

NHS South West – Acute Hospital – Learning Disability


Self Assessment Framework March 2011

Locality:

Date:

Person completing the form:


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.

| | LEVEL 1 | LEVEL 2 | LEVEL 3 |
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| 1. Information for people with a learning disability and their carers. | People with a learning disability and family carers, who use hospitals should have easy access to relevant information, prior to admission, during their stay and when going home. | | |
| <p>1.1</p> <p>All people with a learning disability, and their carers, have access to, and receive, information about their hospital stay, their health conditions and treatments.</p>  | <ul style="list-style-type: none"> The hospital provides accessible information via its website for people with a learning disability and their family carers <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Web links; Are people told about the hospital building and how to get there? Is this clearly explained? | <ul style="list-style-type: none"> All departments have access to a wide range of resources to help in the production of easy read documents/posters etc <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> The Trust has an Intranet website/shared drive where staff can access easy read materials and accessible communication resources | <ul style="list-style-type: none"> The Hospital website is specifically accessible to people with a learning disability Staff use recognised information tools to individualise information to the needs of each person with a learning disability. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Photo Symbols, Picture of Health , Surrey Communication book, Home Farm Trust DVD or similar resources |

Areas which correspond with Mencap Getting it Right charter are marked

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| 1.2 All people with a learning disability and their carers receive relevant information prior to admission whether it is planned, emergency or as outpatient | <ul style="list-style-type: none"> The pre-admission booklet includes specific information for people with a learning disability. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Communication between primary and secondary care Information available in GP surgeries; | <ul style="list-style-type: none"> There is an accessible, easy read version of pre-admission information available for people with a learning disability and their carers e.g. going into hospital booklet. Information is available for people with a learning disability admitted in the emergency department. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Going into hospital booklet - ensure general information is included including photos and names of staff whenever possible; Staff aware of information available in emergency departments; Agreed system for pre admission involvement of Community Learning Disability Team | <ul style="list-style-type: none"> There is evidence of systems in place which ensure that patients with a learning disability and family carers are identified and provided with relevant information prior to admission <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Learning Disability flagging systems, linked with appointments/admissions Customised templates Resource packs Intranet site System for flagging patients with a learning disability at point of referral |


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| <p>1.3</p> <p>Whilst in hospital accessible information about specific treatments and procedures are available to people with a learning disability and carers. In particular:</p> <ul style="list-style-type: none"> • Customised care plans • Passport • Complaints • Menus • Medication <p> <small>when treating people with a learning disability</small></p> | <ul style="list-style-type: none"> • Trust is developing, or has developed a communication policy/strategy or equivalent on using and producing accessible communication tools; • Accessible complaints forms are on all wards and in waiting rooms. • Individual care plan documents the need for accessible information, specific to the person concerned. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Communication Strategy and / or Policy with reference to resources • Case note audit demonstrates reference to accessible information in individual care plan • Accessible complaints forms and process | <ul style="list-style-type: none"> • People with a learning disability are involved in the development of accessible information across all departments • All departments have access to a wide range of resources e.g. Communication aids, Staff photo board etc; • Accessible information leaflets on conditions common to the department or area • Patient feedback processes are accessible to people with a learning disability i.e. patient survey, bedside comment cards <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • A range of accessible information leaflets are available in all departments. • Evidence of the involvement of people with a learning disability and carers in the development of accessible information for common procedures | <ul style="list-style-type: none"> • The hospital individualises information according to patient needs. • Photographs are available of hospital facilities, departments, staff and any other local variables • There is evidence that accessible information is being used to consider informed consent to treatment and capacity assessments. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Examples of accessible care plans within hospital records • Evidence of reporting feedback, compliments and complaints from people with a learning disability and their families/carers. • Action plan produced following patient /carer feedback and complaints • System in place to regularly |

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| | | | review and update available accessible information |
| <p>1.4</p> <p>When discharged from hospital patients and family carers are provided with accessible and timely information about medication, post operative care, new equipment, dressings, follow up appointments etc.</p> | <ul style="list-style-type: none"> • Accessible information is available or being developed for general medication groups. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Examples of accessible information sheets available for general medication groups and specific medications on request. | <ul style="list-style-type: none"> • Accessible information is available or being developed for specific, commonly used medications e.g. anti-convulsants. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Examples of accessible information sheets available for specific medication groups • Trust agreed action plan to produce clear accessible information with all dispensed medication | <ul style="list-style-type: none"> • The hospital produces accessible information about lesser used medications where necessary; • The hospital individualises information according to patient need. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Examples of accessible information sheets available for lesser used medications • Examples of personalised information tailored to the needs of individuals |
| <p>1.5 People with a learning disability and their carers receive appropriate information about nutrition and hydration during admission.</p> | <ul style="list-style-type: none"> • Safe swallow guidance, in appropriate formats, available for staff, people with a learning disability and carers; • Mental Capacity Act principles are considered with people with learning disability refusing to eat. <p><u>Suggested evidence</u></p> | <ul style="list-style-type: none"> • Patient food request cards are in an accessible format. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Accessible food request cards | <ul style="list-style-type: none"> • Staff from the wider multi-disciplinary team ie catering staff are involved in planning meals and giving information that meets the individual needs of patients <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Appropriate Speech and |

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| | <ul style="list-style-type: none"> • Safe swallow guidance | | language therapist/dietician involvement; <ul style="list-style-type: none"> • Best interest documentation or capacity assessments around nutrition or nutrition care plans. • Photographic food cards • Individual risk assessments are in place |
| 2. Reasonable adjustments and service delivery | Hospitals recognise and act upon the individuals needs of patents and family carers and provide services that are accessible and equitable | | |
| 2.1 People with a learning disability and their carers are identified prior to admission and during their stay. This includes elective cases and admission through Emergency departments. | <ul style="list-style-type: none"> • People with a learning disability and their carers are identified through an assessment process prior to, or on admission. This may include an electronic or manual flagging system. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • All departments can demonstrate they have flagging systems in place; • Patient passports with Red, Amber Green rating are in use and are easily identified within hospital notes | <ul style="list-style-type: none"> • An effective system in place to alert all staff to a learning disability carer status • Electronic system reaches all those who view records directly and includes clinical and wider support staff • Patient record is flagged to show the specific requirements of the individual and additional needs, including carer needs. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Flagging systems identify the reasonable adjustments required for individual patients | <ul style="list-style-type: none"> • An electronic flagging system in place across hospital • Flagging system alerts non clinical staff who do not have access to records – porters, hotel staff etc • Primary care/ GP and adult social care have an information sharing arrangement in place regarding patient identification • Families / carers are automatically linked with the liaison nurses prior to |

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| | | and carers; | admission e.g. in GP referral process for clinical appointments or admissions; <u>Suggested evidence</u> <ul style="list-style-type: none"> Repeated attendances trigger a locally agreed care pathway and response? |
| <p>2.2 The hospital employs a learning disability liaison nurse or equivalent.</p> <p>This would be a named individual in a designated role whose primary function is to support people with a learning disability through direct and indirect, means facilitating and embedding best practice at all levels</p>  | <ul style="list-style-type: none"> Support liaison pathway established with the local community learning disability service to support a person with a learning disability accessing hospital services. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> A Care Pathway is in place and is locally agreed that defines the role of Community Learning Disability Team nurses in supporting the hospital admission/discharge of patients with learning disabilities | <ul style="list-style-type: none"> Liaison healthcare practitioner supporting hospital but employed and funded through other NHS organisation; Signposting and use of link resources <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Evidence of service capacity being decided jointly with Commissioners | <ul style="list-style-type: none"> Liaison healthcare practitioner recruited and employed by the hospital trust The Job Description and lines of accountability demonstrate strategic as well as operational influence and working Systems in place to ensure liaison healthcare practitioner is covered at times of sickness, annual leave and out of hours. <p><u>Suggested evidence</u></p> |

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| | | | <ul style="list-style-type: none"> • Number of permanent whole time equivalent learning disability liaison practitioners employed by hospital trust • Systems in place, which ensures liaison nurse, cover for annual leave, sickness and out of hours. |
| 2.3 All hospitals can demonstrate that reasonable adjustments required for people with a learning disability are highlighted in their Single Equality Scheme and its associated action plan. | <ul style="list-style-type: none"> • 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 involved in the care of people with a learning disability <p><u>Suggested evidence</u></p> | <ul style="list-style-type: none"> • The Trust demonstrates complex reasonable adjustments being undertaken, i.e. multiple investigations arranged for the same day, first or last appointment etc. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Examples are provided of complex reasonable adjustments • Information from patient | <ul style="list-style-type: none"> • Annual reasonable adjustment audits • Patient records show any reasonable adjustments required. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Annual audit demonstrates reasonable adjustments; • Absence of any reasonable adjustments or any reasonable adjustment failures recorded in patient |

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| | <ul style="list-style-type: none"> • Single Equality Scheme Action Plan • Transport issues are considered. E.g. escort, access, cost • Copy of Single Equality Scheme; • Use of hospital passports/communication book etc | <p>feedback gives positive examples of reasonable adjustments</p> <ul style="list-style-type: none"> • Audit of recorded reasonable adjustments in patient notes | <p>notes;</p> <ul style="list-style-type: none"> • Outcomes of reasonable adjustments are recorded, monitored and reviewed. • Including evidence of reasonable adjustments to non clinical or non direct patient activities such as training to non clinical staff is evidenced |
| 2.4 People with a learning disability are discharged home timely and safely. | <ul style="list-style-type: none"> • Discharge planning is commenced on admission • The patient and family/carer are involved in the discharge planning process; • Risk assessment is completed before discharge and takes into account person centred plans and planning. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Risk assessments on discharge • Evidence of discharge planning meetings; • Audit of notes | <ul style="list-style-type: none"> • Complex discharge planning meetings include the patient or advocate, family carer, acute liaison nurse, Community Learning Disability Team staff, carer and significant others • Complex discharges are person centred and there are no delays because of funding disputes or other non-clinical reasons • The Acute Hospital Liaison Nurse has oversight of all discharges and associated planning. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Case studies evidence of multi | <ul style="list-style-type: none"> • Re-admissions and delayed discharges are counted and monitored with specific reference to learning disability. • Discharges to a social care environment are only actioned when there is evidence of competence to meet changed or additional need • Discharge follow up enables feedback from community services to facilitate learning through critical incident analysis <p><u>Suggested evidence</u></p> |

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| | | agency working to ensure a safe discharge; <ul style="list-style-type: none"> • Positive patient feedback • A discharge checklist and pathway | <ul style="list-style-type: none"> • Re-admissions rates monitored and reported • Where there is evidence that readmission is associated with previous approach to discharge this is actively considered in future discharge planning • Board Reports or equivalent • Critical incident analysis reports make recommendations that are acted on |
| 2.5 All areas in the hospitals are able to access staff members who have received training in communicating and health inequalities with people with a learning disability. | <ul style="list-style-type: none"> • Learning disability awareness training is included in induction and regular mandatory training and updates for some identified staff <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Groups of staff identified in training plan • Numbers of staff trained available • Front line staff feedback is | <ul style="list-style-type: none"> • Learning disability awareness training is included in induction and regular mandatory training and updates for <i>all</i> staff • This training includes Autistic Spectrum Disorder, Profound and Multiple Learning disabilities, Dual diagnosis, Mental Health and Dementia. • Identified link/resource staff members; • Electronic /paper resource packs; | <ul style="list-style-type: none"> • Training has been developed with family carers and people with a learning disability including Autistic Spectrum Disorder • Communication and awareness training is delivered by people with a learning disability and family carers <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Patient/carer involvement in |


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| | positive and evidences training in communication and awareness | <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> 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 access them? | development and delivery of staff training |
| 3. Involvement of people with a learning disability and their carers. | There is involvement of people with a learning disability, and family carers, in a range of activities, including information and communication, strategy and policy development, devising and delivering training, carrying out audits and the development of Easy Read information, that supports an improving patient experience and an increasing staff awareness of the needs of people with a learning disability. . | | |
| 3.1 People with a learning disability and their carers are involved from the pre-admission stage and through the whole patient journey | <ul style="list-style-type: none"> Carers and people with a learning disability are able to contact the named hospital learning disability lead prior to admission 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; There is a system/protocol in | <ul style="list-style-type: none"> Specific policies are developed with carers including family carers of people with Autistic Spectrum. Carers and people with learning disability are given a named contact person in the department they are due to be admitted to. <p><u>Suggested evidence</u></p> | <ul style="list-style-type: none"> 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. Regular positive feedback about involvement from patients and family carers |

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| | <p>place which provides access to funding for paid carers to provide additional care required when in hospital</p> <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Pre-Admission information pack with identified contact staff member; • Hospital learning disability protocol includes reference to pre-admission processes • Paid carer or additional support funding protocol in place | <ul style="list-style-type: none"> • Positive patient and carer feedback • Carers policy, protocol etc | <ul style="list-style-type: none"> • Systems in place to fund paid carers to provide additional care required when in hospital <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Patient and carer feedback and surveys • Risk, dependency and support assessment from the Home Farm Trust working together document • Paid carer or additional support funding protocol in place |
| <p>3.2 People with a learning disability and their carers have the opportunity to comment on their experience in hospital. Complaints, compliments and feedback forms are accessible and made available to people with a learning disability</p> | <ul style="list-style-type: none"> • Patients and carers comment on their experiences through accessible surveys or comment cards on at least a bi-annual basis • People with a learning disability and carers are encouraged to complain using accessible formats, advocacy etc. <p><u>Suggested evidence</u></p> | <ul style="list-style-type: none"> • All people with a learning disability, and their family carers are able to comment on their experience using an accessible feedback system at all times • Trust reports, inclusive of information from people with a learning disability, are published on patient experiences • Evidence of listening to patient /carer feedback and changes / development in practice is | <ul style="list-style-type: none"> • Protocols are in place to encourage representation of people with a learning disability and their family carers within Trust Boards, local groups and other relevant forums; • User and Carer views and interests are incorporated into planning and development of health |


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| | <ul style="list-style-type: none"> • Bi annual or more frequent survey reports • Evidence of treating carers with respect and as equal partners in care | <p>available.</p> <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Accessible Comments Cards available in all wards and departments • Feedback from carers • Carers survey • Newsletters | <p>services</p> <ul style="list-style-type: none"> • Patient feedback systems are accessible AND individualised <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Committee minutes • Trust Board minutes • Performance Boards |
| 3.3 Family carers and other care providers are involved as partners, planning the care of a patient with a learning disability where possible. | <ul style="list-style-type: none"> • Carers are consulted by the hospital about the specific requirements of the person with a learning disability, when appropriate • There is a hospital Carer Policy in place • People with a learning disability and carers are involved in care planning of patient nutrition whilst in hospital • Care Pathways for elective and emergency admission include discharge planning involving carers | <ul style="list-style-type: none"> • Clear trust protocols for provision of extra personal care, when this needed, avoiding unfair expectations on family carers and social care staff • Hospital policy states that, where possible, carers are involved in care decisions if the person with a learning disability agrees to 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 | <ul style="list-style-type: none"> • Family carers and social care support staff etc. are routinely involved in case conferences and ward rounds • Staff show a good understanding of carer needs and treat carers as equal partners • Staff awareness of the Carers Policy and it is fully implemented. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Evidence that Trust Carer Policy has been developed |

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| | <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Care pathways included reasonable adjustments and links to expertise available from specialist services within community and liaison team; Carers Policy Show how patient/carers are involved in care planning; | <p>agency general nurse.</p> <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Clear Trust protocols clarify boundaries between the carer supporting role and the responsibilities of nursing, medical and allied health professionals | <p>in partnership with carers</p> |
| 4. Capacity, Consent, Safeguarding and the Law | <p>Trusts will comply with the legal requirements of the Mental Capacity Act and demonstrate that processes are underpinned by Policy, with systems in place to assure themselves that the needs of patients and carers are being met in accordance with the Act.</p> <p>All staff can demonstrate knowledge and understanding of the specific needs of people with a learning disability and training records will demonstrate required attendance at training in the Mental Capacity Act, including Safeguarding and Deprivation of Liberty</p> | | |
| 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. | <ul style="list-style-type: none"> The Trust has a Mental Capacity Act Policy, Deprivation of Liberty Policy Training in the Mental Capacity Act including Deprivation of Liberty Safeguards Deprivation of Liberty Safeguards is included within Mandatory Training Programmes and for new | <ul style="list-style-type: none"> 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; | <ul style="list-style-type: none"> Trust Board are assured of compliance with training requirements for all staff Independent Mental Capacity Act provider annual report, to Trust Board, on performance related to Mental Capacity Act referrals |

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|  | <p>staff through Induction Programmes</p> <ul style="list-style-type: none"> • Training plans include a matrix that defines the type of training required by Staff Member <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Mental Capacity Act Policy • Staff knowledge of Mental Capacity Act • Training records | <ul style="list-style-type: none"> • There is evidence that the majority of all staff are up-to-date with training and have received a general level of training in Mental Capacity Act , including Deprivation of Liberty Safeguards • Mental Capacity Act protocols developed with carers of people with learning disability and Autistic Spectrum Disorder <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • 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; | <ul style="list-style-type: none"> • 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 gaining consent and assessing capacity for consent. • Carers seen as leaders and policy promoters. • Agreements in place for support from Community Learning Disability staff where complex best interest decisions required <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Staff evaluation of training • Independent Mental Capacity Advocate reports • Board reports/Meeting minutes |

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| <p>4.2 Training and education regarding learning disability, health inequalities and Mental Capacity is provided to <u>all</u> hospital staff.</p> <p> <small>when treating people with a learning disability</small></p> | <ul style="list-style-type: none"> • General understanding of Mental Capacity Act, including Deprivation of Liberty, Disability Discrimination Act and Human Rights training and awareness is delivered to all hospital staff at induction and is included in mandatory update training programmes <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Training includes all staff – i.e. administrative and domestic staff included; • Trust training records for mandatory and Link Practitioner training; • Staff knowledge about who the link practitioner is for specialist communication • Evidence of most staff i.e. more than 50% being compliant with attendance at induction and mandatory training; • Learning from complaints incorporated into training. | <ul style="list-style-type: none"> • Training courses specific to learning disability and associated health issues are available both in-house and externally to hospital staff • Training also covers particular issues faced by Autistic Spectrum, profound and multiple disabilities, older adults with learning disability and older carers • 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 <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Numbers/percentage of staff trained including breakdown by | <p>Training records show targets and record frequency and delivery of relevant training</p> <p>People with a learning disability and carers are actively involved in delivering training.</p> <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Content of training courses • Frequency of training courses • Training programme/plan ; • Patient carer feedback • Patient/carer involvement in staff training ; • Are there training standards/benchmarks in place and evidence that this is applied? |

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| | | <p>type/profession and type of training and demonstrates compliance i.e. more than 75%</p> <ul style="list-style-type: none"> • Staff knowledge about other aspects of learning disability including autistic spectrum, dementia etc. or where to go to for specialist advice | |
| <p>4.3 Do not Resuscitate orders are Best Interest decisions and not Quality of Life decisions for people with a learning disability.</p> | <ul style="list-style-type: none"> • 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. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Policy • Record / Number of Best interest meetings with reference to resuscitation discussions | <ul style="list-style-type: none"> • Completed Do not Resuscitate orders involve significant others for people with learning disability that lack capacity i.e. Independent Mental Capacity Advocate. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Carers feedback • Do Not Resuscitate Policy • Record of outcomes from Best Interest Meetings | <ul style="list-style-type: none"> • Mortality audits including a focus on Do not Resuscitate; <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Mortality audits reports • End of life plans are supported/ provided by the hospital and evidenced / referred to in care plans • Action plans generated from Mortality reports. |
| <p>4.4 Advocacy services are available for people with a learning disability who are admitted to hospital.</p> | <ul style="list-style-type: none"> • Advocates are available for all people with a learning disability that want or require one; • Advocacy is explicitly defined within the Hospital Trust Learning | <ul style="list-style-type: none"> • Local advocacy services contact details are available in all departments and included in all pre admission documentation <p><u>Suggested evidence</u></p> | <ul style="list-style-type: none"> • Advocacy provider produces annual report on the themes and issues available to the Trust Board, on performance related to referrals |

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| | Disability Protocol. <u>Suggested evidence</u> <ul style="list-style-type: none"> Trust Learning Disability Protocol. | <ul style="list-style-type: none"> Evidence of an advocacy contract | <u>Suggested evidence</u> <ul style="list-style-type: none"> Copies of annual report Advocacy involvement and outcomes are audited |
| 5. Leadership and Management | The care of people with a learning disability and their family carers is championed at Trust Board level and systems and processes are embedded within the leadership and management of the Trust. The commitment to improving outcomes for people with a learning disability in patient safety, effectiveness and experience will be defined within a strategy and progress measured against those outcomes on an annual basis. | | |
| 5.1 There is clearly identifiable Board engagement in embedding a learning disability strategy | <ul style="list-style-type: none"> A learning disability strategy has been developed and ratified by the Board Learning disability strategy is widely available within the Trust <u>Suggested evidence</u> <ul style="list-style-type: none"> Evidence of Champion and links Learning Disability Strategy Job Descriptions Trust has signed up to the Getting it Right Mencap Charter | <ul style="list-style-type: none"> The strategy has been agreed at Trust Board and a Senior Trust board executive is identified as being responsible for the learning disability strategy The strategy determines workforce requirements including specific roles and responsibilities and evidence demonstrate that these are understood and either in place or planned Key staff in leadership positions are aware of the strategy and its purpose <u>Suggested evidence</u> | <ul style="list-style-type: none"> An action plan is in place with strategic aims with implementation deadlines clearly defined and being met Progress on the action plan is monitored by the Trust Board Outcomes of action plan are identified Most staff are aware of the strategy and its purpose A commissioning plan is in place which follows Department of Health guidance for people with a learning disability in acute hospitals |

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| | | <ul style="list-style-type: none"> • Meeting minutes • Trust Board minutes • Patient /carer feedback | <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Action Plan • Staff feedback • What has really been done and how much has the strategy been embedded into the ethos and attitudes of the Board and devolved to all staff? |
| 5.2 Learning disability care is embedded within the leadership and management structure of the organisation | <ul style="list-style-type: none"> • Lead champions working across the organisation • Link or resource staff at ward / department level include medical staff/allied health professionals <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Partnership meeting minutes • % of units with designated champion | <ul style="list-style-type: none"> • Single equality scheme shows evidence of actions that relate to improving health outcomes, reducing inequalities for people with a learning disability and their carers • People with a learning disability and carers are involved in evaluation of Trust services through paid consultation <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Strategy / Policy documents • Partnership meeting minutes | <ul style="list-style-type: none"> • Non-Executive Champion, Senior manager champion reports to executive • Non executive and senior champion have regular contact with learning disability user groups • Learning disability regularly timetabled on board meeting agendas • Monitoring of complaints is seen as a strategic responsibility • People with a learning disability or their carers are in paid, regular employment within the Trust. Their role may include co- trainers, |

| | LEVEL 1 | LEVEL 2 | LEVEL 3 |
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| | | <ul style="list-style-type: none"> Evidence of family carer involvement in Trust developments and consultation | <ul style="list-style-type: none"> patient support workers or others People with learning disabilities involved in the recruitment of liaison nurses Shared pathways of care evidence good working with partner agencies and groups <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Minutes from Trust Board meetings Evidence of ward to board ownership, learning, implementation and outcomes Complaints monitoring process. % of units with designated champion on each shift |
| <p>5.3</p> <p>Partnership Working takes place at all levels</p> <ul style="list-style-type: none"> Partners include GP consortia, | <ul style="list-style-type: none"> Evidence of partnership working across organisation boundaries. <p><u>Suggested evidence</u></p> | <ul style="list-style-type: none"> Representation on relevant Partnership Boards and health subgroups. <p><u>Suggested evidence</u></p> | <ul style="list-style-type: none"> Evidence of multiple agency health and social care system wide learning and collaboration. |

| | LEVEL 1 | LEVEL 2 | LEVEL 3 |
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| Social Care , providers, Voluntary/Community sector, Advocacy services, User led organisations , carer groups etc | <ul style="list-style-type: none"> Staff feedback | <ul style="list-style-type: none"> Minutes/Partnership Board minutes List of partnership Board representation Community Learning Disability partnership working agreement | <u>Suggested evidence</u> <ul style="list-style-type: none"> Partner agency feedback Sharing of information agreements Access to cross agency IT systems. |
| 6. Organisational learning | The safety and effectiveness of care for people with a learning disability is routinely monitored and evaluated. Lessons are learned when things go wrong and improvement in treatment and care can be demonstrated | | |
| 6.1 Hospital Trust demonstrates learning from serious incidents, near misses and all deaths of people with a learning disability. | <ul style="list-style-type: none"> A system is in place for identifying, reporting and recording all deaths and incidents involving people with a learning disability in hospital; <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Mortality review takes place. Record of Serious Incidents outcomes. Incident reporting system includes coding for learning disability. | <ul style="list-style-type: none"> Revised hospital systems, protocols and care pathways are in place and demonstrate learning from Serious Incidents; Root cause analysis is carried out on all serious incidents involving people with a learning disability All incidents involving people with a learning disability are collated and analysed bi-annually <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Evidence of learning from Serious Incidents / near misses / death inquiry processes | <ul style="list-style-type: none"> Evidence of learning shared across all departments and associated agencies Root cause analysis is carried out on near misses, deaths and incidents Information gathered and analysed from near misses, deaths and Serious Incidents is included in: <ul style="list-style-type: none"> Acute Liaison Nurse annual reporting Reported at the Hospital Trust Quality and Safety Committee or equivalent system in Shared learning with peer |

Areas which correspond with Mencap Getting it Right charter are marked

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| | | | <p>organisations , neighbouring hospitals, networks etc using the above</p> <ul style="list-style-type: none"> Regular attendance at A2A acute network <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Board awareness of deaths of all people with a learning disability |
| <p>6.2 Recording of and learning from other incidents involving people with a learning disability such as complaints. Patient Advice and Liaison Service feedback etc.</p> | <ul style="list-style-type: none"> Hospital Trust complaints and concerns reporting systems identify incidents involving people with a learning disability including safeguarding alerts <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Recording supporting and protecting whistle blowing; Bi-annual Safeguarding reporting evidence; Training and workforce performance; | <ul style="list-style-type: none"> All complaints and concerns involving people with a learning disability are collated and analysed bi-annually; Bi-annual report is produced for the Vulnerable Adult Board or equivalent. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> System of patients with a learning disability identification on incident reports Serious case reviews /Patient Advice and Liaison Service feedback/complaint analysis | <ul style="list-style-type: none"> Actions related to resolving complaints are regularly reported on at the appropriate senior board meeting Information gathered and analysed from complaints and concerns is included in Acute Liaison Nurse annual reporting and reported at the Hospital Trust Quality and Safety Committee or equivalent. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> Real examples of service changes as a result of these. Board minutes |

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| | | | <ul style="list-style-type: none"> Evidence of inclusion on the Quality and Safety Committee agenda |
| 7. Fundamental Care | All patients are entitled to the highest standards of physical and emotional care throughout their stay in hospital undertaken in a clean and safe environment. | | |

Areas which correspond with Mencap Getting it Right charter are marked



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| <p>7.1 Patient safety issues are identified proactively and people with learning disability receive a high standard of fundamental care and reasonably adjusted where appropriate particularly in the areas of:</p> <ul style="list-style-type: none"> • Dignity and privacy • Communication • Nutrition • Hydration • Pressure relief • Infection control • Falls prevention • Continence • Pain management • Oral hygiene | <ul style="list-style-type: none"> • Audit of fundamental care takes place in all clinical areas- i.e. Essence of Care • Risk assessment of individual needs is carried out on admission for all people with a learning disability • Risk assessment for all people with a learning disability includes epilepsy, dysphasia, pressure ulcers, choking, physical and emotional vulnerability, body weight, and use of side rooms, cot sides etc <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Observations of delivery of care, approach to patients and customer focused care • Staff feedback • Documentation of nutrition, hydration, pressure etc. • Evidence of pain assessment tools in hospital records | <ul style="list-style-type: none"> • Fundamental care audits include the views of people with a learning disability and their carers • Care plans are in place and utilise assessment of risk to minimise risk of harm for all people with a learning disability <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Feedback from people using the service and carers | <ul style="list-style-type: none"> • Qualitative outcomes are defined within contracting processes - e.g. Commissioning for Quality and Innovation • 100% of all people with a learning disability are risk assessed • Board level reporting of fundamental care indicators includes specific reference to the experience of people with a learning disability • Reasonable adjustments in regard to specific fundamental care areas are identified and reported on • National Patient Safety Agency guidance on safe swallow for people with a learning disability is incorporated into Trust safe swallow guidance. <p><u>Suggested evidence</u></p> <ul style="list-style-type: none"> • Board reports • Evidence of learning from |

Areas which correspond with Mencap Getting it Right charter are marked

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| | | | serious incidents |

Areas which correspond with Mencap Getting it Right charter are marked

