Policy		NHS Worcestershire Acute Hospitals NHS Trust

Policy for Supporting Adults with Learning Disabilities when accessing Acute Hospital Services

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Approved by:	Clinical management Committee
Date of approval:	8th October 2013
Extension approved by TMC on:	22nd July 2015
Extension approved:	11th February 2021
Review date: **This is the most current document and should be used until a revised version is in place**	11th August 2021
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All clinical staff
Target staff categories	Adult patients, and staff the policy states over 18 yrs. of age i.e. adults

Policy Overview:
This policy applies to all staff employed within Worcestershire Acute Hospitals Trust who has responsibility for the care of patients, or who provide a service to patients, including those with learning disabilities.

Key amendments to this Document:

Date	Amendment	By:
07/10/13	Minor amendments made to title, page one and page three	Rani Virk
22/12/15	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
Dec 2016	Further extension as per TMC paper approved on 22nd July 2015	TMC
Nov 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
April 2019	Document extended for 6 months whilst Patient Experience reviews and changes to funding process agreed	Rachel Sproston

Dec 2019	Document extended for 6 months whilst Patient Experience reviews and changes to funding process agreed	Anna Sterckx
June 2020	Document extended for 6 months during COVID-19 period	
February 2021	Document extended for 6 months as per Trust agreement 11.02.2021	Trust agreement

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1. Introduction

This policy has been jointly developed by Worcestershire Acute Hospitals NHS Trust and the Learning Disability Team for Worcestershire. It addresses a number of important issues for people with learning disabilities which include equality of access, easy to understand information, best interest decision making and the role of the Community Learning Disability Teams and support staff.

Objectives

The main objective of this protocol is to ensure that people with learning disabilities are able to access high quality health care when attending Worcestershire Acute Hospitals NHS Trust for diagnostic investigations or treatment by:

- Enabling staff at the acute Trust to develop a better understanding of people with learning disabilities and to equip them to deal more effectively with the particular needs of each individual.
- Providing clarity for residential and other Learning Disabilities staff attending hospital with a person with learning disabilities their supporting/caring role and the boundaries between their caring role and the nursing role of the professional hospital staff.
- Supporting Learning Disabilities staff attending the Acute Hospitals with clients.
- Supporting the use of the Patient Passport for people with learning disabilities using hospital services.
- Providing an opportunity for hospital and learning disability staff to work together to develop:
  - Effective communication
  - Training
  - Raising of awareness
  - Easy to understand information for service users.
- Admission prevention
- Reasonable adjustments
- Risk assessment
- Ensuring psychological support and seamless visit.

2. Scope of Policy

- This policy applies to all staff employed by Worcestershire Acute Hospitals NHS Trust who has responsibility for the care of patients or provides a service including those with learning disabilities in all locations including temporary employees, locums, agency staff, contractors and visiting clinicians.

- This policy is for patients deemed as adults of the age of 18 and above. For information regarding children please refer to Policy for Consent to Examination and Treatment WAHT-CG-075, Safeguarding Children policies and procedures and The Children's Act 1989

3. Definitions

The term "Learning Disability (LD)" is used to describe a person who has developmental delay or intellectual disabilities which are usually evident from birth or early childhood.

There are three core criteria, which must be met for the term learning disability to apply:

- Significant impairment of intellectual function
- Significant impairment of adaptive and or social function (ability to cope on a day to
- day basis with the demands of his/her environment and the expectations of age and
- culture)
- Age of onset before adulthood.

Learning disability does not include;

- The development of intellectual, social or adaptive impairments after the age of 18.
- Brain injury acquired after the age of 18
- Complex medical conditions that affect intellectual and social/adaptive functioning: e.g. dementias, Huntington 's chorea
- Specific learning difficulties: e.g. dyslexia, literacy or numeracy problems, or delayed speech and language development.

The term "Learning Difficulties" which is often used in educational services to describe people with specific learning problems does not indicate that a person has a learning disability as defined above.

People with learning disabilities may present as having:

- difficulties communicating and expressing needs and choices
- difficulty understanding their diagnosis, treatment options or services available to them
- difficulty understanding the consequences their decisions can have on their health status
- Difficulties in adapting to a hospital environment and the expectations of hospital staff.

People with learning disabilities have a right to the same level of health care as that provided to the general population. This care should be flexible and responsive and any diagnosis or treatment must take account of specific needs associated with the person's learning disability. For people with learning disabilities who use the services provided by Worcestershire Acute Hospitals NHS Trust responsibility for the delivery of that care will remain with the hospital for the duration of the individual's treatment.

4. Responsibility and Duties

General Staff Roles and Responsibilities
The wards and departments across the 3 hospital sites for Worcestershire Acute Hospitals NHS Trust are managed by a matron, sister or charge nurse. Teams of nurses will provide twenty-four hour individualised care to meet the requirements of people with learning disabilities. In addition to nursing staff, like other patients, a person with learning disabilities will meet doctors on a regular basis and they may ask for Physiotherapists, Occupational Therapists, Dietician and Speech Therapists to assist in individual care.

Following admission to hospital a patient Health care plan, My Hospital Booklet & or 'All About Me' will be passed to the ward area to which the service user is admitted and the nurse–in-charge will liaise with him/her and or his/her carer to discuss individual health requirements and make reasonable adjustments for the individual. This includes provision for carers (refer to Carers policy WAHT-CG-663).

The Matron or Senior Nurse, during daytime hours, Night Site Practitioner or Bleep holder at weekends will be the point of contact for any patient either admitted or using outpatient/day surgery facilities. This senior team will have received the appropriate training to take responsibility for co-ordinating and managing the care pathway for this group of patients and will communicate directly with the Learning Disability Team within normal working hours.

The Role of Learning Disability staff when supporting service users in Hospital
People with learning disabilities have the right to the same level of medical and nursing care as that provided to the general population. However, due to their complex care needs, they may require additional staffing support to meet their particular needs. The responsibility for providing medical and nursing care remains with the hospital but the learning disability service will offer to support service users as appropriate with issues related to their learning disability.

This may include support with:

- Eating and drinking
- Taking medication
- Managing behaviour
- Reducing stress and anxiety.
- Understanding of treatment
- Provision of EASY read
- Mental capacity and assessing the patients best interests
- Risk dependency with support assessments

At the point of admission, learning disability staff should ensure that all relevant information regarding the support needs of the service user is handed over to the named nurse/nurse in charge. The degree and frequency of any additional support required should be discussed, and agreement reached, as to how this will be provided out of existing or additional resources.

Learning disability staff will work alongside hospital staff, in agreement with the home manager and ward manager, to ensure that the service user's support needs are met. This support would include any personal tasks with which a residential support worker would normally be involved while caring for a person at home. It would not include nursing procedures.

Learning disability care staff should not be expected to agree to clinical procedures on behalf of the service user. Learning disability staff will also ensure that any specialist equipment that the service user needs is transferred to the hospital, e.g. seating systems, wheelchairs, eating and drinking equipment, communication aids etc.

5. Policy Detail

5.1 Communication

Many barriers to healthcare can be overcome by effective communication. Health staff will need to communicate effectively not only with the person with a learning disability but with paid carers, family members, advocates, care managers and learning disability team staff.

Many people with learning disabilities have difficulties with communication. This may include problems with expression, articulation, comprehension, and coping with social situations. People with learning disabilities have difficulties understanding complex sentences and abstract concepts with time being a particularly difficult concept to comprehend. This should be considered when discussing appointments or future treatments. It can be helpful to relate appointments to concrete events in the person's life. They may also have difficulty understanding written communication and this should be taken into consideration when providing patient information such as information about appointments, particularly if pre-appointment instructions are included.

Many are unable to communicate verbally and rely on other methods such as gesture, pointing or facial expression to communicate their needs. Problems with communication are often linked to difficult or challenging behaviour which can then present a barrier to accessing appropriate health care.

An individual's capacity to understand and communicate can be affected by a number of factors, including anxiety, pain and distress, unfamiliar people and environments. People with learning disabilities may also be unable to describe adequately their symptoms, degree and site of discomfort and may inform staff that they feel fine even when clearly unwell.

There are a number of strategies which can assist in ensuring more effective communication when meeting a person with learning disabilities for the first time. These are attached as **Appendix 7**, but may also include aids such as the 'Hospital Communication Book' available in hospital wards (see References).

It is essential that there are clear communication channels identified between the hospital and specialist learning disability services and contact information for the relevant teams and hospital departments should be made readily available. A contact

sheet is attached at **Appendix 8**.

There is a range of easy to understand information available to enable people with learning disabilities to better understand hospital appointments and admissions. The community learning disability teams can advise on the resources available.

5.2 'My Hospital Booklet'

'My Hospital booklet' will assist in ensuring that relevant information about a person's health status and support needs can be made available to hospital staff.
'My Hospital Booklet' (**Appendix 6**) is a document which provides clear and concise information in an easy to understand format regarding the person's health and support needs. 'My Hospital Booklet' belongs to the service user and should accompany the person for all hospital appointments and admissions. The person with learning disabilities and the main carer will have access to ''How to complete the- 'My Hospital Booklet'. This will assist them in accurately completing 'My Hospital Booklet' and 'All About Me' booklet so important medical and contact information is given to healthcare staff. It is reviewed and updated regularly to provide a record of the individual's health management plan.

5.3. CONSENT AND BEST INTEREST DECISION MAKING

Mental Capacity Act 2005. (MCA)

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make some decisions for themselves, e.g. people with learning disabilities, dementia, mental health problems, stroke or head injury.

The MCA applies to all people who work in health and social care involved in the treatment, care or support of people over the age of 16 who are unable to make all or some decisions for themselves.

The MCA is accompanied by a statutory Code of Practice which provides guidance on how it will work on a day to day basis. Anyone working in a professional or paid role with people who lack capacity will have a legal duty to have regard to the Code of Practice. It can be found at:
www.dca.gov.uk/legal-policy/mental -capacity/index.htm

The Act is underpinned by five key principles:
A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.

Individuals being supported to make their own decisions - a person must be given all practicable help before anyone treats them as not being able to make their own decisions.

Unwise decisions – just because an individual makes what might be seen as an unwise decision, he/she should not be treated as lacking capacity to make that decision

Best Interests – an act done or decision made under the MCA for, or on behalf of, a person who lacks capacity must be done in their best interests.
• **Least restrictive option** – anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

The Worcestershire Acute Hospitals NHS Trust -Mental Capacity Act Policy **WAHT-CG-752** can be found at http://www.worcsacute.nhs.uk

5.4 Capacity to Consent to Medical Treatment:
The Mental Capacity Act describes the following two stage test to determine capacity:
(i) Is there an impairment of, or disturbance in the functioning of the person's mind or brain? If so,
(ii) Is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision?

A person is considered able to make a decision if he/she is able to:
a) understand the information relevant to the decision, but in any doubt contact the LD team for support and provision of EASY read leaflets.
b) retain that information
c) use or weigh that information as part of the process of making the decision, or
d) communicate his/her decision (whether by talking, using sign language or any other means).

Consent can only be said to be valid if it is voluntary, the person knows what they are consenting to, and has a real option of saying yes or no.

Please refer to the document '*Making Decisions – Helping people who have difficulty deciding for themselve*s - A Guide for Healthcare Professionals' for more information on assessment of capacity. It can be found at:
www.dca.gov.uk/legal-policy/mental-capacity/index.htm

Healthcare professionals must assume that the person has capacity to make decisions. The emphasis is on staff establishing the reasons why they consider that the person lacks the capacity to make each particular decision at the time it has to be made. This must be based on reasonable belief.

Health professionals must make every effort to help and support the person to maximise their potential to make their own decisions or, at least, to participate as fully as possible. Staff must consider how much information to convey to the person and how to make the most of the abilities that the person has. This may include choosing the best time and location for the assessment, allowing the person sufficient time to become familiar with the issues and communicating in simple language or through the use of pictures and photos.

5.5 Particular Needs of People with Learning Disability in relation to decision making

People with learning disabilities may have particular difficulties in relation to decision making for some of the following reasons:

- Difficulty understanding relevant information, which is linked to the person's verbal and general cognitive skills (e.g. difficulties with attention, distractibility) and the methods used to convey information.
- Difficulty retaining relevant information.
- Difficulty appreciating the personal significance of information.
- Difficulty with reasoning and use of information to arrive at a decision (e.g. concreteness, difficulties with abstracting and generalising).
- Lack of experience of decision making.
- Tendency to acquiescence and suggestibility, and difficulties being assertive.
- Emotional factors such as fear, anxiety.
- Difficulties in expressing choices.

Some of these difficulties relate to the person's learning disability in that their cognitive function is limited in some areas. Others reflect the person's social and psychological experience (e.g. relative powerlessness) and represent "secondary handicaps".

Support should be provided to maximise the person's ability to participate as fully as possible in decisions about their own life. Assessing the individual's mental capacity is decision specific determining best interests which is the second stage of the Mental capacity Act i.e. when treatment needs to go ahead but they have no capacity.

5.6 Medical Treatment
Doctors proposing treatment for a patient have a personal responsibility to judge whether that person has capacity to give consent and a duty to explain the treatment, benefits, risks and any alternatives. The doctor has ultimate responsibility for ensuring that an explanation has been provided to the patient and that their consent has been obtained, involving other members of the clinical team as appropriate.

5.7 Determining Best Interests:
Everything that is done for or on behalf of a person who lacks capacity must be in that person's best interests. The Act provides a checklist of factors that decision-makers must work through in deciding what is in a person's best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which must be considered by the decision maker. Also, carers and family members have a right to be consulted. See Worcestershire Acute Hospitals NHS Trust, Mental Capacity Act Policy **WAHT-CG-752.**

5.7 Consent to Treatment:
No one – spouses, partners, relatives, carers or advocates – can legally give or withhold consent to medical treatment on behalf of another adult and should never be asked to sign a consent form on behalf of another person. Relatives and carers should be consulted about the patient's best interests though only where this is commensurate with the duty of confidentiality and the patient's wishes.

Patient's wishes and views to that of paid carers, therefore it is important to consult all those closely involved with that person and consider all views. The person, though, has a right to confidentiality and may not wish certain people to be involved in the decision making process.

5.8 Resolution of Disputes (Escalation Process):

If there is significant disagreement regarding the treatment of a patient who may lack capacity, the courts have identified certain circumstances when healthcare professionals or others must make an application to the High Court. These are:

- Where there is serious uncertainty about the patient's capacity to consent, or their best interests; or
- Where there is serious unresolved disagreement between a patient's family and health professionals.
- If consensus cannot be reached, or if someone wishes to challenge a judgement, there are a number of options that could be explored, including:
- Involving an advocate who is independent of all the parties involved in the decision to act on behalf of the person lacking capacity (Independent Mental Capacity Advocate)
- Getting a second opinion (for medical treatment)
- Holding a formal or informal case conference
- Attempting mediation – though reaching consensus will not necessarily determine best interests of the person lacking capacity.

If there is disagreement between learning disability staff and the hospital team about the proposed treatment or non–treatment of a person with a learning disability, the concerns should be raised initially with the ward manager and the consultant responsible for the patient. Learning disability service staff should also raise their concerns with their line manager. Concerns should be communicated to the community learning disabilities liaison team who will inform the Deputy Chief Officer for Nursing in the Worcestershire Acute Hospitals NHS Trust. Hospital staff should escalate their concerns through the relevant ward Manager, Matron, Consultant and Head of Nursing/Midwifery.

5.9. COMPLAINTS

Service users and/or carers should be supported to use the hospital's complaints procedure if there are concerns that cannot be addressed by ward or clinic staff. The Patient Advice and Liaison Service (PALS) can assist with addressing concerns and issues on behalf of service users and carers. An easy to read leaflet has been produced providing information on how to comment or complain. Should there be a complaint the service user/carer should contact PALS.

PALS can be contacted on the following number 0300 123 1732 *(Office hours: Monday - Thursday 8.30am - 4.30pm, Friday 8.30am - 4.00pm)*

5.9.1. PREPARATION FOR HOSPITAL VISITS/ADMISSIONS/DISCHARGE

Many people with learning disabilities are very anxious about medical treatment and hospital environments and this anxiety can sometimes be expressed in behaviour which can be challenging for staff to manage. Prior to any planned hospital appointment or admission, learning disability staff with support from the community learning disability liaison team, will ensure that the person is offered the individual support required to facilitate the visit. Usually patient's anxiety is significantly relaxed with a preadmission care plan/risk assessment. This may on occasion include the use of sedation to manage anxiety but only under the guidance of a medical practitioner.

Learning disability staff will ensure that all relevant information, including the patient passport, details of medication or any specialist advice or guidelines, is made available to hospital staff. (See **Appendix 1**, Core principles)

5.9.2 Out Patient Appointments
(See **Appendix 2,** Outpatient Attendance)

The Manager of the Out Patient Department can be contacted prior to appointment if specialist equipment and/or services are required. The service user and/or his/her carer can give his/her Patient Passport to his/her named/clinic nurse on arrival and prior to consultation.

The named/ clinic nurse will assist during the consultation and will be available post consultation to provide extra information and direct the service user and his/her carer to other hospital departments as required.

If transport is required for the next appointment this can be arranged by the clinic nurse (subject to clinical need).

Follow up appointments should be avoided unless clinically essential, in cases where the service user presents with distress, extreme anxiety or challenging behaviour in hospital settings. If a follow up appointment is not offered, care arrangements should be discussed and negotiated with the community learning disability nurse who can liaise as necessary with the General Practitioner.

Learning Disability liaison team will ensure that they communicate with the Lead Nurse or Consultant and/or identified contact, as appropriate, in order to plan how the appointment will proceed. Where service users present with phobias/extreme anxieties or challenging behaviour, consideration to the following areas are a necessity in order to meet their health needs:

- Avoid waiting around as this may exacerbate anxiety levels/ challenging behaviour - first appointments should be offered.
- Where available, single rooms should be offered to minimise anxiety levels and avoid risks to other patients' safety.
- Sedation to be planned in advance as needed.
- Where the client is likely to exhibit challenging behaviour, the learning disability staff will liaise with the relevant nursing/medical staff to review how they can

jointly manage these risky situations. It should not be assumed that the learning disability staff will manage all situations independently.

5.9.3 Day Surgery, including Ophthalmology Theatres
(See **Appendix 3**, Elective admission also **Appendix 4** Theatre and Recovery)

- On receipt of the referral card, the Day Surgery Unit (DSU) will contact the patient with learning disabilities/carer to negotiate a date for a pre-operative assessment, and will request that the patient take the Patient Passport/My Hospital booklet or 'All About Me' to the clinic appointment. If translation services are required this will be arranged by the unit, and if any specialist equipment is needed the unit will provide this for the clinic. Any special requirements for the patient will be identified at the pre-assessment clinic.
- The DSU will negotiate a date for surgery with the patient/carer that is mutually convenient. Transport requirements can be arranged at this point.
- On the day of surgery the service user/carer should bring the Patient Passport and hand to the named nurse who will be looking after the service user.
- Provision will have been made for use of a side room if appropriate. Post-operative advice and support will be available via telephone.

5.9.4 Dental and Maxillo–Facial Department:
There is a community dental service which is managed by the Primary Dental Care Team who offers outpatient and in-patient day-case facilities at the Kidderminster Treatment Centre. Should the learning disability team be aware of a patient with learning disabilities coming into the unit they should inform the department beforehand if possible to discuss any support needs.

5.9.5 Routine Planned Admissions
On receipt of the referral, the patient or carer should be contacted by the Consultant's secretary to negotiate date for admission with them. Consideration should be given to combine procedures, wherever possible. During anaesthesia there could be opportunities to undertake blood tests or other procedures to avoid any further distress to the patient.

The Pre-assessment appointment should be also planned, with as much time before admission as possible to ascertain information on patient and required care levels to disseminate to admitting ward. The learning disability liaison team will negotiate between relevant carers and hospital staff to review all aspects of support needed within the hospital environment.

On admission, the 'Patient Passport' (where available) My Hospital booklet or 'All About Me' should be incorporated within the admissions procedure, with all relevant information, particularly that relating to specific support needs available and accessible to all ward staff.

Liaison between relevant disciplines, e.g. Occupational Therapy (OT), Speech and Language Therapy (SALT) and Physiotherapy (PT)will be established as needed and, if

further support required, this will be agreed, e.g. joint working between community and hospital therapy staff. If joint working is agreed, clinical responsibility rests with hospital staff who will determine the appropriate treatment for the person with a learning disability, with Learning Disability clinicians providing a support role.

Medical secretaries will inform the learning disabilities team of any admissions for the forthcoming month where possible.

5.9.6 Urgent or Emergency Admissions
(See **Appendix 5**, Emergency Admission)

Emergency admissions will usually be admitted via an out-patient clinic, or Accident and Emergency (A&E) Department. It would be helpful for the service user, when admitted, to provide the Patient Passport to the clinic nurse or the nurse in charge in A&E who will then be able to assist the individual with his/her needs. Accident and Emergency (A&E) admissions - if the learning disability staff are aware that a service user may need to access A&E, then they will contact the nurse in charge/consultant and/or identified contact within the A&E Department if it is anticipated that the service user may have some significant problems.

For service users with phobias and or challenging behaviours, as far as possible the above criteria (see **Appendix 5**, Emergency Admission) will need to be negotiated.
There will be emergency admissions of service users with learning disabilities that the learning disability team will not be aware of. In these circumstances the A/E department should contact the relevant community team and discuss how any apparent support needs can best be met.

5.9.7. DISCHARGE PLANNING
On admission a service user and/or his/her carer should be advised of a provisional date for his/her discharge. This date will be reviewed on a daily basis and may involve a number of the hospital team. The nurse in charge will liaise with the individual and/or his/her carer about safe discharge to home from hospital.

The learning disability liaison team will identify a contact person (this will usually be the community nurse) to liaise with the member of staff arranging the discharge. The relevant staff should be informed of any admission of a person with a learning disability and dialogue established with the community team. Any factors which may prevent discharge back to the person's home should be considered as soon as possible.

Integrated discharge team will lead the discharge prior to discharge, re: assessment on framework I and authorising funding for safe discharge. The learning disability team can be involved with the completion of the CHC checklist.
The learning disability liaison team will identify a contact person (this will usually be the community nurse) to liaise with the member of staff arranging the discharge.

5.5.8. SHARING INFORMATION

All patients have a right to privacy and to control information about themselves. Where the person lacks capacity, this right must be balanced with protection of their interests. Although carers will be involved in best interests decisions there should not be widespread disclosure of personal health information without the person's valid consent and information should be shared on a need to know basis.

Information pertinent to any change in the person's support needs should be shared with learning disability care staff, but detailed clinical information should be treated sensitively and disclosed only when necessary and to those who need to know it.

It must not be assumed that the person's next of kin is the primary carer. Many people with learning disabilities live in registered care homes or supported environments and the care provider is responsible for the health and well-being of the service user. Care staff would expect to be involved in best interest's discussions where the person with a learning disability lacks capacity. Many people with learning disabilities have limited or intermittent contact with family members therefore care should be taken to ensure that information is disclosed appropriately and with the relevant people. Service users should be consulted about who they wish to be included in discussions about clinical matters.
Clinical information will be shared as appropriate by professional colleagues, i.e. therapist to therapist, etc. to ensure continuity of care.

5.9.9. FUNDING ISSUES IF ADDITIONAL SUPPORT IN HOSPITAL IS REQUIRED
The purpose of this policy is to identify how people with learning disabilities can best be supported to use the services provided by Worcestershire Acute Hospitals Trust. The policy includes advice about the type of support that might be needed by some people but it does not describe in detail the procedure that should be followed in order to acquire any additional funding.

For service users who are registered with a GP there is an agreement that funding will be provided on application. This agreement identifies NHS Worcestershire Acute Commissioning Team as having responsibility for the commissioning of any additional support required by people with learning disabilities who need a hospital admission. Applications for additional funding should be made to the Joint Commissioning Manager for People with Learning Disabilities.

6. Implementation

6.1 Plan for implementation

The policy will be shared widely across the organisation and reference will be included in all induction and mandatory training. The policy will be implemented by staff having easy access to the policy via the Intranet and all clinical departments hold information packs containing hard copies in Policy and Procedure files and supporting documentation.

Managers will implement this policy within their areas of responsibility and can be contacted by staff for advice.

6.2 Dissemination

- Trust staff will be informed of how to access the Trust Policy.
- Awareness of the Policy will be raised at the hospital management teams, intranet, Trust & local Induction training and Senior Nurse and AHP Forums

- Trust policy guide for staff will be issued to all staff at their local induction and will be included in the overview pack on all clinical areas.

6.3 Training and awareness

Basic awareness training is included in Trust Induction and Mandatory Training. In depth training for band 7 and above is provided by an external trainer contracted by Worcestershire County Council.

7. Monitoring and Compliance

The WAHT Learning Disability Committee within their terms of reference will monitor the compliance against the policy. This will include any incidents, complaints and patient/carer feedback reported on a three monthly basis as part of its core business.

Worcestershire Acute Hospitals Trust is interested in receiving feedback from all service users about the standard of care and services that they have received. Learning Disability Liaison team is involved in distributing an easy to read questionnaire to patients and carers which is also available on request.

The WAHT Learning Disability Committee will monitor training attendance statistics and act on any decline in attendance.

8. Policy Review

This policy will be reviewed in three years' time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation of guidance'.

9. References

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- Learning Disability Taskforce: Rights, Independence, Choice and Inclusion, Jan 2004 DoH Publication.
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- Worcestershire Acute Hospitals NHS Trust – Mental Capacity Act Policy –
- Worcestershire Safeguarding Policy -

- Tips for effective spoken communication with people with a learning disability. [Promoting access to healthcare for people with a learning disability –a guide for frontline NHS staff : NHS Quality Improvement Scotland 2006].

- 'The Hospital Communication Book', Learning Partnership Board, Worcestershire in conjunction with Valuing People – Helping to make sure people who have difficulties understanding and/ or communicating get an equal service in hospital. Covers pictorial representation

10 Background

10.1 Consultation

Key individuals involved in developing the document

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Chair	Clinical management Committee
Rani Virk	Senior Nursing & Midwifery forum
Rani Virk	Trust Safeguarding Sub committee
Rani Virk	Trust Learning Disability Committee

This policy compliments can be cross referenced against other Trust documents such as Policy for:

- Consent to examination and treatment WAHT-CG-075
- Safeguarding Children Policy and Procedures.
- Children's Act 1989
- Deprivation of liberties policy
- Mental capacity act summary and guidance for staff 2005, updated 2009. Worcestershire statutory and non-statutory organisations Worcestershire wide document
- Safeguarding policy for Adults

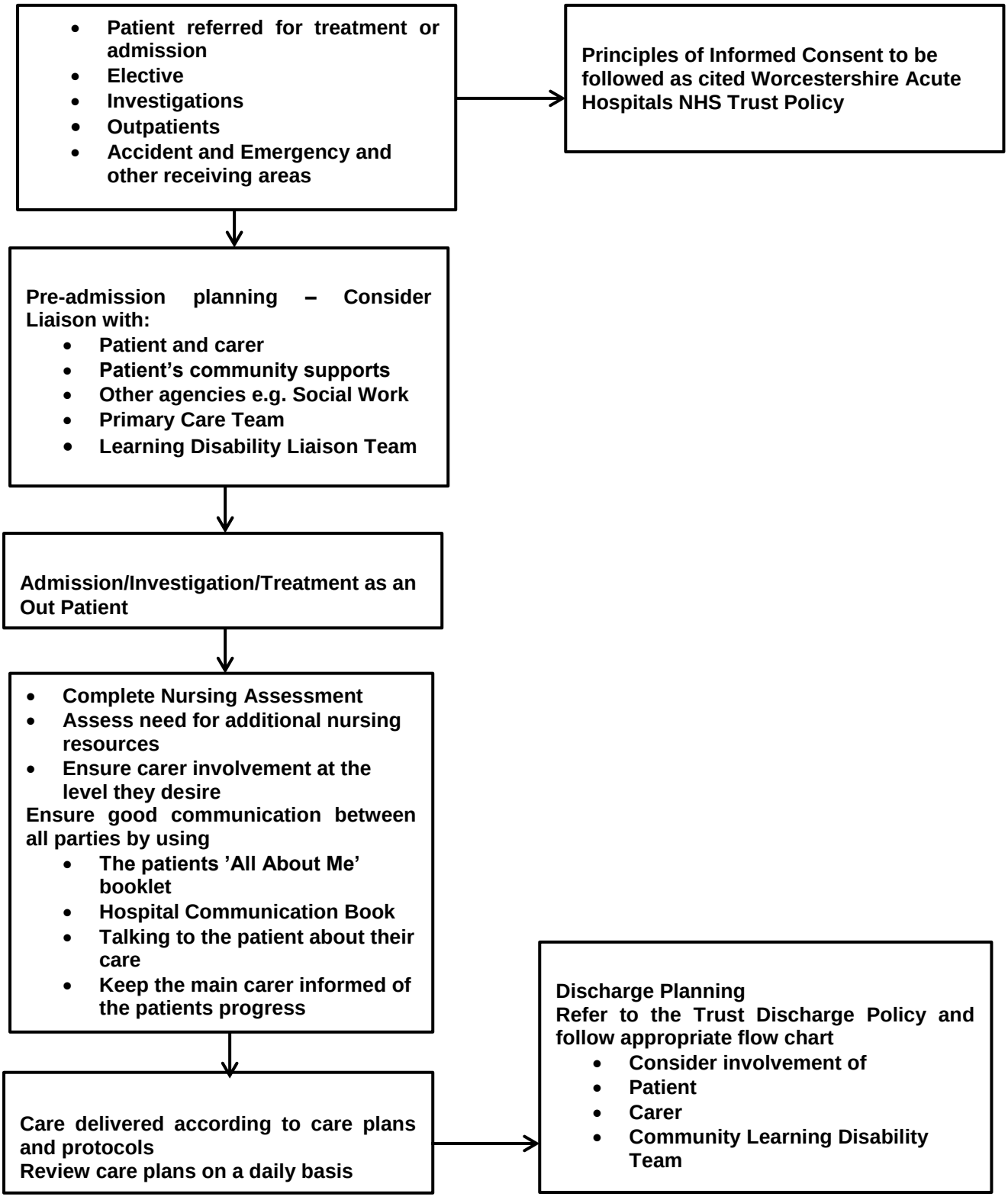
10.2 Approval process

This Policy is discussed at the Trust Clinical management Committee for approval.

10.3 Equality Requirements

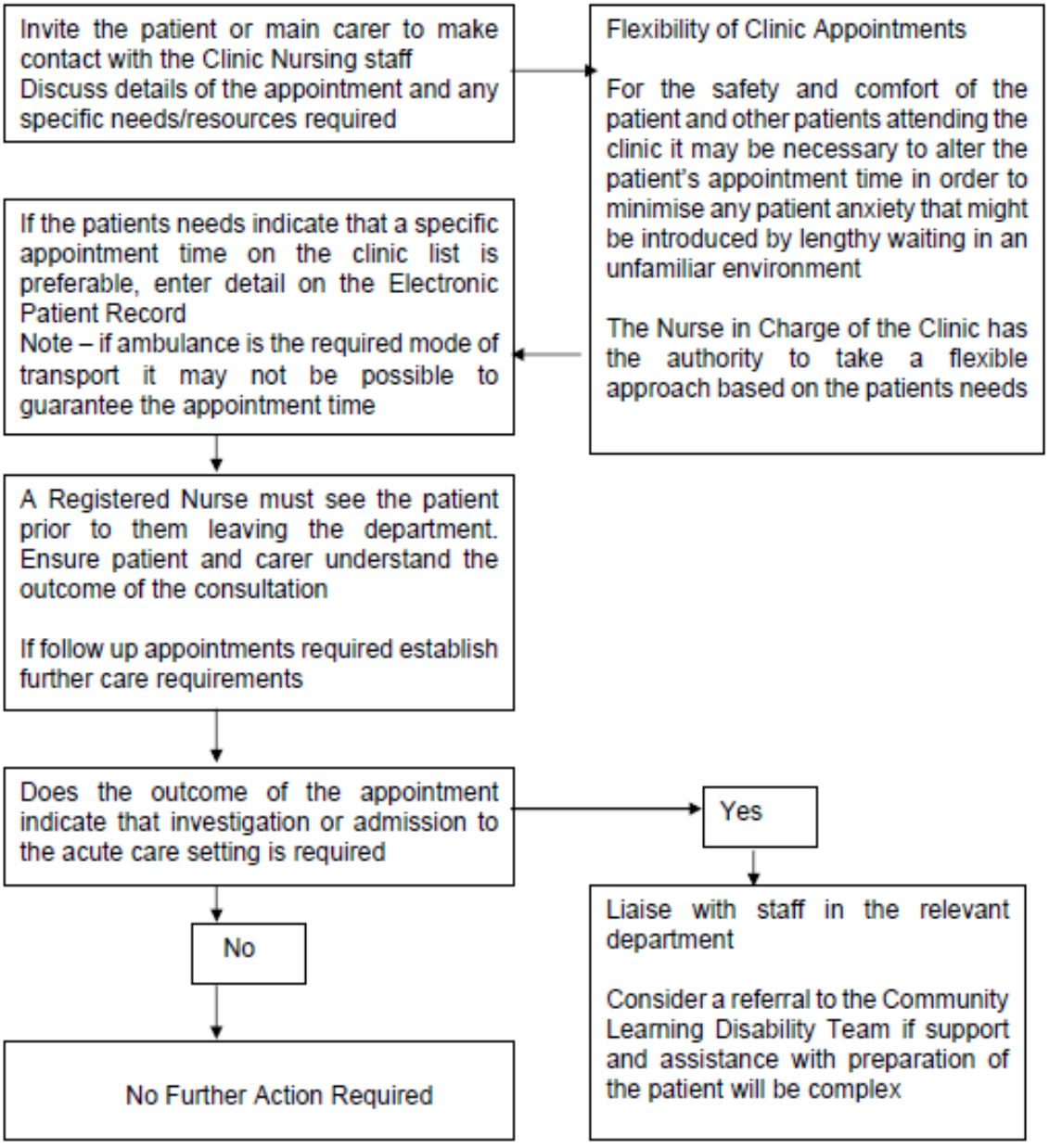
The Trust recognises the diversity of the local community and those in its employment. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day-to-day operations.

Appendix 1: Care of a Patient with Learning Disabilities at WAHT Core Principles:



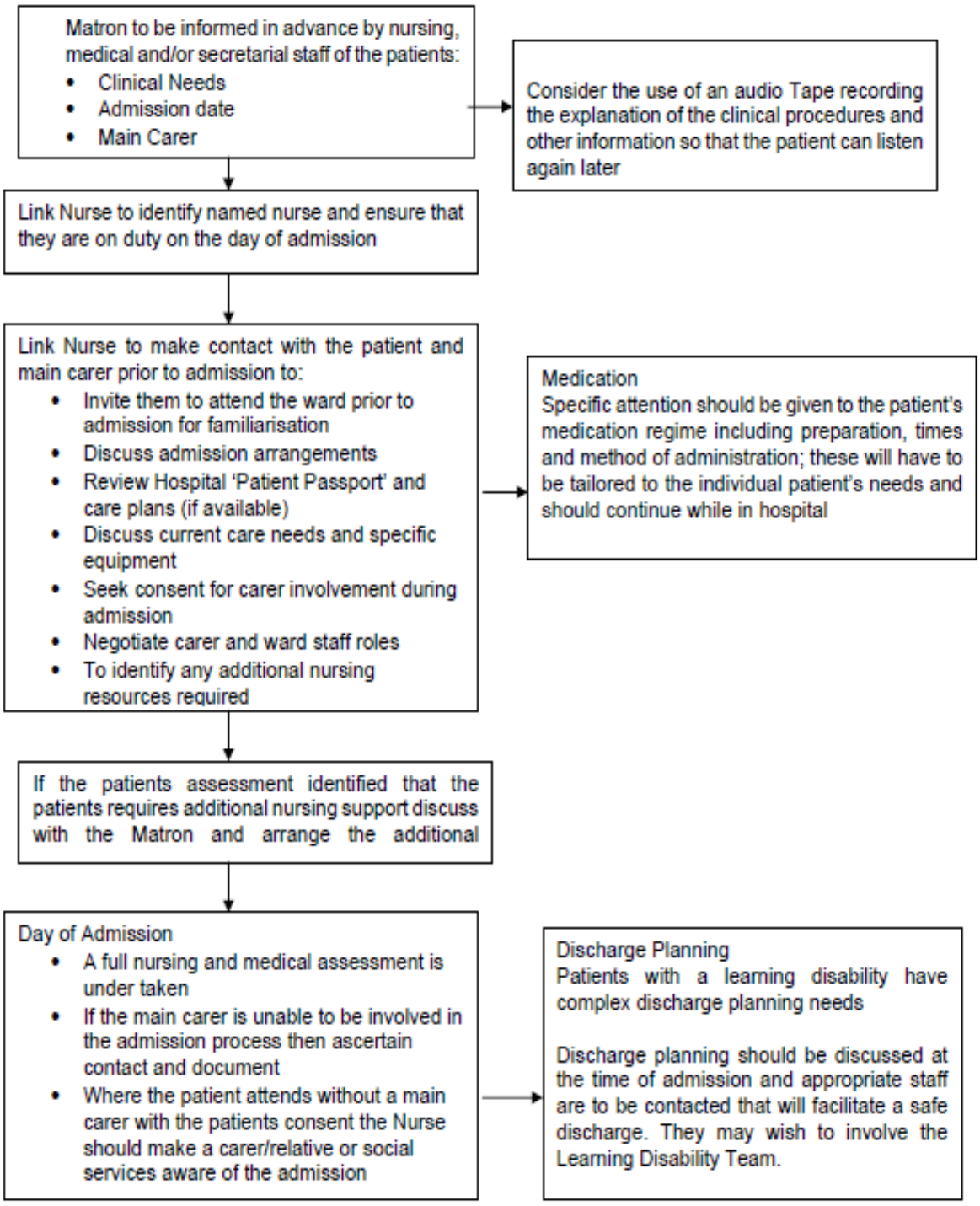
Appendix 2: Care of a Patient with Learning Disabilities at WAHT

OUT-PATIENT ATTENDANCE

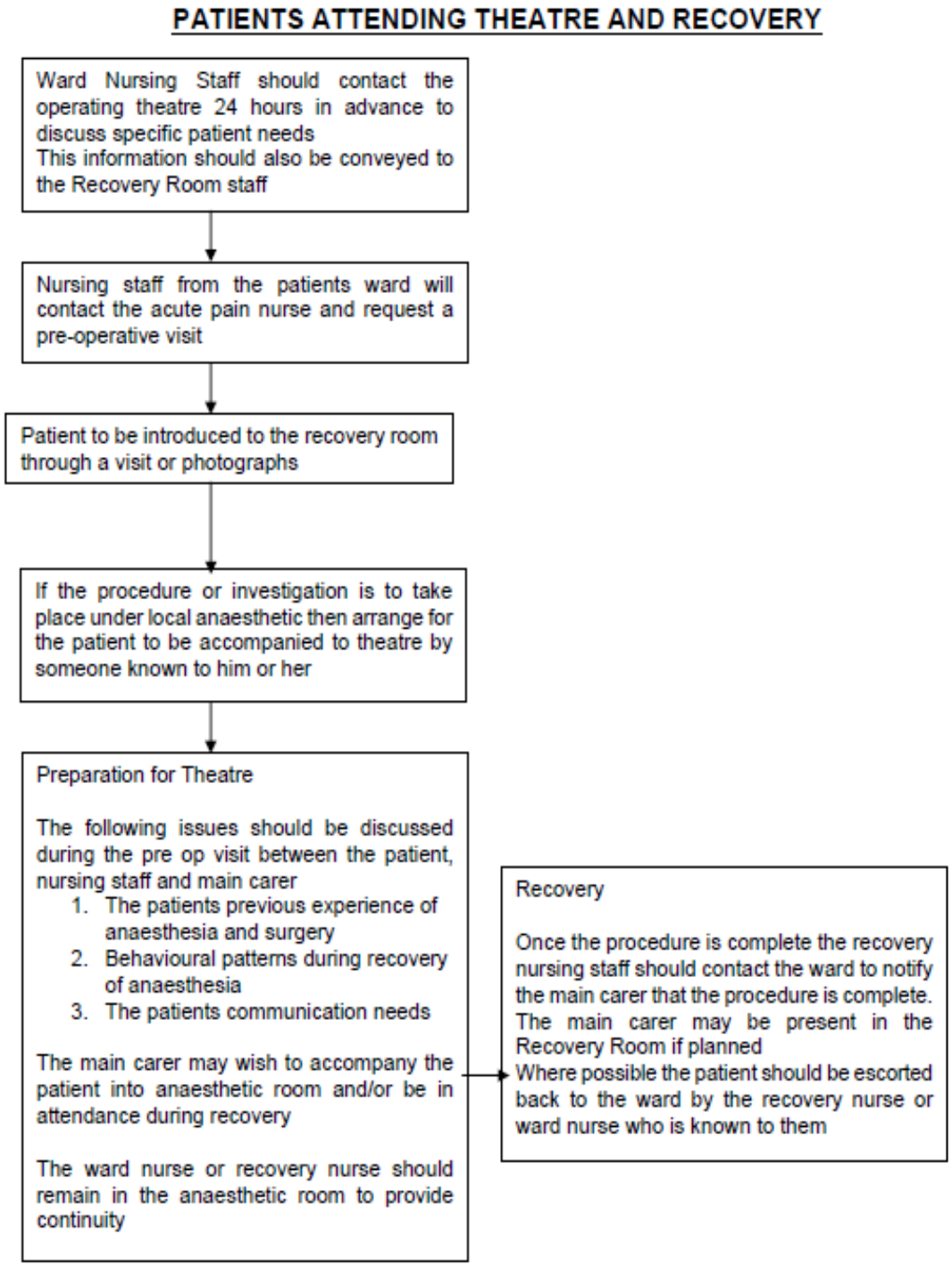


Appendix 3: Care of a Patient with Learning Disabilities at WAHT

ELECTIVE ADMISSION

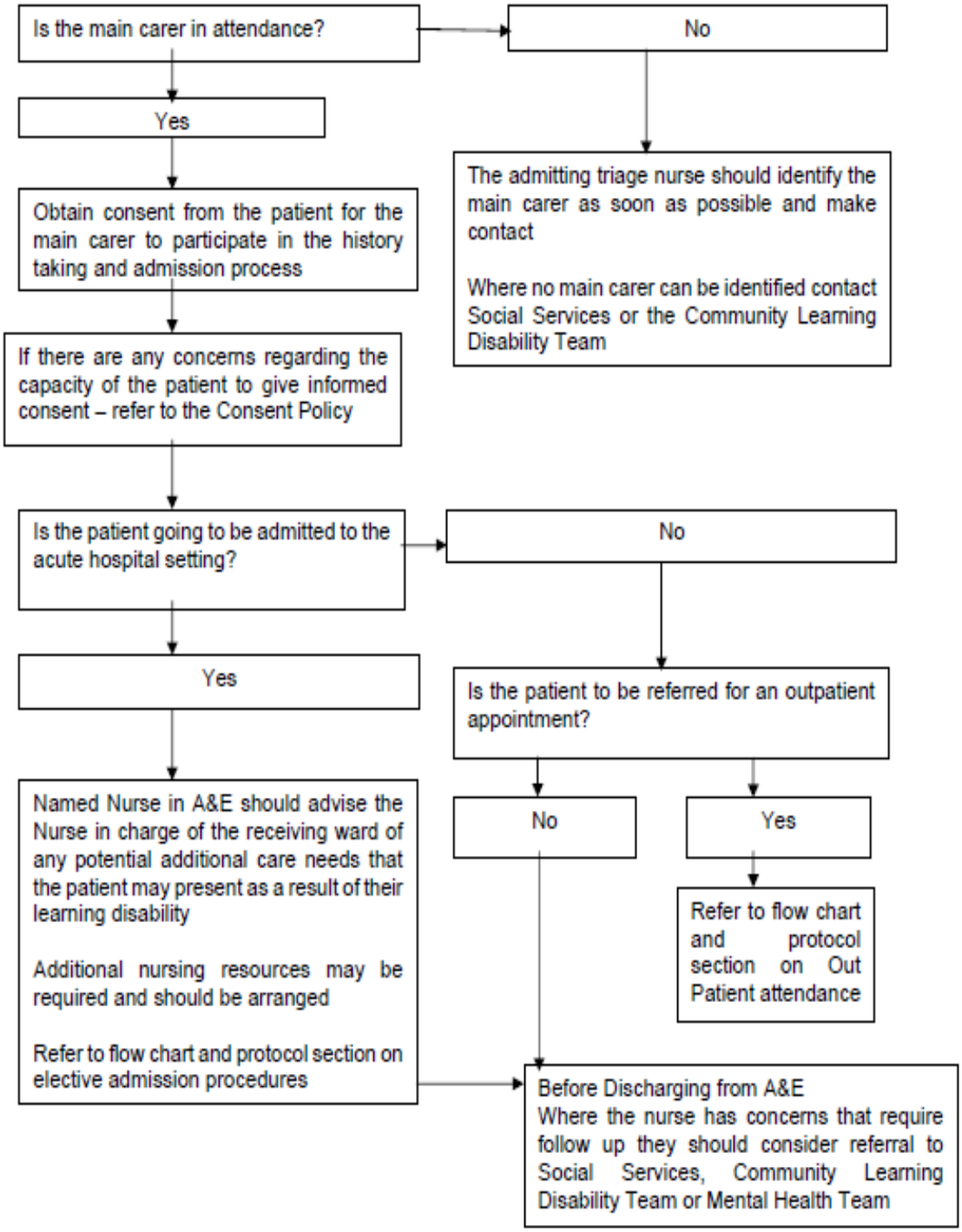


Appendix 4: Care of a Patient with Learning Disabilities at WAHT



Appendix 5: Care of a Patient with Learning Disabilities at WAHT

EMERGENCY ADMISSION



Appendix 6: My Hospital Booklet

Attach Patient Sticker here or record

NAME: . . . . . .

NHS NO: | | | | | | | | | | |

HOSP NO: | | | | | | | | | | |

D.O.B: D D M M Y Y Y Y Male ☐ Female ☐

Consultant:..... Ward:.....

Worcestershire NHS
Acute Hospitals NHS Trust

'ABOUT ME'

Lifestyle and Capabilities Booklet

We would like to invite you to complete the following 'ABOUT ME' booklet, which will assist us in ensuring that the care we give to your relative/friend is specific to their needs. Once complete this will be placed in the front of the folder which is kept at your relative/friends bedside.

If you think of any additional information, this can be added at any time. Some prompts have been provided as a guide but if you need any assistance to complete this form, or require interpretation or translation services, please do not hesitate to ask one of the nurses.

My preferred name is: ☐

ONCE COMPLETED PLEASE FILE IN PATIENTS NOTES

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Attach Patient Sticker here or record

NAME: . . . . . .

NHS NO: | | | | | | | | | | |

HOSP NO: | | | | | | | | | | |

D.O.B: D D M M Y Y Y Y Male ☐ Female ☐

Consultant:..... Ward:.....

COMMUNICATION

- How do they communicate? Verbally, through gestures, withdraws from interacting and communicating?
- Do they respond more to some people rather than others? Who?
- At what time of day do you feel they are most able to communicate?
- Do they use particular actions to demonstrate their thoughts/feelings/desires? If so, please describe: Some examples could include swearing if they need to use the toilet, packing belongings if stressed, calling out if they want help.

Please describe below how best your relative/friend communicates:

EATING AND DRINKING

- Are they able to choose which meal they prefer?
- Eat/drink without prompting, needs prompting, will feed themself.
- Needs food cutting up. Uses adapted cutlery at home. Able to make snacks/drinks at home.
- Prefers 'finger foods'.
- Needs assistance with being fed.
- What are their preferred drinks?
- What do they particularly like to eat and what are their dislikes?

Please describe below:

Attach Patient Sticker here or record

NAME: . . . . . .

NHS NO:

HOSP NO:

D.O.B: D D M M Y Y Y Y Male ☐ Female ☐

Consultant:..... Ward:.....

HYGIENE

- Do they usually bath or shower; need prompting; can bath/shower independently.
- Are they able to wash unaided if given a bowl or taken to a bathroom to use a sink/
- Do they wear dentures, please indicate if there are any issues regarding removal of teeth for cleaning (e.g. they are reluctant to remove, cleans mouth with tooth brush).

MOBILITY

- Do they walk steadily and independently without aids?
- Walks steadily or unsteadily with stick or frame; uses furniture to steady self when walking.
- Are they prone to falls; need supervision and assistance.
- Are they restless? do not like to sit still for any length of time.
- Usually goes for a walk every day at the same time.
- Sits safely without supervision; unable to sit without support.
- Needs assistance getting in and out of a chair; (please specify how many people are normally required to assist).
- Needs to be hoisted.

Attach Patient Sticker here or record

NAME: . . . . . .

NHS NO: | | | | | | | | | | |

HOSP NO: | | | | | | | | | | |

D.O.B: D D M M Y Y Y Y Male ☐ Female ☐

Consultant:..... Ward:.....

DRESSING

- Dresses unaided; needs assistance with buttons and zips.
- Needs prompting and help to dress correctly.
- Unable to dress self.

SIGHT AND HEARING

- Are they blind or partially sighted? Can read print in newspapers or books; able to find way around without bumping into objects; can identify light objects.
- Do they have problems with their hearing/ Wear hearing aids in one or both ears; needs to be spoken to clearly or use raised voice.
- Are they deaf? Lip reads. Sign language.

Attach Patient Sticker here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: D D M M Y Y Y Y Male ☐ Female ☐

Consultant:..... Ward:.....

TOILETING

- Are they fully continent and able to take themselves to the toilet?
- Need to be taken to the toilet?
- Are they unable to control bowels or urine?
- Experiences accidents at night?
- Wears protective pads/clothing.
- Identify if medication or diet taken to keep regular bowel movement?

SLEEP, REST AND DAILY ROUTINE

- Do they wake very rarely at night; wakes regularly at night.
- If they wake most nights describe the frequency and what their usual behaviour is and how they settle. Sleeping position. How many pillows?
- Have they been waking up at night for the past week?
- Do they usually go to bed at a specific time and/or has a specific routine, please describe (e.g. cup of hot chocolate and any prescribed medication to aid sleep).
- What time do they get up at?

Attach Patient Sticker here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: D D M M Y Y Y Y Male ☐ Female ☐

Consultant:..... Ward:.....

OTHER DETAILS

- Describe any physial symptoms they may have (e.g. post shingles neuralgic pain which gives them headaches and may make combing hair painful; indigestion requiring antacids.
- Do they complain of depression? Do they think other are plotting against them; is there anything in particular which makes them sad, frightened, angry or agitated?
- List family members and/or pets that they are close to and may want to talk about.
- List any hobbies and social activities; regular habits e.g. do they drink or smoke?
- What was/is their occupation; did/do they belong to any committees/clubs?
- How do they usually spend their day?
- What are their favourite TV and radio programmes?
- Do they have favourite CDs which they can listen to? What is their favourite music?
- Do they have a favourite object which keeps them occupied?
- What decisions can they be involved in making e.g. plans for meeting hygiene needs, meals, sharing their thoughts on discharge needs?

Attach Patient Sticker here or record

NAME: . . . . . .

NHS NO:

HOSP NO:

D.O.B: D D M M Y Y Y Y Male ☐ Female ☐

Consultant:..... Ward:.....

Thank you. This information will only be shared with members of staff, volunteers and other care agencies who may be involved with caring for your relative/friend.

Signature of Person completing Form	
Relationship to Patient	
Date:	

ONCE COMPLETED PLEASE FILE IN PATIENTS NOTES

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Appendix 7: How to contact the Learning Disability Team at WAHT

The team is based at Worcestershire Royal Hospital and the Alexandra Hospital in Redditch and offers cover to Kidderminster Treatment Centre, thus providing cover Monday-Friday for the whole of the Worcestershire Acute Hospitals NHS Trust. An acute liaison nurse can be contacted during this time:

- Pamela Mariga, Health development lead - 01905 763 763
- Kay Dalloway, Acute liaison nurse and primary care lead nurse - 07918 748469
- Jane Bullock, Acute liaison nurse - 07767 442222

Supporting Document 1

Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	No	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	No	
7.	**Can we reduce the impact by taking different action?**	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of Document:	Yes / No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval