

MEETING NOTES

Learning Disability Patient Safety Expert Group

Held on Tuesday 23rd June 2015 at Richmond House

Attendees:

Ben Thomas - Professional Adviser for Learning Disabilities, Mental Health and Dementia Care, Department of Health (Chair)

Vanessa Gordon - Patient Safety Head, NHS England

David Harling - Patient Safety Lead for LD

Zoe Lord - Improvement Manager, NHS Improving Quality

Janet Cobb - Network co-ordinator, Jan-net Ltd

Gaynor Ward - LD Nurse Consultant, Derbyshire Healthcare Foundation Trust

Genevieve Smyth – College of Occupational Therapists

Fiona Grossick - National Patient Safety and Clinical Quality Lead, Health & Justice, NHS England

Noreen Gul – NRLS

Christine Hutchinson, Associate Medical Director, Calderstones NHS FT

Caroline Lecko – Patient Safety Lead, Patient Safety Team, NHS England

Althea Baker (note taker) – NHS England

Lorna Grell (observer) – NHS England

Guest:

Sarah Clayton - Simple Stuff Works Associates

Apologies:

Anne Norman - LD Lead, Royal College of Nursing

Simon Parker - Deputy Lead; Improving Lives Team

Sue Turner - National Development Team for Inclusion

Michelle Anstiss - Safety & Learning Lead, NHS Litigation Authority (NHS LA)

Neisha Betts - Project Manager, Learning Disabilities in the Criminal Justice System, KeyRing

Joanne McDonnell – Senior Nurse for Mental Health and Learning Disabilities, NHS England

Joan Russell - Head of Patient Safety, NHS England

Item	Key discussion	Actions	Action by and due date
B	The results of the <i>NICE LE-medication consultation</i> have still not been published.	CH to notify group when results available	16.9.15
C	<p>Sarah Clayton's work has highlighted that commissioning is done on the basis of output rather than on outcomes – leading to inconsistency in services across England.</p> <p>NICE's pathway for Physical Therapy for Children and Young People with Spasticity refers to Postural Management strategies but provides little detail. Investing in therapies would reduce costs of managing conditions, including respiratory issues, for significant numbers of patients with body shape distortion. Members wondered if some people with learning disabilities may have died prematurely due to inappropriate Postural Management practices.</p> <p>Raising awareness amongst clinicians and influencing contract commissioning would also be beneficial. The Group suggested Postural Care may be suitable for Queen's Nursing Institute (QNI) project funding.</p> <p>The group questioned if this might be a Public Health issue as early intervention from Health Visitors and Practice Nurses could help reduce body shape distortion. It was suggested that a presentation to PHE's Chief Executive and Director of Nursing would be helpful.</p> <p>The group would like an update on progress at the next meeting.</p>	<p>BT to write to HQIP to see if they could follow up as part of the Mortality Review</p> <p>BT to raise issue of Therapeutic Positioning at next PSEG Chairs meeting</p> <p>BT to ask Mike Durkin to invite Sarah Slayton to speak at a future PSEG Chairs meeting</p> <p>BT to write to PHE's Chief Executive offering to present the session</p> <p>BT to share slide pack with DH Professional Officer for Allied Health Professions</p> <p>Postural Care progress to be included on next agenda</p>	<p>31..8.15</p> <p>21.7.15</p> <p>21.7.15</p> <p>31.8.15</p> <p>24.6.15</p> <p>16.9.15</p>
D	<p>Following the alert more issues, including Dysphagia, were reported. A lack of knowledge and care plans, non-action of care plans, transfers and discharge were also cited. CL is working with the Royal College of Speech and Language Therapists and manufacturers of thickening agents to organise a round table meeting, which will look at how to improve knowledge and package of products.</p> <p>The Patient Safety Audit tool was piloted with the Improving Lives Team. Commissioners are keen to use the tool but a number of issues came up which need to be actioned. This would need to be done before Gateway approval for dissemination can be sought. Resources will be needed to do the update.</p>	<p>Once details know, a representative will be sought from the group to attend the roundtable meeting</p> <p>CL to look at top 5 Patient Safety issues for People with Learning Disabilities with a view to broaden them out to cover other vulnerable groups</p>	<p>16.9.15</p> <p>16.9.15</p>

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	<p>At the last meeting Neisha Betts asked for sight of the Patient Safety Booklet for comment. The group agreed that the most up to date draft should be circulated to all for final comments.</p>	<p>BT to write to Mike Durkin to ask if David Harling can complete the audit tool update</p> <p>DH to circulate booklet current draft of the Patient Safety Booklet to the group</p> <p>AB to check if Neisha Betts sent comments to Simon Whitehead</p>	<p>31.8.15</p> <p>31.7.15</p> <p>31.7.15</p>
E	<p>The category for reporting incidents of prone restraint went live on NRLS on 1 April 2015. The LD and MH PSEGs will look at the returns before deciding next steps.</p> <p>VG reported that the guidance relates to healthcare settings only; separate guidance was being developed by DfE for educational settings.</p>	<p>NRLS reporting of restraint and update on children's guidance to be included on next agenda</p>	<p>16.9.15</p>
G	<p>AOB</p> <p>All reports for the Winterbourne View Medicines Project are now in. NHS England will be issuing a statement in July, and a meeting is scheduled for 17th July to agree next steps.</p>	<p>Medicines Project to be on agenda for next meeting</p>	<p>16.9.15</p>
	<p>Date of next meeting</p> <p>1-3pm, Wednesday 16th September, Southside, 105 Victoria Street, London SW1E 6QT</p>		