

Report Title	Learning Disabilities Priorities: progress report		
Sponsoring Executive	Paula Gardner Chief Nurse		
Report Author	Stephen Keates Team Lead Dementia Delirium Distress Team; Debbie Talbot Associate Chief Nurse		
Meeting	Trust Board (Public)	Date	4th June 2020

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Building on the success of the Trust's 2019 Learning Disability awareness month, Conference and the Trust's commitment to quality improvement. As outlined in the CEOs five pledges to the People's Parliament, this report provides an update of the progress achieved around the Learning Disability national agenda.

- Review progress on the Chief Executive Officer's five promises to the People's Parliament.
- Review Learning Disability action plan as proposed in terms of congruence with national guidance framework.
- Identify what a good Learning Disability friendly Trust looks like to inform our masterplan.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

CEOs five promises to People's Parliament.
Trust's Inclusion and Diversity pledges.
Updates to Safeguarding Steering Group

4. Recommendation(s)

The Trust Board is asked to:

- Review** content of the report.
- Challenge** and advise regarding key priorities.
- Advise** regarding service development and quality assurance.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		N/A					
Board Assurance Framework							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 4th June 2020

Learning Disabilities Priorities: progress report

1. Introduction

- 1.1 Published data has underlined the often poorer health outcomes experienced by people living with Learning Disability and Autism. Most notably they have a lower life expectancy in comparison with the general population and often with more complex healthcare needs.
- 1.2 Sandwell and West Birmingham NHS Trust has consistently demonstrated commitment to improving these outcomes, in line with its overall commitment to deliver consistently high quality care; which is accessible, safe and responsive to individual patient's needs.
- 1.3 The Trust Vulnerable Adults Team ensures compliance with statutory requirements, for care provision for vulnerable patients. The team includes a Learning Disability Liaison Nurse, Dementia Liaison Nurse, as well as an Adult Safeguarding Nurse under the lead of the band 7 Dementia Delirium Distress Team Lead and band 8a Trust Adult Safeguarding Lead. Patient centred care management and educational support is provided by the team for patients experiencing cognitive impairment and distress as well as potential issues of vulnerability requiring safeguarding.
- 1.4 As part of its commitment to improving healthcare outcomes, the Trust initiated a Learning Disability awareness month in October 2019 under the strapline *See Me: Know Me for My Ability Not My Disability* with a series of roadshows and culminating in a conference on 6th November which garnered much positive feedback.

2. The Chief Executive Officer's five promises to the People's Parliament

- 2.1 The Trust CEO Toby Lewis has made five promises to Sandwell's People's Parliament as a commitment to driving forward quality care for patients with Learning Disability.
- 2.2 **Flagging:** patients with a learning Disability are flagged on admission on the Unity electronic system and flags are recorded on a Learning Disability dashboard, maintained by the Learning Disability Liaison Nurse.
- 2.3 **Reasonable Adjustments:** Training for all Trust staff is provided on induction (Tier 1 awareness training) and in subsequent training programmes, to increase awareness and competency of the general workforce. The Learning Disability Liaison Nurse

provides specialist advice on reasonable adjustments for individual patients. Further training is provided in Tier 2 (knowledge, skills and attitudes for roles that have regular contact with people living with Learning Disability) and Tier3 (further enhanced training) levels.

- 2.4 **Hand Held Records:** Hospital Passports are available in the form of the All About Me document, utilised for DDD patients. A more specialised document designed for Learning Disability patients is in the process of development.
- 2.5 **Staff awareness and Competence:** the Learning Disability nurse delivers Tier 2 and 3 training sessions on monthly basis (on hold during COVID-19 outbreak). Awareness covered in induction training. Learning Disability awareness month and the Conference held in 2019. In progress are the E-learning package and the draft Learning Disability masterplan.
- 2.6 **Employment of staff with Learning Disabilities:** currently there is 9 staff employed by the Trust with Learning Disabilities/Difficulties constituting 0.1% of the total workforce and 5.7% of the workforce declaring a disability (information from ESR). The Trust also provides a diverse development programme, in partnership with local schools, colleges and the local authority' to provide supported internships to people aged 16-24 who have a Learning Disability/Difficulty and or Autism. There are currently 8 on this programme which will rise to 12 later in the year. In total this constitutes a cohort of 17 staff which will rise to 21 later in the year.

3. Trust Inclusion and Diversity Pledges for Learning Disability

- 3.1 As a demonstration of its commitment to Inclusion and Diversity the Trust has also made pledges to Learning Disability patients concerning quality and equality of care which align with the CEO's five promises, and the NHS Improvement standards.
- 3.2 The pledges mark a commitment to awareness and treatment of serious illness, effective communication and listening to patients and families without making assumptions about quality of life, asking for specialist help and concordance with the Mental Capacity Act and the Disability Discrimination Act.

4. The Learning Disability Action Plan and the NHS Improvement Standards

- 4.1 In June 2018 NHS Improvement presented its framework for quality improvement standards for people with Learning Disability as a driver for transformation of quality health outcomes.
- 4.2 **Four overarching standards** were identified. The first three of which apply to all NHS Trusts:
- 1) Respecting and Protecting rights,
 - 2) Inclusion and Engagement,
 - 3) Workforce Awareness and Competency,

Together with specific measures for
4) Specialist Learning Disability services.

- 4.3 These standards provide the framework for accreditation and assurance for commitment to sustainable quality improvement in service delivery.
- 4.4 **The Learning Disability Action Plan** is aligned with the Learning Disability Improvement Standards first three standards, the five Care Quality Commission (CQC) domains and (Safe, Effective, Caring and Responsive and Well Led), the Trust CEO's five promises and the Trust's Inclusion and Diversity pledges.
- 4.5 **Respecting and protecting rights: Achieved:** Learning from Deaths (LeDeR) and mortality reviews aim to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population. The Trust pathways are already in place together with regular audit of the requirements of the Mental Capacity Act, Deprivation of Liberties Safeguards (DoLs), Best Interest decision making and dashboard activity monitoring. **In progress:** are the development of the overarching Learning Disability masterplan, the clinical pathways inclusive of reasonable adjustments, the COVID-19 action plan, environmental auditing, NICE guideline review and benchmarking. **For further development:** development of community pathways, escalation of the Did Not Attend appointments pathway application of LeDer themes to highlighted clinical pathways and a monthly Governance review.
- 4.6 **Inclusivity and engagement: Achieved:** the DDD Connect page including Learning Disability information is already completed. **In progress:** are patient passports, easy read documentation and active employment options. **For further development:** are robust patient and carer feedback systems, re-engagement with carer support groups and the *Changing Our Lives* audit. (*Changing Our Lives* is a rights-based organisation working alongside disabled people as equal partners to find solutions to social injustice and health inequalities).
- 4.7 The third and fourth categories are interlinked and concern **staff awareness and competence** in delivering safe and affective care.
- 4.8 **Staff awareness: Achieved:** the planned Learning Disability conference was delivered last year, the Learning Disability Liaison Nurse has a pathway for referral, and a video has been completed. **In progress:** a themed analysis of last year's conference including a review of training structure. **For further development:** is a programme of annual conferences.
- 4.9 **Staff training and competence: Achieved:** CIPOLD is the Confidential Inquiry into premature deaths of people with Learning Disabilities funded by the Department of Health. CIPOLD training is already incorporated into staff induction and the Mental Capacity Assessment pathway is in place as well as forums for LeDeR and mortality review learning achieved by retrospective review of patterns of care prior to death. **In progress:** development of the eLearning package, ordering and introduction of hospital passports and drafting of learning master plan.

5. Recommendations:

- 5.1 In building and sustaining the vision of a Learning Disability friendly Trust, it is our vision to work towards meeting all first three of the National Improvement standards, compliance with the five CQC domains together with the CEO's five promises and the Trust's Inclusion and Diversity pledges.
- 5.2 The Trust's compliance with the NHS Improvement Standards will demonstrate it has the effective structures, processes and skilled workforce to deliver quality health outcomes to people living with Learning Disabilities with a commitment to sustainable quality improvement.
- 5.3 Common themes from Mortality reviews and the LeDeR process demonstrate clear clinical pathways (pneumonia, aspiration pneumonia, sepsis, dementia, ischaemic heart disease and epilepsy) which present target foci for further quality improvement. (See Annex 2 which cross-correlates with the themed recommendations from Sandwell West Birmingham Clinical Commissioning Group report February 2020).
- 5.4 Further work is required to ensure effective and reliable standardised data capture which is vital to providing effective audit and assurance. (For example, MCAs are currently completed in 3 different ways on Unity via the ad hoc tab, via Treatment Escalation Plan and via free text entry).

6. Summary:

- 6.1 In considering the Trust's progress towards accreditation, the attached Action plan (Annex 1) marks not only areas for development but areas of achievement and a continuing commitment to quality outcomes for Learning Disability patients.
- 6.2 The Learning Disability action plan provides a route map on the further journey towards full accreditation which can be achieved by December 2020.

7. The Trust Board is asked to:

- a. **Review** the content of this report
- b. **Challenge** and advise regarding future key priorities
- c. **Advise** regarding further service development and quality assurance

Stephen Keates, Team Lead DDD Team

04 June 2020

Annex 1: Key Themes from Mortality Reviews

Annex 2: Learning Disability Action Plan

MORTALITY REVIEW THEMES IDENTIFIED IN LEARNING DISABILITY STRUCTURED JUDGEMENT REVIEWS COMPLETED BY CORPORATE NURSING

Examples of Good Care and Treatment

<p>Nursing Care</p> <ul style="list-style-type: none"> Comfort Care End of Life Skin assessment completed Nursed in side room
<p>Medical Treatment, planning and delivery</p> <ul style="list-style-type: none"> Daily INR checks Weekend review Daily medical review Swabbed for Covid-19 within 24 hours Sepsis assessment Treatment Escalation Plan in place with ceiling of care Parameters for Emergency Response established Clear plan for fast track discharge and follow up Clear plan for palliative care
<p>Response to changing clinical presentation</p> <ul style="list-style-type: none"> Review by consultant/Specialist Registrar after Emergency Good escalation of treatment
<p>Legal Framework adhered to</p> <ul style="list-style-type: none"> Best Interest decision making Mental Capacity Assessment completed MCA regularly reviewed Reasonable adjustments identified
<p>Next of Kin/carer involvement</p> <ul style="list-style-type: none"> NOK kept informed and involved NOK involved in plan for palliative care
<p>Referral for Specialist Review</p> <ul style="list-style-type: none"> Referred to specialist teams Specialist Registrar referral
<p>Communication</p> <ul style="list-style-type: none"> Liaison with nursing home COVID-19 advice given
<p>Documentation</p> <ul style="list-style-type: none"> Good documentation Incident Report completed

Requiring Improvement

Nursing Care

- No skin assessment on admission
- Gaps in medication administration
- Concerns over tissue care
- Problems with access to Personal Protective Equipment
- Lack of clarity around use of PEG
- Delay in addressing rising BMs

Medical Treatment delivery and planning

- No Treatment Escalation Plan/Ceiling of care
- Poorly completed Do Not Attempt to Resuscitate Form
- Treatment Escalation Plan not followed
- Need for earlier identification of COVID-19 symptoms

Response to changing clinical presentation

- Delay in escalation for assessment by doctor

Legal Framework adhered to

- No formal Mental Capacity Assessment
- MCA inaccurately completed on Treatment Escalation Plan
- No Deprivation of Liberties Safeguard referral completed
- Not referred to Learning Disability Nurse
- No Best Interests consideration
- Not referred for independent advocacy (IMCA)
- No reasonable adjustments

Next of Kin/carer involvement

N/a

Referral for Specialist Review

- Not referred to Learning Disability Nurse
- No referral to relevant specialist teams
- LD nurse not assessed/followed up patient

Communication

- Interpreter not accessed

Documentation

- No evidence of Incident Report for pressure sores
- Poorly completed documentation
- No bedrails assessment
- No care plan for eating and drinking