

Reference Number: FOI202324/297
From: Private Individual
Date: 28 September 2023
Subject: Hospital Policy on Reasonable Adjustments for Patients with Disabilities under the Equality Act 2010

I am writing to make a formal request for information under the Freedom of Information Act 2000 regarding any policy and procedures related to the identification and implementation of reasonable adjustments for patients with disabilities, in accordance with the Equality Act 2010.

The Equality Act 2010 imposes a legal duty on organisations, including healthcare providers, to make reasonable adjustments to their services to ensure that they are accessible to individuals with disabilities, and on par with services provided to individuals without disabilities. It has come to my attention that you utilise the Reasonable Adjustment Flag on the National Care Records Service (NCRS) to record, share, and view details of reasonable adjustments for patients across the NHS in England. I am interested in understanding how you implement and adhere to this policy to ensure equitable healthcare access for patients with disabilities.

Therefore, I kindly request the following information:

- Q1 A copy of your policy or guidelines regarding the identification and implementation of reasonable adjustments for patients under the Equality Act 2010.
- A1 [Please see attached document: Learning Disability and Complex Care Needs v2.0](#)
- Q2 Information on the processes and procedures in place for health and care workers within your organisation to record and communicate reasonable adjustments for patients, including the use of the Reasonable Adjustment Flag on the NCRS.
- A2 [Staff complete a reasonable adjustment tool within the Electronic Patient Record \(EPR\) for patients within 48 hours of admission. The Hospital Coordinator Team / Matron / Safeguarding nurse will enter the alert also within the Patient Administration System \(PAS\).](#)
- Q3 Details about the categories of adjustments and types of adjustments that can be recorded for patients on the Reasonable Adjustment Flag, as specified in the NHS guidance.
- A3 [Easy read information](#)
[Extended appointment times](#)
[Allowing a carer into theatre anaesthetic room](#)
[Allowing a carer to stay](#)
[Allowing iPads / phones to stay with patients for comfort i.e transferring to theatre](#)
- Q4 Any documents or guidelines that you provide to your staff regarding the assessment and recording of patients' needs for reasonable adjustments, including communication requirements and impairments.

A4 All staff receive information as part of the Trust's Corporate Induction Training regarding reasonable adjustments. It is also taught on the Trust Preceptorship programme.

Many staff are Makaton Trained. Use of the Hospital passport is encouraged. Hospital communication books are available if required.

Q5 Information on how you ensure that reasonable adjustments are applied promptly and consistently across all care settings within the hospital.

A5 Matrons monitor within the EPR that reasonable adjustment tools are completed as necessary and within the appropriate time frame.

Q6 Any data or statistics related to the number of patients within your organisation who have been flagged as needing reasonable adjustments, and the types of adjustments commonly provided.

Clarification: I would like data or statistics related to the number of patients within your organisation who have been flagged as needing reasonable adjustments, and the types of adjustments commonly provided, for the financial year 2022-2023. If it is possible without incurring additional costs or significant administrative burden, I would also appreciate a comparison with the data from the previous two financial years (2020-2021 and 2021-2022) to understand any trends or changes over time.

A6	Time Frame	Number of patients who need reasonable adjustments
	01/01/2020 - 21/12/2021	146
	01/01/2022 - 09/10/2023	240

The most common types of reasonable adjustments we make are:

- Allowing a carer to stay overnight
- Open visiting
- Easy read information
- Use of signs / symbols / hospital communication book
- Allowing a carer into the anaesthetic room until the patient is asleep

Q7 Information on how you comply with the legal obligation under the Equality Act 2010 to make anticipatory reasonable adjustments, particularly in cases where patients are referred or present for care.

A7 Contact is made with patients with Learning Disabilities / Autism prior to their attendance at LHCH. Information is sought from the patient / carer as to what Reasonable Adjustments are required. A complex care alert / email is sent in advance of admission, notifying Ward managers / Matrons / Hospital Coordinator of patient's needs.

Q8 Any additional documentation, reports, or guidance related to your efforts to satisfy your legal obligations under the Equality Act 2010 and NHS contracts.

A8 Information not held – not applicable

Q9 Details on any training or education provided to staff within your organisation regarding reasonable adjustments for patients with disabilities.

A9 All staff currently undergoing the Oliver McGowan Mandatory training at LHCH.

Information is also given on the Trust Corporate Induction programme and the Preceptorship programme.

Q10 The contact information of the designated individual or department responsible for overseeing the implementation of reasonable adjustments within your organisation.

A10 Claire Harvey, Claire.Harvey@lhch.nhs.uk, Matron, Medicine - Learning Disabilities / Autism.

Learning Disability and Complex Care Needs

Policy

For completion by Author			
Author(s) Name and Title:	Christina Kenny, Matron Patient Experience		
Scope:	Trust Wide	Classification:	Clinical
Version Number:	2.0	Review Date:	12/05/2024
Replaces:	1.0		
To be read in conjunction with the following documents:	Mental Capacity Act, Privacy and Dignity Policy, Consent to Treatment or Examination Policy, Safeguarding Adults Policy, Safeguarding Children and Young Adults Policy, Enhanced Levels of Observational Care Policy, Chaperone Policy		
Document for public display:	Yes		
Executive Lead	Sue Pemberton		

For completion by Approving Committee			
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Policy Statement

People with learning disabilities and complex care needs may need extra support to ensure they receive care and treatment which meets their specific needs and maintains their safety. Preparation and planning help ensure examinations, investigations and treatment are more successful and can help reduce stress and anxiety.

'Learning disabilities' is an umbrella term for people who have varying degrees of impairment of intellectual and social functioning.

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, (*Health Care for All, 2008*).

NHS Standards

NHS England (2018) Provided NHS Trusts with a set of four standards, (three are applicable to this trust) that trusts need to meet; doing so identifies them as delivering high quality services for people with learning disabilities, autism or both.

These standards are supplemented by improvement measures or actions that trusts are expected to take to make sure they meet the standards and deliver the outcomes that people with learning disabilities, autism or both and their families expect and deserve.

NHS Improvement will look at performance against these standards to target support at those trusts that need to improve.

Unwarranted variation in care and the poorer outcomes sometimes experienced by people with learning disabilities, autism or both mean trusts need to sustainably improve many of their services. These standards provide a benchmark against which all trusts, be they universal or specialist healthcare providers, can measure their performance in delivering services to people with learning disabilities, autism or both, so driving quality improvement.

Standard 1: Respecting and protecting rights

All trusts must ensure that they meet their Equality Act Duties to people with learning disabilities, autism or both, and that the wider human rights of these people are respected and protected, as required by the Human Rights Act.

Improvement measures:

Trusts must demonstrate they have made reasonable adjustments to care pathways to ensure people with learning disabilities, autism or both can access highly personalised care and achieve equality of outcomes.

Trusts must have mechanisms to identify and flag patients with learning disabilities, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services.

Trusts must have processes to investigate the death of a person with learning disabilities, autism or both while using their services, and to learn lessons from the findings of these investigations.

Trusts must demonstrate that they vigilantly monitor any restrictions or deprivations of liberty associated with the delivery of care and treatment to people with learning disabilities, autism or both.

Trusts must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both.

Standard 2: Inclusion and engagement

Every trust must ensure all people with learning disabilities, autism or both and their families and carers are empowered to be partners in the care they receive.

Improvement measures:

Trusts must demonstrate processes that ensure they work and engage with people receiving care, their families and carers, as set out in the NHS Constitution

Trusts must demonstrate that their services are 'values-led'; for example, in service design/improvement, handling of complaints, investigations, training and development, and recruitment.

Trusts must demonstrate that they co-design relevant services with people with learning disabilities, autism or both and their families and carers.

Trusts must demonstrate that they learn from complaints, investigations and mortality reviews, and that they engage with and involve people, families and carers throughout these processes.

Trusts must be able to demonstrate they empower people with learning disabilities, autism or both and their families and carers to exercise their rights.

Standard 3: Workforce

All trusts must have the skills and capacity to meet the needs of people with learning disabilities, autism or both by providing safe and sustainable staffing, with effective leadership at all levels.

Improvement measures:

Based on analysis of the needs of the local population, trusts must ensure staff have the specialist knowledge and skills to meet the unique needs of people with learning disabilities, autism or both who access and use their services, as well as those who support them.

Staff must be trained and then routinely updated in how to deliver care to people with learning disabilities, autism or both who use their services, in a way that takes account of their rights, unique needs and health vulnerabilities; adjustments to how services are delivered are tailored to each person's individual needs.

Trusts must have workforce plans that manage and mitigate the impact of the growing, cross-system shortage of qualified practitioners with a professional specialism in learning disabilities. Trusts must demonstrate clinical and practice leadership and consideration of the needs of people with learning disabilities, autism or both, within local strategies to ensure safe and sustainable staffing.

A 'complex care need' is when the patient requires additional support due to hearing, visual, speech, physical or mental impairment, long term health condition or due to domestic or social isolation.

The main purpose of this policy is to ensure that people with learning disabilities and complex care needs are able to access high quality health care when attending Liverpool Heart and Chest NHS Trust (LHCH). This includes equality of access to services within the Trust, easy to understand

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information, best interest decision making and what reasonable adjustments need to be considered, (The Equality Act, 2010). This policy aims to enable staff to develop a better understanding of people with learning disabilities and complex care needs and equip them to deal more effectively with the particular needs of each individual.

Background

The Equality Act became law in October 2010; it replaced and aimed to improve previous equalities legislation, including the Disability Discrimination Act 1995. The Equality Act covers all of the groups that were protected by previous equality legislation, known as Protected Characteristics, one of which is disability. It introduced several changes in the law that relates to people with disabilities and uses a broader definition of disability, which means more people are protected than with previous legislation.

A person is defined as being disabled under the Equality Act if:

- They have a physical or mental impairment.
- The impairment has a substantial and long term adverse effect on their ability to carry out normal daily activity.

For an impairment to have a 'substantial effect' it must have more than a minor or trivial effect on a person's ability to do everyday tasks such as washing, dressing and preparing food.

The Equality Act places a legal duty on all service providers to make "reasonable adjustments" in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled. In addition, the Care Act, 2014 details specific duties for local authorities with regards to the provision of advice and information, this includes the requirement that, "information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided."

What is a 'reasonable adjustment'?

The aim is to remove barriers that prevent disabled people from receiving an equal health service. Healthcare professionals are required to make reasonable adjustments to any of their provisions, criteria or practices that place a disabled person at a particular disadvantage compared to non-disabled persons. An example of making a reasonable adjustment would be giving the patient with a learning disability the first appointment in the clinic, because they may not understand the reasons for waiting if the clinic is running late or making sure that information on health services is accessible to people with learning disabilities, or providing them with a Hospital Passport.

What are the health needs of people with a learning disability?

People with learning disabilities have far greater healthcare needs. They are more likely to have mental illness, long-term health problems, epilepsy and physical and sensory disabilities (DH, 2001).

How can we support people with learning disabilities in an acute hospital?

- Enhance their communication skills; ask to see a patient's hospital passport.
- Make reasonable adjustments.
- Remember the person may need extra time and support when consenting to a procedure or

investigations.

- Support their care partner.
- Remember that children and adults with a learning disability can be vulnerable in hospital.
- Ensure a referral is made to the Matron for Patient Experience and /or Safeguarding Lead.
- Ensure a referral is made to the Discharge Planning team.
- Offer the opportunity to visit pre admission, or offer pictures of the environment in which they will be cared for.
- Offer information in different formats such as Easy Read or audio.

A flow chart outlining the core principles for the care of a patient with a Learning Disability/Complex care needs in Liverpool Heart and Chest NHS Trust is provided in Appendix 1.

This policy should be read in conjunction with the following Trust policies:

Mental Capacity Act

Privacy and Dignity Policy

Consent to treatment or Examination Policy

Safeguarding Adults Policy

Safeguarding Children and Young Adults Policy

Enhanced Levels of Observational Care Policy

Chaperone Policy

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 used 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.

Complex Care Needs may result as a patient requiring additional care due to physical impairment, such as mobility issues, hearing or visual impairment, speech/communication difficulties, mental illness, dementia, or social isolation. This list is not exhaustive, and care should be individualised to the patient's needs.

1. Roles and Responsibilities

All staff who interacts with patients and their care partners must be familiar with the resources and responsibilities outlined in this policy.

1.1 Chief Executive

The Chief Executive and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities. The Trust's Chief Executive has overall responsibility to have processes in place to:

Ensure that clinical staff are aware of this policy and adhere to its requirements. Ensure that appropriate resources exist to meet the requirements of this policy.

1.2 Executive Directors

The Executive Directors are responsible for ensuring that all operational managers in their area are aware of this policy, understand its requirements and support its implementation.

1.3 Medical Director/Consultants

The Associate Medical Director and Consultants are responsible for ensuring legal frameworks and procedures detailed in this policy are understood and adhered to by medical staff.

1.4 Clinicians

All clinicians have a duty to ensure the correct assessment, diagnosis and treatments are instigated.

1.5 Heads of Nursing

Heads of Nursing have a responsibility to ensure this procedure is complied with and its effectiveness is monitored.

1.6 Ward Managers/ Heads of Department

Ward Managers/ Heads of Department have a responsibility to ensure this procedure is implemented and adhered to by all members of their team and any staff who are deployed to work in their areas. All nursing and healthcare providers, temporary or agency staff, will be expected to comply with the requirements of the content within this procedure.

1.7 Nursing teams

Teams of nurses will provide twenty-four hour individualised care to meet the requirements of people with learning disabilities and complex care needs and where appropriate make timely referrals to Discharge Planning team, Matron - Patient Experience.

Temporary staff

Temporary or agency staff, contractors, students or others will be expected to comply with the requirements of all Trust policies applicable to their area of operation.

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1.8 Hospital co-ordinator

Hospital Co-ordinators will act as a point of contact for any patient either admitted or using outpatient 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 Matron - Patient and Family Experience and Safeguarding lead.

1.9 Discharge Team

The Discharge Team will have responsibility for co-ordinating the patient pathway throughout their stay and ensuring that appropriate communication and on-going referrals are made in a timely way which includes the wishes of the patient and their care partner.

1.10 Matron - Patient and Family Experience

The Matron- Patient and Family Experience will have responsibility to directly support patients with Learning Disabilities or Complex Care needs and their Care Partners by ensuring that their needs are met through:

- Monitoring the admission rates and care of patients with Learning Disabilities or Complex Care needs within the Trust.
- Undertaking partnership working with all relevant stakeholders when a patient with Learning Disabilities or Complex Care needs are admitted to hospital.
- Supporting and advising hospital staff with appropriate information to promote evidence based practice and effective service provision that ensures implementation of reasonable adjustments and person centered care.
- Facilitating additional meetings or case conferences as appropriate to address particular changes in patient care needs.
- Promoting the involvement of families and Care Partners in the treatment and care of patients with Learning Disabilities or Complex Care needs in the Trust.
- Providing and facilitating on-going awareness training for hospital staff.

It is the responsibility of all clinical/nursing staff to follow Trust policy and procedures for promoting the welfare of patients with Learning Disability or Complex Care needs within LHCH and know who to contact within the organisation to express concern about their welfare.

The admitting team must identify whether there is a need for reasonable adjustments to be made to accommodate the person in hospital. This is in line with the Equalities Act 2010.

Examples include:

- Providing communication aids (this might include an interpreter).
- Ensuring there is enough space around the bed for wheelchair users to move from their bed to their chair.
- making appropriate adjustments for carers.

It is the responsibility of all clinical/nursing staff to ensure that the relevant pathway (**See appendices 1-5**) is followed when they are caring for a patient with learning disabilities.

Pathways-

- Care of a Patient with a Learning Disability/Complex Care Need -Outpatients attendance.
- Care of a Patient with a Learning Disability/Complex Care Need- Elective admission.

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- Care of a Patient with a Learning Disability/Complex Care Need- Theatre /Recovery admission.
- Care of a Patient with a Learning Disability/Complex Care Need- Emergency/Unplanned admission.

2 Guidelines

2.1 Communication (see appendix 6)

Many people with Learning Disabilities or Complex Care needs 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. They may also have difficulty understanding written communication and this should be taken into consideration when arranging appointments, particularly if pre- appointment instructions are included.

Remember to talk to the patient about all aspects of their care.

Remember that people can “assent” to treatment through their co-operation.

Include the patient and their care partner as far as possible in their care.

Give the patient dignity and respect.

For those patients with Learning Disabilities or Complex Care needs where communication is difficult, use alternative means of communications such as sign language, symbols, photos and objects of reference.

Some patients with a learning disability may bring their **Hospital Passport**, this is a document that provides clear and concise information in an easy to understand format regarding the person’s health and support needs.

The Hospital Passport belongs to the patient and should accompany them for all hospital appointments and admissions.

An individual’s capacity to understand may be affected by factors such as an unfamiliar environment, unfamiliar faces, or anxiety and pain. Each ward/department should have a ‘Communication Book’ with pictures of some basic procedures, food and drink choices, and parts of the body.

(Both the Hospital Passport and the Communication Book are available via the Safeguarding link on the Trust’s Intranet page)

2.2 Care Partner

The aim is to support Care Partners to be involved in the care of their relative, (with the consent of the patient). This provides support and reassurance for the patient and prepares the Care Partner for their supportive role when the patient is discharged home. Care Partners and families often know the patient’s likes, dislikes and routine, this can help us provide individualised care.

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The Care Partner should be involved in decisions regarding care and invited to give feedback on perceptions of standards of care. It may be helpful for them to use a reflective diary. Care plans should be reviewed with the patient and their Care Partner on a daily basis or more frequently as agreed.

2.3 Mental Capacity

Where there are particular concerns regarding the capacity of a patient with Learning Disabilities or Complex Care needs to give informed consent, the nursing/medical team should refer to the Liverpool Heart and Chest policy for assessing mental capacity.

2.4 Consent

Some patients with Learning Disabilities or Complex Care needs do have the capacity to give informed consent – it should not be assumed that they cannot. It is, therefore, vital for health professionals to recognise that in most cases consent should be sought from the patient themselves. **It is not acceptable or legal for a parent or Care Partner to give consent on behalf of an adult with Learning Disabilities or Complex Care needs when they have the capacity.**

When attempting to obtain informed consent, the health professionals involved should consider carefully the patient's level of understanding and comprehension. The use of language and presentation of information should be appropriate to the patient and may require adaptation to complement the verbal and written information. This may also involve contacting people who have a detailed knowledge of the patient and could include a person with Lasting Power of Attorney (LAP) or a Court Appointed Deputy.

Where a patient does not have any of the previously mentioned, then an Independent Mental Capacity Advocate (IMCA) should be sought. If the patient is not competent to give consent, treatment is lawful providing that it is in their best interest.

The position regarding consent in an emergency situation is no different for a person with Learning Disabilities or Complex Care needs – ultimately the attending doctor makes the decision to proceed in the patient's best interest.

Specific legal advice must be sought wherever there is doubt about proposals for treatment and the necessity for obtaining consent in relation to such proposals.

Where there are particular concerns regarding the capacity of a patient with a learning disability to give informed consent, the nursing/medical team should refer to the Liverpool Heart and Chest Policy for Consent and Treatment and to the Safeguarding Policy for direction on assessment of capacity and best interest decision making.

2.5 Care Pathways

Follow patient Pathways – see Appendix 1-5

2.6 Principles of care

- Assess the patient's need for additional nursing resources, (refer to Enhanced Levels of

Observational Care Policy).

- Provide Care Partner information leaflets.
- Keep Care Partners informed of the patient's progress.
- Ensure the Care Partner's involvement at the level they desire and document in EPR Flow sheets.
- Involve the Matron for Patient and Family Experience and Discharge teams. If there are issues around mental capacity involve the Safeguarding Team.
- In EPR, flag that the patient has a Learning Disability or Complex Care need in the Patient Header under 'General precautions'.
- Ensure effective communication between all parties by using the patient's Hospital Passport Book and talk to the patient about their care (appendix 8).

2.6.1 Preparation for hospital visits

Reasonable adjustments to meet the patient's needs should be undertaken.

Many people with learning disabilities are anxious about medical treatment and hospital environments and this anxiety can sometimes be expressed in behaviour which can be challenging for staff to manage. Any form of behaviour is a form of communication and is often the only expression of anxiety available to an individual.

Prior to any planned hospital appointment or admission, the individual's parents/care partners or learning disability staff (with support from the community learning disability team, where involved) will ensure that the patient is offered the individual support required to facilitate the visit. This may on occasion include the use of sedation to manage anxiety but only under the guidance of a medical practitioner.

2.6.2 Out-patient Appointments – see Appendix 2, (Care of a Patient with Learning Disability or Complex Care needs – Outpatient Attendance).

The Consultants secretary receives the GP referral and sends out an outpatient appointment to the patient along with a request that the patient informs us if they have a learning disability or complex care need. If a need is identified, the secretary will notify the consultant, anesthetist and the Matron for Complex Care.

The Matron for Complex Care will then liaise with the Outpatient Department, theatres, Hospital coordinator's and if required, POCCU.

On arrival in the Outpatients Department, the patient and/or their care partner can give their Hospital Passport to their ANP/clinic nurse prior to consultation.

The ANP / clinic nurse should assist during the consultation and be available post consultation to provide extra information and direct the patient and their Care Partner to other hospital departments as required.

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

Follow up appointments should be avoided (unless clinically essential), in cases where the patient presents with distress, extreme anxiety or challenging behaviour in hospital settings. If a follow up appointment is not offered, care arrangements should be discussed between the

clinic staff and the patient's GP.

Where it is ascertained that an appointment at the beginning or end of a clinic list would be most appropriate for the patient's needs, this should be documented in EPR in order that all subsequent appointments are made at this suitable time. If a patient is attending the Out-patient Department by ambulance, it may **not** be possible to guarantee the appointment time.

Where a patient is a regular attendee at the Out-patient Department the clinic nursing staff will liaise with the patient and their main care partner to discuss and identify any specific care requirements that the patient may have during attendance. The outcome of this discussion may include, where appropriate, scheduling the appointment to the most suitable slot on the clinic list based on any needs identified.

Following the out-patient consultation the nursing staff should see the patient and their main Care Partner to ensure that they have understood the information and/or instructions given to them during the consultation and to determine any further care requirements before they leave (appendix 7).

2.6.3 Patients attending for treatment as an out-patient which involve anaesthesia

When the decision is made treatment is required as an out-patient, the patient's ability to tolerate and co-operate with the procedure should be discussed in detail at the time that the treatment is booked. Where necessary, a patient may require sedation or general anaesthetic with the involvement of the medical team.

The main care partner should be made aware of the importance of considering the issue of tolerance and co-operation with the procedure. The care partner should be invited to accompany the patient to the anaesthetic room and also invited to be present in the recovery room shortly after the patient wakes from the anaesthetic.

2.6.4 Elective Admission - see Appendix 3, (Care of a Patient with Learning Disability or Complex Care needs – Elective Admission).

- The Matron for Patient Experience will liaise between the care partner and hospital staff to review all aspects of support needed within the hospital environment.
- An easy-read letter will be sent from the Trust (admissions department) via PAS to inform the patient of an admission.
- These letters can only be sent if there is an alert on the PAS system to highlight that the patient has Learning Disabilities/Complex Care needs, or if the referral letter from the GP mentions that the patient has Learning Disabilities/Complex Care needs, and, in addition, if any reasonable adjustments need to be made.
- The pre-assessment appointment is to be planned in advance of the admission date wherever possible, to ascertain the patient's care levels so this can be shared with wards and theatres prior to admission.
- Where information is available in advance, the nurse in charge of the respective ward/department should be informed in advance that a patient with a Learning Disability/Complex Care needs is to be admitted.
- Where possible, the admitting nurse should invite the patient and their main care partner to attend the ward, prior to the admission date, in order to undertake an assessment of the patient's care needs and to identify if any additional nursing resource is required prior to their admission.

- Provision should be made for a side room if the care partner is staying overnight, if possible.
- The main care partner should be invited to accompany the patient on the day of admission and to take part in the admission process (with the patient's consent). The admission process may be lengthy and a commitment in terms of time is required.
- Where a patient has attended without care partner support, the nurse, with the patient's consent, should make an appropriate person aware of the patient's admission such as the person's care partner or social services.
- At the point of admission, parents/ care partner and the Matron - Patient Experience 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 (refer to Enhanced Levels of Care Policy).
- Consideration should be given to combine procedures, wherever possible, e.g. to undertake blood tests or other procedures to avoid any further distress to the patient.
- On admission, the patient should bring their Hospital Passport (where available) to assist with the assessment and provision of their care needs. This document remains the property of the patient and should accompany them on discharge/transfer. All relevant information, particularly information relating to specific needs for support, should be made available and accessible to all ward staff.
- Liaison between relevant disciplines, e.g. Occupational Therapy, Speech and Language Therapist and Physiotherapist will be established as needed and, if further support required, will be agreed, e.g. joint working between community and hospital therapy staff.
- Care partners and relatives should be involved in the planning of the care of the patient. Some care partners may wish to contribute to the care of the patient while they are in hospital and they should be supported to do so where appropriate. This is a voluntary action and there is no obligation for them to take part in the delivery of care for the patient.
- A full nursing assessment should be carried out on admission. The expertise/knowledge of the care partner should be used to facilitate a thorough assessment and should take account of the individual's physical, psychological, social and cultural needs. The patient's needs with regard to the protection of individuality and dignity must also be considered.
- Particular note should be made of the patient's medication regime, including the form of the preparation, times and methods of administration (which may be tailored very specifically to the individual patient).
- These details should be discussed with relevant medical staff and, if necessary, the ward pharmacist in order to ensure continuity of medication during hospitalization and following discharge, particularly when there are long term conditions, such as Parkinson's disease.
- Preparations for discharge planning and any predicted discharge needs should also be discussed during the visit and where other agencies are identified as required, referrals should be made.
- A care plan should be developed in EPR in the Complex Care flow sheets which identify any specific requirements relating to aspects of care such as positioning, sensory stimulation or feeding requirements. The care plan should be discussed with the care partner (with the patient's consent).
- Remember to always include the patient in conversations and consultations regardless of their level of verbal communication.

2.6.5 Care of Patients Attending Theatre and Recovery,

(See Appendix 4, Care of a patient with learning disability or complex care needs – Theatre

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and Recovery).

2.6.5.1 Pre-operative Preparation

The following issues should be discussed during the pre-op visit between patient, nursing staff and main care partner:

- The patient's previous experience of anaesthesia and surgery.
- Behavioral patterns during recovery of anaesthesia.
- The patient's communication needs.
- Whether the care partner wishes to accompany the patient to the anaesthetic room and/or to be present in the recovery room shortly after the patient recovers from the anaesthetic.
- Whether a ward nurse needs to stay with the patient in the anaesthetic room until the patient is asleep to provide continuity of care and support.
- Nursing staff from the patient's ward should contact the appropriate theatre prior to surgery to inform them of any specific arrangements or patient needs which will be required during surgery, particularly with a patient who has complex needs.
- People with a learning disability often communicate pain differently. The theatre staff should inform the anaesthetist/medical team that there is a patient on the theatre list with a learning disability and request that a pre-operative visit is made by them to discuss pain assessment and management with the patient, their care partner and the ward nursing staff.

2.6.5.1 Attending Theatre and Recovery

- If possible, the care partner should be invited to accompany the patient to the theatre suite with the ward nurse.
- Where required, the ward nurse will remain with the patient until induction of anaesthesia is complete.
- The care partner may wish to accompany the patient to the anaesthetic room and/or be in attendance during recovery.
- Once the procedure is complete the recovery nursing staff should contact the ward to notify the care partner that the procedure is complete.
- Where possible, the patient should be escorted back to the ward by a ward nurse who is known to them.
- People with learning disability or complex care need may communicate pain differently. Patient centred pain assessment techniques should be implemented to ensure adequate pain management.

2.6.6 Emergency/Unplanned Admission

(See Appendix 5, Care of a patient with Learning Disability or Complex Care needs – Emergency/Unplanned Admission).

- During an emergency admission, it may be considered that a patient has Learning Disabilities/Complex Care needs due to their presentation or communication abilities. Where possible, meet with their care partner (if present) to establish if they have any additional needs. Where a learning disability or complex care need is confirmed, this must be documented within the patient's medical notes and flagged on EPR.
- If a patient with learning disability or complex care need is admitted unaccompanied, the nursing team should attempt to identify a care partner or relative and make contact with them as soon as possible. Where no other person can be identified, contact the Lead for Safeguarding and the IMCA service. To assist in obtaining information, the patient with learning disability or complex care need may have brought their Hospital Passport, ask for this and use the information it contains to support decision making.

- For those patients with a learning disability or complex care need where communication is difficult, use alternative means of communications such as sign language, symbols, photos and objects of reference.
- Pay attention to the provision of privacy as some patients with learning disability or complex care needs have associated physical and personal care needs.

2.6.7 Discharge Planning

- Discharge planning should be discussed with the patient and their care partner at the time of admission. The multi-disciplinary teams e.g. physiotherapy, occupational therapy, speech and language therapy could assist with this process.
- In the first instance, all patients with a learning disability or complex care need should be considered to have complex discharge planning needs. The Trust's Discharge Policy should be adhered to at all times.
- The Discharge Team and Matron for Patient Experience should be involved in discharge planning from the point of admission to ensure the arrangements are appropriate. Where cases are particularly complex they may also want to involve Social Services.
- On the day of discharge the care partner should be issued with a copy of the patients discharge plan detailing the patient's care needs on discharge and arrangements for support in the community.
- Where at all possible, transfer of a patient with a learning disability or complex care need (in order to accommodate other admissions, emergency or elective) should be avoided to ensure a consistent environment is maintained.

3. Policy Implementation Plan

This policy will be implemented through the directorate structures, governance meetings and the Safeguarding Steering group.

The Matron for Patient Experience with support of the Hospital Coordinators and Discharge Team will be responsible for monitoring and reviewing this policy through audit and incident reporting.

Trust managers have a responsibility to ensure staff know how to access this policy and staff have a responsibility to read the policy and to seek clarification of any issue they do not understand.

Managers are responsible for ensuring that all staff receive support and guidance to enable them to comply with the requirements of this policy and its associated procedures.

The Policy will be launched via the LHCH weekly communications bulletin and highlighted at Team Brief.

The Policy will be available to all external stakeholders via the Documents Library on the Intranet.

4. Training and Awareness

- Each ward/department will have a duty to ensure any new members of staff are trained in this policy. It is advised a local register of training should be kept by the ward/department manager.
- Training will be provided as part of local induction to raise staff awareness of the policy content and procedure.
- When support is required this should be escalated to the ward/department manager and/or Matron for Patient Experience.

5. Monitoring of Compliance

- The Trust is responsible for ensuring all staff receives Learning Disability or Complex Care needs training as part of Trust and Local induction.
- This policy will be ratified and monitored through the Safeguarding Steering Group.
- The first review of this policy will be at six months and thereafter will take place annually.
- Any revisions to this document must be agreed through the medicine, surgery and clinical services division committees, and support services, in addition to the Safeguarding Steering Group

6. References

Department of Health (2005) Mental Capacity Act. London, HMSO
Department of Health The Equality Act (2010)
Department of Health Care Act (2014),

Department of Health (2001) 'Valuing People: A New Strategy for Learning Disability for the 21st Century'

Department of Health (2008) Healthcare for All.

Disability Discrimination Act (2005)

Disability Rights Commission (2006) Equal Treatment: 'Closing the Gap' Mencap (2004) Treat me right! Better health care for people with a learning disability. London, Mencap.

NHS England (2018) Learning disability improvement standards for the NHS

7. Appendices

Appendix 1 - Core Principles.

Appendix 2 - Out-Patient Attendance

Appendix 3 - Elective Admission

Appendix 4 - Theatre and recovery

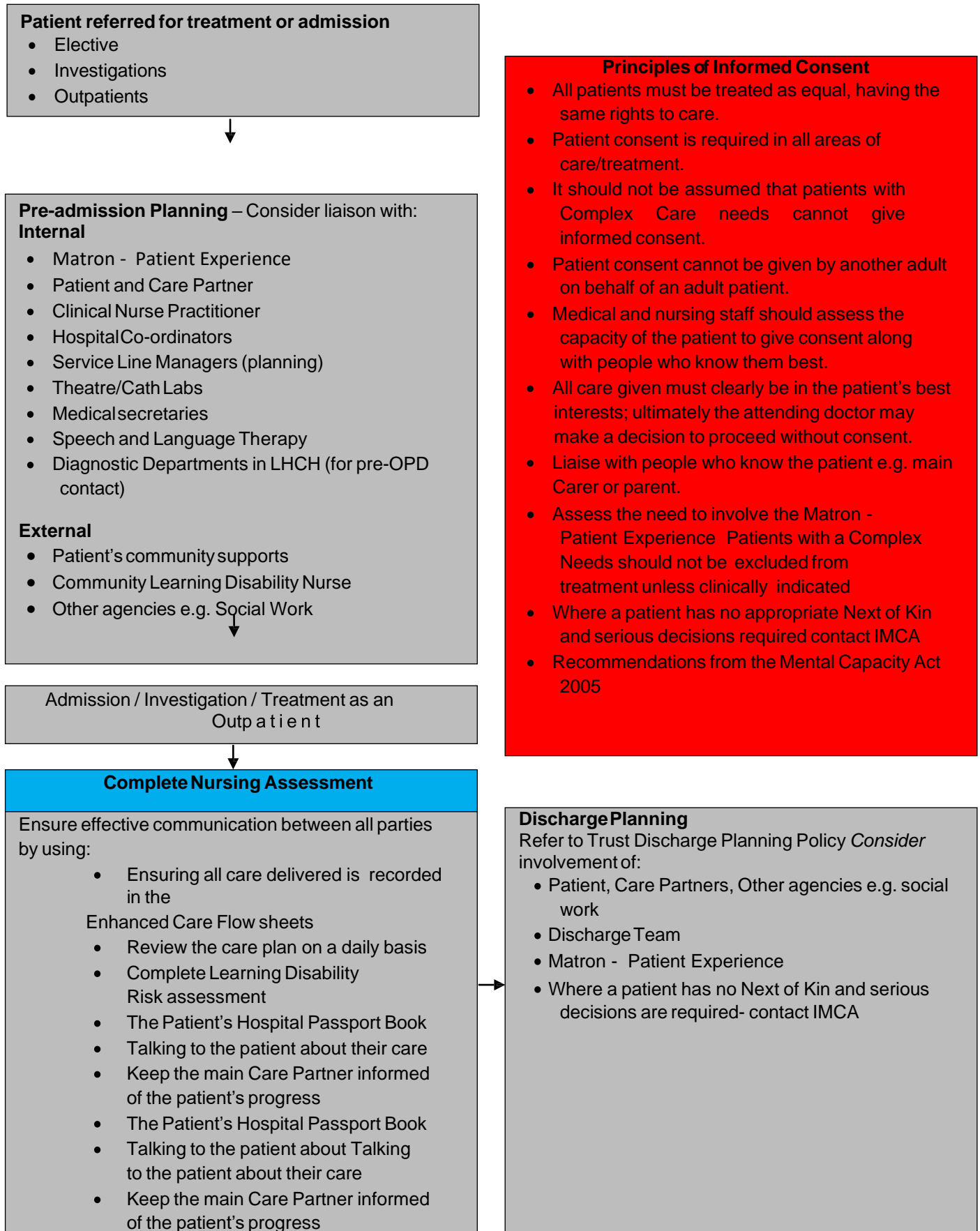
Appendix 5 - Emergency/Unplanned admission

Appendix 6 - Strategies for effective communication

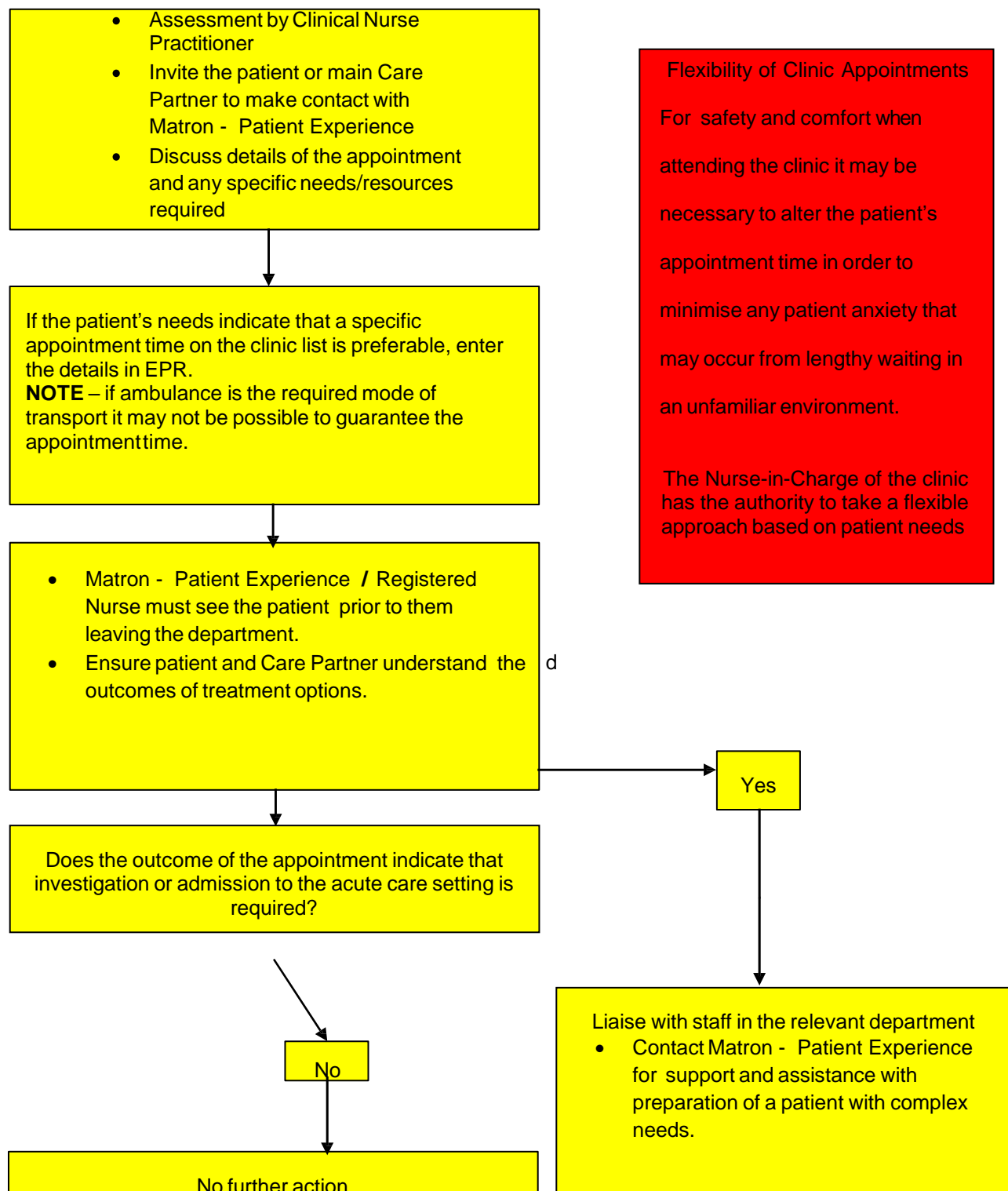
Appendix 7 - Good practice for appointments

Appendix 8 - How to use the Hospital passport.

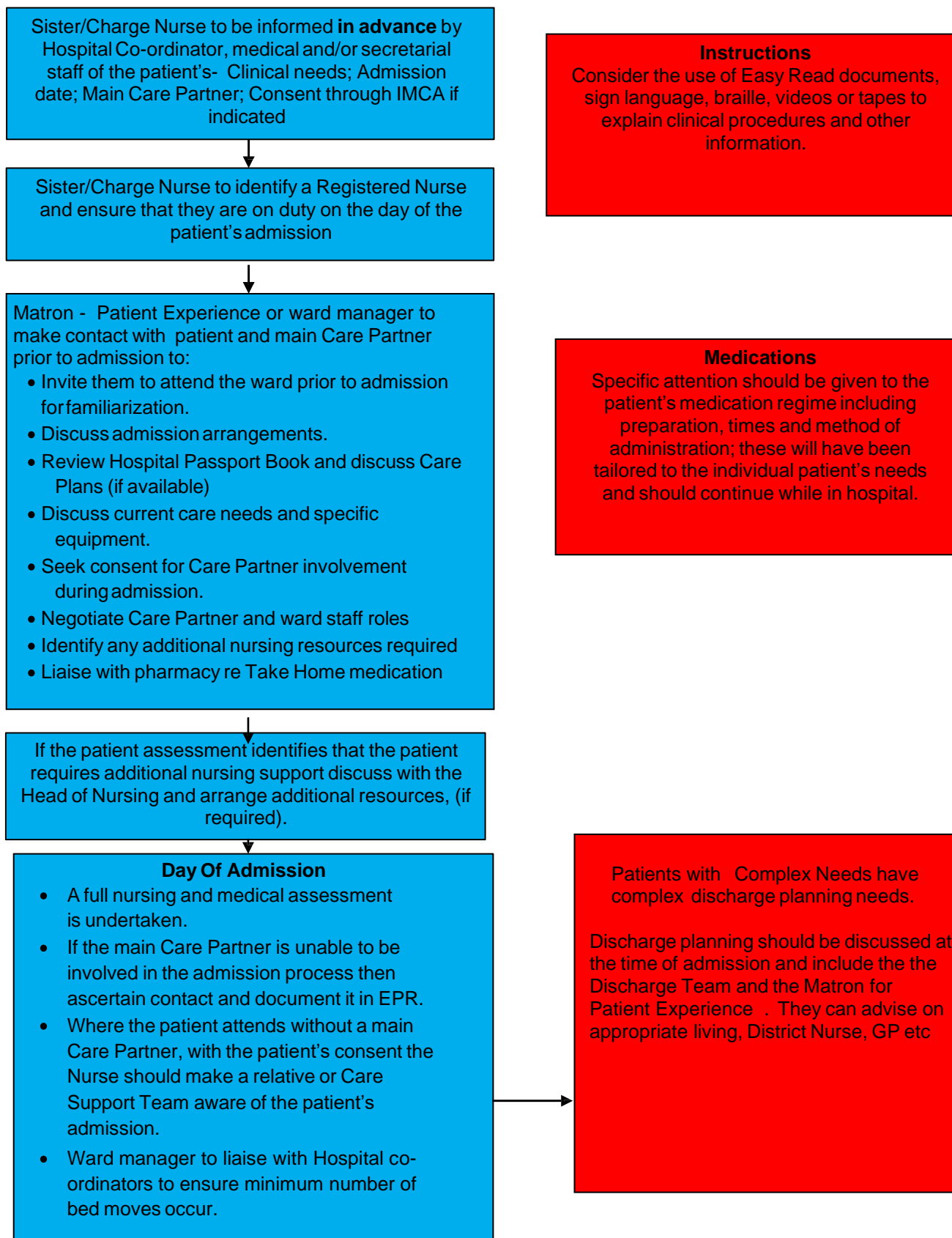
Appendix 1 - Care of a Patient with Learning Disabilities / Complex Needs Core Principles



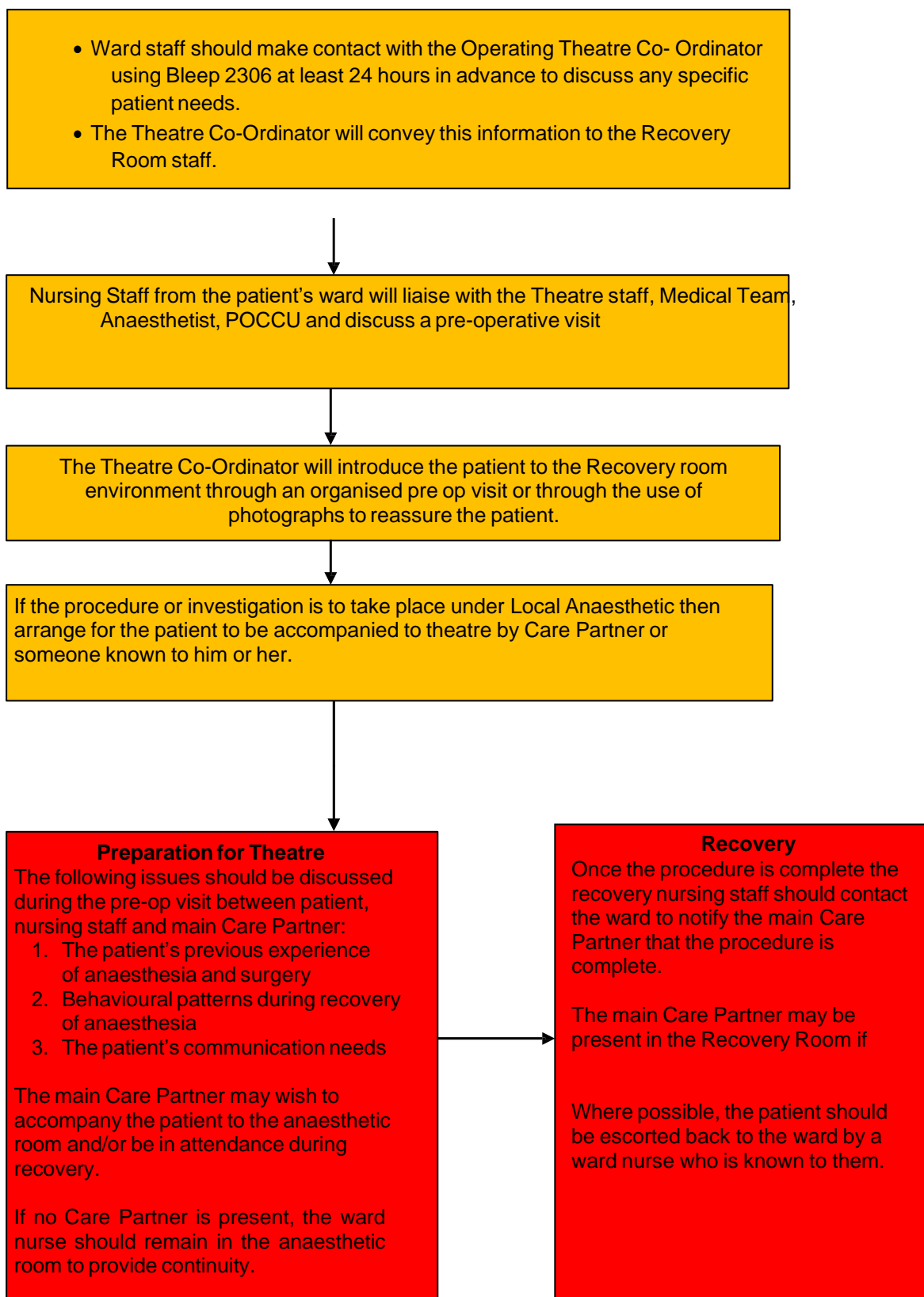
Appendix 2 - Care of a Patient with Learning Disabilities/Complex Needs Out-Patient Attendance



Appendix 3- Care of a Patient with Learning Disabilities/Complex Needs – Elective Admission

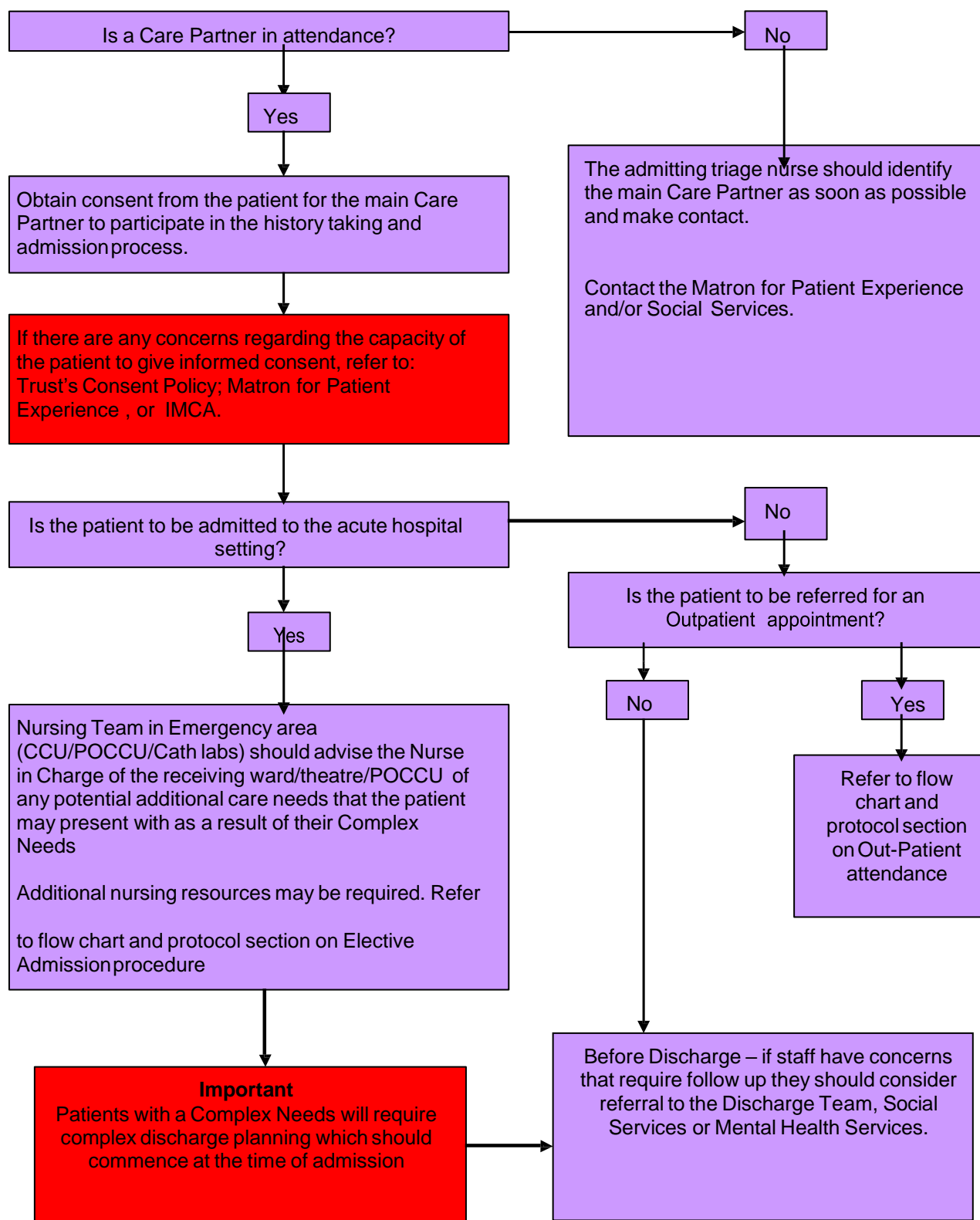


Appendix 4- Care of a Patient with Learning Disabilities/Complex Needs in Patients attending Theatre and Recovery



Appendix 5 - Care of a Patient with Learning Disabilities/Complex Needs

Emergency/Unplanned Admission



Appendix 6 Good practice guidance

Strategies for Effective Communication

- Speak slowly and clearly and avoid complex language.
- Chunk information into smaller sentences, containing 1-2 key words.
- Use gestures, body language and facial expression to supplement words but be aware that these may have different meanings across cultures.
- Avoid the use of technical words, jargon and abbreviations.
- Avoid the use of words which can have a literal meaning e.g. Wait a minute, take a seat.
- Avoid the use of complex instructions and spatial directions e.g. turn right at the end of the corridor and take the third door on the left.
- Be prepared for pauses and silences. People with learning disabilities may have difficulty processing information and formulating a response.
- Reduce distractions as far as possible.
- Supplement verbal information by the use of written instructions, symbols, pictures and objects.
- Use environmental and contextual cues where appropriate.
- Gather information from family members or Care Partners as appropriate, but seek permission from the patient and continue to include them in the dialogue.
- Check if the person has a Hospital Passport or Communication book.
- Check the person's hearing status if possible, e.g. do they have a hearing aid?

Appointments:

- Change appointment times to facilitate care partners if necessary.
- Allow enough room in corridors and waiting areas for wheelchairs.
- Allow people to wait in different areas from other patients if it helps them.
- Long waiting times and rushed appointments can make people with learning disabilities or complex care needs anxious.
- Try to hold appointments at the beginning or end of the day and routinely offer double slots. Wherever possible try to 'fast track' the patient.
- Tell people in person when it is their turn for their appointment.
- Make sure a person with learning disabilities or complex care needs has access to the appropriate transport when they are offered an appointment.
- Make sure the patient has access to the disabled toilets.
- Try to make sure the person sees the same or one of two doctors or health professional where possible.
- Check PAS for learning disabilities or complex care needs alert and add if it is not already there.

When in hospital:

- Make sure you know what people's needs are – diet, physical and personal care etc
- Make sure they know about the Patient Passport and have access to it.
- Check PAS for a learning disabilities or complex care needs alert and add if it is not already there.
- Let people familiarise themselves with hospitals before they come in.
- Make sure you have the right equipment for the patient's needs.
- Care Partners will need a break and facilities if they are staying with someone.
- Do not assume a Care Partner can stay for long periods.

Passing on information:

- Ask people what would help them and have a simple, consistent, clear system which holds this information so that people do not have to keep repeating it.
- Make sure that when someone is referred to another service or department that you tell them about the patient's specific needs.
- Make sure that you include relevant information about someone's communication, physical access and sensory needs.
- Ask how the patient wants to get their test or screening results, for example; face to face, phone call.

The person:

- Always check someone's ability to provide and understand information first.
- Discuss care plans and ensure agreement before implementation.
- Make sure people know how to make a complaint if they want to.
- Never assume that the patient has a Care Partner or someone at home to help, if they do not have a Care Partner with them.
- Talk about relaxation techniques if someone is very anxious about some services, for example; blood tests, injections.

Appendix 7

How to use the Hospital Passport

<http://nww.staffintranet.lhch.nhs.uk/Library/Corporate/Safeguarding Documents/HOSPITAL%20PASSPORT%20JUNE%202010%20word%20version.doc>

- The passport is **not** a substitute for a care partner, who knows the person with a learning disability well, accompanying him/her to medical appointments and in emergency situations.
- A person who knows the patient well will be more likely to be able to reassure, him/her and will be another source, from whom, to obtain medical history. However the Passport could remind the patient and his/her care partner of the important medical points.
- On the rare occasions when the patient has to be accompanied by a new or unfamiliar care partner, the Passport could act as a vital tool to the care partner and medical staff.
- The passport should be completed well in advance of appointments, checking it again before the visit to hospital. Documents can get lost in hospital therefore it is a good idea to make a copy and scan into EPR if you can and keep the original with the patient or in a safe place.
- The passport should be regularly reviewed, at least once per year and after each medical change or appointment.
- The passport can be completed by the individual alone or with help from care partners, family members, a community nurse or the Liaison Nurse.

7. Endorsed By:

Name of Lead Clinician / Manager or Committee Chair	Position of Endorser or Name of Endorsing Committee	Date

8. Record of Changes

Section No	Version No	Date of Change	Description of Amendment	Description of Deletion	Description of Addition	Reason
Page 3	2.0	11/12/2018 A McKenna			Learning disability standards – NHS England 2018	More recent information added
Page 17	2.0	11/12/2018 A McKenna			Updated references list to include the above.	Further knowledge
Page 17	2.0	11/12/2018 A McKenna		Deleted Care support team reference		No longer exists
Page 9	2.1	12/05/21 C Kenny		Deleted Care support team reference		No longer exists