

Trust Board 22 December 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

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 Trust has had 5 outbreaks of Covid reported so far throughout November, for both patients and staff, and each outbreak has been thoroughly investigated and reported appropriately. A Trust-wide Quality Improvement approach through the Covid-19 Incident Co-ordination Centre has been adopted to respond to outbreaks as they occur and address immediately any emerging themes.

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 56 % so far of all staff and 55 % FHCWs against an ambition of 100%. The LPT strategic planning group for Flu and Covid vaccinations continues to meet on a fortnightly basis. The Programme for the administration of the Covid vaccine is being delivered from a central hospital hub in conjunction with both the University Hospitals of Leicester and LPT. Currently those patients over the age of 80 years and staff who are considered at a higher risk of Covid (work or health related) are in the first tier of vaccinations.

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. The emerging risk regarding the introduction of the single EPR process; is mitigated through access to information in a number of different units and a longer term solution is being addressed.

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.

The LPT Safeguarding Team have a new process for dealing with MARAC cases (high risk Domestic Violence & Abuse) which is improving the quality of LPT referrals, the contribution of LPT in the meetings, and the transition of actions from the MARAC back to frontline services.

Clinical Governance Trust-wide Review

In September, the work to strengthen and improve clinical and quality Governance across the organisation has been reinvigorated, through a more formal review process and adoption of a Community of Practice approach. We have established regular forums which brings trust-wide staff together in a unique way with the express aim of:

- Strengthening clinical governance peer networks and connections across the teams involved in clinical and quality governance work.
- Developing a shared framework and understanding of what progressive clinical and quality governance involves.
- Creating space to share learning, skills, knowledge and expertise across the teams.
- Developing colleague's skills in learning about and sharing understanding in the application, interpretation and analysis of data for quality assurance, quality controls and identifying opportunities for quality improvement through recognition of variation.

The next steps in progress include:

- Ensuring the Patient Safety Strategy and quality improvement are fully embedded into the clinical and quality governance approach through co design of systems and processes.
- Improving consistency across the organisation with the three clinical governance teams in our clinical recording systems, processes and performance within directorates in response to Serious Incident investigations.
- Improving data reporting, clarity of accountability and identification of roles and responsibility to ensure clear oversight of key quality metrics.
- Ensure that clinical governance activity and subsequent improvement work is aligned to all of the Step up to Great and Quality Schedule Priorities along with emerging themes and trends through Incident data, SI's and complaints

The priority of this work is focused on aligning clinical and quality governance infrastructures, processes, systems and outcomes and developing one model with a standard infrastructure and clear lines of accountability across the Trust and within directorates. This will ensure it is 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

Work is still ongoing to address the issues with complaints management within each directorate and the QI work within the Directorate of Adult Mental Health week is working well. The virtual complaint training clinics are ongoing for training in how to respond well to a complaint; and 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.

As part of the High Standards Step up to Great work there is a target to reduce medical complaints by 10% by 31 March 2021. However, there has been an increase of 16 complaints received compared to Quarter 1 (21) and Quarter 2 (37). Of the total number of medical complaints for 2020/21 86% (49) involved the Directorate of Adult Mental Health. This has been identified by the directorate and discussions to address this are being planned through the Head of Nursing and Heads of Service.

Patient Involvement

The People's Council is going well and currently forming as a group through sessions focusing on the lived experience of members and what they hope to achieve through their role on the Council. They are also developing their communications plan and plan to meet with the Trust Board in December.

The Patient Involvement Team have launched the Introduction to Involvement Induction Programme for patients, which is part of our Framework for Involvement where patients and carers who sign up for involvement have an opportunity to hear about how they will be supported with their involvement, skills audit and to learn more about the organisation.

The Community Mental Health Survey 2019 results have been received and many scores continue to show improvement, with more scores in the intermediate range. The score for overall rating of care has moved from the bottom to intermediate range. Older adults continue to report more positively; however, similar to many other Trusts scores around support and wellbeing, and gathering feedback are the lowest and there appears to be an ongoing issue around Service Users knowing who to contact when in a crisis – especially Older Adults.

The implementation of FFT continues with all inpatient Wards enabled to collect feedback. . The roll out of SMS/Text FFT collection commences in November with those services who have requested this approach. Other approaches for collecting responses are being utilised and include direct telephone surveys and patients being signposted to a link following their Attend Anywhere appointment. National reporting requirements come into effect from 1 December 2020 with the direct data due to be submitted in January 2021.

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 team have also developed an 8 week programme of one hour sessions to enhance the knowledge of the directorate Governance teams in relation to patient safety. This will be rolled out more widely if evaluates well. In response to the need to support Mental Health student placements the team have also developed a day's training delivered over teams. This is the first time running this and has involved pre reading-face to face learning and discussion and post additional resources. The evaluation will be monitored and will run once every 6 weeks.

Learning Lessons

The Learning Lessons Exchange Group is working as a Community of Practice (COP) and also as a learning space, adopting an appreciative inquiry approach to analyse specific examples of cases from SI's, complaints, inquests and claims will be reviewed to understand any connections, common themes and learning.

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'. Suicide prevention was the recent topic of discussion, using an external case study to openly consider learning and an appreciative enquiry approach. This was well received by the members and a number of actions for the Trust were identified. These will be progressed through the Suicide prevention group.

Future planned sessions will focus on:-

- Learning Lessons on suicide prevention in the crisis team
- Reducing personal distress to prevent self-harm incidents using ligatures
- Post intervention for those affected by suicide

Student Nursing Placements

As previously reported, the Trust has a significant reduction in usual capacity opportunities for student nursing placements from 238 to 167 (deficit of –71 placements) 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. Two Blended learning programmes currently being piloted in Mental Health with Quality Improvement methodology applied and the introduction of equipment to support digital/virtual consultations

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.

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 Director of Nursing/AHPs & Quality	
Paper authored by:	Dr. Anne Scott Director of Nursing/AHPs & Quality	
Date submitted:	14 th December 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 (24 th November 2020) – 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	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	

Appendix 1

Trust Board 22nd December 2020

Director of Nursing Quality Update – Appendix 1

Allied Health Professions- Workforce achievements and priorities

This report provides an overview of:

- Leicestershire Partnership Trusts AHP response to the COVID -19 pandemic.
- Key workforce priorities for the AHP professions.
- AHP leadership development

AHPs Responding to COVID -19

During 2020, LPT AHPs have responded to the global pandemic by adapting clinical service delivery, providing capacity to support clinical colleagues and through responsive clinical leadership. Some of the key highlights though not exhaustive include:

- Extending service delivery by the Home Enteral Nutrition Service to ensure patients are not admitted unnecessarily to the acute setting
- Adapting to deliver virtual therapy appointments in speech and language therapy and musculoskeletal therapy reducing the risk of transmission of COVID-19
- Podiatrists supporting district nursing to reduce duplication of appointments and risk of infection.
- Providing clinical leadership capacity into the Incident Control Centre, Trust wide Clinical Reference Group and for surge capacity to ensure safety and responsiveness.
- Working with system health and social care partners to support patient flow through safe discharge and 'Home First'.
- Continuing to provide urgent care to patients with a variety of clinical needs including respiratory physiotherapy, management of eating and drinking, urgent equipment provision and high risk podiatry.
- Working with system partners to develop effective rehabilitation pathways for Long Covid Syndrome.
- Working with education partners to ensure children's needs are met through Education Health and Care Plans.

Priorities for the AHP workforce

The NHS People's Plan and NHS Long term Plan place an expectation that AHPs will be required to support the system through development of new roles. This includes First Contact Practitioner roles supporting primary care such as Musculoskeletal Physiotherapists, Occupational therapists and dietitians. Developing clinical apprenticeships and advanced clinical practitioner roles will be fundamental to ensure a clear career progression and retention of clinical expertise and expansion of roles. Within LPT we have degree level clinical apprenticeships in OT, Physiotherapy and would want to explore extending this to speech and language therapy and dietetics and podiatry in the future. LPT were successful

in being a pilot site for Health Education England to support this development work and this will be an ongoing priority.

Alongside new role development there is also an expectation that the pipeline for AHPs will be expanded and as consequence more training places be made available including provision of student placements. LPT have been successful in obtaining 45K to support the clinical placement expansion programme with Health Education England. We have successfully recruited to the leadership for this programme and are looking forward to working across the professions in LPT and our key stakeholders to develop new and innovative placement models offering increased capacity and a high quality learning experience. This work will also inform the Leicester, Leicestershire and Rutland AHPs Council which is chaired by LPT clinical leader who also sit on the LLR Peoples Board. This enables a system approach to responding to the workforce priorities.

AHP Leadership

Professionally diverse leadership increases the likelihood of organisations and systems meeting the complex challenges facing the NHS and social care. Ensuring LPT has professionally diverse leadership arrangements with a clear infrastructure and support for the development is essential to this. LPT already embraces professional diversity and AHPs both lead and are represented at Trust Board as well as within a variety of clinical forums both within LPT, across the wider Leicester, Leicestershire and Rutland Forum and national AHP forums. The next priorities will be to ensure there is sustainable clinical and professional leadership for AHP services across the organisation from ward/service to Board in line with expectations from NHSEI outlined in 'AHPs into Action' and 'Clinical leadership — a framework for action' publications. This includes ensuring BAME representation of AHP leaders in line with national and LPT WREs priorities.

Conclusion

This paper has outlined a number of key achievements and future priorities for the AHP workforce 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.
- Developing sustainable AHP leadership capacity and capability.

NHS England (2017) Allied Health Professions into Action

NHS Improvement (2019) Clinical leadership — a framework for action