



Royal Cornwall Hospitals
NHS Trust

Care of Children and Adult Patients with a Learning Disability Policy

V4.0

September 2023

Table of Contents

1. Introduction.....	3
2. Purpose of this Policy/Procedure	3
3. Scope.....	4
4. Definitions / Glossary.....	4
5. Ownership and Responsibilities	5
5.1. Role of the Chief Executive and wider Trust Board.....	5
5.2. Role of the Executive Directors.....	5
5.3. Role of the Associate Medical Director/Consultants.....	5
5.4. Role of the Ward/Unit Managers.....	5
5.5. Role of the Members of Clinical Teams	5
5.6. Role of the Quality, Safety and Compliant Team	5
5.7. Role of the RCHT Safeguarding Operational Group (SOG)	6
5.8. Role of Individual Staff.....	6
6. Standards and Practice.....	6
7. Dissemination and Implementation	9
8. Monitoring compliance and effectiveness	9
9. Updating and Review	10
10. Equality and Diversity	10
Appendix 1. Governance Information	11
Appendix 2. Equality Impact Assessment.....	14

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This policy should be read in context with, and is based on the overarching principles of the Royal Cornwall Hospital Trusts Single Equity Scheme. This inclusive approach is the Trusts Strategy for the Care of Patients with a Learning Disability.
- 1.2. The term Learning Disability (LD) is used to describe a person who has a significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood and has had a lasting effect on a person's development.
- 1.3. **Valuing People DoH (2009)**
 - 1.3.1. Mencap (Learning Disability Charity) published a report called Death by Indifference (2007) this detailed six cases that demonstrated institutional discrimination towards people with learning disabilities within the NHS, leading to shortcomings in care received that ultimately resulted in the death of the patients.
 - 1.3.2. Healthcare for all (2008), the report of the Independent Inquiry into Death by Indifference concluded that people with learning disabilities appear to receive less effective care than they are entitled to, with evidence of a significant level of avoidable suffering and a high likelihood that deaths are occurring that could be avoided. A total of 10 recommendations were made, all of which were accepted by the Department of Health in Valuing People Now (2009).
 - 1.3.3. Six Lives (2009), the report of the Health Ombudsman into the cases highlighted in Death by Indifference this showed some significant and distressing failures in health and social care services, leading to situations where people with learning disabilities experienced prolonged suffering and inappropriate care. The report required all NHS and social care organisations to review a) the effectiveness of local systems to enable understanding and planning to meet the needs of people with learning disabilities and b) the capacity and capability of services to meet the complex needs of people with learning disabilities.
- 1.4. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. "Protocols are the descriptions of the steps taken to care for and treat a patient" Institute for Innovation and Improvement (2010).
- 2.2. The policy sets out the Trust's commitment to delivering the Government's White Paper, Valuing People: a new strategy for learning disability for the 21st Century which was published in 2001. Chapter 6 of Valuing People focuses on the importance of improving the health of people with learning disabilities. The Department of Health's objective is "to enable people with learning disabilities to have access to health services designed around their individual needs with fast and convenient care delivered to a consistently high standard and with additional

support where necessary”.

2.3. **Royal Cornwall Hospital Trust Mission Statement**

Ensuring quality care for individuals with a learning disability in the acute hospital setting; offering real choice over the services they receive.

3. **Scope**

This policy applies to all staff employed within Royal Cornwall Hospital Trust who have responsibility for the care of patients, or provide a service, including those with learning disabilities.

4. **Definitions / Glossary**

4.1. 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.

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

1. Significant impairment of intellectual function below 70.
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).
3. Age of onset before adulthood.

4.3. **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.

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

4.5. Community Learning Disability teams provide specialist support for adults with an assessed learning disability as described above who are eligible to receive services. People with learning disabilities may present as having difficulty communicating and expressing needs and choices, difficulty understanding their diagnosis, treatment options or services available to them and difficulty understanding the consequences their decisions can have on their health status.

5. Ownership and Responsibilities

5.1. Role of the Chief Executive and wider Trust Board

Chief Executive and wider Trust Board are responsible for:

- Ensuring the Trust meets requirements set out by statutory and regulatory authorities such as the Department of Health, Commissioners and the Care Quality Commission.
- Ensuring clinical staffs are aware of this policy and adhere to its requirements.
- Ensuring appropriate resources exist to meet the requirements of this policy.

5.2. Role of the Executive Directors

Executive Directors are responsible for:

- Ensuring all operational managers in their area are aware of this policy, understand its requirements and support its implementation.

5.3. Role of the Associate Medical Director/Consultants

Associate Medical Director/Consultants are responsible for:

- Ensuring legal frameworks and procedures detailed in this policy are understood and adhered to by medical staff.

5.4. Role of the Ward/Unit Managers

Ward/Unit Managers are responsible for:

- Implementing this policy.
- Ensuring that relevant assessment tools are readily available to allow staff to carry out the duties prescribed in this policy.

5.5. Role of the Members of Clinical Teams

Members of Clinical Teams are responsible for:

- Complying with the requirements of this and associated policies and have a legal duty to adhere to the Act and Code when working with, or caring for, adults who may lack capacity to make decisions for themselves.

5.6. Role of the Quality, Safety and Compliant Team

The Quality, Safety and Compliant Team is responsible for:

- Informing the Care Quality Commission (CQC) of all DoLS applications and outcomes: this is a statutory requirement.

5.7. Role of the RCHT Safeguarding Operational Group (SOG)

The Safeguarding Operational Group is responsible for:

- Disseminating significant information and developments relating to the Safeguarding local and national agendas.
- Supporting and identifying ongoing staff training needs and taking forward proposals for training through senior management channels.

5.8. Role of Individual Staff

All staff members are responsible for:

- Identifying a patient that has a Learning Disability and/or Autism and making sure the appropriate reasonable adjustments are made where needed for the individual while under their care.
- Sending referrals to the Learning Disabilities and Autism, Acute Liaison Team.

6. Standards and Practice

6.1. To ensure inclusion and reduce potential health inequalities often experienced by people with learning disabilities; enhancing the provision of acute care services by providing professionals with the knowledge to support the health needs of people with learning disabilities.

6.1.1. All Children and Adults admitted to RCHT with a learning disability are referred to the Acute Liaison Nursing Service for Learning Disability (ALNS). This is done via email in conjunction with Patient Administration System when a patient has a flag attached our team are alerted. Or via departments within the Trust making contact via phone or maxims referral to the Acute Learning Disability Liaison Team.

6.2. To monitor patient admissions and discharge; by so doing through the data collection to identify any areas for development in care and practice. This information is then given to the Trust Board and Cornwall and Isles of Scilly Integrated Care Board. A database is kept of all admissions for patients with a learning disability, and annual reports are produced by the learning disability service.

6.3. To ensure that care and treatment plans are in line with best practice, this includes; supporting professionals in following the Mental Capacity Act (2005) the ALNS will support all health professionals working in acute service with people with a learning disability.

6.4. To ensure Trust Board is informed and can contribute to evolving learning disabilities agenda, all innovations will be presented at the Adult Safeguarding Operational Group and fed back by the Chair of that group to the Trust Board.

6.5. The Trusts will include self-advocates with a learning disability, formally identified advocates, self-advocate groups and carers when developing all new

ways of working to further support patients with a learning disability that will enhance current practice.

- 6.6. Monitoring the quality and equality of care of patients; the identifying of any areas to be improved in the provision of care for patients with a learning disability.
- 6.7. The utilisation of the Protocol for Care of the Learning Disability patient is audited using an agreed audit tool on a yearly basis.
- 6.8. **Ensuring equality and effective supportive individualised communication is achieved**
 - 6.8.1. Alternative forms of communication (Total communication) are available for patients when required.
 - 6.8.2. Each ward and outpatient area will have 'The Hospital Communication Book' (Valuing people 2008). This is a laminated flip book containing useful pictures and photo symbols to aid communication. The Trust is also signed up to the Communication Charter.
 - 6.8.3. It is essential that there are clear communication channels identified between the hospital and specialist learning disability services and contact information for the relevant teams and hospital departments should be made readily available.
- 6.9. Accessible information is available about procedures, services and treatment when required to ensure that equal and effective individualised communication is achieved to support positive health outcomes. The ALN team also have iPads that are used on an individual basis to aid communication with a variety of applications available.
- 6.10. To ensure the Trust complies with the [Equality Act \(2010\)](#) individual 'reasonable adjustments' are made when required.

To ensure any 'reasonable adjustments' needed are known in advance. Also ensuring pre-admission information given when required. In line with the documents below, patients are identified (flagged) before and on admission to hospital:

- [Valuing People Now \(2009\)](#)
- [Outcomes of the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities \(2012\)](#)

- 6.11. To ensure effective partnership working the Learning Disabilities and Autism, Acute Liaison Team will assist RCHT staff to identify individuals who require specialist referral to learning disability community teams and manage the interface between the acute and primary care and community service; this includes Advocacy services.
- 6.12. Partnership working and referrals. The ALNS will provide a point of contact for the learning disability community teams when a person with a learning disability for whom they provide support, requires admission to hospital.

6.13. To ensure equal and diverse care and there is no breach of Human Rights all frontline staff will receive training in Safeguarding Vulnerable Adults, Human Rights, Equality and Diversity and Learning Disability awareness.

6.14. **Complaints**

6.14.1. To ensure their views and or concerns are heard:

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

6.15. To ensure each area has a number of staff with advanced knowledge and skills in caring for a patient with learning disabilities. To ensure staff have access to additional information when required each ward/area will have a learning disability resource link person who will ensure their ward/area has a learning disability resource file. All link resource staff will have on going additional awareness training (caring for people with learning disabilities in the acute hospital).

6.16. To ensure any additional needs are considered and there is liaison and interface with the community teams:

- On admission a service user and/or his/her carer should be advised of a provisional date for his/her discharge. This date will be reviewed on a daily basis and may involve a number of the hospital team. The nurse in charge will liaise with the individual and/or his/her carer about safe discharge to home from hospital.
- All complex discharges of patients with a learning disability are discussed and involve the ALNS.

6.17. To ensure there is monitoring of any incidences or near misses involving patients with a learning disability and any patterns in events influence and develop practice all incidents and near misses involving patients with learning disabilities are reported to the ALNS through Datix.

6.18. To enhance communication pathways between the patient/carers and RCHT the Patient Passport will assist in ensuring that relevant information about a person's health status and support needs can be made available to hospital staff.

6.19. The Patient Passport belongs to the service user and should accompany the person for all hospital appointments and admissions. All patients have access to a hospital passport.

6.20. To ensure the principles in the Charter is maintained the Mencap Charter is reviewed and compliance is audited yearly; ensuring its display in all areas.

- 6.21. To ensure the Trust Board has representation in issues relating to learning disability care the Executive Director of Nursing, Midwifery and Allied Health Professionals represents Learning Disability patients at Trust Board level.
- 6.22. To identify common themes and the ALNS will complete a yearly report on this present to RCHT, CIOS ICB and the Mortality Review Committee.
- 6.23. Structured judgement reviews are completed for all patients that have died at RCHT with a learning disability.
- 6.24. Advocacy information is available to all patients and staff in accessible format.
- 6.25. Ensuring that patient's feedback is valued and used to develop practice Easy Read patient feedback and patient experience information is available for patients with a learning disability. The feedback will be analysed, directing and developing care and practice.
- 6.26. LeDeR (Learning Disability Mortality Review) referral is submitted for any Learning Disability patient's death in hospital over the age of four. All feedback from these reviews is shared and actioned accordingly, by the Learning Disabilities and Autism, Acute Liaison Team.

7. Dissemination and Implementation

- 7.1. This policy is to be implemented and disseminated through the organisation immediately following ratification and will be published on the organisations intranet site document library. Access to this document is open to all.
- 7.2. The policy will be available to all external stakeholders via the Documents Library on the internet.
- 7.3. This policy will be shared with community learning disability teams and leadership groups for people with learning disabilities.
- 7.4. Provision of mandatory Adult Safeguarding training, including the Mental Capacity Act, will be delivered by the Learning and Development Department. Reference to relevant sections from this Policy will be utilised at all RCHT Level 1 and 2 Adult Safeguarding mandatory training.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Standards of Practice by undertaking an audit.
Lead	The Acute Liaison manager will lead on this
Tool	An Audit will be used – by selecting patient notes and making contact to ask if the standards of practice were followed.
Frequency	Annual

Information Category	Detail of process and methodology for monitoring compliance
Reporting arrangements	The completed audit report will be discussed at the RCHT Safeguarding Operational Group (SOG).
Acting on recommendations and Lead(s)	Where the report indicates sub optimal performance the Chair of SOG will nominate a group member to produce an action plan. They will be responsible for monitoring progress and will undertake subsequent recommendations and further action planning for all deficiencies identified within agreed timeframes.
Change in practice and lessons to be shared	Required changes to practice identified will be documented in the action plan outcomes. The chair of the SOG will identify a lead to take each change forward across divisions as appropriate. Lessons will be shared with all relevant parties.

9. Updating and Review

This process is managed via the document library; review will be undertaken every three years unless best practice dictates otherwise.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Care of Children and Adult Patients With a Learning Disability Policy V4.0
This document replaces (exact title of previous version):	Care of Children and Adult Patients With a Learning Disability Policy V3.0
Date Issued / Approved:	September 2023
Date Valid From:	September 2023
Date Valid To:	September 2026
Author / Owner:	Jane Rees, Acute Liaison Nurse and Manager of the Learning Disabilities and Autism Team
Contact details:	01872 255741
Brief summary of contents:	To improve the health of people with a learning disability. The Department of Health's objective is 'to enable people with learning disabilities to have access to health services designed around their individual needs with fast and convenient care delivered to a consistently high standard and with additional support where necessary'.
Suggested Keywords:	Learning Disabilities, Disabilities, Autism
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Deputy CEO and Chief Nurse Officer
Approval route for consultation and ratification:	RCHT Safeguarding Operational Group (SOG)
Manager confirming approval processes:	Zoe Cooper
Name of Governance Lead confirming consultation and ratification:	Zoe Cooper

Information Category	Detailed Information
Links to key external standards:	Outcomes of the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (2012) Valuing People Now (2009)
Related Documents:	Equality Act (2010) Mental Capacity Act (2005)
Training Need Identified:	Yes. RCHT is responsible for ensuring all clinical staff are offered training with regards to the key aspects of supporting children and adults with a learning disability.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Safeguarding Services / Learning Disabilities and Autism, Acute Liaison

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
Date unknown	V1.0	Previous version history not known	Author name
Mar 2014	V2.0	Full review and rewrite	Daniella Rubio-Mayer
Jul 2017	V2.1	Full review – minor amendments	Lerryn Hogg – Manager MH, LD and Autism
Jun 2020	V3.0	Full review including name change	Jane Rees, Acute Liaison Nurse and Manager of the Learning Disabilities and Autism Team
Sep 2023	V4.0	Full review – minor amendments	Jane Rees, Acute Liaison Nurse and Manager of the Learning Disabilities and Autism Team

All or part of this document can be released under the Freedom of Information Act

2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Care of Children and Adult Patients with a Learning Disability Policy V4.0
Department and Service Area:	Corporate / Safeguarding Services / Learning Disabilities and Autism, Acute Liaison
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Jane Rees, Acute Liaison Nurse and Manager of the Learning Disabilities and Autism Team
Contact details:	01872 255741

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To improve the health of people with a learning disability. The Department of Health's objective is 'to enable people with learning disabilities to have access to health services designed around their individual needs with fast and convenient care delivered to a consistently high standard and with additional support where necessary'.
2. Policy Objectives	To enable staff at the acute Trust to develop a better understanding of people with a learning disability and to provide reasonable adjustments for their care and treatment.
3. Policy Intended Outcomes	That all Staff have improved understanding of people with learning disabilities and are able to apply that understanding when providing or supporting their care and treatment and making reasonable adjustments
4. How will you measure each outcome?	Annual audit of this Policy
5. Who is intended to benefit from the policy?	All staff

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Learning Disabilities and Autism Liaison Team RCHT Safeguarding Operational Group (SOG)
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jane Rees

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)