

Trust Board Report: Improving health experiences and outcomes for people who have learning disabilities and their families. March 2012

Appendices:

Appendix 1 Haringey SAF Action Plan 2012

Appendix 2 Islington SAF Action Plan 2012

Appendix 3 Whittington Health SAF & CQINN Action Plan 2012

Appendix 4 NHS London CQINN for Vulnerable Adults (Autism and Learning Disabilities)

Appendix 5 Easy Read Haringey Framework for Health Report 2011(see PDF)

Appendix 6 Death By Indifference 74 deaths and counting (see PowerPoint presentation)

Appendix 7 Our Hospitals Charter (see PDF)

Appendix 8 Easy read version of this report for the Trust Board (see PDF)

## Haringey Learning Disabilities Partnership SAF Action Plan 2011/2012

SAF reference	Action	Responsible lead	Date to be achieved	Evidence
1	Review all out of borough individual plans, offer Personalised Health and Social Care funding where appropriate.	HLDP head of Service Beverley Tarka NHS commissioning Haringey lead Anne Daley	June 2012	Regular report to the LD Partnership Board to ensure person centred outcomes are achieved. HLDP clinical leadership and operational group minutes Repatriation group minutes
2	Develop a system for GPs to automatically flag a referral to the community LD team for follow up and audit when people who did not attend their appointments (DNA) for health checks.	NHS commissioning Haringey lead Anne Daley Consultant Nurse Gwen Moulster GP with special interest Dr Lionel Sherman	June 2012	Flagging system in place Audit report
2	To increase the number and quality of health checks.	NHS commissioning Haringey lead Anne Daley Consultant Nurse Gwen Moulster GP with special interest Dr Lionel Sherman	March 2012	Audit report
2	Improve the process of GP invite to patients with LD and/or Autism to ensure the current list for the Annual	NHS commissioning Haringey lead Anne Daley	March 2012	Records of GP training Records of GP health checks Health check audit

	Health Check is maintained and updated.			
2	Further improve the experience of health care services by service users and carers	Whittington Health – LD lead North Middlesex – LD lead NHS commissioning Haringey lead Anne Daley Keeping Healthy delivery group chair- Gwen Moulster	On-going	Service user questionnaires Minutes of focus groups Practice governance minutes Hospital records and audits of PROMs
3	Ensure all electronic records include NHS Number on Frameworki (Council Client Information System) as this will provide the appropriate safe links to EMISS Webb (Health Patient Information System).	HLDP head of Service Beverley Tarka	May 2012	Audit of FWi records
2	Make available a series of key templates; also in accessible format to share information, including letters on EMISS web.	Speech and language therapy Sue Renton/Lorayne Langely	May 2012	Templates on websites and available from CLDT
2	Develop a process to measure quality of content of Annual Health Check and that each time there is an updated Health Action Plan.	Health action plan coordinator Sebastian Dacre Consultant Nurse Gwen Moulster	June 2012	Audit of HAPs

	(Satisfaction Questionnaire).			
3.	Set up a system 'Trigger' on EMISS Web (Template) for all those failed appointments (DNA's) so that the Community LD Team can follow-up.	NHS commissioning Haringey lead Anne Daley	May 2012	Records from NCL cluster
2	Ensure the Primary Care Team members regularly provide 'easy read' information on appropriate health screening via EMISS Web for all LD (Including Autism) patients.	NHS commissioning Haringey lead Anne Daley Speech and language therapy Sue Renton/Lorayne Langely	June 2012	Audit of health checks
2	To develop an integrated Social Care, Public Health and NHS Action Plan that focuses on LD and Autistic Spectrum needs. Improved integration of learning disabilities in mainstream public health strategy and health promotion activities.	HLDP Head of Service Beverley Tarka Consultant Nurse Gwen Moulster	May 2012	Plan shared Public health plans JSNA
2	Develop Action Plan to support and improve the work of the London Ambulance Service to include training and raise awareness to support	NHS commissioning Haringey lead Anne Daley Consultant Nurse Gwen Moulster	July 2012	Training records Minutes of meetings Reports to Partnership Board

	patients with LD and Autistic Spectrum issues.			
2	Develop LD specific 'Area of Interest and Service Signposting' area in NCL NHS and Haringey Borough Websites.	HLDP Head of Service Beverley Tarka	April 2012	Websites
3	To further develop the current Information Sharing Strategy to update this and ensure appropriate sharing of information between NCL NHS; Acute Trusts and Mental Health Trust.	HLDP Head of Service Beverley Tarka Lisa Redfern Chair HLDP Executive committee	March 2012	Strategy docs
2	Service agreements to include explicit measurements/outcomes for people with learning disabilities and those with Autistic Spectrum to provide evidence of equal access to health care.	Lisa Redfern Chair HLDP Executive committee	February 2012	Autism strategy
3	Request lead member of LINKs to champion LD and Autistic Spectrum service users.	NHS commissioning Haringey lead Anne Daley	February 2012	Minutes LD Exec meeting
2	Ensure NCL NHS Board is given bi-annual update on the Healthcare position of local borough presence people with	NHS commissioning Haringey lead Anne Daley	April 2012	Minutes NCL Board

	LD - and that the Board approves and monitors the outcomes of agreed action plan. Ensure NHS Commissioning Plan is more clearly inclusive of LD and Autistic service users needs.			
2	Develop communication Action Plan to promote IT development for example what is available on each Website and discuss with Service User Forums. Healthcare organisations IT systems in Haringey have limited interface with each other. This limits access to and exchange of information and ability to use data to improve planning, commissioning and delivery of services.	Lisa Redfern Chair HLDP Executive committee IT Leads for all partner organisations	May 2012	Action Plan
2	Develop an action plan to meet the outcome of the personalised support with specific reference to BME groups Clearer Identification of the Health Needs of BME Communities and how these relate to LD and Autism	HLDP Head of Service Beverley Tarka	April 2012	Action plan

	Service Users, in partnership with Public Health			
2	Complete the Complex Health Needs pathway Pilot and develop Action Plan to mainstream findings and sustain improvements in services. Improved mainstream commissioning and planning, referencing national reports e.g. "Raising our Sights" and "Mansell Report".	Consultant Nurse Gwen Moulster	June 2012	Annual report to Partnership Board.
2	Develop action plan to support agreed changes and enhanced collaboration between Whittington Health, NHS Haringey; Haringey Adult Social Care and BEH MH Services.	Lisa Redfern Chair HLDP Executive committee	May 2012	Minutes LD Exec
3	Promote usage of Mental Capacity Act (including DOLS) and ensuring good practice training for all Health and Social Care Staff. Agree a training programme to train Advocates, Family Carers and individuals with LD and Autism.	HLDP Head of Service Beverley Tarka LD lead Whittington Health	June 2012	Training programme Report to Partnership Board
3	Provider Forum to lead a	Farzad Fazilat	February	Report to Partnership Board on

	<p>promotional campaign to improve the understanding of the difference between raising an issue and making a complaint, with full easy read guidance of complaints processes for service users and carers.</p>	<p>Social care Commissioner</p>	<p>2012</p>	<p>numbers of complaints under investigation and those resolved ensure that learning from complaints leads to service delivery. This will be monitored through the governance committee.</p>
<p>3</p>	<p>Lead Nurse in Safeguarding to provide training for service users with LD and Autism and Family Carers on safeguarding process why it is there and how it works. Safeguarding is everybody's business and services users to be provided with techniques to get safeguarding issues expressed and investigated.</p>	<p>Martin Grant Lead nurse - safeguarding</p>	<p>May 2012</p>	<p>Report to Partnership Board</p>
<p>4</p>	<p>Develop a resource and information database identifying the quality of respite services, to test whether a service will meet their personal requirements when they purchase using personal health budget. A wide variety of respite options will be developed to enable</p>	<p>HLDP Head of Service Beverley Tarka</p>	<p>March 2012</p>	<p>Database</p>



	people to have increased choice of respite and short breaks.			
4	Plan to develop integrated transition planning in specialist health services within the partnership. Including a service user and carer consultation and involvement strategy. There requires to be improved integrated transition planning to support young people approaching adulthood.	HLDP Head of Service Beverley Tarka	July 2012	Action plan
2	PCT cluster commissioning team develop a service user and carer consultation and involvement strategy.	NHS commissioning Haringey lead Anne Daley	March 2012	Strategy doc
4	Develop a joint protocol for CHC process and practice.	NHS commissioning Haringey lead Anne Daley HLDP Head of Service Beverley Tarka	January 2012	Protocol
4	Improve data and information on learning disabled people who are ageing including updating the Learning	HLDP Head of Service Beverley Tarka	May 2012	JSNA Reports to partnership Board

	Disability Needs Assessment and JSNA. Develop the Older persons delivery group reporting to the Partnership Board			
2	Implement the work plan for autism.	HLDP Head of Service Beverley Tarka	June 2012	Work plan
2	To develop protocol for interface and pathway between LD / Autism and mainstream MH services.	Dr Ken Courtenay Consultant Psychiatrist	March 2012	Protocol
2	To evaluate, review and progress the Autistic specific training that was implemented last year.	HLDP Head of Service Beverley Tarka	February 2012	Minutes Practice Governance Training records Evaluations
4	Ensure people from Haringey who are in prison are having their health needs met effectively	Robin Betts Community Matron	July 2012	Report to Partnership Board

## Appendix 2

## NHS Self-Assessment Framework Islington Action Plan V4 15.2.12

Action No	NHSL LD SAF Target	NHSL Recommendation	Outcome	Action	Partnership Board Subgroup	Update 8.2.12	Lead	Target Date
1	SAF target 3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from previous audits or investigations by statutory regulatory bodies - including 'Healthcare for All' and Six Lives  2.2 Primary Care Teams are	The ICCG to nominate a '6 Lives' GP Champion to report to and support the ICCG Board	<ul style="list-style-type: none"> <li>➤ Understand and challenge the blocks to people with LD accessing primary health care from a GP perspective.</li> <li>➤ 70% of GPs are currently signed up to the DES. Encourage the remaining practices to join</li> </ul>	<ul style="list-style-type: none"> <li>➤ Draw up '6 Lives GP Champion role brief.</li> <li>➤ Advertise role in GP bulletin and recruit.</li> <li>➤ Board reporting mechanism to be confirmed by the ICCG</li> </ul>	N/A –  Commissioning	<p>JD produced</p> <p>Consulted D Snook</p> <p>Currently with CCG for agreement re funding and allocation of sessions.</p> <p>Need to confirm reporting structure.</p> <p>Avni Shah to confirm approach to advertising and recruitment</p>	<p>Laura Gordon</p> <p>Deborah Snook</p>	April 2012

	tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice							
2	SAF target 4.10 Health and social care commissioners has a learning disabilities workforce development Plan in place which includes reference to the future training and development of people working in learning disability services, in both specialist and	Islington to develop a Workforce development plan	<ul style="list-style-type: none"> <li>➤ Workforce understands how people with LD interact with health and other public sector systems</li> <li>➤ Patients receive the support they need to access primary health care and improve their health outcomes.</li> <li>➤ Staff are well informed and implement good practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>➤ Consult Training Subgroup of the LD Partnership Board on the actions and best approach</li> <li>➤ Develop a Workforce development plan</li> <li>➤ Identify Workforce Development leads for Acute Trusts, NCL, Whittington Health and</li> </ul>	Learning & Development Subgroup	Commissioning to meet with Neil Chick leader of workforce development PB sub group to discuss focusing the group on achieving the NHS SAF Action Plan.	Saranne Bensusan/ Neil Chick	May 2012

	<p>mainstream</p> <p>3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including:</p> <ul style="list-style-type: none"> <li>• Mental Capacity (Consent and Dols)</li> <li>• Disability Discrimination Act</li> <li>• Human Rights Act</li> </ul>			<p>ICCG.</p> <ul style="list-style-type: none"> <li>➤ Centrally collate data on primary care staff training and take up (NCL/Whittington Health/ICCG).</li> <li>➤ Identify % of staff undergoing training and develop a workforce strategy to tackle gaps.</li> <li>➤ ILDP to provide a rolling programme of training to GPs as part of DES expectations.</li> <li>➤ Roll out the offer of training to GPs via GP Bulletin who are not signed up to</li> </ul>				
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				the DES		<p>Following consultation with CCG, Deborah Snook commissioning have requested ILDP review GPs training to include:</p> <p>Cardiff health check</p> <p>ITT and coding essentials</p> <p>DES expectations</p> <p>Health Action Plans.</p> <p>GP LD Champion to support training once recruited</p>	Sue Powell (ILDP)	
3	SAF target 2.2 Primary Care	GP practices to develop	➤ People with LD receive the	➤ Consult LMC/ICCG	Health		Deborah Snook/Av	Date

	Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice	systems which flag up people with LD who miss health appointments,	extra support they need to access primary health care appointments and improve their health outcomes.	<ul style="list-style-type: none"> <li>➤ on best approach</li> <li>➤ Establish systems GP practices employ to flag and follow up LD patients who miss appointments.</li> <li>➤ Make good practice recommendations to the LMC</li> </ul>	Subgroup		ni Shah	TBC
4	<p>SAF target 2.1 Systems are in place to ensure the following are identified within GP Registers:</p> <ul style="list-style-type: none"> <li>- Children and adults with a LD</li> <li>- Older family carers</li> <li>- Those from minority ethnic</li> </ul>	GP practices to improve their systems for collating essential health and BME data about people LD and their family/carers.	<ul style="list-style-type: none"> <li>➤ Information promoting better health outcomes for people with LD and their family/carers will be collated at a patient level and inform strategic health planning</li> <li>➤ Identify older carers</li> <li>➤ Flag up health risks associated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Consult LMC/ICCG on best approach</li> <li>➤ Make recommendations to the LMC/ICCG re the revision of the EMIS e-template</li> </ul>	Health Subgroup	<p>PH has collated information via QOF.</p> <p>PH has systems in place to extrapolate this information regularly, subject to a charge per search sweep</p>	Public Health Sara Duggan	March 2012

	<p>groups</p> <ul style="list-style-type: none"> <li>- Carers from minority ethnic groups</li> <li>- Parents / carers with a LD</li> </ul>		with LD					
5	<p>SAF target 2.1 Systems are in place to ensure the following are identified within GP Registers:</p> <ul style="list-style-type: none"> <li>- Children and adults with a LD</li> <li>- Older family carers</li> <li>- Those from minority ethnic groups</li> <li>- Carers from minority ethnic groups</li> <li>- Parents /</li> </ul>	<p>GP practices to have systems in place to identify people with LD and family/carers who need a health check.</p>	<ul style="list-style-type: none"> <li>➤ GP practices are able to promote the take up of health checks</li> <li>➤ The take up of health checks is monitored centrally as well as a practice level.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ensure the Health check LES supports the universal access of all user groups, including people with LD</li> </ul>	Health Subgroup	<p>PH has collated information via QOF.</p> <p>PH has systems in place to extrapolate this information regularly, subject to a charge per search sweep</p>	Public Health Sara Duggan	March 2012



	carers with a LD							
6	SAF target 2.3 People with learning disabilities access disease prevention, screening, and health promoting activities in their practice and locality, to the same extent as the rest of the population	Islington to evidence that people with LD are accessing screening programmes.	<ul style="list-style-type: none"> <li>➤ The participation in Screening Programmes and gaps in take up by people with LD are monitored centrally and inform strategic</li> <li>➤ Information on Screening Programmes to be made accessible to people with LD planning.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review long term condition pathways to assess accessibility led by Public Health.</li> <li>➤ Accessible information on Screening – publicity led nationally</li> </ul>	Health Subgroup	PH confirmed that information relating to the take up of national health screening programmes is not locally available to any PCT.  To check what generic leaflets are produced by PH	Public health Sara Duggan	June 2012
7	SAF target 2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with	ILDLP to validate their LD register with GP Practice's registers	<ul style="list-style-type: none"> <li>➤ Identify people with LD living in Islington to support better planning at an individual and strategic level.</li> </ul>	<ul style="list-style-type: none"> <li>➤ ILDP to compare lists with GP's</li> </ul>	ILDLP Team	Project lead identified: Simon Court  Project has an initial Project brief.	Sue Powell (ILDLP)	TBC in collaboration leads

	their Practice							
8	SAF target 2.4 The wider primary care community is demonstrably addressing and promoting the better health of people with learning disabilities	Accessible information on Optometry and Pharmacy to be provided in high street retail outlets	<ul style="list-style-type: none"> <li>➤ Information is universally accessible to people with LD.</li> <li>➤ The take up of mainstream Optometry and pharmacy service by people with LD will be increased</li> </ul>	<ul style="list-style-type: none"> <li>➤ Consult Optometry and Pharmacy leads on best approach</li> <li>➤ Review currently accessible information</li> <li>➤ Adapt for high street usage</li> <li>➤ Publicise information.</li> </ul>	Health Subgroup	Saranne has contact leads for Pharmacy and optometry and is waiting on feedback	Amalin Dutt/ Pat Leaning	TBC in collaboration leads
9	SAF target 2.8 Health and social care commissioners have agreed with local partner agencies a long term 'across system' strategy to address services to meet the needs of people with learning disabilities from	Develop a long-term strategy for people with LD	<ul style="list-style-type: none"> <li>➤ Support Demand Forecasting and Strategic planning</li> <li>➤ Highlight health inequalities</li> <li>➤ Inform commissioning</li> </ul>	<ul style="list-style-type: none"> <li>➤ Complete the Transition Programme Review</li> <li>➤ Joint Commissioning strategy to include services for people with LD.</li> <li>➤ Continue to involve people with LD and family/carer</li> </ul>	Commissioning	Commissioning Strategy in production	Laura Gordon	April 2012

	ethnic minority groups, and their carers			s in providing training and designing health services via Partnership Board				
10	SAF target 4.11 Health and social care commissioners are working in partnership with local and regional teams to ensure that people with learning disabilities in the criminal justice system have access to a full range of healthcare provision – in line with legislation, policy and best	Improve health services to people with LD in the criminal justice system	<ul style="list-style-type: none"> <li>➤ Tackle health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>➤ Offender health screening process to highlight LD needs and trigger support protocol</li> <li>➤ Offender team to link in with ILDP.</li> </ul>	Health Subgroup	Project group identified. Dates to be set. Saranne Bensusan to facilitate	Aly Valli (Commissioning)	May 2012

	practice							
11	SAF target 2.5 Health and Social care contracts and agreements ensure equal access to health for people with learning disabilities	To ensure that reasonable adjustments are made when working with people with LD	<ul style="list-style-type: none"> <li>➤ Tackle health inequalities</li> <li>➤ Reasonable adjustments made for people with learning disabilities</li> </ul>	<ul style="list-style-type: none"> <li>➤ Develop a clause for Acute contracts on good practice</li> <li>➤ Draft a page on how hospitals work with people who have LD</li> </ul>	Commissioning	Clause created, adopted by acute commissioners and included in UCL contract	Laura Gordon	April 2012
12	SAF target 1.2 Local commissioners and partnership boards have an agreed record of everyone both in and out of district and in both NHS and independent sector hosp	To ensure that people with Learning Disabilities have Health Action Plans in place	<ul style="list-style-type: none"> <li>➤ People with learning disabilities in residential and nursing homes have access to healthcare that they need</li> <li>➤ Tackle health inequalities</li> <li>➤ Ensure that HAPs are up to date and relevant to the person's health</li> </ul>	<ul style="list-style-type: none"> <li>➤ HAPs and Care Support Plans to be drawn up jointly with ILDP and the provider</li> <li>➤ For new placements, HAP and Care Support Plan to be drawn up</li> </ul>	ILDP Team	Agreed in principle by ILDP	Sue Powell	May 2012

			<p>needs ➤ Inform commissioning</p>	<p>prior to the person moving in and reviewed within 6 weeks of the start date</p> <p>➤ For existing placements, ILDP and the provider to work together to get HAP and Care Support Plans in place where there are none</p>		<p>Agreed by ILDP</p>		
						<p>Agreed by ILDP</p>		

						Public Health are able to identify the number of HAPs completed		
13	SAF target 1.3 Health and social care commissioners know the number of people who live in intentional communities (within and out	Inform the Partnership Board at least annually on placement activity	➤ Ensure that the needs of people in intentional communities and out of borough placements are being met	➤ To collate information on how many people are in nursing, residential care and intentional communities	ILDLP Team	In progress	Sue Powell	March 2012

	<p>of area) and are assured that their health and social care needs are being met.</p>			<ul style="list-style-type: none"><li>➤ To collate information on whether they have had a review in the last year</li><li>➤ If there are HAP and PCPs in place and that these are reviewed regularly</li><li>➤ To ensure that there are named advocates in place and that family carers have had a Carer's Assessment</li></ul>				
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Appendix 3

**Whittington Health Hospital Services: Actions to be fully compliant with Learning Disabilities National Framework**

(level one = red, level two = amber, level three = green)

Key Target /Objective	Current Status  Levels 1 - 3	Evidence required to achieve level three/CQUIN	Actions Required	Review Date	Lead(s)
<p>Target 2, Objective 2.5</p> <p>Health contracts and agreements ensure equal access to health for people with a learning disability</p>	<p>Level 2</p>	<ul style="list-style-type: none"> <li>▪ Able to demonstrate the effectiveness of reasonable adjustments within health care, and this forms part of contract review with commissioners (CQUIN)</li> <li>▪ Peer reviewed self-assessment of the six standards of CQC special data collection 'Access to healthcare for people with a learning disability,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Feedback from LD patients/carers (and patients on the autistic spectrum) to be captured that shows if reasonable adjustments have been made (including 1 to 1 interviews, focus groups and surveys) (CQUIN)</li> <li>▪ Clinical Quality Review Group to ensure LD is included in regular review meetings</li> <li>▪ Externally peer</li> </ul>	<p>May 2012</p>	<p>Deputy Director of Nursing / Consultant LD Nurse with</p> <p>LD Acute Liaison Nurse</p>



<p>Target 2, objective 2.7</p> <p>The information revolution benefits people with learning disabilities and their carers, supporting their access to personal health information such as electronic</p>	<p>Level Two</p>	<p>including people on the autism spectrum' (CQUIN)</p> <ul style="list-style-type: none"> <li>▪ All providers have signed up to the Getting it Right Charter, or local equivalent</li> <li>▪ People with a LD and people with autistic spectrum disorders, or their carers are able to be equally involved in the review and development of services</li> <li>▪ Information systems and assistive technologies are accessible to people and carers</li> <li>▪ People and carers can access and contribute to electronically held information relevant to their health</li> <li>▪ Patient with learning disabilities have their condition assessed and either diagnosed, or a diagnostic</li> </ul>	<p>reviewed and validated self - assessment. (CQUIN)</p> <ul style="list-style-type: none"> <li>▪ Trust Board to sign local charter</li> <li>▪ Focus group including people with LD and their carers to be set up to look at particular aspects of services / developments</li> <li>▪ Lead Non-executive director to be identified to champion care of people with LD</li> <li>▪ Develop additional easy read information in line with feedback from people and carers</li> <li>▪ Enable patient/carer access to relevant electronic information</li> <li>▪ Develop mechanism for recording all patients who have a LD on PAS (CQUIN)</li> <li>▪ Quarterly reports</li> </ul>	<p>April 2012</p>	<p>AD for Patient Experience</p> <p>AD Patient Experience</p> <p>AD for IM&amp;T</p> <p>AD for IM&amp;T</p>
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<p>information, and Systems Health Information</p> <p>Target 3</p> <p>Objective 3.2</p> <p>Each trust has in place transparent and well understood policies and procedures relating to key legislation, including Mental</p>	<p>Level Two</p>	<p>investigation schedule in place which has enabled a safe, effective treatment plan to be drawn up which appropriately meets their individual needs. (CQUIN)</p> <ul style="list-style-type: none"> <li>▪ Flagging systems are available to allow data collection and comparative analysis about people's health (CQUIN)</li> <li>▪ Clinical practice in provider organisations demonstrates a clear understanding of "diagnostic over shadowing"</li> <li>▪ ≥ 85% of staff who have direct patient contact have undertaken training around the needs of people who have learning disabilities and the needs of people who have</li> </ul>	<p>which include: Number of inpatient admissions, both elective and emergency, who were in hospital for 48 hours or more, where the secondary diagnostic code is: Mental Retardation - F70 and 79, Autism – F84.0, F84.1 and F84.5 (Aspergers), Learning Disabilities – F06.7, F70 and F80.1. (CQUIN)</p> <ul style="list-style-type: none"> <li>▪ Staff groups (medical, nursing, allied health professional and admin and clerical who have patient contact are identified</li> <li>Provision and delivery of training agreed (for example London Deanery e-Learning) (CQUIN)</li> <li>▪ Mandatory LD awareness sessions to include medical staff (CQUIN)</li> </ul>	<p>April 2012</p>	<p>Medical Directors / Acute LD Liaison Nurse</p> <p>Asst Director of</p>
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<p>Capacity Act, Disability Discrimination Act and Human Rights Act</p>		<p>autistic spectrum disorders (CQUIN)</p> <ul style="list-style-type: none"> <li>▪ Evidence of seeking feedback from at least 90% of users and carers involved in IMCA referrals</li> <li>▪ Evidence that staff have understood the various acts</li> <li>▪ 90% of staff have undertaken MCA training and there is evidence that organisations routinely check implementation of MCA guidance relating to decision making, capacity and restrictions</li> </ul>	<ul style="list-style-type: none"> <li>▪ LD inpatients to be assessed by Acute LD Liaison Nurse and care plan reviewed / amended</li> <li>▪ Mechanism to be developed and implemented to seek user feedback</li> <li>▪ Include in VLT audits (CQUIN)</li> <li>▪ Develop a mandatory MCA roll out training programme for all staff, and record attendance (CQUIN)</li> </ul>		<p>Patient Experience</p> <p>Asst Director of Education</p> <p>Asst Director of Patient Experience / Consultant LD Nurse</p>
<p>Target 3 Objective 3.3</p> <p>The review and analysis of complaints and adverse incidents affecting people</p>	<p>Level Two</p>	<ul style="list-style-type: none"> <li>▪ Services are adjusted and improved as a result of integrated complaints, incidents, safeguarding themes and patient feedback</li> <li>▪ Service improvements are shared at local multi-agency forums and networks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Complaints and incidents, including near misses, from people with a LD or their carers are recorded, themes identified and presented at relevant forums</li> <li>▪ Complaints review panel to be established to identify emerging</li> </ul>	<p>April 2012</p>	

<p>with LD and people who have autistic spectrum disorders leads to altered or improved practice</p>			<p>themes</p> <ul style="list-style-type: none"> <li>▪ Themes are used to inform service improvements</li> </ul>		
<p>Target 3 Objective 3.4</p>	<p>Level two</p>	<ul style="list-style-type: none"> <li>▪ There are joined up agreements in each local authority and health area relating to; safeguarding adults, complaints, public protection etc, with clarity of health organisation roles and cross checking between reporting systems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Work with LAs to expand their work plans to include complaints s as well as adults at risk</li> </ul>	<p>April 2012</p>	<p>Deputy Director of Nursing</p>
<p>There are effective multi-agency partnerships in place for the local safeguarding adults board to ensure a coherent approach</p>		<ul style="list-style-type: none"> <li>▪ At least 90% of staff have received and are updated in safeguarding adults training – both preventative and responsive</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop an integrated report that includes: complaints, incidents, and adults at risk alerts</li> <li>▪ Increase uptake of training from current 80% to the required 90%</li> </ul>		<p>Asst Director of Education</p>
		<ul style="list-style-type: none"> <li>▪ There is a LD Partnership Board representative who sits on the local Safeguarding Board and reports back to LD partnership Board at</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure representation as required</li> <li>▪ Undertake audit of organisation's adults at</li> </ul>	<p>Sept 2011</p> <p>April</p>	<p>Deputy Director of Nursing</p> <p>Deputy Director of</p>

<p>Target 4 Objective 4.3</p> <p>Local plans ensure provision of mainstream and specialist services to support young people approaching</p>	<p>Level two</p>	<p>each meeting</p> <ul style="list-style-type: none"> <li>▪ There is evidence of safeguarding adults assurance completion in the organisation</li> <li>▪ There is a systematic approach across all agencies to identify, share and learn from trends, issues and actions that fall outside then thresholds for formal safeguarding adults procedures, for example repeat A/E attendees</li> <li>▪ There is an agreed transition pathway, with clarity of responsibilities across paediatric and adult services</li> </ul>	<p>risk processes and compliance with pan London Guidance</p> <ul style="list-style-type: none"> <li>▪ Work with other agencies to develop then implement the required approach</li> <li>▪ Build on good examples that already exist in some services, e.g. haemoglobinopathy etc, so that transitional services are set up for all relevant areas</li> </ul>	<p>2012</p> <p>May 2012</p> <p>June 2012</p>	<p>Nursing</p> <p>Deputy Director of Nursing</p> <p>Divisional directors/Heads of Nursing</p>
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<p>adulthood, and their carers, during their transition between children's and adult services</p> <p>Target 4 Objective 4.4</p> <p>People with LD and their carers are empowered to fully contribute to the planning, prioritisation and delivery of health services</p>	<p>Level two</p>	<ul style="list-style-type: none"> <li>▪ The organisation promotes and facilitates training and development opportunities for people and carers</li> <li>▪ The organisation publishes important information for LD patients and patients who have autistic spectrum disorder in an accessible form</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training and development plan to be developed and implemented based on what people and carers tell us they would like</li> <li>▪ Trust Board minutes, annual Clinical Governance Report and other key public information reports to be provided in easy read versions on the website, and available in hard copy</li> <li>▪ Range of patient information leaflets in easy read versions to be expanded</li> </ul>	<p>June 2012</p> <p>June 2012</p>	<p>Consultant LD Nurse /asst Director of Education</p> <p>Asst Director of Patient Experience</p>
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Appendix 4 NHS LONDON CQINN for Vulnerable Adults (Autism and Learning Disabilities)  
Review Pack (Indicator 1C)

<b>1. A mechanism is in place to identify and flag patients with learning disabilities and autism</b>	<b>Overall Rating for Section</b>	<i>Indicate score here</i>
What do you do now? Evidence for score		
What is the experience for people with a learning disability (including those with profound intellectual and multiple disabilities), family and paid carers and trust staff?		
What do you think needs further improvement?		
What's your plan?		

2. Pathways of care are reasonably adjusted to meet the health needs of people with learning disabilities and autism	Overall Rating for Section	<i>Indicate score here</i>
What do you do now? Evidence for score		
What is the experience for people with a learning disability (including those with profound intellectual and multiple disabilities), family and paid carers and trust staff?		
What do you think needs further improvement?		
What's your plan?		

3. In accordance with the Equality Act (2010), the trust provides readily available and comprehensible information; jointly designed and agreed with people with learning disabilities and autism, representative local bodies and/or local advocacy organizations to patients with learning disabilities about the following: <ul style="list-style-type: none"> <li>• Treatment options (including health promotion)</li> <li>• Complaints procedures</li> </ul>	Overall Rating for Section	<i>Indicate score here</i>



• <b>Appointments</b>		
What do you do now? Evidence for score		
What is the experience for people with a learning disability (including those with profound intellectual and multiple disabilities), family and paid carers and trust staff?		
What do you think needs further improvement?		
What's your plan?		

<b>4. The trust has protocols in place to provide suitable support for family carers who support patients with learning disabilities including the provision of information regarding learning disabilities, relevant legislation and carers' rights</b>	<b>Overall Rating for Section</b>	<i>Indicate score here</i>
What do you do now? Evidence for score		
What is the experience for people with a learning disability (including those with profound intellectual		

and multiple disabilities), family and paid carers and trust staff?	
What do you think needs further improvement?	
What's your plan?	

<b>5. The trust has representation of people with learning disabilities, autism and their family carers within Trust Boards local groups and other relevant forums. These forums seek to incorporate their views and interests in the planning and development of health services</b>	<b>Overall Rating for Section</b>	<i>Indicate score here</i>
What do you do now? Evidence for score		
What is the experience for people with a learning disability (including those with profound intellectual and multiple disabilities), family and paid carers and trust staff?		
What do you think needs further		

improvement?	
What's your plan?	

<b>6. Does the trust have protocols in place to regularly:</b> <ul style="list-style-type: none"> <li>• audit its practices for patients with learning disabilities and autism</li> <li>• and to demonstrate the findings in routine public reports?</li> </ul>	<b>Overall Rating for Section</b>	<i>Indicate score here</i>
What do you do now? Evidence for score		
What is the experience for people with a learning disability (including those with profound intellectual and multiple disabilities), family and paid carers and trust staff?		
What do you think needs further improvement?		
What's your plan?		