

Public Trust Board March 2021

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

As we continue with managing the global pandemic into the new year, 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. The team have successfully recruited to an administrator post and two additional Band 6 IPC nurses due to commence in post early March 21. The Trust had eight new outbreaks of Covid-19 reported in January 2021, of which two were staff only outbreaks, and the remaining six included both patients and staff. Each outbreak has been thoroughly investigated and reported appropriately. It is also not recommended to benchmark ourselves against other Trusts as the population and levels of Covid in different areas are very variable and different. A Trust-wide Quality Improvement approach through the Covid-19 Incident Co-ordination Centre (ICC) has been adopted to respond to outbreaks as they occur and address immediately any emerging themes, captured in the outbreak quality improvement plan and we continue to share lessons learned though the Covid-19 weekly communications bulletin, IPC group and regionally through networks.

A nosocomial infection is an infection that is acquired in a hospital or other health care facility. How likely each patient Covid-19 case is to be a nosocomial case is based on the duration of time between admission to a healthcare facility and positive specimen date;

- **Hospital-Onset Probable Healthcare-Associated** – positive specimen date 8 -14 days after hospital admission.
- **Hospital-Onset Definite Healthcare-Associated** – positive specimen date 15 or more days after hospital admission.

On 19 January 21 it was agreed to add nosocomial Covid-19 reporting to the Trust Board Performance Report against each onset description as both a Trust total, split by Directorate added as new indicators into next month's report showing data for the last 6 months. It has been agreed to use the IPC local access database system as the data source and the IPC team provide the ICC a weekly Trust wide update on every Monday for the preceding week's nosocomial cases and running total.

In January 2021 there were 27 cases of nosocomial Covid-19 compared to 44 cases in December 2020. The majority of the nosocomial cases are linked to the increased incidences and outbreaks.

A summary of actions the Trust is taking to tackle nosocomial infection;

- Implemented recommendations in line with all government IPC guidelines including the latest IPC guidance and key actions for IPC and testing and weekly testing thereafter for all inpatients
- Staff lateral flow testing
- Targeted asymptomatic staff and patient PCR testing in high nosocomial areas
- Patient care management and admissions in line with – low, medium and high risk care pathways
- Level 1 & 2 mandatory IPC training including Donning and Doffing training
- FFP3 mask fit test training
- PPE adherence in line with the care pathways – weekly audits and daily in areas with increased incidences
- IPC Back to Basics campaign and Cleaning with Confidence adopted
- Cleaning and decontamination service specification reviews
- Outbreak management – toolkit and guidance, weekly Trust oversight meeting
- Outbreak Quality Improvement Action Plan
- Hand Hygiene and Bare Below the Elbow audits
- Health and Safety Covid-19 secure risk assessments
- Review of zoning and bed spacing
- Source isolating all new admission/transfers from UHL until the day seven patient Covid-19 test is negative
- Patient placement reviews to avoid new patients admitted being placed with patients who have been in hospital greater than 14 days

In regard to other infections, there has only been one case of CDT and once case of E-coli identified following a review of 250 patient records. It is likely that this is an indirect result of the additional IPC measures, PPE and hand hygiene levels during the Covid-19 pandemic.

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. We have achieved 59.8% of all staff and 59.4 % FHCWs against an ambition of 100%. The LPT strategic planning group for Flu and Covid vaccinations continues to meet on a fortnightly basis, the focus of the group moves towards flu planning for the 2021/22 season incorporating the quality improvement, vaccine hesitancy review and key lessons from high performing Trusts. In line with the LLR board, the group's Terms of Reference (TOR) will change to reflect the Flu vaccination delivery programme and ambition. The Trust programmes for the administration of the Covid-19 vaccine are being delivered through the ICC.

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. 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.

Information previously shared outlining volume and increasing workloads for the safeguarding team remains critically high with the safeguarding team employing a prioritisation model to the work to ensure all of the high risk and statutory requirements for the trust are managed and executed accordingly. This includes; Prioritising Red contacts to the advice line, dealing with the s42 enquiries (In-patient Services) and the work on multi-agency learning reviews.

Leicester City Adult Social Care have raised concerns regarding challenges in getting information from the trust clinical teams regarding community s42 enquiries conducted by

the local authority. There has not been a documented process previously, and this has contributed to confusion. Following a productive and constructive meeting with the Trust's Head of Safeguarding and the Director of Adult Social Care, the LPT Safeguarding team now act as SPOC for these enquiries and liaise directly with the directorate governance teams who will source the information and provide the feedback to the local authorities. In turn the local authorities will ensure their staff contact the LPT Safeguarding team moving forward.

Following a recent disclosure a s47 Child Protection Investigation is underway regarding the safety and welfare of a service user. There is also an additional HR investigation which is running as a parallel process to this safeguarding investigation. Senior Managers from the service, directorate and safeguarding team are cited to, and are addressing the issues reported whilst supporting both the service user and partner agencies.

The single safeguarding unit project on Systmone continues at pace, and the changes already made will have great benefits to the safeguarding team and the patients receiving care from LPT with clearer processes and documentary pathways in the patient records.

Clinical Governance Trust-wide Review

The work to strengthen and improve clinical and quality Governance across the organisation continues to align trust wide clinical and quality governance infrastructures, processes, systems and outcomes and developing one Trust model with a standard infrastructure and clear lines of accountability across the Trust and within directorates.

The Executive Team have requested an exploratory workshop which will take place in March in order to understand the required changes in detail at both Directorate and Corporate level, this will then enable good clinical governance structures to be in place, which will be well governed by the Heads of Nursing through the Directorate Quality Safety Meetings and directly report into Level 1 and 2 Trust-wide committees. This will result with a direct line of accountability from the 'floor' to the Trust Board through the portfolio of the Director of Nursing/AHP's and Quality.

Complaints and Concerns

With the ongoing pressures across the Trust in the response to the ongoing pandemic the management of complaints and concerns is continuing to be challenging with all three directorates across the Trust reporting capacity issues due to staff relocation, sickness or isolating/shielding and this is having a direct impact on the ability to investigate and respond to complaints and concerns in a timely way.

During the first wave of the pandemic there was a national decision to pause the investigation of new complaints, this came into effect in March 2020 and was lifted in June 2020. Now in the second wave, the question about a second pause has been raised. In response to this we have now been advised that NHSE/I are only allowed to put a pause in place once. If they wish to pause complaints again, the Department of Health would have to take over and rewrite the NHS Complaints Regulations 2009 and get them through the House of Commons again. All that would take a couple of months while they go out for consultation and so they are not likely to do this again in wave two.

The Trust also received confirmation that UHL have decided that as at 11 January 2021 to pause all current complaints and concerns activity for 6 weeks as they redeploy staff to support the response across the Trust.

The Parliamentary and Health Service Ombudsman (PHSO) are currently contacting all Trusts across the County to ascertain their current position in the management of complaints. The aim of this review is to help the Ombudsman reflect any issues or changes in complaints management in how they handle their casework, so they are as responsive as possible to the ongoing situation.

Interim approach:

Work with Directorates

- Agree informal responses for complaints and concerns that relate to key themes or Trust activities e.g. Step up to Great Mental Health; access to appointments; delays in services
- Weekly touchpoint meetings will be put in place with directorate complaints lead to review and discuss service pressure points/challenges
- Explore potential to have a named 'duty person' for key services – this person would act as a named contact for any concerns raised in relation to that service and would respond/allocate concerns as received. This could be a member of staff who is currently shielding or is isolating and has access to clinical systems
- Continue with the provision of weekly status reports for directorates supported by update meetings with the complaints team to review live complaints

Management of current complaints

- Each current complaint will be individually reviewed against their progress and a decision on each complaint made with regard timescales and the need to potentially contact the complainant to advise of the new provisions to respond

Management of new complaints

- Extend the current standard response timescale from 25 working days to 45 working days (in line with NFHT proposals and within national guidance on timeframes).
- Introduce the option to negotiate extension to complaint timeframe (additional 15 day extension). This would be agreed against a set of criteria and in partnership with the complaints team.
- Where a complaint cannot be responded to within the 60 working days maximum timeframe a review is undertaken with the Director of Nursing, Quality and AHP's to agree appropriate management of complaint
- All new complaints will be triaged by the Complaints Team and where appropriate the option of resolving the concern informally will be offered.
- On receipt all new complaints will be assessed in response to any Safeguarding or patient safety issues and actioned appropriately.
- All new complaints will be advised on the potential delays to providing a response to their complaint and will be offered support where necessary by the complaints team.

Governance

- The monthly Complaints Review Group is currently paused and will continue to be paused until the end of February 2021
- Assurance for complaints management and compliance will be gathered through the weekly touchpoint and complaint status meetings with each directorate.
- Quarterly patient experience and involvement reports will continue to be produced in line with current governance arrangements and will be signed off through the Quality Forum and Quality Assurance Committee

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 joined the Patient Leadership Programme which commenced in September 2020, and 12 went on to complete the programme in November 2020. Planning is now taking place for these individuals to work more collaboratively alongside staff.

Last quarter we advised that a small group of people from the service user and carer network have worked collaboratively with staff in order to co-produce and design LPT's Mental Health and Wellbeing Workbook. The workbook is aimed at those who maybe

struggling throughout this period and to support LPT service users/carers and people in Leicester, Leicestershire and Rutland communities during these exceptional times. The working group hope the workbook provides its readers with helpful distraction activities/practical guidance as well as signposting readers to local and national organisations. The group have secured charitable funds and have had the workbook translated into the below languages, and have a limited number of hard copies available;

The involvement team have worked with a small group of service users and carers to develop and launch an Introduction to Involvement workshop, a strategic workshop, and recruitment training in order to support service users and carers in their involvement journeys. An overview of each session can be found in the below table;

Introduction to Involvement	Strategic Workshop	Recruitment Training
Working together as equal partners	Delivered by LPT's Chair Cathy Ellis, and Patient Experience & Improvement Lead Alison Kirk	Recruitment & selection process
LPT's Involvement Framework	An introduction to the NHS	Job description & person specification
LPT's Involvement Charter	How does the NHS in England work	Interview questions/presentation
Confidentiality agreement	Integrated care systems	Types of involvement in recruitment
Skills, Experience, Needs & Interests form	What is 'Step up to Great'	Confidentiality
Support & training we offer	Support LPT can give you	Do's and don'ts of interviewing
Reward & recognition policy		Recording/scoring the interview

The People's Council continue to meet. In January 2021 David Williams and John Edwards attended the Council to discuss the Trust's Step up to Great Strategy and how the Council can support the strategy. Council members also attended the Trust Board Development Session in early February 2021 where they provided an update on their work to date and had discussions on how they will with the Trust Board moving forward. The Council have now finalised their mission statement which is:

"To be an independent voice to ensure that LPT services are great for all"

All Patient and Carer member of the Council have now been issued with their nhs.net email accounts which will allow them to participate in meetings fully. Further development sessions are taking place in March and April where the Council will finalise their terms of reference, behaviours and values and establish their workplan for 2021/22.

Implementation of the new FFT system continues. All inpatient services were brought online at the beginning of December 2020 and are collecting FFT through an App on iPads allocated to services. In addition to the FFT question the survey also includes 5 patient experience questions which were co-designed with patients and carers.

The roll out of the SMS system in community services had been delayed due to issues in terms of data quality and the move from Rio to SystemOne for AMH services. Planned 'go live' date for SMS collection was February 2021 but this has been delayed due to capacity in the information team to complete the data cleanse which is required following the move from Rio to SystemOne in late 2020. The team are working hard to be ready to commence collection via SMS by the end of March 2020.

Credit of £20,000 for delivery of SMS text messages will be carried over to 2021/22 as not used in current year.

Patient Safety

The patient safety team have been supporting the work in relation to the Trust-wide clinical governance review ensuring that this aligns and supports the direction of the Patient Safety Strategy. This also supports directorate governance teams to strengthen and align their processes in relation to Serious Incidents. The key principle underpinning the patient safety strategy is creating a just culture where staff feel safe to report and address concerns and incidents. The patient safety team are working with the Director of HR and the trust change champions to strengthen this across all of LPT.

The Incident Oversight Group are working with Directorates to strengthen their processes in relation to Serious Incident management to better understand the stages of the process that pose the greatest challenge. As part of this ensuring there is an appropriate governance process to this. In addition the Patient Safety team are working towards a set of quality standards with the aim of gaining accreditation from the Royal College of Psychiatrists (assessment process beginning in June 2021)

As part of the Trust wide clinical governance review work, there has been collective agreement from two directorates to recruit to specialist investigators to work alongside our clinical staff, which reflects the direction of travel within the new national Patient Safety Strategy as best practice. The recruitment will also be widened to staff from outside the NHS to mirror the model used by the National Healthcare Safety Investigation Branch (HSIB). The pressure on clinical teams is resulting in delays within the SI process and where possible the patient safety team are supporting by reviewing reports. This level of support is not sustainable in the long term and alternatives are being explored as part of the overall Trust wide clinical governance review.

Student Placements

The trust continues to provide high quality learning opportunities to all students, however as previously reported, the trust now has a further significant reduction in placement capacity mainly across Mental Health Services, due to COVID and staff sickness. Pre covid overall placement capacity was 238, reduced to 167 in January 2021 now with a further reduction of up to x 20 plus placements. Having considered the increased nursing placement demand into Mental Health over the next 6 months we are currently collaborating with colleagues in local universities, to scope the option of final paid placements for third year mental health nursing students. If agreed they will join the workforce for their final paid placement leading to a permanent post. This will allow for placement capacity to be created and prioritised for all second year students and those students starting their third year. In accordance with the Nursing and Midwifery Council standards, we have also decided as a trust to defer the first year mental health students coming out into practice from the 31st March as a temporary measure, to ensure placements are prioritised for second and third year students.

Currently we continue to meet the placement demand for Adult, Children's and Learning Disability (fields of practice). However we are experiencing increased demand for registered Staff to provide registrant with oversight (long arm supervision) to support students in PVI placements. We also continue to offer blended learning opportunities and provide students with a virtual desk top allowing them to access virtual consultations where services require them to do so.

Allied Health Professionals placement capacity is also challenging with a specific increase in physiotherapy placement demand. A system wide group has been established, to collectively pilot innovative solutions to meet this demand. This work will also progress as part of the Health Education England (HEE) Clinical Placement Expansion Project.

Allied Health Professionals

Allied Health Professions (AHPs) form the second largest clinical workforce in Leicestershire Partnership Trust. With over 600 AHPs working across clinical directorates and enabling teams they work to deliver high quality and compassionate care and the Step up to Great priorities. Alongside their multi disciplinary colleagues, they are fundamental to the delivery of the strategic priorities within the NHS Long Term Plan and the Leicester, Leicestershire and Rutland Ten Principles. Out of the 14 different AHPs professional groups LPT employs, Occupational Therapists, Dietitians, Physiotherapists, Podiatrists, Speech and Language Therapists and Art Therapists and their associated support workers. There are a number of

key achievements and future priorities for the development of a sustainable AHP workforce, to ensure leadership capacity and capability including:

- Response to the COVID -19 pandemic
- Ensuring delivery of the Step up to Great priorities.
- Opportunities for new roles within LPT and wider system.
- Ensuring a future pipeline of AHPs through student placement capacity and retention.

There is a separate report detailing the key AHP workforce achievements and priorities in appendix 1 attached.

Decision required :

Trust Board is asked to receive the report for assurance.

Governance table

For Board and Board Committees:	Public Trust Board	
Paper sponsored by:	Dr. Anne Scott Director of Nursing/AHPs & Quality	
Paper authored by:	Dr. Anne Scott Director of Nursing/AHPs & Quality	
Date submitted:	February 19 th 2021	
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):	NA	
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	Monthly	
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:	NA	
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	