**Derbyshire Healthcare NHS Foundation Trust**

Report to the Board of Directors – 14 January 2025

**Learning Difficulty and Autistic People (LeDeR) Update and**

**Annual and Quarterly Reports**

.

|  |
| --- |
| **Purpose of Report**  To update the Board on the Learning Disabilities Mortality Review (LeDeR) performance from October 2024, and the quarterly LeDeR report (Q2).  To update the Board on the LeDeR annual report and accept the priorities for 2024/25.  The Board is also invited to be aware that the LeDeR processes are provided from the ICB and the capacity within that team is limited providing limited assurance to the Trust. |

|  |
| --- |
| **Executive Summary**  Summary of performance - completed reviews in Quarter 2: There were 15 reviews completed for people with learning disabilities in Quarter 2. 11 were completed as "Initial Reviews" and four completed as the more detailed "Focused" review (ie 27% were completed as focused reviews).  There were no Autism only (no Learning Disability) reviews completed in this quarter.  During the quarter the top reasons for death were aspiration pneumonia (with three deaths) and respiratory infections (with three deaths) listed as the main reasons for death on the death certificate (1a on the death certificate).  It is difficult to capture any trends over such small numbers, but the report aims to show areas we have identified through actions and learning and the review of health conditions. The report also identifies priority areas for the next quarter in relation to addressing inequalities.  **Identified Priority areas for 2024/25.**  **Aspiration Pneumonia** – a review of the six-month project using learning from LeDeR reviews in relation to aspiration pneumonia deaths will be completed during August/September 2024. The information will be reviewed and themes/learning identified along with next steps to be considered based on this learning.  **Care Coordination** - we will continue to use LeDeR to evidence the need for care coordination of individuals, particularly those with a mild learning disability who do not have the support they need to manage and understand their health appointments.  **Epilepsy** – we will continue to identify issues found in relation to those individuals with epilepsy and highlight the importance of an Epilepsy Lead across the system.  **Managing Deterioration** – based on learning through LeDeR in 2023/24 we will be considering where the information and learning can be shared across the System to encourage better understanding of managing deterioration.  **Mental Capacity Act** - an emerging theme is that of mental capacity for people with a learning disability and autistic people. LeDeR has found some evidence to suggest that capacity is assumed, and the individual is making an unwise decision but without the necessary professional curiosity. We will continue to monitor this through LeDeR. |

|  |
| --- |
| **Minority Ethnic Communities** – we will continue to work with the Minority Ethnic leads for LeDeR to increase awareness across all agencies and communities of the role of LeDeR and why notifying LeDeR of deaths is a first important step. To further raise awareness of the even poorer health outcomes for some members of minority ethnic communities who have learning disabilities, sharing the learning from LeDeR.  **ReSPECT/DNACPR** – the information included in this report in relation to ReSPECT and DNACPR will be shared as detailed and used as appropriate to promote learning.  **LeDeR Capacity Challenges**  The limited capacity within the ICB LeDeR team was raised at the February MH/LDA delivery board. Based on this the Derbyshire LeDeR programme is currently rag rated as Amber with concerns due to resource issues that is resulting in being unable to continue to meet performance targets and progress action from learning. |

|  |  |
| --- | --- |
| **Strategic Considerations** | |
| **Patient Focus:** Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers. | X |
| **People:** We will attract, involve and retain staff creating a positive culture and sense of belonging. | X |
| **Productive:** We will improve our productivity and design and deliver services that are financially sustainable. |  |
| **Partnerships:** We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities. | X |

|  |
| --- |
| **Risks and Assurances**  Risks are on the Trust risk register and ICB risk register. |

|  |
| --- |
| **Consultation**   * Resource risks are considered as system-wide JUCD and consultation on system-wide resources and discussed through LD/MH system delivery board. * Quality and Safeguarding Committee, 10 December 2024 |

|  |
| --- |
| **Governance or Legal Issues**  LeDeR programme is national and is currently managed through ICB governance. |

|  |
| --- |
| **Public Sector Equality Duty & Equality Impact Risk Analysis**  In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.  Below is a summary of the equality-related impacts of the report:  None. |

|  |
| --- |
| **Recommendations**  The Board of Directors is requested to note the scrutiny and limited assurance received at the Quality and Safeguarding Committee on performance based on resources from the LeDeR team. |

**Report presented by: Arun Chidambaram**

**Medical Director**

**Report prepared by: Libby Runcie**

**Deputy Director of Nursing**