The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	**REPORT FOR:**		**IMPACT:**		
Gwyneth Wilson, Director of Patient Experience and Lead for Nursing and Non-Medical Professionals	**Decision**		**High**	**Med**	**Low**
CONSULTATION:	**Information**	√			√
	REPORT TYPE:		**RELATED WORK:**		
	Strategic				
	Operational	√			
	Governance				
BAF ref:					
Monitor Compliance Framework:					
CQC Essential Standard Reference:	Outcomes 7, 6, 4, 1				
NHSLA Standard Reference:					
Media / Communications:					

Meeting Date: 29 October 2012
Report Title: Supporting Patients with Learning Disabilities at The Queen Elizabeth Hospital

Purpose: To provide a background for Board members prior to hearing the clinical presentation from Maria Cox, the Trust's Learning Disability Specialist Nurse.

Summary:

Financial Implications / Efficiency Savings / Quality Improvement:

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
			√	√	√

Recommendations:

Author **Gwyneth Wilson, Director of Patient Experience and Lead for Nursing and Non-Medical Professionals**
Date **15 October 2012**

1 INTRODUCTION

1.1 The purpose of this briefing paper is to provide a background for Board members prior to hearing the clinical presentation from Maria Cox, the Trust's Learning Disability Specialist Nurse.

1.2 Evidence recently published by the Learning Disability Public health Observatory has summarised how people with a Learning Disability have significantly worse health and unequal access to health services than the general population. Concerns have been raised about this situation over a number of years, with Mencap (1998), the National Patient Safety Agency (2004) and the Disability Rights Commission (2006) each raising and evidencing these issues nationally.

1.3 The circumstances surrounding the death of 6 people with a Learning Disability whilst in NHS care was the subject of Mencap's report 'Death by Indifference' (2008). This led directly to an independent enquiry and report by Sir Jonathon Michael (Healthcare for All: 2008) and an investigation and report by the Parliamentary and Health Service Ombudsman and the Local Government Ombudsman (Six Lives: 2009).

2 WHAT IS A LEARNING DISABILITY?

2.1 "A significantly reduced ability to understand new and complex information, to learn new skills with a reduced ability to cope independently, which started before adulthood and has a lasting effect on a person's development" – *Valuing People (DoH 2001)*

2.2 In essence:

- 1 in 50 people have a learning disability
- 1 in 100 have some form of autism

These figures are rising, as neonatal survival rates are increasing, babies with a disability are not only able to survive, but live into adulthood.

2.3 Individuals with a Learning Disability have a higher incidence of poor health which often requires multiple admissions to hospital. As well as having more health problems, people with Learning Disabilities often have more problems going to the GP or attending hospital appointments.

2.4 Diagnostic overshadowing can be commonplace, and symptoms are often explained away as part of the disability, rather than recognised as part of the disease process.

3 REFERRALS

3.1 During 2011/12 the Learning Disability Nurse received 192 referrals, of which 174 were assessed as having a Learning Disability. The sources for referral were external agencies, social care, patients and carers, as well as hospital staff.

4 REFERRAL PATHWAY

4.1 Once contact is made with a referrer, initial assessment commences. Patient details, diagnoses, reason for admission, past medical history etc. are recorded on the LD Liaison Service Referral and Outcome Form.

4.2 Initial assessment continues with identification of any particular risks or support needs. Information is often sought from care providers, bedside assessment and documentation (medical notes, patient held information etc).

4.3 Information may be added to the existing nursing care plan or a separate care plan may be written to ensure additional care needs are identified and met.

4.4 A detailed risk assessment and risk management plan may be developed if moderate to high levels of risk are identified at initial assessment, or at any stage during the patient journey.

4.5 The patient is reviewed according to their level of risk and need throughout their admission and following discharge if appropriate.

5 LEARNING DISABILITIES IMPROVEMENT PLAN

5.1 At the beginning of 2012, the Trust undertook a through self-assessment exercise. This led to the development of an Improvement Plan. This plan has been developed to ensure that we continue to provide consistently good care and positive outcomes for people with learning Disabilities.

5.2 This plan also is designed to ensure that we meet the targets as set out in the SHA's "The Vision for Better Health and Well Being for People with a Learning Disability and Their Families".

5.3 The targets are monitored by the Learning Disability Steering Group which reports to the Trust Executive Committee. The majority of targets and issues have been addressed and the 4 (out of 23) which are still outstanding – now form this year's work plan.

5.4 The next self-assessment exercise will take place during the next financial year.

6 TRAINING

6.1 Learning Disability and Autism Awareness training is available to all staff throughout the hospital at varying levels to suit the needs of the staff attending. The Learning Disability Liaison Nurse and a young man, Callum Fisher, who has a Learning Disability, deliver the training. Bespoke sessions are available on request by departments such as pharmacy or dermatology, as well as regular sessions on the Induction and Preceptorship Programmes.

7 AREAS OF GOOD PRACTICE FROM THE SELF ASSESSMENT

7.1 Areas of good practice include:

- Introduction of Pictorial Menu
- Learning Disability Resource File, containing the Hospital Communication Book
- LD/Autism flag in the medical records
- Hospital Passport – "This is Me"
- Robust links with other services, such as the Norfolk LD Service, NCH&C etc
- Learning Disability Website on the Trust Intranet, including e-learning packages
- Information in Easy Read versions
- 42 Learning Disability Champions across the Trust, give their time to support the Steering Group in it's work for people with Learning Disabilities
- Learning Disabilities Steering Group, convened in 2009, ensures the hospital meets it's obligations regarding provision of services to people with Learning Disabilities
- The Project Search programme whereby young adults with Learning Disabilities embark on a one year training scheme, learning in real life hospital "placements" to gain employment skills. Many of these individuals go on to gain paid employment in and outside of the NHS.

8 AREAS TO TAKE FORWARD

8.1 Plans for future improvements include:

- Electronic flagging of patients with Learning Disabilities or Autism
- Audit on Reasonable adjustments, use of the Hospital Passport and patient experience
- Increase the profile of the Learning Disability Champions
- A rolling programme of training to be developed including mandatory training programme

9 BIBLIOGRAPHY

9.1 "Valuing People Now – A new three year strategy for people with Learning Disabilities – making it happen for everyone" – HM Government, October 2009

"Healthcare for all – Report of the access to healthcare for people with Learning Disabilities" – Sir Jonathan Michael, July 2008

"Death by Indifference" – Mencap, March 2007

"Death by Indifference: 74 deaths and counting" – Mencap, January 2012

"Better Health and Better Lives – 2011-2021" – East of England, Strategic Health Authority 2011

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15th October 2012