

Trust Board 27<sup>th</sup> April 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 throughout Covid -19.

### Analysis of the issue

As we continue with managing the global pandemic, 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 also successfully recruited to an increase in establishment to support their function.

A Trust-wide Quality Improvement approach through the Covid-19 Incident Co-ordination Centre (ICC) is working well in order 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. The number of outbreaks identified within the trust has fallen considerably with 2 in the monitoring phase which will be closed in the next week.

Nosocomial Covid-19 data continues to be monitored, as of the 14/04/21 the trust has no inpatients with a positive Covid result requiring isolation. An aggregated review with a report outlining key findings and learning from the nosocomial infections of Covid within the trust is in progress

However, a potential outbreak of a Carbapenamase Resistant Organism (CRO) has been identified within Beechwood ward at the Evington centre. Daily outbreak meetings are in progress which is supported by the Consultant Microbiologist from University Hospitals of Leicester. A review of the cases in line with the trusts policies will be completed to address any issues and learning required. 40 patients have been sampled to understand the extent of the outbreak. Two of the initial patients had previously been inpatients on the same ward at the Leicester Royal Infirmary. CRO is known to be prevalent in the wider community within Leicestershire and patients may be carriers without exhibiting any symptoms. This is requiring daily review.

#### Flu Vaccination Programme

A planning meeting took place on the 09/04/21 to review the learning from the flu campaign 20/21, and consider the options for the campaign of 21/22. The aim is to increase the uptake of the flu vaccine by LPT staff, with particular reference to frontline healthcare. The strategic meeting identified a number of key lines to development further. Work will consider vaccination confidence (previously known as hesitancy), access, booking solutions, as well as the use of data from the previous year to support actions to address those areas/teams of low uptake.

## Hospital Hub Covid Vaccination Project

Sites currently live:-

Site	Date opened to the public	Operating Hours	Number of vaccination stations	Vaccinating
Loughborough	17/3/21	8am-4pm, 7 days a week	6	Current public cohort
Fielding Palmer	22/3/21	8am-4pm, 2 days a week	4	Current public cohort

We are still providing 3 vaccinators a day to the UHL operated site at Leicester general.

Key updates:

- Coalville is being discussed at a regional level and once approved we will open using the same model as Loughborough (detailed above)
- We have the ability to ramp up capacity at Loughborough to 8 stations 8-8pm, but we will only make this change if we have sufficient workforce, the current slot fill is 100% and the system confirm they require additional capacity

### Peepul Centre

An exit strategy has been progressed to support safe and effective release of substantive staff back into delivery of services. This has been shared with the workforce bureau and progress has been made in line with the plans.

This plan was implemented in February 2021 and is working to a 25% release of staff each week with this being backfilled through the workforce bureau. Currently over 75% of staff have been repatriated back to service. In addition, the Military have provided support to enable the vaccination stations to be manned at full capacity throughout the period 8<sup>th</sup> March to 29<sup>th</sup> March 2021.

### Pharmacy

The Peepul centre is now covered by a rota of pharmacists taken on by the workforce bureau expressly for this purpose. Loughborough and Feilding Palmer have insufficient activity to justify a continuous presence but have a pharmacist drop in once or twice a week to ensure all is well. All pharmacy staff have been briefed that they may be required to fill gaps in rotas or step in at short notice if demand changes. Staffing needs are kept under regular review and there are no identified significant risks at this time.

### **Mental Health and Learning Disabilities Safe Staffing Board Assurance Framework and NHS Key actions; Management and Assurance of Nurse Staffing during Current wave of Covid-19 Pressures**

A review and self-assessment has been completed against the Mental Health and Learning Disabilities Safe Staffing Board Assurance framework that was issued to support the management and assurance of staffing during Covid-19 (Appendix 3). No gaps were identified within the review.

An evaluation was also undertaken against NHS Key Actions: Management and Assurance of Nurse staffing during current wave of Covid-19 pressures – Acute Adult In-patient. Whilst the guidance is aimed at acute care providers the mapping against the assurance framework

in terms of planning, decision making & escalation, staff well-being and governance and assurance. No gaps were identified.

## 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 the Beacon 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.

The new assurance template (SAT) for the CCG, previously adopted, will be adopted again. In April 2021 this will be presented to NHSE/I, in collaboration with UHL and the CCG, outlining a successful collaborative model of assurance.

There are no s47 enquiry (Child Protection) against any LPT service, for harm which may have occurred to a young person whilst under LPT's care.

Regarding Adult s42 (Safeguarding Enquiries) there are two types which involve LPT Services. In-patient (undertaken by the LPT Safeguarding Team) and Community (undertaken by the local authority). There are a high number of current inpatient enquiries  $n=41$ , many of which are managed through the collaborative working with the Patient Safety Team and are being run as parallel SI processes. This improved efficiency means that there will be only one enquiry serving two purposes (the SI and the s42 enquiry).

There is an unknown number of current community s42 enquiries as LPT systems currently have no way of capturing this data. This however is being worked on moving forwards aligned to the improvement work on the Systmone processes. The local authorities also have no data regarding numbers for LPT as their systems only capture 'health' and not individual trusts. They have however raised concerns regarding a number of delays in community s42 enquiries information sharing from LPT frontline services. These cases have lacked both LPT Safeguarding Team and Directorate governance teams oversight due to a lack of process in place. This is currently being worked up and rectified by LPT Safeguarding, the Directorate Lead Nurses and Directorate Governance Teams. A more detailed report will be provided in due course.

## Buddy Trust Update

The formal Buddy arrangement officially closes on the 31st March 2021 and both Trusts will then operate in a formal group relationship, in which work-streams will continue. This includes continued support for CQC confirm and challenge, with peer review, which is currently being undertaken using a table top review methodology for each service line. This will enable learning across both Trusts for future working.

A Buddy Forum closure report is being completed which will detail support provided by NHFT this will also endorse the KPI evidence. Both reports will be presented to the Trust Boards and NHSE&I, with the final Buddy Forum taking place on 26th April 2021 to formally close.

## CQC MHA visit update

The CQC have recommenced the MHA reviews after they were suspended for 12 a month period due to COVID-19. The Agnes Unit inspection took place as a remote review which was completed at the beginning of February 2021. The CQC are not producing a formal 'provider action statement' for completion; however, there were two action points that required addressing which were in relation to a long-term patient who required segregation and subsequent restrictions applied. A full response has been completed and returned. Overall, the feedback from the CQC was extremely positive, with excellent patient and carer feedback regarding the staff and services provided at the unit.

## Least Restrictive Practice

Over the last month there has been an increase in the use of restraint and seclusion in acute Mental Health wards and the Psychiatric Intensive Care Unit due to the acuity and complexity of the current inpatient cohort. The seclusion paperwork audit compliance in February 21 achieved 89% which demonstrates a reduction in compliance. On analysis the particular areas of reduced compliance were:-

- Patients not searched prior to seclusion
- Doctor assessment not taking place within the first hour of the patients seclusion
- Late reviews
- Care plans not being fully completed.

Remedial action is in place, including specific feedback given directly to Ward Sisters/ Charge Nurses, individual staff and to Clinical Directors to discuss with medical staff. Further training has also been arranged for some wards. There has been some positive work on the use of *Safewards* on Heather Ward and this is being shared with other areas as good practice.

The Trust completed the benchmarking on least restrictive practices self-assessment exercise as part of the East Midlands Collaborative Group, which will inform the production of the new workplan for 2021/2. A new Trust strategy on least restrictive practices is also in progress, working in collaboration with Health and Safety Violence and Aggression Management standards. These will form part of the Q 4 Positive and Safe Report.

## Clinical Governance Trust-wide Review update

In September 2020, the work to strengthen and improve clinical and quality Governance across the organisation was recommenced building on the recommendations and findings from:

- 2018/19 CQC inspection
- External reviews 2019/20
- Recommendations within the Patient Safety Strategy
- Governance changes in LPT pre COVID
- Current performance on Serious Investigations, complaints, action plans and duty of candour

Further work has been undertaken through communities of practice and reviewing current structures and functions within the clinical governance teams and data. A workshop was held with the executive team in March 2021 to discuss the current position and recommendations for change. The key areas of concerns discussed were:

- Variation in form and function of clinical governance arrangements across all 3 directorates leading to variation in performance and oversight.
- Variation in reporting lines for teams and hence oversight and accountability for key clinical functions.
- Variation in understanding of what clinical governance
- Variation in Directorate Quality and Safety Meetings in agendas and attendance
- Timeliness and quality of SI's, Action plans, complaints and duty of candour needing urgent improvement.

The following key actions are in progress:

- Alignment of the clinical governance teams to report to a quality matron/clinical lead in each directorate to ensure support, accountability and oversight by the Director of Nursing, AHPs and Quality. Job descriptions have been written and are currently being approved under the Agenda for Change Process. On completion, these will be appointed to with HR guidance. Heads of Nursing are overseeing the accountability for Clinical Governance within Directorates.
- Establish a trust wide lead for clinical governance to enable spread of innovation, support data and processes and reduce variation in practice across the three directorates. The job description is written and is currently in the job matching process due on the 23<sup>rd</sup> April. On completion to this the post can be appointed to.
- Develop investigation leads within directorates in line with the Patient Safety Strategy and to support an improved position in quality and timeliness of investigations. Job descriptions are complete and banded and recruitment is in progress.
- A model has been agreed which demonstrates the key workstreams for the clinical governance agenda and is being used to organise roles and functions within the clinical governance teams.
- Standardise the quality and safety agendas across the three directorates to enable improved performance and oversight on SIs, Duty of Candour, Action Plans and complaints.
- Training on SI investigations developed and being delivered within directorate teams in April/May 2021.
- Process of sign off for Duty of Candour aligned to Executive Director. Panel investigations will be signed by Director of Nursing, AHPS and Quality and Medical Director, all others to be reviewed and signed off by Director for CHS, DMH and FYPC/LD.
- Focused Quality Improvement programme on SI action plans in delivery.

## Patient Involvement

Full roll out of the Friends and Family Test (FFT) SMS/Texting programme commenced on 19 April 2021 following a data cleanse by our information team. This means that the majority of community services across the Trust will now commence their FFT collection through this approach. Collection continues with inpatients and promotional posters have been created for all inpatient and community areas and have been distributed.

An FFT annual programme has been developed with focus on particular areas in each quarter. Three Patient and Carer Leadership Programmes have been secured for 2021-22, two are based on the programme delivered this year, Introduction to Patient Leadership and the third, Leading Together Programme is aimed at leaders working within LPT, and who come from two different perspectives and positions; patients and professionals.

A further three development sessions for the People's Council have also been secured and will be offering a range of both individual and group development for Council members.

Priorities have been set for both the annual Quality Account and Quality Schedule. Both focus on complaints and FFT improvement as in previous years, with the addition of focusing on the improvements made on the back of patient feedback and how patients and carers are involved in designing and delivering improvements across the Trust.

Discussions are currently taking place with DeMontfort University in respect of offering year three mental health students placements within the patient experience and involvement team. Various approaches are being discussed in terms of the learning outcomes for students and how they can take their learning into their placements.

Priorities for the patient involvement work programme for 2021-22 have been set, including:

- Increasing the members of our Patient and Carer Involvement Network through

- working with community forums and groups to promote opportunities for involvement
- Further growth of our Experts by Experience, through the development of role descriptions and opportunities for providing paid contracts
- Enhancing the training and development offer for our Involvement Network including the Patient and Carer Leadership Programmes and developing roles for Experts by Experience to deliver this training
- Roll out of involvement cafes based on the Recovery Café model
- Introduction of Walk and Talk involvement session in line with the lessening of Covid 19 restrictions
- Launch of Involvement in a box, forming part of the Quality Improvement offer, supporting staff to think about patient and carer involvement in their improvement projects, this is being co-delivered with one of our Experts by Experience
- Establishing a Community of Practice for staff who are interested in involvement, building on the network of Patient Experience and Involvement Champions
- Implementing Always Events in response to patient experience feedback collected through FFT
- Celebrating and Recognising involvement through events and rewards
- Formal launch of the Patient Involvement Framework

### **Patient Safety – Duty of Candour**

Following a 360 audit in relation to Duty of Candour; 360 made some helpful suggestions and points of clarity in relation to strengthening the policy and enhancing clarity for a few aspects of the policy. These changes have been made and the policy re published.

The PST also identified that some of all Duty of Candour letters were not written as compassionately as we would expect. A positive move has been that the Executive team have supported best practice that these letters should be sent from Director level. This has been added into the policy and shared with Directorate Governance teams and for all new letters being actioned with immediate effect. Further work is ongoing to raise the profile and promote the culture of candour in the Trust , for example an ‘E blast’ with a short film made by the Head of Patient Safety setting out the key areas of compliance as well as sharing with staff what is important about our ‘culture of candour’. In addition we have secured a bespoke workshop A Journey Through Complaints and Serious Incidents focussing on compassionate responses

### **Serious Incident Position**

There has been a deteriorating position in relation to the Directorates compliance with Serious Incident timescales noted over the last few months which has been responded to with an improvement approach which is being measured weekly. Key areas have been identified that require focus on to recover to an improved and ultimately a measurable sustained positive position. These are the strengthening of line of sight, engagement and connectedness of directorate governance teams with the corporate patient safety team. Work has also been undertaken to agree improved senior management and clinical oversight within directorates.

The Patient Safety Team meet with directorate governance teams weekly and the Incident Oversight Group has been reviewing this position with directorate governance teams on a monthly basis ensuring that an updated position on progress goes to Quality Forum, evidencing measurable improvement with Serious Incident Reports, Action plans and Duty of Candour compliance. In addition a risk has been added to the risk register in October 2020 with actions now in place for all three directorates.

## Improvement Actions in place

- Strengthened improvements to directorate governance line of sight through directorate governance teams and HoN
- Collective Governance oversight provided by the Incident Oversight Group and progress reported through to Quality Forum on a monthly basis
- Risk described and mitigations with clearly agreed responsibilities agreed with directorate governance teams and patient safety team
- Active collaborative improvement work in place with directorates to clear their backlog of investigations from the CPST/Deputy Director of Nursing
- Recruitment of specialised investigators in process with a delivery date of (Need a date in here)
- SI training constructed (in house) to commence delivery at the end of April 2021 to provide additional support and refresher training to all directorates
- Established a Community of practice in 2020 to improve cross organisational learning and strengthen the interface between operational and directorate functions

## Student Placements

The Trust continues to offer high quality placement opportunities to student nurses, despite a continued significant reduction in overall placement capacity from 238 placements (pre covid) to 178 (deficit reduced by x 10). Placement deficit remains in community nursing teams for mental health and district nursing. This together with increased student placement demand requires a different approach to providing practice learning. The highest pressure point is currently in Directorate of Mental Health (DMH) then Community Health services (CHS) continuing over next 4- 6 months. Detailed plans are in place to meet increased student placement demand for mental health and adult nursing. In DMH placement demand has already exceeded current in patient placement capacity, with co-horts of students groups overlapping in some areas.

Actions in place:

- reduction in cohort group size
- Placement duration and dates altered
- First year students sharing a placement for short duration
- Virtual Clinical Practice Placements – registered nurse's required to support
- Work Books linked to placement area
- New Blended learning opportunities revisited and explored
- Student groups overlapping with shorter placement time/blended learning
- Heads of Nursing/Deputy Heads of Nursing/Senior Nurse's providing support for staff, by assessing students alongside staff supervision.
- Explore potential use of bank staff to provide assessment in support of staff, where student numbers are high and exceed capacity
- Registered Nursing staff supporting Registrant with Oversight/long arm mentoring to students placed into Private, Voluntary Independent (PVI) placements

## Allied Health Professionals

Our Allied Health Professions workforce have continued to work with their multidisciplinary colleagues to support the Virtual Covid wards, recovery of services and vaccination programme as part of the response to COVID -19. Additionally, the Clinical Placement

Expansion Programme has commenced led by Suraiya Hassan with work underway to deliver innovation in placement models and clarity on capacity and training needs for practice educators. A proposed placement allocation tool is in development to agree equity and clarity on capacity for student placements. This work is in close partnership with our partners at University Hospitals Leicester and our university partners.

We held our first AHP network forum on the 15<sup>th</sup> March 2021 with a focus on developing stronger links across the AHP professions with a focus on leadership, workforce, COVID Virtual Wards and high standards of care. Priorities for the AHP workforce are on developing capability and capacity across professional and clinical leadership.

#### Decision required :

Trust Board is asked to receive the report for assurance.

#### Governance table

<b>For Board and Board Committees:</b>	Public Trust Board	
<b>Paper sponsored by:</b>	Dr. Anne Scott Director of Nursing/AHPs & Quality	
<b>Paper authored by:</b>	Dr. Anne Scott Director of Nursing/AHPs & Quality	
<b>Date submitted:</b>	19 April 2021	
<b>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):</b>	NA	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	NA	
<b>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</b>	Monthly	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	X
	Transformation	
	Environments	
	Patient Involvement	X
	Well Governed	
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	X
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	1,2,3,4,5,9,12
<b>Is the decision required consistent with LPT's risk appetite:</b>	NA	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Confirmed	
<b>Equality considerations:</b>	Considered none identified	