Board Briefing Paper: NHS Midlands and East Provider Management Programme

Progress with Six Learning Disability Criteria Action plan

Author Graeme Mitchell August 2012

Background

The trust is required provide monthly returns to the NHS Midlands and East SHA as part of the Provider Management Regime, this requires the trust to self assess our performance and report on a number of key governance domains and provide a risk rating for those domains.
The three key domains are:
- Governance risk rating
- Financial risk rating
- Contractual risk rating

Governance

The trust is required to provide assurance by self certification that we will deliver compliance with the six criteria regarding access to healthcare for people with a learning disability (Governance risk rating No.17). This obligation to certify compliance was originally required of the trust in 2010. The Chief Nurse had reported to the board during May and June board meeting, that the action plan to deliver compliance would achieve its objective by October 2012.
The lead for delivery on this action plan is the Associate Director of Patient Quality and Experience, Graeme Mitchell.

Assessment

Risks to achieving compliance by deadline October 2012

The Associate Director of Patient Quality and Experience has provided regular updates as to progress via an action plan which has been reported to and monitored by the Chief Nurse Vicky Morris and by the Patient Engagement and Involvement Panel (PEIP).

During the monitoring process it became apparent that the biggest risk to achieving compliance would be the provision of an alert on the trust PAS system, SEMA Helix. This alert tag could identify a patient as having a learning disability and thus inform trust staff that the individual may need additional reasonable adjustments made to the delivery of the plan of care.

The Associate Director of Quality and Patient experience was originally told that the alert would not be able to be actioned until early 2013 as the activation of the alert could only be made when the national system was updated. Following further discussion, we are now able to activate the alert immediately.

To implement the use of this alert a users guide has been sent out to all clinical centre leads, business managers and patient access team leads to inform their clinical teams of the process of activating the alert. The user guide has been

uploaded to the LD section of the intranet and an article will follow in August edition of "Putting Patients First".

Negotiations with the community partners will deliver an innovative programme whereby LD service users who are at risk have been asked if they would like their details placing on SEMA in advance of them accessing the trust.

Progress with the other five criteria is being tracked and updated by regular meetings with the teams involved in delivering the action plan:

- Trust Clinical audit team
- Community adult learning disability team lead
- Trust Vulnerable Adult lead nurse
- Communications team
- Clinical centres – via centre performance reviews

Ongoing assurance processes

- An audit of use of the LD alert will be undertaken in September 2012 when the SEMA alert has become more established
- LD patients accessing maternity services have alert placed on MEDWAY system audit will take place in September 2012
- Patient services team and PALS produce activity logs of LD patients accessing these services which are reported to Q&S committee via monthly report. Themes and or trends are triangulated at High Risk Scrutiny Group which meets weekly. LD activity will also be included in quarterly PST/PALS report to CQR report to Commissioners.
- PEIP LD member will be involved in the investigation of complaints concerning LD service users
- Training attendance logs are kept for LD links nurses will be reported via Q&S report
- Audit of consent for LD patients and use of SEMA alert will report during September and the findings disseminated to the clinical centres.
- Community Learning Disability Team will provide training in LD customer awareness to front line Outpatient staff

Conclusion

The current action plan is expected to allow the trust to declare compliance with Patent Experience Indicator No. 17 by October 2012. An updated version of the action plan is attached for information. Assurance on compliance will be provided in a board paper and presentation in the October board meeting. Assurance will be provided against each criteria with the requisite, processes, policies or standard operating provided.

Graeme Mitchell
Associate Director of Quality and Patient Experience

Action plan

Author: Graeme Mitchell

Date: 21/8/12

Not achieved
Partially achieved
Achieved

Criteria	Actions and lead responsible	Remedial actions required	Time Scale	Outcome Achieved and assurance process
a. Does the NHS trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?	• LD alert function to be activated on SEMA PAS • Get agreement for reasonable adjustments to made to slots for LD patients requiring a high level of support in accessing our services e.g. early or last slots large room to accommodate wheelchair	• PAS trainer to produce guide for staff on how to place LD alert on SEMA • Communications to be sent all SEMA users advising them of the new alert and the requirement to update the system with an alert if they identify a patient with LD – John Kirk via Putting Patients first • Guidance for SEMA alert to be circulated to all SEMA users • CLDT team will send list of high risk of attendance patients and those with complex needs to SATH those patients will be identified by LD alert on SEMA – Andrena Wilson • CLDT will ensure patients agree for information to be shared. CLDT written to patient cohort 1/8/12. Replies are dependent on service user so unable at this time to give definitive timescale but discussion had led me to believe that September deadline is achievable • Information to be shared with OPD leads , AED leads, site managers and day surgery leads and alerts placed on SEMA	Completed August 27th Completed 30th September 2012 30th September 2012	• Guidance for placing alert available on intranet LD site • LD alert operational on SEMA • Trust has LD Liaison Nurse available on both sites to support the care of LD patients and to advise on suitable adjustments to care pathways • LD link Nurse group established which includes Pre Op assessment nurses 72 MDT members across representing SATH and external HE partners • Training records for LD link nurses to be included in VA report for Q&S report • LD SEMA alerts on system available to be audited • Guidelines for Care of Adult with a Learning disability available on LD intranet site • Maternity unit guidelines and policies to support mothers who have a LD • Alert entered onto MEDWAY system • CAF completed if needed • TAC arranged input from Teenage /Adult Protection midwife • Safeguarding Midwife liaises with Vulnerable women's group TOR available and minutes

b. Does the NHS trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?: • treatment options; • complaints procedures; and • Appointments.	• Helen Hampson to arrange meeting with Pre op Nursing Service and Matron to scope current practice and to agree SOP for LD patients presenting at Pre Op Unit. To be facilitated via LD link Nurses group Date of next meeting 26th September 2012 • Patient Information Panel to ensure that all information that is produced by clinical centres references easy read guidance • Establish a LD representative at trust EDS Task and Finish group working to work on objective 2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	• Consent audit form developed with Audit team to investigate the evidence to support LD patients being involved in decisions about their consenting for procedures. Audit to start August 2012 • Report to be ready for the 13th September • Julie Mellor , Manager of Taking Part an LD advocacy service for Shropshire and T&W has agreed to become PEIP member for LD • Clinical centres to audit their current patient information resources to ensure that they have referenced the easy read guidance during production • PIP needs to be reformed and to have met to include PEIP LD rep in membership	Completed Completed 13th September 2012 Ongoing 24th September 2012 24th September 2012	• LD Resource pack made available on intranet site for all staff to access – comprehensive information available to support a LD patient stay in hospital and for the production of information to support informed decision making. • All official trust information published is available in easy read format on request. Requests via Communication Team • Easy read guidelines published on intranet LD resource site • Easy read versions of PALS/ Complaints are available • Hospital Communication handbooks available on all wards departments • All information relating to Vulnerable adults , PALS, IMCA, MCA, DOLS and complaints are available in Easy Read format • Crib sheet for use with passport available for all staff • Audit of LD contacts made to PALS and complaints to be reported on a monthly basis via Q&S report • Passports are available to all wards , SCPCT and CLDT are making available in community as part of launch of disability awareness week 18/6/12 • Article published in Shropshire Star 15/6/12 • Photographs published in same article • Sample of patient information from clinical centres which contain easy read reference • Minutes of PIP available as evidence
c. Does the NHS trust have protocols in place to provide suitable support for family carers	• Trust Lead Helen Hampson Vulnerable Adult lead • Supported by 72 LD link Nurses across SATH and external partners including OPD and Pre Op assessment • Regular meetings with CLDT lead and SATH VA Lead Nurse and Associate			• Carers' Policy in place available on intranet • Health access, Acute Liaison Nurse and Adult Protection Nurse provide practical support and information. 72 Trust and LHE Link nurses cascade information from the Link Nurse group meetings to their own areas. Link meeting minutes • VA Lead nurse report to Q&S committee

who support patients with learning disabilities?	Director of Patient Quality and Experience to sustain and develop links and provide conduit for updates		Completed	• Carers Link worker on both sites Emma Clutton • Monitor PALS and PST complaints for LD themes, themes reported via Q&S committee
d.Does the NHS trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?	• Helen Hampson Vulnerable Adult Lead Nurse and Karen Breeze Team Manager Community Learning Disability Team will lead on training – Corporate support via Graeme Mitchell Associate Director of Patient Quality and Experience • STORM training in risk assessment of vulnerable patients will be provided to key workers as part of RAID training curriculum • Provide ongoing learning disability awareness training for all staff dates are confirmed as • CLDT team will provide communication training for OPD clerks and HCA	• Training dates set for July 12th and 18th and September 26/9/12 • Pre OP Assessment service has met with Helen Hampson and will develop LD Pre Op Assessment checklist to ensure reasonable adjustments are made to practice. To be completed 3/9/12 • Fiona Gabbitas to meet CLDT to discuss training diary dates and curriculum for OPD nursing staff as priority. To be delivered by CLDT staff August dates to be confirmed • RAID training has incorporated elements of STORM training into curriculum. • Cascade trainers trained within RAID cohorts will train their clinical teams • Refresher updates will be provided by RAID team on ongoing basis • RAID will develop 90 minute cascade trainer package with input from Staff University	September 2012 3rd September 2012 24th August 2012 Commenced Ongoing	• LD resources have been made available to all staff via intranet site 18/6/12 • Adult LD Training plan formulated with CLDT input 2 hour sessions delivered sessions July 2012 • Training needs have been identified in conjunction with SSSFT for the delivery of STORM/MCA/DOLS training this will be delivered as part of the RAID programme • RAID attendance records and delegate workbooks • RAID Training dates 15th August /19th September for 1st cohort further 2 cohorts September and October 2012 • Training records incorporated into VA Q&S report • The Adult Protection Lead provides clinical supervision for the Health Access Nurse at RSH Corporate • Records of training and copy of curriculum for communication training for LD patients provided in OPD • Training package on intranet as evidence
e. Does the NHS trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	• Recruit LD patient representative to sit on Equality Delivery system (EDS) task and finish group and support the work of the LD steering group • LD PEIP representative to have an active role in assisting PST in dealing with complaints from/concerning LD and or their families	• Julie Mellor , Manager of Taking Part an LD advocacy service for Shropshire and T&W has agreed to become PEIP member for LD • PST team to develop a SOP for involvement of PEIP LD rep in liaising with families or patients	Completed 24th September 2012	• LD representation at PEIP meeting recorded in minutes • SOP will be available as evidence for PEIP rep involvement • PST log LD PALS/Complaints activity and report via Q&S report

| f.Does the NHS trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports | • Audit compliance of LD alert on once SEMA Helix on established

• Retrospective audit of LD patient consent records to ensure patients have been involved in decisions about care and this is recorded
• Benchmark audit of use of LD alert on SEMA and MEDWAY will be undertaken starting in September
• LD patient experience questionnaire to be developed in conjunction with CLDT. Sent to patients identified via benchmark audit if had recent admission or appointment | • Currently no audit has been carried out. This will prioritised to go ahead once the LD alert is established on SEMA, date likely to be November 2012 and yearly from then on.
• Retrospective audit of consent discussed with audit department tool to be completed during August
• Audit report available 17th September

• Design audit tool with CLDT and Audit team to start 24th September

• Meet with CLDT , PEIP and VA Lead to develop satisfaction gathering format | Ongoing

Ongoing

Commenced

17th September 2012

24th September 2012

24th September 2012 | • Prevalence of LD patients accessing Complaints /PALS service report reported in monthly Q&S
• Prevalence of LD patient accessing PST will be reported in Quarterly PST report to CQR
• Consent Audit results will be available and analysed and disseminated to clinical centres for information and appropriate action
• Benchmark audit use of LD alert on SEMA and MEDWAY data will be fed back to clinical centres with PALS/Complaints activity for action – progress will be measures at centre performance review meetings
• Patient satisfaction data to be fed back to clinical centres and reported via Q&S report |