South West Acute Hospitals Learning Disability Review Local Report for Gloucestershire Hospitals NHS Foundation Trust

Final
17 January 2011
South West Strategic Health Authority  
Acute hospitals - Learning Disability Review  
Local Report  
Gloucestershire Hospitals NHS Foundation Trust

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Section 1

Introduction and the review process

This section sets out the background to the South West Acute Hospitals Learning Disability Review and describes the review process
1. Introduction and the review process

1.1. Introduction

NHS South West, in partnership with local commissioners has facilitated a series of peer reviews to identify acute hospitals ability to meet the needs of people with learning disability.

This report outlines the process and findings of the review which took place in Gloucestershire Hospitals NHS Foundation Trust on 14th October 2010. We would like to thank everyone we met, for their time and openness concerning the experience of people with learning disability and their carers.

1.2. National and local drivers

A range of findings from various enquiries and reports have all identified significant failings by NHS and Social Care agencies in meeting the health needs of people with a learning disability, including premature and avoidable deaths.

Key reports identifying the health inequalities experienced by people with a learning disability and their families have included:

- Death by Indifference Report published by Mencap in 2007;

Action by the NHS to address the findings of the Sir Jonathan Michael Inquiry, Healthcare for All, prompted by the Mencap report Death by Indifference was highlighted within Valuing People Now: a new three year strategy for people with a learning disability, published in 2009.

As a result of the identified health inequalities, NHS South West prioritised a range of Strategic Ambitions to improve healthcare throughout 2008/2009 to 2010/2011 which have included ambitions to improve health care for people with a learning disability.

During this time, The South West Strategic Health Authority have facilitated the implementation of a comprehensive self assessment and performance framework related to healthcare for people with a learning disability both in 2008/2009 and 2009/2010 across all NHS South West. Although there continues to be more work to do, good progress has been made within the ambitions to improve primary care services such as registration with GPs and the completion of annual health checks. In addition a strong network of clinicians and Learning Disability Partnership Board health sub group representatives has been established across the South West. This has led to positive developments in sharing good practice and indentifying common themes for further development. An example of this has been the development of a web site to enable mainstream clinicians to access easy read health information to provide to patients. This is available at http://www.apictureofhealth.southwest.nhs.uk

A further common theme identified has been in relation to acute hospital services. Within NHS South West there is also an active network of clinicians who support and lead best practice in acute services nationally and regionally. However,
indications are that best practice is not consistently implemented within all acute hospitals. As a result of this common theme being identified, the South West Strategic Health Authority has facilitated commissioners across NHS South West to undertake this Acute Services Peer Review.

The aim of the NHS South West peer review of acute hospitals is make a significant impact on the speed, consistency and effectiveness of the improvement process in order to improve the outcomes experienced by patients with a learning disability and their families.

The purpose of the review is to co-ordinate a consistent self assessment process across all 18 acute hospitals within NHS South West in order to;

- Establish a transparent baseline of current practice for each acute hospital;
- Identify best practice that can be shared;
- Identify areas for action between local hospitals and commissioners.

1.3. Methodology

The review process used a methodology of improving performance across the south west previously tested out with other services.

The project has been led by Liz Redfern as the nominated NHS South West Director and Geoff Baines, Associate Director supported by Carolyn Moore, Project Lead, Project Steering and independent project managers appointed for the duration of the project.

The Project Steering Group undertook the detailed planning of the review and provided strategic and technical advice and quality assurance for the project, to ensure that each review meets its specified outcomes. The membership list of the Project Steering Group can be found in Appendix 3.

Members of the review team were identified by acute trusts and other health and social care organisations across the south west, including NHS, Adult Social Care, voluntary and independent sector and people who use the service and carer representatives.

There were a number of review teams established in order to undertake the review in each of the 18 acute hospitals within the planned timescales. The key requirement was for review team members to have knowledge of learning disability and/or acute hospital services or experience of using the service. Based on ten team members per review, and undertaking three to four reviews each, a pool of 30 - 40 people was required.

Each review team consisted of a multi-disciplinary team with representatives from:

- Acute trust clinician;
- Clinical nurse specialist;
- Adult social care;
- Voluntary sector;
- Independent provider;
- Allied health professional;
- Person with learning disability;
The local primary care commissioner was identified as the lead for the review and part of the review team.

The review team role was that of critical friend rather than inspector, encouraging health and social care communities to consider what are their development priorities for acute hospital services for people with learning disabilities in the context of the national developments and requirements.

The review process has confirmed the vital importance of:

- Engaging with people who use the service and carer representative organisations such as Health Champs, Carers UK, Carers Inclusion; in determining priorities and the need to continue to listen to these individuals as well as staff;
- Delivering improvement in a coordinated way by strong partnership working across the NHS, Mencap, Local Authorities and service user /carer groups, links and other third sector organisations.

1.4. The review process

The review process began with a briefing event held for all involved in the reviews including acute trust and commissioning leads to prepare to the review process. This was an opportunity for review team members to meet with each other and hear from a range of speakers about background to the review, plan for the process and have an input into the development of the self assessment tool.

Following this the acute hospital review completed a self assessment of their current progress providing evidence and a Red Amber Green Score against the pre-agreed framework – see Appendix 2.

The review visit took place over one day to enable review members to meet with people who use the service, carers, managers, clinicians, practitioners and providers with the opportunity for some departments and wards to be visited.

The review team, led by the local primary care trust commissioner, met with the acute trust lead the evening before the review in order to be presented with the evidence file and to run through the pre- agreed programme.

The peer review process facilitated the acute trust to:

- Organise the programme for the peer reviewers visit;
- Provide evidence to support the completed self assessment;
- Provide additional supporting information to demonstrate how the needs of people with a learning disability are met.

1.5. Ongoing learning

The review process also provides professional development for members of the review team and the experience and knowledge gained will result in an ongoing network of clinical champions who span each part of the region. Each Review Team member will take back to his or her workplace or organisation examples of
positive practice identified throughout the review process. There is also a dissemination event planned for 26 January 2011 when learning from the reviews will be shared more widely.

A comprehensive website has been developed as a resource for all involved with the reviews and as an opportunity to share and spread best practice and can be found at http://www.swacutehospitalreview4ld.org.uk.
Section 2

Key findings of the review

This summarises the key findings of the Review Team
2. Key findings of the review

2.1. Context

Gloucestershire Hospitals NHS Foundation Trust delivers acute health services to the communities in Gloucestershire and surrounding counties. Services are provided from Cheltenham General and Gloucestershire Royal hospitals, and increasingly from community hospitals across Gloucestershire and beyond.

The ophthalmology service is award winning and recognised nationally and internationally. The oncology service is the hub for the Three Counties Cancer Network and is a centre of excellence.

Gloucestershire Hospitals NHS Foundation Trust serves a population of around 600,000 people and employs more than 6000 staff.

- In Gloucestershire there is an estimated population of 11787 people with a learning disability of whom 2646 are known to statutory services;
- 74% of people known to services have received a health check;
- General Practitioners are recognising people with a learning disability at a rate of 5.7 per thousand which compares with a regional average of 4.9 and a national average of 4.2.

Source: 2009/10 data published by South West Public Health Observatory

There are two Acute Liaison Learning Disability Nurses employed within the Trust and currently funded by Learning Disability Development Fund through the 2gether NHS Foundation Trust which is the main provider of mental and social healthcare in Gloucestershire. There are also good links with the Community Learning Disability Teams.

The headings below are based around the seven sections of the self assessment tool which has been used as a framework for the gathering of information and evidence. There is a summary matrix in Appendix 1.

2.2. Information for people with a learning disability and family carers

Strengths

Patient Journey Photo books have been on some wards for several years and these are reviewed regularly by hospital staff, people with a learning disability and carers. An example was given to the Review Team from a surgical ward of an A4 colour document available both from the Community Learning Disability Teams, and on the wards, they are used to explain what might happen to an individual on admission. A black and white leaflet of the same is then available to individuals to take home. Leaflets are not just for people with a learning disability but are for a range of people and are considered by the Review Team to be accessible. You’re Going into Hospital leaflet is in its final draft stage and expected to be published soon.

Volunteers are available to take people to outpatients and also onto wards, shopping, chatting and assisting staff with gathering information for risk assessments.

The role of the Volunteer, as part of the risk assessment process, may be to seek additional information on behalf of the Health Care Team and would be coordinated and led by the Health Care Team.
They also help patients and carers complete a live survey by talking to them about their experiences in hospital to obtain feedback. The Trust has made available a possible volunteer role for a person with a learning disability. This opportunity has not yet been taken up.

A Dedicated Survey of Patients with a Learning Disability and for their Carers is planned as part of the Learning Disability Steering Group Action Plan and is being undertaken by the Trust over December and January 2011.

- **Complaints**

  There is an Easy Read Patient and Advice and Liaison Service leaflet in draft format which the Review Team thought was good, and an Easy Read Satisfaction Questionnaire is nearing completion.

- **Medication and Procedures**

  The medication sheet was highlighted as very good by the Review Team. It is in Plain English and has an easy format to follow. It includes details about meal times and columns headed ‘Reason for Medication’ and other information. The pharmacist visits wards on a regular basis.

  There is a photo book about having blood taken.

  There were several examples given of how staff used a range of ways to illustrate or explain procedures such as showing equipment or arranging for a person to watch another patient have a procedure – e.g. taking bloods.

  A Learning Disability Communication Resource Book is available in every clinical area, (presented within the evidence file); this is a colour book which shows approved symptoms and pictures to support communication and understanding of information. The Health Care Team use this and refer to this to support information giving and receiving in support of the plan of care.

**Areas for improvement**

- **Knowing about the person with a learning disability**

  The Hospitals have some things that might be helpful to the individual prior to admission but they do not always know if the person coming in has a learning disability. This was a recurring theme that is starting to be systematically tackled – including liaison with all GPs in the county to inform them of services available to people with learning disabilities coming into hospital. The aim is that GPs can inform patient of services and the hospital of an upcoming admission.

  This is being championed within the Trust by the Learning Disability Steering Group with actions supported by partnership working arrangements within the defined structures of Gloucestershire’s Learning Disability Strategy and Committees.

- **Information on medication**

  The Review Team suggest that more Easy Read information about medication, that includes what the medication is for; how to obtain it and the side effects to look for, would be helpful.
2.3. Reasonable adjustments and service delivery

Strengths

There is a Single Equality Scheme in development. This is in the Trust action plan and is being developed with people who use the service which is very positive.

The Review Team was shown the Trust Reasonable Adjustment flowchart to be implemented for every person identified as having a learning disability, and a risk assessment form that has been developed in partnership with other organisations in Gloucestershire. Several case studies were presented where these had been applied. There were examples of reasonable adjustments being made following risk assessment, including the Phlebotomy service providing home visits; double appointments; first appointment of the day; quiet areas if required; a volunteer service taking people to places in the hospital and so on.

In each area visited the Review Team heard of appropriate and creative ways of providing reasonable adjustments to people with learning disabilities which was felt to reflect widespread understanding of the need for these. There is a routine checklist carried out on admission using the reasonable adjustment flow chart and checklist and the risk assessment cited above.

The policy to support carers of people who require additional support is good. The carer is valued and risk assessments are made to accommodate their needs. In some circumstances payments are made to carers so that they can remain with the individual and assist with things such as communication or helping to manage the anxiety of patient.

The Review Team heard from staff on one ward who described how care plans are sent to the care home as well as the GP, how discharges start to be planned on admission and that discharges on a Friday, when support services are limited, is avoided and pragmatic support of this is provided by bed managers.

- Electronic flagging system

The Review Team saw a demonstration from the staff on the Accident and Emergency Department on the Patient First electronic flagging system; this has a category for alerting staff if a patient has a learning disability and encourages them to consider a risk assessment and/or states where further information can be found about the person. This system also picks up if person has been admitted to any of the Accident and Emergency or Casualty departments in the county so also has benefits for safeguarding.

There is a further flagging system for the rest of the hospital based on a manual system where red alert stickers are placed on individual files. In this way, staff are aware that a risk assessment needs considering and that there is further information about an individual in the file. This will include the traffic light documentation.

There is also a Clinical alert as part of the Patient Administration System (PAS IT clinical system) if the patient is known to have a learning Disability PAS will state ‘ALERT - view Patient Health Records ‘- the ALERT sticker will be on the Health Record and the Learning Disability ALERT statement will be documented on the inner cover- This process is referred to within the Learning
Disability Process Map, Steering Group and CQUIN Action Plan and was very recently introduced.

- **Learning Disability Liaison Nurses**

The Trust currently has two Learning Disability Liaison Nurses in post who are well known to staff in all the wards and departments visited by the Review Team. These nurses are currently funded through the Learning Disability Development Fund which ends at end of March 2011. Action is being taken to secure long term funding.

The Trust recognises their importance of Learning Disability Liaison as a resource within the hospitals and they recently won an award for improving patient care and partnership working. This was commended by the Review Team who had concerns that future funding for these posts is not secure.

- **Community Learning Disability Teams**

Community Learning Disability Teams are active in alerting the hospital to admissions of people known to them. On Prescott Ward, the Review Team heard about some of the support provided at a pre-admission visit although this will only happen when the person is known to have a learning disability. Liaison Nurses also visit people in their own homes prior to hospital admission if required.

- **Access to staff members who have received training in communicating with people who have a learning disability.**

The Liaison Nurses were cited as being able to provide communication support to people with a learning disability. In addition each ward and department has a Link Worker who is provided with extra training about working with people with learning disabilities, including communication. Not all Link workers have received training but more is planned.

- **Discharge**

Staff ensure that discharge plans are sent to GPs and to Care Homes; all discharge plans are carried out early on in the admission. The Review Team were told by one nurse that discharges on Fridays are avoided whenever possible despite bed pressures which was seen as good practice, though it was not clear how systematic this approach is.

- **Training**

There is a folder on every ward/department providing a range of information, communication tips, photos etc to assist staff in working with people with a learning disability. There is also a poster on Top Tips for Communication. The 2gether NHS Foundation Trust has a website with a wider range of learning disability resources that is assessable by ward staff.

The newly created e-learning tool on working with people with learning disabilities has been completed by approximately 600 of the several thousand staff members although this is a mandatory course for all staff including domestics and porters so that they know who to call if assistance is required.

A Conference for Link workers has been held since the review and this was oversubscribed; another one has now been arranged. During Learning Disability
Awareness week the 2together NHS Foundation Trust ran displays in the main hospitals to promote awareness.

Areas for improvement

- **Knowing the person has a learning disability**

  People with a learning disability are flagged once they have had one admission and the learning disability liaison nurses are made aware. The number of people being flagged is increasing and Patient First can include the ALERT prior to admission if they are aware of the admission. This system would be further enhanced and comprehensive if it could be linked to the learning disability registers held in GP Practices. There was evidence of this being tackled by the Trust who have been contacting all GPs and by the Liaison nurses who are promoting their role to the community. Carers are also increasingly being asked to phone in advance if they are coming into Outpatient departments as a result of past learning but this is not yet systematic for every carer.

- **Risk assessments**

  Staff highlighted a range of risk assessments that can be offered once they know the person is being admitted but as stated earlier, they do not always know that the person has a learning disability and are often dependent on others to inform them.

- **Training**

  It was recognised that the in-depth training to link workers and other relevant groups could be better if people with learning disabilities were involved as are co-trainers. The Learning Disability Partnership Board has been asked to support this and trainers will be provided by a new User Led Organisation called Gloucestershire Voices.

- **e-learning**

  The Review Team suggested that a best practice example could be produced by adding a section at the end of the e-learning, asking if the learner would be interested in learning more. This could help to identify champions.

2.4. Involvement of people with a learning disability and their carers

**Strengths**

The Trust recognises the need to improve the experience of all patients and carers as one of their core objectives and emphasises the importance of seeing the person rather than a problem. This ethos was reflected across the Trust.

Patients and carers are asked for their views about sharing information and how to present information. Once something is produced in draft form, it is then converted by the Patient and Public Involvement Team and the Health Facilitation Team in 2getherNHS Trust. The information is evaluated and amendments made in light of evolving feedback from the Health Action Group which has active

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1 This is being set by the Learning Disability Partnership Board and is going live in January 2011. It will be run by people with a learning disability and will be commissioned to do specific pieces of work such as training, health checker role, mystery shopper etc. There have been a series of conferences about this and ten people with a learning disability have just been voted in
representation from Service Users and Carers. The Learning Disability Liaison Nurse Team attend the Health Action Group. Mencap finish it and put into Easy Read format.

There is a Local Involvement Network Outpatient Experience Group looking at what actions can make a difference. This group is planning an event as part of a joint project with Local Involvement Networks and the Acute Trust on 22nd October 2010 which includes a questionnaire asking people’s views. There is also a Health Action Group which meets every two months for people with a learning disability, carers and staff to attend. This group invites people to bring any concerns, to talks about learning disability and health issues and is currently working on developing an Easy Read website.

There is also a draft service user questionnaire and draft carers questionnaire both of which have developed with people who use the service and carers.

A Carers Policy is in place and is also under review and consultation with a target date for completion of the end September 2010. There is a summary sheet available on the intranet and all nurses know how to access this. Carers also receive training and a final draft of a Carers Information Leaflet is available. There is a Carers Strategy Working Group which meets quarterly; which carers are involved in.

The Review Team found that staff valued carers and supported them well if the patient requires additional physical and emotional support. There was an example given of carers being given a room to stay on in the ward and a link worker described how she had been involved in a Best Interest meeting with carers.

The Primary Care Trust has commissioned an independent qualitative review about the roles of the Acute Trust Liaison Nurses. This has been undertaken by the University of Bristol but has only been able to provide qualitative evidence; quantitative benefits of the roles still need to be demonstrated.

The Review Team noted that a proposal is in place for a new Coming into Hospital Easy Read leaflet and a Carers Information leaflet is being developed in partnership with carers and this will also be in Easy Read format. A self auditing checklist for the production of patient information is provided in the evidence folder. These provided examples of some good partnership working with people who use services, carers MENCAP and the Learning Disability Liaison Nurses and the Review Team identified this as strength in this Trust. There is funding available for additional care for the patient if required and work in partnership with other agencies to provide this.

Areas for improvement

- Governance and monitoring processes

Information from the Health Action Group is fed into the Trust Learning Disability Steering Group. Established Learning Disability County Committees feed into Gloucestershire Hospitals NHS Foundation Trust Steering Group. Also Trust feedback from Carers Forums feeds into the Steering Group. However, the Review Team commented that there is potential to better involve people with a learning disability in governance and monitoring processes. A system of hospital checkers could be considered as used in other some other areas- see website: [http://www.swacutehospitalreview4ld.org.uk](http://www.swacutehospitalreview4ld.org.uk)
Comment cards

Although carers are encouraged to comment, there are no comment cards on wards. Carers can obtain these from the Patient Advice and Liaison service. The Review Team understand that further work will be undertaken this year to identify how best to gain the views of people with a learning disability. A new feedback card is being piloted at the present time. The Review Team noted that the deadline identified by the Trust to do this is November 2010.

2.5. Capacity, Consent, Safeguarding and the Law

Strengths

The Review Team were impressed by the safeguarding arrangements in the Trust and there was careful attention paid to patient safety. If a person with a learning disability is admitted then a risk assessment is considered and contact made with the Learning Disability Liaison Nurses. The Department of Health Easy Read booklet on Deprivation of Liberty Safeguards is in use and staff were found to be confident in assessing Mental Capacity and in undertaking Best Interest meetings.

The Review Team saw evidence of Mental Capacity Act training and Safeguarding/Deprivation of Liberty Safeguards training with percentages of staff who have so far received this provided in the evidence folder. A process is in place to deliver and to record mandatory training for Mental Capacity Act level 1 e-learning, Deprivation of Liberty Safeguards level 1 e-learning, and for face to face level 2 Mental Capacity Act and Deprivation of Liberty Safeguards combined training clinical staff who act as Decision makers or staff who take patient consent attend this training. Training is tracked and monitored as part of the Learning and Development Training data recording system - Electronic Staff Training Records. The Review Team observed that the percentages for Mental Capacity Act training were less than 50% except for Allied Health Professionals with 66% of staff having received Mental Capacity Act level 1.

Use of the Independent Mental Advocacy Service was discussed and staff seemed knowledgeable and confident. This is included as part of micro teaching and staff clearly do assist people with a learning disability to obtain an Independent Mental Capacity Advocate if required.

Areas for improvement

- Recording best interest decisions

The hospital does not currently have a format to record Best Interest Decisions; currently Consent Form 4 is used or information is recorded within Health Records. The Review Team suggest that it may be useful for the Trust to look at a range of formats from other organisations and decide on one to implement. This should include a clear process, so that staff know how to pull a Best Interest meeting together and how to document it.
• Review of Training Programme and Policies

The Trust informed the Team that a review of Mental Capacity Act and Deprivation of Liberty training is due to take place in November 2010. A review of the Do Not Attempt Cardiopulmonary Resuscitation policy and Best Interest decision making is also planned.

It is stated in the self assessment that there will be efforts made to raise team understanding about advocacy services for people with a learning disability and a review and update of the Trust Mental Capacity Act policy is currently in progress.

2.6. Leadership and management

Strengths

There is senior level sign up to learning disability issues and evidence that learning disability care is embedded within the leadership and management structure of the organisation with a clear structure of roles and responsibilities. The Director of Nursing and Deputy Director of Nursing both take a lead role and there is a non-executive champion.

Staff say they feel well supported by the Executive Team and the Review Team observed a strong commitment from the Executive Board during the review visit. The Senior Trust Team was actively involved in the planning of the Peer Review programme and a planning event was held in August 2010 with representation from all Divisions and teams; this ensured a well organised review.

The Safeguarding Adult Strategic Board is chaired by the Trust Safeguarding Nominated Executive and there is a Trust Learning Disability Steering Group with Matron Representatives from the Trust. The Lead Nurse /Matrons promote good practice throughout the hospital.

The Learning Disability Steering Group is a sub-group of Trust Safeguarding Vulnerable Adult Strategy and activity is reported to GHNHSFT Safeguarding Adult Strategic Board.

The Four Cs – Compliments, Comments, Concerns and Complaints process is used by the Trust to redefine patient experience feedback and report patient feedback to the Board regularly.

Learning disability issues are taken to the Board at least annually and as part of the Ombudsman recommendations. For example two learning disability papers went to the Trust Board in September 2010. The Trust has now adopted the Mencap Getting it Right Charter and the Learning Disability Steering Group reports progress and activity at the Board. There at a Learning Disability Action Plan in place and a number of subgroups to deliver projects identified in this plan.

There is evidence of compliance returned to Monitor in July 2010 against the New Compliance Framework for the Individual with a Learning Disability.

There are Trust Strategic Objectives for Learning Disability and a Trust Patient Safety agenda. Several standards within the Commissioning for Quality and Innovation Scheme\textsuperscript{2}, the Acute Trust contract with the Primary Care Trust and

\textsuperscript{2} The Commissioning for Quality and Innovation -CQUIN -payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers income to the achievement of local quality improvement goals.
Checkpoint performance monitoring initiative,3 are related to learning disability. The targets require identification of people with a learning disability, an alert sticker on the patient file, a decision tool and evidence of reasonable adjustments in the care plan and the development of a patient and carer satisfaction questionnaire in two formats - Easy Read and for carers which is now in development. The results of these are then fed back to the Board.

Members of the Acute Trust sit on the Health Action Group which is a subgroup of the Learning Disability Partnership Board. The Chair /Co Chair Commissioner and People First representative then feeds back up to Learning Disability Partnership Board. The Learning Disability Partnership Board held a conference in March 2010 entitled the Second Big Health Check Day where issues about health services were discussed. This Board also produces a family carer newsletter.

Areas for improvement

The following are identified by the Trust in their priorities for action section of the self-assessment:

- The Trust Learning Disability Steering Group Action plan needs to be put in place;
- Standards within the Commissioning for Quality and Innovation contract, and Checkpoint reporting, which is an NHS system for identifying the Trust priorities for action, need to be met;
- Reports to the Trust Management Team and Main Board;
- The Learning Disability Steering Group promoting a Clinical Champion across all professions.

2.7. Organisational learning

Strengths

As mentioned in previous section the Four Cs – Compliments, Comments, Concerns and Complaints process is used by the Trust to define patient experience feedback and report patient feedback to the Board regularly. All complaints go Trust Board via this process which has been developed from a co-ordinated strategy undertaken by the Patient Advice and Liaison Service. It is not clear if these reports separate out and identify people with a learning disability.

Although the Review Team felt a culture of learning had taken some time to develop, in response to the Six Lives report, there are clearly strategies in place to capture good practice and share the learning across the Trust. Examples were given during the Review visit which included evidence of learning by talking to parents and asking them what could have been done better; presentations about the Health Action Group annual conference and how people were asked their views about what is currently been done in the Trust about what people would like to see done differently regarding the service for people with learning disabilities.

There is an open ethos for all types of accidents/incidents which are all investigated by using the National Patient Safety Agency matrix4. There are

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3 Checkpoint reporting- this is an NHS reporting system used for performance monitoring.
4 NHS National Patient Safety Agency - A risk matrix for risk managers publication January 2008
efforts being made to ensure reasonable adjustments are made. When this does not happen and concerns are raised, carers are asked to contact the hospital in advance on the next admission to ensure this does not happen again. An award was received by the Trust for this aspect because they were seen to be going that one step further.

Areas for improvement

- Learning from feedback

With active feedback systems not yet fully developed and implemented for people with a learning disability, the need is identified for a greater emphasis by the Trust on involvement of people with learning disability, specifically for giving feedback, supporting the monitoring of practice and sharing learning. A system of Hospital Checkers\(^5\) as has been adopted in other Trusts and may be useful model to look at – see best practice examples on review website.

- Embedding learning

There was evidence of recent improvements and many examples of good practice described in this report, but the Review Team had doubts that these had been in place long enough to ensure they are embedded across the whole organisation and the Trust acknowledged that there is still some way to go. An audit is planned to take place in December 2010 which is detailed within the Steering Group Action Plan.

2.8. Fundamental Care

Strengths

Fundamental aspects of care are audited using the Essence of Care tool, led by a ward sister. Although there is no separate risk assessment for people with a learning disability, there is a comprehensive generic assessment which was seen to be very good and therefore a specialist learning disability tool is not needed. Reasonable adjustment checks take place using the Reasonable Adjustment process flow chart and reasonable adjustment decision tool. The Traffic Light assessment system on the passport is an example of best practice and has been adopted by many other Trusts nationally.

Training sessions involving people with a learning disability have resulted in the development of the Going into Hospital leaflet.

Areas for improvement

- Evaluation of Reasonable adjustment tool

Reasonable adjustment tool is a fairly new development with an expectation that it is a good model to follow but this will need evaluating with feedback from patients and carers. An audit is planned for December 2010 and is detailed within the Steering Group Action Plan.

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\(^5\) Hospital Checkers are people with a learning disability employed by the Primary Care Trust in Cornwall to monitor services in the acute trust. Similar models have been developed elsewhere – for further details see the [www.swacutehospitalreview4ld.org.uk](http://www.swacutehospitalreview4ld.org.uk)
• **Discharge arrangements**

Feedback from primary care and community hospitals about discharge arrangements should be sought to ensure this process is working well.

**2.9. Feedback from people who use the service and care**

The Review Team met a carer and also heard from the commissioners about some feedback they have received from patients and carers which suggested mainly positive feedback about services in the Trust. The Easy Read and Carer Satisfaction questionnaires are being developed which will assist with this in the future.

**2.10. Areas of innovative/best practice identified**

The following were identified as examples of best practice by the Review Team:

- **Reasonable Adjustment Decision Tool and Process Flow Chart** – the aim is for staff on the wards to do this in the future but at present this is carried out by the Acute Trust Liaison Nurse who will then provide some examples of what reasonable adjustments might look like.

  **Post Review Note:** The health care team are equipped to use the checklist to support making the necessary reasonable adjustment, a Care plan has since been implemented which also supports the team in this process, good examples of this within Out Patients and Theatres.

- Training activities, e-learning and Microteaching – the learning disability liaison nurses carry out planned 20 minute teaching sessions with certain groups of staff;

- The traffic light system on the Hospital Passport which is now being used by many other areas nationally.

- Coloured wrist bands for those staff who do not see the file to alert staff about the reasonable adjustments required- will be in place by March 2011;

- Accident and Emergency flagging of people with learning disability and the ability add comments to the system;

- Patients and Carers are invited in to see the department before surgery and it is noted on the file what reasonable adjustments the Anaesthetist makes to help the patients take the anaesthetic. Patients receive their medication in an area that they feel safe and comfortable in, which may not be the anaesthetic room. Carers are also allowed to be with the patient before and as they are waking up from surgery.

**2.11. Conclusion**

The Gloucestershire Hospitals NHS Foundation Trust highlighted some well established good practice. There is strong leadership and a sound ethos of embedding learning disability awareness across the Trust. There are two acute trust Learning Disability Liaison Nurses in post and they are well known to staff in all the wards and departments. The Review Team were impressed by the Accident and Emergency Department and the way they can flag people with a
learning disability and add comments. There was evidence of many training activities, and the e-learning package, although new, has the potential to be an example of best of practice.

There are pockets of good practice as described above and the Review Team commended the Trust on providing examples of how far reasonable adjustments can be taken. However as many developments were quite recent the Review Team had doubts that these had been in place long enough to ensure they are embedded across the whole organisation and the Trust acknowledged that there is still some way to go.

The key areas for improvement were identified as:

- Learning from feedback - with greater involvement of people with learning disability in giving feedback, monitoring practice and sharing learning;
- Consultants to be part of mandatory training requirement;
- Recording Best Interest decisions;
- Easy Read comment cards on wards;
- More Easy Read information about medication
- Build on what already in place to carry on the momentum.

The table at Appendix 1 summarises the analysis of the completed self assessment against Review Team findings with suggested areas for inclusion in the action plan and a Red Amber Green rating.
Section 3

Next steps

This section summarises the next steps for improving services for people with a learning disability in acute hospital.
3. **Next steps**

3.1. It is suggested that Chief Officers now agree a process and timetable to review the current strategy and implementation plan to ensure that the areas in this report are addressed and incorporated. It is for local decision how widely this report is circulated, although the review steering groups expectation is that it is shared amongst those clinicians and managers who were interviewed by the Review Team.

3.2. The intention is to hold a shared learning event in the South West on 26 January 2011.

3.3. The Review Team would welcome receiving an updated action plan to inform the planned overview report by **31 January 2011**.
| Appendix 1 | Summary analysis of self assessment against review team findings |
| Appendix 2 | Self assessment framework |
| Appendix 3 | Review Team Members for Gloucestershire Hospitals NHS Foundation Trust |
| Appendix 4 | South West Acute Hospitals Learning Disability Review-Steering Group |
| Appendix 5 | The Mencap Charter |
Appendix 1

Summary of self assessment against Review Team findings

This appendix sets out a table summarising the analysis of the completed self assessment against Review Team findings with suggested areas for including in action plan and a Red Amber Green rating.
<table>
<thead>
<tr>
<th>Self assessment Theme</th>
<th>Site Score</th>
<th>Review team Score</th>
<th>Reasons for review team assessment</th>
<th>Action required in next 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information for people with a learning disability and their carers.</td>
<td>Red 1, Amber 2, Green 3</td>
<td>Red 1, Amber 2, Green 3</td>
<td>• Component of the Trust 2010 Learning Disability Action Plan and linked to Commissioning for Quality and Innovation objectives</td>
<td>Action identified in self assessment by review site:</td>
</tr>
<tr>
<td>1.1. All patients and their carers to receive relevant information prior to admission whether it is planned, emergency or as an outpatient.</td>
<td>2</td>
<td>2</td>
<td>• Patient Journey photo books</td>
<td>• To develop resources on Coming into Hospital for those with Learning disability:-DVD, Website booklet etc. This will be in partnership with service users and carers via the Health Action Group and Trust Steering Group</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Going into hospital book in Easy Read</td>
<td>• Developments as part of Carers Strategy;</td>
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<td></td>
<td></td>
<td></td>
<td>• Lack of flagging currently between primary and secondary care but work in progress</td>
<td>• Partnership working to promote awareness within Community, Care homes, carers, GP;</td>
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<td></td>
<td></td>
<td></td>
<td>• Evidence of pre- admission planning for planned admissions</td>
<td>• Developments regarding patients within the Outpatient setting</td>
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<td></td>
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<td>• Known patients with a learning disability are referred to Hospital Learning Disability</td>
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<tr>
<td>Self assessment Theme</td>
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<tr>
<td></td>
<td>Red 1, Amber 2, Green 3</td>
<td>Red 1, Amber 2, Green 3</td>
<td>Liaison Nurse Team • Trust Breast Screening service has information for people with a learning disability • Community uses specific documentation letters for dietetics to patients that are specified to their individual requirements i.e. simplified language, larger text, pictures</td>
<td></td>
</tr>
<tr>
<td>1.2. All Hospital departments have access to and use a wide range of resources to help in the production of Easy Read documents/posters etc.</td>
<td>2-3</td>
<td>2</td>
<td>• In embryonic state • Learning Disability Communication book on every ward • Involvement of Hospital Learning Disability Liaison Nurse Team • Policy in place for the production of patient information identifies how to find and use the resource to produce Easy Read versions. All information in what ever format is produced with service users, carers and also through LINks</td>
<td>Action identified in self assessment by review site: • Development of Easy Read information for core information • Developments to Trust Learning Disability intranet site – access to information Increase awareness to staff of resources to help in the production • Training for staff an volunteers on communication with those with learning disability • Photographic menus is under development • Picture menus to be formulated for</td>
</tr>
<tr>
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</tbody>
</table>
|                       | Red 1, Amber 2, Green 3 | Red 1, Amber 2, Green 3 | • Mencap now being used to translate any new leaflets into Easy Read;  
• Ward staff contact Speech and Language therapy for picture boards/ communication white boards. Staff are aware of Trust learning disability intranet site for access to supporting documents  
• Reasonable Adjustments Decision Tool/Assessment checklist provides process to support communication assessment and provision of information | Pediatrics |
| 1.3. All Hospital departments have access to and use a wide range of resources to help in the production of easy read documents for assessments, care plans etc. | 2 | 2 | • Learning disability Communication book on every ward  
• Traffic light passport being used by other Trusts  
• Large amount of evidence in folder  
• Needs embedding | Action identified in self assessment by review site:  
• Work to be done in identifying key information needs in relation to patient experience e.g. tests investigations etc and work done to meet those needs as far as reasonably possible  
• Integrate patient/carers stories into staff learning opportunity ward level and corporately Photographic |
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</table>
| 1.4. Complaints, compliments and feedback forms are accessible and made available to people with learning disability and carers. | 2/3 | 1 | • Good draft Easy Read Patient Advice and Liaison Service leaflet;  
• Easy Read Satisfaction Questionnaire is nearing completion  
• Seeking views from people with learning disabilities and their carers from the Real Time Survey is now being developed and in draft form – it needs to be implemented  
• Close liaison between the Patient Advice and Liaison Team and the Learning Disability Liaison nurses  
• Complaints are received and responded to with regular reporting on issues and outcomes using 4 Cs process  
• Carer Gloucestershire pass any concerns and comments from | • Complete Easy Read PALs leaflet  
• Implement the Real Time Survey for people with learning disabilities and their carers  
• Implement an easily accessible complaints and feedback system for people with learning disability  
• Action identified in self assessment by review site  
• Patient Advice and Liaison Service team to provide parking permits alongside the carers badge  
• Patient Advice and Liaison Service leaflets to be revised and promoted widely for those with learning disability and carers including advocacy services  
• Complaints, Concerns, Comments, Compliments- 4Cs leaflet to be made accessible to children and young people this will include those with learning disabilities |
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<tr>
<td></td>
<td>Red 1, Amber 2, Green 3</td>
<td>Red 1, Amber 2, Green 3</td>
<td>carers to Head of Patient Experience team for action and response</td>
<td>• A feedback process by which those with learning disability can give comments and feedback will be piloted this year</td>
</tr>
<tr>
<td>1.5. Clear, accessible and timely information about medication and specific treatments and procedures is available to people with a learning disability and carers.</td>
<td>2-3</td>
<td>2</td>
<td>• Condition specific booklets sent but only a few in accessible format</td>
<td>Action identified in self assessment by review site:</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Component of the Trust 2010 Learning Disability Action Plan and linked to Commissioning for Quality and Innovation objectives</td>
<td>• Refer to 1.2 and 1.3 actions</td>
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<td></td>
<td></td>
<td></td>
<td>• More planned and in development</td>
<td>• Develop a greater range of information in Easy Read format</td>
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<td>2. Reasonable adjustments and service delivery</td>
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<td>2.1. Patients with a learning disability are identified prior to admission or on admission through Emergency departments</td>
<td>2-3</td>
<td>2</td>
<td>• Active engagement with people with a learning disability and carers for elective admissions so that planning takes place</td>
<td>Action identified in self assessment by review site:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Hospital Passport Traffic light system is an example of good practice</td>
<td>• The flagging systems to be linked to the learning disability held within GP practices</td>
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<td>Action identified in self assessment by review site:</td>
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<td></td>
<td>• ALERT Flagging system to be used across trust in all departments has</td>
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</table>
|                       | Red 1, Amber 2, Green 3 | Red 1, Amber 2, Green 3 | - Flagging in Accidents and Emergency of individuals admitted more than once and the learning disability liaison nurses are aware  
- Reasonable adjustment flow chart and checklist very good  
- Risk assessment developed in partnership with other organisations | been proposed and is currently in planning phase. Exploring IT options re linking to Patient Administration System and Health Records Interim option  
- Developments to Trust admission documentation to capture if patient has known learning disability at point of admission across all areas |

2.2. Patients with a learning disability and carers receive appropriate information about nutrition and hydration during admission.  

|   | 2 | 2 | Good in extreme cases – PEG etc.  
- No red tray system  
- Part of generic nursing assessment document - The National MUST Nutrition screening tool is a component of the Gloucester Patient Profile assessment document  
- Acute dieticians liaise with Community Learning Disability Team regarding patient specific nutritional requirements and treatment care plan | Action identified in self assessment by review site  
- Partnership working with Trust Dietetic Team re MUST Training presentation |
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<tr>
<td>2.3. The hospital employs an acute registered healthcare /practitioner for people with a learning disability.</td>
<td>Red 1, Amber 2, Green 3</td>
<td>Red 1, Amber 2, Green 3</td>
<td>Two learning disability nurses until April 2011 but funded by Learning Disability Development fund and not secure; Link nurse meetings timings good; Will funding be there for ongoing service? Level 2 score as funding issue not addressed</td>
<td>Seek ongoing support to fund the two liaison nurses in substantive posts</td>
</tr>
<tr>
<td>2.4. All hospitals reflect the reasonable adjustments required for people with learning disability in their Single Equality Scheme and its associated action plan.</td>
<td>Red 1, Amber 2, Green 3</td>
<td>Red 1, Amber 2, Green 3</td>
<td>Evidence of reasonable adjustment Reasonable adjustment flow chart and risk assessment developed in partnership with other organisations Wristband initiative about to be introduced to show a person requires reasonable adjustments rather than just relying on file Anaesthetics adjustments good for dental service as patient who was anxious about dentists received dental</td>
<td>Action identified in self assessment by review site Single Equality Scheme is in development. Those with learning disability and their carers will be involved in the consultation process integral to the Scheme development and the action plan Work is taking place to improve the outpatient experience of this client group through the Outpatient Experience group working in partnership with Local Involvement Networks Patient information folder giving</td>
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</table>
| treatment when he came in for another operation                                      | Red 1, Amber 2, Green 3 | Red 1, Amber 2, Green 3 | • In each area visited the Review Team heard of appropriate and creative ways of providing Reasonable Adjustments to people with learning disabilities which was felt to reflect widespread understanding of reasonable adjustments | • generic information about staying in hospital will be available on each ward in easy read form by November 2010  
• Audit of recorded reasonable adjustments in patient notes and through Hospital Learning Disability Liaison Nurse Team  
• Explore Hospital Sign Posting  
• Explore Hospital Automated Telephone system |
| 2.5. Patients with a learning disability are discharged home safely.                  | 2-3        | 2                 | • Try and avoid discharge on Fridays  
• Discharge plans sent out to GPs and Carers  
• Flow chart reliant on carers and relatives  
• Discharge Team in place  
• Easy Read discharge information - but no pictures  
• Nurse may contact social services and respond within an hour  
• Need clear information on | • Ensure readmissions and delayed discharges of people with a learning disability are monitored and understood  
Action identified in self assessment by review site:  
• Developments in progress regarding feedback on patient and carer experience |
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<tr>
<td>2.6. All areas in the hospitals are able to access staff members who have received training in communicating with people with a learning disability.</td>
<td>2-3</td>
<td>2</td>
<td>E-learning; mandatory course but many staff have not yet undertaken</td>
<td>Prioritise training in learning disability awareness and communication for all link nurses</td>
</tr>
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<td></td>
<td>Access to people specifically trained</td>
<td>Seek to involve people with a learning disability and their carers in development and delivery of training</td>
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<td></td>
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<td></td>
<td>Not all Link workers have received training though more was planned</td>
<td></td>
</tr>
<tr>
<td>2.7. Training and education regarding learning disability, health inequalities and communication is provided to all hospital staff.</td>
<td>2-3</td>
<td>2</td>
<td>Planned for mandatory e-learning in place</td>
<td>Action identified in self assessment by review site</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Good training programme</td>
<td>Development of a Training Needs Analysis and Training Strategy – Learning Disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Micro teaching – 20 minute sessions on wards by liaison nurses and Learning disability study days are held</td>
<td>E-learning linked to staff training matrix</td>
</tr>
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<td></td>
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<td></td>
<td>Conference was held following the review and over subscribed by link nurses so another one will be held</td>
<td>Integrate into Trust Safeguarding Adults level 3 programme</td>
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<tr>
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</table>
| 3. Involvement of people with a learning disability and their carers.               | Red 1, Amber 2, Green 3 | Red 1, Amber 2, Green 3 | - Ethos of personalised care  
- Carer Policy and summary sheet available on intranet  
- Good partnership working  
- Involvement from pre-admission planning stage onwards  
- Carers give recognition and involvement in care. | Action identified in self assessment by review site  
- Carers Information leaflet is being developed in partnership with carers – will also be in easy read format  
- Carers Policy in place and also under review with carers - Target - review to be complete by end September 2010 |
| 3.1. People with a learning disability and their carers are involved from the preadmission stage onwards including information on complaints, meals, nights and involvement in care. | 1-2        | 2                 | - Ethos of personalised care  
- Carer Policy and summary sheet available on intranet  
- Good partnership working  
- Involvement from pre-admission planning stage onwards  
- Carers give recognition and involvement in care. | Action identified in self assessment by review site  
- Carers Information leaflet is being developed in partnership with carers – will also be in easy read format  
- Carers Policy in place and also under review with carers - Target - review to be complete by end September 2010 |
| 3.2. Patients with a learning disability and their carers have the opportunity to comment on their experience in hospital | 2/3        | 1                 | - Outpatient experience group  
- Feedback form being piloted  
- Need to involve learning disability in governance  
- Patient satisfaction survey in two formats – for people with learning disability and carers in | Action identified in self assessment by review site  
- Further work will be undertaken this year to identify how best to gain the views of this client group. Carers can access Patient Advice and Liaison Service etc and complete feedback form. A new |
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<tr>
<td></td>
<td>Red 1, Amber 2, Green 3</td>
<td>Red 1, Amber 2, Green 3</td>
<td>development and shortly to be implemented hence level 1 score as not yet implemented</td>
<td>feedback card is being piloted at the present time</td>
</tr>
</tbody>
</table>
| 3.3. Family carers and other care providers are involved as partners or planning the care of a patient with learning disability where possible. | 2-3 | 3 | • This was reflected in the support to carers of patients requiring additional physical and emotional support  
• Link worker described how she had been involved in a Best Interest meeting with carers | Action identified in self assessment by review site  
• Carers Policy review Sept 2010 and re-launch planned for November 2010  
• Developments in progress updating Trust patient admission assessment documentation as part of the Trust Discharge Board Action plan |
| 4. Capacity, Consent, Safeguarding and the Law | 2 | 2 | • Mental Capacity Act training being delivered  
• Training figures available  
• Mandatory training but only 400 | Action identified in self assessment by review site  
• Review of Mental Capacity Act and Deprivation of Liberty Training |
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<tbody>
<tr>
<td>reference to people with learning disability and their carers including protocols/policy for providing care to patients who are under Section.</td>
<td>Red 1, Amber 2, Green 3</td>
<td>Red 1, Amber 2, Green 3</td>
<td>staff covered so far so needs embedding and better coverage</td>
<td>Programme to take place Nov 2010</td>
</tr>
<tr>
<td>4.2. Do not Resuscitate orders are Best Interest decisions and not Quality of Life decisions for patients with a learning disability.</td>
<td>2</td>
<td>2</td>
<td>• Do Not Attempt Cardiopulmonary Resuscitation policy in place. Outlines best practice guidance in the best interests of any client group • Consent training programme • Liaison nurses instrumental in promoting best practice re Independent Mental Capacity Advocacy and best interests planning meetings regarding Do Not Resuscitate decision • Evidence provided of case study re best interest meeting • Useful book marks giving succinct information for staff about Deprivation of Liberty safeguards and what to</td>
<td>Action identified in self assessment by review site • Review Trust Do Not Attempt Cardiopulmonary Resuscitation policy and best interests decision making</td>
</tr>
<tr>
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</table>
| 4.3. Advocacy services are available to people with a learning disability admitted to hospital | Red 1, Amber 2, Green 3 | Red 1, Amber 2, Green 3 | • Independent Mental Capacity Advocate part of micro teaching  
• Help people to get Independent Mental Capacity Advocacy Service | Action identified in self assessment by review site  
• To raise Team understanding on advocacy services for those with a learning disability  
• Review and update of Trust Mental Capacity Act policy in progress |
| 5. Leadership and management                                                          |            |                   |                                                                                                   |                                                                                                                            |
| 5.1. There is clearly identifiable Board engagement in embedding a learning disability strategy | Red 1, Amber 2, Green 3 | Red 1, Amber 2, Green 3 | • Director of Nursing and Deputy in place  
• Non executive director lead  
• Learning disability steering group has clear projects and deliverables with project groups working to it  
• The Learning Disability Action Plan is the strategy  
• Regular reporting to Board about learning disability issues | Action identified in self assessment by review site  
• Develop LD Strategy to support the action plan and identify work streams and milestones  
• Trust Learning Disability Steering Group Action plan  
• CQUIN checkpoint reporting  
• Reports to Trust Management Team and Main Board  
• Learning Disability Steering Group |
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</table>
|                       | Red 1, Amber 2, Green 3 | Red 1, Amber 2, Green 3 | • Commission for Quality and Innovation reporting and targets specifically for learning disability  
• The Learning Disability Steering Group is a sub-group of the Trust Safeguarding Adult Strategic Board. The Action plan reports to this Board | promoting Clinical Champion across all professions |
| 5.2. Learning disability care is embedded within the management structure of the organisation. | 2 | 2 | • Clear structure with roles and responsibilities  
• Staff feel well supported by leadership team  
• Internal Partnership working strong  
• Cohesive steering group  
• Embracing partnership | • Ensure that Learning Disability is a regular item on the agenda for the Trust Board and Management Committees  
Action identified in self assessment by review site  
• Developments to capture and give feedback to clinical teams on patient and carer experience |
| 5.3. Partnership working takes place at all levels within the organisation | 2 | 2 | • Trust representation on Local Partnership Board subgroup | Action identified in self assessment by review site  
• The Trust is developing a survey tool and process to capture the views and experiences of patient with a learning disability and their carers- Commission for Quality |
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<td></td>
<td>and Innovation objective with carers and patients – Lead Trust Head of Patient Experience</td>
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<td>6. Organisational learning</td>
<td></td>
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<td>Action identified in self assessment by review site</td>
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| 6.1. Hospital Trusts demonstrate learning from serious incidents, near misses and all deaths of people with a learning disability. | 2 | 2 | - Trust Learning Disabilities Action Plan  
- Trust Learning Disabilities Steering Group  
- Trust Safeguarding Adult Strategic Board  
- Trust Quality Committee – meeting minutes  
- Trust incident reporting process and action planning in response to incidents coordinated by Trust senior staff e.g. Matron or Dept Manager  
- Trust incident reports presented to Divisional Triumvirate meetings |
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</tr>
</thead>
</table>
| Red 1, Amber 2, Green 3 | Red 1, Amber 2, Green 3 | 2 2 | • Component of Trust Matron monitoring metrics reporting  
  • Trust Patient Safety Committee and Divisional communication cascade structure  
  • Trust action plan following the Mencap Death by Indifference Report  
  • Trust engagement with the National Confidential Inquiry | Action identified in self assessment by review site  
  • To identify the issues and learning form Complaint and concerns raised by carers of patients with a learning disability in Reports  
  • Developing a survey tool and process to capture the views and Experiences of patients with a learning disability and their carers- Commission for Quality and Innovation - with carers and patients |

6.2. Recording of and learning from incidents, excluding the above categories, involving people with learning disabilities, including complaints /Patient Advice and Liaison service feedback
<table>
<thead>
<tr>
<th>Self assessment Theme</th>
<th>Site Score</th>
<th>Review team Score</th>
<th>Reasons for review team assessment</th>
<th>Action required in next 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7. Fundamental Care</strong></td>
<td>Red 1, Amber 2, Green 3</td>
<td>Red 1, Amber 2, Green 3</td>
<td></td>
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</tbody>
</table>
| **7.1. Patient safety issues are identified proactively and patients receive a high standard of fundamental care** | 2 | 2 | • Essence of care audit led by ward sister  
• Pain management and comments  
• Coloured wristband to identify people who need reasonable adjustments  
• Very good generic risk assessment  
• Traffic light passport best practice and used by other Trusts  
• Learning disability Commissioning for Quality Improvements developed - checkpoint reports | • Evaluation of Reasonable adjustment tool to include patient and carer views  
• Feedback from primary care and community hospitals about discharge arrangements to ensure working well  
Action identified in self assessment by review site  
• Further promotion of Traffic light assessment tool with staff across the Trust  
• Trust Learning Disability Steering Group Action Plan monitoring |
This appendix contains the self assessment framework against which the review site made their assessment and the context under which the Review Team undertook their visit.
Review sites should complete the Review Site Evidence Feedback form and Review Teams should complete the Summary Record Sheet using this Self Assessment Framework to assess against.

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Information for people with a learning disability and their carers.</strong></td>
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</tr>
<tr>
<td><strong>1.1. All people with a learning disability and their carers to receive relevant information prior to admission whether it is planned, emergency or as outpatient.</strong></td>
<td>• The preadmission booklet includes specific information for people with learning disability</td>
<td>• There is an accessible, easy read version of preadmission information available for people with a learning disability and their carers e.g. going into hospital booklet</td>
<td>• Families / carers are automatically linked with the liaison nurses prior to admission e.g. in GP referral process for clinical appointments or admissions</td>
</tr>
<tr>
<td></td>
<td>• The liaison nurse will work with the patient and their carer to provide information prior to admission</td>
<td></td>
<td>• Communication between primary and secondary care – how and when?</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Is learning disability identified by the referrer or asked about in Emergency Dept reception?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Information available in GP surgeries</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Patient and carer feedback and surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Liaison nurse notes</td>
</tr>
<tr>
<td>1.2. All Hospital departments have access to and use a wide range of resources to help in the production of Easy Read documents/posters etc.</td>
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<td><strong>LEVEL 1</strong></td>
<td><strong>LEVEL 2</strong></td>
<td><strong>LEVEL 3</strong></td>
<td><strong>Measures and suggested evidence</strong></td>
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</tbody>
</table>
| • Trust is developing or has developed a communication policy/strategy or equivalent on using and producing accessible communication tools | • The Trust has an Intranet website/shared drive where staff can access easy read materials and accessible communication resources such as Picture of Health Website, Surrey Communication book, Home Farm Trust DVD story about hospital tests/investigations | • The hospital individualises information according to patient needs | • Web links
  • Going into hospital booklet - ensure general information is included including photos and names of staff whenever possible
  • Are people told about the hospital building and how to get there? Is this clearly explained?
  • Staff feedback – how well embedded into practice?

| • People with a learning disability are involved in the development of accessible information across all departments | • All departments have access to wide range of resources e.g. Communication aids, | • Staff are able and willing to flex information to the needs of the person with learning disability | • All departments can demonstrate access to a variety of communication resources and can evidence their use. *E.g. access to regional Picture of health website. Identify:* o Materials available o Resources to develop materials o Skills and Training available
<p>| • Patient food request cards in accessible format | • Key patient information leaflets available in easy format |</p>
<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
</tr>
</thead>
</table>
|         | Staff photo board etc  
  - Accessible information leaflets on a range of conditions are available or are being developed for more than 50% of departments/clinical topics  
  - Information is available for people with a learning disability admitted in the emergency department | | read in every department  
  - What is the quality of information and how is this checked?  
  - Primary care feedback  
  - Case-study, patient/carer stories  
  - Staff knowledge/awareness of communication tools - Ask:  
    - Where is your information?  
    - Can you give examples of how you use it and when?  
    - How is information individualised? |
| 1.3. All Hospital departments have access to and use a wide range of resources to help in the production of Easy Read documents for assessments, care plans etc. | | | |
| | Individual care plans document the need for accessible information, specific to the person concerned | | There is evidence that accessible information is being used to consider informed consent to treatment and capacity assessments  
  - Accessible information leaflets are available in all departments |
| | | | Patient easy read information available expressed as a percentage of all departments  
  - Case note audit demonstrates reference to accessible information in individual care plan  
  - Evidence of the involvement of people with learning disability and carers in the development |
<table>
<thead>
<tr>
<th>LEVEL 1</th>
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<th>LEVEL 3</th>
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<tbody>
<tr>
<td><strong>1.4. Complaints, compliments and feedback forms are accessible and made available to people with a learning disability and carers.</strong></td>
<td><strong>• People with a learning disability and carers are able to complain using accessible formats, advocacy etc</strong></td>
<td><strong>• Patient feedback processes are accessible to people with learning disability i.e. patient survey, bedside comment cards</strong></td>
<td><strong>• Accessible complaints forms and process</strong></td>
</tr>
<tr>
<td><strong>• Accessible complaints forms are on all wards and in waiting rooms</strong></td>
<td><strong>• Patient feedback and complaints are reported on</strong></td>
<td><strong>• Patient feedback and complaints are reported on</strong></td>
<td><strong>• Report produced on feedback, compliments and complaints from people with learning disability and their families/carers</strong></td>
</tr>
<tr>
<td><strong>1.5. Clear, accessible and timely information about medication and specific treatments and procedures is available to people with a learning disability and carers.</strong></td>
<td><strong>• Accessible information is available or being developed for general medication groups</strong></td>
<td><strong>• Accessible information is available or being developed for specific, commonly used medications e.g. anti-convulsants</strong></td>
<td><strong>• Action plan produced following patient/carer feedback and complaints</strong></td>
</tr>
<tr>
<td><strong>• Accessible information is available or being developed for general medication groups</strong></td>
<td><strong>• The hospital produces accessible information about lesser used medications where necessary</strong></td>
<td><strong>• The hospital individualises information according to patient need</strong></td>
<td><strong>• Complaints department demonstrate measures to ensure that people with learning disability and carers are able to access the complaint process</strong></td>
</tr>
<tr>
<td><strong>• The hospital produces accessible information about lesser used medications where necessary</strong></td>
<td><strong>• Examples of accessible information sheets are available for general medication groups and specific medications on request</strong></td>
<td><strong>• Trust agreed action plan to produce clear information with all dispensed medication</strong></td>
<td><strong>• Examples of accessible information sheets are available for general medication groups and specific medications on request</strong></td>
</tr>
</tbody>
</table>
## Reasonable adjustments and service delivery

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<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
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<tbody>
<tr>
<td><strong>2.</strong> People with a learning disability and their carers are identified prior to admission for elective cases or on admission through Emergency departments.</td>
<td>People with a learning disability and their carers are identified through an assessment process prior to or on admission</td>
<td>An effective system in place to alert all staff to learning disability carer status</td>
<td>All departments can demonstrate they have data monitoring flagging systems in place</td>
</tr>
<tr>
<td></td>
<td>Electronic system only reaches those who view records directly</td>
<td>Patient record to be flagged to show specific requirements and additional needs, including carer needs</td>
<td>Explain how the computer flagging system is used</td>
</tr>
<tr>
<td></td>
<td>An electronic flagging system in place across hospital</td>
<td>Primary care/GP and adult social care have an information sharing arrangement in place regarding patient identification</td>
<td>How are patient passports used?</td>
</tr>
<tr>
<td></td>
<td>All departments can demonstrate they have data monitoring flagging systems in place</td>
<td></td>
<td>Are there trigger meetings for repeated attendances?</td>
</tr>
</tbody>
</table>

<p>| 2.2. People with a learning disability and their carers receive appropriate information about nutrition and hydration during admission. | Safe swallow guidance available for staff, people with learning disability and carers | Patient food request cards are in an accessible format | Show how patient/carers are involved in care planning |
| | People with a learning disability and carers are involved in care planning of patient nutrition whilst in hospital | National Patient Safety Agency guidance on safe swallow for people with learning disability is incorporated into Trust safe swallow guidance | Accessible food request cards |
| | Mental Capacity Act principles are considered in people with learning disability | | Appropriate Speech and language therapist/dietician involvement |
| | | | Safe swallow guidance |
| | | | Best interest documentation or capacity assessments around |</p>
<table>
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<th>LEVEL 1</th>
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<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
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<tbody>
<tr>
<td>refusing to eat</td>
<td></td>
<td></td>
<td>nutrition or nutrition care plans</td>
</tr>
</tbody>
</table>

2.3. The hospital employs an acute registered healthcare practitioner for people with a learning disability

- Support liaison pathway established with the local community learning disability service to support a person with a learning disability accessing hospital services
- Liaison healthcare practitioner supporting hospital but employed and funded through other NHS organisation;
- Signposting and use of link resources
- Liaison healthcare practitioner recruited and employed by the hospital trust
- Systems in place to ensure liaison healthcare practitioner is covered at times of sickness, annual leave and out of hours
- Number of permanent whole time equivalent learning disability liaison practitioners employed by hospital trust
- Evidence of service capacity being decided jointly with Commissioners
- Systems in place which ensures liaison nurse cover for annual leave, sickness and out of hours

2.4. All hospitals reflect the reasonable adjustments required for people with a learning disability in their Single Equality Scheme and its associated action plan

- Range of reasonable adjustments recorded in the Single Equality Scheme action plan
- Extended appointments/double appointment are available for people who require them
- Individual profiles such as hospital passport/communication book are in place to ensure vital information is available to all staff
- The Trust demonstrates complex reasonable adjustments being undertaken, i.e. multiple investigations arranged for the same day, first or last appointment etc.
- Transport issues are considered. E.g. escort, access, cost
- Annual reasonable adjustment audits on patient notes randomly chosen within acute Trust
- Patient records show any reasonable adjustments required
- Audit of recorded reasonable adjustments in patient notes
- Annual audit demonstrates reasonable adjustments
- Copy of Single Equality Scheme
- Absence of any reasonable adjustments or any reasonable adjustment failures recorded in patient notes
- Use of hospital passports/communication
<table>
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<th>LEVEL 1</th>
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<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
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</thead>
<tbody>
<tr>
<td>involved in the care of patient with a learning disability</td>
<td></td>
<td></td>
<td>book etc</td>
</tr>
</tbody>
</table>

2.5. People with a learning disability are discharged home safely.

- Discharge planning is commenced on admission
- The patient and family/carer are involved in the discharge planning process
- Risk assessment is completed upon discharge and takes into account person centred plans and planning

- Complex discharge planning meetings include the acute liaison nurse, Community Learning Disability Team staff, carer and, where appropriate, the patient
- The Acute Hospital Liaison Nurse is actively involved in discharge planning

- Complex discharges are person centred and there are no delays because of funding disputes or other non-clinical reasons
- Readmissions are monitored and understood

- Evidence of discharge planning meetings
- Evidence of multi agency working to ensure a safe discharge
- Audit of notes
- Readmissions and delayed discharges are counted and monitored with specific reference to learning disability

2.6. All areas in the hospitals are able to access staff members who have received training in communicating with people with a learning disability

- Learning disability awareness training is included in induction and regular mandatory training and updates for some identified staff
- This training includes Autistic Spectrum Disorder, Profound and Multiple Learning disability, Dual diagnosis, Mental

- Identified link/resource staff members
- Electronic/paper resource packs
- Communication training for all staff

- Training has been developed with family carers and people with a learning disability including Autistic Spectrum Disorder

- Numbers of staff trained
- Content of training courses
- Frequency of training courses
- Trust training records for mandatory and Link Practitioner training
- Staff feedback – do staff know where to get specialist advice, who the liaison nurse is and how to
<table>
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<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
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<tbody>
<tr>
<td>Health and Dementia</td>
<td></td>
<td></td>
<td>access them?</td>
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</tbody>
</table>
| 2.7. Training and education regarding learning disability, health inequalities and communication is provided to all hospital staff | • Mental Capacity Act, including Deprivation of Liberty, Disability Discrimination Act and Human Rights training and awareness is delivered to all hospital staff at induction  
• Training also covers particular issues faced by Autistic Spectrum, profound and multiple disabilities, older adults with a learning disability and older carers | • Training courses specific to learning disability and associated health issues are available both in-house and externally to hospital staff  
• Understanding and skill in the recognition of Dementia, with all the associated risks especially when symptoms are masked by a learning disability  
• Informal and patient specific training is available from the Acute Liaison Nursing service  
• There is a Learning Disability Resource file available on each ward  
• A check list is kept on the ward, to enable fast and accurate identification of dementia and other conditions | • Link Practitioners at ward level are trained in promoting learning disability awareness and are delivering this locally  
• People with a learning disability and carers are actively involved in delivering training | • Training includes all staff – i.e. administrative and domestic staff included  
• Training programme/plan  
• Trust training records for mandatory and Link Practitioner training  
• Numbers/percentage of staff trained including breakdown by type/profession and type of training  
• Staff knowledge about who the link practitioner is for specialist communication  
• Evidence of induction and update training  
• Staff knowledge about other aspects of learning disability including autistic spectrum, dementia etc. or where to go to for specialist advice  
• Patient carer feedback  
• Patient/carer involvement in staff training |
<table>
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<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
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</thead>
</table>
| 3. **Involvement of people with a learning disability and their carers.** | | | • Learning from complaints incorporated into training  
• Are there training standards/benchmark in place and evidence that this is applied? |
| 3.1. **People with a learning disability and their carers are involved from the preadmission stage onwards including information on complaints, meals, nights and involvement in care** | • Carers and people with a learning disability are able to contact the named hospital learning disability lead  
• If family carers choose or need to stay with a person during admission a protocol is in place to ensure carers needs are met such as facilities for washing, eating and sleeping | • Carers and people with a learning disability are given a named contact person in the department they are due to be admitted to | • A comprehensive pre-admission information pack for carers is readily available from the hospital  
• A learning disability Liaison Nurse, or designated learning disability lead is involved when information requires further individualising  
• Pre-Admission information pack with identified contact staff member  
• Feedback from carers  
• Hospital learning disability protocol includes reference to pre-admission processes |
<table>
<thead>
<tr>
<th>3.2. People with a learning disability and their carers have the opportunity to comment on their experience in hospital</th>
<th>Patient and Carer Surveys are available in accessible format</th>
<th>Trust reports are published on patient experiences</th>
<th>Protocols in place to encourage representation of people with learning disability and their family carers within Trust Boards, local groups and other relevant forums</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Evidence of listening to patient/carer feedback and changes/development in practice is available</td>
<td>Carer views and interests are incorporated into planning and development of health services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback from carers</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Carers survey</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Evidence of carer involvement</td>
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<td></td>
<td></td>
<td></td>
<td>Evidence of treating carers with respect and as equal partners in care</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Comments/Survey results/reports</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Committee minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Trust Board minutes</td>
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<td>Performance Boards</td>
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<td>Newsletters</td>
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<td></td>
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<td>Annual Report</td>
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</tbody>
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<thead>
<tr>
<th>3.3. Family carers and other care providers are involved as partners, planning the care of a patient with a learning disability where possible</th>
<th>Carers are consulted by the hospital about the specific requirements of the person with a learning disability, when appropriate;</th>
<th>Clear trust protocols for provision of extra personal care, when this needed, avoiding unfair expectations on family carers and social care staff</th>
<th>Family carers are routinely involved in case conferences and ward rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There is a hospital Carer Policy in place</td>
<td>Hospital policy states that, where possible, carers are involved in care decisions if the person with a learning disability agrees to</td>
<td>Staff show a good understanding of carer needs and treat carers as equal partners</td>
</tr>
<tr>
<td></td>
<td>Care Pathways for elective and emergency admission</td>
<td>Staff aware of the Carers Policy and it is fully implemented</td>
<td>Staff aware of the Carers Policy and it is fully implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Care pathways included reasonable adjustments and links to expertise available from specialist services within community and liaison team</td>
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<tr>
<td></td>
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<td></td>
<td>Clear Trust protocols clarify boundaries between the carer supporting role and the responsibilities of nursing, medical and allied health professionals</td>
</tr>
</tbody>
</table>
### LEVEL 1
- Include discharge planning involving carers

### LEVEL 2
- Their involvement or they lack capacity
  - Where additional support is required there is a mechanism in place to enable and reimburse paid carers known to the individual to provide that care rather than a bank or agency general nurse

### LEVEL 3
- Carers Policy
- Evidence that Trust Carer Policy has been developed in partnership with carers

### 4. Capacity, Consent, Safeguarding and the Law

#### 4.1. Hospital Trusts have understood and implemented the Mental Capacity Act 2005, particularly with reference to people with a learning disability and their carers including protocols/policy for providing care to people with a learning disability who are under section
- The Trust has a Mental Capacity Act Policy, Deprivation of Liberty Policy and staff training available for these
- Centralised reporting is in place for all Mental Capacity Act assessments involving people with learning disability
- A Mental Capacity Act protocol is in place for all departments, including circumstances where Best Interest Assessments are required
- Staff training is in place on relevant
- Independent Mental Capacity Act provider annual report, to Trust Board, on performance related to Mental Capacity Act referrals
- Annual audit of how treatment decisions are reached within the Hospital for all people with a learning disability
- Clear statement and understanding across the hospital around
- Mental Capacity Act Policy
- Numbers of people receiving Mental Capacity Act assessments
- Mental Capacity Act referral report from Hospital Trust
- Evidence of service improvement as a result of staff training
- Staff knowledge of Mental Capacity Act
- Staff evaluation of training
<table>
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<th>LEVEL 1</th>
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<th>Measures and suggested evidence</th>
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</thead>
<tbody>
<tr>
<td>legislation and policy</td>
<td>gaining consent and assessing capacity for consent</td>
<td>Training records</td>
<td></td>
</tr>
<tr>
<td>Mental Capacity Act protocols developed with carers of people with a learning disability and Autistic Spectrum Disorder</td>
<td>Carers seen as leaders and policy promoters</td>
<td>Board reports/Meeting minutes</td>
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<tr>
<td></td>
<td></td>
<td>Independent Mental Capacity Advocate reports</td>
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</table>

4.2. Do not Resuscitate orders are Best Interest decisions and not Quality of Life decisions for people with a learning disability

- Trusts have a Do not Resuscitate policy in place
- Best Interest meetings are held with families and carers when Do not Resuscitate orders are completed
- Do not Resuscitate complies with the Mental Capacity Act
- Completed Do not Resuscitate orders involve significant others for people with a learning disability that lack capacity i.e. Independent Mental Capacity Advocate.
- Mortality audits focusing on Do not Resuscitate
- Mortality audits focusing on Do not Resuscitate
- Number of Best interest meetings
- Do Not Resuscitate Policy
- Carer Feedback

4.3. Advocacy services are available for people with learning disability who are admitted to hospital

- Advocates are available for all people with a learning disability that want or require one
- Advocacy is explicitly defined within the Hospital Trust Learning Disability Protocol
- Local advocacy services contact details are available in all departments
- Advocacy provider produces annual report on the themes and issues available to the Trust Board, on performance related to referrals
- Evidence of an advocacy contract
- Patient/Carer Feedback
- Trust Learning disability Protocol
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<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
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</thead>
<tbody>
<tr>
<td><strong>5. Leadership and management</strong></td>
<td><strong>5.1.</strong> There is clearly identifiable Board engagement in embedding a learning disability strategy</td>
<td><strong>5.1.</strong> A learning disability strategy has been developed and ratified by the Board&lt;br&gt; Learning disability strategy is widely available within the Trust&lt;br&gt; A Senior Trust Board executive is identified as being responsible for the learning disability strategy</td>
<td><strong>5.1.</strong> The strategy has been agreed at Trust Board and a Senior Trust board executive is identified as being responsible for the learning disability strategy&lt;br&gt; The strategy determines workforce requirements including specific roles and responsibilities and evidence demonstrate that these are understood and either in place or planned&lt;br&gt; Some staff are aware of the strategy and its purpose</td>
</tr>
<tr>
<td><strong>5.2. Learning disability care is embedded within the leadership and management structure of the organisation</strong></td>
<td><strong>5.2.</strong> Lead champions working across the organisation</td>
<td><strong>5.2.</strong> Single equality scheme shows evidence of actions that relate to improving health outcomes for people with a learning disability and their</td>
<td><strong>5.2.</strong> Identified senior board executive&lt;br&gt; Learning disability regularly timetabled on board meeting agendas</td>
</tr>
<tr>
<td>LEVEL 1</td>
<td>LEVEL 2</td>
<td>LEVEL 3</td>
<td>Measures and suggested evidence</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td>carers</td>
<td>Monitoring of complaints is seen as a strategic responsibility</td>
<td>developments and consultation</td>
</tr>
<tr>
<td></td>
<td>• People with a learning disability and carers are involved in evaluation of Trust services through paid consultation</td>
<td>• People with a learning disability or their carers are in paid, regular employment within the Trust. Their role may include co-trainers, patient support workers or others</td>
<td>• Single Equality Scheme</td>
</tr>
<tr>
<td></td>
<td>• Link or resource staff at Ward / Department level include medical staff/allied health professionals</td>
<td>• Shared pathways of care evidence good working with partner agencies and groups</td>
<td>• Partnership meeting minutes</td>
</tr>
<tr>
<td></td>
<td>• Non-Executive Champion</td>
<td>• Specific policies are developed with carers including family carers of people with Autistic Spectrum</td>
<td>• Executive Lead Job Description</td>
</tr>
</tbody>
</table>

5.3. Partnership Working takes place at all levels within the organisation.

- Evidence of partnership working across organisation boundaries
- Representation on relevant Partnership Boards and health subgroups
- Evidence of multiple agency health and social care system wide learning and collaboration
- List of partnership Board representation
- Minutes/Partnership Board minutes
- Staff feedback
- Partner agency feedback
<table>
<thead>
<tr>
<th>6. Organisational learning</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>Measures and suggested evidence</th>
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<tbody>
<tr>
<td>6.1. Hospital Trusts demonstrate learning from serious incidents, near misses and all deaths of people with a learning disability</td>
<td>• A system is in place for reporting and recording all deaths and Serious Incidents of people with a learning disability in hospital</td>
<td>• Revised hospital systems, protocols and care pathways are in place and demonstrate learning from Serious Incidents</td>
<td>• Evidence of learning shared across all departments and associated agencies</td>
<td>• Record of Serious Incidents outcomes</td>
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<tr>
<td></td>
<td>• Mortality review takes place</td>
<td>• Root cause analysis is carried out on incidents</td>
<td>• Root cause analysis is carried out on near misses, deaths and Serious Incidents</td>
<td>• Evidence of learning from Serious Incidents/near miss/death inquiry processes</td>
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<td>• Board awareness of deaths of all people with a learning disability</td>
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<td>6.2. Recording of and learning from other incidents involving people with a learning disability such as complaints /PALs feedback etc</td>
<td>• Hospital Trust incident reporting systems allows identification of incidents involving people with a learning disability including safeguarding alerts.</td>
<td>• All incidents involving people with a learning disability are collated and analysed bi-annually;</td>
<td>• Information gathered and analysed is included in Acute Liaison Nurse annual reporting and reported at the Hospital Trust Quality and Safety Committee or equivalent.</td>
<td>• System of Patient identification on incident reports</td>
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<td></td>
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<td>• Bi-annual report is produced for the Vulnerable Adult Board or equivalent.</td>
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<td>• Bi-annual Safeguarding reporting evidence</td>
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<td>• Evidence of inclusion on the Quality and Safety Committee agenda</td>
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<td>• Serious care Reviews/PALS feedback/complaint analysis</td>
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<td>• Training and workforce performance</td>
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<td>• Recording supporting and protecting whistle blowing</td>
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<td>• Real examples of service</td>
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<td>LEVEL 1</td>
<td>LEVEL 2</td>
<td>LEVEL 3</td>
<td>Measures and suggested evidence</td>
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<tr>
<td>7. Fundamental Care</td>
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<td>changes as a result of these</td>
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<tr>
<td>7.1. Patient safety issues are identified proactively and people with a learning disability receive a high standard of fundamental care</td>
<td>• Audit of fundamental care takes place in all clinical areas - i.e. Essence of Care</td>
<td>• Fundamental care audits include the views of people with learning disability and their carers</td>
<td>• Qualitative outcomes are defined within contracting processes - e.g. Commissioning for Quality and Innovation</td>
<td>• Evidence of learning from serious incidents</td>
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<tr>
<td></td>
<td>• Risk assessment of individual needs is carried out on admission for all people with a learning disability</td>
<td>• Care plans are in place and utilise assessment of risk to minimise risk of harm for all people with a learning disability</td>
<td>• 100% of all people with a learning disability are risk assessed</td>
<td>• Observations of delivery of care, approach to patients and customer focused care</td>
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<tr>
<td></td>
<td>• Nursing staff to ensure and record that dispensed medication is actually taken by the patient either by self administration observed by the nursing staff or by administration by the nurse</td>
<td>• Board level reporting of nursing metrics includes specific reference to the experience of people with a learning disability</td>
<td>• Board reports</td>
<td>• Feedback from people using the service and carers</td>
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<td>• Staff feedback</td>
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<td>• Board reports</td>
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<td>• Documentation of nutrition, hydration, pressure etc</td>
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<td></td>
<td>• Risk assessment for all people with learning disability to include epilepsy, dysphagia, pressure ulcers, choking, physical and emotional vulnerability, body weight, and use of side rooms, cot sides etc</td>
</tr>
</tbody>
</table>
Appendix 3

South West Review Team members for the Acute Hospital Review for people with a learning disability and their carers

This appendix sets out the membership of the review team for the acute hospital review for people with learning disability and their carers in Gloucestershire Hospitals NHS Foundation Trust.
## South West Acute Hospital Review-Learning Disabilities
Gloucester Hospitals NHS Foundation Trust
Review Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Details</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Appendix 4

South West Acute Trust Learning Disability Review

Steering Group

This appendix sets out the membership for the acute hospital review for people with a learning disability steering group
# NHS South West Acute Hospital Learning Disability Review

## Steering Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Organisation</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
Appendix 5

The Mencap Charter – Getting it Right

This appendix sets out the Mencap Charter which states the nine key activities that all healthcare professionals should make to ensure that there is equal access to health.
Mencap believes that:

- healthcare professionals need support, encouragement and guidance to make reasonable adjustments for patients with a learning disability

- members of the public should be given the tools to persuade health professionals and healthcare authorities to make adjustments and treat people with a learning disability equally

Mencap has worked with healthcare professionals and Royal Colleges to develop the **Getting it right charter**. The charter spells out the nine key activities that all healthcare professionals should make to ensure that there is equal access to health. Has your healthcare authority signed up yet?

---

**Getting it right charter**

*See the person, not the disability*

All people with a learning disability have an equal right to healthcare.
All healthcare professionals have a duty to make reasonable adjustments to the treatment they provide to people with a learning disability.
All healthcare professionals should provide a high standard of care and treatment and value the lives of people with a learning disability.

By signing this charter, we pledge to:

- [✓] make sure that hospital passports are available and used
- [✓] make sure that all our staff understand and apply the principles of mental capacity laws
- [✓] appoint a learning disability liaison nurse in our hospital(s)
- [✓] make sure every eligible person with a learning disability can have an annual health check
- [✓] provide ongoing learning disability awareness training for all staff
- [✓] listen to, respect and involve families and carers
- [✓] provide practical support and information to families and carers
- [✓] provide information that is accessible for people with a learning disability