

## Acute Learning Disability Liaison Service Specification

|                                    |                                      |
|------------------------------------|--------------------------------------|
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| Relevant Regulations and Standards | CQC Six Lives Performance Indicators |

### **Executive Summary**

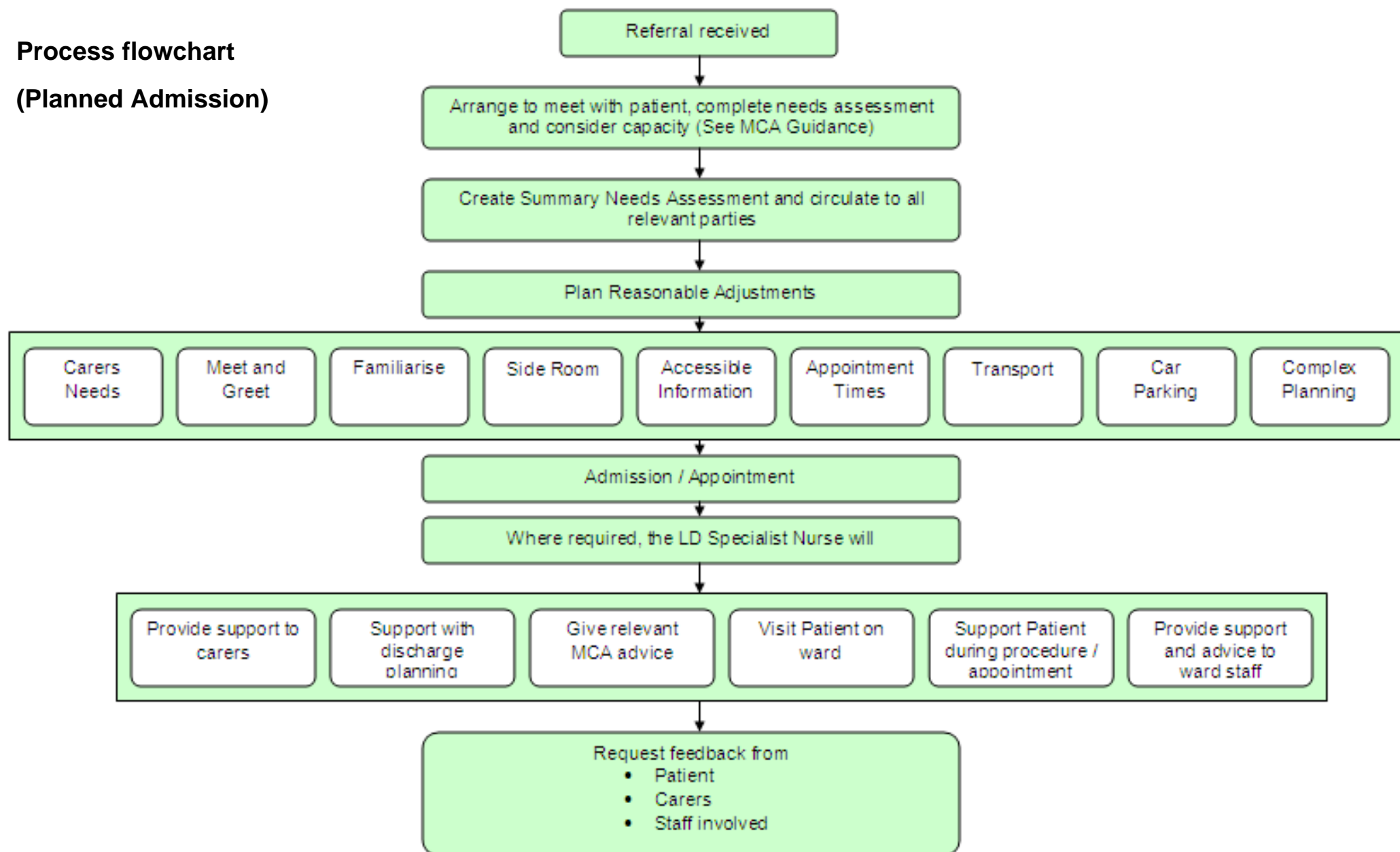
**This guidance sets out the remit of the Trust Acute Learning Disability Liaison Services**



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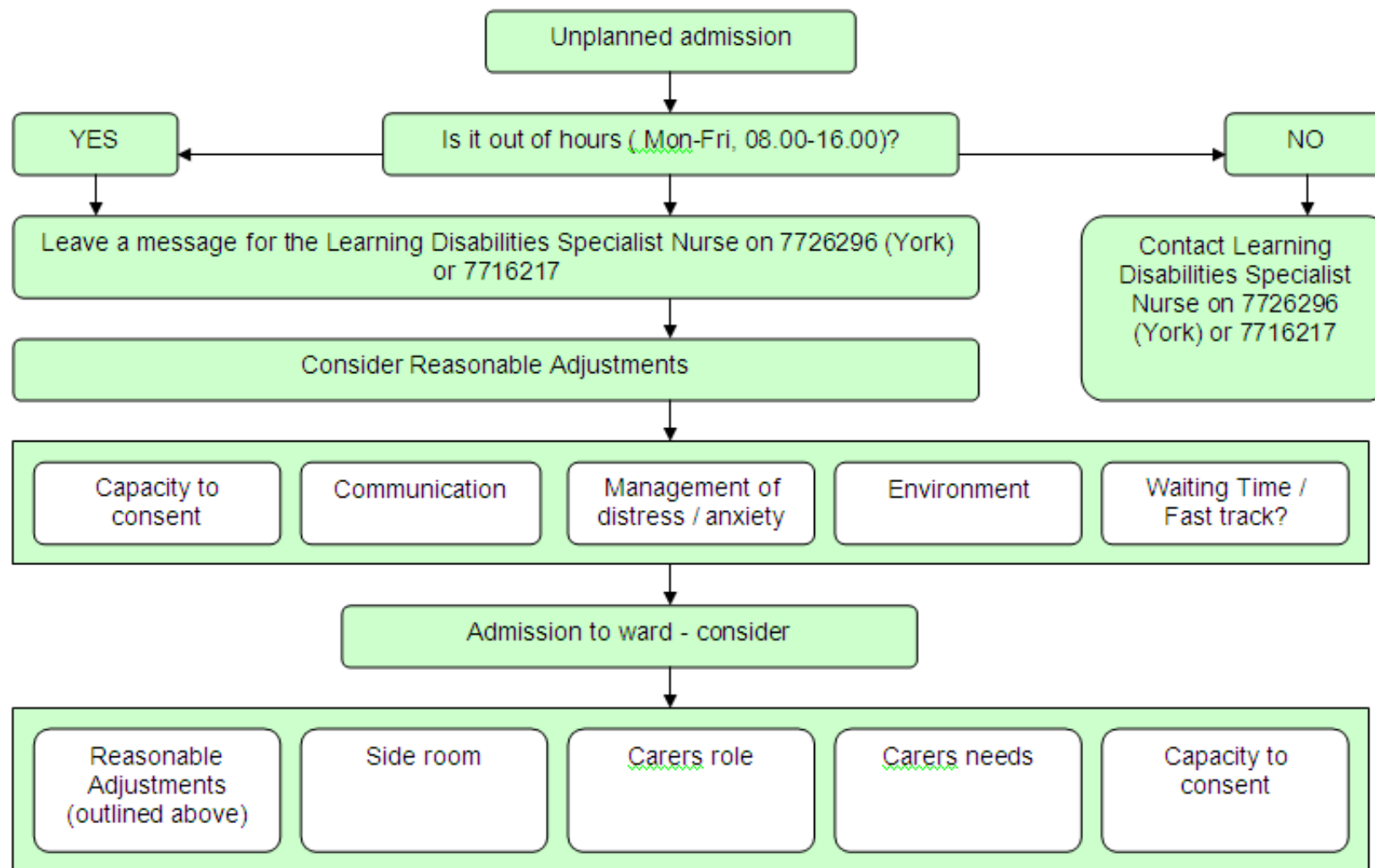
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**Process flowchart  
(Planned Admission)**



## Process Flow Chart

### (Unplanned admission)



## **1 Introduction & Scope**

The Trust and its staff aim to ensure a patient with Learning Disabilities is fully supported when accessing our acute health services. This guidance details how all staff within the Trust can provide full support and reasonable adjustments for a person with a learning disability accessing acute health care services.

The following documents govern the role of Trust Acute Learning Disability Liaison Service:

- Valuing People Now (2009 DH)
- Healthcare for All (Sir Jonathan Michael 2008)
- Death by Indifference (Mencap 2007)
- 74 Deaths and Counting (Mencap 2012)
- Six Lives: the provision of public services to people with learning disabilities (Parliamentary and Health service Ombudsman, 2008)
- Performance Indicators from the Care Quality Commission (CQC).

## **2 Definitions / Terms used in policy**

### **Learning Disability -**

The Term should not be confused with the term *learning difficulty* which is medically associated with individuals with restrictive educational attainment within an average range of intelligence. When defining people with learning disability it is not sufficient to use Intelligence Quota (IQ). Valuing People (DoH 2001) describes Learning Disability as:

- a significantly reduced ability to understand new or complex information to learn new skills with
- a reduced ability to cope independently (impaired social functioning)

- which started before adulthood, with lasting effect on development

## **Reasonable Adjustments**

The Equality Act (2010) expects all service providers to take *reasonable steps* to anticipate the needs of disabled people, not just to react as these arise. This includes addressing physical barriers to create an environment where a patient can as far as possible receive care and treatment adjusted to their individual physical and mental health needs.

## **Carers**

A carer is someone who supports a person with learning disabilities. A carer could be a family member, a trusted friend or partner. The term can also relate to a paid support worker.

## **3 Policy Statement**

The Trust is committed to addressing health inequalities within the community it serves. It is recognised that people with learning disabilities tend to experience more health inequalities than that of the general population.

The Trust Learning Disabilities Liaison Team provides individualised support and care pathways to enable patients with a learning disability to access acute services. These include

- Preparation for admission/appointment
- Support for planned admission
- Support for unplanned admission
- Support for carers

Please see above Flow Charts and Appendix A for the process for both planned and unplanned attendances.

## **4 Equality Impact Assessment**

The Trust' statement on Equality is available in the Policy for Development and Management of Policies at Section 3.3.4.

A copy of the Equality Impact Assessment for this policy is at appendix

## **5 Accountability**

Acute Learning Disabilities Service Specification  
Version 1  
Approved

The Director of Nursing has Board level responsibility for safeguarding adults. Acute Learning Disabilities Service sits within the Safeguarding Adults agenda.

The Trust has established a Safeguarding Adults Group responsible for ensuring all safeguarding adult procedures and processes are in place and operating effectively across the organisation, this includes the Acute Learning Disabilities Service Specification.

The Trust Acute Learning Disabilities Liaison Team is responsible for providing appropriate training, advice and support to Trust employees. The team is also responsible for data collection and the monitoring of all referred cases.

All employees of the Trust have a contractual responsibility to adhere to the policies and procedures of the Trust and should therefore;

- Be aware of and follow the Acute Learning Disabilities Service Specification and seek advice and support when required.
- Ensure they are trained to the appropriate level as their role requires and to seek the relevant training.

## **6 Consultation, Assurance and Approval Process**

The following groups/individuals have been consulted in the development of this policy;

- Director of Nursing
- Quality and Safety Committee
- Safeguarding Adults Group
- Service Users
- Carer Groups

## **7 Review and Revision Arrangements**

The date of review is given on the front coversheet.

Persons or group responsible for review are:



- The Acute Learning Disabilities Trust Liaison Team

Healthcare Governance will notify the authors of the policy of the need for its review six months before the date of expiry.

On reviewing this service specification, all stakeholders identified in section 6 will be consulted as per the Trust's Stakeholder policy. Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this service specification will continue to require the approval of the appropriate committee as determined by the **Policy for Development and Management of Policies**.

## **8 Dissemination and Implementation**

Once approved, this Service Specification will be brought to the attention of relevant staff as per the **Policy for Development and Management of Policies**, section 8 and Appendix H Plan for Dissemination.

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

### **8.2 Implementation of Policies**

This Service Specification will be implemented through the statutory and mandatory training programme.

The Trust Acute Learning Disabilities Liaison Team is available to provide advice and support in relation to the implementation of this service Specification.

## **9 Document Control including Archiving**

The register and archiving arrangements for policies will be managed by Healthcare Governance. To retrieve a former version of this policy Healthcare Governance should be contacted.

## **10 Monitoring Compliance and Effectiveness**

This service specification will be monitored for compliance with the minimum requirements outlined in 10.1 below.

### **10.1 Process for Monitoring Compliance and Effectiveness**

In order to fully monitor compliance with this policy and to ensure that the minimum requirements are met.

| Evidence                                | Monitoring /Who by  | Frequency |
|---|---|-----------|
| a. Operational Plan                     | Lead Professional for Safeguarding Adults   | Quarterly |
| b. CQC Six Lives Performance Indicators | Lead Professional for Safeguarding Adults   | Quarterly |
| c. Duties                               | The Trust Acute Learning Disabilities Liaison Team will routinely take a random sample of learning disability referrals and audit annually to ensure that individuals discharge their duties accordingly. This audit will be reported within the Safeguarding Adults Quarterly report to the internal Safeguarding Adults Group | Quarterly |
| d. Training                             | Compliance with statutory and mandatory training will be monitored (CLAD to provide numbers on a quarterly basis)   | Quarterly |

## 10.2 Standards/Key Performance Indicators

The Safeguarding Adults Team provides assurance against agreed performance measures in the following areas:

- CQC Standards Outcome 7
- Safeguarding Adults Framework
- MCA/DOLS self assessment
- Six Lives
- PREVENT

## 11 Training

See section 11 of the **Policy for Development and Management of Policies** for details of the statutory and mandatory training arrangements.

The Trust Acute Learning Disabilities Liaison Team can provide initial individualised tutorials to staff caring for a specific patient with learning disabilities. If possible cover will be sought to enable staff to attend.

## 12 Trust Associated Documentation

Safeguarding Adults Policy

Mental Capacity Act Guidelines

## 13 External References

The original document responsible for pioneering major changes for organisations delivering services for people with Learning Disabilities was Valuing People (DoH 2001).

The Mencap report, "Death by Indifference" (2008) describes the experiences of six people with learning disabilities who died whilst accessing health care services. This report led to an inquiry into the inequalities in care of people with a learning disability described within the paper. Sir Jonathan Michael then produced Acute Learning Disabilities Service Specification

an independent inquiry into access to healthcare for people with Learning Disabilities, called “Healthcare for All” (2008). Within this document ten recommendations were made which includes:

- Equality of access and equity
- A human rights approach
- Reasonable adjustments

## **14 Appendices**

Appendix A – Procedure to follow when a patient with learning disabilities accesses Acute Trust services.

Appendix B – Example Needs Assessment for a Patient with Learning Disabilities

Appendix E – Example Summary Needs Assessment

Appendix F – Equality Impact Assessment

Appendix G – Implementation Plan

## **Appendix A – Procedure to follow when a patient with learning disabilities accesses Acute Trust services.**

**(A flow Chart summarising this process is attached at the start of this policy)**

### **Referral Process**

Referrals can be received verbally or in writing (including electronically) direct to the Trust Acute Learning Disabilities Liaison Team from the Patient, Trust Staff or external organisations. Referrals can be made for any patient who has a learning disability and requires support with accessing acute health services. Referrals can also be made for patients in anticipation of unplanned admissions and who may not have a pending appointment.

### **Assessment Process**

Following a referral, The Trust Acute Learning Disabilities Liaison Team will, if appropriate visit the Patient and complete a Needs Assessment (see Appendix B). In completing this, the assessor will involve the patient and if necessary key people in their life. The aim of the assessment is to gather information to facilitate reasonably adjusted care which meets the patient's individual needs.

Appendix B includes guidance on how best to identify specific needs and gather all relevant information.

### **Summary Needs Assessment**

The Summary Needs Assessment condenses the information gathered from the Needs Assessment and is circulated to all those who will or may be involved in the delivery of care to the patient. It is the responsibility of The Acute Trust Learning Disabilities Liaison Team to ensure appropriate and timely distribution. An example is included at Appendix C.

### **Reasonable Adjustments**

The Trust Acute Learning Disabilities Liaison Team will, as part of their Needs Assessment establish and facilitate any reasonable adjustments that are needed to ensure equal access to care. A list of common reasonable adjustments is shown in the process flow chart for planned admissions, however this list is not exhaustive

and any reasonable request will be considered to support the needs of patients and their carers.

## **Carers**

It is accepted that carers, whether paid or unpaid are often valuable in assisting Trust staff in delivering appropriate care. Consultation is therefore required to ensure effective coordination of support. However, all communication should be with and consent should be sought from the patient. Where a patient with learning disabilities may not have mental capacity to make a decision the principles of the Mental Capacity Act and Trust Mental Capacity Guidance should be followed. The Safeguarding Adults Team can provide advice and support regarding implementation of these principles.

It is important that carers are seen as partners in the provision of effective care for people with learning disabilities due to their specific knowledge and expertise. However, whilst receiving care in an acute service, it is the responsibility of Trust staff to ensure that the Patient's individual needs are met. Therefore it is not acceptable for carers to replace acute staff in the delivery of care.

The Trust Acute Learning Disabilities Liaison Team will discuss the role of the carer during the initial Needs Assessment. At this time, they will consider the need for additional support and will liaise with Matrons accordingly.

## **Support with Admissions, Appointments and Procedures**

During an inpatient stay the Trust Acute Learning Disabilities Liaison Team will provide any specific advice and training that is required. This may include supporting the patient through the discharge process. They will visit the patient at least once during a five day period and will maintain contact with the patient and staff to monitor the progress of the stay and liaise with all parties involved.

The Trust Acute Learning Disabilities Liaison Team, if required will support patients during appointments and procedures as part of enabling access to healthcare. At this time the Team are available to support communication and reduce anxieties.

Prior to the appointment The Trust Acute Learning Disabilities Liaison Team will:

- Contact the clinic/ ward to arrange to discuss the needs of the patient attending the hospital.
- Discuss the information gathered within the assessment.
- Negotiate reasonable adjustments.

These may include:

- i. a longer consultation
- ii. a first appointment
- iii. Consultancy with a specific gender.

Complex cases will require an action plan.

### **Support with Unplanned Admissions**

Where a patient with learning disabilities attends an acute service and the planning process has not taken place. Acute staff should alert The Trust Acute Learning Disabilities Liaison Team as soon as possible. If this is out of hours a voicemail should be left providing the name of the patient, their hospital number, the name of the ward and a brief outline of the attendance.

At this time acute staff should consider any immediate reasonable adjustments that may be required to support the needs of the patient and their carers.

## Appendix B – Assessment of Need for Patients with Learning Disabilities

|                        |  |
|------------------------|--|
| <b>Patient Name</b>    |  |
| <b>Hospital Number</b> |  |

|                       |  |
|-----------------------|--|
| <b>Date Completed</b> |  |
| <b>Assessor</b>       |  |

The purpose of this assessment is to identify where the patient may be at risk and the reasonable adjustments and additional support required to ensure a positive patient experience.

| Risk Level |   |
|------------|---|
| Low        | Unlikely to impact on patient experience or outcomes  |
| Medium     | Likely to impact on patient experience or outcomes. Reasonable adjustments to be considered   |
| High       | High likelihood of impact on patient experience or outcomes. Reasonable adjustments essential |

| Support Level |  |
|---------------|--|
| 1             | Support can be provided by existing ward staff.                      |
| 2             | Appropriate additional support can be provided with family or carers |
| 3             | Additional ward support required                                     |
| 4             | Additional support from paid support staff is required               |



|  | Can the patient?                                     | Risk level                           | Support Level                       | Comments  | Reasonable Adjustments Required |
|--|--|--------------------------------------|-------------------------------------|---|---------------------------------|
| <p><b><u>Communication</u></b></p> <p>How to communicate with me &amp; how I communicate with you.</p> <p>Am I able to communicate with you?</p> | <p>Yes</p> <p>Sometimes</p> <p>Unknown</p> <p>No</p> | <p>Low</p> <p>Medium</p> <p>High</p> | <p>1</p> <p>2</p> <p>3</p> <p>4</p> | <p><b>Tip:</b></p> <p><b>Observe communication between carer and patient. Ask questions about how we can explain things better.</b></p> |                                 |
| <p><b>INFORMATION SHARING</b> – Can I understand? &amp; how to help me.</p>  | <p>Yes</p> <p>Sometimes</p>                          | <p>Low</p> <p>Medium</p>             | <p>1</p> <p>2</p>                   | <p><b>Tip:</b></p> <p><b>Suggest we demonstrate on self or draw pictures?</b></p>   |                                 |

|  |           |        |   |  |  |
|--|-----------|--------|---|--|--|
|  | Unknown   | High   | 3 |  |  |
|  | No        |        | 4 |  |  |
| <b>MOBILITY NEEDS</b> –<br>Do I need help to get in<br>& out of bed or walk<br>around? | Yes       | Low    | 1 | <b>What kind of reassurance can we offer when<br/>assisting with mobility? How much time does the<br/>patient need to feel secure?</b> |  |
|  | Sometimes | Medium | 2 |  |  |
|  | Unknown   | High   | 3 |  |  |
|  | No        |        | 4 |  |  |
| <b>ORIENTATION</b> – Do I<br>know where I am &<br>how to get around?                   | Yes       | Low    | 1 | <b>Tip: Is the patient likely to wander? Do we need to<br/>be aware if a carer is not present?</b>                                     |  |
|  | Sometimes | Medium | 2 |  |  |

|  |           |        |   |   |  |
|--|-----------|--------|---|---|--|
|  | Unknown   | High   | 3 |   |  |
|  | No        |        | 4 |   |  |
| <b>TOILETING &amp; PERSONAL HYGIENE</b><br>– Can I go to the toilet unaided & perform safe hand washing after toileting? Maintain my own personal hygiene? | Yes       | Low    | 1 | <b>Tip: There may be routines that the patient likes to follow which if not followed will cause the patient anxiety and they may not understand what is required of them.</b> |  |
|  | Sometimes | Medium | 2 |   |  |
|  | Unknown   | High   | 3 |   |  |
|  | No        |        | 4 |   |  |

|  |           |        |   |  |
|--|-----------|--------|---|--|
| <b>DRESSING, UNDRRESSING &amp; MAINTAINING PERSONAL DIGNITY</b><br>– Can I dress & undress without help?<br>Do I know if I am correctly dressed? | Yes       | Low    | 1 | <b>Tip: Is the patient likely to be unaware if their dignity is compromised? Are they likely to undress as a way of showing anxiety/distress? Do they have a routine for dressing?</b> |
|  | Sometimes | Medium | 2 |  |
|  | Unknown   | High   | 3 |  |
|  | No        |        | 4 |  |
| <b>SAFETY</b> – Can I maintain my own safety on & off the ward?<br>What do I need to keep me safe?   | Yes       | Low    | 1 |  |
|  | Sometimes | Medium | 2 |  |
|  | Unknown   | High   | 3 |  |
|  | No        |        | 4 |  |

|   |           |        |   |  |
|---|-----------|--------|---|--|
| <b>MENTAL HEALTH –</b><br>Would I self-harm or attempt suicide?     | Yes       | Low    | 1 | <b>Tip: This maybe a difficult question to ask but there may be visible evidence such as scarring to head or fist. A patient with learning disability may exhibit self-harm to communicate distress. Refer to likes and dislikes to assist with distraction and reassurance.</b> |
|   | Sometimes | Medium | 2 |  |
|   | Unknown   | High   | 3 |  |
|   | No        |        | 4 |  |
| <b>MENTAL HEALTH –</b><br>Would I be violent or destructive? (why?) | Yes       | Low    | 1 | <b>Tip: Again a difficult one to ask. Getting an overall picture of how the patient can be made comfortable could lead to a question of how the patient would let us know they were not comfortable.</b>   |
|   | Sometimes | Medium | 2 |  |
|   | Unknown   | High   | 3 |  |
|   | No        |        | 4 |  |

|  |           |        |   |  |  |
|--|-----------|--------|---|--|--|
| <b>MENTAL HEALTH –</b><br>Do I get anxious?<br>(why? How would this<br>present?)             | Yes       | Low    | 1 |  |  |
|  | Sometimes | Medium | 2 |  |  |
|  | Unknown   | High   | 3 |  |  |
|  | No        |        | 4 |  |  |
| <b>MENTAL HEALTH –</b><br>Would I act<br>inappropriately (how?)<br>or become<br>hyperactive? | Yes       | Low    | 1 |  |  |
|  | Sometimes | Medium | 2 |  |  |
|  | Unknown   | High   | 3 |  |  |
|  | No        |        | 4 |  |  |

|  |         |        |   |   |
|--|---------|--------|---|---|
| <b>EPILEPSY</b> – Do I have epilepsy? (Types of seizure, length of seizure)        | Yes     | Low    | 1 | <b>Tip: This may be covered in admission paperwork but this would be to establish any behaviour pre-seizure to watch out for.</b>   |
|  | Unknown | Medium | 2 |   |
|  | No      | High   | 3 |   |
|  |         |        | 4 |   |
| <b>EATING</b> – Can I maintain my own nutrition? Any special dietary requirements? | Yes     | Low    | 1 | <b>Tip: We can establish from this question any equipment needed, routines for food. Also excessive behaviour regarding stealing/taking food, drink and even medicines from other patients. Consider visual impairments as to where food is positioned and also noting that assistance with food and drink may be required.</b> |
|  | Unknown | Medium | 2 |   |
|  | No      | High   | 3 |   |
|  |         |        | 4 |   |

|   |         |        |   |   |  |
|---|---------|--------|---|---|--|
| <b>DRINKING</b> – Can I maintain my own fluid intake?     | Yes     | Low    | 1 |   |  |
|   | Unknown | Medium | 2 |   |  |
|   | No      | High   | 3 |   |  |
|   |         |        | 4 |   |  |
| <b>SWALLOWING</b> – Am I at risk of choking or dysphagia? | Yes     | Low    | 1 | <b>Tip: A referral to Speech and Language Therapy may be necessary. Consider positioning and if necessary the patient has any equipment to maintain a safe eating posture, such as a moulded chair with neck support.</b> |  |
|   | Unknown | Medium | 2 |   |  |
|   | No      | High   | 3 |   |  |
|   |         |        | 4 |   |  |



|  |           |        |   |   |
|--|-----------|--------|---|---|
| <b>SLEEPING &amp; BEDTIME NEEDS</b> – Do I have a regular bedtime & routine? | Yes       | Low    | 1 | <b>Tip: It may be that the patient will require more intense supervision at night for wandering and unsettlement. Ask how best that patient can be settled and whether a “bed-time” routine is used.</b>  |
|  | Sometimes | Medium | 2 |   |
|  | Unknown   | High   | 3 |   |
|  | No        |        | 4 |   |
| <b>MEDICATION</b> – Am I able to take medication? (How?)                     | Yes       | Low    | 1 | <b>Tip: The patient may only recognise that they are to take medication if it is presented in a way that they are used to, e.g.: they may take with yoghurt, in jam or with juice. Being presented with a pot and a glass of water may not give them cues to recognise the process.</b> |
|  | Sometimes | Medium | 2 |   |
|  | Unknown   | High   | 3 |   |
|  | No        |        | 4 |   |

|   |           |        |   |  |
|---|-----------|--------|---|--|
| <b>PAIN</b> – Am I able to recognise and communicate that I am in pain? | Yes       | Low    | 1 | <b>Tip: A patient may appear to be being “difficult” but are communicating discomfort or pain. It may be necessary to use the pictures at section 5 to identify the patient’s anxiety.</b> |
|   | Sometimes | Medium | 2 |  |
|   | Unknown   | High   | 3 |  |
|   | No        |        | 4 |  |

**Aids and Equipment Used**

|                               | <b>Yes</b> | <b>No</b> |
|-------------------------------|------------|-----------|
| <b>Dentures</b>               |            |           |
| <b>Glasses</b>                |            |           |
| <b>Hearing Aid</b>            |            |           |
| <b>Wheelchair</b>             |            |           |
| <b>Walking Aid</b>            |            |           |
| <b>Other aids / equipment</b> |            |           |


**Other Information / Assessor Comments**

## Likes and Dislikes

What upsets you or makes you happy, things that you like to do?

What can people do to help you when you are sad/worried/scared?

What foods do you like?

| <i>Things I like</i>  | <i>Things I do not like</i>  |
|---|--|
| <p><b>As well as hobbies identify what we can talk to a patient about to build up a relationship and distract from any anxiety.</b></p> |  |

## Appendix C – Summary Needs Assessment

### Specific Needs of Patient with Learning Disabilities

*The following information should be given to oncoming ward staff during all handovers until the patient is discharged.*

| Name             | I like                                    | I don't like   | Communication  | Personal Care  | Other  |
|------------------|---|--|--|--|--|
| <b>Patient X</b> | TV<br><br>Coffee, cola, juice, milkshakes | Crowded environments<br><br>Waiting<br><br>Unfamiliar situations<br><br>Spicy foods<br><br>Loud noises | Patient X is able to understand some simple instructions such as 'sit down' but may not always understand.<br><br>Patient X finds it difficult to express his needs; he may vocalise and some words can be understood by people who are familiar with his communication. | Patient X understands the instruction 'Go to the toilet', however the answer to this is usually 'been' and this is not to be accepted as an expression of him not requiring the toilet. Patient X requires full support with hygiene following a bowel movement.<br><br>Patient X will sit in a bath for personal hygiene with which he is supported | Patient X can become aggressive and will push and grab at others, often a sexualised behaviour targeted to women. Patient X may attempt to hit people to which there is usually a warning that is understood best by those familiar with Patient X. These behaviours are often likely when Patient X gets too hot, when waiting or in crowded places.<br><br>Patient X has a hiatus hernia.<br><br>Patient X can eat food that has been finely chopped or blended.<br><br>Patient X will not ask for a drink and will rarely |

|  |  |  |   |   |   |
|--|--|--|---|---|---|
|  |  |  | <p>Patient X communicates effectively through gesture by pushing things away etc.</p> <p>Patient X may express that he is happy by clapping his hands</p> | <p>fully. Patient X will brush his teeth with prompting; however these will often need to be brushed again by staff.</p> <p>Patient X can undress and dress with some support and prompting.</p> <p>Patient X does not have a concept of privacy and dignity.</p> | <p>accept one. Drinks should be offered regularly and if refused should be left nearby for Patient X to access. He often requires encouragement to drink.</p> <p>Patient X will take medication on a spoon and the spoon should then be placed in his mouth. Patient X should then be offered a drink. Patient X has accepted needles in the past</p> <p>Patient X will not wear glasses. He is blind in one eye and has limited vision in the other.</p> <p>Whilst under general anaesthetic, this time should be utilised to allow for bloods to be taken, nails to be cut etc.</p> |
|--|--|--|---|---|---|

Learning Disabilities Specialist Nurse

## Appendix G: Equality Impact Assessment Tool

To be completed when submitted to the appropriate committee for consideration and approval.

|                        |  |
|------------------------|--|
| <b>Name of Policy:</b> | <b>Acute Learning Disability Liaison Service Specification</b> |
|------------------------|--|

|           |  |  |
|-----------|--|--|
|           |  |  |
| <b>1.</b> | <p><b>What are the intended outcomes of this work?</b></p> <p>All Trust staff are aware through policy guidance and training of their responsibilities for Safeguarding Adults in line with the multi-agency policy.</p> |  |
| <b>2</b>  | <p><b>Who will be affected?</b></p> <p>All staff and patients</p>  |  |
| <b>3</b>  | <p><b>What evidence have you considered?</b></p> <p>Mencap Death by Indifference (2007)</p> <p>Mencap 74 and Counting (2010)</p> <p>Healthcare for All (Michael 2009)</p>  |  |
| <b>a</b>  | <p><b>Disability</b></p> <p>Human Rights Act, Equality Act</p>   |  |
| <b>b</b>  | <p><b>Sex</b></p> <p>Human Rights Act, Equality Act</p>  |  |
| <b>c</b>  | <p><b>Race</b></p> <p>Human Rights Act, Equality Act</p>   |  |
| <b>d</b>  | <p><b>Age – This policy refers to individuals over 18 years</b></p>  |  |
| <b>e</b>  | <p><b>Gender Reassignment</b></p> <p>Human Rights Act, Equality Act</p>  |  |
| <b>f</b>  | <p><b>Sexual Orientation</b></p>   |  |



|           |   |  |
|-----------|---|--|
|           | Human Rights Act, Equality Act  |  |
| <b>g</b>  | <b>Religion or Belief</b><br>Human Rights Act, Equality Act   |  |
| <b>h</b>  | <b>Pregnancy and Maternity.</b>   |  |
| <b>i</b>  | <b>Carers</b>   |  |
| <b>j</b>  | <b>Other Identified Groups</b>  |  |
| <b>4.</b> | <b>Engagement and Involvement</b>   |  |
| <b>a.</b> | Was this work subject to consultation?  | Yes via the Safeguarding Adults Working group who report to the Quality and Safety Committee |
| <b>b.</b> | How have you engaged stakeholders in constructing the policy  | Yes  |
| <b>c.</b> | If so, how have you engaged stakeholders in constructing the policy                                       |  |
| <b>d.</b> | For each engagement activity, please state who was involved, how they were engaged and key outputs<br>n/a |  |
| <b>5.</b> | <b>Consultation Outcome</b>   |  |
| <b>a</b>  | Eliminate discrimination, harassment and victimisation  | <b>Yes</b>   |
| <b>b</b>  | Advance Equality of Opportunity   | Yes  |
| <b>c</b>  | Promote Good Relations Between Groups   | Yes  |
| <b>d</b>  | What is the overall impact?   | Acute Trust staff are  |

|  |   |   |
|--|---|---|
|  |   | supported to care for patients with learning disabilities |
|  | <b>Name of the Person who carried out this assessment:</b><br>Nicola Cowley<br>Safeguarding Adults Operational Lead |   |
|  | <b>Date Assessment Completed Mar 2014</b>   |   |
|  | <b>Name of responsible Director: Beverley Geary</b>   |   |
|  |   |   |

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

## Appendix H Checklist for the Review and Approval

|          | Title of document being reviewed:  | Yes/No/Unsure | Comments  |
|----------|--|---------------|-----------|
| <b>1</b> | <b>Development and Management of Policies</b>  |               |           |
|          | Is the title clear and unambiguous?  | Yes           |           |
|          | Is it clear whether the document is a guideline, policy, protocol or procedures?           | Yes           |           |
| <b>2</b> | <b>Rationale</b>   |               |           |
|          | Are reasons for development of the document stated?  | Yes           |           |
| <b>3</b> | <b>Development Process</b>   |               |           |
|          | Is the method described in brief?  | Yes           |           |
|          | Are individuals involved in the development identified?                                    | Yes           |           |
|          | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Yes           |           |
|          | Is there evidence of consultation with stakeholders and users?                             | Yes           |           |
|          | Has an operational, manpower and financial resource assessment been undertaken?            | Yes           |           |
| <b>4</b> | <b>Content</b>   |               |           |
|          | Is the document linked to a strategy?  | Yes           | See above |
|          | Is the objective of the document clear?  | Yes           |           |
|          | Is the target population clear and unambiguous?  | Yes           |           |
|          | Are the intended outcomes described?   | Yes           |           |
|          | Are the statements clear and unambiguous?  | Yes           |           |
| <b>5</b> | <b>Evidence Base</b>   |               |           |

|           | <b>Title of document being reviewed:</b>   | <b>Yes/No/Unsure</b> | <b>Comments</b> |
|-----------|--|----------------------|-----------------|
|           | Is the type of evidence to support the document identified explicitly?                   | Yes                  |                 |
|           | Are key references cited?  | Yes                  |                 |
|           | Are the references cited in full?  | Yes                  |                 |
|           | Are local/organisational supporting documents referenced?                                | Yes                  |                 |
| <b>5a</b> | <b>Quality Assurance</b>   |                      |                 |
|           | Has the standard the policy been written to address the issues identified?               | Yes                  |                 |
|           | Has QA been completed and approved?  |                      |                 |
| <b>6</b>  | <b>Approval</b>  |                      |                 |
|           | Does the document identify which committee/group will approve it?                        | Yes                  |                 |
|           | If appropriate, have the staff side committee (or equivalent) approved the document?     |                      |                 |
| <b>7</b>  | <b>Dissemination and Implementation</b>  |                      |                 |
|           | Is there an outline/plan to identify how this will be done?                              | Yes                  |                 |
|           | Does the plan include the necessary training/support to ensure compliance?               | Yes                  |                 |
| <b>8</b>  | <b>Document Control</b>  |                      |                 |
|           | Does the document identify where it will be held?  | Yes                  |                 |
|           | Have archiving arrangements for superseded documents been addressed?                     | Yes                  |                 |
| <b>9</b>  | <b>Process for Monitoring Compliance</b>   |                      |                 |
|           | Are there measurable standards or KPIs to support monitoring compliance of the document? | no                   |                 |

|           | <b>Title of document being reviewed:</b>  | <b>Yes/No/Unsure</b> | <b>Comments</b> |
|-----------|---|----------------------|-----------------|
|           | Is there a plan to review or audit compliance with the document?  | Yes                  |                 |
| <b>10</b> | <b>Review Date</b>  |                      |                 |
|           | Is the review date identified?  | Yes                  |                 |
|           | Is the frequency of review identified? If so, is it acceptable?   | Yes                  |                 |
| <b>11</b> | <b>Overall Responsibility for the Document</b>  |                      |                 |
|           | Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation? | Yes                  |                 |

### Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

|           |  |      |          |
|-----------|--|------|----------|
| Name      | Nicola Cowley/Ben Haywood                  | Date | May 2014 |
| Signature | <i>Nicola Cowley</i><br><i>Ben Haywood</i> |      |          |

### Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

|           |                      |      |          |
|-----------|----------------------|------|----------|
| Name      | Nicola Cowley        | Date | May 2014 |
| Signature | <i>Nicola Cowley</i> |      |          |

## Appendix I Plan for dissemination of policy

|  |  |
|--|--|
| <b>Title of document:</b>  | <b>Acute Learning Disability Liaison Service Specification</b>       |
| <b>Date finalised:</b>   | <b>Mar 2014</b>  |
| <b>Previous document in use?</b>                                       | <b>None</b>  |
| <b>Dissemination lead</b>  | <b>Nicola Cowley</b>   |
| <b>Which Strategy does it relate to?</b>                               | <b>Six Lives (Mencap 2007)<br/>Healthcare for All (Michael 2008)</b> |
| <b>If yes, in what format and where?</b>                               |  |
| <b>Proposed action to retrieve out of date copies of the document:</b> | <b>Healthcare Governance will hold archive</b>                       |

### Dissemination Grid

|  |                          |           |
|--|--------------------------|-----------|
| <b>To be disseminated to:</b>            | <b>1) All Staff</b>      | <b>2)</b> |
| <b>Method of dissemination</b>           | <b>Intranet Resource</b> |           |
| <b>who will do it?</b>                   | <b>Nicola Cowley</b>     |           |
| <b>and when?</b>                         | <b>On approval</b>       |           |
| <b>Format (i.e. paper or electronic)</b> | <b>Electronic</b>        |           |

### Dissemination Record

|  |                      |
|--|----------------------|
| <b>Date put on register / library</b>    | <b>22 May 2014</b>   |
| <b>Review date</b>                       | <b>01 May 2017</b>   |
| <b>Disseminated to</b>                   | <b>As above</b>      |
| <b>Format (i.e. paper or electronic)</b> | <b>Electronic</b>    |
| <b>Date Disseminated</b>                 | <b>On approval</b>   |
| <b>No. of Copies Sent</b>                | <b>As above</b>      |
| <b>Contact Details / Comments</b>        | <b>Nicola Cowley</b> |