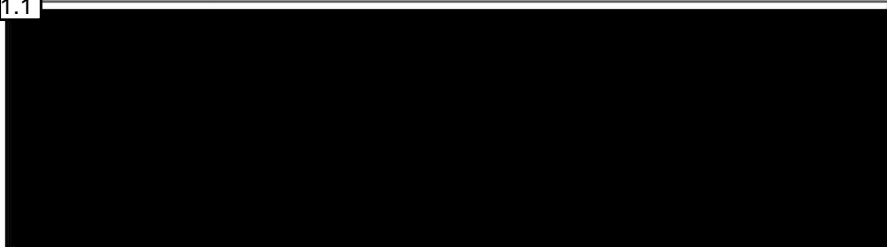


Supporting people with Learning Disability (Intellectual Disability) and Autism Policy

Category:	Policy
Summary:	This policy ensures Oxford University Hospitals NHS Foundation Trust (OUH) provides excellent safe and Quality Care to and for people with learning disabilities and / or autism and their families and carers.
Equality Analysis undertaken:	June 2023
Valid From:	July 2023
Date of Next Review:	July 2026
Approval Date/Via:	Clinical Policy Group, July 2023
Distribution:	Trust-wide (OUH) Oxford Health NHS Foundation Trust (OH) Oxfordshire Clinical Commissioning Group (OCCG)
Related Documents:	Safeguarding Children and Adults At Risk Policy Carers Policy SOP for Mental Capacity Act Assessment (2005) and Deprivation of Liberty Safeguards Applications (DOLS 2009) Standardised Mortality Review Policy Incident Reporting, Investigation and Learning Procedure Transition from Children's to Adult Services Policy Enhanced Care and Observation Policy
Author(s):	Head of Adult Safeguarding Lead Learning Disability Epilepsy Specialist Nurse Lead Learning Disability Liaison Nurse
Further Information:	1.1 
This Document replaces:	Learning Disability Policy, version 6.0 2019

Lead Director: Chief Nursing Officer

Issue Date: October 2023

Document History

Date of revision	Version number	Author	Reason for review or update
February 2013	1.0 to 3.0	Head of Adult Patient Experience	Equality Impact Assessment, general revisions to draft version, monitoring framework, definitions and training plan
April 2013	4.0		General revisions
October 2018	5.0		General revisions
August 2019	6.0		Addition of NHS Learning Disability standards
April 2023	7.0		3 Year Review

Consultation Schedule

Who? Individuals or Committees	Rationale and/or Method of Involvement
Epilepsy Learning Disability Nurse	Review
Trust-wide consultation	Review
Safeguarding Steering Group	Review and approval
Clinical Policy Group	Review and approval

Endorsement

Endorsee Job Title
Chief Nursing Officer
CPG Chair

Contents

Document History.....	2
Consultation Schedule	2
Endorsement.....	2
Who should read this document?	4
Key Standards/Messages	4
Background/Scope.....	5
Key Updates.....	6
Aim	6
Standard 1: Respecting and protecting rights	6
Standard 2: Inclusion and Engagement	7
Standard 3: Workforce	8
Healthcare/Autism Passports	9
Referring to the Learning Disability Liaison Nurse Team.....	9
Role of paid support workers	10
Safeguarding.....	11
Transition/ moving from children to adult services	11
Easy Read information and appointment letters.	12
Epilepsy services	12
Waiting lists	13
County wide escalation of concerns	13
Learning from Learning Disability and Autism Deaths (LeDeR)	13
Enhanced observation and care	13
In patient services: Moving wards and clinical teams.	13
Tertiary referrals.....	14
Review.....	14
References	14
Appendix 1: Responsibilities	17
Appendix 2: Definitions	20
Appendix 3: Education and Training	21
Appendix 4: Monitoring Compliance	21
Appendix 5: Equality Impact Assessment (This is a mandatory heading).....	22
Equality Impact Assessment Template	22

Who should read this document?

1. This policy should be read by all clinical staff across the Trust.

Key Standards/Messages

2. In June 2018, NHS Improvement launched the [learning disability improvement standards for NHS trusts](#) (NHS England, no date-a). These were designed with people with a learning disability, carers, family members and healthcare professionals to drive rapid improvement of patient experience and equity of care.
3. The four standards, the first three of which apply to all NHS Trusts, cover:
 - 3.1. respecting and protecting rights
 - 3.2. inclusion and engagement
 - 3.3. workforce
 - 3.4. specialist learning disabilities services.

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.

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.

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

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.

4. A Trust's compliance with these standards demonstrates it has the right structures, processes, workforce and skills to deliver the outcomes that people with learning disabilities, autism or both, their families and carers expect and deserve, as well as commitment to sustainable quality improvement in the services and pathways for this group.
5. To deliver these standards and achieve the vision of the Long-Term Plan, NHS Trusts need to optimise access to healthcare for people with learning disabilities, autism or both; this requires organisational development and collaboration with other providers.

Background/Scope

6. Over a million people in England have a learning disability who often experience poorer access to healthcare than the general population ([Mencap, no date](#)). The NHS Long Term Plan ([NHS, 2019](#)) commits the NHS to ensuring all people with a learning disability, autism or both can live happier, healthier, longer lives.
7. People with learning disabilities, autism or both and their families and carers should be able to expect high quality care across all services provided by the NHS. They should receive treatment, care and support that are safe and personalised; and have the same access to services and outcomes as their non-disabled peers.
8. It is recognised that some people with learning disabilities, autism or both encounter difficulties when accessing NHS services and can have much poorer experiences than the general population ([LeDeR Annual Report 2020](#)). Several inquiries and investigations have found that some NHS Trusts and Foundation Trusts ([National Quality Board 2017](#)) are failing to adequately respect and protect people's rights, with devastating consequences for them and their families. Also, skills deficits in the NHS workforce mean people's needs are sometimes misunderstood or responded to inappropriately. As a result of these failings, people with learning disabilities, autism or both are at risk of preventable, premature death and a grossly impoverished quality of life.
9. The Standards follow a rights-based approach the main law protecting human rights in the UK is the Human Rights Act, which places a clear legal duty on public officials to respect the 16 rights it outlines. The four key rights in relation to the design and delivery of health services are:
 - 9.1. the right to life
 - 9.2. the right to be free from inhuman/degrading treatment
 - 9.3. the right to liberty; the right to respect for private and family life
 - 9.4. the right to be free from discrimination.
10. Services for people with learning disabilities, autism or both should be provided as close as possible to their homes and communities and must be of the same quality as those delivered to other members of society. These services need to include effective public health services as well as the specialist services for a disability (including early identification and intervention services). Practitioners must respect people's autonomy by ensuring they seek free and informed consent to care and treatment, and that people are helped to understand their rights.
11. The [Human Rights Act](#) places a duty on officials both to 'respect' human rights and to take action to ensure people's rights are 'protected'. This includes protecting people from known risks to their rights (such as risk of abuse or loss of life), preventing discrimination, and promoting inclusion and participation.
12. To enable people with learning disabilities, autism or both to have the same human rights as the general population, their specific requirements need to

be reflected in all NHS Trust policies and procedures. These standards are rooted in a human rights-based approach to meeting people's needs.

Key Updates

13. This policy has been rewritten to reflect the national learning disability standards.

Aim

14. The aim of this policy is to enable people with learning disabilities, autism or both and their families and carers to expect high quality care across all services provided by the Oxford University Hospitals NHS Foundation Trust
15. They should receive treatment, care and support that are safe and personalised and have the same access to services and outcomes as their non-disabled peers.

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 measure	What this means in practice
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.	This typically includes things like using modified communication, flexible appointment systems and modified triage assessments, and ensuring due regard to the content of hospital passports.
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.	This might be done using electronic flags in patient administration systems and ensuring the necessary reasonable adjustments are recorded in a person's summary care record.
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.	Both local investigations and full engagement with the national LeDeR (Learning Disability Mortality Review) programme . Also, acting to address findings of 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 have arrangements to ensure any restrictions and deprivations of liberty are correctly and lawfully authorised, with checks that these are always necessary and proportionate.

Improvement measure	What this means in practice
	Trusts are transparent about what they do and why and are open to challenge.
Trusts must have measures to promote anti-discriminatory practice in relation to people with learning disabilities, autism or both.	Trusts have effective safeguarding arrangements to ensure that diagnostic overshadowing and value judgements about a person's quality of life do not detract from their care. Trusts compare outcomes and experiences of people with learning disabilities, autism or both with those of non-disabled peers.

Please refer to the [Standardised Mortality Review Policy](#) for the process for structured review of deaths for people with learning disabilities.

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 measure	What this means in practice
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 involve people, families and carers in all aspects of planning and evaluating care and treatment, and use their feedback and experiences to improve services. Trusts tell people if their care has raised safety concerns and what will be done to prevent recurrences.
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 make clear the attitudes, behaviours and communication they expect from their staff. Trusts support people whose complaints and concerns are being looked into. Trusts involve people with learning disabilities in staff recruitment.
Trusts must demonstrate that they co-design relevant services with people with learning disabilities, autism or both and their families and carers.	This includes involvement of people, families and carers in reviewing services/pathways that affect them and planning improvements.

Improvement measure	What this means in practice
	Some organisations ensure that people with learning disabilities, autism or both are fully involved in strategic decision-making and designing approaches to continuous learning.
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.	This might include, for example, adopting NHS England's initiative 'Ask Listen Do' . In line with the LeDeR reviews, trusts should invite the input of people and families affected, to maximise learning from untoward events.
Trusts must be able to demonstrate they empower people with learning disabilities, autism or both and their families and carers to exercise their rights.	This might include commissioning people with learning disabilities, autism or both to independently review services, and paying them for any work they do. Trusts actively inform people of their rights, in a manner that is meaningful to them.

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 measure	What this means in practice
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.	Trusts understand patterns of local need among people with learning disabilities, autism or both, and use this knowledge to determine what skills are required and then recruit the right staff in the right numbers.
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.	This is likely to include ensuring staff have been trained in: learning disabilities and autism awareness; health issues associated with learning disabilities; supporting people with challenging needs; safeguarding; human rights and mental capacity and best interests.

Improvement measure	What this means in practice
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.	This might include supporting new, emerging roles such as advanced practitioners, apprenticeships, consultant allied health professionals and nurses, clinical academic roles and non-medical prescribers, and employing experts by experience/peer workers.
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.	This includes trusts having a designated leads for learning disabilities, as well as providing induction, mentorship, supervision and appraisal that explore how people with learning disabilities, autism or both are being supported.

Healthcare/Autism Passports

16. Healthcare passports provide important health, social care, family and contact information about the person with a learning disability or autism. If the person has a learning disability or Autism please ask if they have a Hospital Passport and if you can take a copy. It should be read and reviewed and stored on the electronic patient record (EPR), within a PowerNote entry, note type – Healthcare Passport.
17. When Healthcare passports are uploaded a flag should be added in Interactive view/activities of daily living/communication/known learning disability/ yes they have a healthcare passport.
18. Copies of blank healthcare passports can be found on the learning disabilities intranet page. For support with healthcare passports please contact the learning disability liaison team of [REDACTED] ^{9.1}
19. People with learning disabilities or Autism may not have a typical or expected expression of ill health or pain, and the Healthcare passport should be consulted to ascertain the persons baseline.
20. Please ensure all inpatients and outpatients with learning disability and or Autism are offered a hospital passport.

Referring to the Learning Disability Liaison Nurse Team

21. **To refer to the learning disability liaison nurse team** please contact the team on [REDACTED] ^{9.2}
 - [REDACTED]
 - [REDACTED]
 - **EPR referral to Learning Disabilities Team**
22. Please refer all the following patients to the Learning Disability Liaison Team.
 - **All children and young people with learning disability and or autism between 14 – 19 years of age.**

- **Any patient with a learning disability and or autism on a surgical pathway.**
 - **Any patient with learning disability and or autism with Dementia/ acute delirium.**
 - **Any patient with learning disability and or Autism receiving end of life care.**
23. If you have concerns about your patient with a learning disability - refer to the Liaison Team.
- Please note: The team is available between 8:30 – 5pm between Monday to Friday. The team does not offer a 24 hour service and does not work at the weekend.**

Mental Capacity

Please refer to the Trust Safeguarding and Mental Capacity policies for advice and guidance on the mental capacity act. Working with and supporting Family Carers

24. The Trust has a duty to ensure carers are identified and signposted to local authorities to receive support, in accordance with the [Care Act 2014](#).
25. Please follow the [Carers Policy](#) for processes of support available for family carers of patients with learning disabilities.
26. Under the Care Act (2014), carers are entitled to a carers assessment to establish the impact of caring and to assess the person's entitlement to support. Please refer to the hospital's social service team for their advice.
27. The patient's family carer may want to assist in helping care for their relative. This should be an agreement between the multidisciplinary team (MDT), the patient and the family carer.
28. Car parking: If the family carer is going to be visiting for long periods of time please make sure they are able to access the appropriate concessions for car parking. Please refer to the OUH website for guidance [here](#).
29. Staying overnight in hospital. Please refer to the carers policy.
30. Always follow [Ask Listen Do](#) (NHS England, no date) to resolve concerns that family carers may have about their relative's care.

Role of paid support workers

31. When community funding is in place for 1:1 support, (funded from either CHC or social care), then those carers, for those funded hours, can continue to provide care to the person in hospital.
32. The care provided may be to support communication, to advocate on their behalf, reassure, provide interaction and activity. It may also involve continuing to provide personal care, eating and drinking or offering medication under the supervision of the ward team.
33. Ward staff to:
- 33.1. Orientate carer to the ward: toilet facilities, available drinks, canteen, parking permits, ward routine and ward manager contact details.
- 33.2. Carers to be kept updated on ongoing medical plans and changes to

persons care needs.

- 33.3. Ward staff to ensure they have a handover from the support worker before they leave and required updates are recorded appropriately in patient notes.
34. Known support workers must:
 - 34.1. Support workers to have ID on them
 - 34.2. Ensure a Hospital Passport is completed and all relevant information and care plans are made available to ward staff.
 - 34.3. To provide a supportive role under the supervision of the ward team.
 - 34.4. To inform the patients nurse of their arrival and when they are leaving.
 - 34.5. To provide a handover to the named nurse before they leave.
 - 34.6. Make the ward aware of when a carer will be present on the ward to support.
35. If a patients need can only be met by the support worker, and the patient will be at risk if they are not present on the ward, the Agency providing care to be approached and asked if they have capacity to meet the need and cost to be met by the ward.
36. If additional support is required but not available from the persons support network, additional support to be sought from the ward team. If not resolved please contact the learning disability liaison nurse team.

Safeguarding

37. Patients with learning disabilities may be vulnerable to abuse. This may be because they do not have the mental capacity to protect themselves from abuse, harm or neglect. Please refer to the [Safeguarding Children and Adults At Risk Policy](#).

Maternity support for people with learning disabilities.

38. If your patient is pregnant and has a learning disability, please use the [Pregnant Women with Learning Disabilities and Difficulties Guideline](#) as pregnant people with learning disability and their unborn baby can be especially vulnerable.

Transition/ moving from children to adult services

39. Transition from children's to adults' services can be a complex process, spanning a range of agencies and specialities.
40. The process can sometimes be traumatic for young people, who may be apprehensive about leaving their familiar healthcare team, and the prospect of joining an unknown medical provider can cause undue stress and anxiety.
41. If your patient is 14 years of age and has one of all of the following: profound learning disability, more than one health condition, on a waiting list for a procedure, complex or challenging family or social circumstances, please contact the learning disability liaison team for support for your patient and their family to move from children to adult services.
42. If your patient is 14 years of age and has epilepsy please contact the Lead Learning Disability Epilepsy Specialist Nurse for support for your patient and

their family to move from children to adult services.

43. Please refer to the [Transition from Children's to Adult Services Policy](#) for further information.

Easy Read information and appointment letters.

44. The Trust is able to produce appointment letters in easy read. Please use these if your patients communication needs assessment indicates that your patient requires easy read letters.
45. Easy read information is available on the Trust website. Please use easy read information to ensure your patient has information in a format that is understandable for them. If you cannot find the relevant easy read information you require, please contact the learning disability liaison nurse team ^{12.1} [REDACTED] ^{12.2} [REDACTED]

Epilepsy services

46. The Lead Learning Disability (LD) Epilepsy Specialist Nurse is responsible for the on-going development and implementation of a Learning Disability Epilepsy Service as a defined care pathway for Learning Disability patients with epilepsy, and who present with a first seizure, in Oxfordshire including patients with a learning disability referred from out of county.
47. They work collaboratively with the Neuroscience Multi-Disciplinary Team (MDT); part of the Neurosciences Clinical Directorate and Children's Clinical Directorate, including Community Neurology Nurses and Learning Disability Hospital Liaison Nurse team (Oxford University Hospitals NHS Foundation Trust). They also work closely with the Community Learning Disability Teams; including the Intensive Support Team, as appropriate, and In-Patient Learning Disability Forensic Teams (Oxford Health NHS Foundation Trust) to ensure that the care pathway for patients with a LD and epilepsy is managed in accordance with Trust policies, governance arrangements and the current [NICE Guideline NG217 Epilepsies in children, young people and adults](#).
48. The Lead Learning Disability (LD) Epilepsy Specialist Nurse is based in the Neuroscience Offices, Level 3, West Wing
49. **Learning Disability Flag and Reasonable Adjustments** Identification of a persons learning disability diagnosis is important to ensure that staff are able to recognise the person may have additional needs, and reasonable adjustments required, refer to [Learning Disability Team](#).
50. At admission a persons diagnosis of a learning disability should be recognised, and a flag added unless it is patient preference to not add.
51. The flag use in the OUH Trust is '*Learning Disability 478664016 SNOMED CT Findings*' – Patient at risk or Patient Preference.
52. Please refer to the Learning Disability Liaison nurse team for support to add a flag.
53. Under the [Equality Act 2010](#), healthcare services should be accessible to people with learning disabilities. This may mean that adjustments should be made to enable this to happen. The OUH Trust will offer reasonable adjustments and examples of these are: longer appointment times, flexible

appointment times, easy read appointment letters and information, support from carers in appointments and on wards, quieter areas to wait or reduced waiting times, co-ordination support.

54. Due to the higher prevalence of health issues and greater health inequalities there should be a high level of suspicion for physical ill-health and a clinical curiosity maintained during assessments. Clinical pathways may need adjusting to enable investigations to take place and additional support from Learning Disability services sought.

Waiting lists

55. If you are concerned about the length of time your patient is waiting for a consultation, please contact the learning disability liaison nurse team.

County wide escalation of concerns

56. A monthly multiagency health and social care dynamic services review (DSR) escalate concerns for people who's
 - 56.1. Physical/ mental health is deteriorating and it is impacting on their support systems
 - 56.2. Discharge/ transfer of care is delayed because of changes in their health and support needs
 - 56.3. Physical/ mental health means they are presenting as a significant risk to themselves

Learning from Learning Disability and Autism Deaths (LeDeR)

57. [LeDeR](#) is a national service improvement programme for people with a learning disability and people with autism. The OUH Trust will contribute to the programme through the completion of a Structured Judgement Review for all deaths of people with a learning disability. The Trust will share the report with the LeDeR programme in order that services can be improved and health inequalities reduced.
58. The OUH Trust will ensure representation in the Oxfordshire LeDeR forum (Vulnerable Adults Mortality Group) as a sub group of the Adults Safeguarding Board.
59. The OUH Trust will ensure learning from the deaths of people with learning disabilities is shared and actioned.

Enhanced observation and care

60. Your patient may require additional care and support during their inpatient stay, presentation at ED, outpatient consultation during antenatal care/ delivering their baby.
61. Please follow the enhanced observation policy and contact the learning disability liaison team.

In patient services: Moving wards and clinical teams.

62. Always handover the care of your patient to the new ward and team using the SBAR process. ([NHS England and NHS Improvement, no date](#))

Tertiary referrals.

63. People with learning disability and/ or Autism of any age who attend for outpatient or inpatient care as tertiary referrals – contact the Learning Disability Liaison team so a Track and Flag can be placed on their EPR.

Review

64. This policy will be reviewed every 3 years, as set out in the [Policy for the Development and Implementation of Procedural Documents](#).

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Appendix 1: Responsibilities

1. The **Chief Executive Officer** has overall responsibility for the delivery of reasonably adjusted, patient centred healthcare for patients with learning disabilities at the Trust.
2. The **Chief Nursing Officer** has delegated authority for overseeing the delivery of reasonably adjusted services for people with learning disabilities when receiving healthcare at the Trust.
3. The **Board of Directors** is responsible for setting the strategic direction, defining the objectives and agreeing the plans for the support of people with learning disability within the Trust. It is also responsible for ensuring high standards of corporate, clinical governance and personal behaviour and ensuring dialogue with external bodies and the local community.
4. The **Trust Management Executive** will receive reports from the Clinical Governance Committee on compliance with this policy as part of the regular monitoring cycle outlined in section

Individuals or groups with specialist expertise

5. The **Head of Patient Experience** has responsibility for overseeing the design and implementation of protocols, and practice to meet this policy and for monitoring and reporting performance against. This post-holder is also the lead responsible for safeguarding adults' activity which is an integral part of the delivery of this policy. The post-holder will ensure that the needs of people with learning disability are embedded throughout 'Safeguarding Adults' practice.
6. The **Safeguarding Children's Lead Nurse** has responsibility for overseeing, on behalf of the **Divisional Director for Neurosciences, Orthopaedics, Trauma, Specialist Surgery, Neonates and Children (NOTSSCaN) division**, the implementation of policies and practices to safeguard children. Safeguarding Children activity is also an integral part of the delivery of this policy. The post holder will ensure that the needs of children with learning disability are embedded throughout Safeguarding Children practice.
7. The **Complaints and PALS (Patient Advice and Liaison Service)** are responsible for listening to, and capturing patient and carer feedback and ensuring people are in touch with the right people in the Trust to resolve their concerns. They are also responsible for making their services accessible and easy for people with learning disabilities and family carers to use and for providing reports to Divisions and the Acute Liaison Nurse on a regular basis.
8. Learning Disability Champions are responsible for
 - 8.1. Raising the profile of the needs of people with learning disabilities within their Division
 - 8.2. Providing a source of advice and support and information to all patients with a learning disability and their family carers.
 - 8.3. Visiting or making contact with patients within their division or site on request to assist and support the multi-disciplinary team to deliver reasonably adjusted and person centred care.

- 8.4. Highlighting to the **Clinical Director, Divisional Nurse, and Acute Liaison Nurse** if reasonably adjusted and person centred care is not being delivered
- 8.5. Auditing practice and service representation
9. The Learning Disability Liaison Nurses and the Lead Learning Disability Epilepsy Specialist Nurse is responsible for:
 - 9.1. Raising the profile of the needs of people with learning disabilities across the Trust
 - 9.2. Delivering training to Learning Disability Champions
 - 9.3. Supporting the Learning Disability Champions.
 - 9.4. Acting as a first line communication point with people with learning disabilities, family carers, Community Teams for people with Learning Disabilities, Social Care and GPs and for supporting the **Learning Disability Champions** to provide day to day coordination.
 - 9.5. Highlighting to the **Safeguarding Adults and Patient Services Manager** and **Chief Nursing Officer** if reasonably adjusted and person centred care is not being delivered
 - 9.6. Auditing practice, patient and carer feedback to improve Trust health care services
10. All **Managers** are responsible for ensuring staff understand their responsibilities to:
 - 10.1. Tracking and Flagging patients (with consent where possible) to deliver reasonably adjusted care.
 - 10.2. Provide accessible information and support people to access it in a timely manner
 - 10.3. Provide support, information and where required assessment for carers
 - 10.4. Ensure that specified audits are completed, results reported through the clinical governance mechanisms of the Trust and that action plans are produced where required.
 - 10.5. Ensure that the views and interests of people with learning disabilities and their family carers are sought and carefully considered in the planning and development of health services
 - 10.6. Overseeing the compliance with action following auditing and review of practice for patients with learning disabilities and to demonstrate the findings in routine public reports
11. All clinical leaders are responsible for:
 - 11.1. Ensuring every member of their medical/surgical team understand their individual responsibilities in relation to the care of patient with learning disabilities and their family carers
 - 11.2. Identifying people with learning disabilities
 - 11.3. Using the hospital passport
 - 11.4. Provision of accessible information
 - 11.5. Making and documenting reasonable adjustments

- 11.6. Carer support and assessment
 - 11.7. Seeking involvement and feedback
 - 11.8. Safeguarding Adults practice
 - 11.9. Mental Capacity Act and DOLS.
12. Matrons, Ward sisters/charge nurses are responsible for:
- 12.1. Ensuring every member of their nursing/midwifery team understand their individual responsibilities in relation to the care of patient with learning disabilities and their family carers
 - 12.2. Identifying people with learning disabilities
 - 12.3. Using the hospital passport
 - 12.4. Provision of accessible information
 - 12.5. Making and documenting reasonable adjustments
 - 12.6. Carer support
 - 12.7. Seeking involvement and feedback
 - 12.8. Safeguarding Adults practice
 - 12.9. Mental Capacity Act and DOLS
13. **Bereavement Services** are responsible for advising the **Learning Disability Liaison Nurse** of any deaths involving a patient with a learning disability as soon as practically possible to facilitate:
- 13.1. The Structured Judgment review
 - 13.2. The LeDeR Review
 - 13.3. Discussion and support of family carers
14. **Individual Staff** are responsible for:
- 14.1. Delivering reasonably adjusted healthcare and support, enabling people with learning disabilities and family carers to use the Trust and improve their health outcomes.
 - 14.2. Discussing the request to Track and Flag people with learning disabilities through electronic and paper methodologies in order to better safeguarding and meet patient individual need.
 - 14.3. Record (with consent where there is capacity) that a person has a learning disability electronically and in paper where possible.
 - 14.4. Considering and making and documenting adjustments made to better help the person understand and receive healthcare
 - 14.5. Providing access to accessible information
 - 14.6. Supporting carers

Appendix 2: Definitions

1. The terms in use in this document are defined as follows:
 - 1.1. **Learning Disability** – 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:
 - 1.1.1. Significant impairment of intellectual function
 - 1.1.2. 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)
 - 1.1.3. Age of onset before adulthood
 - 1.2. **Tracking and Flagging** - is the paper or electronic based system to identify people with learning disabilities. The purpose of this is to deliver reasonable adjusted healthcare
 - 1.3. **Reasonable adjustments** - A reasonable adjustment is described by the Improving Health and Lives Public Health Observatory as a change that has been made to a service so that people with learning disabilities can use them like anyone else. This may mean having a longer appointment time, easy read information or other changes that mean services are easier to use.
 - 1.4. **Carers** – The Department of Health describe that carers provide unpaid support to family or friends who couldn't manage without this help, whether they're caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.
 - 1.5. **Accessible Format/Easy Read** – Mencap describe Easy read is an accessible format designed for people with a learning disability
 - 1.6. **Mental Capacity Act (2005)** – provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make particular decisions for themselves. There are five principles of the act which are central to ensuring best interests of the patient are carried out.
 - 1.7. **Independent Mental Capacity Advocates (IMCA)** – Advocates work with someone who lacks capacity to make certain important decisions, and has no one else who can be consulted, to try and establish their wishes.
 - 1.8. **Safeguarding Adults** – the prevention of abuse and neglect and has a broad focus that extends to all aspects of a person's (over 18 years old) general welfare.
 - 1.9. **Deprivation of Liberty Safeguards (DOLS)** – This is a legal framework to protect people over 18 years, who lack the capacity to consent and where levels of restriction or restraint in delivering care for the purpose of protection from risk/harm are potentially depriving the person of their liberty. DOLS applies to hospital or care home

Appendix 3: Education and Training

1. For policies which include mandatory training, include a standard statement that:
 - 1.1. Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust's Learning and Development Policy. This information can be accessed via [the Practice Development and Education pages on the Trust intranet](#).
 - 1.2. All clinical staff must undergo the Oliver McGowan training.
 - 1.3. This is two parts. The first part is online and can be found on My Learning Hub. The second part is face ot face training, and this is booked through My Learning Hub.

Appendix 4: Monitoring Compliance


1. Compliance with the document will be monitored in the following ways.

What is being monitored:	How is it monitored:	By who, and when:	Minimum standard	Reporting to:
Compliance with part 1 and 2 Oliver McGowan training	Review compliance percentages stored in My Learning hub.	Head of Patient experience and Director of Education and Training		Education and training committee, Clinical governance Committee

Appendix 5: Equality Impact Assessment

Equality Impact Assessment Template

1. Information about the policy, service or function

What is being assessed	Existing Policy / Procedure
Job title of staff member completing assessment	Head of Patient Experience
Name of policy / service / function:	Learning Disability Policy
Details about the policy / service / function	This policy ensures Oxford University Hospitals NHS Foundation Trust (OUH) provides excellent safe and Quality Care to and for people with learning disabilities and / or autism and their families and carers.
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	April 2026
Date assessment completed	23/04/2023
Signature of staff member completing assessment	22.1 
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

Delete as appropriate

- Patients
- Staff
- Family / Carers
- Other (please specify)

Does the policy, service or function involve direct engagement with the target audience?

Yes - *continue with full equality impact assessment*

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex and Gender Re-assignment – men (including trans men), women (including trans women) and non-binary people.	Yes				<p>This policy facilitate and enables staff to support people with learning disailbity and/or autism.</p> <p>People with learning disability and/ or autism will also identify with one or more of the nine protected characterisits and therefore this policy facilitates people to access and engage with their health services by putting in reasonable adjustments in place.</p>
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other	Yes				
Disability - disabled people and carers	Yes				
Age	Yes				
Sexual Orientation	Yes				
Religion or Belief	Yes				

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Pregnancy and Maternity	Yes				
Marriage or Civil Partnership	Yes				
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.	Yes				

Sources of information

- *List any sources of information used*

Consultation with protected groups

List any protected groups you will target during the consultation process, and give a summary of those consultations

Group	Summary of consultation

Consultation with others

List any other individuals / groups that have been or will be consulted on this policy, service or function.

4. Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

1. Reasonable adjustments
2. Supported admission and discharge
3. Support for family carers
4. Support for clinical teams
5. Planned transition/ moving to adult services for people with learning disability,
6. Better understanding of the impact of the Mental Capacity Act and the Care Act and their healthcare
7. Review of all deaths relating to people with learning disability

Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

Please see above

Unjustifiable Adverse Effects

None

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

None

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date

List the sources of information used in the table below	
Using the table below, list any protected groups you will target during the consultation process, and give a summary of those consultations.	
Group	Summary of consultation
List any other individuals/groups that have been or will be consulted on this policy, service or function.	
Clinical Policy Group	
Safeguarding Steering Group	
Trust-wide consultation group	

4. Summary Stage

<p>Outcome Measures</p> <p>List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.</p>
<p>Positive Impact</p> <p>List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.</p>
<p>Unjustifiable Adverse Effects</p> <p>List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.</p>
<p>Justifiable Adverse Effects</p> <p>List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.</p>

[End of document]

Redaction Summary

Page 1

Redaction 1.1

Exemptions/exceptions:

- S.40 - Personal Information

Page 22

Redaction 22.1

Exemptions/exceptions:

- S.40 - Personal Information

Page 9

Redaction 9.1

Exemptions/exceptions:

- S.40 - Personal Information

Redaction 9.2

Exemptions/exceptions:

- S.40 - Personal Information

Page 12

Redaction 12.1 has no comments or exemptions/exceptions

Redaction 12.2

Exemptions/exceptions:

- S.40 - Personal Information