

Trust Board 27th October 2020

Director of Nursing Quality Update

Purpose of the report

The purpose of this report is to update the Trust Board on a number of quality agendas during recent months through Covid -19.

Analysis of the issue

Whilst major incident procedures have relaxed slightly during recent weeks though COVID-19, our main consideration continues to be the delivery of safe effective quality care to all our patients and maximising the safety of all of our staff. Aligned to national guidance, we are focusing on maintaining the delivery and supporting the recovery of services and enabling the Trust to safely staff and respond proactively to demand. Our approach also embraces transformation and sustainability of standards of care to align with the CQC Key Lines of Enquiry.

Quality Summary

Infection Prevention Control

The Infection Prevention and Control (IPC) team continue to provide specialist IPC advice and support in relation to COVID-19 and the requirements to support and protect patients and staff. On 20 August 2020, Public Health England (PHE), issued new IPC guidance; *Covid-19 guidance for the remobilisation of services within health and care settings; Infection Prevention and Control recommendations*, and we have reviewed our processes and policies in light of this update.

The Trust has had one outbreak of Covid reported in October, within Bosworth Ward, this is in relation to four members of staff, one bank nurse and one substantive nurse and two domestic staff, following investigation there does not appear to be a direct causative link. All patients have been tested and are negative.

The number of completed Hand hygiene and Bare Below Elbows audits has further improved, the quality improvement aim in 2020/21 is to improve the total number of audits from 561 (37%) to 909 audits (60%). The total number of audits completed is at 60% currently and this will continue to be monitored within the IPC Group meeting and subsequently reported into the Quality Forum.

In light of the risk of flu and Covid-19 co-circulating this winter, the national flu immunisation programme is absolutely essential to protect vulnerable people and support resilience of the health and care system. The vaccine ambition is that 100% of FHCWs are offered the Flu vaccine and our focus is to achieve the maximum uptake for all eligible groups, particularly frontline healthcare workers, particularly relevant this year, with flu and COVID-19 circulating at the same time. Our Flu programme was launched on the 29 September 2020, offering flu vaccination clinic appointments for all staff over 8 weeks with support from our local peer vaccinators

As a system, we are also developing a COVID vaccination plan and programme; there are 2 possible vaccines which are currently being tested and will potentially be available towards the end of December this year. The priority groups for this vaccine will be for health and social care frontline workers in the first instance and there is a system wide delivery model being planned which we are a key part of this work.

The 2 vaccines work in different ways; one of them requires a gap of 28 days after the Flu vaccination, so it is vitally important we plan in readiness for the Covid vaccination being available. Early research is also suggesting that if flu is contracted, the symptoms and effects are much worse if Covid is also then contracted.

Safeguarding

The safeguarding focus within LPT continues to support working across the LLR system to encourage the consideration of Covid as a factor in multi-agency reviews, which is also being monitored through the LLR Safeguarding Board work. One emerging challenge faced for the safeguarding team is regarding the introduction of the single EPR process; there is currently no bespoke safeguarding unit on System one which enables safeguarding information to be accessed and stored in one place. Currently the team already have to access information in a number of different units; and with the transfer to System one, this will increase by 14 units. The longer term solution being addressed is the development of a Safeguarding Unit which is being worked through the IM&T programme. In the interim the safeguarding team will need to continue to access the different units. .

The previously reported backlog of s42 enquiries open to the LPT Safeguarding team has been cleared, and the team are now up to date with regard to sending current submissions to the respective local authority within the prescribed timeframes. This is being monitored through the Legislative Committee (LEG). Due to the volume of increases, new systems are being created with regard to how frontline services can better support the completion of the s42 enquiries, and this will be reported on as the systems are finalised and piloted across the trust.

As part of focused Quality Improvement plans, the Safeguarding team continue to support the Agnes Unit and Bosworth CAMHS inpatients with Safety Safeguarding Meetings supported by our Safeguarding Lead Practitioners and our Head of Safeguarding to oversee and support specific focused pieces of work on safeguarding supervision, practices and processes.

Complaints

Work is still ongoing to address the issues with complaints management within the Directorate of Adult Mental Health and the new status report being provided at the end of each week is working well. We have developed a virtual complaint training clinic to offer training in how to respond well to a complaint; the first one went very well. We have also seen an increase in responses provided within the 25 working day timeframe, with fewer requests for extensions, which is a testament to the collaborative work being completed between all teams.

Patient Involvement

Our service user and carer network continues to grow and we now have over 60 people on the network working with us at various levels of involvement in order to improve services. Thirteen of these network members have joined the Patient Leadership Programme which commenced in September and will be running weekly over the next three months. Our People's Council was also launched in September.

An Improving Access to Psychological Therapies (IAPT) Patient and user on-line workshop was held to engage on the bid for LPT to deliver these services across LLR. The workshop was well attended with 25 participants including voluntary and community sector partners, patients with lived experience of using IAPT services and representatives from both Leicester Universities. The discussion and feedback from the workshop has been used to inform the bid as we well signing up some of the attendees to work continue to work with the Trust if we are to be successful in being awarded the contract.

The team are also working on the implementation of the new Friends and Family Test. Inpatient services went live with the new FFT survey in September and data will be collected via iPads currently on the wards. From late October to mid-November Community Services will come online using a range of SMS/Text and automated voice calls. Feedback will also

be provided using the Attend Anywhere function. National reporting on FFT will commence in January 2021 with all Trusts required to commence collecting FFT from December 2020.

Patient Safety

September the 17th was the second WHO Patient Safety Day. The Patient Safety team along with Comms ensured that Patient Safety featured as the golden thread through all our Comms between 10th September World Suicide Prevention day and the 17th World Patient Safety Day. This year's theme was staff safety and we welcomed this particularly at this time and as we absolutely recognise the correlation between safe staff and safe patients. We focussed on 'keeping everyone safe' and particularly on the importance of creating a culture where staff felt psychologically safe to speak up by actively inviting feedback and really listening and acting. We created mind maps to support individuals and teams to discuss together how they can keep everyone safe.

We have seen an increase in violence and aggression reporting since the visit from the Health Safety Executive (HSE) in September 2019, we believe this is a positive reflection on the communications work with the directorates on the importance of reporting. In addition, we have centralised the 'Reporting of Injuries, Diseases and Dangerous Occurrences' (RIDDOR) reporting to the HSE by the Health and Safety Compliance Team, which supports the requirements of the HSE to report the right things, at the right time. . A deep dive into how we are managing violence and aggression was presented to QAC by the DMH in September.

Learning Lessons

The Learning Lessons Exchange Group is working as a Community of Practice (COP) and our Head of Patient Safety and our AD for QI are collaborating to work with leaders across the Trust in relation to how we use evidence base to influence our learning.

In addition to this, we are developing a series of learning events, where specific examples of cases from SI's, complaints, inquests and claims will be reviewed to understand any connections, common themes and learning. This will enable a safe space to triangulate themes already identified and consider what may have been missed. It is also an opportunity to use fresh thinking, develop curiosity and critical inquiry skills and share specific learning points.

This will adopt an appreciative inquiry approach which means that the questions we pose to ourselves will be designed to create depth, richness, creativity and new and different ways of thinking. It is hoped that by having these kind of conversations we can develop the growth mind set developed in our Community of Practice model and create actions and new possibilities that may not naturally come from traditional methods of 'investigation'.

Buddy Forum

The Buddy Forum continues to meet via MS Teams on a monthly basis. The Buddy Forum MOU was approved in the Quality Forum and has been signed off and sent onto to NHSE for final agreement. Future full reporting from the Forum will be received through QAC.

Student Nursing Placements

As a direct impact of COVID-19, the Trust has a significant reduction in usual capacity opportunities for student nursing placements from 238 to 143, a total loss of 95 placements (45%) and this is constantly shifting, making it increasingly difficult to work together with partner universities in the allocation of students. There is a risk that there is an interruption to the student programme, disrupting the nursing workforce pipeline and potential damage to the teaching reputation of the trust and as a future employer; and a potential financial impact. As this is an emerging risk, it is being reflected with our risk register.

However, the Practice Learning Team with Service Leads are proactively facilitating task and finish groups to address placement challenges across the Trust, aligned to service changes/recovery to consider alternative placement ideas and rise to this challenge, collaborating with system colleagues, to ensure high quality learning placements.

Quality Accreditation

Following extensive consultation the Standard Operating Procedure for Quality Accreditation (QA) was agreed at the August Quality Forum and the Accreditation tool has been finalised. There are two versions of the same document; one for CHS in-patients, and another which includes a legal frameworks tab for AMH, LD, FYPC and MHSOP. This will allow equitable comparison across LPT.

The QA programme started in full on September 22nd 2020, a small team of assessors from all directorates including Enabling has been developed, with a checklist to ensure staff and patient safety and some working virtually and others visiting the clinical area. A different inpatient ward will be assessed every 3-4 weeks. The governance route for formal reporting will now commence into the Quality Forum and QAC.

Mental Health Act

Mental Health Act (MHA) Continuity plans continue to be submitted to the ICC in response to National directives and the Trust continues to remain compliant with legislative changes.

MHA activity continues to remain at a higher level during COVID-19 particularly in the following areas:

- Section 17a Community Treatment Orders
- Admission under detention
- Mental Health Tribunals

MHA activity reports through a dashboard to the bi-monthly Legislative Committee (LEG), and training, suspended in April 2020, is due to recommence remotely in October 2020.

MHA Managers Panel hearings, initially suspended as part of continuity planning, continue to work under revised procedures that mirror the Tribunal processes for remote hearings. This remains subject to ongoing review. The Trust has not had any MHA focussed CQC visits during the pandemic, however agreed procedures are in place should this change.

The MHA Service has in place an action plan to address the EPR transition from RiO to System One. The plan is an accumulation of the work undertaken to support continued service delivery following transition and will remain subject to review. The Senior MHA Administrator continues to work with the DH&SC on the digitisation of the MHA and reports changes through continuity plans and the LEG.

Following feedback from LEG members and a review of LEG business, including the flow and escalation of information for safeguarding matters and issues relating to the MHA and MCA, it has been proposed to separate the current LEG structure into two Level 2 Committees as follows:

- Safeguarding Committee
- Legislative Committee which encompasses MHA/MCA

These will report directly into QAC and the Terms of Reference have been drafted, with a view to implementing the new structure from December 2020.

Conclusion

The Trust continues to respond well to the COVID-19 pandemic, proactively supporting recovery and maintaining a business as usual mentality towards quality and safety in very unusual circumstances. This has ensured that we have capacity to be as effective and responsive to the fast changing landscape and clarity that quality of care and patient and staff safety is of paramount importance to the Trust.

Decision required

The Trust Board is asked to receive the report for assurance.

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Dr. Anne Scott Acting Director of Nursing/AHPs & Quality	
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Date submitted:	19 th October 2020	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	QAC in part – this is an updated version for Trust Board.	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Full assurance	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning		
STEP up to GREAT strategic alignment*:	High Standards	X
	Transformation	
	Environments	
	Patient Involvement	X
	Well Governed	
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	1,2,3,4,5,9,12
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	Considered none identified	

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