Trust Standard Operating Procedure

University Hospitals Plymouth NHS Trust

Managing the care needs of people with a learning disability in the Acute Hospital setting

Issue Date	Review Date	Version
August 2021	August 2022	7

Purpose

This Standard Operating procedure (SOP) provides guidelines for clinical staff, managers and the Learning Disabilities (LD) Liaison team for the expected standards to manage the care of adult patients who have learning disabilities, as they attend or are admitted to hospital.

The joint working practices and procedures apply to all adult patients in hospital who have Learning Disabilities, irrespective of their place of residence. The philosophy of care is for equality of access to services, treatments and clinical care, taking into account the specific needs of individuals

Who should read this document?

All staff working in clinical areas and patient safety

Key Messages

Whenever possible the care of adult patients with learning disabilities must be well planned and co-ordinated and involve the patient, their family, carers, community services and care providers.

The LD Liaison (LDL) Team must be notified of all patients with learning disabilities and be involved in the facilitation of Treatment Escalation Plan discussions and the care planning of patients with complex needs

All staff need to be aware and implement reasonable adjustments on an individual basis to ensure timely diagnosis and treatment

Information regarding the patient's needs should be gleaned before hospital admission/attendance and outpatient appointments wherever possible.

Information from the Hospital Passport and reasonable risk assessment tool should be used to inform the patient's care plan in hospital.

Transfers between wards must be kept to a minimum and only be considered where clinically necessary for the patient. Any such ward transfers must be carefully planned and not undertaken late at night.

Planning for discharge should commence at pre-assessment for elective admissions and commence on admission for emergency admissions.

For patients at the very End Of Life (EOL) in hospital, consideration will be given to the use of the EOL/last days Care Plan. Decisions must involve the Learning Disabilities Liaison team unless decisions are made urgently out-of-hours.

For patients who lack Mental Capacity to consent to decisions must follow Best Interest principles and be fully documented.

Core accountabilities	
Owner	Learning Disabilities Liaison Team Leader
Review	Safeguarding Steering group
Ratification	Chief Nurse & Director of Integrated Clinical Professions
Dissemination	Learning Disabilities Liaison team and Heads of departments/Matrons
Compliance	Trust Wide
Links to other policies and procedures	

- Joint protocol for the care and transfer for adults with mental health needs
- Adults at Risk Policy
- Consent to examination and treatment policy
- Guidance on the use of Restraining Therapies within the acute hospital setting
- Mental Capacity Act and Deprivation of Liberty Policy
- Clinical handover of care and internal transfer of adults Standing Operating procedure
- Procedure for Assessing and Managing Health and Safety Risks
- Tool for Assessing Risk in the Workplace.
- Incident Management Standard Operating Procedure
- Moving and Handling Standard Operating Procedure
- Workforce Induction and Training Policy
- Carers Policy
- Enhanced Observation Policy (Funding of 1:1 support)
- Transitions Policy

Version History

1.0	December 2009	Developed joint protocol
2.0	July 2013	Revised SOP following internal and external review of original protocol
3.0	May/June 2016	Internal Review
4.0	March 2017	Full review
5.0	September 2018	Updated
6.0	April 2019	Full Review
7.0	August 2021	Updated

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities

Note for Document Authors

Red text – Indicates assistance with content of the section.

Black text – Standard text that relates to all formal documents and can be left in situ.

Plymouth Hospitals NHS
NHS Trust

Standard Operating Procedure (SOP)

Managing the care needs of people with a learning disability in the Acute Hospital setting.

1 Summary Chart for Inpatient Admissions and Introduction

Alerting

All patients with LD to be altered on RAPA and IPMS once known by LDL team. LD team to check LD diagnosis if alerted by another service line with the relevant LD community team or GP and report back to ward, update systems accordingly.

Ward staff to inform LDL team of any patients who they think may have an LD but not alerted on IPMS or SALUS. LD team to check LD diagnosis with community team, arrange for LD nurse to review if not clear, record outcome on IPMS or RAPA and inform ward.

Staff to alert LDL team if issues arise and initial first visit is needed more urgently

Assess/ Review

LDL team to review all RAPA alert emails every morning and update SALUS LD and HP (Hospital Passport) attributes accordingly

LDL nurse to arrange to visit any new patients within agreed time frame of 24-48hrs after admission (however this is expected to be on the same day of admission) and prioritise all other in patients who need a review (Not all patients will need to be seen daily)

Ward staff to check LD and hospital passport (HP) attribute status and call LDL team if a review is needed sooner or urgently, especially in regards to restraints, 1:1 supervision, MCA and Deprivation of liberty issues/policy implementation, SGA alerts or Non-compliance or distressed behaviours.

On review by LDL nurse LDL a care plan (sticker) to be completed and placed in nursing notes; any additional notes to be put in medical or nursing notes depending on nature of information. Check the location of HP this should be in the bed notes. Check a complex discharge referral has been sent; Attributes to be updated by LDL team accordingly.

The ward nurse must take time to read reasonable adjustment (RA) risk assessment tool, sign it and read HP then update the ward care plan accordingly. Inform the senior nurse of any issues i.e. family staying/complaints, funding 1:1, concerns with compliance etc. Ensure all information including RA and HP is handed over on shift change or ward transfer.

The senior nurse must ensure bed moves are kept to a minimum based on clinical need only and before 10pm, and that LD outliers are chased up daily with the bed manager and are reviewed by appropriate medical team, any issues identified must be escalated to the Matron or on-call 355

Medical, Clinical team and LD team must liaise regularly with patients and families to support with understanding of investigation/treatment plans and capacity to gain consent to any plans. Easy read pictures and communication book to be used to aid understanding.

Discharge

Patient to be identified on admission with support from LD team if a complex discharge is likely.

Ward nurse must follow the complex discharge process and refer using the ‘Data Forms’ section on SALUS

Complex Discharge team must contact the LD team to further discuss and plan for discharge needs. Regular communication including updates between the ward and LD team are vital.

Capacity regarding discharge needs to be ascertained as early as possible so that pre discharge meetings or best interest meetings can be arranged in a timely way. LD team must be invited to any meetings concerning patient’s with LD.

For noncomplex discharges meetings may still be needed to ensure good handover of care and patient may need an easy read discharge plan. Ward staff must invite LD nurse to any meetings, or request them to review any patient’s being discharge if ward staff have or the patients families/cares express concerns about discharge.

This Standard Operating procedure (SOP) provides guidance for all clinical staff, managers and the Learning Disabilities Liaison team for the expected standards to manage the care of adult patients who have learning disabilities, as they attend or are admitted to hospital. The working practices and procedures apply to all patients in hospital who have Learning Disabilities, irrespective of their place of residence.

Patients with learning disabilities are likely to have additional needs, sometimes complex, which may impact on their clinical condition and access to investigations or treatment. These may include:

- communication needs
- consent to treatment issues
- need for specialist equipment
- need for specialist assessments (e.g. Speech & language, dietetics)
- complex discharge needs
- challenging behaviours.

Use of this SOP must always take account of the requirements of the Equality Duty Act (2010). The basic principle of health services is equal access for all according to need. Healthcare is provided to a range of 'groups' who have different needs, and will use services differently, but need to be able to access the same level of care as the general population.

The Trust must ensure that people with Learning Disabilities have equal access to all Trust services to deliver effective, safe and timely diagnosis and treatment. Sections 20 and 21 of the Equality Act 2010 require those to whom the provisions apply, including employers, service providers, educational institutions, transport providers, and sports bodies, to "take such steps as it is reasonable to have to take" to avoid putting disabled people at "a substantial disadvantage". Failure to comply with this duty is a form of discrimination.
In general, the duty to make reasonable adjustments requires the taking of "such steps as it is reasonable to have to take" to avoid a disabled person being put at a "substantial disadvantage" by any of the following:

- A "provision, criterion or practice". This could be, for example, adjusting a uniform or dress policy to accommodate different impairment types.
- A physical feature. This could include, for example, steps, parking areas, signage, floor covering, furniture and toilets or washing facilities.
- Lack of an auxiliary aid or service. Examples here are providing a specialist piece of equipment, a videophone, or a sign language interpreter.
- Adjustments under a) or c) could include making information available in an accessible format. It is not permissible to pass the costs of making an adjustment on to the disabled person.

2 Definitions

Learning disabilities are defined as lifelong conditions, with an onset before adulthood, which are neither illness nor disease. Learning disability is defined as;

1. Significant reduced ability to understand new or complex information, to learn new skills (impairment of intelligence, usually within IQ of less than 70)

WITH

2. Reduced ability to cope independently (impaired social functioning)

(Valuing people, A new Strategy for learning Disability in the 21st Century, Department of Health 2001)

3 Regulatory Background

The most relevant report is the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (2013) which aimed to describe the factors in NHS hospitals that promote or compromise a safe environment for patients with learning disabilities. In the light of national recommendations that hospitals should: identify patients with learning disabilities; provide reasonably adjusted services; involve carers as partners in care and include patient and carer views in service development. Examples of good practice were not consistently seen hospital-wide.

The most common safety issues were delays and omissions of treatment and basic care. The main barriers to better and safer care were a lack of effective flagging systems, leading to a failure to identify patients with learning disabilities within hospitals; lack of staff understanding of learning disability issues; lack of effective carer involvement and staff misunderstanding of the carer role; and lack of clear lines of responsibility and accountability for the care of each patient with learning disabilities. The main facilitators of better care were learning disability liaison nurses (LDLNs) and ward managers.

Mencap has launched its *Treat me well* campaign (2018). This campaign aims to transform how the NHS treats people with a learning disability. It is focused on finding solutions to healthcare inequalities in hospitals, and bringing about practical changes, so people with a learning disability always get the treatment they need and the equal access to healthcare they deserve by making reasonable adjustments (RA).

The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives. On their first annual report (2017) identified that 1,311 deaths were notified to the LeDeR programme. They reported that:

1. The proportion of people with learning disabilities who died in hospital was greater (64%) than the proportion of hospital deaths in the general population (47%).
2. Younger people with learning disabilities were more likely to die in hospital than were older people (76% of those under 24 years of age compared with 63% of those aged 65 and over); those with profound or multiple learning disabilities were more likely to die in hospital (71%) than other people with learning disabilities (59%).
3. The median age at death of people with learning disabilities (aged four years and over) was 58 years (range 4-97 years). For males it was 59; for females 56.
4. Almost a third of the deaths (31%) had an underlying cause related to diseases of the respiratory system. The second most common category of deaths was of diseases of the circulatory system (16%). Analysis of the individual ICD-10 codes of reported underlying causes of death indicates a significant proportion of deaths from pneumonia (16%) and aspiration pneumonia (9%).

From the 103 completed reviews, there were 189 learning points or recommendations identified. The most commonly reported learning and recommendations were made in relation to the need for: Inter-agency collaboration and communication; awareness of the needs of people with learning disabilities; the understanding and application of the Mental Capacity Act (MCA).

The fourth annual LeDeR report covers the period 1 July 2016 up to the 31st December 2019, with a particular focus on deaths in 2019 is now available here. There is also an update on the LeDeR national programme itself and the new LeDeR national policy (March 2021) can be found here. More details on this and what is happening locally in Devon are surmised in the Trust annual LD Mortality Repot for 2020. Key learning from Devon CCG is:

1) MCA processes are not always followed, in particular the holding of best interest meetings or commutating decisions to/with family or people who know them best.
2) Communication between services, in particular referrals for support to the LD Team from medical consultants.
3) EOL care processes, for example more extensive EOL care medication could have been given.

In June 2018 NHS improvement published the first Learning Disability Improvement Standards for NHS trusts. The standards are intended to help organisations measure the quality of service they provide to people with learning disabilities, autism or both. There are four main standards, which include:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism or both)

A toolkit based on these standards called 'reducing preventable deaths: self-improvement tool' has been developed. The tool aims to support Trusts in taking action to reduce potentially preventable deaths of people with learning disabilities whilst in receipt of their services by:

- Examining current structures and processes relating to service provision;
- Considering the likelihood of current plans delivering improvements within the next 12 months;
- Providing and analysis of those areas where further action is required and
- Supporting the development of local improvement action plan

The Trusts LD RA charter has 72 departments (or wards) that have been identified as needing to sign up to or have already signed up to the charter. We are actively monitoring the progress and sustainability of compliance towards the 10 key recommended RA's (See Annex 7). Examples of evidence that can be given are:

- Promoting and attending Tier 2-3 training or requesting a bespoke session for their area
- Named link practitioners in place to tie in with the LDL Team
- Purchased a communication box from PALS
- Worked with our Independent Advocate to create easy read materials for their areas
- Were actively working on any other 2+ reasonable adjustments in their areas

A visual live evidence matrix will be manged by the LDL Team. They will collate information quarterly (as per link practitioner meetings) from the link practitioners/ward managers on RA's being made or sustained in their areas. One of the below four colours will be awarded:

Gold – Making or sustaining 4 or more of the RA's.
Green - Making or sustaining 2 or more of the RA's.
Yellow – Link Practitioner identified.
Red – No evidence of Link practitioner in place or other RA's made.

4 Key Duties

4.1 Trust Board

- Board Members are required to give assurance that standards are being met for patients with Learning Disabilities in hospital–ensuring that policies, procedures and services are compliant with legislation, national guidance and relevant standards

- Overall responsibility for the standards of patient care in hospital
- Overall responsibility for the safe clinical environment in which care is delivered.

4.2 Matrons/Heads of Service

- Are overall responsible for ensuring that all staff in their wards/departments are aware of this SOP and the necessary joint working required to appropriately support people with Learning Disabilities receiving services the Trust
- On request review any patient in their service who has Learning Disabilities and has formally complained to the ward manager without good effect–to ensure that appropriate risk assessment, care planning and communications have been put in place to promote optimum care and support for individuals and their carers
- Ensure all ward/department managers fulfil responsibilities for patient care, risk assessment and staff mandatory training
- On request review with ward/department managers/clinical teams the care of any individual with Learning Disabilities-ensuring that patients are not moved around the hospital unless there is a clinical need to do so; any ward transfers must be carefully planned with carer or LDL team input and not undertaken after nine pm.

4.3 Ward/Department Managers or Senior Nurse on Duty

- When required are responsible for ensuring the care of people with Learning Disabilities is appropriate in terms of mental capacity assessments, care planning, reasonable adjustments and communication.
- Ensure that patients with Learning Disabilities are identified within the clinical team via the SALUS attribute system and alerted to the Learning Disabilities Liaison team on admission.
- Ensure that staff are aware of:
    - This SOP
    - That the Hospital Communication book and the Hospital Passport for people with Learning Disabilities are available for download from the UHP website
    - The LDL nursing care plan sticker
    - The reasonable adjustment risk assessment tool which must be used to inform the ward core care plans.
- Maintain high standards of patient care for people with Learning Disabilities, their carer's and families. On direction from LDL Nurse Lead to undertake audit of patient care to gain assurance of standards within clinical team.
- If a patient has no one they know, no next of kin or they are not contactable ensure staff know how to refer to local advocacy services including an Independent mental capacity advocate (IMCA) as per Trust MCA policy.
- Be available and open to receive formal verbal complaints, Datix complaints and try to resolve issues in the first instance, involve LDL Nurse Lead or specialist nurse when needed.
- Support ward staff appropriately to facilitate multi-disciplinary/multi-agency case conference/meetings, to fully plan care for people with Learning Disabilities with high

complex needs; following principles of Mental Capacity act with Best Interest decisions for those who lack mental capacity.

- Be assured that that ward staff will complete a thorough discharge process and a plan is put in place for all patients with Learning Disabilities.

- Be assured that communication regarding discharge will be clearly recorded and communicated with the individual, care providers, community teams and family carers.

- Support Link staff with Learning Disabilities role- to attend link meetings, promote and raise awareness of needs of people with Learning Disabilities and ensure appropriate, reasonable adjustments are made. When requested ensure that evidence of this is provided to the LDL service manager to input into the RA evidence matrix. All areas will aim for at least a Green status.

- As needed, responsible for overseeing the agreements if extra 1:1 support is needed and confirm funding is available with the LDL service manager so that invoicing arrangements can be made.

4.5 All Clinical Staff

- Identify LD attribute from SALUS PCM screens and ask patient for hospital passport, if a patient is not alerted but LD is stated or suspected contact the LDL team.

- If a person has a hospital passport turn the HP Attribute to Green, if not leave it red.

- Ensure appropriate care plans are in place for any patient with Learning Disabilities, making reasonable adjustments based on the reasonable adjustment risk assessment tool to standardised care plans, care pathways or clinical protocols, to meet the complex needs of individuals.

- Undertake timely and regular risk assessments/reviews of patients, ensuring complete and timely records of all care.

- Consider the needs of individuals as presented through the Hospital Passport and information from formal Carers or family carers. This must be evidenced in the care plan or nursing record. Identify and agree any care more appropriate to be delivered by known carers/family whilst patient in hospital.

- Support carers and/or family in the delivery of care; ensuring that they are given regular breaks, information, feedback from clinical investigations and care decisions as per the Trust Carers carer's policy.

- Ensure patients and relatives are made aware of any risks in hospital, plans for investigation/treatment and discharge.

- Work in a multi-professional way to promote patient independence and maintain abilities with activities of daily living.

- Be aware of and actively use the principles of the Mental Capacity Act (MCA) in decision making.

- If a person lacks capacity to be in hospital consider an urgent Deprivation of Liberty Safeguard (DoLS) request as per Trust policy if the patient is not free to leave.

- Use appropriate patient preference of equipment/communication aids to support care, record this and share to promote patient safety and communication.

- Escalate any concerns regarding patient care to Learning Disabilities Liaison team and/or Matron, or on-call 355.

- Ensure any incidents including DoLS and safeguarding are reported to the Local Authority and if needed via the Datix system ticking the learning disability option in the patient information section.

- Ensure appropriate people are involved or advised of discharge plans at the earliest convenience.

- Ensure robust handover of care for people with LD returning to ward transfers or residential or home environment and record this.

- Ensure patients dignity on discharge in that they are appropriately presented and clothed.

The clinical team should hold regular discussions with the patient and family/carers to ensure effective mutual understanding through involvement in care planning. The agreements in this discussion should be comprehensively documented in the patient record. Regular contact with the patient's family or people who know them best must be maintained, so that they can be involved and informed of decisions for investigations, treatment and discharge. Where necessary, for long-distant family members, a Password should be agreed to allow telephone discussions. If there is no-one on record or contactable considering advocacy services including an Independent mental capacity advocate (IMCA) as per Trust MCA policy.

4.4 The Learning Disabilities Liaison (LDL) team

The role of the Learning Disabilities Liaison (LDL) team is to facilitate and support to co-ordinate the meeting of individual healthcare needs for people with LD; supporting clinical teams to best meet the needs of individuals with complex needs. This involves liaising with the community learning disability teams, community providers, families and acute hospital clinical services. To effectively co-ordinate and priorities referrals of people with LD into the LDL team, to arrange support, plan and aid treatment delivery.

The Learning Disabilities Liaison team will review every patient with LD admitted to hospital using LDL care plan sticker (see Appendix 1) to:

- Check and ensure people with a Learning disability are appropriately alerted on IPMS, RAPA caseload, so that any attendance, admission or transfer in hospital will be alerted to the LDL team via electronic messaging and can be seen on SALUS Patient Care Management system on the wards via automated attributes: LD (learning disability) and HP (hospital passport) and in their medical notes using the LDL alert sticker
- Complete the Reasonable Adjustment Risk assessment tool and sticker (See Annex 2) – and inclusion of Hospital Passport information to enable personalised care, patient choice, effective and safe care. Place sticker in the ward risk assessment booklet page 20. If a person does not require one this must be stated on the page, signed and dated by the LDL nurse
- Identification of and planning for complex needs; the team will prioritise their workload on those individuals with the most complex needs
- Support with or advise with clinical decision-making; including use of Mental Capacity act where necessary; and support with the co-ordination of Best Interest meetings or other consent issues

- Support with agreeing appropriate use of the Safeguarding Policy, Supervisions Policy, Restraining Therapies care plan and/or application for Deprivation of Liberty Safeguards, where the care plan restricts a patient's freedom
- Check Reasonable adjustments are made and reviewed to best meet patient's individual needs
- Support wards staff to involve carers and families in this process and identifying their needs in their caring role whilst in hospital as per carers Trust Policy
- Have regular contact and communication with the family and/or formal carers to discuss needs and check understanding/knowledge of care/investigations needed and treatment plans in place
- Promote appropriate involvement of family/carers/providers in agreeing and provision of 1:1 support as per Trust enhanced observation Policy and Nursing Safer Staffing Escalation Standard Operating Procedure
- Promote and support ward with early discharge planning, with involvement of community teams as needed
- In liaison with the safeguarding team, provide support and give advice regarding Safeguarding issues/concerns specifically for Learning Disability patients; ensure appropriate Alerts are made to the Local Authority where necessary
- Where necessary arrange for appropriate advocate for users with Learning Disabilities, give advice on the need for a referral to Independent Mental Capacity advocate for those individuals who lack mental capacity who have no next of kin, carers who know them well or who are befriended.

<u>Development of effective working relationships, including communication/information</u>

- Raise the profile of the health care needs of people with a Learning Disabilities across the acute hospital services; bridging the gap between acute clinical care areas, community services and primary care to enable better communications and access to healthcare.

- Promote the Learning Disabilities Liaison team role within all clinical areas across Acute/PHT, networking with other healthcare settings, community hospitals within Plymouth/Cornwall/Devon.

- Actively promote the Acute Learning Disabilities Liaison Team role to service users (easy read information leaflet for the team to be available), families and carers and other professionals and developing and maintaining networks with partners in primary, community and learning disability services.

- Contribute to the development of healthcare information and resources in accessible formats for service users and their families/carers.

- Develop constructive relationships by attending and contributing specialist knowledge to case conferences/clinical meetings and discharge planning meetings, and to make referrals direct to the Local Authority (Social Care)/other agencies as required.

- Liaise with relevant voluntary services within the community.

- To assist clinical specialities and others in providing information so that the health needs of people with Learning Disabilities are reflected within Acute/UHP priorities, ensuring that the delivery on National Service Frameworks, Monitors national Framework, Learning Disability Improvement Standards for NHS trusts and CQC standards, local implementation strategies, local care pathways, are inclusive of their needs.

- Identify existing/potential barriers in accessing acute services for people with a learning disability and promote initiatives to overcome these barriers including developing specific care pathways.

- Support and enable Acute/UHP services to make 'reasonable adjustments' within their care delivery for people with learning disabilities.

- Develop suitable information systems to monitor and report on clinical activity and of the LD Liaison team, to ensure compliance with national standards and local action plans.

Ensure the service adheres to legislation requirements and national standards

- Review and monitor the impact of the reasonable adjustment charter (Annex 7) using the evidence matrix, this will be update regularly via the Link practitioners and ward/departments managers and reported through the appropriate governance streams.

- As required undertake benchmarking, audit and monitoring against recognised national standards or best practice.

- Promote active participation of service users and their families / carers in the healthcare process, working within the Public and Patient Engagement agenda.

- Monitor the compliance to national standards in partnership with people with learning disabilities and their families/support provider; by reviewing user feedback (Derriford User Group), Trust patient easy read questionnaires or Friends and Family Surveys and by reviewing complaints. Seek to pull out the learning and gaps in care via the PEC.

- Work in partnership with people with Learning Disabilities, self-advocacy groups, PALS and carers' groups in the development, implementation and maintenance of service provision.

- Provide leadership and co-ordination of the Derriford LD user group, annual work plan and feedback to appropriate hospital department leads, UHP patient experience committee, local health action sub groups and LD partnership boards.

- Assess the impact of local and national initiatives and provide feedback on Trust initiatives relating to skills competency of its workforce in respect of Learning Disabilities.

- Make recommendations and participate in the formulation of new working practice policies.

- Contribute to the Risk and Health & Safety Agendas in the Trust.

- Promote the early resolution of issues and complaints working closely with appropriate Matrons and Clinical Leads.

Work with the appropriate users, healthcare professionals, support staff and external agencies to support professional development and practice.

- Work in partnership with multi-professional / clinical education staff to provide a comprehensive, innovative clinical skills and competency education framework.

- Assist Workforce Development Team to identify training needs in relation to learning disabilities and assisting with the development of teaching materials / training packages and the mandatory e-learning.

- Monitor and report on staff numbers completing LD awareness e-learning training and other direct training.

- Co-ordinate and assist in the delivery of training to meet identified needs specifically to ensure that colleagues in acute hospitals are aware of and able to meet the needs of people with a learning disability. This should include adults at risk awareness, MCA and Dols.

- Contribute or deliver educational sessions to all staff groups, liaising with other agencies and users in order to gain their participation in the education delivery.

- Develop and deliver multi-professional education opportunities, including shadowing/working with the Learning Disabilities liaison team.

5 Procedure to Follow for Hospital attendance to Out Patients or Day Treatments/investigation

Information regarding the patient's needs etc. should be gleaned before hospital admission/attendance, wherever possible. All known patients will be added to the Learning Disabilities Liaison team RAPA caseload - so that attendance to the Accident and Emergency department or admission to hospital is alerted to the Liaison team.

5.1 Procedure for Patients attending Out Patient appointments at Derriford Hospital

Print off **outpatient list** each week, and input in outlook diary, check to see if any patients known and need immediate attention. Confirm who can be support at weekly MDT.

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Contact patients to discuss needs and confirm level of support to be given, or may need to change date, time or length of appointment.

External referral phone, email or letter from other professionals. Check **outpatients list** if already been

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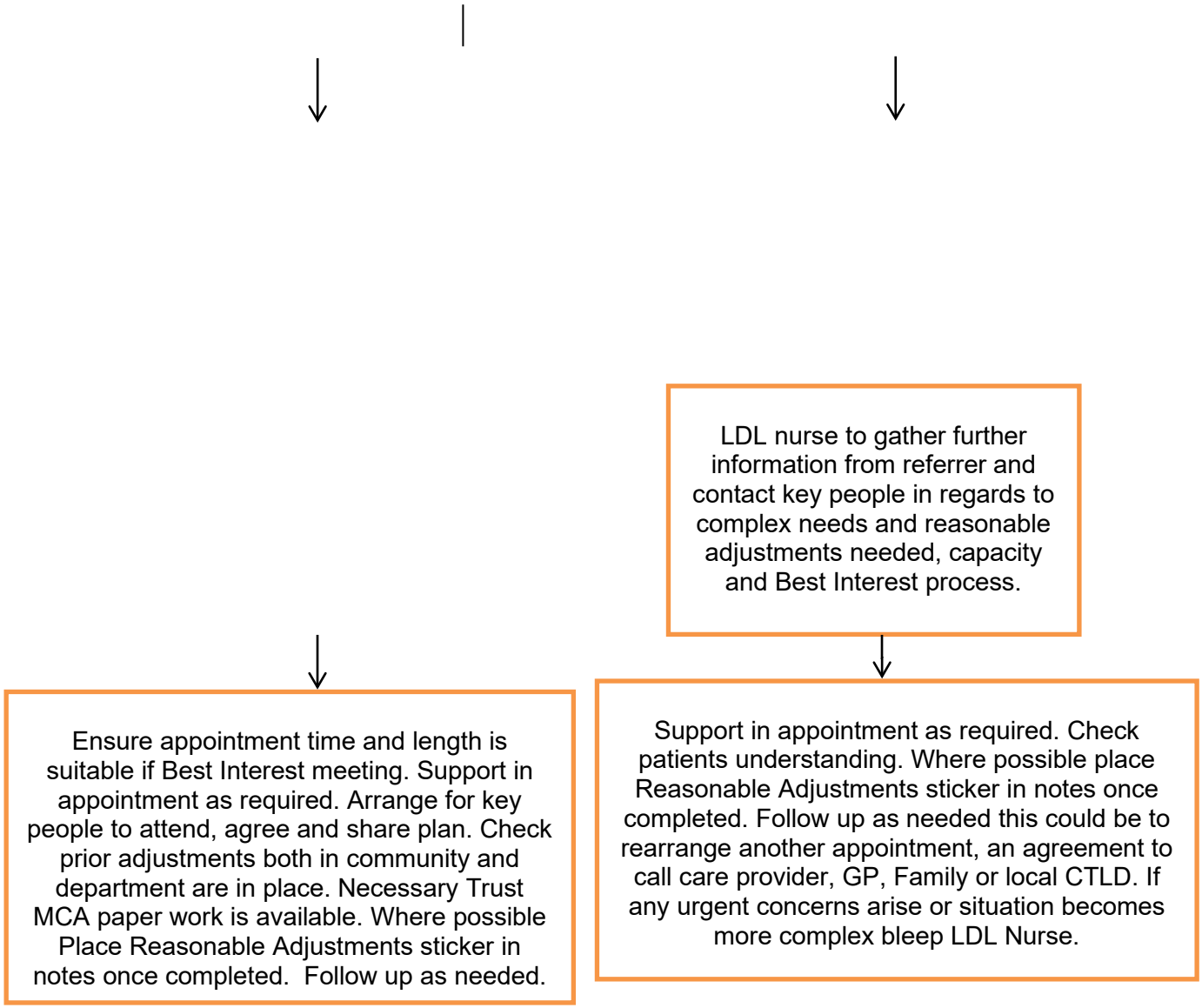
May need to do further information gathering prior to contacting patient.



5.1. Hospital attendance to Out Patients or Day Treatments/investigation

It is expected that Learning Disabilities Community services/Primary care Liaison services will liaise with The Acute Liaison Team for patients attending Outpatients appointments. This contact should be with sufficient time before the appointment to enable appropriate planning for the necessary support to individuals – across community and hospital staff.

When required, if capacity allows, the LDL team will support people attending for outpatient appointments. They will in advance pull an outpatients weekly list from RAPA. They will aim to contact identified people to confirm and provide additional information in regards to their appointment if required. Confirm and arrange any reasonable adjustments needed.

The client's specific needs for a hospital admission/attendance should be incorporated into the individual's Health Action Plan and Hospital Passport. Information from the Hospital Passport should be used to inform the patient's care plan in hospital - identifying specific needs of the individual: in particular any complex needs which may require reasonable adjustments to be made when planning investigations, assessments or treatments.

When attending the outpatient appointment a Reasonable Adjustment (Annex 3) sticker is to be completed and placed within the patient notes.

Individuals attending as a Day patient may need to be supported or advice with the following:

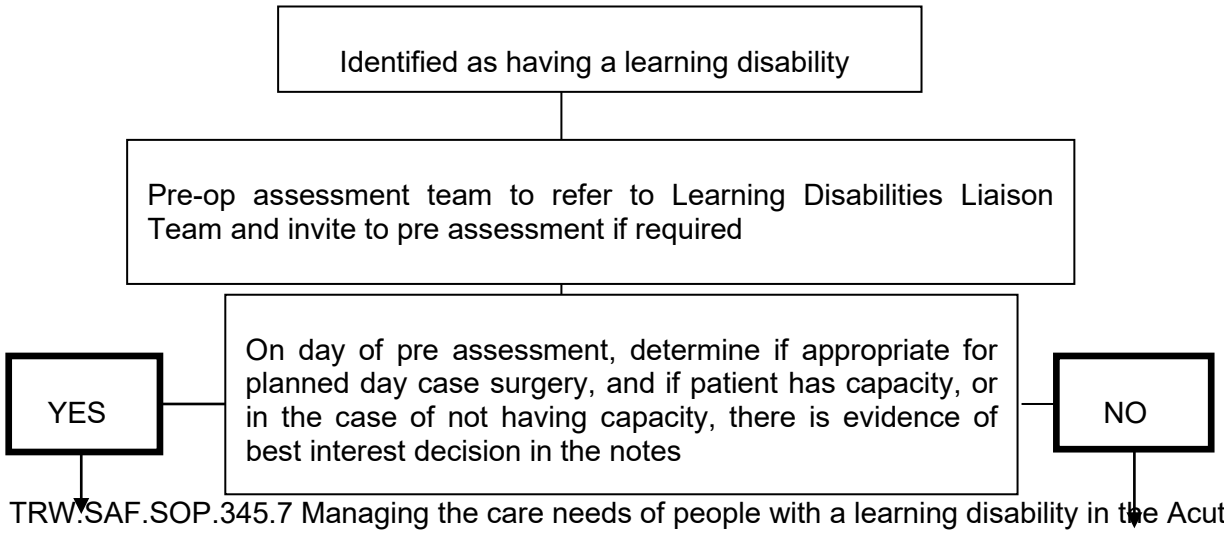
- Pre-hospital planning, acclimatisation, reasonable adjustments to meet the needs of the individual and management of anxiety or phobias
- Clear communication with individual and carers
- Medication to reduce anxiety and/or agitation in hospital
- Management of behaviours which may challenge or disrupt - may require increased observation, carers known to the individual, sedation
- Hoists or other manual handling equipment – to move or be moved
- Support with activities of daily living – using toilet, eating/drinking. Maintaining dignity and respect of the individual
- Support/help from community services/carers/family/community liaison staff – to provide continuity of care and help from carers known to the individual

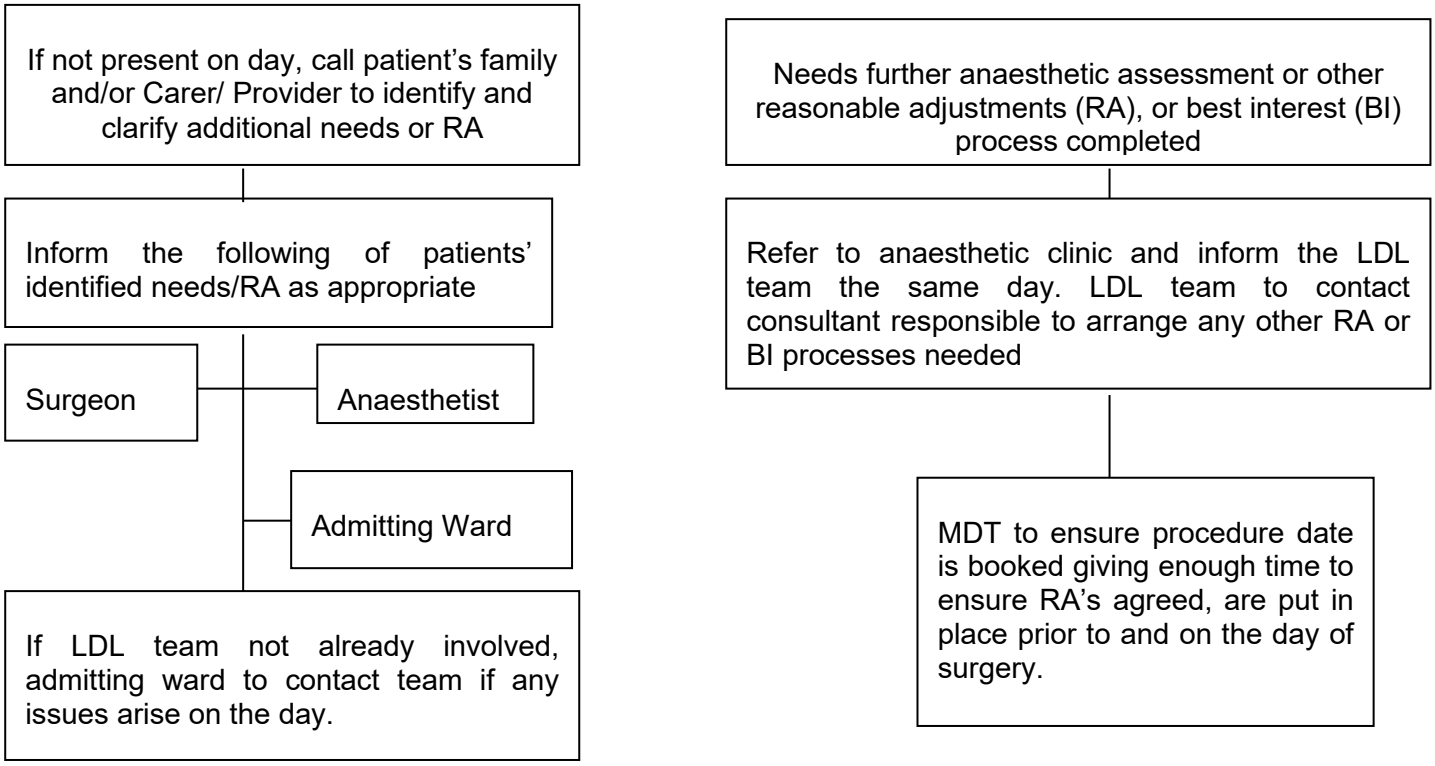
5.1a Did Not Attend (DNA)

The LD Liaison team will monitor DNA's for people with a learning disability. If a person DNA's more than once for an appointment departments should let the LD Liaison team know. The LD Liaison team will pull fortnightly reports on DNA's. A member of the team will do a follow up call to the patient to try resolving any issues and offering support. They will when required liaise with the community LD team for further support for individuals and contact the community safe guarding services if they have concerns.

5.2 Elective Admissions

5.2 Pre assessment for Day case Surgery Pathway.





Pre-assessment – a reasonable adjustment sticker (see Appendix 3) (where available) and Hospital Passport (where available) will be used in the assessment of patient needs to identify any special requirements or reasonable adjustments either whilst in hospital or following treatment. Anticipated needs on discharge should be assessed and planned for at pre-operative assessment

Care Pathways – will normally define the patient care needs according to the condition or treatment provided. However, consideration will need to be taken as to the specific needs of a patient with learning disabilities – so that Reasonable adjustments can be made to take the specific/complex needs of the patient into consideration. These should be discussed with the patient and their carer, or the Community Learning Disabilities/Primary Care Liaison Nurse at pre-assessment

Examples of Reasonable adjustments may include – General Anaesthetic (see Appendix 4 for specific LD GA clinic held once a month) may be required over Local; 'Day case' procedures may well require overnight stay; Day of surgery admission may be inappropriate; Patients may need carer support up until sedation for procedure has taken effect.

The LDL team will actively manage and coordinate the LD general anaesthetic clinics held one morning a month. The LDL team will accept open referrals and liaise with other departments, community clinical staff, GPs, family members/providers of care and the patient to ensure the mental capacity act is followed, reasonable adjustments are made, correct clinical procedures are booked and the most effective use of this service is made for the person on the day.

Day of Surgery Admissions – Most patients admitted to hospital for surgery will not know which ward they will be on post-operatively. Bed mangers are to be made aware of planned overnight

stays 48hrs in advance. In times of bed shortages any cancellation of persons with LD procedure on the day must be consulted with the LDL nurse at earliest opportunity. For patients with learning disabilities, careful planning will be required at pre-admission clinic and on the day of surgery, to ensure reasonable adjustments are assessed, agreed and communicated. If at all possible this should include visiting the post-op ward prior to surgery.

5.3 Emergency Admissions

Patients known to Learning Disabilities services will be identified with an alert on Patient Information Management System (iPMS) and the Hospital Administration System (HAS) used in the Emergency Department(ED). Patients know to have a LD when admitted to ED are alerted to the Learning Disabilities Liaison Team automatically by email however the LDL team will not automatically see every patient.

- Where a patient who has an identified learning disability is admitted through the Emergency units, nursing staff will contact the LDL team, at the earliest opportunity when appropriate, to find out known information regarding the patient's needs and to alert the team of any concerns or complications, urgent support needed.
- Patients with LD should avoid START at very busy times, and go direct to ED majors. If they do use START, ED staff need to consider the environment and allow more time for their assessment.
- Those patients who repeatedly attend Emergency Department or have complex needs may have individualised Emergency Summary Plans (ESP), developed by and with the Learning Disabilities services, so that information regarding the specific needs of these patients can be readily accessed by Emergency Department staff. Please ensure they are printed off and transferred in patient confidential notes that essential information is verbally handed over.
- If patients are struggling with waiting times or the environment the ED receptionist must bring this to the attention of the Triage Nurse at once. Every effort must be made to prioritise nurse triage and medical review. An alternative quite room may be required (use of family room or cubical) or they may need to leave the department to sit outside or in restaurant areas (mobile phone can be used to keep in touch with carers)
- The patient, family or care provider will provide a patient profile or Hospital Passport for those admitted under emergency – including list of regular medication and identification of known risks to patient.
- ED medical or nursing staff must discuss options for investigation's and treatments with the patient with support from people who know the person best (find out who this is as it's not always family), they must listen to them and follow any instructions pertinent to ensure patient compliance, safety and being successful in achieving all of the necessary procedures using MCA guidance as appropriate.
- In cases of noncompliance regardless of view of capacity ED staff must first look at other reasonable adjustments/alternative ways to facilitate investigations or treatments with involvement from the Learning Disability liaison team.
- If out of hours for the Liaison team please escalate concerns or issues to the on call manager (355)
- Patients not previously known to the Learning Disabilities teams (community and hospital), may require a formal referral to Liaison teams in the hospital, community or primary care for any ongoing health needs on discharge.
- People with Learning Disabilities are at high risk of being abused/self-neglectful; any concerns regarding the condition of an individual on admission, the care plan reported to be in place in the community or any disclosures made by the patient or carers will be referred for multi-agency investigation doing a Datix and making a Safeguarding Alert as per Trust policy.
- Transfers of people with Learning Disabilities must be carefully planned. The Bed manager must be advised that the person has Learning Disabilities. Transfer to other wards may cause increased anxiety or risk breakdown in communication between teams and compromise continuity of care and carers.
- When the patient is transferred to an appropriate ward the Nurse-in-charge on ED must inform the Nurse-in-charge on the receiving ward of the patients specialist/complex needs relating to their Learning Disabilities; this includes the involvement of any formal or family carers.
- The on call manager (355) must be notified that a person with Learning Disabilities has been admitted to a ward.
- Yearly audit of LD ED pathway as below:

Derriford Hospital Emergency Department Learning Disability Pathway

Is the Patient alerted as having Learning Disability (LD)?

Yes – Follow Pathway- Do They need to skip START if yes refer direct to Majors.
No – but reported or strongly suspected to have LD – check iPMS and update HAS if alerted, if not alerted on iPMS refer to LD liaison (LDL) team to check and alert patient but still follow pathway in the meantime

Alert

- ED Receptionist to check if Emergency Summary Plan is available and print off any additional information available
- Receptionist to inform the ED Triage nurse as soon as reasonably possible
- Receptionist or Triage nurse to bleep the LDL team on 81506/81507 or call 31566 if urgent input is needed

Act

- Triage nurse to check if patient is fine to wait and environment is tolerable then make any necessary reasonable adjustments or call the LDL team for support
- Triage nurse to establish what carer support the patient needs/has and how long they can support. Any immediate concerns to be reported to LDL team or on call 355
- Triage nurse to ask for hospital passport or other personal information they may have with them and bring this to the attention of other ED staff attending to the patient
- Medical review should take place by listening to people who know them best (this may need to be done by telephone), however this should not delay urgent interventions
- Medical staff should consider a person's capacity and follow MCA guidance
- In cases of noncompliance's regardless of capacity look at and record any consideration of alternative ways of making investigations or treatments accessible by making reasonable adjustments, also bleep the LDL nurse on 81506/81507 or the 355 if out of hours for support
- If further symptoms persist and continue to be unresolved due to noncompliance and the patient is not accessing investigations or treatment in the ED department then a hospital admission must be considered and if not admitted rationale must be clearly recorded

Be Active

- If being admitted inform bed manger immediately of LD needs and reasonable adjustment's already ascertained (for example needs side room or has 1:1 carers 24/7 or needs specific ward) and ED nurse to ensure robust and full verbal handover to receiving ward, including if patient has hospital passport or other personal documents with them
- Report any SGA concerns as per Trust policy including self-discharge regardless of capacity
- Review discharge needs and refer to complex discharge team if appropriate
- Ensure discharge letter is clearly explained to the patient and/or their carer's, check understanding and if support is required for example to take new medications or if injured how they will manage daily living skills
- Inform LDL if community LD nurse follow up is needed or welfare check

5.4 Bed Transfers

Transfers of people with Learning Disabilities must be carefully planned. The bed manager must be advised that the person has Learning Disabilities. Transfer to other wards may cause increased

anxiety, risk breakdown in communication between teams and break continuity of care and carers. Therefore transfers between wards should be kept to a minimum and only be considered where clinically necessary for the individual. Any ward transfers must be carefully planned and not undertaken late at night.

Any transfers after 10pm even if clinically necessary are to be a Datix so this can be monitored by the LDL team leader.

On transfer to a new ward please ensure patient's personal documents for example hospital passport, seizure protocol or any other guidelines are verbally handed over to senior nurse in charge and this is recorded on the yellow transfer sheet.

On transfer the patient's hospital reasonable risk assessment tool must be verbally handed over

Any plans in regards to discharge must be handed over and recorded.

If 1:1 is in place this must be handed over with agreed hours/times/days.

Poor handovers are to be a Datix so this can be monitored by the LDL Team leader.

Patient with LD must not be "out-lied" to other wards to allow admission of another patient.

5.5 End of Life care

Any patient who is deemed to be within the last twelve months of life, should be identified for End of Life care. This must include:

- Completed Treatment Escalation Plan (TEP) – which must be discussed with the patient and family; such discussions can be facilitated by the LD Liaison team unless the clinical condition of the patient deteriorates so rapidly that TEP discussions are made out of hours.
- Advanced Care plan – identifying patient choices/preferred place of care
- Record of any advance decisions to refuse treatment
- Details of Enduring Power of Attorney (where necessary)
- Details added to Electronic Palliative Care Co-ordination system

The Learning Disabilities Liaison team will work closely with community teams to ensure appropriate EOL care is planned

5.6 Review of Treatment plans by Medics:

The patient's hospital treatment/care plan should be reviewed daily; arrangements for weekend review will need to be made by the medical team. Appropriate involvement of the Learning Disabilities Liaison team must be maintained throughout the patient's admission; Revision of treatment plans should involve the Learning Disabilities Liaison team, who will where necessary include Community services

All reviews of care planned should include the patient as a partner in care. Even for those patients who lack mental capacity, every effort should be made to include the patient in decision-making and care planned. Encouraging development of any routine to care and treatment, which the patient can understand and be part of, will reduce the patient's anxiety and fears of being in hospital.

5.7 Discharge Planning

Senior in charge should ensure that all potential complex admissions are flagged on the SALUS as a complex discharge at the point the decision to admit is made, or at the next available opportunity. Where a ward has a discharge case manager they must follow the complex discharge pathway. This is to allow early planning of discharge and regular communication with community services/providers.

Elective admissions –

Planning for discharge should commence at pre-assessment, needs should be discussed and identified with both the patient and their carer's and appropriate referrals made at this point.

Emergency admissions –

Discharge planning should commence on admission, for all LD patients this will include the referral to the Discharge Case Manager using the complex discharge pathway. In complex cases development/finalisation of the discharge plan will be based on a multi-agency approach which is an ongoing process throughout the admission and may include a case conference.

The clinical team on the ward should follow up referral to discharge team with a phone call to ensure early involvement of the appropriate discharge team(s) member. The learning disability liaison team will liaise with the Community Learning Disabilities services for patients with known complex needs or who are already known to community services as appropriate or make onward referrals as needed.

Full involvement and discussion of discharge plans with the patient and family should be held, at ward level. For patients with complex needs – a full health needs assessment may be required and discharge care plan devised in hospital, with involvement of community teams. This process must include the Learning Disabilities Liaison Nurse when they have requested it.

Any patient identified as a vulnerable adult and for whom Safeguarding adult concerns are identified, will need to have a multi-agency Vulnerable Adults Risk Management plan (VARM) for appropriate support and follow-up on discharge lead by local authority/community teams. .

Good communication will be maintained with the LDL team from the discharge case worker with regular updates via email or telephone.

5.8 Staff Training and development

The importance of training in relation to the management of patients with Learning Disabilities is recognised by the Trust. The Learning Disabilities Liaison team will be involved in planning, delivery and review of training.

Training will be delivered as part of the Trust's University Hospital Plymouth (UHP) LD training Framework (see Appendix 5). The framework consists of 5 Tiers with outcomes that aim to include all staff members across the trust that require LD training at various levels. The outcomes are based on the Learning Disability Core Skills Education and Training Framework (HEE 2016), Mencap Treatment Well Campaign 2018 , feedback from our own Derriford User Group (DUG), outpatient staff survey and finally will take account of findings from the Learning Disabilities Mortality Review (**LeDeR**) programme review reports of December 2017 to July 2020.

The framework incudes voluntary and mandatory LD training. The framework training methods consists of a short slide presentation for all staff on Trust induction; an eLearning option and face-to-face training including co-trainers who will be people with a LD who are paid. Face to face training will be mandatory for some groups of staff.

Learning Disabilities awareness is included in the Healthcare Assistance programmes, Preceptorship programme and F1 and F2 junior doctor programmes.

Through the identification, training and regular support of Learning Disabilities Link practitioners (see Appendix 6 for Job description), awareness training and standards of care for people with Learning Disabilities will be improved and promoted including non-clinical staff.

All training will be monitored as per Trust Electronic Staff Record (ESR) and operation learning management IT systems and reported via the LD Dashboard.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of two years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Safeguarding Steering Group and ratified by the Director of Nursing.

Non-significant amendments to this document may be made, under delegated authority from the Director of Nursing, by the nominated author. These must be ratified by the Director of Nursing and should be reported, retrospectively, to the Safeguarding Steering Group.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

Ongoing review of standards of care and patient experiences for people with Learning Disabilities will be undertaken via the following:

- Regular audit of care practice through the safeguarding teams annual audit plans
- Standards of care in hospital for people with LD are reviewed bi-monthly – through reports to the Trust safe guarding committee. This considers the Trust's compliance with specific national standards.
- Ongoing review and reporting of the UHP LD DASH board via the safe guarding committee.

- Local Patient Surveys tare sent out in easy read so to include patients with Learning Disabilities
- Regular meetings with Derriford Users Group (DUG) – facilitated by independent advocate and lead by the LDL team leader
- Ongoing Mortality Reviews - review of death of any patient with Learning Disabilities in hospital and report bi-annually to mortality review panel
- Review by the Learning Disabilities Liaison team of clinical incidents reported and flagged as involving individuals with Learning Disabilities
- Involvement of Learning Disabilities Liaison team in any complaint investigation required, regarding concerns with care of patient with Learning Disabilities; annual review of such complaints and PALS concerns
- Feedback from community services/providers/carers re patient experiences of hospital – to Learning Disabilities Liaison team
- Annual review of service specification and LD DASH board with clinical commissioners of Learning Disabilities Liaison service

All staff will endeavour to resolve any concerns or issues of dissatisfaction as they arise. If the issue cannot be resolved at a local level or with the assistance of the Patient Advice Liaison Service (PALS) and a written complaint is made, the trust will provide an open, fair and accessible complaints process in line with the National Health Service Complaints Procedure that encourages communication on all sides. Plymouth Hospitals NHS Trust is committed to using complaints from patients, their relatives or carers to continuously monitor and improve the services it provides. The Trust does not decide if a complaint should be upheld or not, but treats every complaint as an issue to be resolved.

For further guidance on making a complaint please refer to the Complaints procedure.

9 Reference Material and Useful Contacts

Learning Disabilities Liaison Nurses	Tel: 31566 or bleep 85436
Specialist Nurse for Safeguarding in Emergency Directorate	Tel:31664 or bleep 89195

Lead for Safeguarding Adults	Tel 39497 or bleep 89557
Deputy Director of Nursing	Tel: 32088 or bleep 89323
Community Learning Disabilities teams	Plymouth 08451558077 Devon 01392 385103 Cornwall 01208 834455
Plymouth City Council Adult Social Care	01752 668000
Patient Services (PALS and Complaints)	57683
IMCA services	Plymouth 01752 753718

Appendix	Appendix 1-7

1. Learning Disability Liaison Care Plan sticker

2. Draft LD Reasonable Adjustment risk assessment tool

3. LD Reasonable Adjustment outpatient sticker

4. General Anaesthetic LD clinic pathway
5. University Hospital Plymouth (UHP) Trust LD training framework
6. Roles & Responsibilities of the liaison practitioner
7. 10 Reasonable Adjustments Key.

Appendix 1	LDL care plan sticker

Learning Disability Plan of Care

Seen by the Learning Disability Team, Tel 31566, pager 81506 ☐
Alert sticker in front of notes ☐
Hospital Passport ☐
Risk assessment/Reasonable adjustment tool ☐
Patient given LDL team service information leaflet ☐
Advised Deprivation of Liberty Safeguard (DoLS) referral ☐
Advised referral for Complex Discharge ☐

The above information must be used to inform the patient care plan.

Print name…… Date……..

Signed…… Time……..

HRSG: 0736/1

Appendix 2	Reasonable Adjustment Risk Assessment tool

Plymouth Hospitals NHS
NHS Trust

Name:
Hospital No:
NHS No:
DOB:

Learning Disability

Reasonable Adjustment Tool

RISK ASSESSMENT		On Admission	Review Date:	Review Date:	Review Date:
Personal Safety	☐ No issues identified	**0**			
	☐ Requires regular observation and reinforcement to maintain safety	**1**			
	☐ Level of learning or physical disability requires high observation to maintain safety ☐ Mental health status affects ability to maintain safety ☐ Additional sensory disability - blind or deaf	**2**			
	☐ Unable to maintain own safety due to level of learning disability / autism, may wander or remove medical devices such as cannulas or drains, needs 1:1 support ☐ Complex physical disabilities require continuous observation and management of posture to maintain airway ☐ High risk of pressure area breakdown (Braden) ☐ High risk of falls (Falls Assessment) ☐ Safeguarding issue identified	**3**			
Swallowing, Nutrition and Hydration	☐ No previous or current history of swallowing issues	**0**			
	☐ Previous history of swallowing issues, but has not been formally assessed ☐ Requires support to ensure adequate food and fluid intake	**1**			
	☐ Requires safe position or additional support for eating/drinking/non-oral feeding ☐ Long-term feeding via PEG/JEG or NGT and is NBM ☐ History of recurrent chest infections or unintentional weight loss	**2**			
	☐ Assessment indicates high risk of dysphagia ☐ On modified food / thickened fluids. If so - how much? ☐ Requires one-to-one support whilst eating / drinking for safe swallowing	**3**			
Communi-cation	☐ Good verbal communication and understanding	**0**			
	☐ Some verbal communication; uses non-verbal systems to supplement ☐ Requires additional time to process information and respond	**1**			
	☐ Uses some non-verbal signs, facial expressions, body language or behaviour to communicate ☐ Requires extra time and/or information in alternative formats	**2**			
	☐ Extremely limited communication ☐ Requires support from carers to interpret needs	**3**			
Mental Capacity **(NB - general guidance only - each decision to be individually assessed)**	☐ Assessment indicates no capacity issues ☐ Can make own decision and/or consent to treatment with clear explanation	**0**			
	☐ Understands simplified explanation of procedures ☐ Requires reinforcement, extra time and accessible information to support decision making	**1**			
	☐ Has difficulties understanding complex treatments/interventions, but will consent with reinforcement and support	**2**			
	☐ Is unable to understand, retain, weigh up, communicate back and make decision related to treatment/interventions (lacks capacity) ☐ Very unlikely to comply with treatment/interventions ☐ Requires DOLS - see main notes	**3**			

	☐ No known seizure activity	**0**			

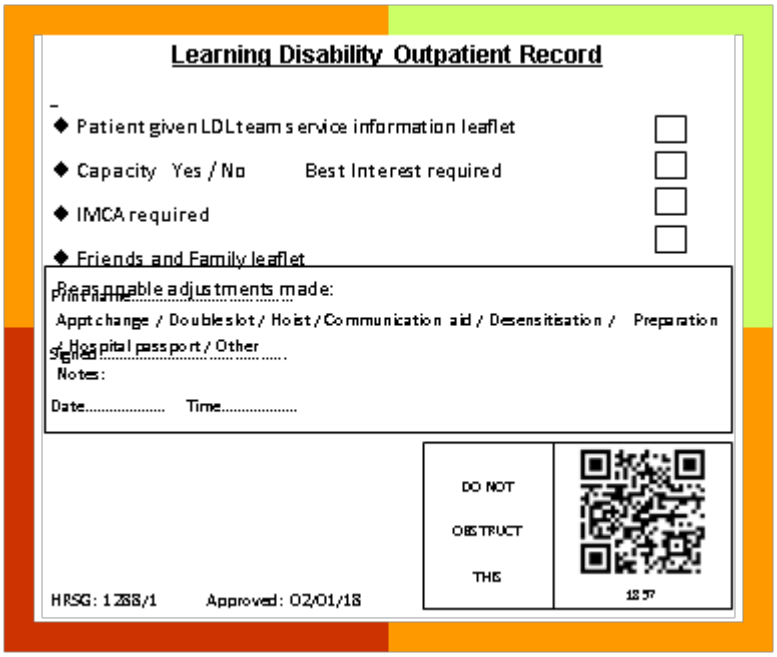
Epilepsy	☐ Seizures well controlled by medication or infrequent	**1**			
	☐ Poorly controlled or unpredictable ☐ Seizure activity increased by illness or anxiety	**2**			
	☐ Seizure activity is prolonged or difficult to recognise, leasing to loss of consciousness ☐ High risk of airway obstruction or aspiration during seizures	**3**			
Behaviours and Anxieties	☐ No issues identified	**0**			
	☐ May become anxious in new environments, needs reassurance and extra time to reduce anxiety ☐ May display inappropriate behaviour, needs clear boundaries and reinforcement	**1**			
	☐ Can display inappropriate behaviours ☐ Occasionally displays aggressive behaviours, not high risk of injury	**2**			
	☐ Severe hospital phobia or unable to wait ☐ Can display aggressive behaviours to self or others, high risk of injury ☐ Requires own carers to manage needs	**3**			
	SCORE:				

Scoring Key: 0 - 6 Low Risk 7 - 12 Medium Risk 13 - 18 High Risk

Completed by (Name): …… Position: ……

Signed: …… Date: ……

Appendix 3	**Reasonable Adjustment outpatient Sticker**



Learning Disability Outpatient Record

- Patient given LDL team s ervice information leaflet ☐
- Capacity Yes / No Best Interest required ☐
- IMCA required ☐
- Friends and Family leaflet ☐

Reasonable adjustments made:

Appt change / Double slot / Hoist / Communication aid / Desensitisation / Preparation / Hospital passport / Other

Print name.....

Signed.....

Notes:

Date..... Time.....

DO NOT OBSTRUCT THIS

1837

HRSG: 1288/1 Approved: 02/01/18

Appendix 4	Learning Disability GA Pathway and referral form

Referral to be made to LDL team via referral form, letter, e-mail or telephone call. If not completed LD team admin to ask for referral form to be done and any capacity or best interest paperwork. Add patient to the waiting list database stating , at weekly MDT discuss priority and book provisional date/time. Inform patient of provisional date.

1 week prior complete and send GA care plan to Freedom Unit Lead & lead anaesthetist. Ensure any investigations have been booked .Complete and send easy read appointment letter (if required) and complete e-mail referral for pre assessment.

↓

1 week prior Complete GA list checklist, MRI CT questionnaires and call notes,. Ensure anaesthetist has GA referrals.

↓

2-3 days prior view check list and liaise with patient for any final matters, inform Freedom of any changes. Finalise the Theatre List through Corporate Services and confirm this by e-mail to the Theatre Co-ordinators and Freedom.

↓

Erme to do pre op assessment via a telephone slot for all patients. LD team to Collect notes from Erme once the pre assessment has been completed.

↓

Morning of procedure LDL nurse to attend 08:00 am briefing to confirm plan. Bring patient notes, copy of GA referral forms, BI paperwork and any request forms. Have any on call or other consultant numbers ready. Any messages for the LDL nurse doing GA clinic need to go directly to them. Patient to bring own: razors, nail cutters, etc. as appropriate.

↓

Learning Disability Team will close the patient referrals the following day.

LEARNING DISABILITY REFERRAL FORM FOR GENERAL ANAESTHETIC/SEDATION LIST

Please complete all sections of this form. Absence of information may result in delay in treatment.

Patient Name:-	Patients NHS Number:-
Patients Date Of Birth:-	Patients contact details:-
Referrers name:-	Referrers job title:-
Referrers contact details:-	Date of referral:-

Reason for referral **Investigations being requested, including full blood list if applicable**
Have all other pathways been followed/least restrictive options considered:- Yes / No
If yes, what has been tried?
If no, please seek support from the Community Learning Disability Team 01752 430433 and request support/referral. There are additional risks for a patient having a general anaesthetic which needs to be considered
Urgency of referral:- 2 week wait / urgent / routine / non urgent

Patients diagnosis and health information **Would it be appropriate to meet the patient?** Yes / No Please supply additional information to support whether the patient would come into hospital with/without mild sedation or would need from medical team from home
Mental Capacity and Best Interests- **Has the patient capacity:- Y / N Is the patient likely to regain capacity:- Y / N** What conversations/discussions have been held and what was the outcome. Please supply appropriate documentation with dates

If the patient does not have capacity, do they have a representative with Lasting Power of Attorney for health and care or IMCA? Yes / No Provide details
Has the patient been admitted previously for procedure under a GA? Yes / No / Unknown

Appendix 5	University Hospital Plymouth (UHP) Trust LD training framework 2020/2021

Tiers 1-3 with masterclass sessions	Learning Outcomes:	Target staff, delivery method, time
Tier 1 Staff that need basic awareness of LD and resources available within the Trust	1. To be aware of the term of Learning Disability and it's definition 2. To be aware of Mental Capacity Act and Trust Policy 3. To be aware of the Equality Duty Act (2010) and the term 'reasonable adjustments' 4. To be aware of what a Hospital Passport is 5. To be aware of LD webpage on PHNT websites 6. To be aware of PHNT standard operational procedures for patients with a Learning Disabilities 7. To be aware of the LD Liaison team role and contact details	• All staff • E-learning on induction; slides within EDI mandatory training • 30 mins
Tier 2 Staff that need general awareness of LD and how to meet their needs in an acute setting	1. Identify who has a LD alert using hospital systems 2. Understand how to input and use clinical alerts/flags to identify adults with or who may have a learning disability 3. Identify why people with Learning Disability are vulnerable in acute hospital settings 4. Be aware of the common physical health care conditions of adults with Learning Disability or Autism, and adults with Profound and Multiple Disabilities 5. Understand the term 'reasonable adjustments' and approaches used for identifying a person's needs 6. Understand the term 'diagnostic overshadowing' 7. Recognise usefulness of patient held information such as the	• Voluntary for all staff • Online e-learning package 20-30 mins with quiz; attendees need to be enrolled onto this • **Mandatory** for all staff prior to attending Tier 3 or Masterclasses

	Hospital Passport and add-ons, Emergency Summary Plans (used in ED) , or Health Actions Plans 8. Identify the importance of good communication and demonstrate basic communication approaches 9. Understand the importance of listening to and engaging with the person with LD, their family or carers to make choices in their care	
Tier 3 Staff that need bespoke training to their area, ward or department. Staff wishing to undertake masterclasses	1. Identify what Learning Disability is and is not; identify Autism. Be aware of the Trust's LD alert system and know how to ensure appropriate alerts are put on or taken off IPMs and Salus 2. Identify health conditions known to be more common in adults with Learning Disability or Autism- **Bespoke to the ward/department/role** 3. Identify people with Profound and Multiple Disabilities as a particularly vulnerable group and recognise the factors that increase their vulnerability - **Bespoke to the ward/department/role** 4. Understand the implications of diagnostic overshadowing and what can be done to prevent this or what to do if this occurs (reasonable adjustments); particularly pain (Human Rights Act 1998). 5. Demonstrate understanding of the physical care needs of adults with Learning Disability or Autism, and adults with Profound and Multiple Disabilities and discuss reasonable adjustments or approaches for identifying and meeting these. 6. Gain insight into the patient with Learning Disabilities and family experience in the hospital setting and understand the importance of listening to and engaging with them, family and carers in line with the Trust's Carers Policy 7. How best to respond to face to face complaints, challenges or distressed family/carers 8. Identify and understand what a good discharge looks like, the role of community Learning Disability health and social care services and your role in promoting or preventing this 9. Demonstrate an understanding of the additional physical or	• Wards regularly used by patients with a LD: ED, Outpatients (across Trust), pre-assessment, therapy and imaging departments • For HCSW apprentices, medical STD , STD Nurses/NAAs, ED triage nurses • Senior on call and all band 7's/matrons, ED triage nurses - mandatory • Face to Face with LD expert trainers and LDL team – when not possible this will be via a Microsoft Teams workshop featuring a video presentation by a co-trainer with a LD • MS Teams 2 hours total: one hour presentation , followed by 50 min case study workshop

	emotional care needs of adults with Learning Disability or Autism. Be aware of the Trust LD SOP and pathways/processes, reasonable adjustments for identifying and meeting these (Equality Duty Act 2010) 10. Problem solve and address the needs of the non-compliant and non-capacitated patients using current Trust guidance and local best practice = Mandy's story workshop 11. Identify people with profound and multiple disabilities as a particularly vulnerable group and recognise the factors that increase their vulnerability and be aware of current practice or reasonable adjustments for identifying and meeting these; (Equality Duty Act 2010) 12. Identify and use strategies to communicate effectively with people with Learning Disability and how to build up a fast rapport (Accessible information Standard, 2015). 13. Demonstrate an understanding of decision making, capacity and best interests in the care of people with Learning Disability or Autism. To have explored how to support people to make their own choices and the implementation of the Mental Capacity Act an Deprivation of Liberty as per Trust policy	
Tier 4: One day Link Practitioner course: Staff that need a deeper understand of LD including those with Autism, impact of challenges they face in an acute care setting, how to meet this need and how to share it with colleagues	Session 1: As per Tier 3 training Session 2: Exploration of being an effective LD Link Practitioner Session 3: Explore and understand the key co-morbidities for people with LD, the management and treatment with Autism update.	• Link or Champion LD workers • 3 x 2hr sessions or 1 day • Open to NAP • Face to face or when not possible via Microsoft Teams meetings and workshops

Tier 5: Masterclass sessions: Staff who need master classes on topical or ethical issues for people with a LD and complex health needs, learning from deaths	Four Session Annually: Suggested Topics Session 1: Explore common co-morbidities for people with LD, how to make reasonable adjustments in their assessment management and treatment. Session 2: Review of existing national guidance/best practice, the Law and Trust policy in terms of managing the diagnosis and treatment for non-capacitated or non-compliant patients. Session 3: Mental health and positive behaviour approaches Session 4: Using effective co-production with people with LD in quality improvement programmes	• Consultants/Doctors/research • LDL nurses • LD Trust leads • Face to Face expert panel or webinar depending on Topic • 1.5 hrs

Appendix 6	Roles and responsibilities of the Learning Disability Link practitioner

Role and responsibilities of a Learning Disability Link Practitioner:

The ward/clinical area managers are responsible for identifying a link practitioner; facilitating their duties and allowing sufficient time for relevant training.

Role of the link practitioner:

The learning disability link practitioner will form a vital link between the wards, clinical areas and the Learning Disability Liaison (LDL) Team; specifically in respect of communicating LD issues/ needs and providing reasonable adjustments.

Responsibilities:

1. To liaise with the ward/clinical area manager and the LDL nurses
2. To act as a lead person helping and supporting your department and manager to identify and implement reasonable adjustments; reporting back quarterly to the LDL Team via link meetings or email
2. To promote and disseminate information of up to date practices/procedures to all health care workers in your area of work
3. To ensure that the LDL nurses are made aware of current patients who have learning disabilities
4. To bring to the attention of the LDL nurses any educational needs of the ward/department
5. To provide induction training in relation to the role of the LDL nurses for new staff and signpost staff to the 216 e-learning and Tier 3 Learning Disability Awareness packages
6. To ensure you keep updated by checking the Learning Disability section on Staffnet and have regular contact with the LDL Team to enable the cascading of information to your ward or department

Appendix 7	University Hospitals Plymouth NHS Trust Reasonable Adjustment Charter

University Hospitals Plymouth NHS Trust Reasonable Adjustment Charter	
Key	**Recommendation**
RA1	**Ensure that staff attend and receive yearly learning disability awareness training that also covers the Mental Capacity Act, DOLs and best interest meetings**
RA2	**That each ward and department has a designated link practitioner that ties in with the Learning Disability Liaison Nursing Team**
RA3	**That double appointments are offered routinely to patients with a learning disability**
RA4	**That information provided to patients and displayed on the ward or department is accessible, jargon fee and in 'plain English'**
RA5	**Ensure that staff ask to see a patient's hospital passport**
RA6	**Offer patients acclimatisation visits before important procedures so they can ask questions and explore their fears and worries**
RA7	**Ensure that patients with a learning disability are appropriately flagged on the system**
RA8	**Always talk to the patient first using the hospital communication book, objects of reference, Makaton signs, easy read materials etc. when necessary to aid conversation and to ensure understanding before conversing with support staff and family members**
RA9	**Talk to the Learning Disability Liaison Nursing Team for support and advice if the patient is unknown to your ward or department**
RA10	**Ensure that people who book appointments know how to check if the patient has a learning disability and requires a letter in an accessible format; providing a named person to contact if they have any questions or need to change their appointment time due to travel issues**