

**Clinical Commissioning Group (CCG) Governing Body 2019/2020 – Part 1**

<b>Date of Meeting:</b>	19 July 2019
<b>Agenda Item:</b>	3.1.1
<b>Subject:</b>	Quality and Safeguarding Report
<b>Reporting Officer:</b>	Alison Kelly – Head of Quality and Safeguarding & Deputy Exec Nurse
<b>Aim of Paper:</b>	To inform the GB of Quality and Safeguarding assurance and concerns within HMR

Governance route prior to Governing Body	Meeting Date	Objective/Outcome
Governing Body	Select date of meeting.	Click to Select
Audit Committee	Select date of meeting.	Click to Select
Corporate Governance Committee	Select date of meeting.	Click to Select
Health and Wellbeing Board	Select date of meeting.	Click to Select
Integrated Commissioning Board	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Patient and Public Engagement Committee	Select date of meeting.	Click to Select
Quality and Safeguarding Committee	21 June 2019	For Discussion
Remuneration Committee	Select date of meeting.	Click to Select
Clinical and Professional Advisory Panel	Select date of meeting.	Click to Select
System Transformation Committee	Select date of meeting.	Click to Select
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

<b>Governing Body Resolution Required:</b>	For Information Only
<b>Recommendation</b>	For Information Only

Link to Strategic Objectives	Contributes to: (Select Yes or No)
<b>SO1:</b> To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
<b>SO2:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Prevention and Access</b> (Prevention and Self Care)	Yes
<b>SO3:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Neighbourhoods &amp; Primary Care</b> (Getting help in the Community)	Yes
<b>SO4:</b> To deliver on the outcomes of the Locality Plan in respect of <b>In Hospital - Planned</b> (Getting more help)	Yes
<b>SO5:</b> To deliver on the outcomes of the Locality Plan in respect of <b>In Hospital - Urgent Care</b> (Getting more help)	Yes
<b>SO6:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Children, young people and families</b>	Yes
<b>SO7:</b> To deliver on the outcomes of the Locality Plan in respect of <b>Mental Health</b>	Yes

<b>Risk Level:</b> (To be reviewed in line with Risk Policy)	Not Applicable
<b>Comments</b> (Document should detail how the risk will be mitigated)	N/A

<b>Content Approval/Sign Off:</b>	
<b>The contents of this paper have been reviewed and approved by:</b>	Director of Operations / Executive Nurse, Karen Hurley
<b>Clinical Content signed off by:</b>	Not applicable
<b>Financial content signed off by:</b>	Not Applicable

	<b>Completed:</b>
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

## Executive Summary

### NORTHERN CARE ALLIANCE

#### Learning Disabilities (LD) Improvement Standards – Trust response

These are National Standards to which the Alliance must comply

#### Standard 1: Respecting and protecting rights – Trust actions:

- Learning Disability and Autism Pathway in place covers emergency and planned admissions and maternity admissions
- Learning Disability/Autism Care Plan in place that includes a prompt for Mental Capacity Act (MCA)/Deprivation of Liberty (DoLs)
- Accessible Information Standards applied across care pathways
- Mortality reviews of all deaths with diagnosed learning disability

#### Standard 2: Inclusion and engagement

- Learning Disability and Autism Quality Improvement forum includes service user representation
- PAHT LD nurse chairs Greater Manchester Autism Consortium Consultation Group
- Co-design with Mencap on a Reasonable Adjustments banner/poster and leaflet

#### Standard 3: Workforce

- Two full-time LD nurses
- Learning Disability and Autism Awareness sessions run by LD nurses across the Trust and at Maternity/Paediatric mandatory training
- Close working with Community Learning Disability Teams

#### Management of Follow-up Outpatient Appointments

Action plan devised on back of Ophthalmology Royal College concerns raised in 2018

- All specialities to undergo internal review of patient waiting lists for patients awaiting follow-up appointments
- Revised outpatient documentation developed

- Upgrade to Trust computer systems required to enable patient centre functionality
- Gap in harm assessments where capacity issues are known.
- Clinical haematology capacity issues recently identified

#### **Serious Incidents – Themes and trends –**

- Treatment delays (44%)
- Slips/trips/falls (13%)
- Sub-optimal care of the deteriorating patient (13%)
- Surgical/invasive procedures (10%)
- Diagnostic Incidents (5%)

#### **Other concerns**

- Discharge planning
- Neurological observations
- Alcohol related liver disease

### **PENNINE CARE FOUNDATION TRUST**

#### **Learning Disabilities Improvement Standards – Trust response**

##### **Standard 1: Respecting and protecting rights – Trust actions**

- Locally modified LD Traffic Light Passport
- Accessible Information Standards applied across care pathways
- Shared learning exercise through regular LD Mortality Review Programme (LeDeR) steering group
- Community services trained in MCA

##### **Standard 2: Inclusion and engagement**

- Learning Disability Partnership Board includes service user representation
- Service User feedback sheets to enable active learning process
- Learning from LeDeR and complaints

##### **Standard 3: Workforce**

- LD directorate in place includes registered LD nurses
- LD mandatory training
- In-house training provided
- Strategy covering business and service delivery

##### **Standard 4: Specialist Learning Disability Services**

- LD rep on offenders' panel
- Joint work with LD social worker and health team
- Access to Mersey Care support
- Dedicated psychiatrist to monitor effects of medication
- Gap in LD physical health assessments

## **SERIOUS INCIDENTS**

There are currently 23 open incidents relating to HMR residents accessing PCFT Mental Health Services.

## **LEARNING DISABILITY MORTALITY REVIEW**

There are currently 9 reviews being undertaken in the Borough. These are led by the CCG.

## **SAFEGUARDING REVIEWS**

8 ongoing safeguarding reviews as detailed below.

- 4 Serious Case Reviews (SCR)
- 3 Lessons Learned Reviews
- 1 Health Review

Six ongoing Domestic Homicide Reviews (DHR).  
One Discretionary Safeguarding Adult Review