

Learning Disabilities Policy

Joint Policy to Support People with Learning Disabilities to Access
Acute Hospital Services

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1.0 Introduction

This policy has been developed and ratified by the Learning Disability Steering Group representing Royal Surrey County Hospital NHS Foundation Trust.

It addresses a number of important issues for people with learning disabilities when using Royal Surrey County Hospital. This includes equality of access, easy to understand information, best interest decision making and the role of the learning disability liaison service.

2.0 Purpose

The main purpose of this policy is to ensure that people with learning disabilities are able to access high quality health care when attending RSCH for diagnostic investigations or treatment.

2.1 Further aims are:

- to enable staff at the acute Trust to develop a better understanding of people with learning disabilities and to equip them to deal more effectively with the particular needs of each individual
- to clarify for residential and other LD staff attending hospital with a person with learning disabilities their supporting/caring role and the boundaries between their caring role and the nursing role of the professional hospital staff
- to support LD staff in this role
- to implement successfully the use of the Hospital Passport for people with learning disabilities using hospital services
- to provide an opportunity for hospital and learning disability staff to work together to develop
 - Effective communication
 - Training
 - Awareness raising
 - Easy to understand information for service users.

2.2 Principles:

People with learning disabilities have a right to the same level of health care as that provided to the general population. This care should be flexible and responsive and any diagnosis or treatment must take account of specific needs associated with the person's learning disability. Reference Health care for all 2008 pg 14 and CQC standards

For people with learning disabilities who use the services provided by Royal Surrey County Hospital NHS Foundation Trust (RSCH) responsibility for the delivery of that care will remain with the hospital for the duration of the individual's treatment.

2.3 Background:

The White Paper Valuing People: a new strategy for learning disability for the 21st Century 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 a health services designed around their individual needs with fast and convenient care delivered to a consistently high standard and with additional support where necessary".

Sir Jonathan Michaels Healthcare for all inquiry (July 2008) into the Death By Indifference Mencap Report (March 2007) highlights

There are a number of health issues affecting people with learning disabilities. Hollins et al. (1998) 14 suggest that people with learning disabilities are 58 times more likely to die before the age of 50 than the general population. This is partly because conditions associated with learning disability raise the

risk of premature unavoidable death. For example, almost half of all people with Down's syndrome have congenital heart problems, a much higher rate than the general population; they have higher risk of developing Alzheimer's disease (Holland et al., 1998 15) and a higher risk of gastrointestinal problems and cancer 16.

Early death may also be associated with difficulties that, to some degree, are preventable. Up to a third of people with learning disabilities, for example, have an associated physical disability, most often cerebral palsy which puts them at risk of postural deformities, hip dislocation, chest infections, eating and swallowing problems (dysphagia), gastro-oesophageal reflux, constipation and incontinence. They tend to have osteoporosis younger than the general population and have more fractures .

Approximately a third of people with learning disabilities have epilepsy (at least twenty times higher than the general population) and more have epilepsy that is hard to control (Branford, 1998 18). The risks of sudden unexpected death in epilepsy (SUDEP) are highest in children with learning disability 19 and the NICE audit (2002 20) indicated that almost 60 per cent of child deaths and almost 40 per cent of adult deaths were potentially avoidable. Poor documentation, communication and information sharing were implicated in a large number of these cases.

Care Quality Commission six lives report March 2009 recommends that all NHS and social care organisations in England should review urgently the effectiveness of the systems they have in place to enable them to understand and plan to meet the full range of needs of people with learning disabilities in their areas.

That those responsible for the regulation of health and social care services (specifically the Care Quality Commission, Monitor and the Equality and Human Rights) should satisfy themselves, individually and jointly, that the approach taken in their regulatory frameworks and performance monitoring regimes provides effective assurance that health and social care organisations are meeting their statutory and regulatory requirements in relation to the provision of services to people with learning disabilities; and that they should report accordingly to their respective Boards within 12 months of the publication of this report.

In 2003 the Valuing People Support Team issued All Means All, reinforcing the entitlement of people with learning disabilities to access high quality mainstream health services. Also in 2003, the action guide Valuing Health for All (Primary Care Trusts and the Health of People with Learning Disabilities) was published. Valuing Health for All focuses on the action that Primary Care Trusts (PCTs) should take with their partners to reduce health inequalities for people with learning disabilities.

The National Patient Safety Agency (NPSA) published Understanding the patient safety issues for people with learning disabilities in 2004. The NPSA identifies five patient safety priorities including:

- the vulnerability of people with learning disabilities in general hospital
- the lack of accessible information
- illness or disease being mis-or un-diagnosed dysphagia
- the use of physical interventions

All priorities have potential relevance for people with learning disabilities attending hospital.

3.0 Definitions:

Disability Liaison Role and the Community Learning Disability Teams.

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

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

- Significant impairment of intellectual function
- Significant impairment of adaptive and or social function (ability to cope on a day to day basis

- with the demands of his/her environment and the expectations of age and culture)
- Age of onset before adulthood.

Learning disability does not include:-

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

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

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:

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

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

- Mental Capacity Act
- Privacy and Dignity Policy
- Consent Policy
- Early Warning Score

5.0 Duties:

- 5.1 Trust Board** has overall responsibility for ensuring that safeguarding is a key objective and value of the organisation.
- 5.2 Director of Nursing & Patient Experience** has Board level responsibility for the patients experience and is responsible for ensuring that systems and processes are in place to ensure this policy is adhered to.
- 5.3 Medical Director** is to ensure that all medical teams are aware of and adhere to this policy.
- 5.4 Associate Directors, Managers, Matrons and Heads of Services** are responsible for circulation of this policy and ensuring there is local compliance with this policy in their directorates, wards and departments to safeguarding the patient.

5.5 The Role and Responsibility of Hospital Ward Staff

The wards at RSCH hospital are managed by a sister or charge nurse. Teams of nurses will provide twenty-four hour individualised care to meet the requirements of people with learning disabilities.

In addition to nursing staff, like other patients, a person with learning disabilities will meet doctors on a regular basis and they may ask for Physiotherapists, Occupational Therapists, Dietician and Speech Therapists to assist in individual care.

Following admission to hospital a Hospital Passport(if available) will be passed to the ward area to which the service user is admitted and the nurse-in-charge will liaise with him/her and or his/her carer to discuss individual health requirements.

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

5.6 The Role and Responsibility of Learning Disability Staff When Supporting Service Users in Hospital

People with learning disabilities have the right to the same level of medical and nursing care as that provided to the general population. However, due to their complex care needs, they may require additional staffing support to meet their particular needs. The responsibility for providing medical and nursing care remains with the hospital .When the person with a learning disability is in residential care an agreement with the learning disability service who routinely provides care for the individual should be approached regarding support for their will offer to support service users as appropriate with issues related to their learning disability. This may include support with:

- eating and drinking
- communication
- taking medication
- managing behaviour
- reducing stress and anxiety.

Orientating Carer – The ward staff must orientate the carer to the ward and explain the ward routine.

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

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

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

6.0 Care Pathways

The protocol suggests two pathways for patients with learning disabilities using hospital services. These are one for planned admissions to hospital and the second for emergency admissions via the

Accident and Emergency Department. These care pathways are included at Appendices 2& 3

The key priorities identified for either pathway:

- Involvement of the Learning Disability Liaison Service
- Providing information that is easy to understand for hospital staff
- Providing easy to understand information for service users with learning disabilities about their treatment and their hospital stay
- Support for people with learning disabilities whilst in hospital
- Understanding Mental Capacity Act and the application of Capacity assessments and Best interest decision making regarding treatment options

To progress this work, the Trust has created the Learning Disability Steering Group which is a multidisciplinary group both internally and externally represented.

7.0 Communication

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

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

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

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

There are a number of strategies which can assist in ensuring more effective communication when meeting a person with learning disabilities for the first time. These are attached as **Appendix 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.

The Hospital Passport (**Appendices 5**) www.surreyhealthaction.org provides clear and concise information in an easy to understand format regarding the person's support needs.

The Health action plan also belongs to the service user and should accompany the person for all hospital appointments and admissions.

There is a range of easy to understand information available within the hospital to enable people with learning disabilities to better understand hospital appointments and admissions. The acute Liaison nurse can advise on the resources available and can work to initiate and develop accessible formats as required.

8.0 Consent and best interest decision making

8.1 Consent Mental Capacity Act 2005. (MCA)

The Mental Capacity Act 2005 which came fully into effect in October 2007 provides a statutory framework to empower and protect people who may lack capacity to make some decisions for themselves, e.g. people with learning disabilities, dementia, mental health problems, stroke or head injury.

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

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

www.dca.gov.uk/legal-policy/mental-capacity/index.htm

Guidance for Health and Social Care professionals is also available in a series of booklets: Making Decisions.

The Act is underpinned by five key principles:

- A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- Individuals being supported to make their own decisions - a person must be given all practicable help before anyone treats them as not being able to make their own decisions
- Unwise decisions – just because an individual makes what might be seen as an unwise decision, he/she should not be treated as lacking capacity to make that decision
- Best Interests – an act done or decision made under the MCA for, or on behalf of, a person who lacks capacity must be done in their best interests
- Least restrictive option – anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.
- Where it is felt that the individual is being deprived of their liberty in order to access health care intervention DOLS safeguards apply

Mental health and Well being

People with learning disabilities are equally susceptible to mental health conditions as the general population. If a persons mental health is of concern advice should be sought from the Learning disability liaison nurse as to the correct avenue for support. Outside working hours the generic out of hours crisis line from Surrey and Borders Mental Health and Learning Disability Trust should be used to access support.

8.2 Capacity to consent to medical treatment

The Mental Capacity Act describes the following two stage test to determine capacity:

- Is there an impairment of, or disturbance in the functioning of the person's mind or brain? If so,
- is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision?

A person is considered able to make a decision if he/she is able to:

- understand the information relevant to the decision
- retain that information

- use or weigh that information as part of the process of making the decision, or
- communicate his/her decision (whether by talking, using sign language or any other means).

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

Please refer to the document Making Decisions – Helping people who have difficulty deciding for themselves. A Guide for Healthcare Professionals for more information on assessment of capacity. This can be found at:

www.dca.gov.uk/legal-policy/mental-capacity/index.htm

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

Health professionals must make every effort to help and support the person to maximise their potential to make their own decisions or, at least, to participate as fully as possible. Staff must consider how much information to convey to the person and how to make the most of the abilities that the person has.

This may include choosing the best time and location for the assessment, allowing the person sufficient time to become familiar with the issues and communicating in simple language or through the use of pictures and photos.

8.3 Particular needs of people with learning disability in relation to decision making

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

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

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

Support should be provided to maximise the person’s ability to participate as fully as possible in decisions about their own life.

8.4 Medical treatment

Doctors proposing treatment for a patient have a personal responsibility to judge whether that person has capacity to give consent and a duty to explain the treatment, benefits, risks and any alternatives.

The doctor has ultimate responsibility for ensuring that an explanation has been provided to the patient and that their consent has been obtained, involving other members of the clinical team as appropriate.

8.5 Determining best interest

Health care professionals can and should provide treatment without consent for people who lack the capacity to consent, if it is considered to be clinically necessary and in the best interests of the patient.

The benefits should be weighed against the burden of undergoing that treatment. Health care professionals have no authority to make any other sorts of decisions such as personal or welfare decisions.

The High Court has ruled that best interests are not confined to best medical interests but must take into account “the patients’ values and preferences when competent, their well-being and quality of life, relationships with family or other carers, spiritual and religious welfare and their own financial interests.”

Determining someone’s best interests means trying to find out what is best for the individual, what is most important to him/her, and what he/she would have wanted, NOT what would make life easier for people involved in their care.

8.6 Consent to treatment

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

Be aware that family members may have a different view and perspective of the patient’s wishes and views to that of paid carers, therefore it is important to consult all those closely involved with that person and consider all views. The person, though, has a right to confidentiality and may not wish certain people to be involved in the decision making process

If the person does not have a close relative who can support in the best interest process an individual is entitled to services of an Independent Mental Capacity Advocate (IMCA) these are available through direct referral to (see appendix 10&11)

Surrey (West)	Just Advocacy	Jennifer Kelsey	01483 527 759
Surrey (East)	Kingston Advocacy Group	Helen Clarke	0208 549 1028

8.7 Resolution of disputes (Escalation Process)

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

These are:

- Where there is serious uncertainty about the patient's capacity to consent, or their best interests; or
- Where there is serious unresolved disagreement between a patient's family and health professionals.

If consensus cannot be reached, or if someone wishes to challenge a determination about best interests made by a decision-maker, there are a number of options that could be explored, including:

- Involving an advocate who is independent of all the parties involved in the decision to act on behalf of the person lacking capacity (Independent Mental Capacity Advocate)
- Getting a second opinion (for medical treatment)
- Holding a formal or informal case conference
- Attempting mediation – though reaching consensus will not necessarily determine best interests of the person lacking capacity.

If there is disagreement between learning disability staff, and the hospital team about the proposed treatment or non-treatment of a person with a learning disability, the concerns should be raised initially with the ward manager and the consultant responsible for the patient. Learning disability service staff should also raise their concerns with their line manager and the consultant responsible for the care and the Acute Liaison Nurse.

They should also complete a referral to their local IMCA services, and hospital staff should escalate their concerns through the relevant Matron, Acute Liaison Nurse through the escalation process as highlighted in the Trust early Warning score (escalation process)

8.8 Complaints

Service users and/or carers should be supported to use the hospital's complaints procedure if there are concerns that cannot be addressed by ward or clinic staff.

The Patient Advice and Liaison Service (PALS) can assist with addressing concerns and issues on behalf of service users and carers. Their service provides a central point of contact where patients, relatives and carers can obtain a wide range of information about the hospital services as well as guidance on accessing other health information. Patients, relatives and carers are also able to involve this service if there should be any issues or concerns that arise that can be resolved informally by discussion with hospital staff. PALS will support service users and carers to access and use the hospital complaints procedure if required or provide information on independent advocacy services if needed.

Pals can also support with access to interpreters or adapted information to support people with additional needs

PALS can be contacted through the hospital switchboard ext 2059 or direct line 01483 402757 or email: rsc-tr.pals@nhs.net. Accessible information on complaints should be provided (**appendix 5**)

9.0 Preparation for hospital visits / admissions / discharge

Many people with learning disabilities are very anxious about medical treatment and hospital environments and this anxiety can sometimes be expressed in behaviour which can be challenging for staff to manage. Please remember any form of behavior is a form of communication and is often the only expression of anxiety available to an individual. Prior to any planned hospital appointment or admission, the individuals parents/carers or learning disability staff with support from the community learning disability team, (where involved) will ensure that the person is offered the individual support required to facilitate the visit. This may on occasion include the use of sedation to manage anxiety but only under the guidance of a medical practitioner.

Patients/carers and/or learning disability staff will ensure that all relevant information, including the patient passport, details of medication or any specialist advice or guidelines, is made available to hospital staff through the Acute Liaison Nurse.

Please be aware that the local community team works on a referral basis, not all people with a learning disability are known to the team.

9.1 Out-patient Appointments

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

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

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

Follow up appointments should be avoided unless clinically essential, in cases where the service user presents with distress, extreme anxiety or challenging behaviour in hospital settings. If a follow up appointment is not offered, care arrangements should be discussed and negotiated with the Acute Liaison Nurse if involved who can liaise as necessary with the GP.

If there is no involvement from the CTPLD then discussion should take place directly with individuals GP

Learning Acute Liaison Nurse will ensure that they liaise with the relevant named/clinic nurse or consultant and/or identified contact, as appropriate, in order to plan how the appointment will proceed. Where service users present with phobias/extreme anxieties or challenging behaviour, consideration to the following areas are a necessity in order to meet their health needs:

- Avoid waiting around as this may exacerbate anxiety levels/ challenging behaviour - First appointments should be offered when the clinic is quiet
- Where available, single rooms/or suitably quiet waiting area should be offered to minimise anxiety levels and avoid risks to other patients' safety
- Sedation should be planned in advance as needed.
- Where the client is likely to exhibit challenging behaviour, the learning disability staff will liaise with the relevant nursing/medical staff to fully risk assess and plan how they can jointly manage these risky situations. It should not be assumed that the learning disability staff will manage all situations independently.
- Reasonable adjustments to meet the patients need should be undertaken

9.2 Day Surgery

On receipt of the referral card, the Day Surgery Unit (DSU) will contact the patient with learning disabilities/carer to negotiate a date for a preoperative assessment, please bring the Hospital Passport to the clinic appointment. If translation services are required this will be arranged by the unit, and if any specialist equipment is needed the unit will provide this for the clinic. Any special requirements for the patient will be identified at the pre-assessment clinic

The DSU will negotiate a date for surgery with the patient/ carer that is mutually convenient. Transport requirements can be arranged at this point

On the day of surgery the service user/carer should bring the Hospital Passport and hand to the named nurse who will be looking after the service user

9.3 Planned Admissions

On receipt of referral card, the patient or carer to be contacted by admissions to negotiate date for admission with them.

If it is already established that the person has a learning disability the flag should be put onto the system as outlined in the flagging protocol (**appendix 6**).

If it is unclear if the person has a learning disability please contact the Learning Disability Acute Liaison nurse as per flagging protocol Ext 2545

If a flag already exists please consider the reasonable adjustments required for the person's appointment.

Consideration should be given to combine procedures, wherever possible. During anaesthesia there could be opportunities to undertake blood tests or other procedures to avoid any further distress to the patient. These should be discussed fully before surgery and may require best interest.

Pre-assessment appointment to be planned as well, with as much time before admission as possible to ascertain information on patient and required care levels to disseminate to admitting ward.

Provision to be made for side room if carer staying overnight.

The learning disability staff will negotiate between relevant carers and hospital staff to review all aspects of support needed within the hospital environment.

On admission, the Hospital Passport(where available)to be incorporated within the admissions procedure, with all relevant information, particularly that relating to specific support needs available and accessible to all ward staff.

Liaison between relevant disciplines, e.g. Occupational Therapy (OT), Speech and Language Therapy (SLT) and Physiotherapy (PT)will be established as needed and, if further support required, this will be agreed, e.g. joint working between community and hospital therapy staff. If joint working is agreed, clinical responsibility rests with hospital staff who will determine the appropriate treatment for the person with a learning disability, with LD clinicians providing a support role.

Admissions will inform the Acute Liaison Nurse of any admissions for the forthcoming month where possible.

A list of relevant RSCH Hospital contact names/telephone numbers is attached at (**Appendix 1**)

9.4 Emergency Admissions

Emergency admissions will usually be admitted via an out-patient clinic, or Accident and Emergency (A&E) Department.

It would be helpful for the service user, when admitted, to provide the Hospital Passport to the clinic nurse or the nurse in charge in A&E who will be able to assist the individual with his/her needs.

Accident and Emergency (A&E) admissions - if the learning disability staff are aware that a service user may need to access A&E, then they will contact the nurse in charge/consultant and/or identified contact within the A&E Department if it is anticipated that the service user may have some significant problems.

For service users with phobias and or challenging behaviours, as far as possible, the above criteria (see under section 8 for planned admissions) will need to be negotiated.

There will be emergency admissions of service users with learning disabilities that the learning disability team will not be aware of. In these circumstances the A/E department should contact

Hospital Social care Team **Ext 4008 or Out of Hours Emergency Duty Team 01483 517898**

Who can identify the client and their care requirements the relevant and discuss how any apparent support needs can best be met.

Following this a referral can be made if required to the SW Community Team For People with learning Disabilities (CTPLD) **01483 532767**

9.5 Discharge Planning

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

The relevant discharge co-coordinator should be informed of any admission of a person with a learning disability and dialogue established with the Carers, learning Disability Liaison Nurse and care manager. Any factors which may prevent discharge back to the person's home should be flagged to the discharge co-coordinator/matron as soon as possible.

Prior to discharge, a multidisciplinary meeting of all key parties (including family members as appropriate) involved in the care of the person should be convened to plan the discharge, especially where there has been a significant change in the service user's health needs. The learning disability staff involved may have to co-ordinate training for carers to manage the changing health need and/or review the need for temporary respite care or a permanent alternative placement.

The learning disability team will identify a contact person (this will usually be the community nurse) to liaise with the discharge coordinator.

10.0 Sharing Information

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

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

It must not be assumed that the person's next of kin is the primary carer. Many people with learning disabilities live in registered care homes or supported environments and the care provider is

responsible for the health and well being of the service user. Care staff would expect to be involved in best interests discussions where the person with a learning disability lacks capacity. Many people with learning disabilities have limited or intermittent contact with family members therefore care should be taken to ensure that information is disclosed appropriately and with the relevant people. Service users should be consulted about who they wish to be included in discussions about clinical matters. Clinical information will be shared as appropriate by professional colleagues, i.e. therapist to therapist, etc. to ensure continuity of care.

11.0 Funding Issues if Additional Support in Hospital is Required

The purpose of this protocol is to identify how people with learning disabilities can best be supported to use the services provided by RSCH. The protocol includes advice about the type of support that might be needed by some people but it does not describe in detail the procedure that should be followed in order to acquire any additional funding.

Funding for 1-1 care for people when in acute hospitals.

The evidence shows that when people need a 1-1 for social communication care or have challenging behaviour / autism they will require carers who know them well to be on the ward to support the nursing staff to be able to provide clinical nursing care . The decision regarding the funding of this needs to be ratified through the RS CH internal 1-1 specialing Policy

12. Conclusion

This protocol sets the context for hospital and community services to work together in meeting the health needs of this group of vulnerable people, many of whom have been failed by services in the past. It will enable more coordinated and individually tailored care to be provided, enabling people with learning disabilities to have their health needs met as fully as possible. Joint working arrangements, joint training and closer liaison will foster greater knowledge and understanding of the respective roles of hospital and community services.

13.0 Process for Monitoring Compliance with, and the Effectiveness of this Policy

- 13.1** Monitoring and effectiveness will achieved through the CQC declaration against learning disabilities elements and evidence.
- 13.2** Patient complaints regarding learning difficulties issues are monitored by the Director of Nursing and Patient Experience. If required a formal privacy and dignity inspection is under taken, resulting in an action plan if required.

14.0 Process for reviewing, approving this document

This document will be reviewed annually or whenever national policy or guideline changes are required to be considered (whichever occurs first). Ratification of the policy will be from the Practice Development Group. Archiving of this document should be conducted in accordance with the Trust's policy for the Development and Management of Policies and Guidelines.

15.0 Dissemination, Implementation and Access to this Document

This policy should be implemented and disseminated throughout the Trust immediately following ratification and will be indexed in Nursing Policy Index, which is managed by the Head of Nursing. The policy will also be published on the Trusts intranet site and Trust website. Access to this document is open to all.

16.0 Equality Impact Assessment:

The author of this policy has undertaken an equality and diversity impact assessment and has concluded there is **no impact identified (Appendix 10)**. This policy applies to all patients irrespective of age, ethnicity, gender, social, cultural, psychological and physical needs

17.0 References

Department of Health, (2008) Healthcare for All. (Report following a Department of Health inquiry into healthcare for people with learning disabilities Sir Jonothan Michaels) .

Department of Health, (2003) All Means All – Valuing People Support Team

Department of Health, (2003) Valuing Health for All (PCTs and Health of People with learning Disabilities)

Department of Health, (2001) Valuing People: a new strategy for Learning Disability for the 21st Century – Department of Health

Hollins S., Avis A., Cheverton S (1998) Going into Hospital, Gaskell / St George's Medical School.

Hollins S., Bernal J., Gregory M (1998) Going to Out-patients, Gaskell / St George's Medical School.

Understanding the Patient Safety Issues for People with Learning Disabilities – National Patient Safety Agency (NPSA), 2004

Equal Treatment: Closing the Gap – Disability Rights Commission, September 2006

Promoting Access to Healthcare for people with a learning disability – a guide for frontline NHS staff. Best Practice Statement. NHS Quality Improvement Scotland 2006

Making Decisions: Helping People who have difficulty deciding for themselves _ A Guide for Healthcare Professionals - Lord Chancellors Department May 2003

Mental Capacity Act 2005 Guidance – Booklets are currently available from the Department for Constitutional Affairs and will be revised in 2007.

Closing the Gap: 2006 DRC

Death by Indifference – 2006

VP update – 2007

Publisher: Campaigns Date: March 2007. Report about institutional discrimination within the NHS and people with a learning disability.

Six lives: the provision of public services to people with learning disabilities Ann Abraham

Parliamentary and Health Service Ombudsman March 2009

On 19th January 2009 the Department of Health published Valuing People Now: a new three-year strategy for people with Learning Disabilities, which reaffirms the commitment to the principles of equality, dignity, rights and inclusion set out in Valuing People: A New Strategy for Learning Disability for the 21st Century, published by the Department of Health 2001. Campaigns Date: March 2007. Report about institutional discrimination within the NHS, and people with a learning disability.

14. APPENDICES

Appendix 1

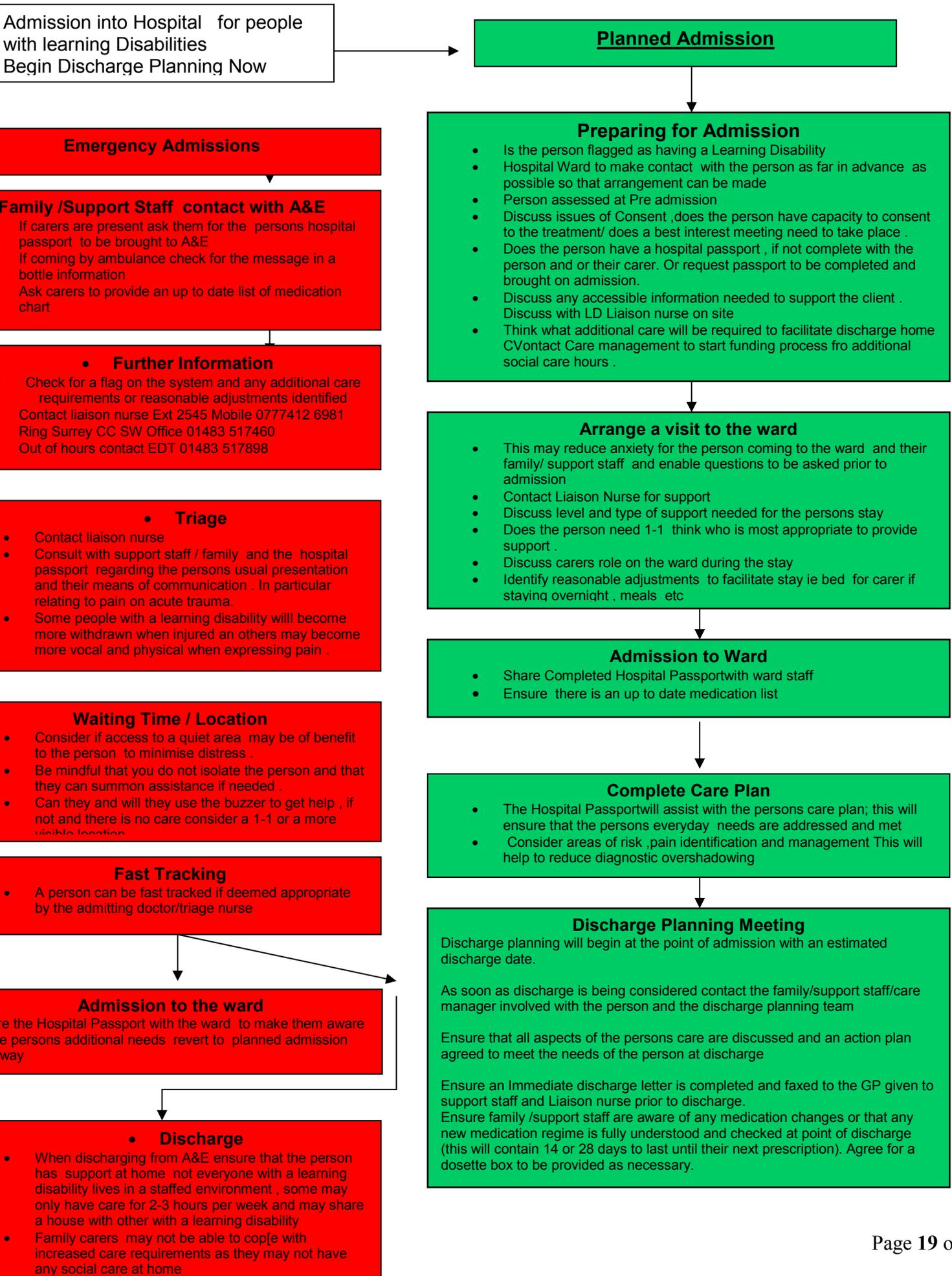
Hospital Contact Names/Telephone Numbers

ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST: Contact Numbers

	Directorate	Extension no.	Pager
Head of Nursing	Nursing	6358	
Associate head of Nursing	Nursing	4821	
Safeguarding		2480 & 6358	
Matron for Surgery	Nursing	4871	
Matron for Orthopaedics	Nursing		
Matron for Medicine and Elderly Care		4695-4459	
Matron for medicine		6879	71-0403
Matron for Outpatients		2497	
Matron for Theatres	Surgery	4980	
Dietetics		4202	
SALT		4654	
OT		4766	
Physiotherapy		4153	
Learning Disability Liaison Nurse Kathryn Fisher	Nursing	EXT- 2545 Mobile 07774126981	71- 2545
PALS/Complaints Denise Dinsey		2059	

Appendix 2

Admission/Discharge Pathway



Strategies for Effective Communication

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

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

**WE ALL HAVE RIGHTS
OUR RIGHTS ARE THE SAME
WE ALL HAVE RIGHTS
OUR RIGHTS ARE THE SAME
WE ALL HAVE RIGHTS
OUR RIGHTS ARE THE SAME**



Short sentences
and easy words

Use pictures and objects

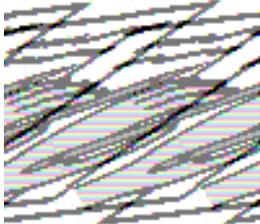
Check understanding

Pre-Admission

Check if I have a Health Passport.
I may have specific guidelines [epilepsy,
eating and drinking, dietary, allergies and
behavioural etc] that you need to be aware of.

Consent

Don't assume that I'm unable to make
decisions for myself. I just might need extra
help to understand. If I can't make a
specific decision then consult all relevant
people.



Give simple information

**Who May Need to Know
That I am in Hospital?**

Family Community Team
Home Carer Advocate

Their advice may be very valuable
to help you support me

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>

Help to remember

Discharge

Start planning for discharge as soon as possible into the
admission. My needs may change. Carers may need extra
training and support. New accommodation may be required.

Please contact the relevant learning Disability Liaison for advice and support.

The service is open during office hours 9am - 5pm;
outside these hours leave a message on the answer phone or send an email

How to complain

1.



Are you unhappy about your stay in hospital?

2.



Tell a friend, relative or advocate who can help you complain

3.



Tell the Ward Manager or Senior Nurse

4.

If you are still unhappy you can talk to the Patient Advice and Liaison Service (PALS)

Phone: 01483 402757

Email: rsc-tr.pals@nhs.net

5.



If you are still unhappy

Write to: The Hospital Complaints Department or Chief Executive
Royal Surrey County Hospital NHS Foundation Trust, Egerton Road,
Surrey GU2 7XX

Appendix 6

The Addition of Vulnerable Adult Alert to Oasis System

Learning Disability Specific Alert

The proposal is that these alerts will be added by specific senior staff within the organisation. The information regarding learning disability will be gathered as laid out

Process for Learning Disability Alert for Reasonable Adjustments

- 1) Surrey County Council will send a letter to all service providers with a reply slip regarding people attending the Royal Surrey County Hospital .
- 2) Where the person with a learning disability does not have capacity to understand the flagging process but will require reasonable adjustments to be made the Care team and the care manager will respond in best interest
- 3) Where the person has capacity to understand the process they will be asked if they would like to have an alert on their medical file to notify the Hospital that they have adjustments required to support them in accessing care in the Acute Hospital
- 4) For those people not in care settings , the accessible forms will be circulated to Advocacy groups for people who may attend to choose to notify the hospital they have a Learning Disability
- 5) When a referral is being made by a G.P they will have access to a leaflet informing them about the alert and asking their permission to hold the data to ensure reasonable adjustments are made .
- 6) If the person is an in- patient and it is thought they may have a learning disability ,they should be referred to the LD Liaison Nurse , who will discuss their history with them check if they are known to services , assess capacity ,and only then will the person be asked if they want to be added to the computerised alert system .If they lack capacity it will be done in consultation with their carers in best interest .
- 7) Care management will ask regarding alerts for Hospital access at the annual review , and a copy of the information access form should be kept in the clients Health Action Plan within their community record

The diagnosis of a learning disability should not change , however the requirements for adjustments may alter over time , The data held regarding the adjustments should be checked at each new care episode .

Rationale

The addition of a vulnerable adult alert to the Oasis system is intended to ensure that staff are aware of those patients coming into the service who may have additional needs with regard care, information given and discharge planning.

The Disability Discrimination Act (2005) requires that trusts should make reasonable adjustment for those with disability. This incorporates the access that individuals have to buildings and services, however adjustments are not always made for those with communication problems, cognitive impairment or with anxieties regarding treatment options. It may also be necessary for the visually impaired. For those with learning disability it may be necessary to use different methods to communicate appointments, and they may require longer appointment slots. These considerations may also need to be taken into account for those with significant mental health problems.

There is also a need within the trust to ensure that there is appropriate communication regarding safeguarding adult issues so that in situations where there has been concern, individuals are kept safe, given appropriate care and all necessary information is recorded.

As part of the Healthcare for All report on access to healthcare for those with learning disability (2008) there was recommendation that GP keep a register of those with learning disabilities (QOF), and it seems reasonable to adopt a similar system within the hospital, however the right to respect for private and family life, home and

correspondence is a fundamental human right and therefore any systems adopted should use a human rights based approach (Human Rights in Healthcare: a framework for local action 2008).

Principle 1: *that human rights principles are at the heart of policy and planning.*

Human rights consideration was made at the start of this process and has guided the consultation and implementation of the work.

Principle 2: *ensuring accountability* Data would only be added by named senior staff within the trust (e.g. the mental health liaison nurse) and would be reviewed on a regular basis to ensure that those people that are no longer vulnerable have the alert removed.

Principle 3: *empowerment* The rationale for doing this is to ensure that those who are vulnerable have improved care and better inter-agency communication. Users groups will be consulted at the planning stage to ensure that their opinions are acted on.

Principle 4: *participation and involvement* In order to ensure that there was involvement from the affected groups the issue was discussed with professional groups and service users from Mental Health and Learning Disability Services.

Principle 5: *non-discrimination and attention to vulnerable groups* This process was particularly focused at trying to ensure that those individuals from vulnerable groups receive a better service and that there is reasonable adjustment made to ensure that their needs are met. Feedback will be sought from service users to ensure that the alert reduces rather than increases discrimination.

Alert Information & Management Details

Alert Information		
Name of Alert	Learning Disability – reasonable adjustments required	
Number of Alert/Abbreviated Warning	Alert 3a	
Description	Learning Disability patient. Reasonable adjustments are required for care Red Warning Symbol – Staff Warning 	
Who Owns the Alert	Head of Nursing	
Alert Owner	Full Name	Louise Stead
	Job title	Head of Nursing
Alert Managed by	Acute Liaison for Learning Disabilities	Kathryn Fisher Acute Liaison Nurse
Contact Details for Alert	Email:	kathrynfisher@nhs.net
	Telephone numbers:	RSCH X 2545 Mobile : 07774126981
	Bleep:	71 : 2545
	Fax:	01483 464155

What are the processes for managing the alert please include: How is the Alert managed? Who it is for? What does the alert do? What information is contained? what safeguards need to be in place?

RESPONSIBILITIES – ensuring the principles of Patient Confidentiality are maintained:

Acute Liaison Nurse:

Responsible for:

- And accountable for identification, addition and removal of the Alert 3a Symbol in Oasis
- Annual review of Alert 3a in Oasis
- Receiving and monitoring Information Access Forms
- Maintaining RSCH register for LD patients
- Reviewing future outpatient appointments against Reasonable Adjustments Care Plans and advising Central Booking staff of need to action – such as double appointment slots, communication of appointments etc.

Central Booking staff:

Responsible for:

- Actioning directed instruction – such as double appointment slots, communication of appointments etc.

Medical Records staff:

Responsible for:

- including all Alerts within any print-out reports / TCI clinic lists etc.

Admissions staff:

Responsible for

- including all Alerts within any print-out reports / TCI lists etc.
- scheduling elective theatre cases for Alert 3a patients as per policy

Front line staff:

Responsible for

- noting the alert on Oasis and any print-out report and advising staff of need for specific patient care

Site Nurse Practitioners:

Responsible for:

- acting on alerts on Oasis and print-out reports to implement specific patient care – as directed on 'Reasonable Adjustments Care Plan'

Clinical staff (Ward, A&E and clinic areas):

Responsible for:

- noting the alert and implementing specific patient care
- alerting Acute Liaison Nurse for missing / incorrect alert
- referring patients who may have Learning Disability to the Acute LD Liaison Nurse – who will then assess and add the alert to Oasis as appropriate.

Pre-operative assessment staff:

Responsible for:

- noting the alert and implementing specific patient care
- referring patients who may have Learning Disability to the Acute LD Liaison Nurse for assessment

Discharging Doctors:

Responsible for:

- noting the alert and checking validity and management requirements at point of EDS completion

PROCESS

The process for Learning Disability Patient Warning is managed by the Acute Liaison Nurse for Learning Disabilities.

Reasonable Adjustment / Information Access Form are received by the Acute Liaison Nurse for Learning Disabilities



Information Access Form reviewed Add 'start date' against patient record

The 'alert' sign (as a Red Staff Warning ) is now visible when viewing the main patient screen (PMI)



The 'alert' sign  is now visible against the patient name on Ward Manager, Clinic Manager and A&E



'Alert3a' appears (Learning Disability) on all printed patient lists



(If a Information Access Form is rescinded and the patient details are correct, an 'end date' added by the Acute Liaison Nurse for Learning Disabilities – this removes the alert from the main patient screen)



All staff are actively aware of the alerts on Oasis

The appropriate information governance as described in 'Respecting and Maintaining Patient Confidentiality – a guide for staff on the Duty of Confidentiality, Data Protection Act and Caldicott Principles', March 2010, is adhered to when assigning the Learning Disability warning abbreviated code 3a to a patient record on Oasis.

What is the rationale for having the Alert?

The addition of a vulnerable adult alert to the Oasis system is intended to ensure that staff are aware of those patients coming into the service who may have additional needs with regards to care, information given and discharge planning.

The Disability Discrimination Act (2005) requires that trusts should make reasonable adjustment for those with disability. This incorporates the access that individuals have to buildings and services; however adjustments are not always made for those with communication problems, cognitive impairment or with anxieties regarding treatment options. It may also be necessary for the visually impaired. For those with learning disability it may be necessary to use different methods to communicate appointments, and they may require longer appointment slots. These considerations may also need to be taken into account for those with significant mental health problems.

Alert appearance & locations

List each location where the alert will Appear <i>(digitally or in print)</i>		How does each alert appear <i>(ie Icon, Numeral)</i>
1	All patient screens (PMI))	(icon) Red Staff Warning 
2	All patient screens (Ward Manager, Clinic Manager, A&E Whiteboard)	(icon) Red Staff Warning 
3	Printed reports (PIC, TCI Lists etc)	(Abbreviated Patient Warning text) "Alert 3a"

Best Interest Decision Form

Patient's Name.....

Patient's DOB...../...../..... **Patient's Hospital Number**.....

Issue that is being discussed.....

.....
.....

Names of those involved in Best Interest Decision (should include the patient, family, carers, professionals involved with the patient, Independent Mental Capacity Advocates as appropriate)

.....
.....
.....
.....
.....
.....
.....
.....
.....

Conclusion of the meeting/ discussion.....

.....
.....
.....

Date of Meeting/ Discussion.....

Name and Designation of Decision Maker.....

Signature of Decision Maker

Independent Mental Capacity Advocate Referral Information and Form

The Mental Capacity Act 2005 makes provisions for an Independent Mental Capacity Advocate (IMCA) Service; this service provides an independent safeguard to support particular vulnerable people who lack capacity to make important decisions who have no-one to appropriately consult regarding certain decisions. The Mental Capacity Act 2005 places an obligation on Local Authorities and/ or NHS bodies to *instruct* and *consult* an IMCA when making decisions for a person who lacks capacity regarding the following areas:

- **Serious Medical Treatment** (Section 37)
- **The Local Authority is proposing to arrange accommodation** for someone for longer than 8 weeks (Section 38).
- **The NHS body is proposing to arrange accommodation** for someone for longer than 28 days (Section 39).

The Mental Capacity Act 2005 gives powers to LA's to extend the functions of an IMCA service and *may* instruct an IMCA in cases of:

- **Care Reviews**, and
- **Adult Protection Cases**, (the criteria of friends and family does not apply in Adult Protection Cases)

How to refer to an IMCA?

Please complete the IMCA Referral Form Pages 2-5 and send to Just Advocacy via:



Email: IMCA@justadvocacy.org.uk



Fax: 0845 3017389 (Tel: 01483 527759)

IMCA REFERRAL INFORMATION

Referral Date:	(DD/MM/YYYY)	Taken By:	(Office Use Only)
Referrers Name:			
Title:			
Organisation:			
Telephone:		Fax:	
Email:			

DECISION MAKER INFORMATION

Name:			
Title:			
Organisation:			
Department:			
Address:			
Postcode:			
Telephone:		Fax:	
Email:			

DECISION TO BE MADE

PLEASE INDICATE Decision to be Made

(If more than one complete separate referral forms for each decision)

Serious Medical Treatment

Local Authority Change of Accommodation

NHS Body Change of Accommodation

(Extensions to The Role)

Care Review

Adult Protection Case

Please Confirm that an assessment of capacity with respect to the above decision has been made

Yes:

No.:

If Yes Please Confirm the client is deemed to lack capacity

Yes: No.:

Does the client have any family or friends who involved?

Yes: No.:

If Yes Please give details why they are deemed to be inappropriate to consult with or not willing or able to be formally consulted in the decision making process.

CLIENT INFORMATION

Name:	<input type="text"/>
Date of Birth	(DD/MM/YYYY) <input type="text"/>
Current Location:	<input type="text"/>
Current Contact Number For Home / Ward:	<input type="text"/>
Permanent Address:	<input type="text"/>
Post Code	<input type="text"/>
Telephone	<input type="text"/>
Is the Client in:	Hospital <input type="checkbox"/> Care Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other Please Specify <input type="text"/>
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Age:	16-17 <input type="checkbox"/> 18-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-65 <input type="checkbox"/> 66-79 <input type="checkbox"/> 80+ <input type="checkbox"/> Unknown <input type="checkbox"/>
Ethnicity:	<input type="text"/>

White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
White Other	<input type="checkbox"/>
Mixed White & Black Caribbean	<input type="checkbox"/>
Mixed White & Black African	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>
Mixed White Other	<input type="checkbox"/>
Other Ethnic Category	<input type="checkbox"/>

Asian British or Indian	<input type="checkbox"/>
Asian British or Pakistani	<input type="checkbox"/>
Asian British or Bangladeshi	<input type="checkbox"/>
Black British or Black Caribbean	<input type="checkbox"/>
Black British or Black African	<input type="checkbox"/>
Other Black	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Not Established	<input type="checkbox"/>

Does the Client have a Disability?

Mental Health Problem	<input type="checkbox"/>
Serious Physical Illness	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>
None	<input type="checkbox"/>
Not Known	<input type="checkbox"/>
Other (Please state)	<input type="checkbox"/>

Primary Means of Communication

English	<input type="checkbox"/>
Other Language	<input type="checkbox"/>
British Sign Language	<input type="checkbox"/>
Words / Pictures / Makaton	<input type="checkbox"/>
Gestures / Facial Expressions	<input type="checkbox"/>
No Obvious Means of Communication	<input type="checkbox"/>
Other	<input type="checkbox"/>

Nature of Impairment

People who should be contacted (please provide name and contact details)

Please provide brief background to case (Please attach additional Sheets if necessary)

Signature:

How to refer to an IMCA?

Please complete the IMCA referral form and send to Just Advocacy by:



Email: IMCA@justadvocacy.org.uk



Fax: 0845 3017389

Tel: 01483 527759

Please note that incomplete referral forms may be sent back to the referrer for completion.

Appendix 9



IMCA SERVICE

Referral information

Referral date:

Name of person	Date of birth
Address	gender
	Local authority
Post code	Telephone/mobile

Where is the person currently staying?	Own home	Care home	Acute or long-stay hospital	Psychiatric hospital	uncertain	other
Address:					Post code	Phone:

White/British	White/Irish	Black Caribbean	White/black Caribbean	White/Asian	Bangladeshi	Indian	Chinese
Other white background	Black African	Other black background	White / Black African	Other mixed background	Pakistani	Other Asian background	Other ethnic group

Client group / reason for incapacity	Learning disability	dementia	Mental ill health	Acquired brain injury
	Autistic spectrum disorder	unconscious	Serious physical illness	Other (please state)

Serious medical treatment	yes / no	Accommodation change	yes / no
Safeguarding Adults	yes / no	Care reviews	yes / no

What is the understanding of the person's capacity to make the decision?			
Has a capacity test under the Mental Capacity Act been undertaken?	Yes / no	By whom?	outcome

Who is the decision maker?	name	address	Phone: e-mail:
Has a best interests judgement been made?	Yes / no	date	
Is there a timescale for the decision? If so, what is it/	Yes / no	timescale	
Please give any important meeting dates	Yes / no	Date / time	venue

What is the decision	
----------------------	--

maker's proposal?			
Are there any family or friends?	Yes	no	uncertain
If yes, are there any family or friends appropriate to consult?	yes	no	uncertain
Please give reasons for not consulting them?			
Please give contact details of any persons for the IMCA to contact for information, for example, care support staff, care manager, GP, neighbours	Name	address	Phone
	name	address	Phone
	name	address	Phone

Referrer details

Name	Relationship to person
Address	phone
	e-mail
	mobile
Postcode	
How did you hear about the service	

Referrer signature

Please return this form to:

KAG Advocacy, Siddeley House, 50 Canbury Park Rd, Kingston upon Thames, KT2: e-mail: imca@kag.org.uk . Fax 0208 549 1050

Appendix 10

Equality Impact Assessment

Care Group/ Department	Nursing and Clinical Governance
Title of Person Auditing Policy/Service	Head of Nursing
Policy Title/Service	Learning Difficulties Policy
Policy/Service Purpose	

The checklist below will help you to see any strength and /or highlight improvements required to ensure that the policy/service is compliant.

Check for discrimination	DIRECT discrimination against any minority group of SERVICE USERS or EMPLOYEES			INDIRECT discrimination against any minority groups of SERVICE USERS or EMPLOYEES		
	Response (Yes/No)	Action Required? (Yes/No)	Resource implications?	Response (Yes/No)	Action Required? (Yes/No)	Resource implications?
Age?	No	No	No	No	No	No
Gender? (Female, Male, Transsexual)	No	No	No	No	No	No
Disability?	No	No	No	No	No	yes
Race or ethnicity?	No	No	No	No	No	No
Religion/Faith/Spiritual belief?	No	No	No	No	No	No
Sexual Orientation?	No	No	No	No	No	No

All policies will be placed on the intranet/internet to ensure flexibility of access under the Freedom of Information Act 2000. Efforts will be made to make policies and information available in alternative mediums or by alternative means to meet individual needs on request to departments or via the PALs Department (ext 2059).

Level of Impact: Total number of items answered 'yes' indicating discrimination
Score: High/Medium/Low

High 0	Medium 0	Low 36
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The following supplementary questions are to be answered for an impact assessment of employee policies/ patient services – if there is a negative response to any of the questions a full impact assessment should be completed.

Questions	Yes/No	Comments
Are there any access issues for disabled people eg physically, entry criteria, complexity of access	no	
Are there any recorded complaints relating to equality issues in the last three months?	no	
Has a patient/staff survey highlighted any issues?	no	
Does analysis of the take up of services raise any issues when studied against local statistics? / Does analysis of the application of policies raise any issues when studied against the employee statistics for the whole Trust?	no	

Do outcome statistics compromise any group?	no	
Is there a non attendance issue in any particular group?	no	
Is the service/policy focused on any particular group and is that 'justified'?	yes	For all patients with learning difficulties
Are any special services/policy available or in place to accommodate specific groups? Is there a need for them?	yes	
Is privacy available if requested? (services only)	yes	Policy supports this

Name of author/auditors:

Louise Stead

Kathryn Fisher