

**MEETING OF THE QUALITY COMMITTEE**  
**12 February 2019**

**Annual Quality and Safety Report for Care Group & Care Services**

**1. Introduction, Highlights and Structures**

The purpose of the following report is to provide an overview of the work that the Leeds and York Partnerships Foundation Trust (LYPFT) Learning Disability (LD) services have engaged in over the last year (October 2017 - October 2018) to ensure that the care and services it provides are high quality, effective and safe. The report will summarise the key work streams that it has completed and continues to engage in, and will also identify key challenges and future plans.

**Description of service:**

LYPFT Learning Disability Service provides multi professional, specialist health services across 23 sites for people, over the age of 18, with a learning disability across three care settings, these being:

**1. Community services:**

The LD community services comprise of three core services these being;

**A. Community learning disability teams (CLDT):** The service has two CLDTs these being East North East (ENE) team and West and South (WS) team. The teams are named after the areas of the city in which they provide care and services. Each team is multi-disciplinary and is made up of;

- Psychiatry
- Psychology
- Nursing
- Occupational Therapy
- Dietetics
- Physiotherapy
- Speech and Language Therapy
- Intensive Interaction
- Support staff

These teams provide a range of interventions that are centred on providing specialist health care for people with a LD that have; behaviours that challenge services, mental health needs or complex physical and sensory health needs.

**B. Assessment and Referral Team (ART):** The ART manages referrals into the services by making decisions on whether our services are appropriate to meet the needs of the service user as outlined in their referral and, the clinical pathways that will address the referral need. The aims of the service are;

- To streamline and speed up the rate at which referrals are managed through the service to ensure that the service user is supported to access the interventions and or support they need quickly and efficiently.
- To provide consistency and objectivity to decision making.
- To screen referrals against an objective set of criteria for interventions.

**C. Health Facilitation Team (HFT):** The HFT works with other health, social care, private and voluntary services and partners across the city to support them to make reasonable adjustments to be able to see people with LD. The team is currently focussing its work within GP Practice's and with LYPFT Community Mental Health Teams.

## **2. Inpatient and planned care services.**

**A. Planned Care Services:** Based at Woodlands Square at St Marys Hospital, these teams provide health respite care for people with;

- Profound LD and complex, multiple health needs
- Behaviours that challenge services.

**B. Acute assessment and treatment:** Parkside Lodge is a 6 bedded acute assessment and treatment service for people with a LD who require more intensive specialist interventions which can only be delivered within an inpatient setting.

**C. Out of hours service:** This service was created to support mental health services across the Trust when working with people with LD who may need help outside of core service hours. The service works closely with Crisis Team and Liaison Psychiatry team.

## **3. Specialised Support Living (SSL) services:**

The SSL service is a social care service that comprises of 16 dedicated support teams enabling 94 adults with complex health and supports needs, in addition to a LD, to live in their own homes. The packages of care and support that are provided by the SSL service, are based upon each individual's person centred plan and is aimed at enabling people to remaining healthy and safe on their own terms. Each team specialises in either supporting people who have additional complex and challenging behaviour or those who have complex physical, learning and sensory needs.

### **LD User Involvement Team.**

In addition to the clinical services described above, the LD service also employs a dedicated Involvement Team to support the work of the service. The team comprises of 3 full time and 4 part time members of staff. The primary focus of the team is on promoting involvement of people with Learning Disabilities within the LD service and wider Trust. The specific aims of the Involvement Team are;

- To give people more choice about the care they get.
- To make LD services better by working with service users to help us to understand how we can improve what we do.
- Promote wider social inclusion for people with learning disabilities.

### **Access to the service**

To be eligible to access secondary health community services for adults with learning disabilities an individual must:

1. Have a LD as defined by The Learning Disability Observatory – Improving Health and Lives e.g. a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence, intelligence quotient under 70), with a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development.
2. Have a presenting health need requiring intervention from the multidisciplinary team (MDT)
3. The person's learning disability is impacting directly on their ability to have this health need met through mainstream community health services following reasonable adjustments

Referral into the service is made by the single point of access (SPA). A referral will be accepted into the service if it meets two or more of the following:

- Service user has been unable to have their mental health or physical health needs met through mainstream service provision with support and reasonable adjustments.
- The presence of behaviours that challenge where the behaviour is of severity and frequency to cause significant risk to self, others or the environment.
- Service user requires an integrated specialist LD team approach to care and other LD health professional are involved at the same time.
- Services user LD is impacting on their ability to engage and comply with their therapy or treatment.

**Clinical Governance systems and structures:**

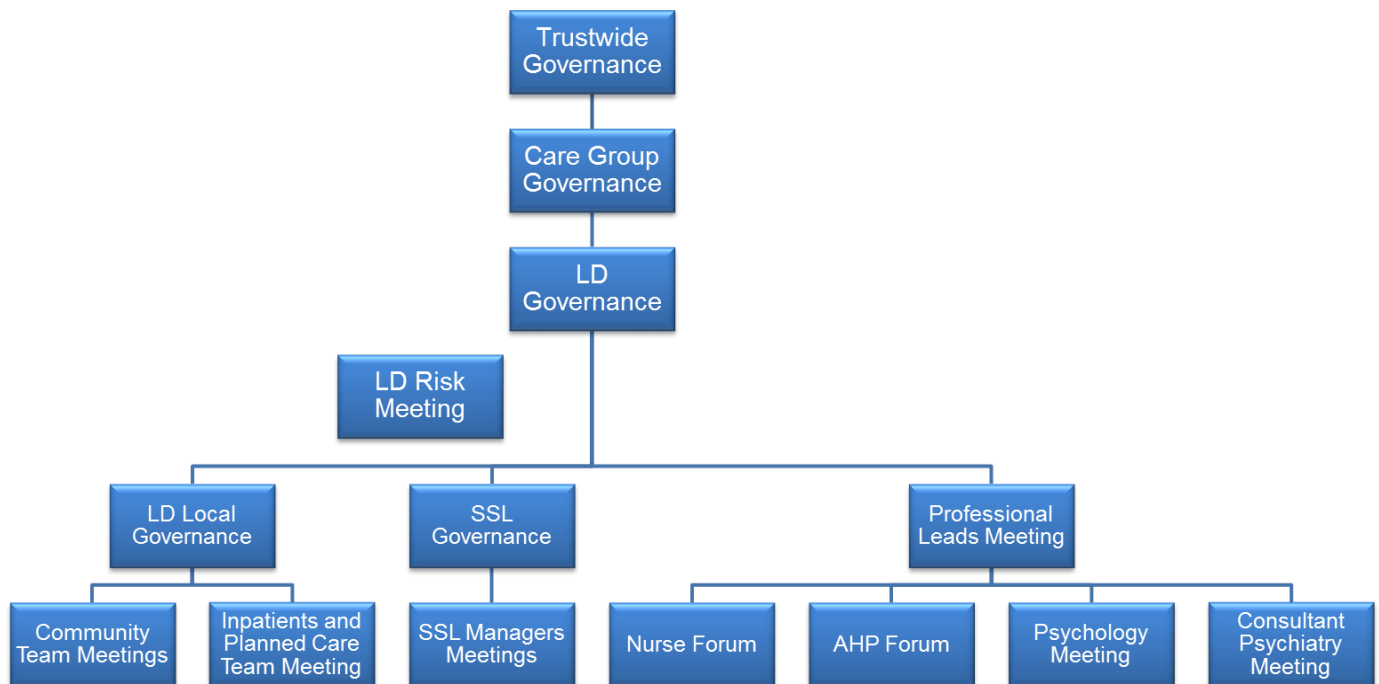
The LD Governance meeting is held once a month and is chaired by the LD Clinical Lead. The meeting is attended by;

- LD operational leads for; community, SSL and inpatient services
- LD professional leads for Psychology, Psychiatry, Nursing and Allied Health Professions
- Service User Involvement Lead.

The LD Governance meeting reports to the Specialist and LD Care Group Governance meeting. Key messages from the LD Governance meeting are fed up to the Specialist and LD Care Group Governance meeting through a chairs report which is prepared and presented by the LD Clinical Lead who attends this meeting on behalf of the service. Key messages and feedback from the Care Group governance meeting is a standing agenda item within the LD Governance meeting and ensures the communication loop between both meetings.

The LD service has two local governance meetings which are focussed at engaging frontline staff and teams within LD Governance activities. The LD Local Governance meeting is chaired by the Community Operations Manager and the Modern Matron for Inpatient and Planned Care service. It is attended by the LD leads for professions including; Occupational Therapy (OT), Physiotherapy (PT), Speech and Language Therapy (SLT) Dietetics, Nursing and Psychology and LD team managers for; inpatients, planned care, community teams and health facilitation team. A separate local governance meeting is held within SSL services and is chaired by the operational manager for SSL services. It is attended by service users, Support Workers, Involvement Team Members and Support Managers. Both of these meetings have key messages from the LD Governance meeting as a standing agenda item and the chairs of each meeting prepare chair reports which report key messages from local governance meetings into both the LD governance meeting and down into team meetings.

The flow chart below illustrates LD Governance meetings and structures and details the communication flow between each meeting.



The LD Governance meeting and structures have been reviewed during 2018 by the LD Clinical Lead. Feedback of the effectiveness of the meeting was obtained from participants and the meeting agenda and governance system was reviewed against the Trust "*Mind the Gap*" document. The outcomes of this review were shared with the Head of Operational Quality and Governance. Governance models were researched and using the information gained from; participant feedback, review of "*Mind the Gap*" documentation and governance models, the LD Governance agenda and processes were adjusted. The chair of the LD Governance meeting also requested an observed practice review of them chairing the LD Governance meeting by the Head of Operational Quality and Governance who, in the capacity of critical friend, helped them to reflect on their role as chair. The LD Clinical Lead formally presented the outcomes of the LD Governance review to frontline staff at inpatient, community and SSL team meetings. A LD Governance workshop is planned for January 2019 with members of LD Governance, LD Local Governance and SSL Governance meetings to evaluate the effectiveness of these meetings.

#### **Future goal:**

A key goal of the service is to increase meaningful service user and carer involvement within its governance systems and structures. The service identified this as a Quality Improvement Plan (QUIP) for 2018 / 2019. The work that has, and is, being undertaken to address this need is detailed later within this report under section 4, "*Listening and responding to service user /carers experiences*".

## **Highlights:**

Service highlights for 2018 include:

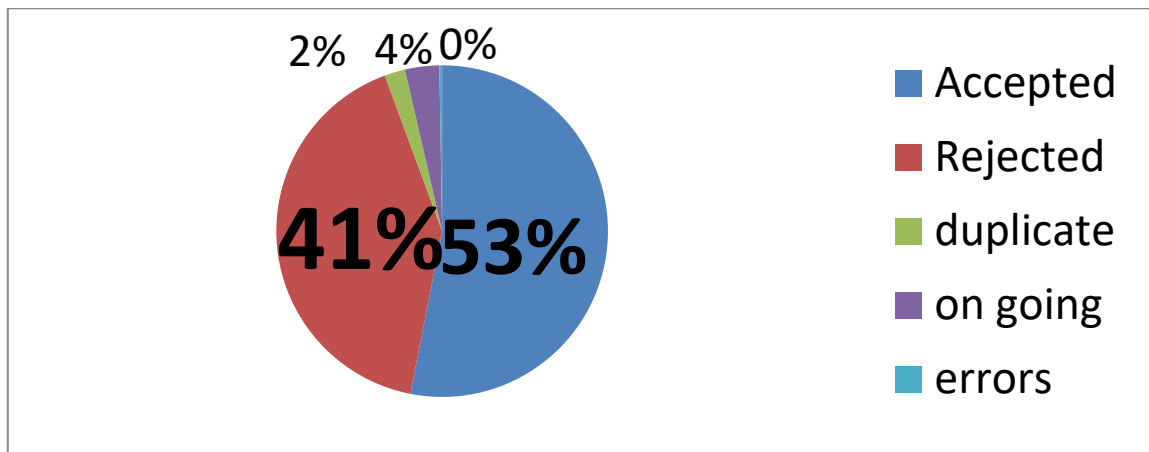
- Nomination and short listing for the Nursing Times awards for the work undertaken by the LD Health Facilitation Team.
- Trust Chair and CEO Award for the SSL service.
- Achievement of “good” rating in SSL CQC inspection with “outstanding for care”.
- Integration with LYPFT staff rotation scheme for OT and Dietetics.
- Intensive Interaction blog has achieved 30,000 views
- New ART and HF team established.
- LD Dietetic staff commissioned by Leeds City Council (LCC) to provide Nutrition training to LCC staff who support and work with people with LD.
- Poster presentation by Inpatient MDT at Therapy Outcome Measures Connect National Conference.
- Workshop presentation on implementing Therapy Outcome Measures at the Royal College of Speech and Language Therapy Regional Conference in Wales.
- SSL service achieved Makaton Friendly status.
- The Health Facilitation Team have been asked to work collaboratively with Audiology Services within LTHT. The team are supporting the service to establish and implement an audiology clinic within the service to support people with a learning disability. This initiative supports the implementation of the NICE guidelines stating that people with Down’s Syndrome should have a hearing test every two years.

## **2. Clinical Information & Activity**

### **1. Referrals into the service over the last 12 months:**

During October 2017 to October 2018 the service received 747 referrals. The chart below details the percentage of these referrals that were accepted. Referrals were assessed against the service admission criteria, where possible, rejected referrals were signposted to appropriate services. Reasons for referrals being rejected include;

- The service user did not have a learning disability.
- The referral was not for a health need.
- The service user did not meet the age criteria.
- Service accessed through mainstream health / social care provision including for example; wheelchair review, non-Continuing Health Care (CHC) funded equipment, falls, dietary advice, benefits advice, difficulty filling out forms.

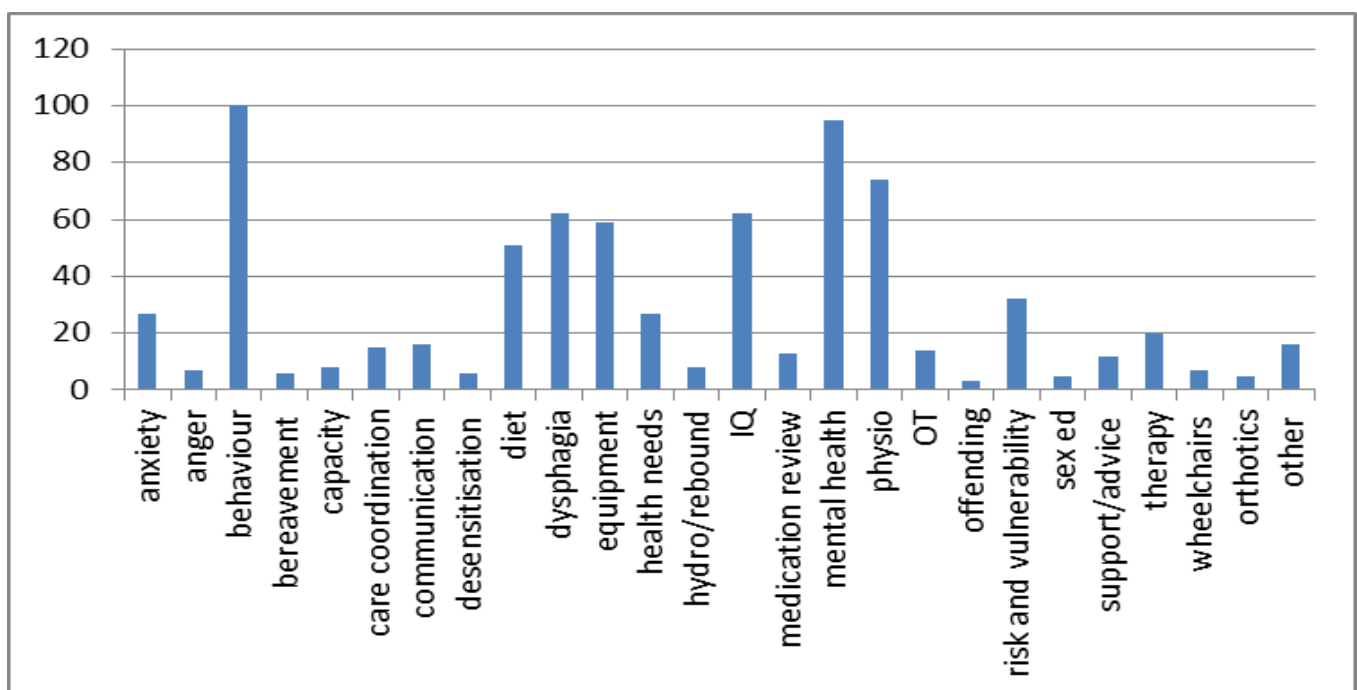


## 2. Referral need / reason for referral:

The table below details the reasons given for referral into the service. The data identifies that the top 7 reasons for referral into the service are for:

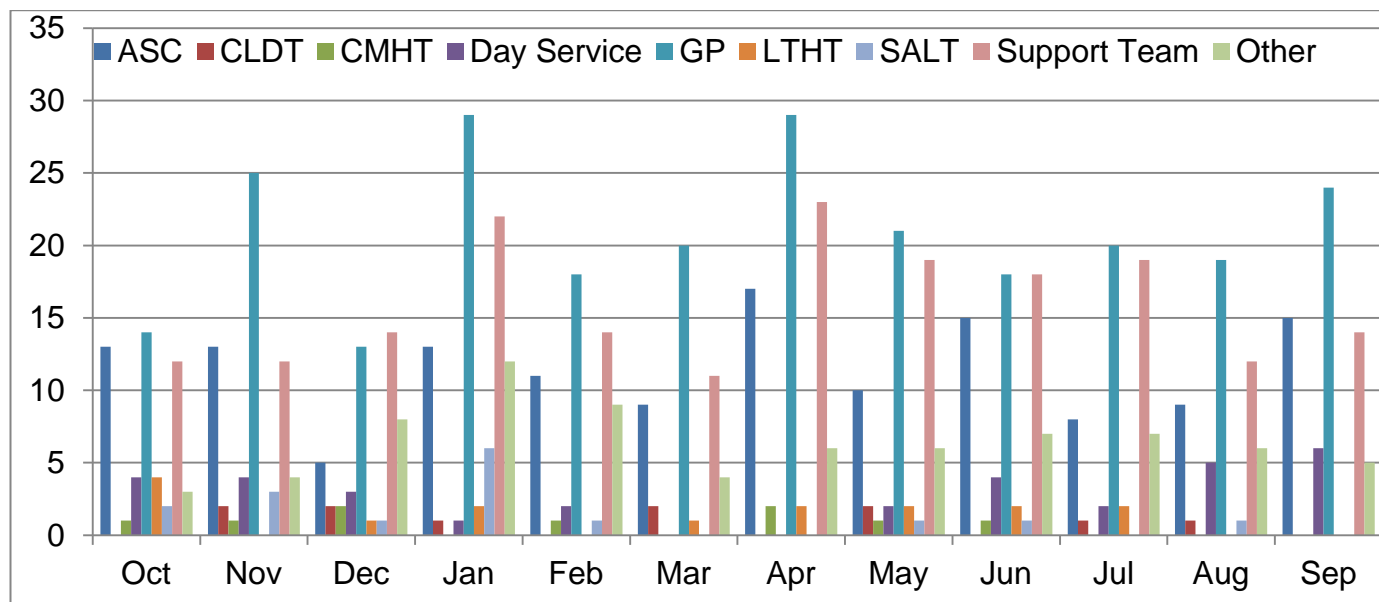
- Behaviour
- Mental health needs
- Physiotherapy input
- IQ assessment
- Dysphagia
- Equipment
- Diet and nutrition.

The range of referral needs identified in the table below reflect the diversity of need that the service meets in relation to the three core business areas (challenging behaviour, mental health and physical/sensory needs).



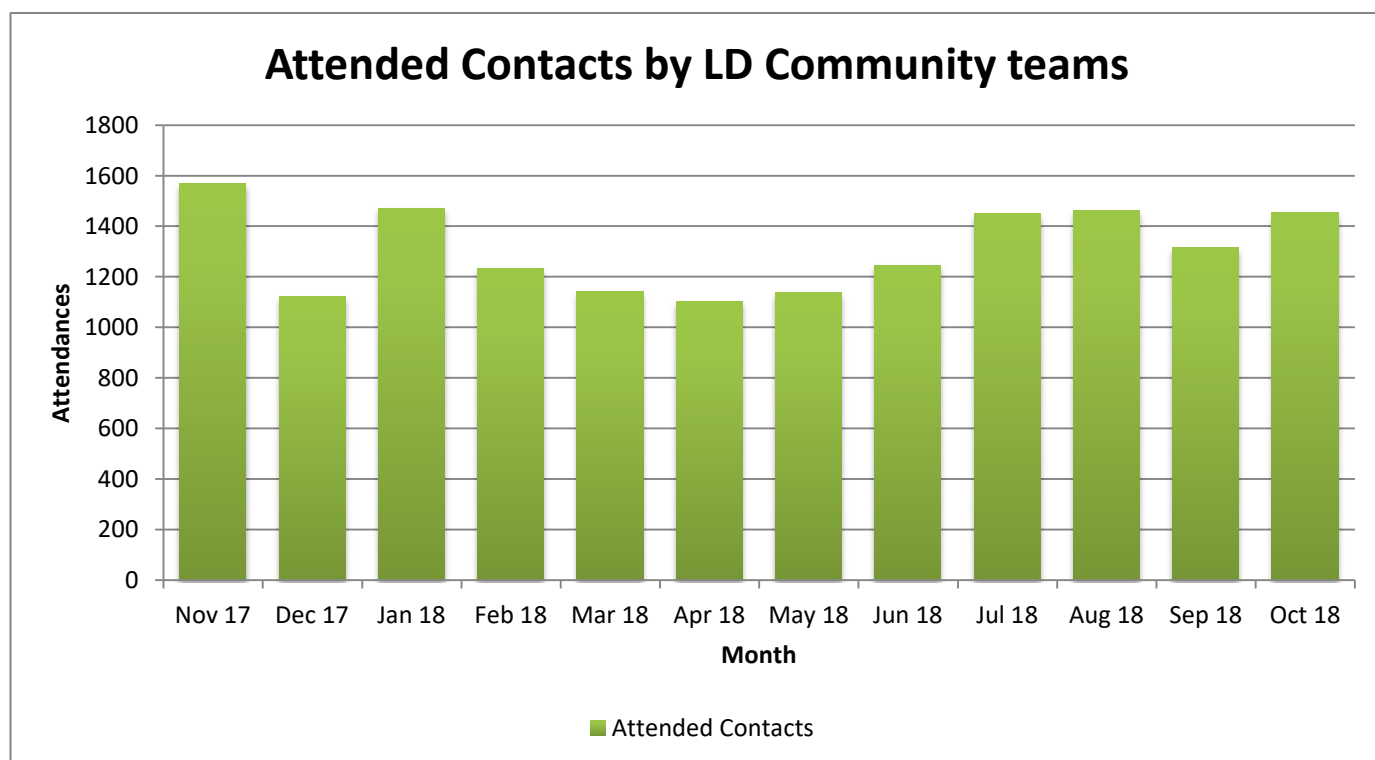
### 3. Referral source:

The table below details the source of referrals into the service. The information indicates that the three main sources of referral into the service are from General Practitioners, Support Teams and Adult Social Care.



### 4. Community team contacts:

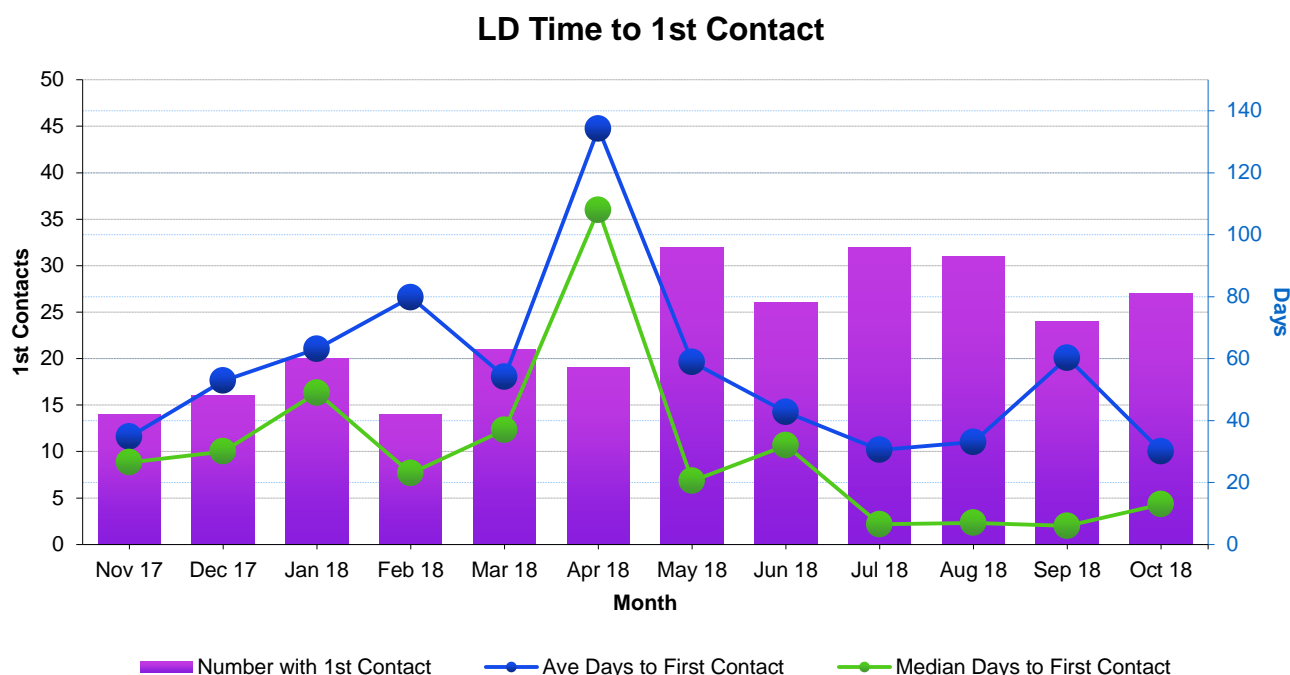
The table below details the attended contacts by the two LD community teams.





## 5. Time to first contact:

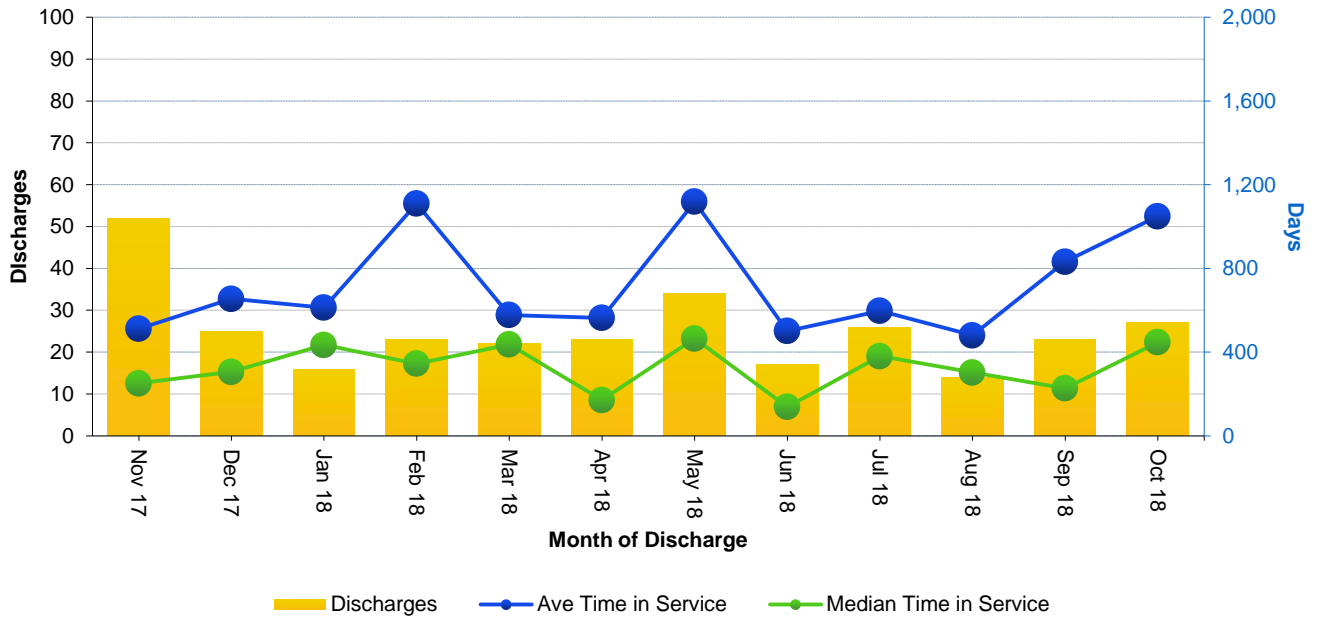
The table below details the length of time taken by the service to make the first contact with the service user following acceptance of their referral into the service. The time period covered includes the implementation of the new community service model and embedding the new ART team. During this period recording issues were identified which had led to inconsistency in recording. It was also identified that the ART team were not recording their first contacts. This had led to the first contact not being recorded until contact had been made by the allocated professional within the CLDT. This issue was rectified and led to the subsequent reduction in average and median days for first contact.



## 6. Length of time in service at discharge.

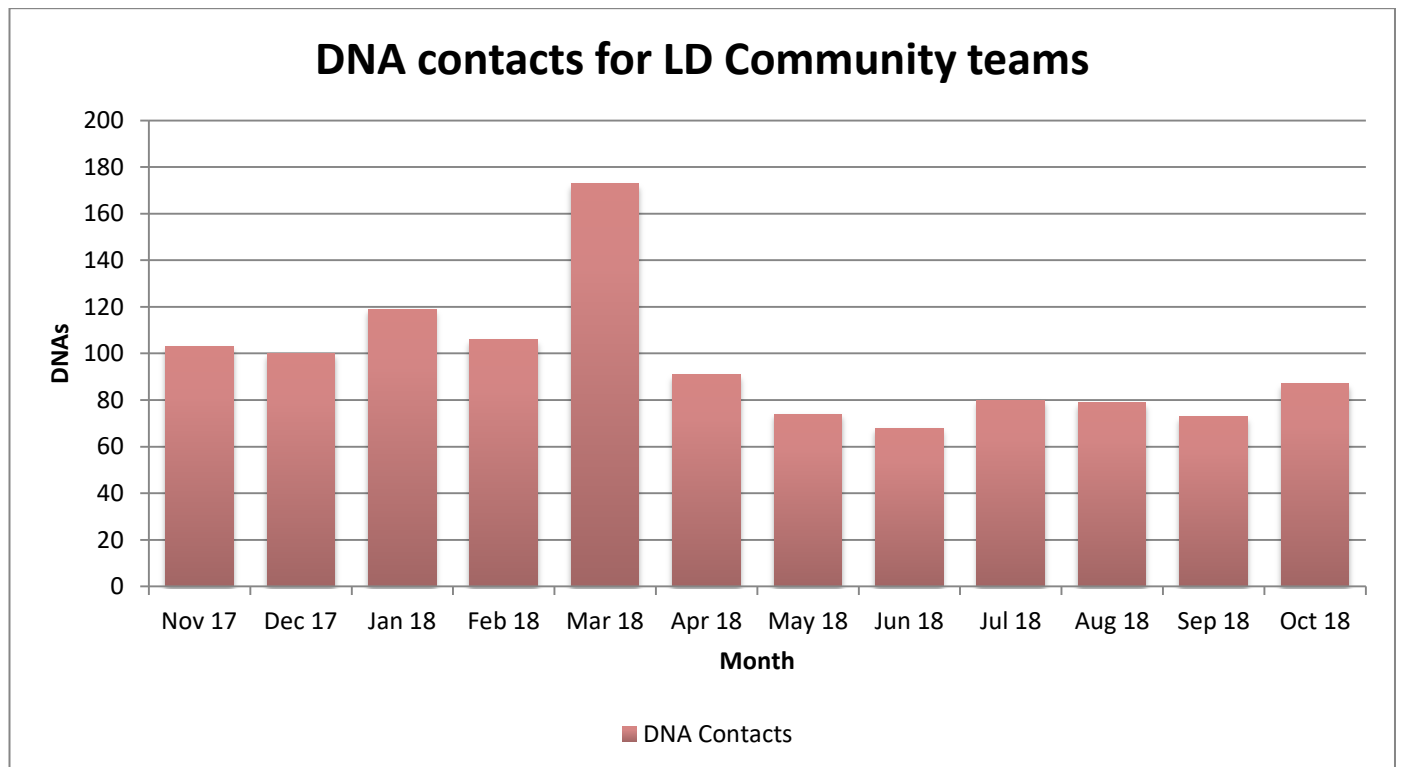
The chart below details the discharges from the service by month. It also details how long a service user has spent within community services at the point that they are discharged. The variance indicated within the data demonstrates the range of complexity of service user need that the service addresses and also accounts for the fact that, at present, the service is unable to discharge some service users from the service. An example of this is service users who are enterally fed. Guidelines state that these service users require a minimum of 6 monthly monitoring and review by a qualified Dietician.

### LD Time in Service at Discharge



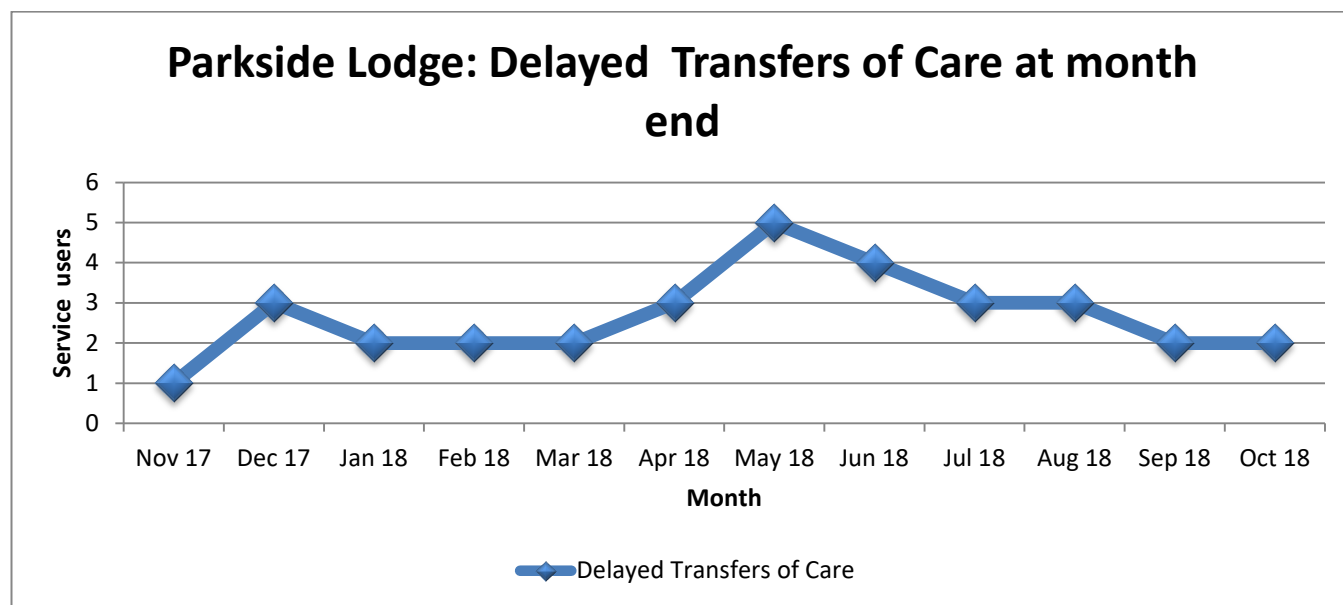
### 7. Did not attend (DNA) data

The chart below details the DNA figures for LD community teams by month.



## 8. Delayed discharges from PSL

The chart below illustrated the delayed discharges from LD Assessment and Treatment Inpatient services. Details of delayed discharges are provided by the service to the weekly trust wide DTOC tracker and are reported into the fortnightly capacity and DTOC meeting with the CCG, commissioners and Local Authority. Given that for LD Inpatient services it is invariably the need for local authority funded placements that are the main cause for the delay, the meeting with the CCG and Local Authority multi agency meeting is the place where delayed discharge issues are escalated to.



### Number of people supported by SSL:

As of October 2018 the number of people being supported by SSL services is 92. At the time of writing this means that the total number of vacancies within the service is 2.

### 3. Evidence based care and Clinical Effectiveness

During the last year the service has reviewed 96 NICE guidelines for relevance. Of these, 13 were identified as being relevant to LD service delivery these being:

Reference Number	Title	Type of guidance
CG89	Child maltreatment: when to suspect maltreatment in under 18s	Clinical guideline
CG90	Depression in adults: recognition and management	Clinical guideline
CG137	Epilepsies: diagnosis and management	Clinical guideline
NG62	Cerebral palsy in under 25s: assessment and management	Clinical guideline
NG76	Child abuse and neglect	Social Care Guideline

Reference Number	Title	Type of guidance
NG93	Learning Disabilities and behaviour that challenges: service design and delivery	Social Care Guideline
NG96	Care and support of people growing older with learning disabilities	Social Care Guideline
QS39	Attention deficit hyperactivity disorder	Quality standard
QS159	Transition between inpatient mental health settings and community or care home settings	Quality Standard
QS166	Trauma	Quality standard
NG97	Dementia: assessment, management and support for people living with dementia and their carer	Clinical guideline
NG103	Flu vaccination: increasing uptake	Public Health guidance
QS167	Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups	Quality Standard

The service is currently undertaking 9 NICE baseline assessments, these being;

Reference Number	Title	Type of guidance
CG90	Depression in adults: recognition and management	Clinical guideline
CG137	Epilepsies: diagnosis and management	Clinical guideline
NG62	Cerebral palsy in under 25s: assessment and management	Clinical guideline
NG93	Learning Disabilities and behaviour that challenges: service design and deliver	Social Care Guideline
NG96	Care and support of people growing older with learning disabilities	Social Care Guideline
NG97	Dementia: assessment, management and support for people living with dementia and their carer	Clinical guideline
NG55	Harmful sexual behaviour among children and young people	Public Health guidance
NG54	Mental health problems in people with learning disabilities: prevention, assessment and management	Clinical guideline
NG67	Managing medicines for adults receiving social care in the community	Medicines Practice Guidelines

#### **NICE Guidelines Quality Improvement Plan:**

One of the service's Quality Improvement Plans for 2018 / 2019 is to,

*"Increase frontline staff engagement in the routine use of NICE guidelines to evaluate and improve clinical practice".*

The service seeks to increase frontline staff engagement in assessing NICE guidelines for relevance for LD services and completing baseline assessments for NICE guidelines assessed as relevant. To support this, the service worked closely alongside the Trust NICE Lead to plan and facilitate a service wide clinical learning event.

The purpose and desired outcomes of the event were to:

- Explore how NICE guidelines help to ensure that we deliver high quality, safe and effective care to the people that use our services.
- Increase awareness and understanding of the Trust's systems and processes for assessing and embedding NICE guidelines within the organisation.
- Hear case study examples of how LD staff have used NICE guidelines to improve their practice.
- Apply learning by using a NICE guideline to assess and reflect on own clinical practice.
- Discuss ideas for how to engage frontline staff in the NICE relevance and baseline assessment process.

The event was chaired and facilitated by the service Clinical Lead and case study presentations were prepared and delivered by a representative from each of the 7 professional groups. The Trust NICE Lead supported the event and delivered the presentation on the system for how NICE is embedded within the organisation.

50 staff attended the event. Attendee's included both qualified and unregistered staff from across 7 professions and included representatives from all aspects of the service.

Evaluation forms from the event were collated and a report documenting participant feedback was presented with the LD governance meeting and to each team meeting. (***Refer to appendix 1 for a copy of this report***)

The table below details participant feedback in regards to the knowledge they gained from attending the event. This is one aspect of the event that was assessed and reported in the evaluation report.

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have increased my knowledge / awareness of how NICE guidelines help me provide high quality care	NONE	2 (6%)	6 (19%)	20 (63%)	4 (13%)
I have increased my knowledge / awareness for assessing and embedding NICE guidelines within the organisation	NONE	NONE	5 (16%)	18 (56%)	9 (28%)
I am more aware of how NICE guidelines are being used in	NONE	1 (3%)	7 (22%)	20 (63%)	4 (13%)

clinical practice					
I am more confident in using NICE guidelines to reflect on and improve my practice.	NONE	3 (9%)	9 (28%)	15 (47%)	4 (13%)

Subsequent to the event a NICE guideline working group is being established within the service. Terms of reference for the group have been written and ratified by the LD Governance group. These have been shared through local governance meetings into team meetings and representatives from across all aspects of the service, professions and both qualified and unregistered staff have been identified to attend. The first meeting is planned to take place in January 2019.

#### **Clinical pathway development:**

Over the last year the service has been engaged in work to review and document it's clinical pathways. A scoping exercise has been completed to identify the clinical pathways that have been documented, those that are close to completion of the clinical pathways that are yet to be written (***Refer to appendix 2 for a copy of this report***). Tools and resources to support staff in documenting clinical pathways have been developed and shared with staff and a workshop session has been facilitated to support staff through the process. This work is ongoing.

The service has contributed and inputted data and information into the NHSI LD national benchmarking exercise.

#### **Future goal:**

The service has completed a scoping exercise to understand the Clinician Rated Outcomes Measures (CROM), Patient Rated Outcome Measures (PROM) and Patient Experience Measures (PREM) used by the professions across the LD service. The service aims to use the information gained from this work to improve the regular reporting and analysis of outcome measures data within the LD Governance meeting.

#### **4.Listening and responding to service user/carers experiences:**

##### **Complaints:**

The service has received 8 complaints over the last year. 7 of these have been closed, work continues on the 8<sup>th</sup> complaint.

Of the 7 complaints that have been closed 3 were partly upheld, 2 were not upheld and 2 were withdrawn.

The table below details the severity level of the complaints received, as well as a description of the complaint and the outcome:

DESCRIPTION	SEVERITY	OUTCOME
Mixed sector complaint with LCHC. Complaint from carer regarding comments made by SLT and OT staff in a CPA meeting.		Not Upheld
Family member asking who was in control of finances and why bill was not paid.	Severity 1	Withdrawn
Patient states staff member has hit him	Severity 3	Withdrawn
Complainant is mother of service user. Complaint regarding concerns about administration of medication.	Severity 1	Not Upheld
Complaint regarding delayed receipt of medical letters involving daughter. Also that XXX had taken legal advice to prevent complainant's names, as parents and key decision makers, being recorded on daughter's Care Plans.	Severity 2	Still open
Complaint regarding dietician involved with daughter's care.	Severity 2	Partly Upheld
Unhappy with proposed changes to mixed sex respite units	Severity 1	Partly Upheld
Complaint regarding Woodland Square Respite Services and the single sex ward issue.	Severity 2	Partly Upheld

### **Compliments:**

74 compliments have been documented on Datix over the last year. Examples of these include:

### **CLDT :**

*Text received from service user*

*'Just want to say thank you for all your help and support you have given me over the last couple of months that we have known each other I just want to say thank you for helping me see a better way of protecting myself and keeping myself safe you are a credit to the NHS and I wish you all the best luck for the future'*

*XX has worked with their son for four years and his health has improved dramatically during this time. The parents praised all of XX hard work and involvement and the difference XX had made.*

**Inpatients: Parkside Lodge Assessment and Treatment Unit:**

*At the Tribunal for XX today the judge, panel and solicitor all complimented the staff team for their efforts in getting to know him - they made particular reference to the innovative approach to ensuring he gets S17 leave and the nature of the interactions*

*XX Family came to visit to discuss with nurse XX care and presentation. The family members gave praise on how their son had been treated through admission and the first 48hrs and expressed their appreciation of our help and support*

**Planned care services: Woodland Square:**

*One thing that struck me was how positive and empathetic staff were reporting to be towards XX, this is a real strength within the team- something we need to hold onto*

**Health Facilitation Team:**

*I wanted to write to you to share my appreciation for the fantastic work XX has been leading on within your Trust and nationally. In my national role with NHS England's Learning Disability programme we have been promoting the importance of identifying people with a learning disability, of all ages, on GP Learning Disability Registers. Their inclusion on these registers improves application of reasonable adjustments, supports increased uptake of Annual Health Checks, Flu jabs, and so on, all of which contribute to improve health outcomes for this group of people.*

*Within the national Primary Care Learning Disability group, of which XX is an active contributor, we have been developing resources to help General Practice. The Screening Tool developed by your Trust was considered to be the best around and with Julie's leadership and support of others we have further developed this tool to become an Inclusion Tool. It has been supported by colleagues from the RCGP and is due to be shared nationally in coming weeks.*

*XX and her team have been key to making this happen and her dedication and 'can do' approach have been fantastic. As well as this Tool, I am aware that many Liaison nurses around the country are now looking at the other resources developed by XX and team within your Trust, on your website, as examples of good practice. It is lovely to be able to write such an email and thank you and your Trust we supporting this initiative.*

**Specialised Supported Living Services:**

The quotes below are from relatives of people who are being supported by LD SSL services:

*"Staff are caring and brilliant and I'm really happy with what they have done for my family member"*

*"My family member has grown in confidence and that is because they are cared for and loved."*

*"The best thing about the service is that they have supported my family member to grow as person since they have been there, they are happy and having a good life."*

*"The service is well led, I speak to the manager and discuss things in an open and honest way about everything."*



*"My husband and I breathe a sigh of relief that our family member is where they are, safe and well cared for"*

### **User Involvement:**

As previously described, the LD service employs a dedicated User Involvement Team. Documented below are some recent examples of the work carried out by the Involvement Team with people with Learning Disabilities over the last twelve months. The examples below demonstrate the ways in which the service aims to increase, improve and promote the involvement and inclusion of people with LD.

- Co-producing the easy read Leeds Learning Disability Strategy 2018-2021.
- Engaged as the easy read service for the Leeds Learning Disability Health Task Group and associated social media.
- Co-producing an easy read guide to the Care Programme Approach.
- Co-producing easy read minutes for the Adult Social Care Being Me Project.
- Working with advocacy to produce better ways for people to contribute to their Multi-Disciplinary Meetings.
- Helping co-ordinate the annual Leeds Learning Disability week.
- Supporting people to get involved in the NHS70 celebrations including a history of learning disability themed event at Leeds city museum.

### **Improving service user and carer involvement in our services:**

One of the 2018 / 2019 Quality Improvement Plans (QUIP) for the LD service focuses on increasing service user and carer involvement. The service was concerned that not all aspects of the LD service were regularly involving service users and carers within their governance systems and infrastructure. The QUIP goals aims to;

*Develop a service user and carer involvement structure that will ensure regular involvement of service users and carers within LD governance systems across all aspects of the service.*

The following actions have been made towards achieving this goal:

- Service user and carer "key messages to cascade" are included as a standing agenda item within the LD Governance meetings.
- Service users supported by SSL services are members of the SSL Governance Group.
- Service users supported by SSL services are involved in recruitment processes for posts within the service.
- A monthly Service User Involvement group, led by the Trust's LD Service User Governor, has been established. The group is being supported to develop the skills they will need to help them to evaluate services. The first two projects that the group will be focusing on will be; evaluating Community LD services following the service review and to explore ways of involving service users in Governance meetings.
- LD Service leads have met with Leeds Carers Team in relation to the implementation of the "triangle of care" in LD services.

- A new involvement co-ordinator is in post. One of the purposes of the role is to focus on employing a person with a learning disability to work as a member the LD User Involvement Team.
- A scoping exercise is being carried out to understand the preferences that people with learning disabilities living in Leeds have for social media and digital engagement. The aim being to use the feedback received from this to direct how the service communicates key messages from LD governance meetings to people with learning disabilities and receive their feedback in return.
- A “Have your say day” has been carried out within SSL services and an accessible feedback report detailing the outcomes from the day has been presented with the LD Governance meeting. (***Refer to appendix 3 for a copy of this report***)
- A “Have your say day” was held on the 22<sup>nd</sup> of November within the LD Inpatient and Planned Care Services. Service Users helped create a feedback tree with the support of the Involvement Team and Inpatient staff.
- Carer questionnaires have been distributed within both inpatient and planned care services. Feedback received from carers has been documented and displayed in posters which detail both positive feedback received and the areas in which the services need to improve along with details for how the service will address these. (***Refer to appendix 4 for a copy of this report***)
- Service users living with in SSL services were supported to take part in a project to produce accessible reports following CQC inspections.

#### **Future goals:**

- A key goal for the service in the year ahead is to develop a system for; regularly collecting, analysing and utilising feedback from the Friends and Family test within the LD Community service. The service is currently working with the Trust Patient Experience Lead regarding this work.
- To employ a person with an LD as a co-worker within the Involvement Team.
- Using feedback from service users, increase presence on social media.
- Increase involvement in the “easy on the I” design service through the use of an interactive feedback quiz.

### **5.Clinical Audit, Service evaluations, research activity**

#### **Audit:**

Clinical audit is a standing agenda item within the LD Governance meeting. Support is received from the Trust Clinical Audit team who provide a monthly audit report which enables the service to monitor audit activity and action plans. Staff that complete audits are supported to present findings and recommendations for improvement actions, within the LD Governance meeting. These reports and agreed actions are communicated through the governance structure to the local governance meetings and into team meetings.

Audits completed by the service include:

- Safety and effectiveness of clinical interview rooms.
- Audit of outcome measures in LD Psychiatry.

Active audits by the service (as of November 2018) include:

- Monitoring and use of PRN Psychotropic medication in people with LD on an inpatient ward.
- Managing challenging behaviour in LD
- Audit of regular Psychiatry reviews in LD
- Audit of positive behavioural support framework
- Audit of in team joint working request referrals for Occupational Therapy.
- Audit of Epilepsy risk assessment.

### **Service evaluations:**

With support from the Trust Knowledge and Improvement Department, the service is currently engaged in the following service evaluation activity:

<b>Title</b>	<b>Description and Aim</b>	<b>Phase</b>
Learning Disabilities Out of Hours Crisis Service	To assess the effectiveness and the impact of the out of hour crisis service. The out of hour's crisis service started in 2017 following The Community Learning Disability Review. The main role of the service is to provide support to MH crisis team and ALPS when required, supporting staff at Parkside lodge and Out of area bed management.	Data analysis and reporting
Health Facilitation - It is everyone's role	To assess the impact of the Health Facilitation Team. The Health Facilitation team started following The Community Learning Disability Review. The team works in partnership with other organisations to encourage and support primary care teams to improve the quality of the annual health checks for LD patient.	Reporting
Medication errors	The aim of the project is to assess why medication errors occur from nurses' perspectives and to look at how they might be prevented in the future.	Planning
Evaluation of LD community service	To assess stakeholders (service users, carers, staff, etc) views of the LD Community services. The LD Community review and implementation of a new service structure started in in September 2017.	Planning

Title	Description and Aim	Phase
Staff knowledge and use of the Epilepsy risk assessment tool	To assess the use and knowledge of the epilepsy risk assessment tool with LD, after its introduction in September 2018. This is also combined with a clinical audit.	Reporting
Understanding the demands on staff when supporting those with challenging behaviours	External care providers are placed under a lot of pressure to deliver care to service users, this includes intensive interaction, positive behaviour support, as well as day-to-day care. The project wants to understand the extent of the workload, and how best to support care providers, and therefore improve care for the service users.	Planning

In addition to the above the service is currently evaluating a pilot of a “Holistic Assessment Tool” (HAT). The purpose of the HAT tool is to enhance the understanding of the service user’s needs with the aim of improving flow through the service thereby reducing average wait times from referral to treatment. The pilot evaluation will assess if the introduction of the HAT has achieved this aim. The evaluation of the Holistic Assessment Tool is due to be presented at the December LD Governance meeting.

#### **Research activity:**

A key achievement of the service over the last year has been the successful recruitment of a LD Occupational Therapist as a Clinical Academic Research Fellow. Although still in the planning stage, the focus of the research will centre on the relationship between care givers and people with LD and the role of care givers in supporting people with LD to engage in physical health interventions that increase physical and mental well-being.

The LD service has established a Learning Disability Research Forum (LDRF). The forum meets once a quarter for two hours and retains attendance from across the professions and services including; Nursing, SLT, OT Psychiatry, Psychology and Intensive Interaction as well as representatives from the Service User Involvement Team and the Trust R & D Department. The format of the forum includes a presentation on a set topic, group discussion and time for discussion and sharing of ongoing work. Over the last year LDRF meetings have included;

- Sharing examples of how to successfully obtain LD Service User feedback which included a review of the Modified Friends and Family Test. The outcomes of this work was shared and presented at the Trust PREM's Event that was held in September. The service is working with the Trust Patient Experience Lead to embed the use of this tool within the service.
- A presentation by the Trust Information Technology Department in regards to the data collated by the LD ART team since the introduction of the new LD Community Service model.
- A presentation on an audit of Dysphagia guidance and an evaluation of referral trends.

## **6.CQUINS, CQC and Quality Improvements**

### **1. Quality Improvement Plans for 2018:**

The service has three quality improvement plan (QUIP) which it is currently progressing. These are as follows:

- To ensure that all services can reach and maintain the 85% compliance target with clinical supervision. (QUIP shared across the Specialist and LD Care Group).
- To increase frontline staff engagement in the routine use of NICE guidelines to evaluate and improve clinical practice.
- To develop a service user and carer involvement model that will support the involvement of service users and carers within LD governance systems and service developments across all aspects of the service.

### **QUIP progress:**

**N.B.** *Refer to section 3 (Evidence based care and clinical effectiveness) for details on progress on increasing frontline staff use of NICE guidelines in clinical practice.*

**N.B.** *Refer to section 4 (listening and responding to service user and carer experiences) for details on progress on increasing service user and carer involvement across all aspects of the LD service.*

**Supervision:** Supervision trees have been created for each aspect of the service which clearly document lines of supervision responsibility. A supervision training package has been written. LD staff have been identified as clinical supervision "train the trainer's". These staff have been trained in the supervision training package. LD trained staff have commenced cascading and delivering clinical supervision training to appropriate staff. At the time of writing, 90 staff within the LD service required Clinical Supervision training. Of these, 57 (n= 63%) staff have completed the training, 17 (n=19%) staff are booked on the training. The 17 remaining staff include staff that are on maternity leave and long term sick leave.

### **2. CQC:**

The SSL service received their Inspection report in March 2018, following the inspection in December 2017 and February 2018. Following the December visits, work was undertaken to introduce the Quality Assurance Framework (QAF) and when the CQC returned to inspect the service they were assessed as good overall and outstanding for care. This is an improvement on the last rating in July 2016 of requires improvement.

Inpatient and planned care services were inspected by the CQC in December 2017. The service was assessed as requiring improvement. A "must do" and "should do" action plan has been developed to improve the service and address the issues identified by the inspection. Progress against this plan is monitored on a monthly basis within the LD service and updates are reported to the Trust CQC Project Group.

Reflections following the inpatient and planned care inspection led the service to explore ways in which it can develop a better understanding and monitoring of the service strengths and needs. The service was supported to contact SSL service leads who shared a Quality Assessment Framework (QAF) that they had developed which had been positively received by CQC inspectors. SSL services delivered a tutorial to the service where they described the process they went through to develop the tool. Knowledge and lessons learnt gained from this shared learning was used by the inpatient Team Manager to develop a QAF for LD Acute Assessment and Treatment service. In addition to developing the QAF the Team manager has also developed a Quality Assurance Quiz which is carried out within team meetings and is aimed at supporting staff to develop the confidence, knowledge and awareness to answer the questions that CQC inspectors may ask during an inspection.

The service has accessed support from the Care Group Clinical Director and Operational Director to formulate issues and develop an improvement plan to address these. ***Refer to appendix 5*** for a copy of this plan.

The knowledge gained through the development of the QAF in SSL and Inpatient services is being collated and will be shared with Community Service Manager and Team Managers in order to support them to develop a similar tool for use within community services.

### **3. Quality Improvement Activities and future goals:**

In addition to the QUIP described above the LD service has been actively working on developing clinical pathways and use of outcome measure within the service. Scoping exercises have been completed within the service to understand and identify:

- The clinical pathways that have been developed, are in development and those that require development within the service. (***Refer to appendix 2 for a copy of this report***)
- Establish standards for designing and developing clinical pathways within the service.
- The clinician rated outcome measures (CROM's), patient rated outcome measures (PROM's) and patient experience measures (PREM's) used by professions and teams across the service. (***Refer to appendix 6 for a copy of this report***)
- The purpose of each of the outcome measure tools used and what they are designed to measure.

The outcomes of the scoping exercises completed have been presented and communicated through the LD Governance frameworks. The service has used the information gained from this work to identify two future improvement goals for the service. These being:

- To have documented, evidence based, MDT, clinical pathways for core service interventions.
- To agree and identify the core outcome measures that will be used by the service and to develop systems to enable these to be routinely reported within LD Governance meetings.

## **7.Risk management and incidents**

### **LD Risk Governance Systems and meetings:**

The LD service holds a monthly LD Clinical Risk and Safety meeting. The meeting is chaired by the LD Clinical Lead and is attended by operational managers for community, inpatients and planned care and SSL services as well as professional leads for Psychology, Allied Health Professionals and Nursing.

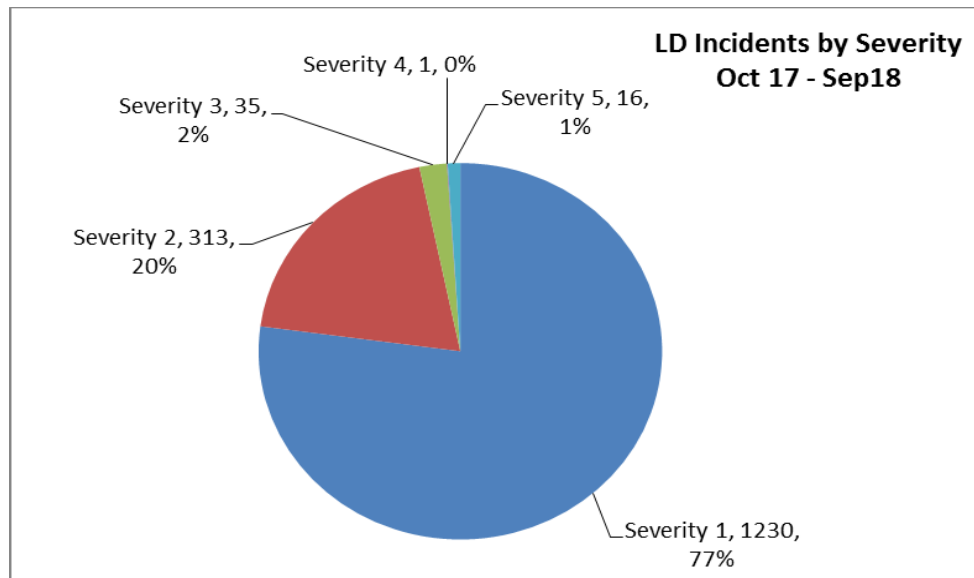
Standing agenda items for this meeting include;

- Review of service risk register.
- Review of risk dashboards for community, inpatients and SSL including:
  - Use of mechanical restraint.
  - Incidents of violence
  - Death
  - Medication errors
  - Verbal abuse
  - Seclusion
  - Restraint
  - Safeguarding
  - Use of PRN
- Fact finds and lesson learnt
- RIDDOR reported incidents
- Medicine management feedback.
- Communication feedback **from and to**; Care Group Governance, Local LD Governance and SSL Managers meeting, Trust Positive and Safe Group

Additional items are added as and when required.

### **Service Risk Data Overview:**

The chart below details the number of incidents, that occurred within the service, by severity. The chart demonstrates that 97% of the incidents that occurred in the service during the last year were rated at level 1 or 2 (Level 1 n = 77% level 2 n = 20%)



The chart below details the number of incidents that occurred within the LD service over the last year that were assessed as being level 3 or above.

There have been 16 incidents recorded as level 5 over the last year. All of these 16 incidents relate to people with LD, that were receiving input from LD services, that have died over the last year. 15 of these were living in the community and receiving input from the CLDT. 1 service user was being supported by our SSL service when they died. Of the 16 deaths, 14 were assessed by the coroner as being death by natural caused. 2 of the deaths are still pending a coroner's verdict. These deaths have been reported and investigated through Trust internal reporting structures and LeDeR investigators.

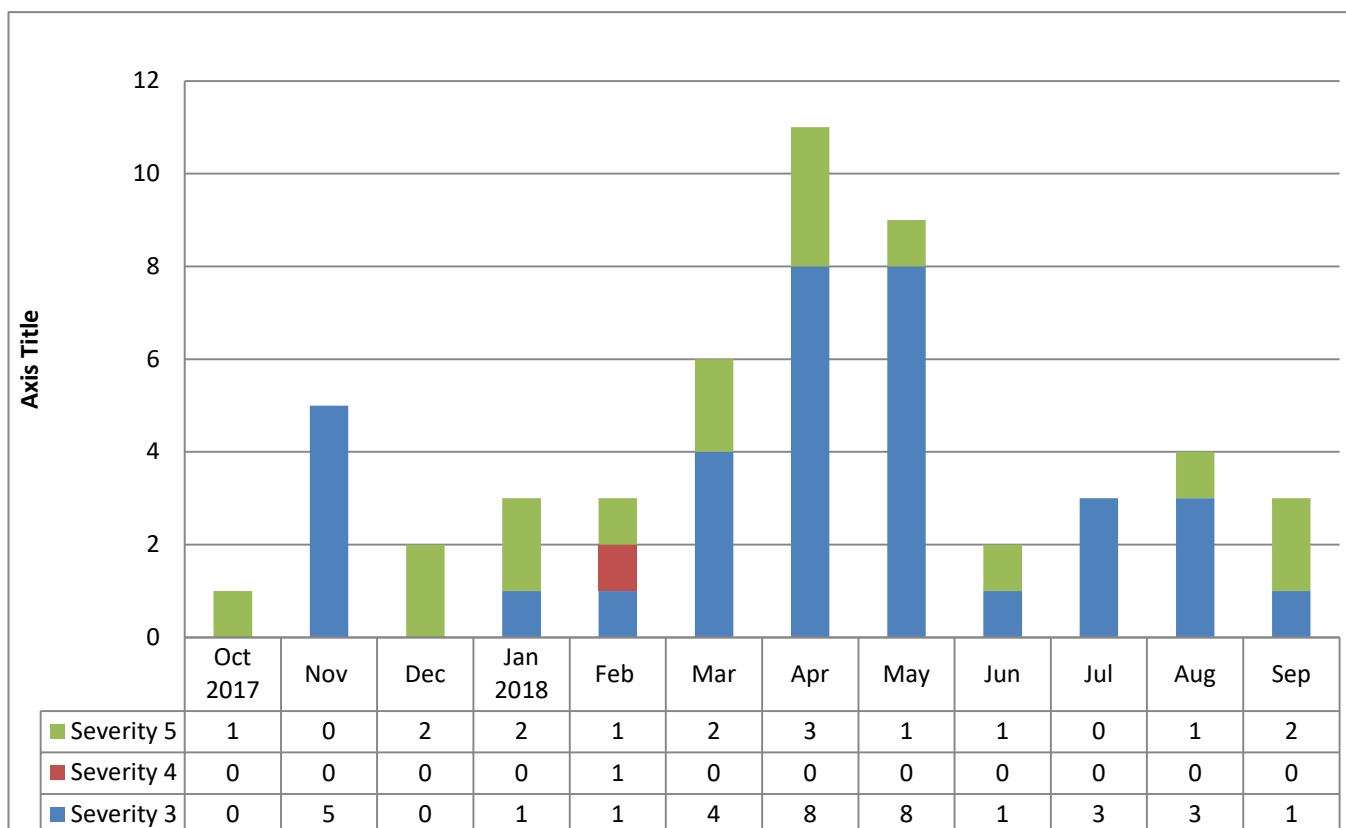
There has been 1 level 4 severity incident over the last year. This incident relates to a service user showing signs of hip pain when being moved. Staff reported hearing a "popping" sound on moving and handling. An action plan was put in place following this incident and included 2 to 1 staffing for all moving and handling, passive movement training for staff and a discussion was held in the staff team meeting discuss responding quickly to emergency situation.

There have been 35 incidents of level 3 severity recorded within the service over the last year. The causes of these incidents have been recorded as follows:

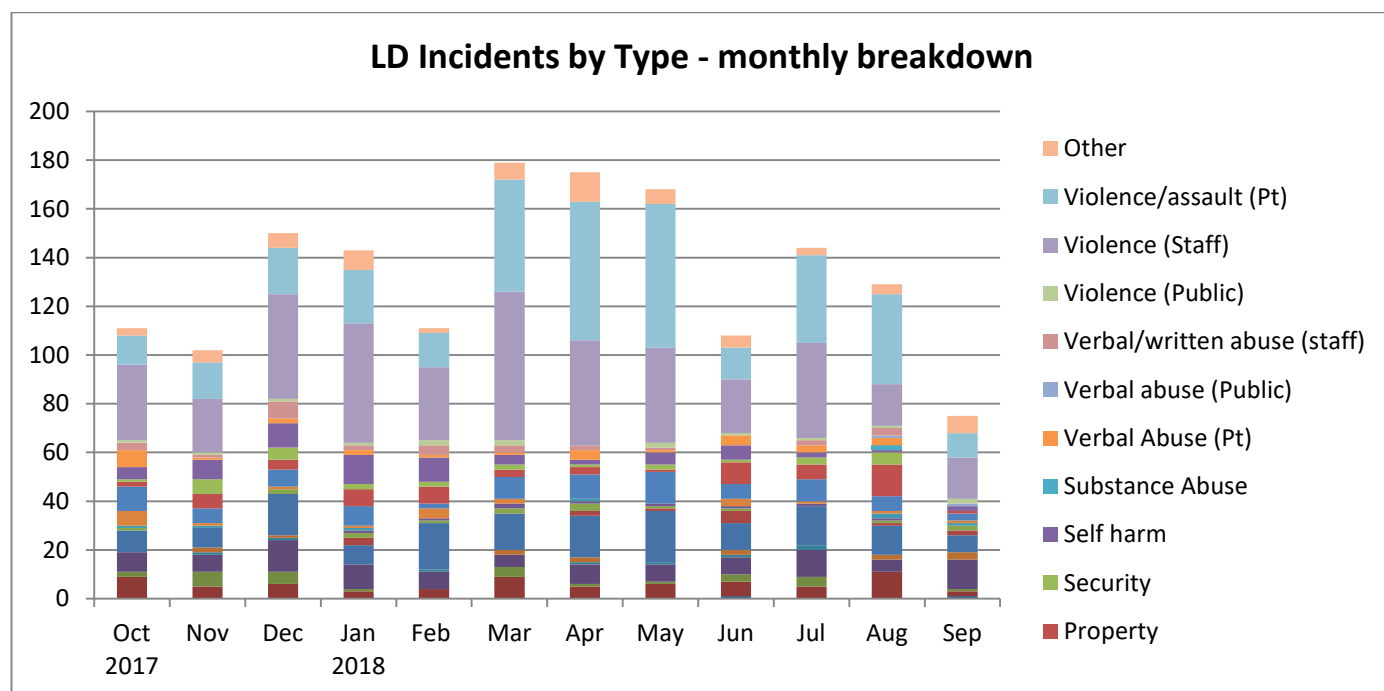
- Assaults by patients on staff (N=11)
- Deliberate property damage (N=3)
- Vulnerable adult (N=1)
- Aggressive hostile behaviour (N=5)
- Assault by patient on patient (N=1)



- Staff injured during restraint (N=1)
- Inappropriate behaviour (N=1)
- Injury cause unknown (N=2)
- Pressure Ulcer (Home) (N=1)
- Fall on level (N=1)
- Accidental over dose / self-harm (N=2)
- Other self-harm incident / threatened self-harm (N=1)
- Lifting / moving person or object (N=1)
- Other physically unwell (N=3)
- Head banging / slapping / biting (N=1)



The chart below details the monthly breakdown, by type, of all the incidents reported within LD services



## **8.Education/Training and CPD**

### **1. Compliance with statutory and mandatory training:**

The table below details the compliance with compulsory training for each service area as of October 2018.

<b>INPATIENTS &amp; PLANNED CARE</b>	<b>COMMUNITY</b> (Including: CLDT's ENE & WSW & Health Facilitation and ART Teams)	<b>SPECIALISED SUPPORTED LIVING SERVICE.</b>
91.68%	87.99%	87.82%

### **2. Internal training courses and CPD opportunities:**

Over the last year the following staff training opportunities have been prepared and facilitated internally by LD staff;

- Makaton Training.
- Intensive Interaction.
- Positive Behavioural Support.
- Clinical Risk Training.
- Clinical Supervision training.
- Competency Based Training for unregistered LD Community Support Staff: The service provides a 3 level training package for unregistered staff that work with CLDT. The competency

based training package is aimed at ensuring both the safe and appropriate delegation of clinical interventions and the continuous personal and professional development of support staff. The 3 level training package is broken down as follows:

**Level 1: Care Certificate (National Certificate)**

**Level 2:** Competency assessed training package designed and delivered by CLDT MDT professionals and includes training on;

- How to support engagement in occupation and activities
- Promoting meaningful activities
- Communication
- Moving and handling
- Delivering care plans
- Identifying and working within scope of practice
- Preparing resources and environment

**Level 3:** Currently under development, this training package will encompass specific training in relation to the interventions that unregistered staff, once assessed as competent, can deliver under the supervision of qualified clinicians. Level 3 training sessions that have already commenced include de-sensitisation and mental health monitoring.

**3. Professional Forums:**

LD Professional Leads for Nursing, Psychology, Allied Health Professionals (AHP), Psychiatry, and Intensive Interaction, each plan and facilitate profession specific forums within the service. The forums occur as a minimum on a bi-monthly basis and provide an environment to share good practice and explore means of improving the quality of care they deliver. These professional forums often come together to work on shared issues. A recent example of this occurred between the AHP forum and Nursing Forum. Members co-ordinated an interactive workshop session with the Leeds Teaching Hospital Trust (LTHT) LD Liaison Worker. Forum members recognise the importance of this role in improving the health outcomes and service user experience of people with LD when accessing LTHT services for either planned or emergency care. With this in mind forum members were keen to explore how to improve partnership working and communication with the LTHT LD Liaison worker. With this in mind the forum workshop aimed to;

- Increase participant understanding of the LD Liaison Role.
- Increase awareness of the current work streams / focus for the LD Liaison role in LTHT
- Discuss and share the areas where the two service are working well and consider ways to maintain and develop these.
- Identify areas where systems are not working well and work together to find solutions for how to improve these.

**4. Access to external training and study leave:**

Over the last year the service has supported staff to access the following external courses:

- 4 Psychologists Level 1 & 2 Dialectical behavioural therapy
- 1 Psychologist Cognitive Analytic Therapy Practitioner Training Year 2
- 3 Nurses Mary Seacole Leadership Programme
- 1 Nurse – Mentorship in practice
- 2 Nurses & 2 OT – SLIP
- 2 Nurses – Enhanced Women’s KUF
- 2 OTs – AMPs
- 3 Nurses – Pressure wound care
- 1 Nurse – Tracheostomy care
- 2 Dietitians – Enteral feed conference
- 2 Nurses – Behaviour specialist Diploma
- 1 Nurse – Reducing restrictive Practices
- 1 Nurse – Introduction to DBT
- 1 Physio – Postural care course
- 3 OTs – Sensory Integration Module One training.

## 5. Training delivered to others:

In addition to the person centred training that staff deliver to paid and unpaid carers in relation to a specific individual service user care plan, the service also delivers a variety of training to a range of other services. Some examples of training delivered to others include:

- **TARGET (CCG):** Three training sessions have been provided to the TARGET audience from General Practice. This included 3 specific talks to a total of 130 delegates regarding the role of Health Facilitation and its contribution to Learning Disabilities Mortality Review (LeDeR). Delegates were supported to understand how to engage service users with learning disabilities in a positive way that meets both legal requirements and positive communication standards striving for excellence within the primary care arena.
- **Leeds Beckett, Leeds University, Huddersfield University and York University:** Undergraduate teaching session on Working with people with Learning Disabilities. LTHT nursing students – 25 students
- **Leeds Teaching and Hospital Trust (LTHT):** Workshop directed at student nursing assistants.
- **Health Care professionals supporting the LD Champion role in LTHT :** 36 professionals trained in supporting and communicating with people with LD
- **LYPFT apprentices:** 11 apprentices
- **Queens Nursing Institute:** “It’s Everyone’s Role” working with people with LD training session. This group of nurses have great influence in community positions which should provide a wave of positive improvement to practice, not only of themselves but also of others. The training highlights the shocking figures relating to health inequalities for people with a learning disability and also the professionals legal and professional responsibility to support these service users even if the professional does not have LD training background.
- **GP practice training sessions:** Whole practice training has been carried out at several GP practices throughout the city. The aim is that a whole practice approach will support a sustainable practice improvement that will benefit service users. Getting the whole practice

involved supports real improvement across all departments within the practice. From the receptions staff through to GP. 83 practice members have been trained so far.

- **Health Task Group:** Ongoing teaching is provided to this group that include people who utilise their roles within the group and various organisations in the city to support a city wide change through the “Being Me” initiative. The health facilitation team are working to complete their role to improve “Be Well” strategy city wide. This is a three year plan and the Health Facilitation Team have nearly completed all of the tasks set.
- **Raising awareness training:** The Health Facilitation team have collaborated with NHS England to deliver information about the 5 National screening programmes, highlighting the health inequalities for people with a learning disability. In excess of 80 people attended these events
- LD Psychology staff provide some training to the DClinPsychol course at Leeds University.
- Intensive interaction training to a range of public and private providers / organisations.

## **9.Staffing and performance**

The table below details the number of whole time equivalents (WTE) within the service and the total number of vacancies within each of the LD service areas as of October 2018:

SERVICE AREA	PROFESSION	TOTAL WTE IN POST	TOTAL WTE VACANCIES.
<b>Inpatients &amp; Planned Care.</b> (Including: Parkside Lodge Assessment & Treatment Services & 2 & 3 woodland square)	Psychiatry	0.90	0.00
	Psychology	0.50	0.00
	Nursing	21.25	9.92
	Occupational Therapy	1.00	0.00
	Speech & Language Therapy	0.40	0.00
	Unregistered Staff.	32.02	1.73
	Clinical Team Manager	2.00	0.00
<b>Community Services.</b> (Including: CLDT: ENE & WSW Teams, Health Facilitation Team and ART Team)	Psychiatry	4.10	1.00
	Psychology	7.20	0.00
	Nursing	27.5	3.00
	Occupational Therapy	7.00	2.0
	Dietetics	3.5	0.00
	Physiotherapy	7.00	2.00
	Unregistered Staff	18.00	1.50
	Clinical Team Manager	2.00	0.00
<b>Specialised Supported Living Services and User Involvement Team.</b>	Manager	22.80	2.20
	Support workers	179.58	42.72
<b>TOTAL</b>		336.35	66.47

**NB:** The service receives Speech and Language Therapy (SLT) Services into CLDT services from Leeds Community Health Care Trust (LCHC). These staff are employed by LCHC but are integrated within our teams. At present there are a total 4.4 WTE SLT in post and 1 WTE vacancy.

## Performance:

### 1. Sickness: Figures as of October 2018.

SERVICE AREA	SICKNESS ABSENCE RATE	DAYS DUE TO MSK (Average days lost per episode)	DAYS DUE TO STRESS & MENTAL HEALTH. (Average days lost per episode)
Inpatients & planned care.	2.24%	6.7	13.5
Community (Including: CLDT ENE & WSW, Health Facilitation & ART)	2.80%	19.0	31.1
Specialised Supported Living services.	4.60%	9.2	32.2

### 2. Staff turnover: As of October 2018.

INPATIENTS & PLANNED CARE (% rolling 12 months)	COMMUNITY (% rolling 12 months)	SPECIALIST SUPPORT LIVING SERVICES. (% rolling 12 months)
2.90	6.30	1.90

## Recruitment challenges:

The service does face some key recruitment challenges. These are:

- LD Nurses: Community and inpatient settings.
- Psychiatry
- Physiotherapy.
- SSL support workers.

A number of initiatives have been implemented within the service to try and address these gaps including;

- Supporting SSL services to pilot the use of dependency tool to provide assurance that each service has sufficient support hours.
- Facilitating student placements across all disciplines.
- Support of Trust rotation for Occupational Therapy and Dietetic staff
- Apprenticeship schemes
- Working with universities across the region to deliver workshop sessions on working with people with LD to undergraduates.

- Providing intern opportunities. The service currently has 2 interns who are doing a “*year in industry*” as part of a Bsc in psychology. They are available to contribute to research, audit and evaluation plus service development initiatives.
- Supporting secondment opportunities within the service.

## **10. Summary and Recommendations**

In summary, the key challenges within the LD service over the last year have been (and in some instances continue to be):

- Working alongside key partners to implement the Transforming Care agenda, especially in relation to the development of an LD Community Intensive Support Service (slow progress of business case).
- Recruitment challenges in SSL, LD Nursing and Physiotherapy.
- Embedding CPA and care co-ordination
- Uncertain future of LD Assessment and Treatment Inpatient services within LYPFT.
- Improving consistency and communication between professions, teams and services.
- Supporting mainstream physical and mental health services to make reasonable adjustments in order to enable people with LD to access services.
- Driving forward change within the wider health economy in regards to the enteral feeding clinical pathway and the CHC pathway.

Highlights for the LD service over the last year include:

- Integration of LD services into the Trust OT and Dietetic rotational programme.
- Embedding Community Service Review model: establishing Assessment and Referral Team, Health Facilitation Team.
- Improved compliance with timescales for assessment formulation and plan and reduction of operational management waiting lists.
- Improving inpatient ward environment and resources.
- SSL CQC inspection achievement of “good” with “outstanding for care”.

Areas of focus for improvement over the next 12 months:

- Development and documentation of Clinical Pathways within the service.
- Pilot of frontline staff NICE guidelines working group.
- Reporting of Clinical Outcome Measures within Clinical Governance.
- Improved service user and carer involvement within LD governance activities.
- Employing a person with a LD as a co-worker within the Involvement Team.

## Recommendations







The Quality Committee are asked to note the content of this annual report, including the progress made, the key challenges and the areas of focus over the next 12 months.

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**Job Title:** Clinical Lead for Learning Disability Services.

**Date:** November 2018.

## Appendices:

Appendix number	Page Number	Document	Description.
1	13	 Event evaluation summary report v2.doc	Clinical Learning Event Evaluation report.
2	13	 6.3 - Clinical Pathways Review.doc	LD Clinical Pathways scoping report.
3	17	 8.1 Have Your Say Day at 1 Woodland Sq	“Have your say day” report.
4	17	 Family Friends Feedback LYPFT poste	Family and friend feedback poster.
5	21	 Action note LD cqc action plan October 18	CQC Improvement / development plan.
6	19	 6.4 Outcome Measures in LD V4.doc	LD Outcome measures scoping report.