been signed off and planning is on-going.
GH	ITU Extension and Refurbishment Works	Planning stage only; Initial plans have been signed off and planning is on-going.
LRI / GH	New MRI/Radiology Builds	All builds complete and occupied.

7.4   In addition to the above and working closely with the Capital Project Team a number of additional projects were undertaken:

a)   Compartment Survey of Main Hospital Streets – Glenfield.
b)   Fire Alarm Upgrades of Glenfield Residencies (4 properties initially & on-going through 2018/19)
c)   Fire Door Replacement scheme – Windsor Building, Leicester Royal Infirmary (on-going).
d)   Full survey of the Windsor Building Fire Alarm system in order to cost upgrade to L1 Compliant.

7.5   Projected constraints on Capital expenditure for the year 2018/19 have the potential to impact on addressing the Fire Safety priorities identified as they compete with other statutory requirements and the backlog programme particularly if moving between allocations becomes necessary in year. However, the programme as currently defined provides a significant capital allocation for 2018/19 to address current priorities and some historical shortfalls.

7.6   It is expected that 2018/19 will be a significant year in regards to Capital Works and the three large schemes at the Glenfield Hospital are likely to require extended hours provided in regards to the Fire Safety requirements.
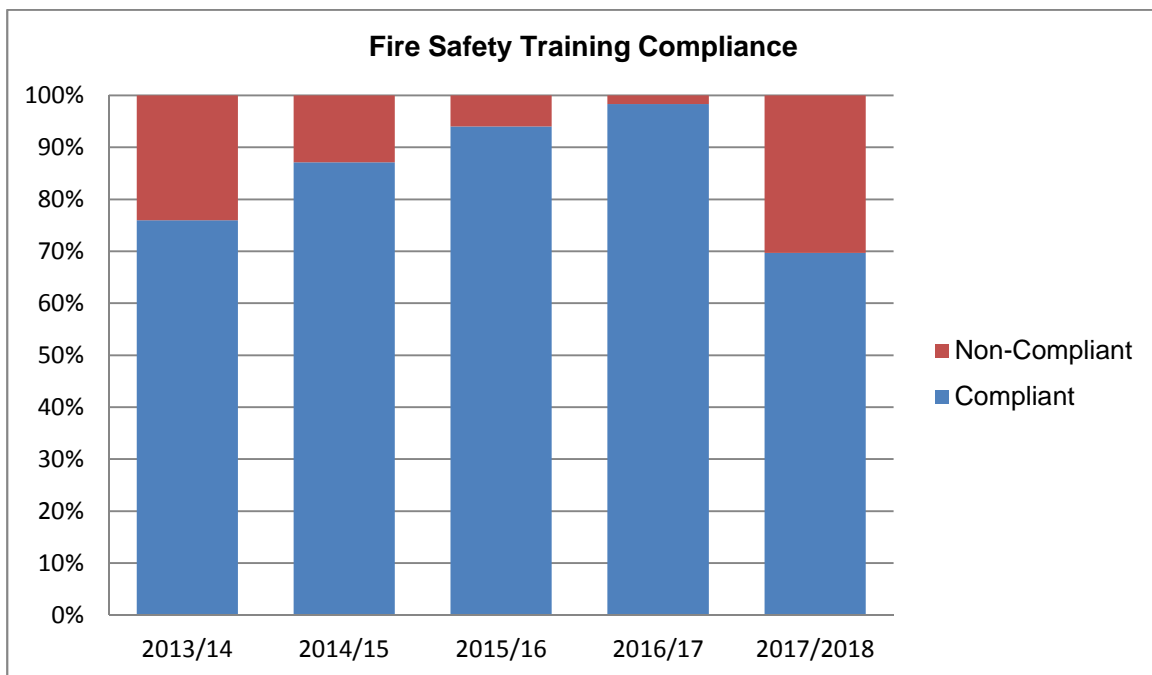
8.0   Training

8.1   Adequate fire safety training is essential to ensure that fire prevention and emergency action plans can be put into practice. The provision of adequate fire safety training is a legal duty placed upon the Trust and therefore forms part of the Mandatory suite of training hosted by HELM. It follows therefore that there should be 100% compliance.

8.2   The data set used is provided by the Trusts Learning and Development Department.

8.3   Although the HELM database is widely used across the Trust at the time of this report there were recognised reliability issues with the data.. The Fire Safety Department continues to deliver refresher training sessions on a regular basis with high attendance and these figures do not appear to be reflected on the current compliance dashboard.

8.4   Chart 03: Training Compliance

8.5 Fire Safety Training is offered and delivered in a number of ways to ensure compliance.
   a) Fire Safety Induction (Corporate)
   b) Fire Safety Induction (Local)
   c) General Fire Safety – Face to Face (lecture theatre / CMG Training) days
   d) General Fire Safety – e-learning

8.6 As per the Training Needs Analysis within the revised Fire Safety Policy face to face training for all clinical staff is an annual requirement with a session that lasts for 60 minutes. Non clinical staff are expected to alternate between annual face to face and e- learning.

8.7 The e-Learning solution will become available to all staff (including clinical) in the next financial year.

8.8 On the previous occasion that the Trust was required to allow all staff to complete the e-Learning package the figures were significantly improved and the diagram below demonstrates how the increase in e-Learning went a long way to improving the overall Fire Training Compliance figures; over half of the trained personnel became compliant through e-Learning. The access to e-Learning allowed Clinical Staff to gain compliance while having a reduced effect on their 'Front Line' duties.

8.9 Chart 04

**Fire Safety Training**

52%   48%

■ Face to Face
■ E-learning

8.10 A total of 180 CMG Fire Training sessions have been supported throughout the year by the Fire Safety Team however this subject to review with the loss of resources.

8.11 There has been an increase in table top evacuation training sessions with 38 being completed in 2017/2018. There have been no scheduled evacuation drills across the three sites which has been recognised, however current resource restraints prevent these activities from being undertaken. Local management could arrange their own drills as part of local inductions / staff training but is recognised that this would require planning and resources.

8.12   A total number of 146 Fire Wardens have been trained using the new Fire Warden Training Package developed in 2016/2017. This training has been well received and is currently fully booked until September 2018.

9.0   Unwanted Fire Signals (UwFS)

9.1   The occurrence of an unwanted fire signal is detrimental to the operation of any healthcare establishment. Such instances can lead to disruption of service and patient care, increased costs, and unnecessary risk to those required to respond to the alarm raised. Therefore, no unwanted fire signal is considered acceptable.

9.2   However, whilst all reasonable means of minimising UwFS should be employed, it is recognised that the complete elimination of UwFS is impossible but every attempt should be made to identify common themes and undertake causal analysis in order to reduce the frequency year on year.

9.3   An organisation's UwFS rate will be influenced by a variety of factors, including the building size and the number of detectors/call-points, the activities carried out within the building, the building location, and its management.

9.4   The main influence on the rate of UwFS generated by a system is likely to be the number of automatic detectors connected to that system. However, with large, complex sites it is possible that more than one system may be installed. The age of the Fire Alarm System is also to be considered when reviewing UwFS figures. Due to the nature of a Fire Alarm System elements require updating and replacing to reduce the risk of UwFS without this capital investment the Fire Alarm System is at a higher risk of failure.

9.5   Unwanted fire signals should be categorised in order to identify their causes, record and report their occurrence, and allow appropriate actions to be decided on for their reduction. Following any UwFS an investigation should take place to identify the cause. The table below shows the distribution of UwFS across all 3 sites with the LRI being responsible for returning the highest number of UwFS across the Trust.

9.6   The total UwFS across the UHL sites in this reporting period totalled 163 with the highest percentage originating from the LRI site. It is however worth relating this figure to the number of detectors (c.6000) located at this site.

9.7   The table also indicates that there were 5 actual fires recorded in the same period.

9.8   Chart 05:Total Unwanted Fire Signals

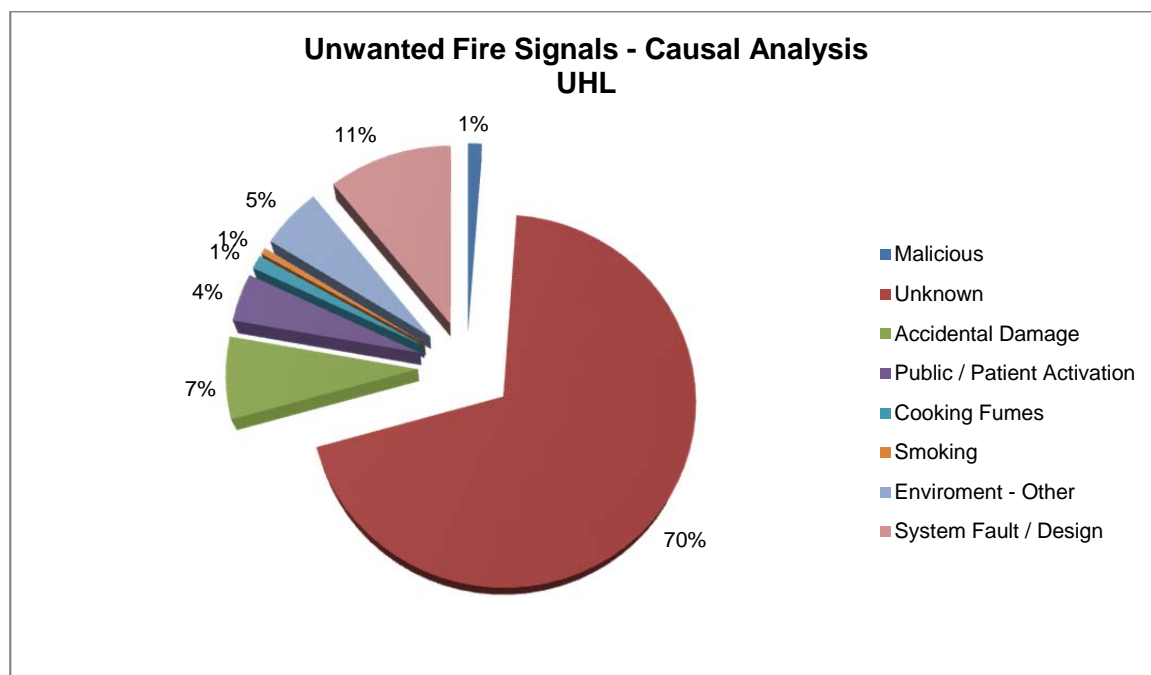**Total UHL Unwanted Fire Signals 2017/2018**
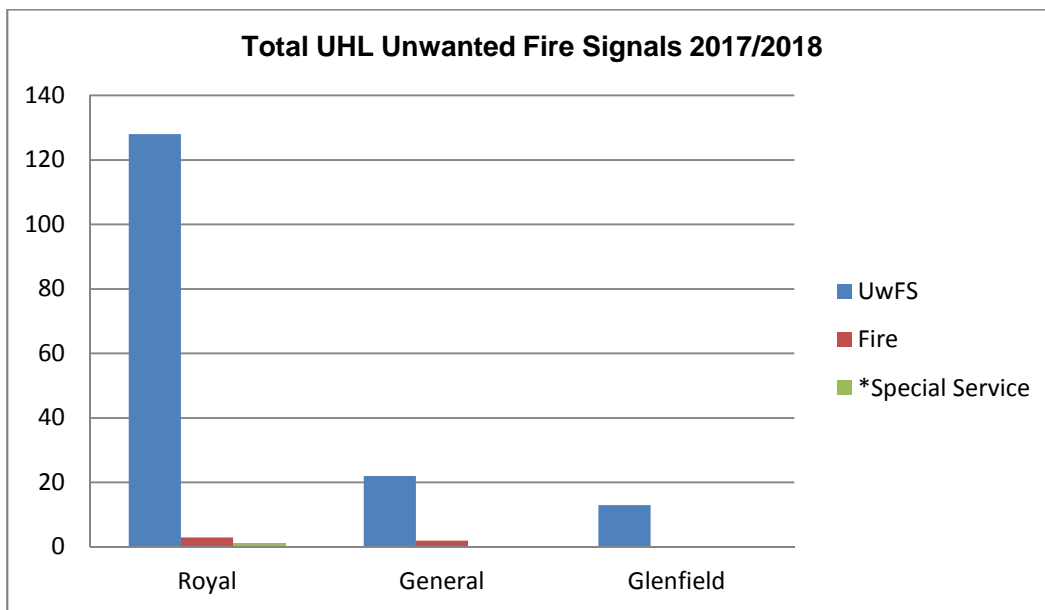
*Special Service relates to any call out / attendance of the LFRS not due to and UwFS and/or Fire, e.g. gas monitoring, flood management, etc.

9.9   Looking at more detail in the figures obtained for the LRI we can see that the greatest instances of UwFS emanate from the Balmoral building equating to 35% of the total reported.

LRI Unwanted Fire Signals by Building 2016/17
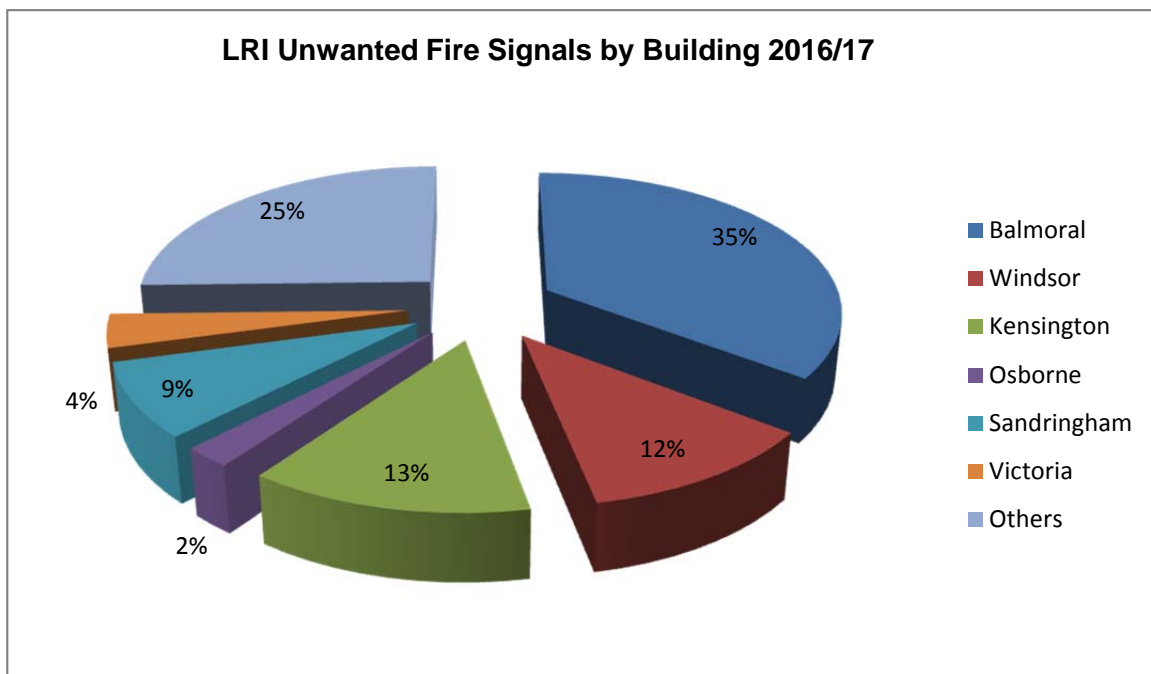
9.10   The following chart illustrate that there are common themes in general and across the 3 sites individually. Work is currently underway to improve reporting of these events to ensure they are correctly categorised in line with Department of Health guidance (HTM 05-03) and reduce those classified as "unknown" to a minimum to provide a more reflective and useful data set.

9.11   Chart 06 – Unwanted Fire Signals Causation

Unwanted Fire Signals - Causal Analysis
UHL

Legend:
- Malicious
- Unknown
- Accidental Damage
- Public / Patient Activation
- Cooking Fumes
- Smoking
- Enviroment - Other
- System Fault / Design

Values shown: 1%, 11%, 5%, 1%, 1%, 4%, 7%, 70%

9.12   When comparing data via the ERIC returns of other Acute Teaching Hospitals, UHL are in the top third of 31 listed Trusts I relation to UwFS. See section13.0 for the source data set.

9.13   The fire safety team have developed an improved recording and monitoring system to ensure consistency of what is recorded and how each alarm activation is classified. However, as the figures show, we are still lacking in detail regards causation. This is currently being addressed with Switchboard staff.

9.14   Once the data set is robust enough more accurate statistics can be produced and actions implemented to target specific areas.

9.15   This will be in line with the reduction criteria set out in HTM 05-03 part H "Reducing false alarms in healthcare premises".

9.16   To support the new documentation to record these events; the focus is on education via the revitalised Fire Safety Training the introduction of Fire Warden training and ensuring that investigations are completed and findings communicated through the appropriate channels.

10.0 Fires

10.1   There have been five fires reported within the reporting period:

   a) Leicester Royal Infirmary – Windsor Ward 29 - 05:45
       Patient with Dementia placed lit cigarette on top of stored toilet rolls.

b) Leicester General Hospital – RVS – 07:55
Coffee machine left on overnight causing it to overheat and ignite.

c) Leicester Royal Infirmary – Genetics Building – 17:30- 9:00
Faulty ForMAT machine ignited overnight and found damaged by engineer the next day.

d) Leicester General Hospital – Ward 30 – 10:00
Combustion of bread – ignition source identified as faulty toaster.

e) Leicester Royal Infirmary – Balmoral – Ward 22 – 10:10
Elderly patient suffering from ITU Delirium ignited a newspaper with own cigarette lighter.

10.2   Each reported fire is fully investigated to gain an understanding of the immediate, underlying and root causes and where improvements can be implemented in order to prevent a reoccurrence.

10.3   The findings of the reports are shared at the Executive Meetings by the Director of Estates and Facilities as a "hot topic" item and submitted for inclusion in the Health and Safety Committee meeting.

10.4   Any lessons learned are shared with staff via the members of the Fire Safety Committee.

11.0 Freedom of information requests

11.1   Two Freedom of Information request were received and responded to in line with guidelines.
Questions based around the following topics were requested:-
a) Unwanted Fire Signal Data
b) Number of Fire Alarms
c) Number of Fire Brigade Visits
d) Fire Safety Training figures.
e) Number of Theatre Fires

12.0 Enforcement

12.1   No Enforcement notices were issued to the Trust in the reporting period.

12.2   Leicestershire Fire and Rescue Service have conducted 6 Familiarisation / Risk Visits during the same period with no concerns being raised:

a) 20170504 – LRI - New Emergency Department – Familiarisation Visit
b) 20170515 – LRI - Windsor Building - Risk Review Visit
c) 20170904 – LRI - Kensington Building - Risk Review Visit
d) 20171017 – LRI - Balmoral Building - Risk Review Visit
e) 20171215 – LRI - Osbourne Building – Risk Review Visit
f) 20180319 – LRI - Sandringham Building - Risk Review Visit

12.3   Following the Grenfell incident in London each Fire and Rescue service nationally were tasked with undertaking a programme of "High Rise Premises Visits" across the area(s) under their remit. Although not included in the first tranche of these inspections, subsequently Balmoral, Windsor and Kensington Buildings were inspected in November 2017 as part of the second tier of inspections across Leicester, Leicestershire and Rutland. Priority was determined by the number of floors above ground.

12.4   Although the visit was a "Specific high rise inspection" and not a full fire safety audit inspection visit, the documentation requested and the questions asked would have also been required in a formal audit inspection. Confirmation was received via email from the Inspecting Officer that the overall outcome of the visit was satisfactory; adequate systems and procedures were evident and the pro-active management of the Fire Safety team was also commended.

13.0 Estates Return Information Collection (ERIC)

13.1   The ERIC report is a mandatory information return required by the Department of Health for all NHS Trusts including Ambulance Trusts. It comprises information relating to the costs of providing and maintaining the NHS Estate including buildings, maintaining and equipping hospitals, the provision of service e.g. laundry and food, and the costs and consumption of utilities.

13.2   The ERIC data relating to Fire Safety for 2017/18 has been submitted as outlined below:

13.3   Table 02 UHL ERIC Return for FIRE 2017/18

Ref	Field	Definition	Unit(s)
01	Fires recorded	Total number of fires recorded as required by HTM 05-01: Managing healthcare fire safety. https://www.gov.uk/government/publications/managing-healthcare-fire-safety	5
02	False alarms – No call out	Total number of false alarms that were dealt with by the organisation, without the fire and rescue service being called out.	83
03	False alarms – Call out	Total number of fire alarms that were attended by the fire and rescue service, but which the cause was a false alarm.	163
04	Number of deaths resulting from fire(s)	Total number of deaths of patients, visitors and staff resulting from fire(s).	0
05	Number of	Total number of patients, visitors and staff injured	0

	people injured resulting from fire(s)	resulting from fire(s).	
06	Number of patients sustaining injuries during evacuation	Total number of patients injured during evacuations, caused by fires or false alarms.	0

13.4 The data set for 2017/18 has not yet been published but the data for 2016/17 can be utilised in order to determine performance against other Acute Training Hospitals (as per the ERIC Classification).

13.5 From the table below UHL were positioned in the top third of the table in relation to the total number of false alarms reported in 2016/17.

13.6 From the table the number of fires reported last year saw UHL mid table.

13.6   Table 03: ERIC Data 2016.17

Trust Name (Source ERIC return 2016/17 Acute Training Hospitals)	Fires recorded	UwFS – No call out	UwFS Call out
Royal Free London NHS Foundation Trust	1	0	196
University Hospitals Coventry and Warwickshire NHS Trust	0	0	58
Central Manchester University Hospitals NHS Foundation Trust	6	0	174
Nottingham University Hospitals NHS Trust	8	0	262
Lancaster Teaching Hospitals NHS Foundation Trust	9	0	70
University Hospital of South Manchester NHS Foundation Trust	4	1	98
Chelsea and Westminster Hospital NHS Foundation Trust	3	8	0
University Hospital Southampton NHS Foundation Trust	4	33	125
York Teaching Hospital NHS Foundation Trust	4	38	45
University Hospitals Bristol NHS Foundation Trust	3	54	51
University Hospitals of Leicester NHS Trust	3	61	135
Wirral University Teaching Hospital NHS Foundation Trust	1	64	0
Hull and East Yorkshire Hospital NHS Trust	2	70	50
Blackpool Teaching Hospitals NHS Foundation Trust	2	76	5
Bradford Teaching Hospitals NHS Foundation Trust	0	78	24
University College London NHS Foundation Trust	7	103	79
Norfolk and Norwich University Hospitals NHS Foundation Trust	11	106	16
Salford Royal NHS Foundation NHS Trust	1	108	64
Royal Liverpool and Broadgreen University Hospitals NHS Trust	6	111	1
Cambridge University Hospitals NHS Foundation Trust	3	116	130
The Newcastle upon Tyne University Hospitals NHS Foundation Trust	3	118	127
St George's University Hospitals NHS Foundation Trust	1	145	79
King's College Hospital NHS Foundation Trust	1	151	6
Leeds Teaching Hospitals NHS Trust	5	151	135
Derby Teaching Hospitals NHS Foundation Trust	2	210	105
University Hospital Birmingham NHS Foundation Trust	0	237	0
Sheffield Teaching Hospitals NHS Foundation Trust	2	276	0
Barts Health NHS Trust	12	360	6
Oxford University Hospitals NHS Foundation	2	384	9
Guy's and St Thomas' NHS Foundation Trust	1	516	2
Imperial College Healthcare NHS Trust	6	729	0

13.7   Upon notification that the finalised figures for ERIC 2017/18 are published and available this comparison exercise will be undertaken again. The combined figures reported for UHL this year shows an increase of false alarms. At this stage it is not known if this is due to improved reporting mechanisms or that the previous returns were under reported.

13.8   A full comparison review will be completed in the coming financial year.

14.0 Fire Safety Resources

14.1   The Fire Safety Team currently employs four Fire Safety Advisors equating to three full-time equivalent posts. Due to a resignation received at the end of March a vacancy will become available in May 2018.

14.2   The roles are required to support University Hospital of Leicester NHS Trust (UHL), Leicester Partnership Trust (LPT) and NHS Property Services (NHSPS) across multiple premises in Leicester, Leicestershire and Rutland.

14.3   UHL are supported by two full-time Fire Safety Advisors

14.4   LPT and NHS PS are supported by two part-time Fire Safety Advisors

15.0 Fire Safety Work Plan / Priorities for 2018/19

15.1   There are a number of priority areas that are to be focused on in the coming year within the Fire Safety Team including:

a) Improved recording and reporting of all Fire Signals by Switchboard including the reduction of recorded "unknown" causations as illustrated in Chart 06.
b) Development of Fire Safety protocols.
c) Development and improvement of documented local evacuation procedures.
d) Continue to increase the number of suitably training Fire Wardens across the Trust.
e) Continuation of the development and implementation of local Fire Log books.
f) Development of new training presentations for the varied training sessions provided.

15.2   The Backlog Capital plan for 2018/19 remains fluid and dependent on what final budget allocation is received, but the following works have been identified as priority:

a) Glenfield Residences & Windsor Building Fire Detection Upgrades
b) Fire door replacement at LRI Windsor.
c) Fire Door replacement for non-compliant door sets onto the Hospital Streets at LGH.
d) Increased Fire Detection in LGH Main Theatres.
e) Compartmentation across the sites

16.0 Appendix A – Annual Fire Statement

Annual Fire Safety Statement: 2017/18

NHS Organisation: University Hospitals of Leicester NHS Trust (UHL)
I confirm that for the period 1st April 2017 to 31st March 2018, all premises which the organisations owns, occupies or manages have had Fire Risk Assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005, and (please 'check' the appropriate boxes)

1	There are no significant risks arising from the fire risk assessments.	☐
2	The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risks identified by the risk assessment. (limitations / cuts on available budgets may place constraints on what risks can be targeted / prioritised / rectified)	☒
3	The organisation has identified significant risks, but does not have a programme of work to mitigate those significant risks.	☐
4	Where a programme to mitigate significant risks has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.	☐
5	During the period covered by this statement, the organisation has not been subject to any enforcement action by the fire and rescue authority. Please outline details of enforcement action in Annex A Part 1.	☒
6	The organisation does not have any on-going enforcement action pre-dating this Statement. Please outline details of on-going enforcement action in Annex A Part 2.	☒
7	The organisation achieves compliance with the Department of Health's fire safety policy by the application of HTM 05 or some other suitable method.	☒

Chief Executive:	John Adler
Signature:	
Date:	

Director of Estates and Facilities:	Darryn Kerr
Signature:	
Date	30 May 2018

Fire Safety Manager:	Michael Blair
Signature:	MBlair
Date:	09 May 2017
Completed Statement to be retained for future audit.	

ANNEX A

Part 1 – Outline any enforcement action taken during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.

No enforcement action taken in the last 12 months

Part 2 – Outline any enforcement action on-going from previous years and the action the organisation has taken so far. Include any proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.

Not Applicable – no on-going enforcement from previous years.